

Spirituality, Religion, and Worldview in Mental Health Care

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Vignette #1

A therapist began treating a homosexual man for depression. The initial focus of treatment was on the client's depression, but after the depression lifted, the issue of homosexuality became more prominent. Only after considerable therapeutic investment on the client's part did the therapist indicate that he regarded homosexuality as sinful.

Vignette # 2

- A devoutly religious therapist pressed a severely depressed nonreligious client to engage with her in prayer. The client had not anticipated a religious component to the therapy and was not accustomed to religious practice. She was quite troubled to find herself drawn in, and her symptoms were aggravated.

Vignette #3

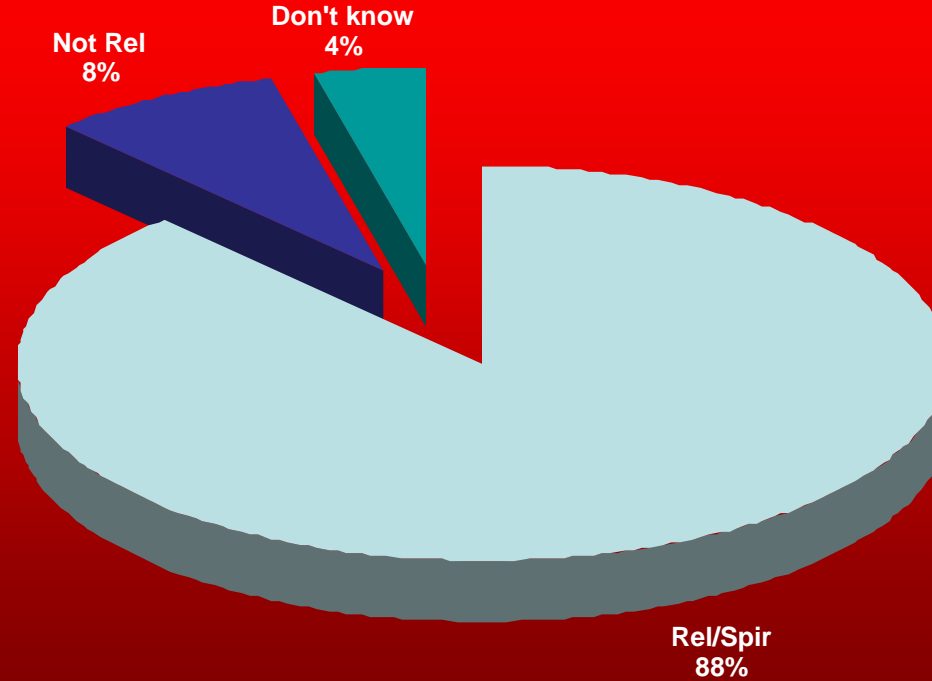
- A group of radical socialist therapists work in a clinic dedicated to implementing their ideologic system. They explain to a series of troubled clients that the source of their symptoms lay primarily in their political plight and press them into participating in a political campaign.

Vignette #4

- A therapist provided interpretations to a devoutly religious man. In doing this, however, she denigrated his long-standing religious commitments as foolishly neurotic. Because of the intensity of the therapeutic relationship, the interpretations caused great distress and appeared related to a subsequent suicide attempt.

