
SPIRITUALITY AND RELIGION

PSYCHOTHERAPEUTIC RESOURCES IN THE QUEST FOR MENTAL HEALTH

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Abstract

Integrating religion and spirituality in psychotherapy is still controversial despite the growing body of research showing positive impact on mental health. The present paper analyzes the relationship between spirituality, religion and mental health and its implications in psychotherapy. Firstly the concepts of religion and spirituality are explained and assessment issues are discussed. The second part of the paper offers a selective review of studies analysing the impact of religion and spirituality on mental health. Mechanisms and possible mediators are analysed. Finally, advantages and risks of integrating religion and spirituality into psychotherapeutic treatment are explored.

Keywords: religion, spirituality, mental health, psychotherapy

1. Introduction

Viktor Frankl, an Austrian psychiatrist and psychotherapist who wrote about his experiences as a Holocaust survivor, quoted Nietzsche's words to better explain resilience: "He who has a *why* to live can bear with almost *anyhow*" [1]. Spirituality and religion are usually considered the main ingredients for life meaning [2, 3]. Nietzsche's quote underlines the importance of these two concepts in understanding mental health. However, psychological studies have only recently started to research health and well being from this perspective [4]. The quest for purpose and meaning is often noted as an intrinsic drive of human beings [5, 6]. Spirituality and religion are the means to reaching these deep values. In spite of the rich data showing the positive impact the two concepts have on mental health, their use in psychotherapy is not usually a direct focus in Psychology and psychotherapy training courses. The current positivistic orientation in Psychology and early criticism of religion by important representatives of psychotherapy [7, 8] might explain this deficiency. Romania is still a deeply spiritual country with 98% of the Romanians identifying themselves as Christians. Only 0.2% of Romanians are atheists or agnostics

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[Institutul National de Statistica, 2011, http://www.insse.ro/cms/files/statistici/comunicate/RPL/RPL%20rezultate%20definitive_r.pdf]. In this context, ignoring the spiritual resources in the psychotherapeutic process might be an important loss.

Firstly, this paper summarizes some of the research in the field with the purpose of clarifying the effects of spiritual beliefs and behaviours on mental health. In this endeavour some of the mediators considered to influence this relationship are mentioned and analyzed. Secondly, clinical and psychotherapeutic implications are discussed.

Definitions of spirituality and religion vary with the different disciplinary perspectives. From a psychological point of view they refer to a set of beliefs, attitudes and behaviours centred on the notion of transcendence, acknowledging a higher often Holy force. Religiosity is the formalized experience of spirituality. It uses traditions and institutions as means and settings to express faith. Spirituality is a broader term and thus more controversial. It offers a more personalized, intimate, flexible approach to the transcendent. In spite of the obvious differences between the two concepts, they often overlap. Even if spirituality is a broader term that can exceed the limits of a specific religion, most of the studies focus on religion. The reason lies in the methodological constraints demanding measurable, quantitative variables as prayer frequency or church attendance. Therefore in this paper the terms religion and spirituality will be used interchangeably.

2. Religion, spirituality and mental health

Early research investigating the impact of spirituality and religion on mental health presented a series of limitations. The variables were often defined by simple quantitative indicators as church attendance, level of anxiety or depression, mortality rates [9]. These data sometimes fail to account for the complex determinism taking place at the core of the spiritual mind. Correlational, cross-sectional studies only showed average associations at a particular point in time, without further insight in the causality web. However, later studies started exploring a larger variety of variables with a more diverse methodology. Spirituality is a concept that must be surveyed intra-personally, inter-personally, always taking into account the larger social context in the community [10]. The relationship between spirituality and mental health is most likely dynamic and interactive, complexly determined by a variety of factors.

