



Samuel Pfeifer

# Religion and Spirituality as Relevant Dimensions in Psychiatric Patients

From Research to Practice

# Some preliminary remarks



- » Clinical perspective
- » Anthropology – Intercultural perspective
- » Qualitative – descriptive
- » Statistical correlations
- » Conceptualizations of mental disorders
- » Psychodynamics
- » Bio-psycho-social & spiritual

Field visit in a remote village in Bali with Prof. Suryani, Den Pasar

# Some preliminary remarks

- » Clinical perspective
- » Anthropology – Intercultural perspective
- » Qualitative – descriptive
- » Statistical correlations
- » Conceptualizations of mental disorders
- » Psychodynamics
- » Bio-psycho-social & spiritual

# Three aspects



CAUSALITY



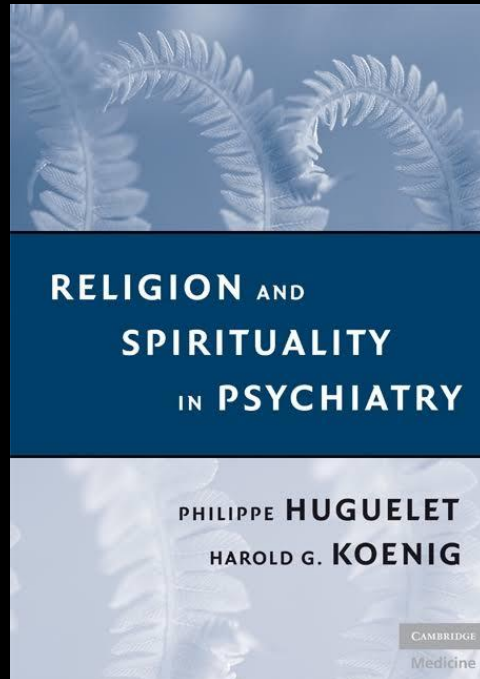
STATISTICAL  
CORRELATIONS



COPING  
RESOURCES

# Religious Delusions

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## 7 Delusions and Hallucinations with Religious Content

SYLVIA MOHR AND SAMUEL PFEIFER

### SUMMARY

Delusions and hallucinations with religious content have been a subject of interest in psychiatry over the last two hundred years. The prevalence

pitiful rejection at best and religious unrest at worst.

Historical accounts of “religious insanity” are found in a two-volume 1200-page textbook by German psychiatrist K.W. Ideler (1) who was

Mohr S. & Pfeifer S. (2009). Delusions and hallucinations with religious content. In: Huguelet P. & Koenig H.G. Religion and Spirituality in Psychiatry, 81–96. Cambridge University Press, New York.



# Some findings

- » The term «religious delusion» is too generalizing; more specific would be the terminology: «Hallucinations and delusions with religious content».
- » The broad variability of the descriptions used in publications makes quantitative conclusions difficult.
- » Especially in delusional disorders, there is a great overlap between religion and culture.
- » Development of a more stringent algorithm (Siddle 2002) for evaluation.

## Diagnostic Algorithm (Siddle 2002)

Belief /Attribution is held with absolute certainty, can be bizarre, not amenable to rational arguments or doubt

|

Additional clinical symptoms of a psychotic disorder

|

Religious content (God, Satan, prophecy, spirits, angels)

|

The ideas are not acceptable in the subculture (peer group) of the patient.

|

Lifestyle / goals suggest a psychotic episode rather than an enriching life experience.