Religion in America

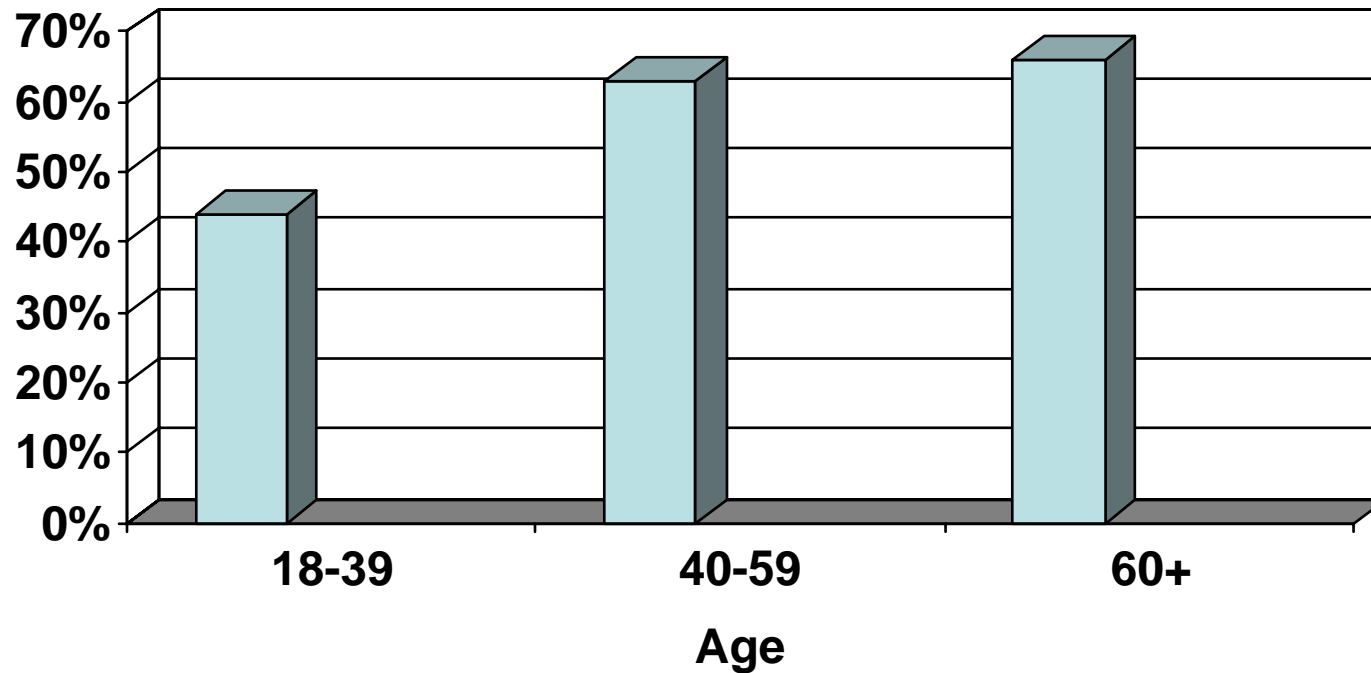
(Newsweek Poll, Sept 2005)



Religion in America

(Newsweek Poll, Sept 2005)

