Editorial

Dear colleagues, dear friends

The connection between religion, spirituality, psychotherapy and psychiatry has received growing interest in Europe - as 1070 participants at the Interdisciplinary Congress of Religion in Psychiatry and Psychotherapy, which is held in Graz these days, demonstrate. With our European Conference on Religion, Spirituality and Health, taking place in May 2008, we hope to meet this interest. You can find further information in the announcements of this newsletter and at www.rish08.eu.

Again this newsletter has two contributions from Great Britain, both from Northampton. Harald Walach gives an overview on mindfulness and related empirical studies and Marie-Louise Gander summarises research on religion, spirituality and health in Great Britain. Thanks the authors you for their contributions!

Franz Fischer

Topic

Research in Mindfulness

Nearly unacknowledged by mainstream science, a new research topic has emerged in the last few years: mindfulness. The term, coming from the Theravada tradition of Buddhism, describes a state of consciousness that is marked by attentiveness and awareness devoid of any judgement. Whatever it is that you are doing, you make it the main focus of awareness. Whatever it is that you encounter, you accept it attentively, and perhaps friendly and gratefully, without immediately judging it. Usually we judge things instantly: this is good, that is bad; this incidence is agreeable and that other one is not; this person is likeable and useful for my purposes and that other one is not. Mindfulness thwarts these instantaneous categorisations and provides time to feel, to listen, to perceive. As a result, we often realise that our previous spontaneous judgements were wrong. To us Westerners, a dictum from the Gospel may spring to mind in this context: judge not, lest you are judged. Mindfulness is perception without judgement.

It has turned out that mindfulness is highly beneficial in a therapeutic context. We conducted a meta-analysis [1] which showed that chronically ill patients, e.g. patients suffering from chronic pain, can often manage their symptoms more effectively using mindfulness. Furthermore, components of mindfulness meditation have been demonstrated to be effective in depression therapies and other areas [2-6]. Two elements seem to be vital: groups of participants are trained to meditate systematically by observing their breath, which is then being practiced at home on a regular basis. This usually results in a certain de-centering: participants achieve the insight that their symptoms and they themselves are different things – I may, for instance, be sad but I am not identical with my sadness. This leads to a heightened freedom of choices and ideally opens new alternatives of action. A patient who participated in one of our fibromyalgia studies [7] once put it this way: “I’ve been allowing my disease to domineer me for 20 years. Now I simply don’t care about fibromyalgia anymore, and I can go on holidays”. This was the first time that the patient had left her home for a prolonged period.

Thus, mindfulness does not alter or remove symptoms in some miraculous way, but it changes our attitudes towards our symptoms. Mindfulness allows us to probe deeper. In another study involving highly stressed employees in a call-centre, for example, we have found that participants became aware of the pressure they were under in the first place. They became more dissatisfied, but they also effectively took measures to cope with their newly perceived stress [8].

One could say that mindfulness is the psychological backbone of any spiritual practice, for whenever we consciously come to a halt on a regular basis, whenever we provide time for ourselves, we reinforce mindfulness. Mindfulness is like a muscle that needs to be trained continuously. He who wants to have the strength and stamina to catch a bus running has to practice running. He who wants to be mindful whenever presence is required has to practice mindfulness. In any case, a growing number of patients are practicing mindfulness and benefit from it. Research has revealed that mindfulness can be an enormously important resource for the reduction of distress, which is directly correlated to the time spent in meditative practice [9, 10]. Thus, an area previously excluded from health sciences as a spiritual practice, has now entered the focus of scientific attention. This seems to signal a certain pragmatic trend reversal and demonstrates that many polarisations aiming to play science off against religion are artificial and wrong. If at all, polarisations are useful when concerning science and ideologised-polarised religion [11]. Actually, good science and mindfulness are siblings, for both pursue a common goal: to perceive truthfully, without judgement or premature criticism. Insofar the connection is easy to comprehend and, hopefully, useful for all concerned.