In 2012 Harold Koenig [11] realized a comprehensive review of the literature documenting the relationship between religion/spirituality and health, both physical and mental. He cited the most rigorous studies on the topic which reported positive or negative significant results. The author categorized the studies depending on the variables associated to religion or spirituality. Most of the 454 studies exploring the impact of religion on coping with adversity reported significant positive results. Religion was found to be helpful for people dealing with stressful situations or illnesses. Other studies approached the

subject from a positive psychology perspective and investigated the relationship between positive emotions and religion. Positive personality traits are usually associated to positive emotions. Accordingly, almost 80% of the 326 studies included in Koenig's review, exploring the relationship between well being and spirituality, found a positive relationship. Hope is an essential ingredient in dealing with life challenges and in the therapeutic process. 29 of the 40 studies reviewed found that religious, spiritual people are more hopeful. No negative relationships were reported. Religious people are also more optimistic as reported in 81% of the studies. When confronted with difficult life situations, spiritual people are more likely to still find meaning and purpose.

Koenig also observed that self esteem is a controversial variable in this field of research as religious principles usually encourage humility and guilt [11]. However, 61% of the studies report higher self esteem in religious people and only 2 found an inverse relationship. Surprisingly, religious people also show a higher sense of personal control when faced with life's adversities in 61% of the studies. Prayer becomes their inner strength allowing them to regain control. However when controlling for the quality of the studies, 44% of the best studies found positive relationships and 33% negative significant relationships. Thus, locus of control stays a more controversial variable. The majority (61%) of studies that explored the relationship between depression and religion found an inverse significant relationship and only 6% a direct relationship. In 19 clinical studies out of 30, religious, spiritual interventions had a better impact on depression compared to standard treatments or control groups. Only two studies report results supporting standard treatments. The relationship between anxiety and religion suffers most from the limitations of cross-sectional, correlational studies. When anxious and fearful, people are more likely to turn to God's help. At the same time guilt and threats of God's punishment might increase anxiety of religious persons. Of the 33 studies that found positive associations between anxiety and religion, 98% were cross-sectional. Causality can't be established. On the other hand, 147 (49%) studies reported an inverse correlation between anxiety and religion. Longitudinal studies also support a healing role of religion on anxiety. More so, clinical trials and experimental studies usually show a better impact of religious, spiritual interventions in anxiety disorders. Most of the studies observe a protective role of religion against substance abuse. 79% of the studies report that religious people are less involved in delinquency and crime issues. Religiousness also predicts greater marital stability. 82% of the studies found positive associations between religion and social support and no studies reported inverse relationships. Moreover, religious people show more social capital, volunteering and participating more in the community.

3. Mediators and other explanatory mechanisms

Psychological empirical studies can't assume the divine intervention to explain the above mentioned associations and positive results. Other mechanisms have been described to account for religion's benefits.

3.1. Religious coping

Depending on the individual spiritual beliefs and the religious texts associated, each person will benefit differently from the relationship with the higher Force they acknowledge. Researchers identified three types of religious coping: collaborative, deferring and self directing [12-15]. Persons who assume a collaborative approach see God as a partner in problem resolution. They share responsibility with the divinity to overcome difficult life situations. The deferring individuals surrender responsibility expecting problems to be taken care of by higher powers. They adopt a passive, demanding attitude. On the other side, self-directing people are proactive and feel fully responsible for solving their own problems. God's role is to make them capable to do their tasks [15].

3.2. Sense of control

The idea of a loving God facilitates an optimistic world view and a sense of control. Locus of control has been studied as a primary variable in the relationship to religion; however it also works as a mediator. It is believed that making internal attributions for positive events and external attributions for negative events could facilitate a better mental health. Moreover, people who generally have an internal locus of control are more successful, and in better physical and psychological health [16, 17].

As shown in the review presented above, spirituality is often associated to an internal locus of control. Individuals feel that in hopeless situations they can still have solutions by praying to God or being good persons and respecting the rules. On the other hand, when failing, or when having a difficult time, they can always reframe the situation and make external attributions by saying it was God's will and "God works in mysterious ways".

Depending on the set of beliefs and on the religious denomination, spirituality could also harm mental health. If illness or failure is understood as God's punishment, the person will attribute them internally feeling guilty and anxious. A strict religious upbringing governed by a vengeful Deity is associated to increased anxiety [18, 19].

