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Shamans, Visions and Ghosts: Exploring spiritual and Religious Experiences

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Trawsnewid Addysg; Trawsnewid Bywydau
Transforming Education; Transforming Lives



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Topic today

- How to differentiate mental health and spiritual experience?
 - focus on work of Prof Alexander Moreira-Almeida
 - Position statement on Spirituality and Religion in Psychiatry
 - Methodological guidelines
 - Spirituality and Mental Health
 - Spiritual Companions Trust

Alexander Moreira-Almeida

- director of the Research Centre in Spirituality and Health (NUPES), School of Medicine, Federal University of Juiz de Fora (UFJF), Juiz de Fora, Brazil



- Study of psychiatry and cognitive-behavioural therapy at the Institute of Psychiatry of the University of São Paulo, Brazil, PhD in health sciences
- Currently: Professor of psychiatry at Federal University of Juiz de Fora (UFJF), Brazil
- chair of the Sections on Spirituality of the Latin American (APAL) and the Brazilian (ABP) Psychiatric Associations
- former chair of the Section on Religion, Spirituality and Psychiatry of the World Psychiatric Association (WPA) (2014-17 and 2017-2020)

Research

- empirical studies mainly of mediumship and spiritual experiences
- Interested in mind-brain relationship
- Focus on development of methodology to study spiritual experience

Chica Xavier (1910-2002)

- Popular Brazilian medium who published numerous books which he said were dictated to him by discarnate spirits
- -> Psychography = spirit communicating through a medium's hand



Moreira-Almeida (2014)

- Studied letters said to have been written by Chica Xavier directed by deceased individuals
- 13 scripts of one individual analysed
- -> assessment whether Xavier could get the information in a different way
- “Of 99 items of information, 98 were rated as ‘clear and precise fit’, indicating that normal explanations in terms of fraud, chance, information leakage and cold reading were implausible.”

Moreira-Almeida (2020)

- Test of 8 mediums
- 94 blind proxy-sitters participated in 18 sessions
- No difference between control and target letters
- -> no evidence of anomalous information

Neuroimaging

- Neuroimaging of five mediums during psychography
- During this activity, the more experienced mediums displayed less brain activity compared to their normal (non-trance) writing
- correlation between decreasing activity in the brain regions and increasing complexity of the writing produced during trance writing

WPA Position statement on Spirituality and Religion in Psychiatry

- Starting Point: 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

Mental Disorder and Spirituality

- “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, complementary therapies), outcomes (e.g., recovering and suicide) and prevention, as well as for quality of life and wellbeing.”

- The WHO has now included R/S as a dimension of quality of life.
- “...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 concern.”

Psychiatrists

- Evidence shows that R/S should be included among these, irrespective of psychiatrists' spiritual, religious or philosophical orientation
- 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

WPA

- Sections on religion and spirituality founded in several local associations
- WPA even made religion and spirituality part of the core curriculum
- The position paper also presents a definition of religion and spirituality that might be useful for health professionals.

WPA

- **Spirituality** – 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** – 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

- “Regardless of precise definitions, spirituality and religion are concerned with the core beliefs, values and experiences of human beings. 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. Spiritual and religious considerations also have important ethical implications for the clinical practice of psychiatry”

