‘Ups and Downs of Spirituality in Mental Health: Update on clinical evidence’

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Medical interventions

For any intervention that could be effective in medicine, we have the good habit of considering beneficial and harmful effects. For example, for any medication, the British National Formulary lists *Cautions, Contra-indications, Side effects, Indication and Dose*[1]. When we introduce *spirituality* into the management of mentally ill people, it is wise to remember these headings, perhaps in that order. The importance of spirituality in mental health has been recognised; there is a national project on mental health and spirituality. Can spirituality also have negative effects? Is religion harmful for your mental health? Keith Ward has answered this question for philosophy, history, sociology and psychology in his interesting, new book: *Is Religion Dangerous?*[2] I intend to answer it for mental health from the available clinical evidence.

Topics to be covered

The following will be discussed:

- Definitions – spirituality and religion
- ‘Ups’ and ‘downs’ – what is the quality of data?
- Preamble to clinical evidence
- Research on mental health and religion
- Taking depression as an example
- Practical implications
- What accounts for the undeniable benefits?
- Conclusions

Definitions

We have to consider both *spirituality* and *religion* – they are not the same.

A definition agreed by the Spirituality and Psychiatry Special Interest Group of the Royal College of Psychiatrists: *‘Spirituality is a distinctive, potentially creative and universal dimension of human experience arising both within the inner subjective awareness of individuals and within communities, social groups and traditions. It may be experienced as relationship with that which is intimately 'inner', immanent and personal, within the self and others, and/or as relationship with that which is wholly 'other', transcendent and beyond the self. It is experienced as being of fundamental or ultimate importance and is thus concerned with matters of meaning and purpose in life, truth and values’.*[3]

The word *religion* has the same root as *ligament* and *ligature.* It is that grounding of faith and basis of life to which I regard myself as being connected, a rope, such as a mountaineer might use, that ties me to God and to other believers. In everyday conversation, *spirituality* has come to mean

almost the same as religion but is more politically correct as it involves also those people in our society who have no religious affiliation. Jonathan Sacks, the Chief Rabbi, wrote: 'Spirituality changes our mood, religion changes our life'[4].

Ups and downs

Most of the reported *downs* are single case studies – it makes good copy! The *ups* are rarely case studies, as good outcome is not found to be newsworthy; they are accumulated through epidemiological research – often as an incidental finding. *Epidemiology* is the study of the distribution of a disease in space and time within a population, and of the factors that influence this distribution[5].

As an example of a spirituality *down*, a woman involved in humanitarian work in South Africa in the 1980s received psychotherapy for her feelings of humiliation and confusion following her husband having an affair[6]. Influenced by the work of the Truth and Reconciliation Commission in South Africa, undoubtedly a form of *spiritual* intervention, it was reported: 'A major sticking point in her treatment was her insistence that she should be able to reconcile and forgive, as this was what was being called for nationally. She found it extremely difficult to accept her own anger and her sense of betrayal.' This woman felt subjected to 'healing by decree'. However, appropriate apology, forgiveness and reconciliation can have highly beneficial effects within the psychotherapeutic process[7]. Even the *down* can be 'redeemed'.

An example of mine of a *down* was a patient with great distress, severe feelings of loss, intense anxiety and an inability to go out in her neighbourhood. Her whole social life had been centred on her authoritarian, House Church. When she had not been prepared to relinquish a close friendship, she had been 'dis-fellowshipped', and her consequent isolation was a potent factor in her becoming depressed.

Preamble to clinical evidence

I have found virtually nothing substantial on *spirituality* – the significant research is on *religion and health.* An attempt was made to carry out research on the value people put on *spirituality* in ordinary life, trying to exclude religious belief. It proved to be an onionskin – peel away religious belief, be it Christian or Muslim, and nothing was left. Religion conveys a sense of commitment and belonging not found with spirituality alone. Most of the research is concerned with Christian populations, some Jewish, very few 'other'.

The reason for the relative lack of Muslim, Hindu and other studies is:

1. Most work has been carried out in US or Europe;
2. In, for instance, a Muslim country or society, it would be difficult to find a control group of people, within the community, admitting to not practising religion.

Research on mental health and religion

The essential work for this paper is Koenig, McCullough & Larson, *Religion and Health,* 2001[8]. This is a massive book, citing 1200 original research studies and 400 reviews. It covers the all of health, with 10 chapters

on physical and 10 on mental health. In most of these studies, religious practice or belief was added as an extra to the main study; this is, methodologically, a strength, in that it shows that research was carried out without positive or negative religious bias.

Research method for this handbook was rigorous, and papers were weighted for quality of design, statistical analysis and interpretation of results.

