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# Religion and Spirituality in the Mentally Ill

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**ABSTRACT**

**BACKGROUND:** Concepts of religion and spirituality have become increasingly important in nursing and healthcare practice in recent years. However, more research still needs to be done, especially about people with various mental health issues. Spirituality has been found to play a major role in the processes of coping, healing, and maintaining overall health and well-being, and it may be increasingly beneficial for psychiatric patients to use these tools. Commonly, religious delusions also impact those who struggle with mental health. It is important to understand how religion and spirituality affect an individual's life as well as their mental health. **PURPOSE:** The purpose of this literature review was to investigate religion and spirituality and explore the influence these concepts play in the lives of people with mental illness. **METHOD:** Analysis of various sources, including scholarly articles and peer-reviewed journals, was conducted to obtain information on this topic. **FINDINGS:** Findings indicated that religion and spirituality are generally associated with increased hope, purpose, self-esteem, quality of life, positive coping skills, and decreased suicidality in mentally ill patients. However, religion can also be related to feelings of anger and abandonment. **CONCLUSION:** Based on these findings, nurses and healthcare staff must conduct thorough assessments of patient views and their connections with religion and spirituality to provide emotionally supportive patient-centered care.

## 1. INTRODUCTION

Religion and spirituality are very similar concepts, and the terms are often used interchangeably in many settings. However, no matter the exact definition, spirituality and religion play an important role in the overall health and well-being of individuals everywhere. Organizations such as the National Alliance on Mental Illness (NAMI) emphasize the importance of these concepts about understanding the purpose and the meaning of life. Additionally, they describe these concepts positively affect mental health by promotion of self-peace, structure, community-belonging, positive coping tools, acceptance, sense of belonging, meditation and self-reflection.[1] The literature review was conducted to search for the relationship between religion, spirituality, and the health, well-being, and rehabilitation of people with psychiatric illnesses. Research question: What effect does religion and spirituality have on the lives of people with mental illness?

## 2. BACKGROUND

Mental illnesses can present in many forms, and the treatment for each is unique and varies depending on the severity of the disease and the characteristics of the individual afflicted. Treatment modalities for these illnesses are incredibly versatile and can include combinations of methods, which include medications, cognitive behavioral therapy, yoga, meditation, group therapies, and surgical treatments. While many of these have been effective, another very important concept that is on the rise in healthcare research is that of spirituality and religion. As these concepts are considered and researched more frequently, trends can be seen regarding improvement in coping skills, motivation, and overall well-being. However, religion and spirituality can vary in meaning and importance from person to person, so healthcare professionals must gain a better understanding of patient perspectives.

### 2.1 Conceptual Definition Discrepancies

Across the literature, it is seen that there is no universally accepted definition for spirituality or religion. Discrepancies often exist between the way providers and patients view the concepts of spirituality and religion.[2] These unique viewpoints also exist between people of different cultures, religious beliefs, and personal backgrounds. This has led to confusion and some difficulty in understanding each concept. However, this only makes it more critical for healthcare professionals to address these concepts and work towards gaining a greater understanding of the concepts. As nurses and other clinicians gain knowledge of different

viewpoints, they will, in turn, gain the ability to provide well-rounded, culturally competent care for patients with mental illness.

### 2.2 Religious Experiences vs Mental Illness

It is common for many individuals to hold spirituality and religion as high priorities in their lives. It is also common for many individuals who suffer from schizophrenia or other severe mental illnesses to have religion conceived delusions or hallucinations. It is important to understand and respect the difference of how spirituality and religion can impact individuals. Historically, it was first believed that religion was a manifestation of mental illness. At one time, religion itself and the beliefs behind it was classified as psychopathology.[3] Throughout time, greater understandings of spirituality and religion were found, and psychiatrists began to advocate for the inner relation of religion and psychiatry. It can sometimes be difficult to differentiate between an individual's account of transcendental experience to be backed up by some delusional belief system or if there is legitimacy behind the rationalities they share. The healthcare provider needs to respect that both experiences exist and do happen for individuals. Gaining this knowledge will allow the healthcare provider a greater understanding of the individual and potential treatment options.

## 3. CASE STUDIES

Three mentally ill individuals presented a strong presence of spirituality and religion within their lives. All felt as though faith impacted their lives as well as their journey through mental illness. These three case studies are a brief overview of their experience and relationship with spirituality and religion in life and health. Verbal consents were received from these individuals. Names and ages of these individuals are not used to safeguard confidentiality. They are identified as individual A, B and C.

