

Spirituality and Mental Health

Issue Identification

There is a need to understand the intricate relationship between spirituality and mental health with a specific focus on depression.

Why is this an issue and what needs to be addressed?

There has long been a divide between religion, on the one hand, and science and medicine, on the other. Many people throughout the world feel that science and religion are two halves of the same whole and that they should supplement and enhance each other. This is just beginning to be addressed. Albert Einstein once commented: *“Science without religion is lame; religion without science is blind”*. There is a growing interest among researchers in investigating the relationship between spirituality and physical and mental health. This work has really just begun and there are many fruitful directions for it to take in the future. NGOs can and should play a key role in bridging the gap between researchers, faith communities and consumers and in working with these groups to determine a research agenda.

Based on extensive consultations via fourteen focus groups with mental health consumers in 2005 (Canadian Collaborative Mental Health Initiative) it was readily apparent that spirituality was an important component in the recovery process of many consumers throughout all areas of Canada.

What is Spirituality?

Most of the research looking at spirituality, health and mental health has focused on religion or religiosity, because this tends to be an easier concept to define. Spirituality has received less attention. Human spirituality means different things to different people. Our challenge will be to find a definition for it that will let us connect to both the scientific understanding of spirituality, and the spiritual traditions of the world. We can think of spirituality and religion as separate, but overlapping concepts. Spirituality represents personal values, beliefs and experiences, while religion is a set of rituals or creeds, usually found within religious institutions. People can be religious without being spiritual and vice versa; however most people express their spirituality within a religious context. Since spirituality represents the broader concept, for purpose of this draft policy paper we will use the term spirituality for both spirituality and religion.

There are four key components to spirituality as it relates to physical and mental well-being¹ First, it is linked to having a sense of meaning in life and a life purpose. A sense of meaning and purpose is closely related to hope. As we know, hopelessness is common among people with depression. Therefore, we might expect that people who find a sense of meaning in life are less likely to be depressed and are sustained by this feeling in times of crisis.

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Second, spirituality is related to having an intrinsic value system that forms the basis for behaviour. These values are not imposed from outside; they are personal values that are stable over time and in different situations. Having strong, consistent intrinsic values may be protective of mental health as well.

Transcendence is the third characteristic related to spirituality. It has been defined as belief in a creative and universal force and a shift in focus from narrow, personal preoccupations. This creates a sense of connection with other people and the world at large. Transcendence can be an experience as well as a belief – feeling oneself an integral part of a greater whole, with a sense of awe and wonder at the sacredness of life. Such experiences may be fleeting, but most of us have had some taste of what this is all about.

Another dimension of spirituality is community. Most of those who live a spiritual lifestyle are connected to a community of people who share the same values and provide social and emotional support. Moreover, spirituality confers important benefits on physical and mental health if they themselves are positive and healthy experiences. Some of the documented physical health effects of being spiritual are:²

- Lower rates of heart disease and stroke, including lowered blood pressure and cholesterol levels.
- Lower rates of chronic pain, cancer mortality and surgery related stress.
- Shorter hospitalization times.
- Lower overall mortality rates.
- Positive health habits and longevity.

Research on mental health shows similar protective effects, including:³

- Increased personal well-being and better general psychological functioning.
- Higher marital satisfaction.
- Increased sense of hope and personal empowerment.
- Lower incidence of anxiety, depression and other psychiatric symptoms.
- Lower rates of suicide, delinquency, criminal behaviour, and drug and alcohol use.

In the transition to modern society, we have lost touch with much of our spirituality, including a common sense of purpose, spiritual beliefs and values, and family and community ties. We emphasize a narrow and unhealthy individualism and as a result, we feel disconnected and vulnerable. Depressed people typically describe symptoms that include emptiness, hopelessness, a lack of meaning, alienation from values, a narrow narcissistic focus and a lack of personal connections.⁴ Not surprisingly; we are experiencing an epidemic of depression in our culture.

Spirituality appears to exert positive effects on physical and mental health in the following ways.^{5,6} We know that social and emotional support (such as from close family ties and

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belonging to a community) is protective of mental and physical health. Furthermore, spirituality influences the personal lifestyle choices that people make – they are less likely to smoke or use alcohol and drugs or indulge in risky sexual behaviours. Spirituality also affects psychological coping strategies and people who are spiritual are typically more optimistic and better able to cope with life stressors.