# The influence of culture

Originalarbeit

## Schizophrenie und Religiosität – Eine Vergleichsstudie zur Zeit der innerdeutschen Teilung

Schizophrenia and Religiousness – A Comparative Study at the Time of the Two German States

### Autoren

Michael Pfaff<sup>1,2</sup>, Boris B. Quednow<sup>2</sup>, Martin Brüne<sup>1</sup>, Georg Juckel<sup>1</sup>

### Institute

<sup>1</sup> Klinik für Psychiatrie und Psychotherapie der Ruhr-Universität Bochum, LWL-Klinik Bochum

<sup>2</sup> Psychiatrische Universitätsklinik Zürich

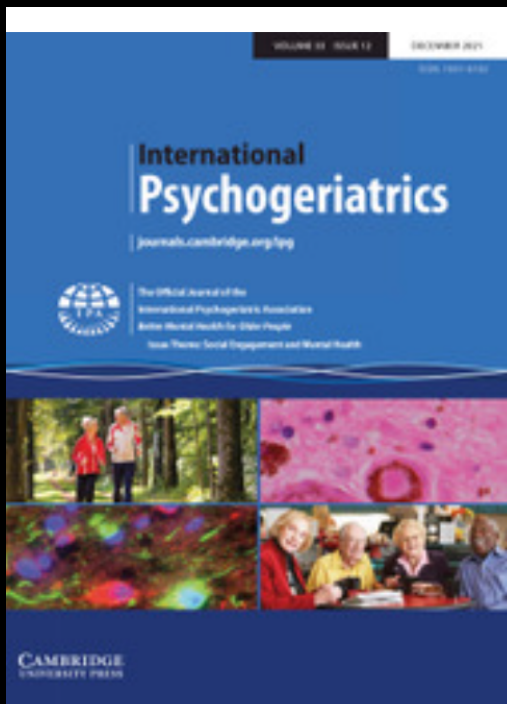
# Study design

- » The study analyzed charts of delusional patients in two psychiatric clinics between 1980 – 1985.
  - » *Clinic Charité in Eastern Berlin (predominantly areligious)*
  - » *Regional Psychiatric Clinic in Regensburg (80 % catholic)*
- » Religion was defined in general terms of transcendence, including supernatural beliefs in spirits and superstition.

# Findings

- » Results: Religious delusion occurred significantly less frequently in East Berlin than in Regensburg (11.6% to 28.6%;  $p = 0.0046$ ).
- » Conclusion: The incidence of religious delusions in the context of schizophrenic disorders is essentially culture-related. Religious delusion are to be classified as a secondary symptom of schizophrenia.