For mental health, research is reported relating religious belief and practice of the individual to each of the following factors:

Well-being
Depression
Suicide
Anxiety disorders
Schizophrenia and other psychoses
Alcohol and drug use
Delinquency
Marital instability
Personality

Carrying out meta-analysis for each of these factors on a variable, but usually quite considerable number of research reports, religious involvement is found to be significantly correlated with the following:

Well-being, happiness and life satisfaction;
Hope and optimism;
Purpose and meaning in life;
Higher self-esteem;
Bereavement adaptation;
Greater social support and less loneliness;
Lower rates of depression and faster recovery from depression;
Lower rates of suicide and fewer positive attitudes towards suicide;
Less anxiety;
Less psychosis and fewer psychotic tendencies;
Lower rates of alcohol and drug use and abuse;
Less delinquency and criminal activity;

Taking depression as an example

Based on Chapter 7 of Koenig et al, if depression is taken as an example, the following findings become evident:

1. *Jews* and *people not affiliated to any religion* are at elevated risk for depressive disorder and depressive symptoms.
2. Those i) involved in religious community activity, and/ or those
   ii) who highly value their religious faith, are at reduced risk for depression and recover more quickly from depression.
3. Organizational religious activities, rather than private religious activities, appear to result in most benefit.
4. Religious involvement helps people cope with stressful life circumstances, with consequent lower likelihood of depression

5. Religious or spiritual activities may lead to a reduction in depressive symptoms.

'Downs' with depressive illness:

1. With unmarried adolescent mothers, one paper reported higher rates of depression in those who were more religiously active[9].
2. The literature described negative effects of religion on mental health when there was emphasis on original sin[10].
3. Exacerbation of depression among religious people facing family as opposed to other life crises was reported[11].
4. The social group could be significant, for example, Jewish adolescents from Jewish neighbourhoods suffered less from depression than those living in heterogeneous neighbourhoods[12].

Practical implications

We should look at the evidence for efficacy, for instance, 'forgiveness'. An inability to forgive others and oneself are related to psychiatric symptoms[13]. Verhagen considered forgiveness as a strategy in therapy, but, if this is done: 'forgiveness (has) to be proven as an effective therapeutic strategy. Any intervention or therapeutic approach should be investigated for its efficacy under optimal circumstances and its effectiveness in daily practice. On this line of reasoning, forgiveness should be no exception to the rule. A critical appraisal of any intervention helps to identify whether that intervention does more good than harm for those to whom it is offered. In this way, evidence-based medicine can be a helpful tool in improving quality of care… it would be unacceptable to make an exception of forgiveness on opinion or even credulity based arguments…'[14]

Reviewing spirituality or religion in treatment for mental illness in terms of Cautions, Contra-indications, Side effects, Indication, Dose, examples can be given for each:

Cautions: The therapist must not impose his or her beliefs.

Contraindications: when treating someone with an acute episode of schizophrenia, it would be inappropriate and possibly harmful to discuss religion with them.

Side effects: Certain types of all-embracing religious involvement may delay or even result in the refusal of necessary medical help[15].

Indications: It is best to take a religious or spiritual history first, as in *Religious history taking* (from American College of Physicians)[16]:

1. Is faith (religion, spirituality) important to you in this illness?
2. Has faith (religion, spirituality) been important to you at other times in your life?
3. Do you have someone to talk to about religious matters?
4. Would you like to explore religious matters with someone?

Dose: This is important. *The Saline Solution*, which is a helpful guide for introducing spiritual issues with patients, uses the metaphor of saline infusion: 0.9% may be life saving, 3% will be lethal![17] It is best given without dextrose!

What accounts for the undeniable benefits?

1. **Social benefits: sense of belonging:** the relationship between religious belief and greater well-being 'typically equals or exceeds correlations between well-being and other psychosocial variables, such as social support'. That is a massive assertion, comprehensively attested to by evidence. In Brown's studies on the social origins of depression[18], various types of social support were the most powerful protective factors against depression.
2. **Trust in God and sense of 'rightness' and security this gives**: greater well-being (80% of 100 studies) and self-esteem (55% of 29 studies, 34% no association) were found in those with religious involvement.
3. **Internal locus of control**: Those with religious belief, generally *internal* – for example, Christ *inside* me and helps me to exert *my* will to do better. There is research evidence for this[19].

Conclusions

These findings are for religious belief – not spirituality alone.
The research methods are reliable and validated.
Is religious belief and practice good for your mental health? Emphatically, *yes*, but there are cautions:

1. Authoritarian, judgmental religion can be harmful.
2. At present, the evidence is only from Christianity and Judaism.
3. Religious belief cannot be manipulated in order to achieve health.
4. Balance is required, avoiding
    - The policy of the past: not allowing the patient to express religious aspirations;
    - Enforcing the therapist's own opinions – either religious or atheist – upon the patient.

In Summary: The 'Ups' heavily outweigh the 'Downs', but we need to be aware of both.

References:

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