How is spirituality relevant to mental health and to the busy practice of medicine? Until recently, a supplement devoted to this question would have been highly improbable—owing in part to Sigmund Freud’s antireligious bias and to the subsequent focus of American psychiatry on the biologic aspects of mental illness.

Consider briefly what has changed: Palliative medicine, which has long valued spiritual care and Alcoholics Anonymous, which views the Twelve Steps as a spiritual approach, have both grown over the last quarter century. Within psychiatry, object relations psychoanalysts such as William Meissner and Ana-Maria Rizzuto have revised Freud’s interpretation of the dynamic significance of religious faith. Investigators such as David Larson and Harold Koenig have reported research, epidemiologic at first, on the associations between health outcomes and religiousness/spirituality. That literature has now grown to include studies of intrinsic versus extrinsic religiosity, and religious coping. Authors such as Richard Bergin and Allan Richards have published books with the American Psychological Association on various forms of spiritually oriented psychotherapy, including mindfulness. Educational programs in medical schools and residency training programs have proliferated, many supported by the John Templeton Foundation. More recently, psychiatrists have called attention to the clinical importance of both the therapist’s and the patient’s worldviews.

This issue of the Southern Medical Journal’s Spirituality/Medicine Interface Project gives the effect of spirituality on mental health and its medical relevance. The original papers in this issue are of two types, intended to complement one another—longer, more conceptual reviews of developments at the spirituality/mental health interface, and shorter articles that use clinical examples to show how clinicians can take spiritual issues into account in treating patients. David Lukoff, a psychologist with a longstanding interest in the question of what constitutes visionary spiritual experiences (VSEs), reviews the literature on these phenomena as compared with psychosis. In a second review, he details the growing influence of recovery movement in the treatment of mental illness. Then, in a brief report Nancy Kehoe, a clinical psychologist and a Catholic nun, discusses the use of spirituality groups for patients with serious mental illness, and the role of faith in the life of a patient with repeated psychiatric hospitalizations. Mary Lynn Dell, a child and adolescent psychiatrist who is also an Episcopal priest, along with Allan Josephson, another child and adolescent psychiatrist, review the religious meaning of eating and the role of spirituality in both the development and the treatment of eating disorders and obesity. Then Allan Josephson, Christopher Peters and Mary Lynn Dell address another common problem: adolescent and family turmoil surrounding sexual behavior, using examples to point out the role of a clinician in dealing with spiritual aspects of these value-laden situations. Gerrit Glas, a psychiatrist and philosopher, considers the relationship among anxiety, anxiety disorders, and spirituality. Catholic psychiatrist Bernardino Vaccaro describes the cognitive, behavioral and relational ways that he incorporated the faith of an anxious and depressed man who shares his religious tradition into his therapy. Finally, Michael Miovic, a psychiatrist working in a cancer center, discusses working with a brain tumor patient on the spiritual meaning of her longstanding obsessive compulsive disorder.

The Selected Annotated Bibliography, which concludes the section, cites work representing several current trends, including: 1) a second generation of research on the mediators by which spirituality affects outcomes; 2) papers, handbooks and texts that offer practical guidelines for understanding spirituality as a resource and/or a risk factor in treatment; and 3) the study of training in spiritual care for clinicians.

Physicians increasingly recognize that spirituality is relevant to understanding their patients’ background and culture, but many still question whether and how to incorporate their patients’ spirituality into treatment. Busy clinicians have legitimate concerns about time pressures and boundary crossings. This issue focuses on another obstacle: their lack of a conceptual framework and models for doing so. These papers suggest practical, ethical ways that general physicians, as well as pastoral counselors and psychiatrists, can make the spiritual dimensions of patients’ emotional struggles part of their solution.
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