### 3.1 Individual A

Individual A was a middle-aged male suffering from alcohol and cocaine dependence. This individual had a long history of addiction, with alcohol use since the age of 15 and cocaine use since the age of 25. He also suffered from chronic anxiety and post-traumatic stress disorder (PTSD) from an off-duty assault in the military, which resulted in paralysis of his lower extremities. Upon conversation, it was noted that this individual had been evicted from his last three apartments related to violence and substance use, was lacking knowledge of appropriate

coping skills to deal with traumatic life events and had minimal social support. However, when discussing his primary interests and goals, he expressed the immense importance of religion and spirituality in his life. He stated that he was raised in a strong Christian family and enjoyed singing in his church choir when he was young. Re-joining this *family of faith* was one of the largest factors inspiring him to attempt and maintain sobriety. He became tearful as he stated, *remembering the truth that God forgives all sins has helped me begin to forgive and heal myself.*

### 3.2 Individual B

Patient B, a middle-aged female in her mid-twenties suffered with schizophrenia. Following the noncompliance with her medications, she began exhibiting grandiose delusions of being a famous actress who was married to a famous singer. As she believed she was very wealthy from her success, she began to give away large sums of money to strangers. Her family members became increasingly concerned about her sudden change in mental state and after consulting with her psychiatrist, had her committed to an inpatient psychiatric unit. Her grandiose delusions led her to speak of her *vows* and *contracts* to people-groups, music and movie producers, and the Queen of England. She also spoke of her *demanding and taxing life as an actress* that has led her into a life of seclusion because of her adoring fans. She also spoke often of how her relationship with God and His people has helped her survive this *traumatic and twisted lifestyle*. During a highly emotional point in the conversation, she stated, *without my faith, I surely would have put myself out of my misery a long time ago*.

### 3.3 Individual C

Individual C shared how her faith has kept her motivated throughout life's challenges. Being a middle-aged female, she identified that her struggles began as a child. She grew up in a home with an alcoholic father and a mother who was fighting cervical cancer. She was physically abused by her father but never said anything growing up because her mother relied on her husband to take care of her during treatment. She stated *the only thing that kept me going was believing God had a plan for my life*. Once she was 18 years old, she left home to pursue school at a community college. While she was there, she began to dig deeper into her faith. She noted that this was when God began to speak directly to her. God told her to sell her car, her belongings, and to move to another state to be with her grandmother so, she did. She discussed how *the voices* continued for years. She would hear God's voice and instructions and follow. She also shared how recently God had told her to cast the demons out of herself. She said, *I*

*can feel them inside me. They want me to do evil things*. Further explaining, she described how the *demons* are wanting her to hurt people and how she was beginning to believe them; however, denied intent to hurt others at this time.

## 4. REVIEW OF THE LITERATURE

In the process of conducting this literature review, databases such as ProQuest Health, MEDLINE, The Cumulative Index to Nursing and Applied Health Literature (CINAHL), Medical Complete, and Clinical Key were searched for years 2017-2019. The concepts of religion and spirituality in the mentally ill are discussed throughout various disciplines such as psychiatry, nursing, social services, and medicine. This literature review contains information about the varying definitions of spirituality and religion and perceptions of patients with severe mental illness. Positive and negative aspects of these concepts within healthcare and treatment of mental illness are also analyzed and discussed.

### 4.1 Spirituality and Religion

In a study regarding the conceptualization of spirituality and religion, it was identified that there was a rapid increase in research on the topics of spirituality and religion, but that scholarly literature is often conflicting, and no specific definitions have been agreed upon or accepted.[2,4] Starnino[2] evaluated perceptions of individuals with severe mental illness, including schizophrenia, bipolar disorder, and major depressive disorder (MDD), and concluded that there were three broad categories in which patients associated themselves: those who prefer no labels to their practices, those who associate spirituality with the practice of their religion, and those who do not associate any form of religion with their spirituality. Individual perceptions were all unique, but in general, religion was associated with rules, structure, and the practice of worshipping a specific higher power, while spirituality was a broader concept including ideas such as freedom, oneness, and personal soul-seeking. As a conclusion, Starnino[2] emphasizes the importance of assessing and respecting the religious and spiritual identity of everyone within the healthcare setting. Healthcare professionals may then provide supportive care and empower mentally ill patients to use their strengths and beliefs to aid in their recovery.

