

Find articles by category:



A newsletter to help keep you informed about the latest developments in mental health promotion in Aotearoa, New Zealand.

Spirituality and Mental Health

Richard Egan

Richard Egan has been researching 'spirituality' on and off for 20 years. Currently he's a PhD student looking at spirituality in end-of-life care in New Zealand. Richard also teaches Health Promotion at the Dunedin School of Medicine, Otago University. Email: richard.egan@stonebow.otago.ac.nz



"Spirituality can be central in the enabling of mental health." (Swinton, 2001)

I worked as a mental health promoter for five years. What I like about working with people with experience of mental illness was their openness and active interest in spirituality. One of the most meaningful things I did in those years as a health promoter was a workshop looking at spirituality and mental illness. I co-facilitated it with Julia Christie from the then Bi-Polar Network, who has sadly passed away. Julia and I developed the workshop around a broad definition of spirituality and explored making life meaningful within one's 'illness'. It was an amazing learning experience for us all. Now as a researcher, my focus is solely on spirituality.

Is spirituality the new black? Is it a passing fad, a phase? Is health really 'health' without considering all dimensions? What is the current spiritual landscape? What is the relationship between spirituality and health? How does spirituality relate specifically to mental health? These questions and more are those that are being asked by many in various fields, especially health care.

I suggest that spirituality is not new. If defined broadly, it can be seen as an aspect, if not central, to the human condition. An inclusive definition, as used by New Zealand's *Health and Physical Education Curriculum* (MoE, 1999) and 'taught' in our State schools today, includes beliefs, values, meaning and purpose, identity, awareness and for some religion. It is argued that each of us has a drive to find a sense of meaning, some truth (even if it's that there is none), in our lives. Spirituality has been democratized and each of us has our own definition even one as simple as, "what matters most". And, if nothing matters, then ennui ensues; hopelessness is likely and - in a massive oversimplification - no hope equals, no life. If self-harm, suicide and other negative behaviours are the tip of the ice-burg, perhaps that ice-burg is floating in a sea that lacks a sense of positive spirituality.

Having suggested a working definition, spirituality needs to be contextualized. I would like to suggest a context and a couple of key themes that are developing from the growing literature on this subject.

First, spirituality does not sit alone to be analysed like a pancreas.

It is inherent and interconnected with the physical, social and mental dimensions of health. Some argue (particularly some Maori, Durie, 1994) that spirituality is the most important dimension, and in fact that it is the integrating factor between the other dimensions. It is important to start from and go back to the whole when thinking holistically. (Ironically we claim holistic practice in many fields, yet the spiritual is often left out.)

Second, why is spirituality the flavour of the month?

Lloyd Geering (a famous NZ theologian), makes a telling point in the first few pages of his autobiography (2006). Paraphrasing, Geering suggests that when he was growing up, no one asked all these big questions about life. He knew where he stood in the world - the Church gave the answers about life's purpose, what was going to happen after life, and how to get on and live a good life.

Thankfully, some say, we now do not have such prescriptive ways of living. Instead we have moved into the postmodern world - a place, for many, that has had all certainty, authority, values, beliefs and so on undermined. Of course this is both a curse and an opportunity. It spawns reactions, often absolutes, that are sometimes absurd or even dangerous (some fundamentalist movements); or it offers a time for each of us to explore the big questions for ourselves in a global environment that allows for access to all knowledge and wisdom. In either case it is a huge challenge, a lifetime process, and maybe not everyone's 'cup of tea'.

Within this context, adding global uncertainty, identity confusion, the end of the bio-medical dominance, new age movements, the growth of indigenous spiritualities etc., the time to consider spirituality is nigh and probably critical for new solutions. For arguably, there is a crisis of meaning in the world - often named as a spiritual gap or vacuum - that individualism and consumerism do not fill.

Third, if we agree that we no longer accept implicitly the values and beliefs of people or organisations, there is need for making the implicit explicit.

That is, at a practioner and organisational level, we need to understand the ethos, the spirit of a place and practice. For instance, what is the worldview that underpins mainstream mental health care? Such a spiritual question, and it's answers, are justifiably being asked and need to be considered by the all those in the mental health community (Swinton, 2001).