Harald Walach

References

Forum

Research about Spirituality, Religion and Health in Great Britain

The academic system in Great Britain is traditionally open-minded, courageous and pragmatic. Thus it does not come as a surprise that some academic institutions are increasingly interested in research on spirituality, religion and health. For instance, a sign of this increasing interest in the subject matter is the fact that the “Spirituality and Psychiatry” Special Interest Group (SIG) is currently the fastest-growing SIG within the prestigious “Royal College of Psychiatrists”. Moreover, some academic institutions have active research projects and several universities offer even postgraduate classes, for example on spirituality such as the University of Edinburgh, and transpersonal psychologies (TP) like Liverpool’s John Moores University or The University of Northampton.

For example, a postgraduate degree “Transpersonal Psychology and Consciousness Studies” that combines experiential and taught modules has been established at The University of Northampton in 2006 by Professor Harald Walach and colleagues. Although Professor Walach, who is also director of the European Office of the Samueli Institute, tried to set-up a postgraduate course on TP at several universities in Germany, his appeal was repeatedly rejected. As the University of Northampton showed interest in hosting such a program as well as research on spirituality, they offered Prof Walach a position as research professor at the University of Northampton’s Psychology Division to strengthen existing research efforts related to the Centre for the Study of Anomalous Psychological Processes (CSAPP). The non-denominational master-course in Transpersonal Psychology is based on the assumption that consciousness should be regarded as an independent variable in research, practice as well as generally speaking the scientific debate. Correspondingly, the MSc aims at providing leading edge knowledge, training and education about consciousness studies and transpersonal psychology in an academically sound, responsible and informed way. Moreover, within the experiential part, students also receive training in practical skills of modulating states of consciousness and their critical appraisal. Thus, students enrolled in the program are not only supposed to acquire the knowledge to critically debate and discuss the usage of states of consciousness in psychology, education and the health sciences, but are also encouraged to mindfully apply their skills at their workplaces.

The research interests of group are currently focused on researching spirituality and health. One large survey study investigates for example the relationship between exceptional and spiritual experiences on health in the UK, Germany, Hungary and the United States by focusing on the moderating role of regular spiritual practice.

Another research project is the development of a mindfulness based meditation program to help students’ cope with the daily hassles associated with student life (Mindfulness Based Coping with University Life – MBCUL). Recent surveys have shown that mental health has rapidly declined in student populations over the last years.

Further projects include the mapping of higher states of consciousness as a prerequisite to building a neurofeedback device.

Prof. Walach is also the new editor-in-chief of the Journal: Spirituality and Health International.

Marie-Louise Gander
marie-louise.gander@northampton.ac.uk

Links


Announcements

International Conference on Spirituality: The Human Dimension in Care
Oktober, 25-26, 2007
Malta, Greece
Contact: Dr. Donia Baldacchino,
Email: donia.baldacchino@um.edu.mt

Religious Psychopathology: Explorations at the interface of psychiatry and Religion
March, 17-19, 2008
Leiden, the Netherlands
Contact: Drs. P.J. Verhagen, verhagen.pj@wxs.nl

European Conference on “Religion, Spirituality and Health”
May, 1-3, 2008
Bern, Switzerland
This Conference aims to enhance the inter-disciplinary dialogue between medicine, neuroscience, psychiatry, psychology, spiritual science and theology. Experts will give comprehensive overviews on the topic, covering physical as well as mental health issues. Symposium invite discussion and free communication allows research groups to present their research projects either orally or as posters. Methological support can be sought from research experts in their specific fields. Another emphasis is to strengthen networking among researchers in the field and to promote scientific projects. Prof. Harold Koenig will inform us about new developments in the United States.

Call for Abstracts: We encourage abstract submission for oral and poster presentations. Abstracts (max 500 words) have to be submitted until January 20th, 2008.
Information: www.rsh08.eu

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

Impressum
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Editorial board: René Hefti, Franz Fischer, Maria Teschner, Franziska Glauser.

Research Institute for Spirituality and Health
Weissensteinstrasse 30
CH-4900 Langenthal, Switzerland
Tel. +41 (62) 919 2211
Fax +41 (62) 919 2200
info@rish.ch www.rish.ch