Spirituality and mental health in humanitarian contexts: a response to the commentaries

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I would like to thank the four respondents for their positive and helpful contributions to the discussion of spirituality and psychosocial support in emergencies. I hope that a further response will offer clarity where needed and continue promoting the discussion and progress in this most important area. It is estimated that 90% of the world's population are involved in religious or spiritual custom (Koenig, 2009). Additionally, as many humanitarian disasters and crises occur in the non western world where such practices are widespread, and many of the mental health and psychosocial support (MHPSS) interventions are planned and implemented from a background that is overwhelmingly secular in nature, it would seem this is both an important and urgent topic.

The issue of the confluence of religion and spirituality in the original article was raised several times by respondents. It is well documented and accepted that spirituality and religion does not refer to the same constructs, however, it is clear they are closely related. The faith constructs on which religious practice sits are the pillars of a worldview that provide existential meaning to that religion's active participants in that cultural group. A change in religion will certainly affect a change in spiritual perspectives, and sometimes vice-versa. A changed view of how a deity acts will almost inevitably lead to changed religious practice. Given the strong links between the spiritual beliefs and religious practice in Haiti, it seemed reasonable to frame them as a conceptual whole. However, within the wider context of the discussion, and the perception that perhaps some nongovernmental organisations (NGOs) relate more to religious practice while MHPSS is more pro 'spirituality,' this confluence of religion and spirituality may no longer be reasonable, and so I will separate them throughout this response.

The issue of the comfort that might be gained from 'religious ritual' becomes sharper when separated from spirituality. When a disaster of this magnitude (Haiti) occurs, many people may experience a change in their perception of 'the divine.' God, the gods, or the spirits, may no longer be viewed as operating in ways previously conceptualised. Such matters ought to be assessed and need to be acknowledged. Referral to religious leaders or rituals, MHPSS activity, or any other humanitarian intervention, has the potential to promote or hinder wellbeing in this changed spiritual context. It may also offer greater comfort and assurance to communities and individuals, as indicated by Paratharayil's description of religious rituals post tsunami. However, if the

religious, or more general spiritual support, does not address changed conceptualisations of the divine, there is also a potential for greater harm, sorrow and confusion that religious ritual may not necessarily resolve. This leads to an ongoing reflection on some very practical issues: do we have the tools to measure such internal spiritual shifts and determine if the external religious ritual will be helpful? Is it part of the humanitarian responsibility to help address the spiritual concerns of communities affected by crisis? Is there any evidence base for sound spiritual nurture assistance or intervention? Additionally, if there is not enough evidence, is there legal consensus amongst humanitarians of what is acceptable and what is not?

An important issue raised by van den Berg, Reiffers & Snider is that of '*inclusion and neutrality.*' As pointed out in the original article, codes of conduct require that agencies do not promote religious standpoints and ensure aid is not conditionally provided. There is no argument that such codes of conduct are fundamental to good humanitarian practice and justly function to protect the rights of all those receiving aid. Additionally, there is no argument that where appropriate and desired, communities should be facilitated to religious ritual or spiritual customs known to them and their leaders. However, spiritual assessments may also reveal a desire of the communities and spiritual leaders to be practically and philosophically supported to explore other aspects of spirituality.

In such instances, some legal guidance might be helpful within humanitarian contexts, where inclusion and neutrality must also account for the needs and requests of the community themselves. Therefore, it was not intended as a recommendation for further humanitarian guidance to focus solely on spiritual nurturance and MHPSS, but spiritual nurture more broadly. MHPSS would inevitably be included as one important aspect of such guidance, given its inseparable links with spiritual wellbeing.

Onyango indicates; '*spiritual nurture is not the same as evangelism.*' I would add; '*if done sensitively.*' It is not proposed that a new MHPSS framework be developed, but that existing tools be further explored with a lens focused on spiritual nurture. Also, perhaps additional guidance or humanitarian consensus could be developed around what spiritual nurture activities are deemed acceptable, legal and safe for communities. If done appropriately, this would not intrude on the natural communal healing paths that already exist, but seek to better foster, support and develop them. Naturally, context would also play an essential role in such approaches.