# Religious delusions as indicators of prognosis



## Religious delusions in Dutch older adults in treatment for psychosis: a follow-up study

Published online by Cambridge University Press: **14 March 2022**

Annemarie Noort , Arjan W. Braam, Jan C. J. M. Koolen and Aartjan T. F. Beekman

Show

**Article**

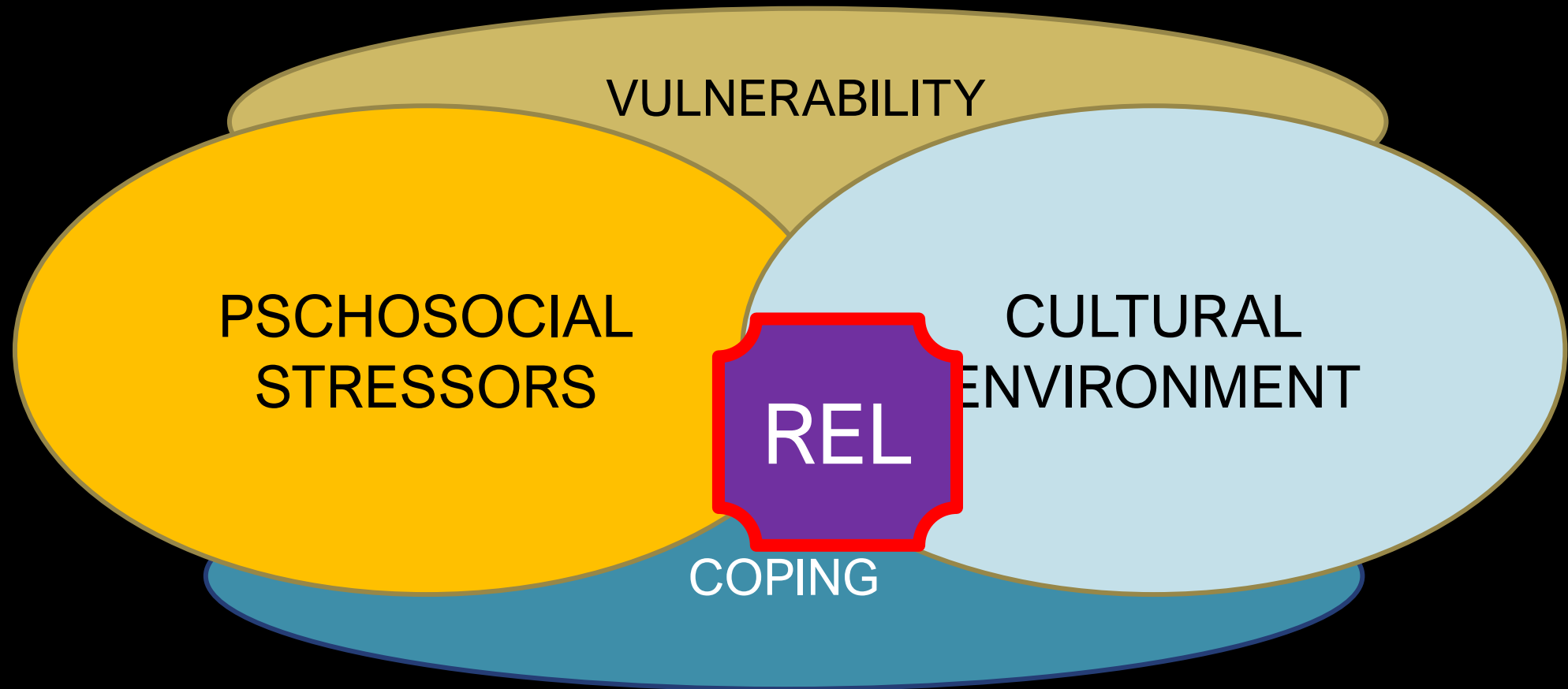
Metrics

# Conclusions

*Religious Delusions (RD) are predicting a less favorable course over time in psychotic depression.*

*In schizophrenia, RDs persist more frequently compared to the most prevalent delusions. No significant difference was observed between patients with RDs compared to patients without RDs regarding indicators of clinical complexity.*

# Religion as one element in a complex network



# Religious coping in schizophrenia patients

## Article

### Toward an Integration of Spirituality and Religiousness Into the Psychosocial Dimension of Schizophrenia

Sylvia Mohr, M.A.

Pierre-Yves Brandt, Ph.D.

Laurence Borrás, M.D.

Christiane Gilliéron, Ph.D.

Philippe Huguelet, M.D.

**Objective:** Spirituality and religiousness have been shown to be highly prevalent among patients with schizophrenia. However, clinicians are rarely aware of the importance of religion and understand little of the value or difficulties it present to treatment. This study aimed to assess the role of religion as a mediating variable in the process of coping with psychotic illness.

**Method:** Semistructured interviews about religious coping were conducted with a sample of 115 outpatients with psychotic illness.

**Results:** For some patients, religion instilled hope, purpose, and meaning in their lives (71%), whereas for others, it induced spiritual despair (14%). Patients also reported that religion lessened

(54%) or increased (10%) psychotic and general symptoms. Religion was also reported to increase social integration (28%) or social isolation (3%). It may reduce (33%) or increase (10%) the risk of suicide attempts, reduce (14%) or increase (3%) substance use, and foster adherence to (16%) or be in opposition to (15%) psychiatric treatment.

**Conclusions:** Our results highlight the clinical significance of religion in the care of patients with schizophrenia. Religion is neither a strictly personal matter nor a strictly cultural one. Spirituality should be integrated into the psychosocial dimension of care. Our results suggest that the complexity of the relationships between religion and illness require a highly sensitive approach to each unique story.