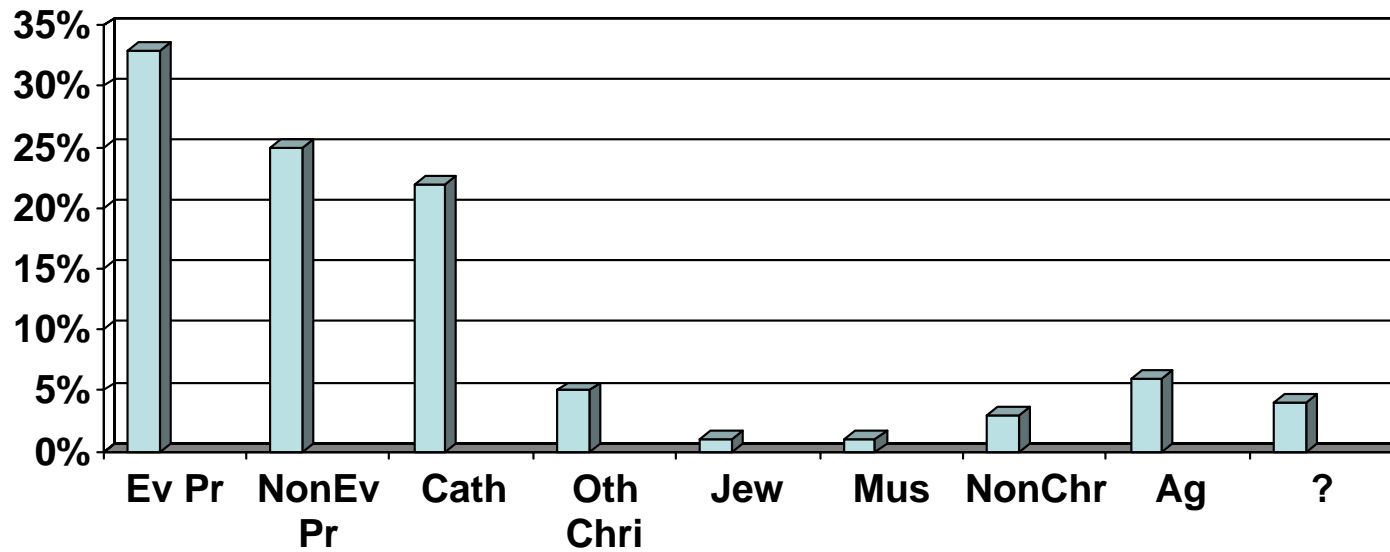
Spirituality is Very Important



Religion in America

(Newsweek Poll, Sept 2005)

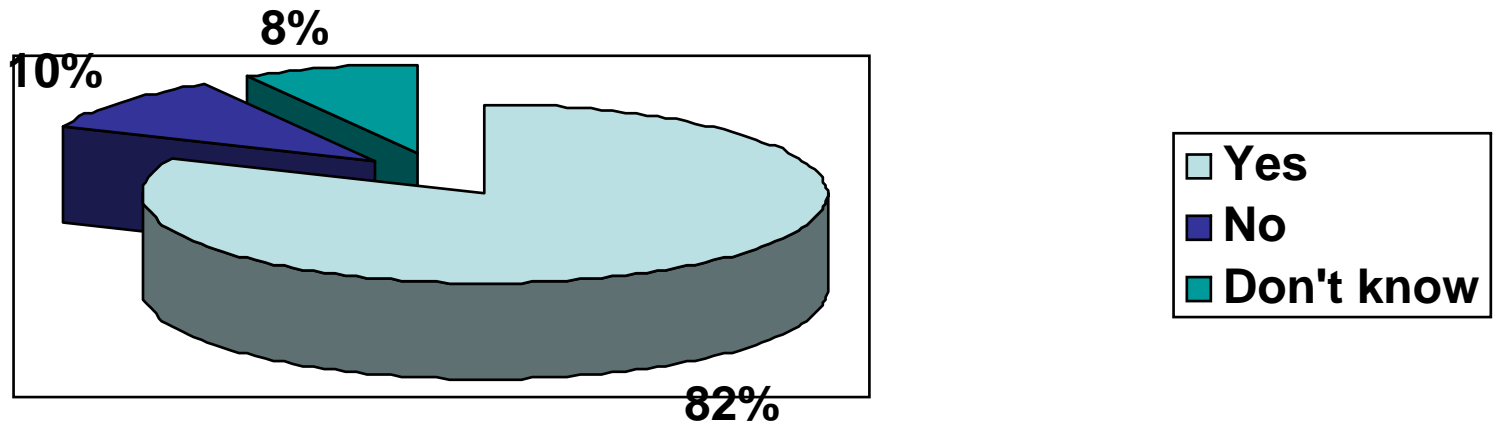
What is your current religion?



