Does religion and/or spirituality have a role in modern mental health treatment? For most of the 20th century, psychiatry has had a somewhat negative view of spirituality, partly because of Freud's antireligious bias and the subsequent focus of American psychiatry on the biological aspects of mental illness (Petet, 2007b). However, in the past few decades, spirituality has gained increasing recognition as an important aspect of medical and psychiatric care.

It may surprise some that the first established psychiatric care in the United States was originally related to spirituality. Little known today, moral treatment (widely practiced from circa 1815 to 1875) was a system originating in Europe involving compassionate psychological and spiritual treatment based on the idea that insanity was a disruption of both mind and spirit (Taubes, 1998). Spiritual care was very much a part of the care patients received in those days. Religious services were held on the grounds, and patients were encouraged to attend. During the next several decades, however, attitudes toward religion became progressively negative. From 1908 until his death in 1939, Freud wrote vigorously against religion, and his teachings dramatically changed the views of the following generation of psychiatrists.

Things are happening now to reverse this trend, the most exciting of which is a huge volume of research demonstrating the value of spirituality for both medical and psychiatric patients. More than 60 studies have examined the role of religion in helping people cope with a number of diverse conditions, including diseases of the heart, lung, and kidney, as well as diabetes, AIDS, cancer, amyotrophic lateral sclerosis, arthritis, chronic pain, and other conditions (Koenig, 2002).

A summary of research on physical health outcomes (Koenig, McCullough, & Larson, 2001) showed positive effects of religion/spirituality on physical health in a number of investigations: Religious beliefs and activities were associated with better immune functioning in 5 of 5 studies; lower death rates from cancer in 5 of 7 studies; less heart disease and better cardiac outcomes in 7 of 11 studies; lower blood pressure in 14 of 23 studies; lower cholesterol in 3 of 3 studies; less cigarette smoking in 23 of 25 studies; more exercise in 3 of 5 studies; and better sleep in 2 of 2 studies.

More than 700 studies have examined the relationship among religion, well-being, and mental health, with nearly 500 of them demonstrating a significant positive association between religion and better mental health, greater well-being, and lower substance abuse (Koenig et al., 2001). After extensive review of the research on spirituality and mental health, Koenig et al. (2001) concluded that:

In the majority of studies, religious involvement is correlated with well-being, happiness, and life satisfaction; hope and optimism; purpose and meaning in life; higher self esteem; adaptation to bereavement; greater social support and less loneliness; lower rates of depression and faster recovery from depression; lower rates of suicide and fewer positive attitudes toward suicide; less anxiety; less psychosis and fewer psychotic tendencies; lower rates of alcohol and drug use or abuse; less delinquency and criminal activity; and greater marital stability and satisfaction. (p. 228)

In addition to a significant area of research, spirituality is becoming part of modern medical and psychiatric practice. Many patients with diseases turn to religion for comfort, and spirituality becomes increasingly important as patients face serious illness. Growing evidence suggests that religious beliefs influence patients' medical decisions (Koenig, 2004). Many patients consider spiritual health equal in importance to physical health and desire their physicians to
consider their spiritual needs (King & Bushwick, 1994). The Joint Commission (2008) now requires that certain patients in inpatient behavioral health care programs have an assessment that “includes the client’s religion and spiritual orientation” (p. 215).

Spirituality is an integral component of palliative medicine and Alcoholics Anonymous, which views the Twelve Steps as a spiritual approach. 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. Authors such as Richard BERGIN and Allan Richards have published books with the American Psychological Association on various kinds of spiritually oriented psychotherapy, including mindfulness. Educational programs addressing spirituality have become common in medical schools and residency training programs (Peteet, 2007b).

The potential benefit of spirituality as an adjunct in the treatment of mental illness would seem to be obvious. However, when and how to include spirituality may be complex, and a detailed discussion is beyond the scope of this editorial. Like other treatment methods, there are times when inclusion of spirituality should be considered and times it should not. Religion is a deeply personal area of patients’ lives, and clinicians should never, even indirectly, pressure or coerce patient behavior in this arena. Any conflict with the religious beliefs of the patient should be stringently avoided.

If spiritual needs are identified, then a decision must be made about whether the clinician should try to meet those needs and is capable of doing so, or whether referral is necessary. In many cases, it may be unwise to delve into spiritual matters unless the clinician has a long-term relationship with the patient (Koenig, 2007). Certain activities, such as clinicians praying with or for patients, may be particularly sensitive (Dagi, 1995). But when appropriate, clinicians may consider supporting and even encouraging healthy religious beliefs and activities that are helpful to the patient. It is important to note that for all but the most simple of spiritual needs, trained professionals such as chaplains and pastoral counselors should also be involved (Koenig, 2007).

Spirituality unquestionably has a place in the treatment of mental illness for patients who desire it and for whom it is appropriate. The religious community is an invaluable resource with which mental health clinicians should consider linking to more fully address the needs of patients and families. The role of spirituality in mental health is a rapidly developing area with great potential that will be realized as additional experience and research is accrued in the area.

Readers interested in learning more about this fascinating topic may find a wealth of basic information in Koenig’s (2007) Spirituality in Patient Care: Why, How, When, and What. This short, easy-to-read textbook introduces readers to the various aspects of spirituality in medicine, including mental health, and lays the groundwork for more advanced study. Also particularly helpful is a synopsis of 27 important articles on spirituality and mental health recently compiled in the Southern Medical Journal (Peteet, 2007a).

REFERENCES


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