(*Am J Psychiatry* 2006; 163:1–8)

Mohr et al. 2006



# Method and Findings

- » Method: Semistructured interviews about religious coping with a sample of 115 outpatients with psychotic illness.
- » Results: For 71 % of the patients, religion instilled hope, purpose, and meaning in their lives (71%), whereas for 14 % it induced spiritual despair .

Patients also reported that

- » Religion lessened (54%) psychotic and general symptoms (increased in 10 %).
- » Religion increased social integration (28% vs. 3 % isolation)
- » Reduction of risk of suicide attempts (33% vs. increase in 10 %)

# Conclusions

*Religion is neither a strictly personal matter nor a strictly cultural one. Spirituality should be integrated into the psychosocial dimension of care. Our results suggest that the complexity of the relationships between religion and illness require a highly sensitive approach to each unique story.*

# Affective Disorders / Depression

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# Review 2012

## *Review Article*

## **Religious and Spiritual Factors in Depression: Review and Integration of the Research**

**Raphael Bonelli,<sup>1</sup> Rachel E. Dew,<sup>2</sup> Harold G. Koenig,<sup>3,4</sup>  
David H. Rosmarin,<sup>5</sup> and Sasan Vasegh<sup>6</sup>**

<sup>1</sup> Departments of Psychiatry and Neurology, Sigmund Freud University, 1030 Vienna, Austria

<sup>2</sup> Division of Child Adolescent Psychiatry, Duke University Medical Center, Durham, NC 27710, USA

<sup>3</sup> Center for Spirituality, Theology and Health, Duke University Medical Center, Box 3400, Durham, NC 27705, USA

<sup>4</sup> Department of Medicine, King Abdulaziz University (KAU), Jeddah 21589, Saudi Arabia

Bonelli RM, Dew RE, Koenig HG, Rosmarin DH, Vasegh S. Religious and Spiritual Factors in Depression: Review and Integration of the Research. *Depression Research and Treatment* 2012, Article ID 962860, 8 pages, 2012. doi:10.1155/2012/962860.

# Findings Bonelli et al. 2012

444 quantitative studies

60% less depression and faster remission from depression in those with more R/S

6% more depression in religious patients

# Findings Bonelli et al. 2012

- » Religious beliefs and practices may help people to cope better with stressful life circumstances, give meaning and hope, and surround depressed persons with a supportive community.
- » In some populations or individuals, however, religious beliefs may increase guilt and lead to discouragement as people fail to live up to the high standards of their religious tradition.

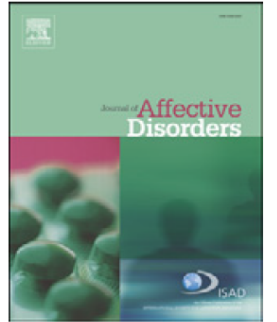
# Intercultural Study 2010



Contents lists available at [ScienceDirect](#)

## Journal of Affective Disorders

journal homepage: [www.elsevier.com/locate/jad](http://www.elsevier.com/locate/jad)



Research report

### Religious coping and depression in multicultural Amsterdam: A comparison between native Dutch citizens and Turkish, Moroccan and Surinamese/Antillean migrants

Arjan W. Braam<sup>a,b,\*</sup>, Agnes C. Schrier<sup>a</sup>, Wilco C. Tuinebreijer<sup>c</sup>, Aartjan T.F. Beekman<sup>b</sup>, Jack J.M. Dekker<sup>d</sup>, Matty A.S. de Wit<sup>c</sup>



# Some findings

- » native Dutch N=309, Moroccan 180, Turkish 202, Surinamese/Antillean 85
- » Instruments: R-COPE by Pargament et al. / SCL-90-R
- » **Correlations – not causality**
- » Across all cultural backgrounds, there was a correlation between depressive symptoms with negative religious perceptions: "I wonder if God has abandoned me" or punishment from God, anger at God, or questioning the existence of God.

