

Spirituality and mental health in humanitarian contexts: an exploration based on World Vision's Haiti earthquake response

Alison Schafer

For the international nongovernmental organisation, World Vision International, the Haiti earthquake response revealed a significant gap in materials and interventions that combined spiritual needs with the mental health and psychosocial support needs of affected communities. Despite growing scientific evidence that spirituality can have beneficial effects on mental health and psychosocial wellbeing, there is little guidance and consensus about psycho-spiritual approaches in humanitarian contexts. This is especially pertinent for the emergency response in Haiti where religious practice and faith underpins local culture. This can lead to practical and ethical dilemmas. Churches, the clergy and peoples' spirituality are an important area for humanitarian practice to explore, particularly within the mental health and psychosocial support domain.

Keywords: faith, Haiti, mental health, mental health and psychosocial support, psychosocial support, psycho-spiritual, spiritual nurture, spirituality

Introduction

In response to the devastating earthquake that struck the tiny nation of Haiti on 12 January 2010, World Vision International (WVI) engaged the full partnership of relief teams in deployment. The response of the organisation included food aid, water and

sanitation, emergency health and nutrition, child protection and provisions of other non-food items including temporary shelter. For the first time in WVI's emergency response history a focal point person for mental health and psychosocial support (MHPSS) was also deployed. Although reporting to the health team, this person worked across sectors and in collaboration with the broader MHPSS Working Group that was established through the UN Cluster System.

As a faith based, nongovernmental organisation (NGO), WVI considered ways to engage in the 'spiritual nurture' of people affected by the Haiti earthquake as part of our overall response. This was based on the mission of the organisation to overtly recognise and support the spiritual needs of people affected by emergencies, and was considered appropriate to the Haitian context. For WVI, spiritual needs and subsequent support may include faith based counselling, spiritual guidance, peer support, or opportunities to explore issues related to faith or religious practice. WVI recognised that spiritual support may be helpful or sought by individuals, families or communities, and also considered spiritual support for staff and local clergy through partnerships with churches. Through this strategy clear links and opportunities

between the spiritual nurture activities and MHPSS activities became apparent. However, it also became apparent that combining spiritual nurture and MHPSS was a new approach for the organisation and it lacked personnel, materials and programmatic resources that would serve both the spiritual nurture and MHPSS as part of the church engagement of the organisation. It raised questions about whether more spiritual approaches, or technical MHPSS interventions, were appropriate. Within WVI there were concerns over whether these combined approaches for spiritual nurture and MHPSS complied with the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief (IFRC/ICRC, 1994), where it states that aid should not be used to promote a particular religious standpoint. WVI also questioned whether combined spiritual nurture and MHPSS approaches would be consistent with the *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings* (IASC, 2007). It is unlikely these concerns are specific to WVI given there is a lack of guidance on spirituality and MHPSS in the overall humanitarian sector. Elicited from WVI's experience in Haiti and our organisational need to explore the links between spirituality and mental health, this paper reviews some literature on the topic. It also analyses psycho-spiritual approaches to health and wellbeing and considers some rudimentary recommendations for a way forward for humanitarian agencies.

Spirituality and mental health and wellbeing

The psychological literature has begun to use the terms religion and spirituality synonymously; although there is recognition that religion usually refers to beliefs, practices and rituals related to a specific sacred

being, while spirituality is a diverse construct referring to existential concerns such as life and death, personal life direction, general wellbeing, comfort and inner peace (Koenig, 2009). For the purposes of this paper, the terms spirituality and religion will also be used synonymously as they appropriately represent both the formalised religions of Haiti, namely Catholicism and Protestant traditions, as well as other spiritual dimensions of Haitians, such as widely held beliefs in Vodou (WHO, 2010).

Throughout history the religious clergy and churches of various denominations have cared for people with psychosocial concerns and mental illness. With the advances of medical and social science, the conventions of psychiatry and psychology have tended to disconnect from the church and functioned as separate service providers, at least in the more developed north (Boehnlein, 2006). However, worldwide it is estimated that approximately 40% of people who experience mental health concerns still turn to their clergy or church for firstline assistance (Openshaw & Harr, 2009). Accounting for religious practice and faith as a prominent feature of culture in underdeveloped nations, up to 90% of the world's population remain active in some form of religious or spiritual custom (Koenig, 2009). As with the the current humanitarian context in Haiti, religion and spiritual practice is foundational to local culture and coping (WHO, 2010). It is expected that future humanitarian emergencies will face similar needs to account for, and work with, local religious influences as coping mechanisms for affected communities. This is an important consideration to mental health and wellbeing given that spiritual beliefs and practice directly contribute to a community's frame of reference and their finding meaning in a crisis and, ultimately, their

