Spirituality and Psychiatric Treatment

March, 2009. These are stressful days. Under ordinary circumstances, there is no shortage of stressful life events that challenge our mental and emotional equilibrium. But it seems that we have not experienced ordinary circumstances, if indeed we ever do, for some time. Prior to the current global economic crisis, stress levels in certain sectors of our society were already high—particularly in the active duty military and in our country’s veterans. The Department of Defense issued a report by its Task Force on Mental Health in 2007, which emphasized the pervasiveness of stigma, insufficient mental health education, insufficient psychological screening, and inappropriately “conservative” policies in the Department of Defense regarding self-disclosure of issues relating to psychological health. Concerns have been widely publicized about the increasing number of suicides in military and veteran populations, as well as the number of new-onset cases of depression, posttraumatic stress disorder, alcohol use disorders, and other conditions.

Layered on top of these trends is the catastrophic impact in our country (and indeed worldwide) of the sharp rise in unemployment, bankruptcies, home foreclosures, and loss of savings and retirement security, forcing many to abandon future goals and devote all of their energy into making it from one day to the next.

Many years ago, a report was published in the Journal of the American Medical Association1 by the Cross-National Collaborative Group, reporting a comparison of changing rates of major depression in approximately 39,000 subjects from North America, Puerto Rico, Western Europe, the Middle East, Asia, and the Pacific Rim. The study showed an overall increase in rates of major depression over time in all countries involved in the study. More recent birth cohorts were noted to be at increased risk for major depression. Although in the realm of speculation, the authors wondered if, in the context of worldwide electronic communication, these trends might at least partially reflect reduced reliance on the nuclear family, and a reduction in the central role of organized religion in the lives of many.

In psychiatry, there is a long tradition that parallels the separation of church and state—the avoidance of explicit integration of religion into psychiatric treatment. Nevertheless, learning about and being sensitive to the religious beliefs of one’s patients has always been a valued goal, just as it is very important to understand a patient’s cultural background. Recently, however, a growing literature has been exploring the thoughtful incorporation of a patient’s religious values and beliefs into the treatment process. In this issue of the Journal, Paukert and colleagues review this literature regarding integration of the religious beliefs of geriatric patients into cognitive-behavioral therapy for anxiety and depression. They point out that religion is extremely important to many older adults, and that these patients welcome the therapist’s interest in how the patient’s religious beliefs might be helpful. Also in this issue, Josephson provides a review of a book by Pargament on Spiritually Integrated Psychotherapy, in which he comments that Pargament has “made the case” for integrating spiritual perspectives into therapy yet carefully avoiding introduction of any spiritual biases of the therapist into the work. Research is needed, of course, to learn more about the degree to which this combined approach does or does not provide added benefit. But especially in times like these, all appropriate potential sources of strength and solace should be welcome.

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Editor