Health Highlights

Spirituality and Mental Health: A Case Against Ignorance

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My professional colleagues routinely greet me with surprise during discussions about my program of research on spirituality and mental health. Most are simply astounded to learn that 93% of the U.S. population holds belief in God or a Higher Power1, and that over 50% of mental health patients in national studies desire to discuss spiritual/religious issues with their psychotherapist. Their jaws literally drop when I report findings from a recent study I conducted with patients at Harvard’s McLean Hospital. Despite its location in Eastern Massachusetts – one of the least religiously dense areas in the country – over 50% of subjects reported high levels of belief and over 1/3 reported a strong desire to integrate spirituality into their treatment2. Most of my colleagues are also completely unaware that nearly 50,000 academic articles, book chapters and review papers describe the interface of spirituality and mental health. This body of work suggests that – like almost anything in life – there are both positive and negative effects. On the one hand, spiritual belief and practice can serve as a vital resource in times of crisis3, and thereby protect against hopelessness, self-injury and even suicidality4. For example, in our laboratory, we recently found that faith in a benevolent God was associated with increased tolerance for uncertainty as well as less worry5. On the other hand, spiritual struggle (e.g., religious guilt, anger at God) can exacerbate and possibly even facilitate the onset of psychiatric symptoms6.

I suppose I should be the one who is surprised though. Even in this increasingly secular age, spirituality continues to play a central role in political, economic, and other trends across cultures globally. Despite these facts though, the majority of mental health clinicians I have encountered fail to even inquire about spirituality in the context of clinical care, aside from a perfunctory (and relatively meaningless) assessment of religious affiliation during a structured diagnostic interview.

Why the ignorance? Historically speaking there were a number of factors. Previously, many feared that religion would be misused in treatment as it was in the 1800s when mental illness was attributed to demonic possession and met with exorcism and other forms of religious torture7. More recently (i.e., early 1900s) anti-religious sentiments promulgated by Sigmund Freud in his open call to pathologize religion as “neurosis” facilitated a disdain for patient spirituality. A simpler explanation though – one which seems much more pertinent in the modern day – is that fear of exorcism has waned as has enthusiasm for Freudian theory in favor of psychological science and evidence-based treatments – is that psychiatrists, psychologists, and other mental health professionals are simply less personally involved with spirituality/religion than the general population8,9. As such, they fail to recognize when it is relevant to others as well.

Regardless of why we are ignorant though, available evidence suggests our failure to appreciate spirituality may be a significant problem. It is not inconsequential that the general public is more likely to approach clergy about personal problems than mental health professionals10. It is also not insignificant that the most widely practiced mental health treatment program is the spiritually-based Alcoholics Anonymous – an approach so widespread that its bi-annual international conventions draw a crowd of over 50,000 people. For these and other reasons, over 40 clinical trials of spiritually-integrated treatments have been conducted to date, and initial findings are promising11. In our laboratory, through a treatment program that utilized traditional spiritual readings as well as gratitude exercises, we observed dramatic shifts in anxiety symptoms over a relatively brief period12. It goes without saying that spiritually-based treatments are only appropriate for self-selecting patients who so desire such treatment. However, considering that 26.2% of the adult U.S. population experiences a full blown mental disorder each year and less than half of these individuals receive adequate treatment13, it behooves our field to better develop knowledge of and competencies in this area. Doing so may make dissemination of effective treatments an easier task nationwide.

What is necessary to facilitate a shift? As with all things in the field of medicine, change starts in the halls of the academy: Research, research and more research will set us free from ignorance. Despite the proliferation of research on spirituality and mental health, no dedicated funding exists for this area of study. Consequently, most studies have been cross-sectional, conducted within community samples, and many are plagued by methodological limitations. Answering many basic questions about spirituality and mental health will require studies within clinical samples using experimental methodologies and biomarkers of functioning (e.g., fMRI), however this cannot happen without federal funding through the NIH and its subsidiaries. Given the widespread prevalence of religion within the U.S. population it is somewhat odd that these tax-dependent entities have not committed dedicated resources to expand our knowledge of this subject. My hope (and prayer) is that health policy will recognize the importance of spirituality and commit itself to a responsible, empirical approach to this subject matter just as we have for other areas that were historically ignored such as domestic violence, sexual abuse, and HIV.  

References

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