

# Resources on Spirituality and Health

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## Summary

The following resources provide evidence and support for an integrated approach in mental health care in treating the body, mind, and spirit. These examples explain how spirituality, alongside of biology and other factors, is an integral part of recovery and is essential for healing the physical, emotional, and psychological suffering inherent in illness. Research has shown that spirituality in particular or, religious faith, play an important role in the recovery process. The following list can be a starting place for health care providers. A brief summary of the resource will precede each reference.

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1) This provides insight into the meaning and importance of spirituality for medical professionals. There is a brief review of the current literature which focuses on spiritual care and spiritual needs assessments. It identifies barriers to providing spiritual care and summarizes spiritual care interventions that have shown to be effective in meeting patients' needs.

Delgado, C. (2007). Meeting clients' spiritual needs. *Nurs Clin N Am*, 42, 279-293.

2) This paper discusses the concept of spirituality and the connection between spirituality and health. It delineates the characteristics of the term spirituality and explains how the quality of life can be improved for those with a strong spiritual connection.

Delgado, C. (2005). A discussion of the concept of spirituality. *Nursing Science Quarterly*, 18 (2), 157-162.

3) Studies have consistently found links between spiritual/religious involvement and better health outcomes. There have also been a small percentage of studies that have shown negative outcomes though the demographic samples used are questionable. Whether identifying helps or harms, the research shows the relevance of patients' spirituality/religious involvement and the importance of collaboration with hospital chaplains as part of the healthcare team.

Larson, D. B. & Larson, S. S. (2003). Spirituality's potential relevance to physical and emotional health: A brief review of quantitative research. *Journal of Psychology and Theology*, 31 (1), 37-51.

4) The incorporation of spirituality into treatment is part of the recovery model. This article is a clear articulation of the importance of faith in recovery from mental illness. Dr. Lukoff was one of the instigators behind the addition of a spiritual category for the *DSM-IV*.

Lukoff, D. (2007). Spirituality in the recovery from persistent mental disorders. *Southern Medical Journal*, 100 (6), 642-646.

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5) This begins with the history of treatments for the mentally ill. Included, are debates as to whether religion is helpful or harmful. In some treatments religion played an important role. However, with the teachings of Freud and others during the mid-twentieth century, attitudes toward religion among mental health professionals turned negative. A summary is given of the negative associations with mental health and then the positive. The authors conclude by saying there is stronger evidence for an association between religion and good mental health.

Koenig, H. G. & Larson, D. B. (2001). Religion and mental health: evidence for an association. *International Review of Psychiatry*, 13, 67-78.

6) The scientific perspective on mental illness and the religious perspective among psychiatrists, clergy, and patients has often resulted in conflict and misunderstanding. This paper explores the meaning of 'soul' and 'spirit.' It discusses psychiatry's problems with the spiritual realm, conflicts between religious people and mental health professionals, and how patients are often caught in the cross-fire. A call is made for collaboration and greater understanding among all involved in the hope that this will result in better treatments and mental health outcomes for the ill.

Sims, A. (1999). The cure of souls: psychiatric dilemmas. *International Review of Psychiatry*, 11, 97-102.

7) This article discusses the lack of religious and spiritual issues in suicide assessment scales even though these issues are often powerful forces in the lives of patients. The authors discuss various studies and scales in regard to this topic and encourage clinicians to open up to their patients' religious and spiritual dimensions.

Kehoe, N. C. & Gutheil, T. G. (1994). Neglect of religious issues in scale-based assessment of suicidal patients. *Hospital and Community Psychiatry*, 45 (4), 366-369.

8) This article discusses the relationship between schizophrenia and religion in both the positive and negative aspects. There is a review of the literature and data of an ongoing study about religiousness and spiritual coping conducted among outpatients with chronic schizophrenia.

Mohr, S. & Huguelet, P. (2004). The relationship between schizophrenia and religion and its implications for care. *Swiss Med WKLY*, 134, 369-376.

9) (From the Preface) In the *Handbook of Religion and Health* [the authors] review and discuss research that has examined the relationships between religion and a variety of mental and physical health conditions. The analysis is critical, comprehensive, and systematic; it includes more than 1,200 studies and 400 research reviews conducted during the twentieth century. [They] examine both the positive and the negative "effects" of religion.... This resource encourages the practice of medicine that considers the body, mind, and spirit.

Koenig, H. G., McCullough, M. E. & Larson, D. B. (2001). *Handbook of religion and health*. Oxford: Oxford University Press.

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10) This resource explains how spirituality and religion play a major role in the lives of many people who suffer from a mental disorder. The author offers compelling reasons for increased attention to spiritual issues in service delivery.

