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Negotiating belief in health and social care

Religion and belief, either as identities or concepts, have been explored by several contemporary theorists and researchers (e.g. Davie, 2013, 2015; Casanova, 1994; Bruce, 2011; Berger, 1999; Hervieu-Léger, 2000; Day, 2011; Woodhead and Catto, 2012; Dinham, 2009). The desire to examine religion and belief in the public sphere stemmed from the ambiguity of secularisation theories, suggesting a massive religious decline in societies. By and large, researchers in the twenty-first century have agreed that religion never went away, as per Berger's (1967) original argument, but rather changed; the way people believe and engage with their religious or nonreligious faith is different. Nevertheless, and as religion privatised, considering modernity and more secular ideas in the public sphere, health and social care professionals found themselves in a position in which they lack appropriate language and skills to engage with religion and belief (Dinham and Francis, 2015) and, therefore, unable to fully appreciate service users' lived experience (Pentaris, 2014). The latter has both short-term and long-term effects, but highlights some ethical issues, deeply rooted in the principles of human rights; predominantly, respect for the other and dignified care.

This special issue is addressing a timely and pressing question: how is belief (used as an umbrella term) negotiated in health and social care? Specifically, this issue seeks to present empirical and theoretical knowledge to highlight the significance of appropriate and adequate integration of belief in the planning and delivery of care services. To do so, the issue draws on work from across policy and practice.

The first paper entitled "Religion and belief in health and social care: the case for religious literacy" by Adam Dinham argues that public professions need to develop religious literacy to be better prepared to address religion and belief identities of service users in a religiously diverse environment. The paper's argument is informed by research in the field of sociology of religion in the last few decades, which suggests that religion and belief remain essential aspects in societies and not secular ideologies which need to be addressed with proxies, like "spirituality". Overall, this paper sets the scene for this issue.

The second article entitled “Religion, spirituality and social work: an international perspective” by Beth Crisp examines the place of religion and spirituality in social work, and social care more widely, from an international perspective. It challenges the dearth of information from other than English-speaking North Atlantic countries on this subject and offers alternative contexts in which religion and spirituality may be perceived differently and, therefore, explored creatively in practice.

The third paper “Religious literacy for responding to violence and abuse involves the capacity to go beyond stereotypes” by Beth Crisp, Sarah Epstein, Rojan Afrouz and Ann Taket begins from the established claim that religious literacy is context specific. It examines how religious literacy is perceived in two separate contexts: protection of children from sexual assault in Australia’s Jewish community, and Muslim women who experience domestic violence. This is an important contribution as it concludes with some common themes about religious literacy which run across the two contexts and provide information pertinent to practice in social care.

The fourth article entitled “Religious aspects in psychiatry and psychotherapy” by Silke Schwarz provides a review of selective literature to highlight the role of religion in psychiatry and psychotherapy by examining the universalistic approach to religious coping by Pargament. The paper opines that the integration of religion to psychiatry and psychotherapy needs to be context specific, a method that provides professionals with the chance to explore cultural peculiarities and socio-political context in someone’s life.

The fifth article “The marginalisation of religion in end of life care: sings of microaggression?” by Panagiotis Pentaris examines the impact of lack of religious literacy on service users, the quality of health and social care in end of life settings and how such influence has a serious effect on service users’ human rights. The paper reports on empirical research undertaken in end of life care settings, and involved health care professionals, as well as social workers. The paper uses religious literacy as a measurement tool to examine how the different levels of engagement with religion, belief and spirituality impact on the service users’ experience in institutional end of life care.

The sixth paper in this issue, “Transcendence/religion to imminence and nonreligion in assisted dying” by Lori Beaman and Cory Steele, examines the shifting conceptions of assisted dying, from transcendent/religious to nonreligious. To do so, the paper draws on the Supreme Court of Canada. This contribution is equally significant as it provides an alternative way of exploring the place and role of religion and belief in health and social care, i.e. legislation.

The seventh and final paper entitled “Freedom of conscience: a benefit to health care worker and patient alike” by Roger Kiska negotiates the boundaries between legal frameworks and how a balanced approach can promote rights of conscience and general issues in health care. The paper emphasises conscience in health care, links it with civil society and human rights, while it suggests that the former is already supported by British law and policy.

These papers, in the order they are presented, contribute to the timely discussion about the role of religion and belief in the public sphere. The papers unpick this issue predominantly from a practice and policy perspective, while they allude to the fact that poor religious literacy poses the risk of breaching the rights of service users; human rights in health and social care.

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