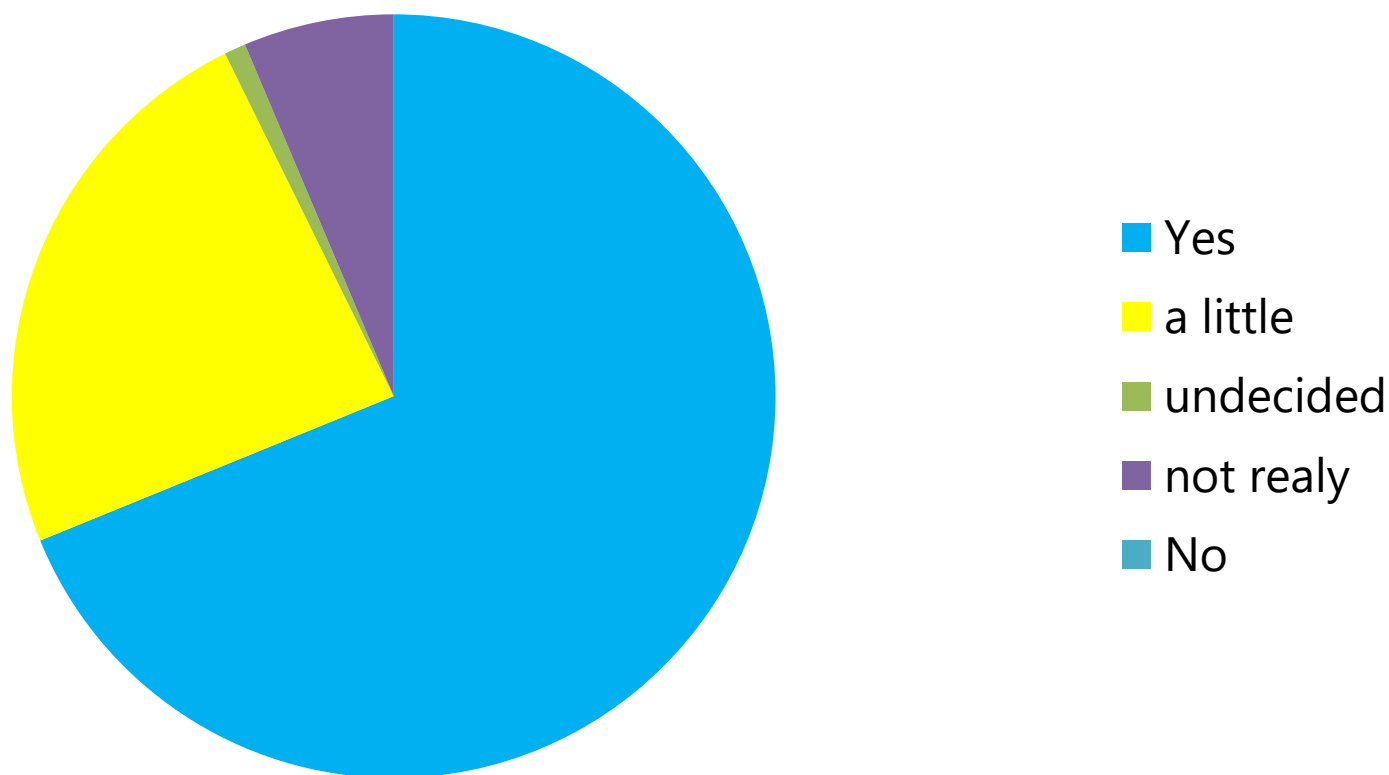
1. A tactful consideration of patients' religious beliefs and practices as well as their spirituality should routinely be considered and will sometimes be an essential component of psychiatric history taking.
2. An understanding of religion and spirituality and their relationship to the diagnosis, etiology and treatment of psychiatric disorders should be considered as essential components of both psychiatric training and continuing professional development.

- 3. 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.
- 4. 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.