Fourth, the literature (peer reviewed and published) on spirituality has grown by up to 600% in the last ten years (Williams, 2006).

contents of current issue

Home

Guest Editorial

Mental Wellbeing and Environments

We Need To Talk

Workplace Stress

Awareness Week 2007

Active Kids

National Depression Campaign

Research & Evidence

SPINZ e-news

Feedback Form

Issue Archive

Contributions

Subscribe

Key themes include: an agreement that spirituality is different from religion; spirituality is being studied across many disciplines from architecture to sexuality; there is no one agreed upon definition; there is a re-emergence from the bottom up; ethical issues are critical; Maori/indigenous contributions are significant; there are significant country and cultural differences; models of health are becoming more holistic; assessment and measurement issues abound; many argue there is a positive association between spirituality and other health outcomes (Sinclair, 2006); and criticisms question the research findings - from a quantitative paradigm, questions remain concerning validity, reliability, generalisability and methodology (Sloan et al, 2002).

Fifth, spirituality is here, in many of the policy and curricula documents.

Usually via Durie's Te Whare Tapa Wha model, spirituality is included in documents from the *New Zealand Health Strategy* (MoH, 2000) to the Christchurch City Council Charter.

**"By ignoring the spiritual dimension of health, for whatever reason, we may be depriving ourselves of the leverage we need to help empower individuals and populations to achieve improved physical, social, and mental health."
(Vader, 2006)**

It seems there are more questions than answers, which is in itself a spiritual approach.

Is it time to more explicitly attend to spirituality within the mental health arena? Should we consider health enhancing factors (not just risk factors and isolated health 'issues') that include a sense of meaning and purpose etc., in our work?

For many of us, the first step is to recognise the importance of spirituality. Those who are there already need to remind those of us who are not.

Then we need to continue to develop ways to meet the 'cradle to grave' spiritual needs and attend to the spiritual pain felt by many.

Next, this awareness needs to be advocated for upstream – at governmental, contractual, policy and organizational levels.

Like the National Health Service in Scotland, who ask for spirituality to be attended to in its publicly funded health services (Murray, 2005), we need to know here in New Zealand there is a mandate from the 'people', in policy and from growing research evidence to do the same. Because of our unique ethnic mix and secular society on the edge of the world (where many believe without belonging), we have the potential to lead innovative spiritual care in all health care.

There are many risks and challenges, but that does not mean it is not worth pursuing. Like the need for a sustainable physical environment, there is an equally pressing need for a supportive spiritual environment for our evolution (rather than devolution). This is a time of re-examination, a challenging of the dysfunctional spirit of the era. In its examination we need to help make life more worth living!

**"Meaning in life is a crucial aspect of human wellbeing."
(Eckersley, 2004)**

SOURCES

Durie, M. (1994). *Maori Health Development: Whaiora*. Oxford Press. Auckland.

Eckersley, R. (2004). *Well and Good: Morality, Meaning and Happiness*. The Text Publishing Company. Melbourne, Australia.

Egan, R. (2000). 'Spirituality / Taha Wairua in New Zealand State Schools', Unpublished Masters of Philosophy Thesis, Massey University.

Ministry of Education (MoE). (1999). *Health and Physical Education in New Zealand Curriculum*. Learning Media. Wellington.

Ministry of Health (MoH). (2000). *The New Zealand Health Strategy*. Wellington.

Murray, S. et al. (2004) "Exploring the spiritual needs of people dying of lung cancer or heart failure: a prospective qualitative interview study of patients and their carers". *Palliative Medicine*. 18: 39-45.

Sinclair, S. (2006) "A Thematic Review of the Spirituality Literature within Palliative Care." *Journal of Palliative Medicine*. Vol 9, Num 2.

Swinton, J. (2001) *Spirituality and Mental Health Care: Rediscovering a 'Forgotten' Dimension*. Jessica Kingsley Publishers, London.

Williams, A. (2006) Perspectives on spirituality at the end of life: A meta-summary. *Palliative and Supportive Care*. 4, 407 – 417.

Vader, JP. (2006) "Spiritual health: the next frontier". *European Journal of Public Health*, Vol. 16, No. 5, 457

[Top of Page](#)
[Print this Article](#)

[Issue Archive](#) | [Subscribe to MindNet](#) | [Send Feedback](#) | [Contributions](#)

Contributions to this newsletter do not necessarily reflect the views or policies of MindNet or its sponsors. Information and links to other sources of information are current at the time each edition of MindNet is produced. MindNet accepts no responsibility for links that become out-of-date, move or cease to exist.

Copyright © 2004-2008 Mental Health Foundation of New Zealand
Web design by [Gang Ltd](#) and [A Web 4 U Designs](#)