Religion in America

(Newsweek Poll, Sept 2005)

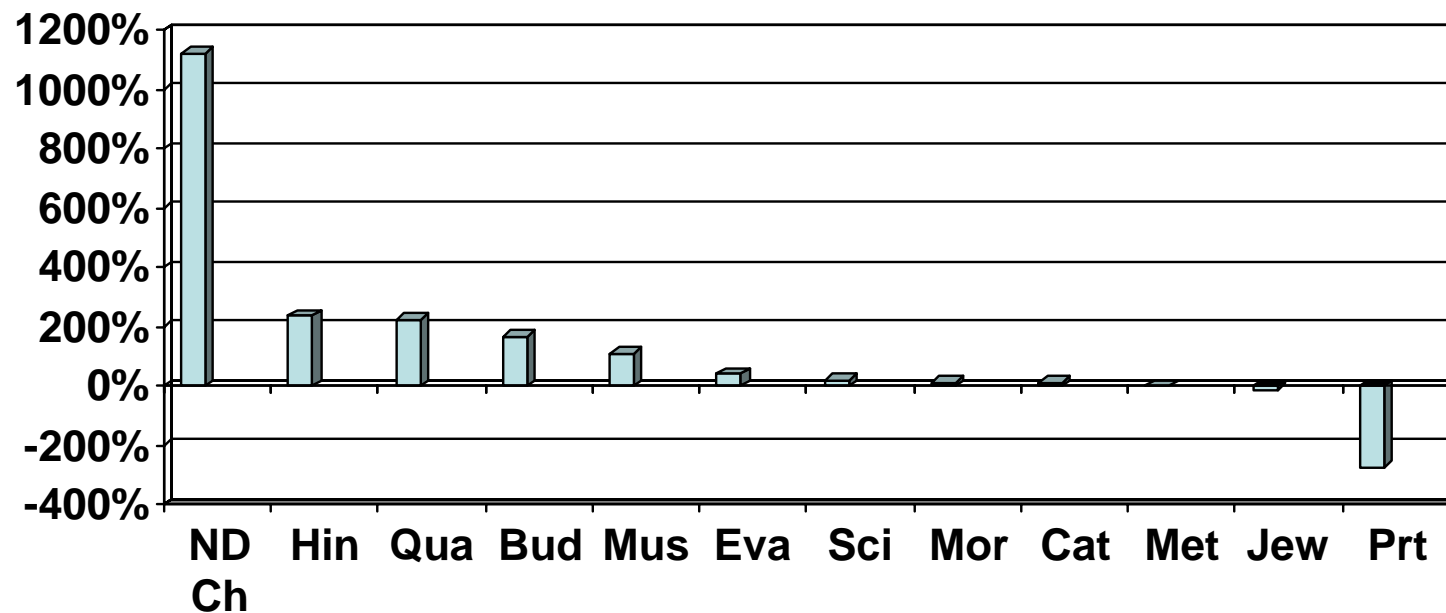
Do you believe God created the universe?



Religion in America

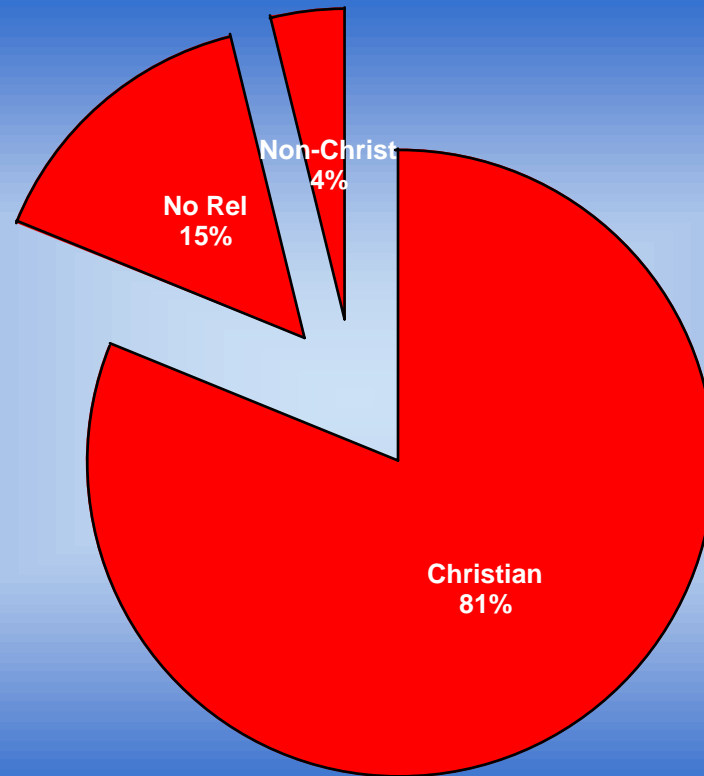
(City University of New York Poll, 2001)

