MENTAL HEALTH

Psychiatry Needs to Get Right with God

By not making more of an effort to incorporate spirituality in treatment, we are doing a disservice to patients

By David H. Rosmarin on June 15, 2021

Credit: Roger Hutchings *Getty Images*

In the early days of the pandemic, economist Jeanet Bentzen of the University of Copenhagen examined Google searches for the word "prayer" in 95 countries. She identified that they hit an all-time global high in March 2020, and increases occurred in lockstep with the number of COVID-19 cases identified in each country. Stateside, according to the Pew Research Center, 55 percent of Americans prayed to end the spread of the novel coronavirus in March 2020, and nearly one quarter reported that their faith increased the following month, despite limited access to houses of worship.

These are not just interesting sociological trends—they are clinically significant. Spirituality has historically been dismissed by psychiatrists, but results from a pilot program at McLean Hospital in Massachusetts indicate that attention to it is a critical aspect of mental health care.

In 2017 my multidisciplinary team of mental health clinicians, researchers and chaplains created Spiritual Psychotherapy for Inpatient, Residential and Intensive Treatment (SPIRIT), a flexible and spiritually integrated form of cognitive-behavioral therapy. We subsequently trained a cadre of more than [illegible] clinical units throughout McLean [illegible]ated the approach. Since 2017, SPIRIT [illegible]o people. Our results suggest that [illegible]asible but highly desired by patients.

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In the past year, American mental health sank to the lowest point in history: Incidence of mental disorders increased by 50 percent, compared with before the pandemic, alcohol and other substance abuse surged, and young adults were more than twice as likely to seriously consider suicide than they were in 2018. Yet the only group to see *improvements* in mental health during the past year were those who attended religious services at least weekly (virtually or in-person): 46 percent report "excellent" mental health today versus 42 percent one year ago. As former congressional representative Patrick J. Kennedy and journalist Stephen Fried wrote in their book *A Common Struggle,* the two most underappreciated treatments for mental disorders are "love and faith."

It's no wonder that nearly 60 percent of psychiatric patients want to discuss spirituality in the context of their treatment. Yet we rarely provide such an opportunity. Since Sigmund Freud's characterization of religion as a "mass-delusion" nearly 100 years ago, mental health professionals and scientists have eschewed the spiritual realm. Current efforts to flatten the COVID-19 mental health curve have been almost entirely secular. The American Psychological Association's extensive set of consumer resources makes no mention of spirituality. And the Centers for Disease Control and Prevention's only spiritual recommendation is to "connect with your community- or faith-based organizations." Of more than 90,000 active projects presently funded by all 27 institutes and centers within the National Institutes of Health, fewer than 20 mention spirituality anywhere in the abstract, and only one project contains this term in its title. Needless to say, a lack of funding for research on spirituality hamstrings clinical innovation and dissemination.

This situation goes beyond separation of church and state. Health care professionals falsely disconnect common spiritual behaviors and experiences from science and clinical practice. As a result, we ignore potential spiritual solutions to our mental health crisis, even when our well-being is worse than ever before.

My own research has demonstrated that a belief in God is associated with significantly better treatment outcomes for acute psychiatric patients. And other laboratories have shown a connection between religious belief and the thickness of the brain's cortex, which may help protect against depression. Of course, belief in God is not a prescription. But these compelling findings warrant further scientific exploration, and patients in distress should certainly have the option to include spirituality in their treatment.

Recently, one of my patients—an ostensibly secular 22-year-old woman—presented with an uptick in depression and anxiety. She reported feeling "defeated" and stated that she was losing hope of ever getting better. My research has taught me that many secular individuals believe in *something,* and I therefore assess for spirituality with all patients irrespective of their religious affiliation or lack thereof. In that context, this particular patient shared with me that she believed in God and also believed that she was brought to this earth for a specific purpose. Over the course of just three sessions focused on these ideas, she came to a sense of increased hope that she could overcome her life challenges, and her symptoms of depression started to abate.

In another case, a devout Christian man in his mid-60s came to McLean
acute levels of suicidality. His treatment
ar about how to address it in therapy. I
, who reported to me that he was
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ous study, and I encouraged
one month, his depression began to
a year.

curred during a recent year-long clinical
completed with funding from the
e John Templeton Foundation). More
than 90 percent of patients reported experiencing some kind of benefit, regardless of religious affiliation.

The study also revealed key opportunities in patient care, particularly for younger and seemingly secular patients. Psychiatric folklore has long suggested that psychotic, manic and obsessive patients gravitate more toward spirituality, as do older adults. Our findings, however, suggest that patients benefited from SPIRIT irrespective of their diagnosis or age. Apparently, depressed millennials are just as likely to want and benefit from spiritual psychotherapy as geriatric patients.

Our results also suggest that spiritual care is *not* only for religious individuals. The largest group of patients to voluntarily attend SPIRIT (39 percent of our sample) were individuals with no religious affiliation at all. Apparently many nonreligious people still seek spirituality, especially in times of distress. In fact, such individuals may be most likely to attend spiritual psychotherapy because their spiritual needs are otherwise ignored. In this vein, recent declines in church membership may increase the need for spiritual care.

Perhaps most interesting, patients responded *better* to SPIRIT when it was delivered by religiously unaffiliated clinicians. This surprising finding suggests that secular clinicians may be particularly effective in providing spiritual treatment. This is good news because psychiatrists are the least likely of all physicians to be religious.

It remains to be seen whether God can solve our mental health crisis. But the potential clinical benefits of spirituality, and patients' desire for spiritual treatments, provide a reason to believe.

IF YOU NEED HELP

If you or someone you know is struggling or having thoughts of suicide, help is available. Call the National Suicide Prevention Lifeline at 1-800-273-8255 (TALK), use the online Lifeline Chat or contact the Crisis Text Line by texting TALK to 741741.

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