Physically, spirituality may be protective of health by way of calming the stress response.⁷ Negative emotional states mobilize the stress response, which over time can inhibit the immune system, increasing the risk of many common diseases.^{8,9} A heightened stress response may also cause or trigger the onset of mental illnesses.¹⁰ Alcohol or drug use can be a form of self-medication for such individuals.¹¹ Positive emotions (love, forgiveness, hope) and spiritual practices such as meditation and prayer appear to calm the body and the mind.

MRI brain imaging techniques show changes in brain functioning related to meditation and prayer.^{12,13} For example, Tibetan monks who are long-term meditators (averaging 20 – 25 years of practice) show heightened activity in the left frontal lobe areas, which govern positive mental states. Similar findings have been reported for Catholic nuns engaged in deep prayer. Even an eight-week course of meditation training has been shown emotional and immune system benefits. The meditators had a stronger immune response to the flu vaccine compared to non-meditators.

Of course simply because spiritual practice is associated with measurable physical changes, this does not mean that spirituality is a product of the brain. The research tells us what happens in the brain when people meditate or pray, but not what the reality of the experience is.¹⁴ Spirituality includes dimensions that we are unable to measure. Perhaps most importantly, spirituality provides a sense of meaning and life purpose and the question of meaning is outside the realm of science. Meaning is however the foundation for hope and hope is essential for coping with everything from daily hassles to serious disabilities. Even when people are experiencing mental distress, those with a sense of meaning are better able to cope, because they don't lose hope.¹⁵ Hope is a critical pathway to recovery.¹⁶

There are many mysteries here. Not only about the individual effects of spirituality, but in areas that could really shake our assumptions about how the world works. For example, there is evidence that distant prayer – praying for others, even when they don't know about it – can be health enhancing.^{17,18} One study randomly assigned heart patients recovering from surgery to be prayed for or not. None of them knew which group they belonged to. People in the prayed for group had a better course of recovery. These studies have been replicated with other groups, for example, women struggling with infertility (more in the prayed for group got pregnant). Research focusing on the power of prayer in healing has nearly doubled in the past 10 years. We have no idea at this point whether future research will validate these findings and how the process works, but the implications are huge.

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In the U.S., approximately 50% of health professionals and over 80% of the American scientific community describe themselves as agnostic or atheist compared to only 3% of the general public. At the same time, spirituality is associated with better physical and mental health generally, and with a better course of recovery for those with serious or chronic mental illnesses. What we do know for certain is that spirituality is an important issue for mental health consumers.¹⁹ They, along with the rest of the population, are very spiritual. Most scientists and health professionals are not.

This leads to a profound disconnect between helpers and consumers, because helpers are missing out on key elements in personal meaning and recovery.²⁰ Mental health professionals may not ask their clients about their spiritual beliefs and activities.

Therefore, they lose the opportunity to use the strong power of spirituality towards therapeutic ends.

Spirituality provides an additional foundation and framework to support people in confronting uncertainty, chaos and pain and in this sense, it is protective of mental health.²²

In 1996, Pat Deegan wrote: *“Recovery as a spiritual path, is process by which people with psychiatric disability rebuild and further develop their connectedness to themselves, their connectedness to others, their roles in life, and larger meaning and purpose, and, confront the devastating effects of stigma through personal empowerment. It is never too late to begin the recovery process. Understanding the recovery process and one’s own recovery experience are important first steps in returning to a life that is personally fulfilling and a life that contributes to others. Recovery is ultimately a journey of the heart – a choice for life, a choice to live and to have a life”*

Recommendations

-That the Canadian Coalition of Alternative Mental Health Resources (CCAMHR) adopt a policy which recognizes the significance of spirituality in the lives of mental health consumers as part of the recovery continuum.

-That CCAMHR propose the development of a national research agenda which is consumer led and deals with the outstanding questions as identified below:

- Can we better define the similarities and differences between religion and spirituality, and more systematically analyze their effects on mental health?
- Is religion necessary for protective psychosocial factors (such as social ties, coping skills, or personality characteristics) to exert their effects or is it only one possible context?

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- How do we clearly distinguish between positive, healthy characteristics of religion and spirituality and unhealthy ones?
- Can we develop general measures of religion and spirituality that cut across religious traditions without robbing these traditions of their distinctive characteristics?
- How do factors such as race, culture, socioeconomic status and religious preferences affect the relationship between religion/spirituality and mental health?
- How can mental health professionals be encouraged to consider the client's religion or spirituality and how can this information be used therapeutically?
- How can faith communities make maximum use of research findings on the protective mental health effects of spirituality and religion?
- And, most importantly, how can we engage consumers in identifying the key questions and developing a research agenda?

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