Change in Affiliation



Religion in America

(City University of New York Poll, 2001)



Prayer and Health Beliefs

(CBS poll, 1999)

- 90% of Americans pray
- 97% of those who pray believe their prayers are answered
- 63% believe a doctor should join a patient in prayer if requested
- 34% believe prayer should be a standard part of medicine
- 30% believe a moral life prevents illness

Spiritual Beliefs and Your Doctor

- 85% of patients trust their doctor more if the doctor addresses their spiritual concerns.
- 95% want their family practice doctor to consider their spiritual beliefs in the case of serious illness, 86% when they are admitted to a hospital

Anomalous Experiences

- An experience that deviates from the usually accepted explanations of reality
 - Mystical
 - Near-death
 - Alien abduction
 - Telepathy, clairvoyance, precognition

Mystical Experiences

- 30-40%, increased during the last 30 years
- Typically last 1-3 hours
- Ineffable
- Sense a unity of all things, timelessness, spacelessness, loss of self
- Visions, voices, telepathy, contact with the dead, new sense of purpose
- Often correlated with better psychological functioning, promotes healing and change

Near-Death Experiences

- A clearly identifiable phenomenon that occurs in 5-30% patients who are clinically dead and then resuscitated.
- Patients report a continuity of subjective experience, including leaving the body, observing hospital events, passing through a dark tunnel, experiencing a bright light, meeting spiritual beings.
- Long-lasting effects include stronger empathy, more involvement with family, greater sense of purpose, less fear of death, more appreciation of life

Developmental Issues

- Spiritual growth in early adulthood is largely focused outward, Spirituality in middle and late life is more contemplative. It is generally accepted that the development of wisdom and a reflective interior life provides a counterbalance to increasing disability and despair/selfish concerns in old age.
- Older adults who believe in a loving creator live longer, have a stronger sense of well-being, and adapt to physical problems better than those who believe in a vengeful, angry God.

Questions

- How much should clinicians support the use of religious practices that appear to be therapeutic? Should they pray in a session?
- Is it ever appropriate for the therapist to share his/her beliefs in the clinical relationship?
- Should a therapist ever treat a member of his/her religious congregation?

Why Spirituality Matters

- “The depth of religious commitment often has more to do with how Americans think and act than do other key characteristics, such as level of education, age, and political affiliation.” (Gallup, reviewing 50 years of poll data in 1999)

The Canadian Study: 2002

n=37,000 (Canadian J Psych, Sept 2006)

- Inverse relationship between spirituality (values)/religiousness (worship frequency) and income.
- Women are both more religious and spiritual. Married individuals are more religious. Separated, divorced, widowed are more spiritual.
- Religiousness associated with less depression, mania, anxiety disorders.
- Spirituality associated with more depression, mania, anxiety disorders.

Spirituality Effects Health - Positive

- Church attendees with sickle cell disease had lower scores on pain measures (*J of Nerv Ment Dis*, 2005)
- Personal devotion and conservative religious beliefs were inversely related to substance abuse and dependence (*J Am Acad Child Adol Psych*, 2000)
- Most associations of religious commitment and mental health published in the professional literature are positive (*Am J Psych*, 1992)

Spirituality Effects Health - Positive

- Religiously involved youth are less likely to be antisocial (*J Soc Issues*, 1995)
- Adolescents' religious commitment delays the age of first sexual intercourse, but also makes contraception less likely (*J Marr Fam* 1987)
- Religiousness is inversely related to anxiety (*Prof Psychol Res Pract*, 1983)
- Religious injunctions may encourage people to live a physically healthy lifestyle