access to resources and capacities for coping (Tankink, 2007; Wortmann & Park, 2009). Studies directly exploring the associations between spirituality and mental health generally find that spirituality contributes to improved quality of life, reduced incidences of affective disorders, including depression and anxiety, lowered rates of suicide and abstinence from alcohol or other substance abuse (Koenig & Larson, 2001; Sawatzky, Ratner & Chiu, 2005). Baetz & Toews (2009) reported that the positive effects of typical spiritual messages, such as promotion of altruism and thoughts of gratitude and forgiveness, have also shown significant and positive relationships to an improved sense of wellbeing, stress reduction and increases in life satisfaction. While the majority of research into spirituality and mental health has been conducted in developed contexts, the theories and suggested processes for its causal influences may be germane to all contexts, even if the nuanced practice of religion and spirituality differs.

Three main processes appear to generate mental health gains through spiritual and religious practice (Koenig & Larson, 2001). First, that spiritual beliefs and practices encourage more optimistic worldviews that offer people a sense of meaning and purpose in their lives, even in light of turmoil or intensely stressful events. This has been consistently supported in other research including those around issues of bereavement and loss (Wortmann & Park, 2009), the atrocities of war (Tankink, 2007), and natural disasters (Henderson, Roberto & Kamo, 2009), as well as trauma (Peres, Moreira-Almeida, Nasallo & Koenig, 2007; Vis & Boynton, 2008). Hill & Pargament (2003) have further suggested that a perceived closeness to God may be likened to a positive attachment, such as those that children form with parents,

which offers a sense of being cared for and protected in times of fear or adversity, including ill health, major life stressors or post disaster. Second, most religious practice promotes the support and care of others, which subsequently then promotes greater psychosocial interaction, realises the benefits of altruism and, along with faith itself, promotes a sense of human agency (Tankink, 2007). Third, religious and spiritual practice has been shown to consistently correlate with increased social support (Hill & Pargament, 2003). Koenig & Larson (2001) noted that such enhanced social supports for practising religious people also ensured the presence of assistance at times of stress, greater coping options and a protector against emotional disorder. Koenig (2009) theorised that social support may help to prevent suicide by ensuring people at risk are surrounded by others in a caring environment.

By and large, evidence points towards a positive correlation between spirituality and mental health, but some negative impacts have also been documented. Wortmann & Park (2009) found in their study on bereavement and loss that 40% of participants found comfort, meaning and acceptance of their losses through religious experiences and practices. However, they also found that an equivalent number of people in their study perceived their losses to contribute to significant religious struggles, including questioning their faith and worldviews, which subsequently led to higher stress, anxiety and distress. In post war Uganda, Tankink's (2007) study on born again Christians showed that while the majority benefited from renewed faith, prayer and worship, others viewed the church commitment to be too intense with overwhelming expectations for participating in a gamut of church activities. As a consequence, some people in Tankink's study

withdrew from their church communities and felt less connected with others.

Approaches to spiritual practice have also been shown to moderate the possible benefits of mental health. Masters & Spielmans (2007) found that frequency of prayer correlated with improved mental health, but the content and processes of prayer affected the outcomes. They reported that when people felt subjectively close to God, their wellbeing increased, but the more ritualistic and prescribed prayers became, greater loneliness, depression and tension was experienced, along with subjective feelings of being distant from God. In a similar vein, Rosmarin, Pirutinsky & Pargament (2009)

reported that Orthodox Jews who tended to practice more conservative spiritual activities encountered greater anxiety and depression. Braam, Sonnenberg, Beekman, Deeg & VanTilburg (2000) revealed that religious practice and denomination was influential in the presentation and severity of symptoms for depression. Braam's study indicated that amongst clinically depressed elderly people in Europe, traditional Calvinist followers showed more feelings of worthlessness and guilt than their Roman Catholic counterparts; but the practising Catholics in the sample showed significantly higher and more severe depression symptoms than non-practising Roman Catholics.