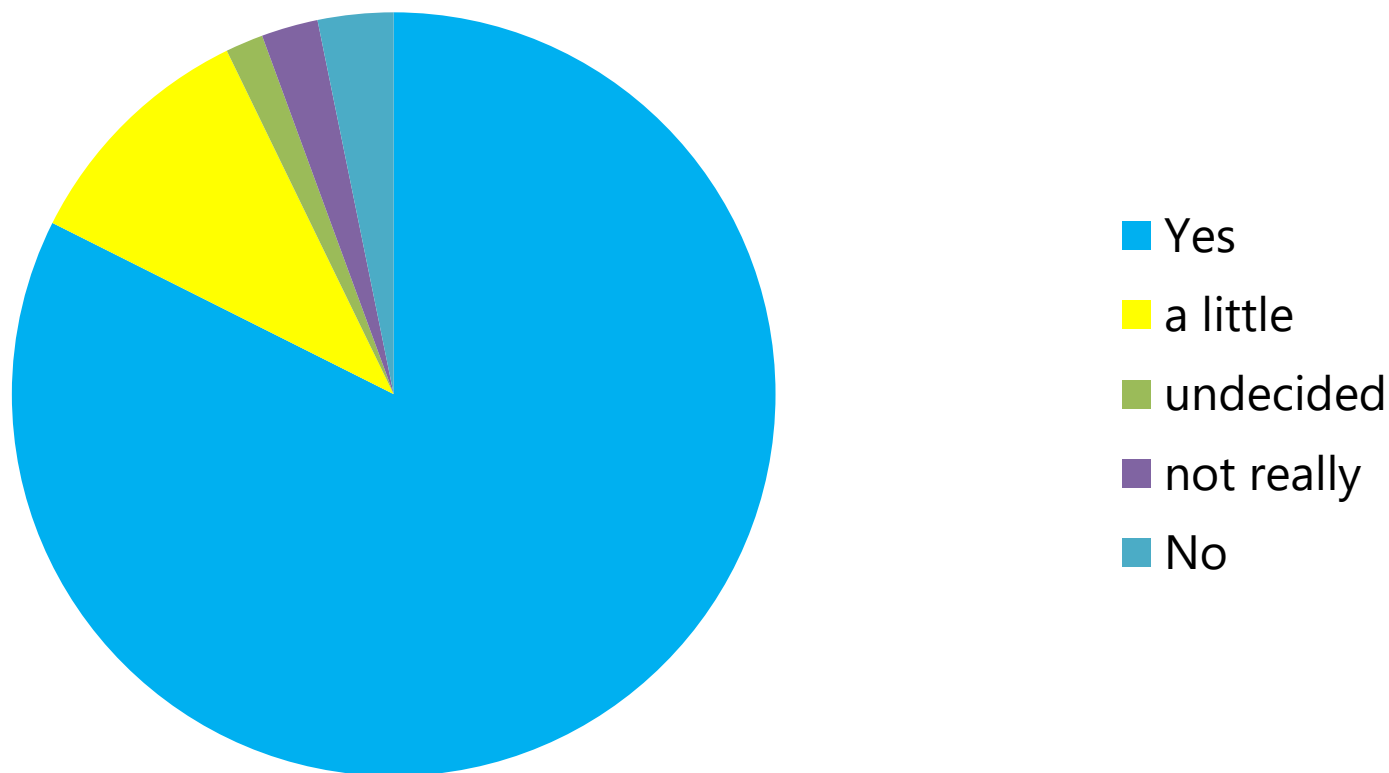
- 5. Psychiatrists, whatever their personal beliefs, should be willing to work with leaders/members of faith communities, chaplains and pastoral workers, and others in the community, in support of the well-being of their patients, and should encourage their multidisciplinary colleagues to do likewise.
- 6. 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.

- 7. 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.