Spirituality Effects Health - Negative

- Countless people have died because their religious beliefs have led them to refuse medical care (Christ Sci, Jehovah's Wit)

Spirituality Effects Emotional Resilience

- Elderly African Americans with religious involvement show higher levels of personal growth, self-acceptance, positive relations with others (*J Couns Psych* 2005).
- Religiosity predicts shorter time to remission of depression (*Handbook of Religion and Mental Health*, 1998)
- Personal devotion buffers the effects of life events on individuals prone to depression (*Am J Psych*, 1997)

Spirituality Effects Emotional Resilience

- Being religious is associated with less depression, better self-esteem and better self-care among family caregivers of persons with serious mental illness (*Psych Serv* 2006).
- Religious coping in schizophrenia (*Am J Psych* 2006)

Schizophrenia and Religion

- 100 clients
- 61% Christian, 9% other traditional religions, 12% from minority religions (Christian Science, Scientology, etc), 18% no religion
- 56% did not practice with other people, 14% occasionally, 30% regularly
- Religion was important to 85%, 45% said it was the most important thing in their lives. 78% said it was essential in coping with day-to-day life.

Positive Coping - 71%

- “I always have the Bible with me. When I feel I am in danger, I read it and I feel I am protected.”
- “For some time everyday, I feel other people can control me from a distance. The Buddhist monk told me it was only my imagination, and he teaches me how to meditate. In this way, I distance myself from this idea of control. I tell myself this is just a symptom of my illness.”
- “If you tell yourself that you have an eternal life ahead of you, you know that the voices will end.”

Positive Coping - 71%

- “I am anxious about meeting people, so beforehand I pray that everything will be OK. Then I am confident in the situation.”
- “When I feel despair, prayer helps me find peace, strength, and comfort.”
- “My life did not turn out like I wanted. I dreamed of being a movie star. I do not have a wife. I am unable to work. I have been hospitalized against my will. After all this, I consider myself happy. God gives me all I need.”

Negative Coping - 14%

- “I suffer from being so isolated. I went to church in order to meet people. But when I read the Bible it disturbs me. I begin to think I have behaved wickedly and then believe I am the devil.”
- “I went to church to be healed. I believed Jesus would help me, but this is a lie. More problems came, like a curse, God is a cruel God. I want to die because I suffer too much.”

Spirituality Effects Happiness

- Three character traits effect our sense of well-being:
 - Self-directedness (responsible, purposeful, resourceful)
 - Cooperativeness (tolerant, helpful, compassionate)
 - Self-transcendence (intuitive, judicious, spiritual)
 - (*Psych Annals 2006*)

Spirituality May Exacerbate Stress

- Persons with lesbian, gay, and bisexual orientation experience detrimental effects from most organized religion (*J Couns Psych*, 2005)
- Often religious guilt, especially of a ruminative, obsessive quality, but also of the general variety, complicates depression or other personal adjustment to stress.

Spirituality May Be the Focus of Psychiatric Illness

- Clients with psychotic disorders frequently incorporate religious delusions and themes.

Spirituality is Fundamentally Related to Suffering

- The task of putting suffering into perspective requires that the therapist and client grapple with larger questions, e.g. a person who has always believed and trusted God to take care of him/her may feel betrayed or even punished if he/she experiences grave misfortune. (*J Psychother Pract Res*, 2001)

Definitions

- Spirituality is concerned with one's connection to a larger context of meaning - that there is more to life than the material
- Religion is the form that spirituality takes within given traditions.
- Worldview is an intellectual response to life's most basic questions. It is one's philosophy of life.

Principles/Assumptions

- Everyone has a worldview and feels strongly about its truth.
- What people believe makes a difference in how they think, feel, and behave.
- Religion and spirituality are (usually) not cures for major mental disorders.