3.3. Health promoting behaviours and physiological changes

Religious principles usually promote healthy behaviours: avoidance of psychotropic substances, marital stability, avoiding antisocial behaviours. These principles in themselves promote mental health. Prayer and meditation have positive effects on stress, anxiety, depression by reducing the levels of cortisol and norepinephrine [16, 20]. This further lowers blood pressure, strengthens the immune system, decreases the risk of infection and of cardiovascular disease. Cortisol and norepinephrine are triggered by emotions as fear and anger. These emotions are usually discouraged by most religions. Confession is also a

widespread religious behaviour that could mediate the relationship to mental health.

3.4. Social support

Social support is one of the most important mediators between religion and psychological health [21]. Religious people can benefit from social support on a variety of levels. Firstly being part of a community with similar values and beliefs offers a stable support system that can last a lifetime [21], providing a sense of belonging, enhancing self-esteem through shared values and opinions and offering an alternative to loneliness [22]. Religion enhances social support through its principles as well. Family values are usually encouraged: couple fidelity and stability, having children, respect for parents. Thirdly, the religious leader in the community, the priest, the rabbi etc is an important source of support and advice. Social support is a long acknowledged predictor of well being and mental health [23, 24]. It explains in part the beneficial effects spirituality has on mental health.

4. Religion's historical repression in psychotherapy and Psychiatry

For decades religion and spirituality were ignored or even pathologized in the Psychology field and in Psychiatry [25]. Freud called religion “the universal obsessional neurosis of humanity” [26]. He was convinced of the pathological nature of religion and associated it to neurosis and hysteria. He maintained these convictions all his life and made them known through many publications [26]. His influential writings determined the exclusion of religion from the practice of psychotherapy and Psychiatry.

Albert Ellis, father of the Rational Emotive Behaviour Therapy, strengthened religion's exclusion in clinical practice. He defined himself as a probabilistic atheist stating that the probability a God exists is too small to even be considered [27]. Ellis long viewed religion to be harmful to mental health and underlined these ideas in his publications. In 1980 he published a pamphlet called ‘The Case against Religiosity’.

The impact of religion – critical attitude of important psychotherapy representatives is still visible in the work of mental health professionals. More than half of American psychiatrists surveyed in 2007 admitted they never, rarely or only sometimes discuss about religious issues with clients with depression or anxiety [28]. Psychiatry still holds these prejudices in the research activity as well. Most of the studies on the subject took place outside the field of Psychiatry and the relationship between spirituality and important mental disorders is still understudied [29].

Freud's and Ellis's views haven't been the only reasons for the neglect of spiritual issues in Psychology and clinical practice. The positivistic orientation in Psychology, focused on strengthening the scientific appearance of the discipline, made religion with its abstract, transcended notions an unwanted topic.

Psychology was trying to separate itself from Philosophy and Theology and to gain a secure place among the other sciences. Spirituality is a concept difficult to assess. Even today, after years of research, there still are methodological and assessment issues to be considered.

5. Psychotherapeutic implications

5.1. Integration of spiritual and religious resources

The most important implication of the results reviewed in this paper is the need to use the benefits offered by spirituality and religiousness in mental health services and especially in counselling and psychotherapy. Research results are detailed, consistent and show a potential that has been largely neglected [28, 30].

The first step in integrating spirituality in the psychotherapeutic plan is to assess client's spiritual beliefs from the beginning. Research on the topic has already shown that the assessment of such an abstract, complex, intimate experience is difficult. In clinical settings some of the difficulties persist and new issues might emerge. Sensitivity and an open mind, free of prejudice are needed [5]. Personal development is usually part of a psychotherapist's training but religion concerns might not be approached during the meetings. Psychotherapists should be aware of their own spiritual convictions and values. They should understand their prejudices and stereotypes and solve them before approaching the topic with their clients [5, 31]. This kind of preparation is necessary even if the subject of religion won't be intentionally discussed. The client might approach it and therapists should be prepared regardless of their view of spirituality.