### 4.2 Positive Coping Skills

In another study, religion was described as an expression of an individual's beliefs using rituals, practices, and relationship.[5] Religion provides an organized code of conduct for which individuals are encouraged to follow; participants can practice alone or within a community setting.[5] No matter what psychiatric disorder is involved, religion and spirituality are considered positive coping skills to aid an individual in making sense of their world.

### 4.3 Better Quality of Life

In a study regarding religious coping with schizophrenia, Triveni et al.[5] assessed religiosity's effect on the quality of life for schizophrenic patients and compare their religious coping abilities with members of a healthy control group. Within an outpatient setting, participants were selected between the ages of 18 and 60. Criteria included a diagnosis of schizophrenia for at least two years, adherence to psychotropic medications for at least three months, the absence of diagnosed psychiatric co-morbidities, and no exacerbation of symptoms in the past three months. The healthy control group was selected from hospital staff and patient caregivers ages 18 to 60.[5] Five different scales were used in this study. Religiousness Measurement Scale and the Duke Religion Index assessed participants' level of religiosity, and religious coping was measured with the Brief Religious Coping Scale. The Global Assessment of Functioning Scale was also used, as well as the World Health Organization's Quality of Life Scale. The results of these scales led to the conclusion that 99% of schizophrenic patients believe in God and frequently use positive religious coping skills and participate in religious practices. Patients highly involved in religiosity are more likely to have better functioning and quality of life than those who are less involved in religious practices.[5]

### 4.4 Positive Mental Health Outcomes

Psychiatrists should begin to incorporate religion and spirituality into their sessions.[6] Using a literature review, Dein[6] took a closer look at the connection between spirituality and mental health issues such as depression, anxiety, substance abuse disorders, and schizophrenia. In the thousands of studies conducted surrounding the idea of religion and mental health, they all pointed to the fact that more religious individuals tend to have greater hope, meaning, optimism, self-esteem, and more positive mental health outcomes than those who are not religious. Early psychologists such as Freud and Ellis diminished religion's role in psychiatric care; therefore, influencing mental health professionals to exclude it from their assessment and sessions.[6]

Though a patient may identify as "religious," they may not be using their religion to deal with stressors positively.[6] For example, a patient with schizophrenia may believe God is punishing him or has abandoned him. Yet, when patients are encouraged to believe in God's goodness and forgiveness, they are more likely to become hopeful and have more positive mental health outcomes.[6] Though more research must be done on clinical implications, by taking more interest in a patient's religion, psychiatrists can more effectively tailor a treatment plan specific to everyone's psychiatric needs.

### 4.5 Decreased Suicidality

Suicidality is another important factor when considering the well-being of mentally ill individuals, and religion and spirituality have been generally considered protective factors for many years.[4] Current literature is abundant regarding suicidal ideations and attempts about spirituality and religion, and it has been found that increased affiliation with religion greatly decreases rates and severity of suicide attempts, though effects on suicidal ideation alone had a minimal correlation.[4] Their study specifically assessed suicidality within varying religions. Their results indicated that most religions prohibit, discourage, or condemn the act of suicide, and provide a series of positive coping mechanisms including prayer, meditation, and social gatherings. This leads to decreased suicide attempts, but not necessarily decreased suicidal ideation.[4]

### 4.6 Feelings of Abandonment

A similar study centered on suicide risk related to the perception of God within the context of Christianity.[7] The study included participants from both inpatient and outpatient treatment programs at a Christian mental health institute in the Netherlands. It was identified that depressed individuals who were religious and had a view of God as powerful, loving, supportive, and authoritative had lower suicidal ideations. Conversely, they argued that Christians who had a view of God as passive and distant had increased suicidal ideations related to feelings of abandonment and alienation.[7] This information leads to the conclusion that healthcare professionals must not simply assume that people who identify as religious are at lower risk for suicide. Nurses and other professionals in the mental health specialty must complete thorough patient assessments regarding spirituality and religion, and the way that patients perceive these concepts in their own lives.[7] They also should be aware of their values,

beliefs, biases, and other feelings towards spirituality and religion, and remember to respect the perspective of the patient, rather than diminishing or trying to change the beliefs of patients.