Principles/Assumptions

- Religion and spirituality can have positive and negative effects.
- The worldview of the patient and clinician contribute to the success or failure of the treatment.
- Understanding the patient requires the clinician to know the patient's worldview.
- The worldview of the clinician influences his or her clinical impressions and judgment.

- Freud's worldview was strongly materialistic and dogmatically atheistic, which fueled his intense lifelong attack against spirituality. He believed religion was childishness and hoped people would soon outgrow it. ("God is nothing other than an exalted father.")
- "Religious people lack qualities essential to mental health." (A. Ellis, 1983)

- 42% of psychiatrists and 51% of psychologists do not consider religion very important (vs. 25% of rehabilitation physicians.)
- 21% of psychiatrists and 28% of clinical psychologists consider themselves agnostic/atheist. (vs. 6% of the general population)

- Many psychiatrists have nearly ruled out inquiry into religion in a near-phobic manner that resembles the avoidance of sexual history by physicians in the early 20th Century.

Doing a Spiritual Assessment: Why?

- Religious background as risk or protection.
- Treatment alliance and rapport.
- Resources
- Moral issues around the chief complaint
- Treatment adherence

Doing the Assessment

- Deal with personal discomfort
- Listen
- Be prepared to answer questions
- Be aware of countertransference

Screening: FICA

- F - Is religious faith important to you?
- I - Has faith influenced your life?
- C - Are you part of a religious community?
- A - Are there spiritual needs that should be addressed?

In-Depth Assessment

- Religious beliefs are the cause of the disorder
 - OCD
 - psychotic delusions
 - grandiose delusions
- Religious beliefs complicate a disorder
 - guilt
 - problems with authority
- Existential or religious problems are primary

Developmental History

- First religious experience?
- Religious training?
- Similarity to parents' beliefs?
- Any traumatic religious beliefs?
- Conversion experience?
- Desires for spiritual development?

Community

- Participation in church, synagogue, etc?
- Have you changed churches and why?
- What support have you received?

God

- Belief in the existence of God?
- What is God like?
- How has your belief influenced you?
- How do you experience God?

Belief

- Single most important religious belief?
- Beliefs that you doubt the most?
- Beliefs you doubt the least?
- Your understanding of suffering in the world?
- What is a life with purpose?

Rituals and Practice

- Prayer?
- Other private religious practices?
- Attendance of worship services?

Spiritual Experience

- Any spiritual experiences?
- Impact on direction of life?
- Have you told others about these experiences?
- Importance in daily life?

Fetzer Assessment Tools:

www.fetzer.org

- Daily spiritual experiences
- Meaning
- Values
- Beliefs
- Forgiveness
- Private religious practices
- Religious/spiritual coping/history
- Commitment
- Organizational religiousness

Spirituality in Clients

- Spiritual beliefs and feelings are usually private and held to be sacred. A trusting relationship and good treatment alliance are crucial.
- Treaters need to be aware of their own beliefs and at the same time increase their awareness and empathy for other spiritual traditions. The clinician's primary goal is to promote the client's self-determination and not be a missionary for any particular value system.

Spirituality in the Clinical Setting

- The first step is communicating a genuine interest in and compassion for the client.

Working With Anomalous Experiences

- Provide support without judgment
- Focus on how the client interprets the experience, not whether or not it happened
- Normalize, if possible
- If it interferes with functioning, grounding, expressive work, consultation with spiritual professionals may be useful.

Options for Clinical Approaches

- Acknowledge the problem, but limit discussion to its psychological dimensions
- Clarify the problematic aspects of worldview and refer to an outside resource
- Address the problem together by sharing worldview perspectives

Potential Transference Problems

- Clients may respond to therapist like a religious figure in their life
- Clients may be ashamed in the presence of a therapist of their own faith
- Clients may be suspicious of therapists who do not share their traditional values

Countertransference

- Under the influence of religious countertransference, a clinician can begin acting rigidly and thoughtlessly toward a client, as if the client only consisted of his religious beliefs. It obstructs therapeutic relationships, obscures treatment options, and demeans the humanity of the clinician.