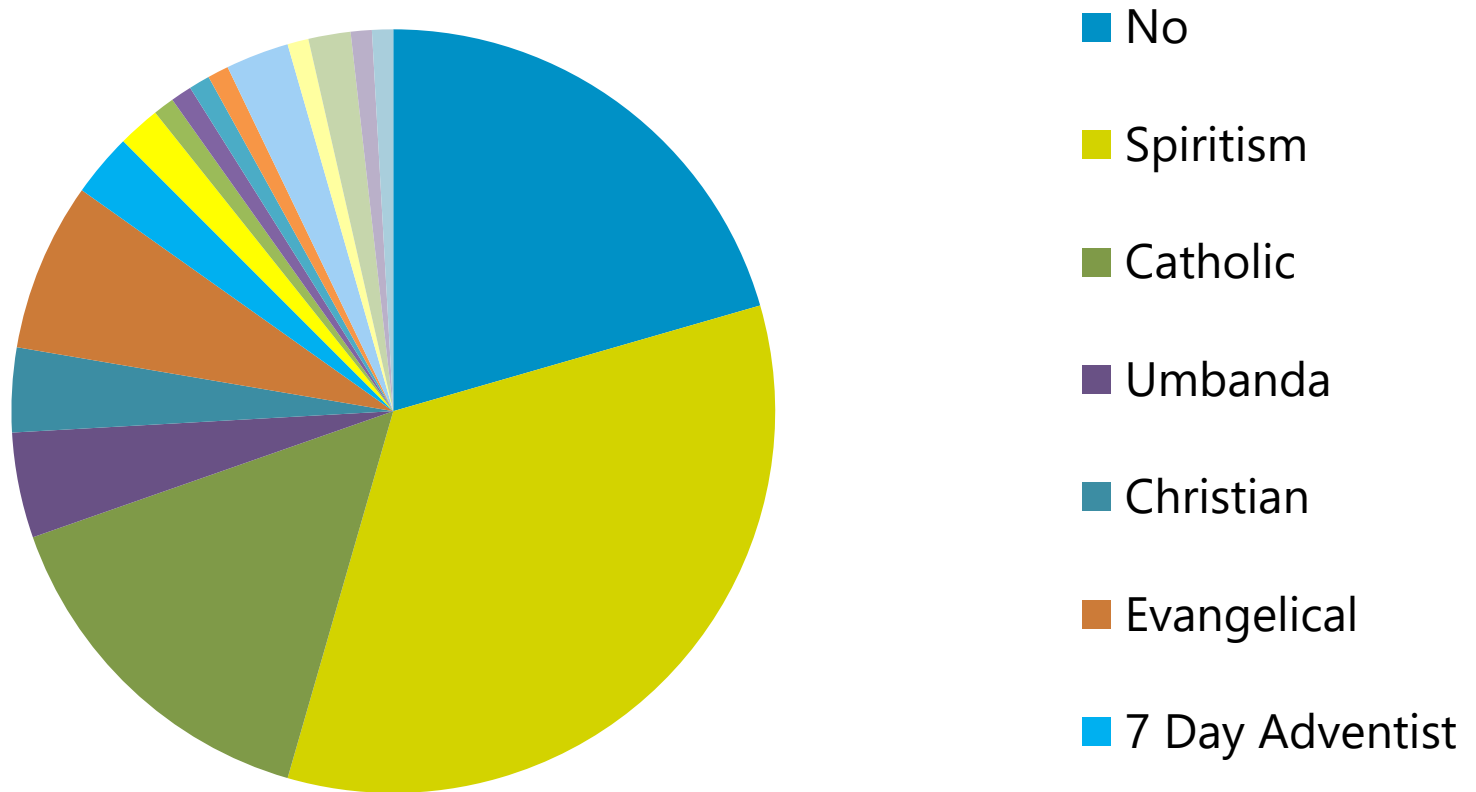
Q1: Do you consider yourself as religious?