'Toto' (name changed for privacy) survived the January 12 earthquake in Haiti. When it occurred he was at his local church where he worshipped every Tuesday. Many people viewed Toto to be 'blessed' because he survived without injury, along with his immediate family members and others of his church community. However, Toto's losses were still significant. For more than 20 years Toto had been a retailer for cosmetics and beauty products, which he used to sell in downtown Port-au-Prince. Following the earthquake, all his supplies were crushed or lost in the rubble, along with his prospects for future business. Approximately 2 months after the earthquake Toto started feeling low. He lost his appetite, began withdrawing from his family, friends and church community, and was seen to be crying a lot. People heard Toto say things like 'no one wants me'. Somehow Toto became stripped of all purpose and meaning in his life. Where faith had once supported his worldview, it seemed to be unfathomable to understand in the new environment.

Toto attended hospital for treatment as his lack of food intake became more serious, and his blood pressure and sugar levels fluctuated. Toto's church paid for his hospital costs but they were uncertain about what else they could offer him. Toto's family and church friends attempted to support Toto by encouraging him to look towards the future and the makeshift home they were preparing for him. They also attempted to access psychological assistance for Toto, but this was too difficult and unavailable in the chaos of other medical needs being attended to in post earthquake Haiti. Three months after the earthquake in Haiti, Toto was still unable to eat and he had not had mental health assistance for his depression. He eventually passed away. His family and church community believe that Toto will enjoy a peaceful afterlife with God, but wished they had been able to do more for him, both spiritually and mentally, before he died.

Spirituality and mental health and wellbeing in humanitarian settings

For humanitarian actors bound by the *Do No Harm* framework in conflict settings and aid interventions (Inter-Agency Standing Committee (IASC), 2007) the findings that the relationship between spirituality and mental health has the potential to elicit both positive and negative impacts indicates the necessity for caution and care when implementing programmes aimed at meeting the two needs. A logical question might be whether or not spiritual nurture activities should continue to be separated from MHPSS interventions and vice versa. This has been a challenging debate for WVI's response in Haiti. While the ideal has been to source materials promoting spiritual nurture and practice, as well as support people in coping with their distress, losses and stressful life circumstances, WVI has not been able to identify culturally validated materials that have confirmed 'no harm' nor even to access resources that provided an appropriate balance between spiritual nurture and MHPSS. On the one hand, some materials have been more biblical in nature and suggestive that faith, fundamental acceptance of the tenets of Christianity and a cathartic approach to 'trauma recovery' will assist to promote mental health and wellbeing. The approaches that directly encourage people to recount traumatic experiences without trained counsellors or professional follow-up, even in writing or prayer, do not comply with the *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings* (IASC, 2007) or the *IASC Guidance Notes for MHPSS in Haiti* (IASC, 2010). Some of these materials have also been quite evangelistic (i.e. intended to lead people to make a confession of faith in Jesus Christ). The use of such materials could be viewed as a form of proselytising,

and thus be in contravention of WVI policy and humanitarian codes of conduct. On the other hand, MHPSS resources have tended to either completely ignore spiritual aspects of wellbeing or, at best, address spirituality as a nebulous construct where it is unlikely to adequately address meaningful spiritual connection, which is a fundamental aspect of peoples' lives in Haiti. Adding to the complexity, there are no international guidelines to offer clear direction for how psycho-spiritual interventions can or should be utilised. International consensus agrees that western methodologies, interventions and materials should not be merely 'translated' to local language and people, they should be encouraged to participate in traditional religious and cultural activities (IASC, 2010). The *Humanitarian Charter and Minimum Standards in Disaster* (The Sphere Project, 2004) and other codes of conduct (IFRC/ICRC, 1994) all indicate the need to respect spiritual and religious beliefs, but they do not provide recommendations for leveraging those practices by faith based and/or secular humanitarian agencies. While it is important that agencies to do not conceptualise peoples' spiritual beliefs or practices as a medium for realising humanitarian goals, guidance would better assist the humanitarian sector to identify ethical approaches to supporting peoples' spiritual needs and engagement. For example, WVI is a Christian humanitarian organisation and is well positioned to provide spiritual nurture programmes associated with Christian aspects of faith. However, our capacity to provide or develop programmes for the spiritual nurture and support to other faiths is relatively limited. If WVI were to neglect other faiths or religious traditions and only offer psycho-spiritual approaches to Christian groups, this may be seen as discrimination or

advancing the organisation's own religious framework. In addition, current guidelines and codes do not provide adequate recommendations for how secular NGOs may also contribute to the emerging link between spiritual practice and MHPSS. Another central aspect to this debate is the uncertainty about what specifically constitutes a psycho-spiritual approach, how it is implemented and whether such approaches are effective for protecting or promoting mental health and wellbeing?