Countertransference

- Sources:
 - Avoidance of feelings of professional incompetence
 - Recollection of personal encounters with religion that were aversive
 - Internalized professional stigma toward religion
 - Recognition of a difference
 - Consequent devaluation of the person

Stigma

- Antidotes:
 - Work toward experiencing the client as a complex human being
 - Consciously utilize expressions of respect
 - Show interest and listen attentively
 - What life experiences made this an important belief?
 - What was your life like at the time?
 - With whom do you share this belief?

Potential Countertransference Problems

- A zealous therapist may feel compelled to convert the client to his/her beliefs.
- A therapists from the same tradition as their client may be tempted to act as a spiritual mentor.
- A therapist might recoil from a client with spiritual views that the therapist finds repugnant.

Potential Countertransference Problems

- Therapists have been shown to pathologize beliefs that they do not understand (*J Cons Clin Psych*, 2005)
- Therapists may underestimate pathology in clients who do share their beliefs.

Subtle Problems of Doing Cognitive Therapy

- Cognitive models are often used in a “think as I think” way. Determining what is a cognitive distortion is usually a culturally dependent judgment, and spiritual issues are particularly vulnerable to misinterpretation.

Boundary Basics

- When boundary crossings become harmful, they are considered boundary violations.
- The specific effect of a boundary crossing needs to be examined in the clinical context.
- In general, self-disclosures should be kept to a minimum because of the power differential in the therapy relationship. Clients may agree with the therapist's personal spiritual approach because they fear their care will be compromised if they disagree.

Boundaries and Spirituality: Research

- Little data is available about how therapists influence clients on the basis of religion.
- One study (Galanter 1991) of psychiatrists of the Christian Medical and Dental Society found 50% would discourage strongly religious clients from getting an abortion or engaging in homosexual acts or premarital sex. 33% would discourage all clients from those activities.

Boundaries: The Conundrum

- Clients deserve to know how the therapist will respond when he/she hears about the abortion, homosexuality, religious beliefs, moral failures, etc. that are part of the client's history and possibly part of the chief complaint. This is an issue of informed consent.
- Many clients want to know more than the therapist feels comfortable sharing, for personal and therapeutic reasons.

Questions

- How much should clinicians support the use of religious practices that appear to be therapeutic?
Pray in a session?
- Is it ever appropriate for the therapist to share his/her beliefs in the clinical relationship?
- Should a therapist ever treat a member of his/her religious congregation?

Green Light

Assuming a good assessment has ruled out significant religious pathology

- How much support?
 - Research indicates that spirituality generally enhances resilience and aids in the recovery from illness.
- Pray in a session
 - As above. However, A distinction must be made between the client praying in the session and the therapist joining in the prayer. Praying together inserts a degree of mutuality into the situation that must be more cautionary.

Yellow Light

- How much self-disclosure?
 - There are no clear answers. The classic approach is the safest: when a client desires more information about the therapist, the follow-up should be an inquiry about the significance of that information for the client and the therapy. “How will this help you get better?”

Red Light

- Treating someone in your congregation?
- Introducing new spiritual beliefs that is not part of the client's tradition.
- Having spiritual blind spots
- Zealotry

Healthy Spiritual Boundaries

- Abernethy et al. (1998) suggests the following factors for consideration for therapists:
 - Openness - lack of training and religious heritage may make a therapist avoid religious content. Conversely, religious therapists may over-emphasize religion.
 - Attunement - understanding the meaning of your own religious affiliation, present and past, and your reaction to the client's.

- Consultation
 - Clergy, pastoral counselors, experts in the professional field
- Interpretation
 - Religious content may offer insights into the client's wishes, fears, and conflicts.

Spirituality and Therapy

- The interaction of the therapist's worldview with the religious and spiritual lives of clients provides considerable possibility for problems, but the potential benefits are also significant. This truly encompasses the art of psychotherapy.