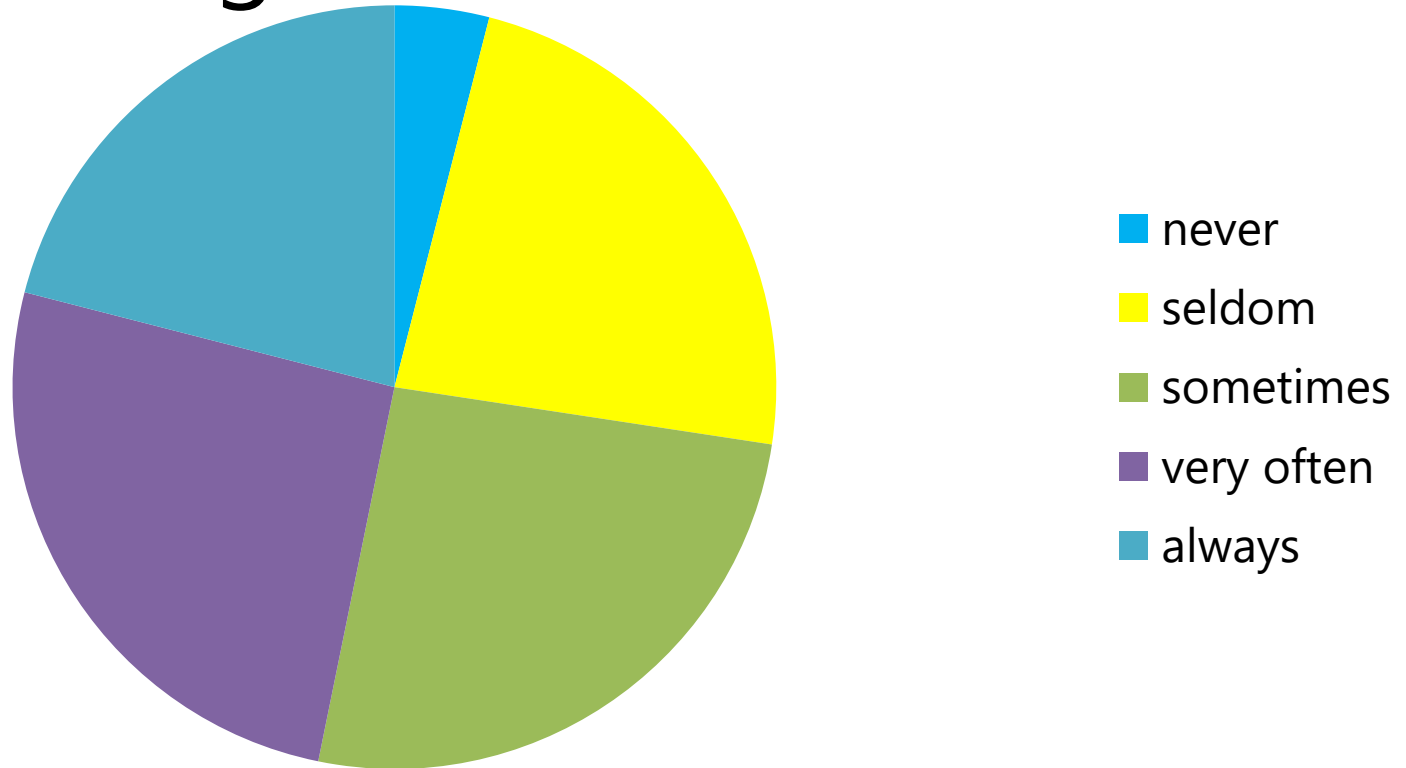
Q2: Do you consider yourself as spiritual



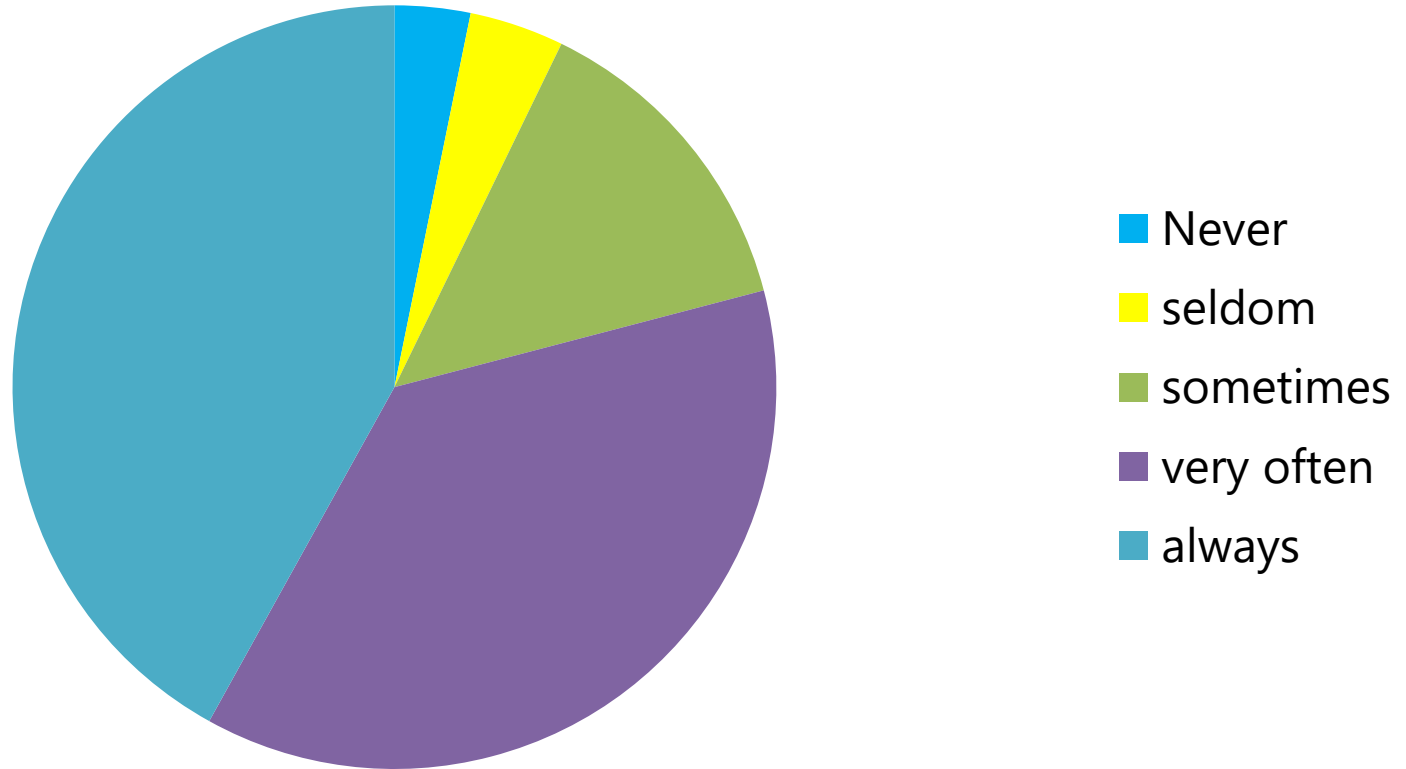
Q3: Do you practise a religion and if yes, which one?



