European Network of Research on Religion, Spirituality, and Health

Editorial

Dear colleagues, dear friends

The scope of this newsletter is on "spirituality in the UK". Two well known experts in the field, Prof. John Swinton and Dr. Rob Merchant, are going to share their viewpoints and projects. Again I would like to thank the authors for their contributions.

We hope you enjoy the Newsletter and get some new insights. Happy Easter!

René Hefti, M.D.

Topic

Research on Religion, Spirituality, and Health in the UK

In order to understand the research that is emerging from the United Kingdom, it is necessary to understand something of the changing spiritual landscape. Within the UK the post-war period has seen a sharp decline in adherence to institutional religion. This decline has carried on into the new millennium. However, although people within the United Kingdom may be becoming less religious, it would be a mistake to assume from that that they were necessarily becoming less spiritual. Research indicates that relatively few people have opted out of some sort of belief. (Heelas and Woodhead 2005) Experiences of the sacred and the spiritual remain widespread even though religious practice appears to be declining. (Hay and Hunt 2000) This migration of spirituality from the religious to the secular has led to an opening up of traditional understandings of spirituality to include dimensions which are epistemologically variegated and which no longer locate themselves within formal religious practices, traditions or systems. Spirituality is viewed as a general human need that can

be met without any necessary reference to the transcendent and with no necessity for involvement in formal religious structures. This model presents a perspective within which all people are assumed to be spiritual and to have a spirituality, with some choosing to express this through the structures of formal religion. Therefore, unlike much of the literature emerging from the United States, the British focus tends not to be on whether religion is good for your health, but rather, how can spirituality improve patients' quality of life. The British literature tends to be more focused on such things as:

- The meaning of spiritual care? (Thomson 2002)
- The personal meaning of spirituality for the client (Swinton 2001)
- The significance of spiritual assessment for effective spiritual intervention; (Culliford 2002)
- Respect for the individual's beliefs; (McSherry and Ross 2002)
- Conceptual issues around the definition of the spiritual; (McSherry and Ross 2002)
- Cultural issues surrounding spiritual care (Narayanasami 1999)
- Ways in which practitioners can engage with religious beliefs. (Dein 2004)

Whilst there is an important quantitative empirical strand (King & Speck. 2001; Fisher, Francis and Johnson 2000) within the research, the general focus tends to be more qualitatively oriented, aimed at recognising the uniqueness of individuals spirituality and enhancing good practices that will enable the achievement of personal spiritual goals. In this sense the research agenda seems, not surprisingly, to match the cultural climate.

There is therefore an interesting difference in approach and style with the UK based studies tending to focus on research that is primarily aimed at practice which, at times reacts against the methods and assumptions of science, and the US where the

emphasis is on the credibility and importance of science for helping us to understand the health benefits of religion. Al of this is of course a broad stroke analysis and there are exceptions on both sides of the Atlantic. Perhaps the most interesting challenge is the observation that very little research has been done to explore whether or not the more generic 'spirituality' is good for a person's health. Perhaps this is an important area of research for the future?

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Forum

Developing an MSc in Spirituality, Health & Social Care

In September 2006 the Centre for Health & Spirituality at Staffordshire University launched its MSc Spirituality, Health & Social Care. The development of the course held significant challenges in identifying a working definition of spirituality to ensure inclusiveness but avoiding making any definition of spirituality so inclusive that it excluded people with religious beliefs from the course. The award philosophy has been based on the principle that people are not value or belief neutral and therefore carry with them a range of beliefs and values into each patient or client interaction.

Therefore two key decisions were made in the design of the MSc course:

1 To ensure that the course was open to people with a range of values and beliefs, enabling them to become practitioners and developers of spiritual care in their own professional contexts through the guarantee to respect the values and beliefs of the student throughout the course.

2 To operationalise the course through the language of sociological and not theological enquiry, ensuring accessible language was used to enable students to explore beliefs and values without being restricted to a particular form of language.

The course structure has been informed by an approach which treats the idea of spiritual care as a 'creative gateway' thereby seeking a breadth of definition. In the context of the MSc spiritual care is understood as: (1) Person Centred (2) Valuing diversity of belief and practice (3) Seeking to promote well-being (Merchant, 2006). From an educational perspective the course seeks in the first year to provide a reflective and developmental journey for the student. The second year develops research, policy and practice skills, which are then finally drawn together into a third year dissertation.

In summary the MSc Spirituality, Health & Social Care has been well received by students and has generated considerable external interest as an example of drawing together research and practice into a educational framework to enable the development and implementation of spiritual care in practice settings.

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News

The 12th Workshop for Empirical Research in Psychotherapy and Pastoral Care

"Faith and Health" was the topic of the 12th Workshop for Empirical Research in Psychotherapy and Pastoral Care taking place on March, the 24th, in Egenhausen, Germany. The program included five main lectures by speakers from Germany, Switzerland and Austria: one overview on the topic as a whole and one on religion and depression. two speakers presented own studies concerning the topic, e.g. on meaning in suffering (theodicy concepts in psychiatric and psychosomatic patients) or the anguish of children with ADS. A further lecture shed some light on how the concept of trinity can contribute to a relational understanding of psychotherapy.

The presentations will be published on the APS-homepage: www.akademieps.de.

Katrin Schlötterer

Announcements

Religiosität in Psychiatrie und Psychotherapie
October, 11-13, 2007
Graz, Austria
Organisation: Universitätsklinik für Psychiatrie and Universitätsklinik für medizinische Psychologie und Psychotherapie, Medizinische Universität Graz
Contact: Sabine Schröttner, Monika Scheibl, info@rpp2007.org

European Conference on "Religion, Spirituality, and Health" with Prof. Harold Koenig
May, 1-3, 2008
Bern, Switzerland
Keynote speakers will give an overview on the topic, covering physical as well as mental health. Panel presentations allow research groups to present their projects and results. There will be mentoring for individuals and groups. Prof. Harold Koenig is going to informs us about new developments in the US.
Contact and information: René Hefti, M.D., info@rish.ch, www.rish.ch

Research Workshop on "Religion, Spirituality, and Health" with Prof. Harold Koenig
April, 27-30, 2008
Preceding the above announced conference there will be the opportunity to participate in a 3 to 4-day research workshop with Prof. Koenig, accepting participants of any education level or degree.
Contact and information: René Hefti, M.D., info@rish.ch, www.rish.ch