### 4.7 Fewer Symptoms of Moral Distress

It has also been found in the literature that patients with PTSD can benefit from religion and spirituality. In another study, members of the US Air Force who use remotely piloted aircraft (drones) for combat were researched. Though the use of drones for combat provided a generally safer alternative, many airmen still suffered severe emotional and psychological trauma from killing the enemy. Additionally, the demanding workload of this job often leaves the airmen emotionally and physically fatigued.[8]

Wood et al.[8] used the Spiritual Well-Being Scale (SWBS), which includes questions inquiring about an individual's quality of life, perceived well-being, and perceived purpose in life. The survey uses a six-point Likert scale with statements such as "I have a personally meaningful relationship with God" and "I feel very fulfilled and satisfied with life." The analysis indicated higher scores in spiritual well-being were associated with fewer PTSD symptoms in these airmen. It was also noted that the moral distress of remote killing can cause anxiety, depression and spiritual distress, though those with higher ratings in spiritual well-being exhibit fewer symptoms as well.[8] These findings support other research conducted regarding PTSD and spirituality.

An additional study discussed the commonality of religious delusions among individuals with mental illness who experience psychosis. These delusions can be harder to treat than others because they tended to be held by the patient with stronger conviction. The study discusses how the influence of society, individual religiosity, and genetics all contribute towards religious delusions.[9] It was found that stronger religious beliefs of a psychotic patient correlated with higher schizophrenic symptom severity. The commonly reported symptom was the presence of religious delusions. Most of the delusions involved the individual believing they were God, Jesus, the Messiah themselves, were possessed by the devil, being 'chosen' by God, or they were being punished by God.

The nature of religious experience is not one to be compared to a magical experience.[10] The singular feeling of elation, even with religious context, cannot classify a religious experience as it would a magical experience. Religious experience has religious significance seen with objective reality to the individual. These experiences can occur through sensory modes of

transmission, such as audibly or visually. Individuals report being able to hear or see the experience while simultaneously rejecting the claim of being able to see or hear in this manner by the means of the body's sensory organs with great conviction.[10] This study provided important material for health professionals to consider when discerning whether the individual with mental illness is experiencing a religious hallucination or a religious experience.

## 5. DISCUSSION

Based on the findings from the literature review, spirituality and religion have a great impact on individuals with mental illness. Not every individual who has a mental illness identifies with spirituality or religion. Although, those who do identify with spirituality or religion in their lives have a greater sense of hope, self-esteem, protective factors toward suicide, positive coping skills, a greater quality of life, greater hope, and displayed more positive health outcomes (see illustration in Figure 1).

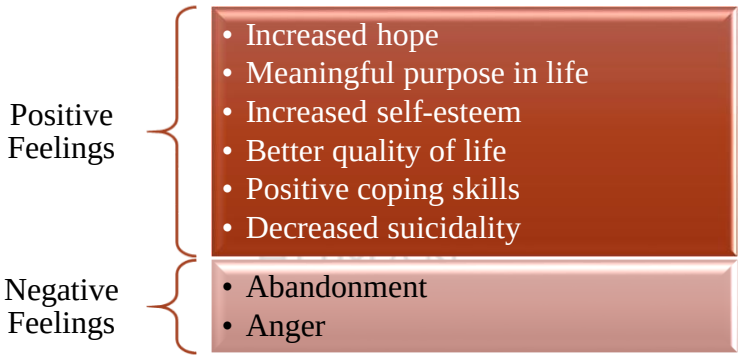


**Figure 1. Themes – Feelings related to religion and spirituality in the mentally ill.**

Interventions regarding this phenomenon are supportive. It is important for the care provider to respect and support the individual's beliefs and how they feel it impacts their life. The impact of spirituality and religion have on the individual's life can be altered whether or not the individual's beliefs remain grounded in reality. This needs to be included in the assessment of the individual to identify if the experience is derived from a spiritual origin or mental illness.

It is important for the care provider to self-reflect on their own beliefs about spirituality and religion as well as how it impacts individuals with mental illness. Everyone is entitled to their own beliefs, but those beliefs, if dissimilar to the individual in need of care, should not cause individual bias to place castigation, omission, or oversight onto the patient. It is recommended for the care provider to self-reflect to determine any potential bias they may have toward

religious or spiritual concepts that could directly impact their patient. Each patient has personalized experiences that the individual believes to be real, whether the experience is transcendental or caused by delusional or hallucinogenic origin is up to the determination of the care provider through their gained knowledge of the topic as well as their completed assessment.

## 6. CONCLUSION

Religion and spirituality remain important concepts to consider when providing patient care. These concepts are personalized for everyone, but they can hold great priority and influence regarding an individual's sense of purpose, self-esteem, quality of life, coping skills, and physical and mental health. An individual's mental health can be influenced by religion and spirituality through transcendental experiences or delusional and hallucinogenic behavior. It is important to be able to identify which behavior is occurring to be able to provide emotionally supportive patient-centered care to the individual.

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