In the aftermath of the Haiti earthquake, WVI, as a faith based NGO, was approached by many western based church groups and publishing organisations. They submitted materials that they believed would be helpful to support the spiritual and mental health wellbeing of congregations and other communities in Haiti to WVI. There was also a suggestion that materials could be used in nonchurch based programs, such as child friendly spaces. While some aspects of the materials were potentially beneficial, such as encouraging children to talk with others about their feelings, or to use mediums such drawing or diarising their unhappy thoughts, many also suggested simplistic approaches to complex issues. For example, some materials suggested that if children prayed to God, or confessed their sins and followed Jesus Christ, they would feel cared for and listened to. Other materials suggested that based on group discussion topics alone, church communities may be able to lead and support people affected by loss and grief, domestic violence or rape. Most materials also promoted traditional Christian values or practices, like confession and forgiveness. One of the primary concerns for WVI has been to carefully screen materials for overt or covert evangelical messages (which breaches organisational policy), but it has also been

to explore how such materials can or should be utilised. This has brought us to explore appropriate psycho-spiritual interventions, but the main learning has been an awareness of how rare such approaches are and how challenging they may be in humanitarian contexts; even in emergency responses like Haiti where faith and spirituality is a cultural foundation.

Psycho-spiritual approaches

Guidance around psycho-spiritual interventions through churches or MHPSS programmes may still be problematic and take time to evolve. Even in developed countries and western psychology, the psycho-spiritual approach is a relatively new area. Effective interventions are still largely unknown, and minimal research has indicated evidence based practice (Blazer, 2009).

Elsass & Phuntsok (2008) researched the coping mechanisms of Tibetan torture survivors living in refugee settlements in India. Participants reported that despite their strong religious and political beliefs forming an important aspect of their coping, they still benefited from psychosocial support and counselling, even though interventions did not specifically focus on their spiritual frameworks. A meta-analysis by Smith, Bartz & Richards (2007) regarding spiritual based psychological interventions found that spiritual adaptations to psychotherapy benefited the vast majority of clients, but 6 month follow-ups revealed those benefits to be equal to therapeutic interventions that had not addressed spiritual issues. The mental health benefits of both groups were sustained.

Baskin & Enright (2004) studied one specific ideology of spirituality – forgiveness. Their study analysed three models of forgiveness including: encouragement to forgive in individual therapy, encouragement to

forgive in group therapy, and a brief decision-to-forgive cognitive based model. Individual therapy was found to be more effective than group therapy, and both were found to be more effective than a decision based model. In support of further research (Baetz & Toews, 2009), forgiveness correlated significantly with lowered symptoms of mental illness and higher overall well-being. It indicated that spiritual ideals cannot be forced or promoted simply at a rational level, but that it requires considerable psychotherapeutic process and consideration to ensure meaningful change.

Another question these psycho-spiritual approaches evoke is whether or not spiritually adapted MHPSS interventions should be recommended if the client has not specifically requested it, or a client has not been assessed for being willing to engage in spiritual aspects of their care? The commentary about spirituality and mental health has now begun to focus on the importance of more thorough assessment of clients' needs, spiritual engagements and ensuing treatment formulation (Baetz & Toews, 2009; Koenig & Larson, 2001). This also corresponds with the need to ensure basic spiritual and religious tenets are respected during mental health interventions. For example, western psychology may emphasise knowledge and understanding to elicit changes in perception, but in Islam, knowledge is often perceived as pointless unless it can be translated into practical action (Basit, 2007). Whereas Buddhists may perceive catastrophe as part of their karma, and believe they require spiritual endurance to faithfully cope during difficult times (Chhean, 2007). The need to base MHPSS, spiritual or psycho-spiritual support and interventions must always be based on sound assessment and expression of mental illness and spirituality in any context. This is not

unlike standard humanitarian practice where needs of communities and individuals must be assessed in accordance with all of their other cultural traditions (IASC, 2007).

