Religion and Mental Health: Revisiting the Concepts

The relationship between religion and mental health has been an intriguing topic for decades that has attracted much research. The mainstream opinion shaped so far is that a positive correlation prevails, namely that active religion promotes mental health, as well as bodily health. Numerous studies confirm this idea (Batson, Schoenrade, & Ventis 1993; Larson, Swyers, & McCullough 1998; Koenig, McCullough, & Larson 2000; Koenig & Larson 2001; Koenig 2005, 2008).

While agreeing with this finding, the aim of my presentation is to challenge the content of the two terms we address. My purpose is to trace nuances of their definitions and thus to further clarify the conditions in which they are intertwined. I will choose one aspect of each term to explore, as well as a joint field.

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Let's start with religion. Does *any* religious involvement promote mental health? By accepting it literally and unconditionally one should simultaneously believe that religious terrorists are mentally healthier than their non religious victims!

Obviously this is not true. According to Spilka, Hood, and Gorusch (1985) the relationship can be differentiated in that religion can a) cure the pathological, b) repress the pathological by suppressing potential deviant behavior through religious socialization, c) hide the pathological when religion becomes a haven, d) express the pathological in religious form, e) cause the pathological.

So qualitative characteristics of practiced religion do count. Erich Fromm (1950) has drawn a line that cuts through all religions and distinguishes between the humanistic version (which promotes openness, understanding, solidarity, altruism, ideals etc.) and the closed-fanatic version (which induces intolerance, aggressiveness, hate etc). It has been empirically proved that religion in its morbid distortion can worsen mental health (Oates 1987; Fauteux 1990; Galanter 2000; Koenig & Larson 2001; Pargament 2002; McConell, Pargament, Ellison & Flannely 2006; Baetz & Toews 2009).

What is the very nature of this finding? Is religion itself at the same time both beneficial and harmful? Are there different interpretations of religion and its scriptures that act respectively? Or is religion used as a 'flag of convenience' for having one's personal choices sanctioned?

To me the second and third options seem reasonable. People are easily self-deceived that they are actualizing religion when they merely hide behind it. Or, worse, they proceed to their own interpretations which force God serve them instead of them serving God. Whatever they are, questions about the etiological order of the processes are legitimate. Is a particular religious idea dangerous for mental health or does a pathological predisposition engage this idea to produce cognitive consonance? A fanatical doctrine undoubtedly may intoxicate people's minds (especially the young ones') and distort their way of thought and behavior. Equally and reversely, an aggressive character may seek for a religious ideation that allows action or at least renders one free of guilt in acting this way. In this case religion is being recruited as an alibi by the ego, just as governments do by exploiting religion as their 'long arm' for their foreign policy.

Personality disorders make to me an excellent example of this ambiguous role of religiosity. The interactional process between religious faith and personality disorders can go either way. To the degree that the religious ego admits traits of a personality disorder and struggles for submitting it under the dominance of spiritual purposes, religion can have a transformative beneficial impact. But if the personality disorder of the particular person 'kidnaps' the person's religious life and feelings, then it makes the individualized religion a simple follower and servant of psychopathology.

Methodological issues in measurement arise as well. If certain interpretations of dogmas and scriptures prevail across geographic locations and periods of time, massive impacts on practiced religion are expected to accumulate. A given preacher may influence a generation (or even two) in a certain town. Besides, no two Catholic or Evangelical or Jewish religious ministers teach and advise exactly the same way. To the degree this is true, research needs to itemize factors of religious beliefs and practices as a dependent variable, while keeping the

characteristics of the content taught as the independent variable. Of course grouping the characteristics is again inevitable but a more nuanced exploration can be quite helpful. Yet, if we are to evaluate the content of religious faith, we have to be quite cautious in order to avoid biases in assessing religious beliefs and classifying them into functional or dysfunctional ones.

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Let's turn now to mental health. Are we really sure we converge in what we have in mind? And if yes, is it the case with public opinion?

Everybody shares the criterion that claims 'the more mental health, the more subjective well-being' and vice-versa. It is reasonably expected that a lack of mental disorder is accompanied by a lack of subjective distress. How absolute can this criterion be? Does one's mental condition coincide with what one just feels? Is one the best judge for one's own mental health?

