# Are we doing harm by omission? Addressing religiosity of the mentally ill

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In ancient days, the main hindrance in treating the mentally ill was prejudice related to the therapist's own religious views. Religious leaders used exorcisms to treat mental disorders, often through cruel, harsh, and barbarous methods. They believed demon possession was the main cause of mental illness. In modern days, we are experiencing a problem on the other side of the spectrum. In order not to impose religious beliefs on the patient, therapists are not addressing the issue of religiosity at all in the management of mental disorders. This is harmful as well, since there is often a spiritual component involved. We, as spiritually concerned medical workers, should attempt to reach a balance.

The role of religion may be perceived differently by psychiatrists and their patients (1). Psychiatrists are often less religious than their patients and may not appreciate the value of religion in helping patients cope with their illness. Furthermore, psychiatrists may experience religion through the pathological expressions of individuals with religious delusions, which may bias them against religion as a therapeutic resource. Third, psychiatrists may focus on the biologic components of mental illness and may view the religious component as subjective and not supported by empirical evidence. Finally, psychiatrists may believe that religion always causes dependence and guilt (2).

The possible negative effects of religion on mental health, or our personal past experiences with religion, should not prevent us from acknowledging a spiritual component in mental illness and at least offering resources for, if not personally suggesting, spiritual help. This includes collecting a spiritual history, supporting healthy religious beliefs, challenging unhealthy beliefs, praying with patients (in highly selected cases), and consultation with, referral to, or joint therapy with trained clergy (3).

Globally, we can see a vast difference between therapies in the East and the West, due to different overriding spiritual beliefs. In the West, monotheism and the heavy influence of individualism have produced much resistance to acknowledging spirituality in mental illness. In the East, perspectives are very different, due to wide acceptance of polytheism and firmly held beliefs that the causes of distress and disorders may in fact be spiritual in nature. This, of course, produces less resistance.

Pargament and Lomax rightly emphasize the need for further studies beyond the Western perspective. In some Eastern countries, spirituality and religion are part of daily life, and religiousness cannot be ignored in the therapy setting. As almost every physical ailment is associated with some religious beliefs, or lack thereof, treating a patient without addressing religiosity would be considered incomplete treatment.

In conclusion, when attempting to understand religion, and its influence, in the mentally ill, we need to ask some questions. Are we doing justice to our clients if we are not addressing the religious influence in their clinical presentation? Can we train ourselves to seriously confront our "take it easy" attitude toward spiritual influence in the mentally ill? Psychiatry and religion are the unfortunate enemies of yesterday and forgotten friends of today. How can we, in the mental health field, find a way to bridge the gap and acknowledge that they actually work in parallel with one another?

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# Religion and mental health: a double-edged sword or a life-giving medicine?

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Pargament and Lomax present religion as a double-edged sword: on the one side, succor, self-regulation, social support, meaning, and spirituality; on the other side, struggles and violence. In this commentary, I would

like to discuss the meaning of such a perception for religionists and the implications for mental health services.

The attitude of religious codes to the impact of the religious life is expressed clearly in the following quotation from the Babylonian Talmud, a central text of orthodox Judaism: "The Rabbis teach: 'It is written, 'And you shall put the words of my *Torah* in your hearts' (Deuteronomy 11:18) and the word 'you shall put' can also mean 'a perfect medicine', for the *Torah* can be compared to a life-giving medicine' ".

The effect of religion is perceived to be entirely positive. Is this an absence of insight? Would members of a religion find the observations of Pargament and Lomax offensive? How would they respond to the specific claims of the effects of struggles and the occurrence of religiously motivated violence?

During the last three decades of providing mental health services to the ultra-orthodox Jewish community of Jerusalem, there have been many opportunities to consider: is religion a double-edged sword or a life-giving medicine? Evaluating the religious background of new referrals, we found an overrepresentation of newly orthodox Jews, and concluded initially that their religious change had precipitated their disturbance. On reevaluating the data, however, the majority had a history of mental health problems prior to their religious change, the change brought several years of relief, and then the earlier problems reemerged (1).

Our attention then focused on obsessive-compulsive disorder (OCD). Is OCD more common in this population, encouraged by the demand and praise accorded the punctilious? Epidemiological studies of OCD in a range of cultures have not measured degree of religiosity, although urban versus rural studies did not suggest OCD was more prevalent in the rural, more traditional societies that were likely to be more religious.

Studying ultra-orthodox patients with OCD, we noted that the content of the religious OCD symptoms was similar to nonreligious populations. Further, despite the centrality of religious observance in their lives, most had religious and nonreligious symptoms (2). When asked if they saw a link between their OCD and their religion, their responses covered the whole gamut of possibilities, from blaming their religious practice, blaming their educators, to understanding it was their own problem ("I realize this is *my* problem, as it says: 'The *Torah* was not given to angels', the *Torah* is for fallible humans") and that if they were not religious, it would just appear in a different form. The overall impression is that the religious form of OCD ("scrupulosity") is not caused by religion, but assumes a religious form reflecting the content and values of the religious lives of the sufferers (3).

The ideal method for approaching these questions is via large-scale epidemiological studies. Unfortunately, the reticence of the ultra-orthodox community to participate in secular projects and consequent high refusal rate led the organizers of a recent study in Israel to exclude this community *ab initio* (4).

Religion is based on belief, and beliefs, by definition, have no objective proof. Doubts in matters of religious belief are a normal component of adolescence and early adulthood, which is the period in life when people are most likely to undergo religious change, either by abandoning or increasing their religious observance (5). For a religious person, religious doubts create anxiety. As adolescents become adults, their cognitive processes mature, and they are likely to learn to tolerate the ambivalence of doubt. As such, doubt is normative. As with all normative processes, it has a range of expressions and degrees. Similarly, the emotional response to doubt is varied and will be influenced by serious life events, such as severe mental illness, in which the sufferer may either find succor in religion, or ask "why me?" and "why did He create a world with such problems?" that will inevitably lead to doubts (6). It is unclear, however, why the blame for the human capacity for doubt is to be placed at religion's door.

Religiously motivated violence is problematic in the present context. The world news brings daily proof that it exists, rarely the act of individuals but of organizations and countries that are motivated by religious beliefs. As the largest scale murders of the last century have shown, however, this is not the prerogative of religion alone. As organized and ideologically based acts, it is an unfortunate truth that there is no role for mental health services for the individual in their prevention.

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