

Editorial

## Religions and Psychotherapies—Special Issue

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The birth of modern psychotherapies—along with the birth of psychology as a science on one side and with psychoanalysis, other depth-psychological treatments and behavioral therapies in addition to medical treatments of psychological disorders on the other side—in the 19th and 20th centuries was accompanied by positivistic and mechanistic paradigms underlying empirical research and claims of scientific dignity [1]. Affirmations which could not be tested or observed empirically had to be excluded from science—including any kind of metaphysics and religious belief, notwithstanding pioneering studies by William James [2], Granville Stanley Hall, James Henry Leuba and Edwin Diller Starbuck [3] for psychology in general and for psychology of religion(s) in particular. In particular, the critique of religions by Sigmund Freud has continuously exerted a strong impact in the fields of psychiatry and psychotherapies; in addition, regarding psychodynamics and symptoms of psychic disorders, religious phenomena in the lives of patients may be just as affected as other cognitive and emotional aspects and behaviors [4]. Consequently, religious experience and religious behavior of patients in psychiatry and psychotherapies have rarely been object of research and teaching apart from predominantly symptomatic and pathogenic perspectives [5].

In the last three decades, however, starting from the USA, a growing interest and increasing activities in research and application as to the role of religiosity and spirituality in health care, oncology, and mental health can be observed. In recent years, a variety of papers have addressed the shift to a more positive reception of religion and spirituality for mental health, also addressing the ambiguity between these two disciplines and life domains [6–8]. It seems that the historical tension between mental health and religious professionals is making a shift towards inter- and transdisciplinary collaboration and mutual respect [9]. The vast majority of studies have shown that participation in religious and spiritual behavior strengthens protective factors for mental health which, if addressed properly, turn out to be helpful for treatment.

A systematic review of clinical studies found good evidence that religious involvement is correlated with better mental health in the areas of depression, substance abuse, and suicide, some evidence in stress-related disorders and dementia and insufficient evidence in bipolar disorder and schizophrenia [10]. For many other mental disorders and psychiatric conditions, such as anxiety disorders, obsessive-compulsive disorders, trauma-related disorders, personality disorders or eating disorders, research is on the way; however, it is too early to draw conclusions in terms of evidence.

Without doubt, religious or spiritual beliefs have an impact on some of the most important questions in psychiatry and psychotherapy, such as insight into illness or need for treatment, the use of mental health care services, coping strategies, therapeutic relationship, and treatment adherence. They are related to greater forgiveness and to reduced hostility and self-harm [11,12]. They may influence quality of life and well-being despite psychiatric symptoms. People with spiritual beliefs have a different stigma tolerance towards people with mental health and a different sense of control over important areas of life, a discrepancy that becomes even bigger when investigating strict atheists or agnostics in contrast with believers [13]. Moreover, last but not least, certain religious and spiritual practices found their ways as “techniques” into psychotherapy, such as mindfulness-based cognitive therapy or elements of dialectic-behavioral therapy (DBT; cf. [4], pp. 110–11).

The special issue “Religions and Psychotherapies”, which closed in summer 2012, intended to attract reviews, theoretical and clinical original studies on questions regarding the relationship between religions and psychotherapies. We invited scholars, researchers and practitioners to contribute to interdisciplinary dialogues regarding the role of (various) religious attitudes of clients/patients/therapists in (various) psychotherapeutic treatments, religious doctrines and interpretations with regard to psychic disorders, psychotherapeutic metapsychologies regarding religions and religious attitudes, religious practices and coping with psychic stress and disorders. This special issue set out to include both general and basic principles/issues as well as specific questions regarding treatments and methods.

Twelve of the submitted articles passed the peer review, including four review papers. These consider the integration of religions and spiritualities into mental health care, psychiatry and psychotherapy in general (René Hefti) and into the care of patients with severe mental disorders in particular (Sylvia Mohr), religious and spiritual issues in psychotherapies with patients with schizophrenia (Lauren Mizock, Uma Chandrika Millner and Zlatka Russinova) and a critical review of meditation based therapies (Lone Overby Fjorback and Harald Walach).

Eight original papers provide an impressive range of topics in the vast field of research, which can be regarded as religious or spiritual notwithstanding the ongoing lack of consensual definition of these terms. Which attitudes and attributions prevail among the psychiatric staff (physicians, nurses, other

therapists) with regard to the role of religions and spiritualities of their patients and of themselves in treatment (Eunmi Lee, Anne Zahn and Klaus Baumann)? What are the roles, implications or potentials of religions and spiritualities in the treatment of African American women with depression (Maignete Mengesha and Earlise C. Ward), in mourning and transforming losses (Eckhard Frick), in group psychotherapy treatment of psychotraumatised persons in post-war Bosnia and Herzegovina (Mevludin Hasanović, Osman Sinanović, Izet Pajević and Mark Agius) or in suicidality in Judaism as compared to other religious denominations (Eliezer Witztum and Daniel Stein)? What about therapies or therapeutic approaches which in different ways are using religious and/or spiritual convictions or practices, as presented in this special issue by the papers on mind-body practices in integrative medicine (Harald Walach, Marie-Louise Gander Ferrari, Sebastian Sauer and Niko Kohls), on transpersonal psychology trying to map spiritual experiences (Dwight Judy), and on “sacred” psychotherapy in the “age of authenticity” in contemporary Finland (James M. Wilce)?

Far from being representative, these precious pieces of research and theoretical efforts offer glimpses into an increasingly important and vibrant field of research aiming at a better service for the patients in psychiatry and psychotherapies in a responsible attention to, reflection and integration of relevant religious and spiritual issues. Such responsible efforts of integration would rather favor than undermine professional neutrality (in the sense of abstaining from any kind of manipulation) and counteract the widespread ongoing neglect of such existential issues which is mirrored in significant biases on the side of the professionals in psychiatry and psychotherapy [14]. In this sense, we welcome recent developments like the foundation of a new section on religiosity and spirituality in the German DGPPN in September 2013. Also in 2013, the American Psychological Association published a handbook on Psychology, Religion and Spirituality [15], followed in 2014 by a German reader on psychotherapy and spirituality [16], postulating that psychotherapists meet their patients’ religious and spiritual attachments with empathic appreciation and respect, in line with the ethical principles of psychologists and code of conduct of the American Psychological Association [17] and with the recommendations for psychiatrists on spirituality and religion released by a position statement of the (British) Royal College of Psychiatrists [18].

Further research and therapy improvements may be encouraged by these developments both in research and in professional societies. As editors of this special issue, we are grateful to all researchers who submitted their papers, to all reviewers, and to the effective and efficient editorial support provided by Jerry Zhang and his team from RELIGIONS.

### Conflicts of Interest

The authors declare no conflict of interest.

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