# Conclusion

» *Depression represents an existential void, irrespective of the religious background.*

# Review 2019

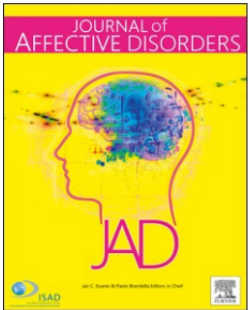


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## Journal of Affective Disorders

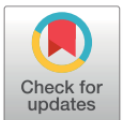
journal homepage: [www.elsevier.com/locate/jad](http://www.elsevier.com/locate/jad)



Review article

### Religion, spirituality and depression in prospective studies: A systematic review

Arjan W. Braam<sup>a,b,\*</sup>, Harold G. Koenig<sup>c,d,e</sup>



# Findings Braam & Koenig 2019

152 prospective  
studies

49% signif. association  
between R/S and better  
course of depression

41% nonsignificant

10% more depression  
or mixed results in rel.  
patients

# More Findings

- » *Especially among persons identified with psychiatric symptoms, R/S was significantly more often protective ( $d=-0.37$ ).*
- » *In younger samples and in samples of patients with medical illness, R/S was less often protective.*
- » *Studies with more extensive adjustment for confounding variables showed significantly more often associations with less depression.*
- » *Geographical differences in the findings were not present.*

# Overview of empirical findings (Braam 2011)

- » *Religiosity is somewhat related to better mental health in society and represents a resource for adaptive coping in times of personal suffering (extensive evidence).*
- » *Recovery rates from depression are recognizably better for patients who place intrinsic value on their religious faith and who are well-integrated into a religious community (some evidence).*
- » *During depressive episodes, negative feelings such as disappointment and dissatisfaction with God or feelings of being rejected by God are very common (good evidence).*
- » *Religious beliefs and practices are also COMMON among psychiatric patients, including the depressed; the frequency of prayer, regardless of whether it contributes to recovery, may be even more common (some evidence).*
- » *Depressed patients with a Christian background appear to be more likely to exhibit symptoms expressing guilt (some evidence).*