Fallot, R. D. (2001). The place of spirituality and religion in mental health services. *Best of New Directions for Mental Health Services, 1979-2001*. (Ed.) Lamb, H. R., No. 91, 79-88.

11) This paper represents the results of a study that was designed to investigate the religious needs and availability of spiritual resources for psychiatric inpatients. The researchers found that the psychiatric inpatients lacked adequate spiritual care and a call is made for collaboration between health care providers and hospital chaplains and/or clergy.

Fitchett, G., Burton, L. A. & Sivan, A. B. (1997). The religious needs and resources of psychiatric inpatients. *The Journal of Nervous and Mental Disease, 185* (5), 320-326.

12) This paper is the result of a study conducted to examine the prevalence of religious coping among persons with persistent mental illness and to gain a preliminary understanding of the relationship between religious coping and symptom severity, as well as, overall functioning.

Tepper, L., Rogers, S. A., Coleman, E. M. & Malony, H. N. (2001). The prevalence of religious coping among persons with persistent mental illness. *Psychiatric Services, 52* (5), 660-665.

13) In this resource the authors first address issues of religious experience in diagnosis, including the importance of religiocultural context and overall functioning in diagnostic assessments. It describes both positive and negative relationships between religion and the patients' well-being. The authors conclude by encouraging the incorporation of the spiritual dimensions into service delivery.

Fallot, R. D., (2001). Spirituality and religion in psychiatric rehabilitation and recovery from mental illness. *International Review of Psychiatry, 13*, 110-116.

14) Research indicates that religion may have a positive effect on coping and could possibly enhance clinical outcomes. The authors conducted a study that indicated this and other positive results, i.e., that certain religious practices may protect against severity of symptoms, hospital use, and enhance life satisfactions among psychiatric inpatients.

Baetz, M., Larson, D. B., Marcoux, G., Bowen, R. & Griffin, R. (2002). Canadian psychiatric inpatient religious commitment: an association with mental health. *Can J Psychiatry, 47* (2), 159-166.

15) This paper is the result of a study aimed to assess the role of religion as a mediating variable in the process of coping with psychotic illness. The work highlights the clinical significance of religion in the care of patients with schizophrenia.

Mohr, S., Brandt, P., Borrás, L., Gilliéron, C. & Huguelet, P. (2006). Toward an integration of spirituality and religiousness into the psychosocial dimension of schizophrenia. *American Journal of Psychiatry, 163*, 1952-1959.

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16) The author presents a thematic analysis of the meaning of psychosis. This analysis is based on interviews she conducted on individuals who were taking part in a rehabilitation program. In this article, the author asks the psychiatric community to consider these persons' interpretations of psychotic phenomena. And she urges counselors, therapists, and doctors to recognize how spiritual attitudes and lifestyles give direction and meaning to the lives of those with psychiatric disabilities.

Murphy, M. A. (2009). The spiritual meaning of psychosis. In McNamara, S. (Ed). *Voices of Recovery*. Boston: Boston University, Center for Psychiatric Rehabilitation. 80-85.

17) The author shares his story of mental illness and how he found strength, healing, and a positive self-identity through his spiritual walk. He expresses the importance of his faith and, specifically, how prayer has been a major factor in the improvement of his condition.

Mulcahy, L., (2009). My journey of spirituality and resilience. In McNamara, S. (Ed). *Voices of Recovery*. Boston: Boston University, Center for Psychiatric Rehabilitation. 77-78.

18) *Spiritual Competency Resource Center*

This is an on-line CE provider for mental health professionals which provides resources on spirituality pertaining to mental health. This site is also helpful for the general public. The author of the site is David Lukoff, Ph.D., who was also one of the instigators behind the addition of a spiritual category for the *DSM-IV*. [See resource #4]

Website: [spiritualcompetency.com](http://spiritualcompetency.com)

19) *Helping People Hope*

A faith-based website with information and links. [From Home Page]: *No one knows what tomorrow may bring. Everybody needs a helping hand from time to time, a shoulder to lean on, a spiritual guide, or simply someone to listen. Sometimes all we need is information to enable us to overcome obstacles in our lives.*

Website: [helpinghope.org](http://helpinghope.org)

20) *Hope for Recovery: Overcoming Mental Illness.*

[From Home Page]: *I have written about my experiences so that the lives of others who have mental illness might be improved. I hope that my insights will stimulate new thought concerning the meaning in psychoses, the forces of stigmatization, and the search for survival. My experiences and attitudes have implications not only for the psychiatrically disabled, but also for those who support the ill: their families, therapists, and physicians. I hope to show the importance of an integrated approach to psychiatric care.* Marcia A. Murphy

Website: [hopeforrecovery.com](http://hopeforrecovery.com)