Q4: How often do you participate in religious communities?



Question 5: How often do you attend practices?



Q7 If you are a medical practitioner does spirituality or religion play a part in your work? If so, how?

- In my personal training, yes and in professional practice, no. Spirituality is in me, integrated in everything. When I hear a person with focus, attention, care, educated, thoughtful, ethical values, without judgments and criticism, accepting the reality of the other in his context, in a way, this is also spirituality in practice. However, I do not externalize with spiritual discourse and practice because professional academic training and practice require other demands, knowledge, explanations, ethics and code of professional conduct etc., although they are integrated into me, in my spirituality. I never tell a patient or client that spirituality ... that God ..., or rather, I do not approach as spiritual matters because this is spiritual rather than therapeutic care. Each practice has space, time and place, not to be confused. Both knowledge is fused and not confused. It is also necessary to know, respect the different. (# 52, Brazil)

Another response to Q7

- The analyst's spirituality should not interfere with the analysand session. What the analyzing exposes will be worked out the significant for it.

Importance of spirituality for wellbeing

- “Spirituality is essential for the wellbeing of a person, as it reinforces the recognition that love, the most powerful force there is, keeps us alive, heals us, and enables us to complete our life-plans here whilst we are in our physical bodies” (#16, UK survey)
- “Yes. Because through the connection with the divinity and with the other side of life it is possible to better understand the natural difficulties of human life and to search a wider sense for existence.” (#55, Brazil survey)

A long way away from Moreira-Almeida...

- “The clinician who truly wishes to consider the bio-psycho-social aspects of a patient needs to assess, understand, and respect his/her religious beliefs, like any other psychosocial dimension.” (Moreira-Almeida, Neto and Koenig 2006)

Spiritual Companions Trust

- Booklet: Spirituality & Mental Health: Understanding Extreme Spiritual States & How to Care for Them (2020)
- Author: William Bloom

Starting point

- spiritual states can look like mental illness
- However, there is also a debate about whether these mental illness labels are useful or accurate.

Spiritual State can look like Mental Health Crisis

- Spiritual awakening/conversion ↔ Identity crisis/nervous breakdown
- Ecstasy/bliss/rapture ↔ Mania/hyper
- Talks to spirits, hears voices ↔ Psychosis
- Self-identifies as a saint/guru ↔ Schizophrenia
- Dark night of the soul ↔ Depression
- Tempted/threatened by evil ↔ Paranoid delusion
- Fundamentalism, pomposity ↔ Personality disorder

Bloom argues that ...

- It is important to appreciate that spiritual experiences are not philosophical or intellectual concepts. They are sensed and felt *experiences*.
- People feel something tangible, a presence. In modern language perhaps 'energy' is an appropriate word.