# Treatment response and Religion (Schettino et al. 2011)

*Mental Health, Religion & Culture*  
Vol. 14, No. 8, October 2011, 805–818

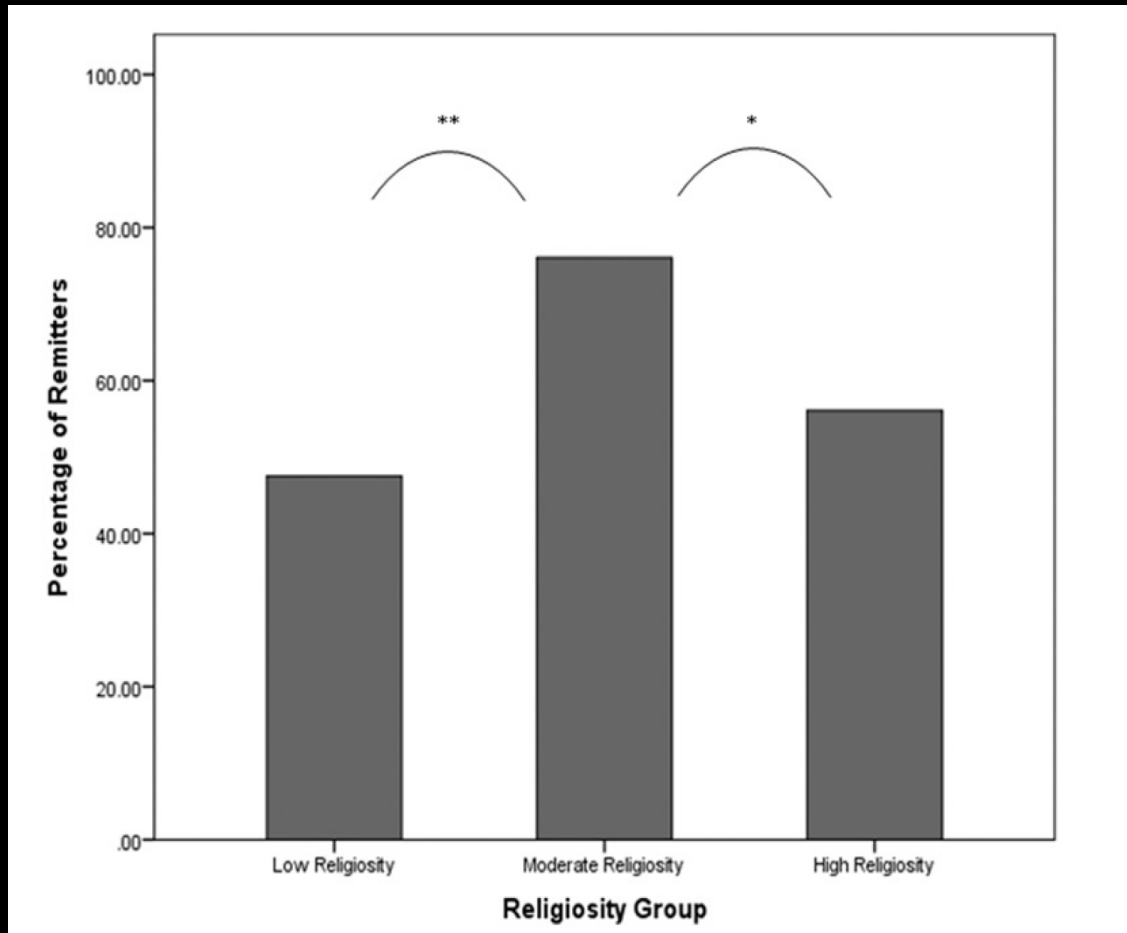
 **Routledge**  
Taylor & Francis Group

## **Religiosity and treatment response to antidepressant medication: a prospective multi-site clinical trial**

Jonathan R. Schettino<sup>a</sup>, Natasha T. Olmos<sup>a</sup>, Hector F. Myers<sup>a\*</sup>,  
Nataria T. Joseph<sup>a</sup>, Russell E. Poland<sup>b</sup> and Ira M. Lesser<sup>c</sup>



# A U-shaped association between R/S and depression



- » Spirituality: no association
- » Religiosity:  
a strong curvilinear relationship  
between religiosity and treatment  
response
- » A moderate amount of religiosity  
appears to be independently  
associated with an enhanced  
treatment response to citalopram.

# Genetics, Depression, and Religion (2017)

Spirituality in Clinical Practice  
2017, Vol. 4, No. 1, 43–63

© 2017 American Psychological Association  
2326-4500/17/\$12.00 <http://dx.doi.org/10.1037/scp0000125>

## Genetic Correlates of Spirituality/Religion and Depression: A Study in Offspring and Grandchildren at High and Low Familial Risk for Depression

Micheline R. Anderson and Lisa Miller  
Teachers College, Columbia University

Priya Wickramaratne, Connie Svob,  
Zagaa Odgerel, Ruixin Zhao, and  
Myrna M. Weissman  
Columbia University and New York State  
Psychiatric Institute

# Some findings (30-y longitudinal study)

- » Subjects: 334 subjects (156 female and 178 male; mean age 31.5); children and grandchildren of individuals with high (33 %) and low risk (67 %) for depression.
- » Assessment of 7 SNPs (single nucleotide polymorphisms), 4 single gene candidates associated with systems implicated in both depression and spirituality: Serotonin (5-HT1B and 5-HT2A), Dopamine (DRD2), Oxytocin (OT), and Monoamine Vesicular Transporter (VMAT1).
- » These genetic markers are associated in persons with low risk for depression with a “high level of importance of spirituality or religion”.
- » In persons with high risk for depression no such significant correlations were found.
- » Conclusions: Parental expression and transmission of spirituality may be mitigated by a mood disorder generating a depressogenic outlook. - The findings may be interpreted to offer biological evidence in support of engaging suffering as an opportunity for spiritual growth in treatment, as is foundational to many existing spiritually oriented psychotherapies.