A further question raised by van den Berg, Reiffers & Snider was whether it is the role of NGOs to be involved in local spiritual engagements that may, or may not, include MHPSS interventions. They suggest; *faith based humanitarian organisations communicating their faith based character or origin might be at some risk of counter effectiveness in providing MHPSS interventions.*' This assertion is context dependent. In some contexts, a non-faith base might be more offensive than that of the same, or even, a '*different faith,*' which may be true in both humanitarian and mental health programming perspectives. It remains essential to support a community in understanding and seeking out what they feel will be most effective for their own situation and needs, whether these include spiritual nurture activities, MHPSS programmes or some other possible combination.

The reality in field situations is that most agencies work in partnership with several

NGOs and CBOs (community based organisations). Choosing suitable partners with whom each agency's values sit comfortably, and with whom we can have open discussions on appropriate boundaries, is critical to future working relationships. To that extent, each agency, whether faith based, community based or non-faith based, makes value judgments about our partners, their spiritual insights and their own religious practices. Spirituality is one aspect of wellbeing, which in many communities will be sought to be enhanced or supported alongside existing programmes. Therefore, spirituality must be a concern of the humanitarian mandate, but it must also remain within the codes of conduct and legal frameworks that continue to protect those we assist. Having appropriate tools, not only for ourselves, but the faith based communities and local groups with whom we will necessarily partner, is therefore a priority. All groups need to analyse needs, understand connections with communal spirituality and religious expressions, and to be able to monitor progress in all aspects of wellbeing. This is a broader concern than what van den Berg, Reiffers & Snider suggest is spiritual competence and good humanitarian and therapeutic practice. It is about accepting that spiritual wellbeing forms part of holistic wellbeing, which also includes mental, physical, emotional, social and intellectual health.

World Vision is frequently approached by communities to provide spiritual nurture and support to local churches, their congregations and communities. As a Christian organisation with clear faith based values, we feel competent to help, and that we speak a similar faith based language. Therefore, we also feel comfortable entering a world of spirits and forces that many secular agencies or MHPSS practitioners may not so easily engage. This is why Erikson's comment about the need to '*not dissect certain practices from the religious or spiritual roots, and prescribe them as mental health interventions*' is so valid. Religious practices will unavoidably and predictably have mental health impacts, potentially positive and/or negative. Therefore, Erikson's suggestion of one of the roles of MHPSS programmes as being one to '*facilitate the conversation and practice of what people believe, and to increase the understanding of these beliefs where they intersect with their experience of the crisis in their community*' is one with which I strongly concur.

Erikson's suggested ways forward are very useful in the context of the questions I initially raised. Judging what is appropriate and effective amongst the range of possible interventions might well be answered by really important questions already existing in tools like the Cultural Formulation (American Psychiatric Association [APA], 2000), such as; '*is this network a support system? Who is the leader? What activities or rituals are available to respond to the community's pain? Is the religious community actually contributing to the problems? Has the religious community been damaged by the impact of the crisis? Is the loss of this religious network an added stressor, rather than a source of resilience? Does the religious community facilitate a care-giving network, and/or does responsibility within the religious group burden the members?*' This cultural formulation could be tested and adapted as a possible tool for religious assessment post emergency.

It is impracticable to address all questions or ideas posed by respondents herein. It is evident that the issues of spirituality, religion, spiritual nurture, and all its links to MHPSS, will not be resolved quickly; clearly this is a work in progress. The primary intention of the original article was to generate discussion on this much

neglected topic, which many humanitarians place in a '*too-hard basket*.' This intention has been realised, albeit in a very small way, through these commentaries. However, it is hoped that such healthy debate can continue, in various forums. With transparency from all agencies, it is hoped that ongoing consideration will lead to greater understanding and clarity about the roles of spirituality and wellbeing in humanitarian contexts, and the ways humanitarian agencies can support all aspects of wellbeing for those recently affected by crisis.

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References

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