Lasch (1984), Weatherill (1994), Kurtz (1999), Totton (2000) among others have warned about the use of psychiatry and psychotherapy as merely a soothing and self-affirming agent in the service of the Western individualistic consumerism society. To reduce mental health services into a utilitarian self-actualizing perspective is a characteristically Western feature, which seems to be increasing as subjective distress in postmodernity peaks.

Simultaneously there are subjects who suffer, not because of a mental disorder, but out of *existential* anxiety or agony (Yalom 2000, Blazer 2011). To search for meaning in life, to seek God as a personal encounter, to cope with death anxiety, to struggle for healthier love relationships, to avoid cynicism and give human nature a second chance, to simply invest in life etc. can be sources of distress, yet those who experience these conditions do not necessarily suffer from a mental disorder. And for those who do a certain amount of their distress might equally be existential. Mental patients are still human beings and existential anxiety is not incompatible with the morbid varieties of anxiety.

The theologian Paul Tillich (1952) distinguished between existential anxiety and the neurotic kind. Some of his famous statements are that

‘Pathological agony is the result of the failure to undertake existential agony’, and ‘The neurotic is more sensitive than the average to the threat of nihilism’. He had also perspicaciously discerned that ‘Religion can hinder openness and self-knowledge’. His ideas expressed the European spirit which is much more familiar to existential distress whereas the American one seems to consider any distress as almost a ‘sin’. Yet the latter moves toward becoming the global norm.

Let us imagine of two persons: one is a rich man, with few friends, accustomed to live in luxury and consume goods and human beings, and the other is a religious woman devoted to volunteer for poor or sick people, who is exposed to the stress this work inevitably involves. If one wishes to compare their subjective mental status by using DSM one would probably find no signs of clinical pathology in the former (or evenmore a feeling of subjective happiness) whereas one could notice anxiety or periods of sadness in the latter. Furthermore, if that woman happens to have traits of a personality disorder, yet struggles practicing altruism in spite of it, the superficial correlation between religion and mental health would here be negative!

By the same token a person who avoids reading the ‘bad news’ pages of a newspaper and focuses on celebrities gossip is more probable to be clinically less anxious or dysthymic than a person who is interested in knowing about global unhappiness and prays for those affected. It is obvious therefore that the clinical criterion cannot serve as the exclusive way for assessing the correlation between religion and mental health. Subjective feelings, as well as presence or absence of symptoms, are inadequate evidence and may lead to erroneous implications. We need additional psychodynamic criteria here, because (as is the case of materialistic egocentric persons) various defence mechanisms are recruited to avoid psychic pain, yet they do not constitute signs of mental health.

Another aspect of interest is the effort to define mental health. Humankind has been astonished by the cruelty exercised by nazis. Although some of them might have been paranoid personalities or had pervert features, the vast majority seemingly did not present signs of psychopathology. (By the way, in terms of measurement, Nazis were not

religious, so counting them among the non-religious cohort might have falsely influenced the correlation).

It is an interesting topic how ideology affects psychopathology. Ideology makes a consistent ideational system that adds artificial coherence to individuals. Coherence reduces anxiety; if it is combined with a strong ego it may further conceal psychopathology. Disordered personalities may decide to get involved to ideology with the purpose of rationalizing their morbidity and disguising it into acceptable behavior. Any additional personal resilience may hinder psychopathology from being revealed, sometimes for an entire life.

We come upon the need for psychodynamic criteria once more, because these seem to be the only criteria capable of identifying inner conflicts. Besides, they do not 'take an instantaneous photo' of the mental condition but inscribe the present situation into an overall psychic development.

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Let me now shift to a different topic. It has been a commonplace that the USA is the most religious society of the West: surveys in 2010-2012 showed that 80-92% believe in God and that younger Americans who do not doubt his existence count as high as 68%![1] It would be thus reasonable to expect higher mental health in this country.

But let's have a look at this table. It depicts the gradually increasing burden for mental health in the USA (CDC 2013):

Mean Mentally Unhealthy Days		
Years	Mean Number of Days	Total Number of Days
1993	2.9	98,619
1994	2.9	102,696
1995	2.9	110,355
1996	2.9	118,309
1997	3.0	128,540
1998	3.0	141,744

[1] https://en.wikipedia.org/wiki/Religion_in_the_United_States. A drop is remarkable: in 2007 it was 83% of youth who did not doubt God's existence.