# Anxiety disorders, Neuroticism and Spiritual Struggles

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**DISTINGUISH:**

CLINICAL ANXIETY DISORDERS

NEUROTIC FEARS AND CONFLICTS

# Anxiety Disorders and Religion

Psychology Research and Behavior Management

Dovepress

open access to scientific and medical research

 Open Access Full Text Article

REVIEW

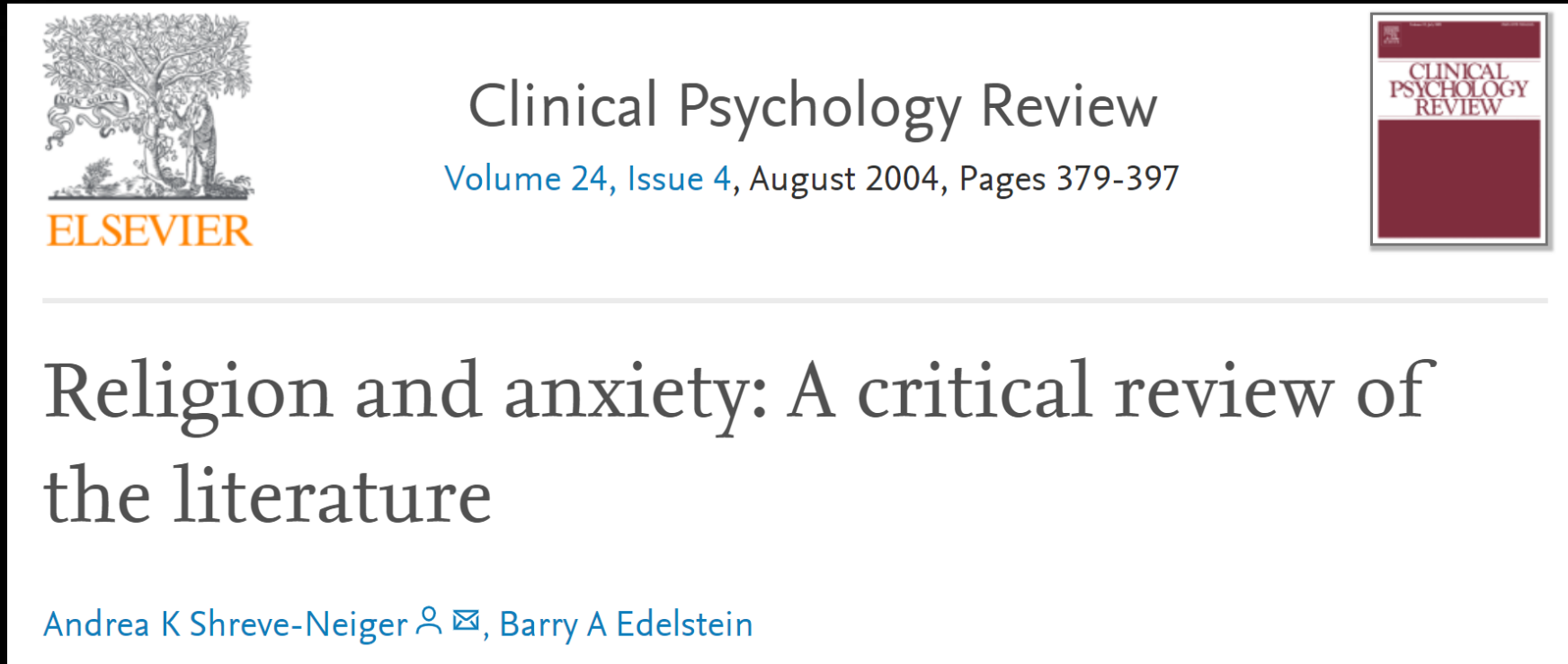
## Influence of religious aspects and personal beliefs on psychological behavior: focus on anxiety disorders

Agorastos, A., Demiralay, C. & Huber, C. G. (2014). Influence of religious aspects and personal beliefs on psychological behavior: focus on anxiety disorders. Psychol Res Behav Manag. 7, S. 93-101.

