Introduction: What has been your experience with spiritual/religious issues in psychiatry so far? What is psychiatry’s role in evaluating the “healthiness” of spiritual/religious beliefs? The role of Chaplains and Clergy?

I. Research evidence has demonstrated many beneficial physical and mental health outcomes of specific religious practices such as prayer, meditation, attendance at worship services (church, synagogue, mosque, temple etc.)

A. What factors are responsible for these positive outcomes?

1. Sense of identity with specific religious tradition?
2. Social support?
3. Love and Acceptance?
4. Meaning and purpose in life? Relief of existential anxiety?
5. Sense of relatedness/connectedness to self, other, nature, being, higher power, life narrative, body?
6. Life style guidelines for living (decreased drugs, alcohol, antisocial behavior etc.)?
7. Emphasis on family and community values?
8. Spiritual practice such as prayer, meditation, contemplation, Yoga, chanting, dancing, ritual, and others?
9. Acceptance/surrender to life experience?
10. Sense of Forgiveness and Hope?
11. Source of guidance for moral and personal decision making?

B. Aside from these practical social mechanisms that have been proposed, is there a spiritual reality separate from our rational, sensory experience? Is there a God that affects the universe apart from the mechanism of science?

II. Definitions:

A. Spirituality: (comes from Latin word, “spiritus”, meaning breath of life. The Hebraic word, "Ruach” and the Greek word “pneuma” were translations that historically have been referenced only in the context of religion. Eastern concepts of prana, chi, and Yogic breath.)
A useful current definition: “The feelings, thoughts, and behaviors that reproducibly accompany the pursuit/experience of that which the individual considers to be sacred or transcendent.”

“Attempt to be in harmony with an unseen order of things.” (William James)

“ The transcendental relationship between the person and a higher being, a quality that goes beyond a specific religious affiliation, and that gives answers about the infinite.” (Abraham Murray)

Spirituality is about relationship or relatedness in all dimensions of human reality.

B. Religion: Comes from the Latin root “religio” which signifies a bond between humanity and some greater-than-human power. Scholars identify at least three historical definitions of the term: (1) a supernatural power to which the individuals must respond; (2) a feeling present in the individual who conceives such a power; and (3) the ritual acts carried out in respect of that power.

A modern reified definition that has been used in psychiatric writings describes religion as “the cultural construct within which individuals connect with their spirituality, including their community, ancestral traditions, relationship to the earth and its inhabitants, code of conduct for interpersonal life, guidelines for intrapersonal living, relationship to the sacred transcendent, and specific rituals and practices that facilitate these and other methods and traditions.”

C. Psychopathology: In DSM-IV, each of the mental disorders is conceptualized as a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g. painful symptom) or disability (i.e. impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom.

A simpler definition of psychopathology- a mental disturbance that causes personal/interpersonal distress and adversely affects the cognitive, affective, behavioral, and relational development and functioning of the individual.

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III. What is the relationship between religion/spirituality and psychiatry? Do they overlap? Do they conflict? Complement one another? William James’ first described his concept of the various Domains of Reality, which included dreams, imagination, fantasy, the unconscious, religious and mystical experiences, creative and artistic domains, contemplative, meditative, and trance states et al. Jung’s collective unconscious, modern transference, countertransference, and intersubjective space are domains of reality that are not measurable.

IV. **Lawrence Kohlberg’s Stages of Moral Development (simplified)**

A. The law of the jungle, no values except my survival and wants?

B. Black and white, “rule bound” legalism. Right or wrong, us versus them, “God is on our side”, “holier than thou”, etc.

C. Skepticism and belief in alternative ways to the Truth.

D. Universal love and compassion, mystical connection between all that exists. What happens to you affects me, the earth, oneness, unity of all. (e.g. Jesus, Gandhi, Buddha, Martin Luther King?)

V. **Healthy versus unhealthy spirituality**

**Does the particular form of religious thought and practice:**

A. Build bridges or barriers between people?

B. Strengthen or weaken a basic sense of trust and relatedness in the universe?

C. Stimulate or hamper the growth of inner freedom and personal responsibility? Does it encourage healthy or unhealthy dependency relationships, mature or immature relationships to authority, growth of mature or immature consciences?

D. Provide effective or faulty means of helping persons move from a sense of guilt to forgiveness? Does it provide well-defined, significant, ethical guidelines, or does it emphasize ethical trivia? Is its primary concern for surface behavior or for the underlying health of the personality?

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E. Increase or lesson the enjoyment of life? Does it encourage a person to appreciate or depreciate the feeling dimension of life?

F. Handle the vital energies of sex and aggressiveness in constructive or repressive ways?

G. Encourage the denial of reality? Does it foster magical or mature religious beliefs? Does it encourage intellectual honesty with respect to doubts? Does it oversimplify the human condition or face its tangled complexity?

H. Emphasize love and growth or fear?

I. Give its adherents “a frame or orientation and object of development” that is adequate in handling existential anxiety constructively?

J. Encourage the individual to relate to his unconscious through living symbols?

K. Accommodate itself to the neurotic patterns of the society or endeavor to change them?

L. Strengthen or weaken self-esteem?

VI. Intrinsic or Extrinsic Religiosity?

Research indicates that those with primarily extrinsic forms of religion have higher levels of anxiety, lower sense of well being, self-esteem, and a higher rate of depressive disorders and personality pathology. In other words, those whose religion is an external construct, a persona or mask that provides the appearance of religiosity, or serves primarily a social or status function appear to have lower levels or mental health than the control groups. By contrast, intrinsically religious or spiritual people are those who have internalized their belief system, whose ethics, opinions, affiliations, and behavior are internally consistent with their religious beliefs. There is good evidence that these people have lower levels of anxiety and depression under stress and greater resilience when ill than control groups. Incidence of depressive and anxiety disorders is lower than the general population in this group.

**Cases for discussion**

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Names of “God”

Yahweh  
Jehovah  
Adonai  
Elohim  
Shekinah  
Ruach  
Sophia (wisdom-feminine)  
Jesus Christ  
The Word  
Shepherd  
Lamb of God  
Redeemer/Savior  
Bread of Life  
Alpha and Omega  
Holy Spirit/Holy Ghost  
Allah  
Buddha Nature  
Hindu 333,000,000 gods as faces of the One  
Grandfather/Grandmother  
Divine Mother  
Gaia  
Nature/Earth  
Creator, Sustainer  
Divine Indwelling  
Light, Love  
Truth  
Creative Intelligence  
Energy/Life Force  
Consciousness/ Non-Local Mind – (Larry Dossey, MD)  
Presence/Being