Recommendations

In the Haiti context, and in future emergencies, spiritual assessment should be a part of the overall MHPSS assessments. Assessments should not simply determine 'faith' or 'church engagement' but other aspects of spirituality, such as whether or not people desire psycho-spiritual approaches to care, or direct spiritual nurturing activities. Similarly, agencies wishing to partner with local churches and spiritual nurturing activities need to assess the MHPSS needs in those communities and congregations. For faith based organisations, there is a need to recognise the diversity of spiritual practices active in Haiti that include the Catholic, Protestant and Vodou beliefs (WHO, 2010). This will not only ensure compliance with the IFRC/ICRC Code of Conduct (Principle 3: *Aid will not be used to further a particular political or religious standpoint*), but it ensures people of all faiths will have the opportunity to participate in MHPSS programmes, especially if churches are going to form part of the MHPSS services and networks. Also, based on this code of conduct, and in the current absence of guidelines for faith based organisations and spiritual care activities, agencies should not be offering psycho-spiritual approaches and services to only one faith group and not to others. Understanding how psycho-spiritual approaches care for each spiritual tradition may need to be explored and developed in Haiti, as well as other specific contexts for existing or new emergency settings. Additionally, the humanitarian sector needs to engage more fully in developing guidance for humanitarian agencies about what is appropriate for

spiritual nurture and psycho-spiritual programming. Disaster response standards, such as The Sphere Project (2004) may also benefit from developing minimum standards around spiritual and/or psycho-spirituality in emergencies.

Future assessments conducted in Haiti should include church leadership and the capacity of the clergy or church members to provide MHPSS interventions. NGOs, the local clergy, and MHPSS programmes may share a common goal to support holistic healing of people in distress, but religious functionaries (clergy), even in the USA, often feel inadequate to deal with mass disaster and are likely to need training on basic counselling skills, spiritual support and how to manage referrals to other MHPSS service providers (Openshaw & Harr, 2009). This is also likely to provide better assessment data on both the MHPSS and spirituality needs of affected communities.

In accordance with the *IASC MHPSS Guidelines* (IASC, 2007), it will also be important for faith based NGOs, partnering with local religious groups such as churches, to ascertain where in the recommended intervention pyramid they wish to focus (p.12). This ensures that churches are working within an MHPSS framework that appropriately matches their levels of expertise and resources. It further encourages greater coordination with other agencies working in the MHPSS sector.

Based on the evidence, churches may be one of the most opportune ways to increase community and family support. This is a critical emergency response activity that churches have a long history of implementing. A focus on raising community supports cannot be underestimated, particularly given the evidence that social support, including church and spiritual engagement,

have positive impacts on mental health and wellbeing.

For more focused non-specialised supports that aim to provide targeted interventions for people experiencing considerable distress or trauma, research demonstrates the need for a slow and carefully planned approach. Adapting mental health interventions to psycho-spiritual approaches has been shown to have the potential to cause harm, and therefore needs to be undertaken or overseen by trained care providers. Also, in the absence of existing materials, or research into psycho-spiritual approaches to mental health care, it seems more appropriate for targeted pilot studies to be developed and validated, particularly within the Haiti context and its various spiritual traditions. This may prevent possible harm from a 'roll-out' of materials that have not been adequately assessed nor evaluated.

Research and policy opportunities for the humanitarian sector

This paper demonstrates that there are clear links between spirituality and mental health. It has identified a significant gap in the humanitarian literature, as well as humanitarian and organisational policy regarding the topic. Despite evidence indicating that *on balance* spirituality has positive mental health impacts on the general population and those experiencing distress (Koenig, 2009), there is little or no guidance on how organisations may optimise that association. Furthermore, the humanitarian MHPSS sector needs to also analyse how spiritual messages and support could be fostered through MHPSS programmes. Given the context-specific nature of spiritual practice, such approaches will inevitably need to be re-explored in each particular emergency.

Deliberately or not, humanitarian response seems to have shifted away from serving the spiritual needs of people in emergency settings. Spirituality continues to be a difficult topic to discuss, research and to put into operation in policies or guidelines. It is a challenging issue for the sector, and its stakeholders, because it can provoke strong personal feelings. Additionally, people will inevitably approach the topic with their own beliefs and the priorities of the organisations they represent. However, based on the evidence, is important to continue assessing and exploring spirituality.

Within the present humanitarian environment, secular organisations and faith based NGOs may find it difficult to balance complying with guidelines and codes of conduct, while at the same time embracing the proven benefits of spiritual practice and engagement. Even in the most challenging of crises, spirituality can enhance the mental health and psychosocial wellbeing of people through offering them personal life meaning, a framework for understanding their circumstances, and facilitate building localised support networks. Although spirituality and MHPSS may be viewed as contentious and difficult to address, we should not only continue exploring the topic throughout the long term Haiti recovery phases, but also in preparation for future emergencies.

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*Alison Schafer is a provisional clinical psychologist working as a mental health and psychosocial support technical advisor for World Vision International. She is based with World Vision Australia's Humanitarian and Emergency Affairs Team.
email: alison.schafer@worldvision.com.au*