# Some findings

- » Religion can be an important coping factor in anxiety-related situations.
- » Overall: no robust correlation between clinical anxiety disorders and religion.
- » Confirmation of a detailed review by Shreve-Neiger & Edelstein 2004.

# Anxiety disorders and Religion – no correlation



Shreve-Neiger AK, Edelstein BA. Religion and anxiety: a critical review of the literature. Clin Psychol Rev. 2004;24(4):379–397.



# No correlation

> [Br J Psychiatry](#). 2013 Jan;202(1):68-73. doi: 10.1192/bjp.bp.112.112003. Epub 2012 Nov 22.

## Religion, spirituality and mental health: results from a national study of English households

Michael King <sup>1</sup>, Louise Marston, Sally McManus, Terry Brugha, Howard Meltzer, Paul Bebbington

No correlation of anxiety disorders with religiosity, spirituality or lack of spirituality/religiosity:

- |                                     |       |
|-------------------------------------|-------|
| • Panic disorder                    | 0.618 |
| • Generalised anxiety disorder      | 0.079 |
| • Mixed anxiety/depressive disorder | 0.154 |

HOWEVER: a religious or spiritual life view confers no advantage in terms of mental health.

# Conclusion of Agorastos 2014

*Although R/S and personal beliefs are complex and multidimensional parameters, relevant research has failed to incorporate a broader, generally accepted concept of religious and spiritual constructs, leading to poor operationalization and, thus, incomparable data and contradictory results.*

# Neuroticism, Anxiety, and Religion



- » Neuroticism is an important indicator of anxiety traits.
- » Construction by Eysenck (1952).
- » Still relevant today: one of the five scales in the NEO-FFI
- » Neuroticism: tendency toward increased stress, emotional instability, general emotional distress/dissatisfaction, anxiety.

# Spiritual struggle / Neuroticism

THE INTERNATIONAL JOURNAL FOR THE PSYCHOLOGY OF RELIGION  
2017, VOL. 27, NO. 1, 51–64  
<http://dx.doi.org/10.1080/10508619.2016.1183251>

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## RESEARCH

### Religious and Spiritual Struggles, Past and Present: Relations to the Big Five and Well-Being

Joshua A. Wilt <sup>a</sup>, Joshua B. Grubbs<sup>a</sup>, Kenneth I. Pargament<sup>b</sup>, and Julie J. Exline<sup>a</sup>

<sup>a</sup>Department of Psychological Sciences, Case Western Reserve University, Cleveland, OH, USA; <sup>b</sup>Department of Psychology, Bowling Green State University, Bowling Green, OH, USA

#### ABSTRACT

The present research examined the relations between the Big Five factors of personality, religious/spiritual (r/s) struggles (tensions, conflicts, and strains pertaining to r/s life), and well-being. Participants comprised U.S. adults from an online sample ( $N = 1,047$ ) and an undergraduate sample ( $N = 3,083$ ). Regressions showed that people who reported higher Neuroticism

# Some findings

- » Two large samples: Online-Sample N = 1047; Undergrad Students N = 3083
- » Measurement of religious conflicts (R/S struggles) and the scales of the “Big Five” personality traits (NEO-FFI).
- » **R/S struggles are primarily and significantly associated with neuroticism.**
- » Correlation Neuroticism – r/s conflicts: 26 - 36 %
- » Correlation Religiosity – r/s actual conflicts: 13 – 16 %
- » Correlation Religiosity – r/s conflicts long term: minus 7 – 16 %



# Limitations



- » Defining diagnostic criteria
- » Limitation of the study cohorts
- » Unknown factors, often very individual.
- » Genetic aspects
- » Variability of religious factors (cultural)
- » Need for more research

# Summary: Factors of influence



**CULTURE**



**CONFLICT**



**COPING**

*Thank you for your attention!*

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