1999	3.0	150,957
2000	3.2	172,960
2001	3.4	194,471
2002	3.2	234,736
2003	3.4	246,134
2004	3.5	282,380
2005	3.3	331,517
2006	3.4	334,606
2007	3.4	401,732
2008	3.4	386,066
2009	3.5	402,735
2010	3.5	415,664

The spontaneous question that arises here is 'How can a pervasively religious society have its mental disorders burden dramatically increased through time?' If the correlation between practiced religion and mental health is basically positive why this impressively inconsistent finding?

As if this was not enough, more detailed remarks by Kleinman (2001) make things more perplexed: "Mental disorders prevalence in rich societies is double than in the poor ones, which makes an uneasing finding because it shows that more wealth tends to worsen mental health problems of a society. Countries with the highest gap between the richest and the poorest present the worst health indicators, with the USA being the ultimate example... The last phase of capitalism is bad for mental health".

Kleinman was writing 15 years ago. Now that we have become immersed even deeper into an unleashed capitalism, its unhealthy consequences have become much more manifest. The last decade has witnessed an establishment of postmodernity. A crucial mechanism of subjects' alteration has been that postmodernity has changed the human superego; now, instead of barring and dictating norms, *the superego promoted in public life orders 'Enjoy!'.* Incredibly inventive encouragements for consumption and for sensual sophistication, along with an artful adulation of customers' narcissism, have manufactured a

perverse superego which has far exceeded that obsolete neurotic one of Protestantism. To exploit any available means so that pleasure will permeate our psychosomatic existence obviously is not what brings balance to a human being. Advertisements suggest a compulsive enjoyment which is not compatible with a healthy life.

Besides, a series of other worsening factors intervene. Because of the dynamics that increases the gap between the poor and the rich, the cost of the side-effects of over-consumption is shifted to the poor ones, as is the case of environmental pollution that has no borders. At the same time the deconstruction of the welfare state that is recently attempted in Europe makes the poor more vulnerable. To this we have to count the vicious circle created by worse food, reduced access to health services, less counseling etc.

So it seems that the destructive invasion of unleashed capitalism was not inhibited by religion in the least; or is it perhaps enhanced? One may object here by asking for a comparison of the USA to other Western countries. The result is depicted to this astounding table:[2]

Cross-cultural sufferings

Nation	**%**
USA	26.4
New Zealand	20.7
Ukraine	20.5
France	18.4
Colombia	17.8
Lebanon	16.9
Netherlands	14.9
Mexico	12.2
Belgium	12.0
Spain	9.2

[2] Shows % suffering from depression, anxiety, substance abuse or impulsivity-aggression in a one-year period. All prevalences from WHO (Demyttenaere et al.), except New Zealand (see Oakley-Brown et al., *Te Rau Hinengaro: The New Zealand Mental Health Survey*. Wellington: Ministry of Health, 2006).

Germany 9.1
China (Beijing) 9.1
Japan 8.8
Italy 8.2
Nigeria 4.7
China (Shanghai) 4.3

James (2007) attributes these differences mainly to what he calls 'Selfish Capitalism', which is much more dominant in English-speaking countries. He defines it as having "larger disparities in wealth between the top and bottom 20 per cent of earners, higher proportions of the population earning less than half the average wage, and larger concentrations of wealth in elites of very rich citizens; mortgages compose a larger proportion of household expenditure; personal debt is larger and per capita credit card ownership is greater; personal savings are lower, often averaging nil or less than zero; average hours worked are longer; and economic security is less".

In addition to mental illness, social disparities are associated with lower social bonds and trust, worse somatic health, more obesity, increased school dropout, higher violence, more people in jail. All these factors indicate a country's level of well-being. Wilkinson and Pickett (2011) suggest that a developing society makes progress in these markers as wealth increases, but beyond a certain point of development things go the reverse way. Well-being and happiness do not continue elevating with total or average wealth as long as big inequalities persevere. In other words, a society is not a mere sum of individualities.