Smith and Orlinski surveyed psychotherapists from Canada, United States and New Zealand and concluded that despite the secular nature of the science of Psychology, psychotherapists are not secular individuals [32]. Most of the psychotherapists were spiritual and even religious, believing in a higher force. Similar results were found in Germany where around 60% of the 895 psychotherapists who took part in the study stated that spirituality or religiosity was moderately or very important in their lives [33]. These results are surprising coming from a secular country. Further on, 67% of the psychotherapists considered that relevant issues about spirituality and religion should be addressed in psychologists' graduate education. 81% admitted the topic was never discussed in psychotherapy training and 63% considered they would benefit moderately to a lot from further training on the subject. Psychotherapists were also asked about the influence their spiritual convictions has on their practice. More than half of German psychotherapists considered the influence to be moderate to very high [33], while 72% of American psychotherapists admit the influence [34]. Studies further showed that spirituality and religion influence psychotherapeutic practice by encouraging the therapist to be tolerant, empathic, compassionate, respectful, etc. Direct use of spiritual oriented strategies is rarely reported. However, the literature offers a variety of solutions for using spiritual

and religious resources. Strategies range from neutral, secularized approaches of spiritual traditions to openly using and discussing specific rituals and behaviours significant for client's religion.

First of all, religious and spiritual aspects should be considered whenever it seems relevant throughout the psychotherapeutic process. Mindfulness, relaxation and other derived techniques are already largely used in a secular form. Taking into account client's spiritual beliefs and experiences could help the therapist in presenting and using these strategies in a more efficient manner. Integrating and adapting them to a pre-existing set of spiritual ideas can enhance their impact. Hope, generosity or forgiveness are experiences often advised in different religions and already used in psychotherapy. Most often they are separated from their spiritual background. On the other hand, religious clients would benefit more from an explicitly spiritual approach where religious aspects are integrated in a more obvious way. Such strategies could be: prayer with the client, meditation, prescription of religious literature, religious metaphors [25, p. 13].

5.2. Ethical issues

Being such a complex and intimate experience, spirituality may raise some ethical issues when used in clinical interventions. Lack of training on the proper use of spiritual resources in psychotherapy means psychotherapists would practice outside their competence. Even with specialized training, there are issues that define each religious denomination impossible to learn from a limited course. Insufficient knowledge on the subject might result in trivialization of important religious aspects held as holy by the client.

Integrating religious aspects into psychotherapy requires creativity to imagine optimal ways of using the spiritual resources and empathy to differentiate what is appropriate and helpful from what is intrusive or abusive. It is difficult to accomplish the right balance. Apart from asking the wrong questions, therapists might impose their own spiritual beliefs and values.

Studies show importance of the therapeutic relationship. Psychotherapy trainings emphasize this aspect and teach strategies to optimize the quality of the relationship. Introduction of religious practices might mean creating a different kind of relationship. The religious relationship comes with new attributes and new expectations. Transcended, sacred experiences might create expectations impossible to accomplish through psychotherapy.

In 2013 the Royal College of Psychiatrists published some recommendations for psychiatrists on spirituality and religion [Royal College of Psychiatry, 2013, <http://www.rcpsych.ac.uk/pdf/Recommendations%20for%20Psychiatrists%20on%20Spirituality%20and%20Religion%20Revised.x.pdf>]. They recommend a tactful exploration of patients' religious beliefs, routinely assessing spirituality, respect and sensitivity to the spiritual beliefs and behaviours of their patients or to the lack of them. Psychiatrists shouldn't take advantage of their position to undermine faith and should be discrete regarding

to their own religious beliefs. These guidelines are similar to those advanced by the American Psychiatric Association in 1990 [35].

6. Conclusions

For a long time spirituality and religion have been ignored or even pathologized in psychological theory and practice. However in the past few years the situation has changed. Books and peer-reviewed empirical articles analyzed the relationship between religion, spirituality and mental health. They discussed the results and the practical implications. The studies reviewed in this article usually show a positive impact of religion and spirituality on mental health. Negative effects often come from misunderstandings of religious rules and dogma. Religious beliefs can be discussed and challenged when appropriate, during psychotherapy sessions.

Both clients and psychotherapists consider that spiritual and religious issues should be addressed in psychotherapy. In spite of the new acceptance of the spiritual approach, Psychology courses and psychotherapy trainings still lack information about efficient integration of spiritual and religious resources. Ethical issues become more salient in this context. Trivializing the sacred, criticizing client's beliefs, imposing religious values on the client, working with poorly known concepts are all risks that need to be considered. Better psychotherapy training would provide confidence, competence and efficiency to psychotherapists willing to deal with such topics.

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