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Religion and Mental Health

Simon Dein[1]

Abstract

Background: *This presentation examines the role of cultural factors in studies of religion and mental health. I begin by discussing the limitations of existing studies particularly their Christian bias. I critically evaluate the cross cultural validity of terms such as religion and spirituality. I present an overview of studies in Judaism, Islam and Hinduism. Finally I discuss the use of ethnographic fieldwork in research on religion and mental health.*

Aims: *To examine how culture impacts the relationship between religion and mental health.*

Methods: *Critical literature review.*

Results: *The extant literature has been "blind" to cultural factors. To date the main focus has been on Christianity and we cannot assume findings on Christian samples can be applied to other faith groups such as Judaism, Islam and Hinduism. A small literature on Judaism and Islam reflect the findings in Christian samples i.e. generally positive relationships. Furthermore ideas of religion, spirituality and ritual vary across cultural groups.*

Discussion: *I examine the importance of cultural factors on future research on religion and mental health and the importance of conducting participant observation.*

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[1] Psychiatrist and Psychotherapist. Health Science, University College London.

Psychologists and Psychiatrists have always had a negative attitude to religion; this is based on Freud's idea of Religion being an obsessional neurosis, an illness. Freud referred to Religion as infantile, incongruous with reality and non-empirical. However there is a religiosity gap, Psychologists and Psychiatrists are less religious then their patients. Overall many Psychiatrists see religion as primitive, guilt inducing, a form of dependency, irrational and having no empirical base. The Danish Theologian Hans Kung argues Religion is psychiatry's last taboo.

Religion and spirituality must be distinguished. The former is institutional, collectivistic and is associated with specific doctrines and practices including ritual. The latter refers to an individual relationship with a higher power which might be God or something more secular like the cosmos or universe. Being religious generally entails being spiritual. The majority of work on mental health has focused upon religion rather than spirituality.

There has been escalating research in Religion and Mental Health over the last two decades. Positive associations have generally been found between Indices of religiosity and spirituality and Mental Health. There are positive correlations between being religious, well-being, hope, optimism, sense of meaning and purpose, self-esteem and sense of personal control.

In terms of depression Religion and Spirituality are related to a reduced prevalence of depression, faster remission if you are depressed and a reduction in depression severity with religious/spiritual intervention, including religion based cognitive therapy. Also there are reduced rates of suicide in depression. Smith, McCullough, Poll (2003) found that there was a correlation between religious involvement and depression -0.1 which increased to 0.15 in studies in stressed population. Particularly in relation to suicide, suicide is forbidden by the faith traditions. It is generally forbidden by Jewish Law, in terms of Catholicism it is considered a grave or serious sin, in Islam suicide is seen as one of the greatest sins and is utterly detrimental to one's spiritual journey, in Hinduism it is considered a violation of the code of Ahimsa (non-violence).

The majority of the studies report inverse relationships between religion/spirituality and anxiety. Positive religious coping may reduce anxieties in stressful circumstances. In contrast, negative religious conflict may exacerbate it. In terms of obsessional illness no increased rates of obsessions been found in Jews and Muslims but religion may increase obsessional traits (Greenburg, Witztum, 2001). In terms of substance abuse a large number of studies find less drug abuse amongst those that are more religious or spiritual.

Religious delusions are found in approximately 22% of psychotic patients with schizophrenia (Siddle, Haddock, Tarrier, 2002). Pertaining to Schizophrenia, there is evidence that being religious may help cope with the delusions and hallucinations, particularly help with hearing voices (Mohr, Huguelet, 2004).

While religious belief and coping have been discussed in the literature there is rather less work on religious experiences like religious conversion, religious hallucinations and mystical experiences. Data suggest that hearing God's voice may facilitate coping with adverse life events among Pentecostal Christians (Dein, Littlewood, 2007) Religious experience should be a focus for future work in this area (Dein, 2010)

So why is religion helpful in terms of mental health? It provides social support, cognitive reframing and less selfishness, however there are criticisms of these studies. The majority are cross sectional and causality cannot be inferred. The focus has largely been on Christianity with much less research having been conducted among Jews, Muslims and Hindus. Not all religion has positive effects on mental health, being religious may increase anxiety, dependency, guilt, abuse and even at times suicide (Dein, Littlewood, 2005).

While evidence indicates that religion and spirituality are important aspects in many individuals' lives, they are often overlooked in psychotherapy. There is evidence that incorporating religious elements such as prayer and bible reading into CBT can enhance the efficacy of therapy for those who are religious (Carlson, González-Prendes, 2016).

Finally there has been some debate in the UK concerning discussion of religion in the clinical context. Some opponents claim that to discuss religion or spirituality with patients is a breach of

[1] Psychiatrist and Psychotherapist. Health Science, University College London.

professional boundaries. Furthermore most clinicians would object to praying with patients even if they themselves request it. The ethics of including religion in psychiatric practice is still hotly debated in the UK (https://www.rcpsych.ac.uk/pdf/PS03_2013.pdf)\.

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