We know that culture in general makes a critical factor for economy and for health. These interesting findings to me suggest that the ongoing culture of individualism (Lasch had called it 'culture of narcissism') undermines mental health; moreover, they indicate that *Western religiosity (with America as its leader) is being mediated by the culture of individualism*. By discovering this we come to modify the initial principle that religion promotes mental health to a more inclusive statement: '*cultural values promoted by religion can promote or undermine mental health'*. Societal values mediate the impact that religion has on mental

health and thus have the ability to prove a certain society inconsistent. Furthermore, to the degree that religion can be assimilated to the surrounding culture as I showed above, religion tends to become a follower of culture instead of its critic as it should be.

Does this finding undo the general principle of positive correlation? Of course it does not. It rather reveals the complex nature of the correlation in which *culture makes either an independent variable that is in competition with religion, or a dependent variable that permeates religion and acts through it as a proxy*.

I come to suggest that this possible way stems out of the Western paradigm: religion can for sure contribute to individual mental health in terms both of preventing mental disorders and enhancing coping with them, but *in the macro-level of society it can have the opposite result by favoring or even endorsing values which can in long terms undermine mental health*. Societies in general are not a mere sum of individuals; they make a multi-level system with subtotals and networks which interact in an 'additive-value' mode, and thus society works in a incredibly complex way involving some contradictory aspects.

There has been a remarkable critique of the individualistic religion prevalent in Western culture. As Clapp (1996) pointed out, American individualism tends to coin a 'God' (usually a caricature of the Christian one) who exists only to satisfy one's needs, thus making faith a factor that adds 'color' in one's private life. Greenberg (1994) here contributes by saying that this self-coined 'God' sets no commandments and poses no demands; he is just a tool for recovery. The religious have no other obligation than to love their selves because that 'God' does not ask for any response and change.

The same corrosion is found in the omnipresent 'therapy culture' as the movement of *Critical Psychology* revealed. Richardson (2005) writes that the so-called 'value-freedom' or 'value-neutrality' of psychotherapy often is actually nothing more than an alliance with the dominant individualism which is not questioned. He calls it a 'disguised ideology' and cites Bella et al (1985) who distinguish between *utilitarian* and *expressive* individualism.

Under these circumstances a closed circuit is shaped: *individualism promotes a self-tailored religion with the purpose of promoting a perceived mental health (actually composed of soothing, bliss, self-affirmation, and self-actualization) which in response fosters individualism even more firmly*. Therefore if scientific research is not aware it runs the risk of tautological measures!

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I would epitomize my presentation in the following goals for those working in the field:

1) Define in a more detailed way the terms under which religion is beneficial for mental health,

2) Clarify the definition of mental health and encourage it to be shaped by psychodynamic criteria as well,

3) Highlight hidden or long-terms pathways (culture) through which religion promotes or undermines mental health,

4) Reveal and disarm factors (groups, ideology) which mediate the disguise of psychopathology,

5) Highlight 'religious' attitudes outside any known religion,

6) Bridge clinical psychiatry and psychoanalysis,

7) Reject an individualized selective recruitment of various religious beliefs and practices (syncretism) as a mechanism of the self to avoid undergoing the 'test' / 'ordeal' of any mainstream religion.

My conclusion is that we should not take the terms 'religion' and 'mental health' at their face value, nor rely on their empirical use. It seems we need a more integrated approach that will help us construct a more precise correlation between the two entities. In pursuing this aim we have to develop qualitative research tools to accompany and complement our quantitative ones.

In addition to these I would suggest that, in order to avoid being trapped into self-fulfilling prophecies, both theory and research will have to resist to postmodern relativism which denies any normativity and thus paves the way to self-centered criteria for religion and mental health. Meaningless tautology is escaped only by adopting principles that are above scientific reductionism and value relativism, namely principles which include an agreed proposal for human nature and for

ideals to be pursued. Otherwise, religion and therapy will be reduced to analgesic medications for the rich ones while the West will continue to fall deeper into being self-referential, with all the dangerous impact this behavior may have on global turmoil. Mental health professions, as well as religious ministries in the West, have to be critical if their validity and effectiveness are to survive.

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Summary

In this lecture I attempt to revisit the two concepts with the purpose of shedding more light at their relationships. Religion is examined in terms of its qualitative characteristics that have the ability to either promote or undermine mental health, while mental health is being distinguished from existential 'symptomatology' and thus not reduced to a 'DSM type'. Besides, the interaction of the two notions is elaborated at the level of culture, with a paradox of American society being a working example. The goal is to show how cultural values associate with both religion and mental health and how they mediate their mutual influence.