McLean
HARVARD MEDICAL SCHOOL AFFILIATE

Spirituality and Religion: Relevant Aspects of Diverse Identities in Clinical Treatment

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Description

The purpose of this webinar is to expand knowledge regarding the role of spirituality and religion in clinical symptom presentation and treatment. This webinar will highlight spirituality/religion's role as an aspect of diverse identities experiences that may be relevant to psychological treatment and will provide real-world examples of how to integrate spirituality/religion into treatment with several patient populations, including Jewish youth.

Objectives

1. Describe how spirituality and religion (S/R) may be relevant to symptom presentation among treatment-seeking individuals.
2. Describe why S/R may be relevant to psychological treatment.
3. Identify two strategies of how to integrate S/R into evidence-based treatment approaches.

Synchronicity & Spirituality Exercise

"Synchronicity—when two apparently disparate events are joined at the level of meaning or consciousness—seemed like an accessible way to illuminate and validate those sparks of inner knowing, those flashes of meaning or insight that seem to arrive out of the blue."

-Lisa Miller, PhD

Spirituality/Religion in America

- Among adults in the United States:
- 47% identify as religious
- 33% identify as spiritual, but not religious
- 82% identify as religious, spiritual or both religious and spiritual

- Among individuals 18-29 years old:
- 45% identify as religious
- 28% as spiritual

Jones (2023) [Gallup]

Spirituality/Religion among Clients

Study of mental health clients in the United States:

- 70.4% moderately/very spiritual
- 55.6% religious
- 50.2% both spiritual and religious
- 95.3% engage in at least one spiritual/religious practices (e.g., forgiveness, prayer, gratitude, service to others)
- The majority report that their religion/spirituality impacts their mental health

Oxhandler et al., 2024

S/R's Relevance to Treatment

Patients identify the importance of recognizing or incorporating s/r in treatment

- Outpatients:
  - -One-third hope to address spiritual issues in treatment
  - -More than half prefer "spiritually affirming treatment"
- Older patients:
  - -82% report the importance of addressing spirituality and/or religion in treatment
- Acute psychiatric patients:
  - -Majority (75.6%) report interest in integrating spirituality in treatment

Currier et al., 2020; Rosmarin et al., 2015; Stanley et al., 2011

Recognition of Spirituality/Religion

American Psychological Association

"…race, ethnicity, culture, gender, gender identity and expression, sexual orientation, socioeconomic status, **religion, spirituality**, disability, age, national origin, immigration status, and language"

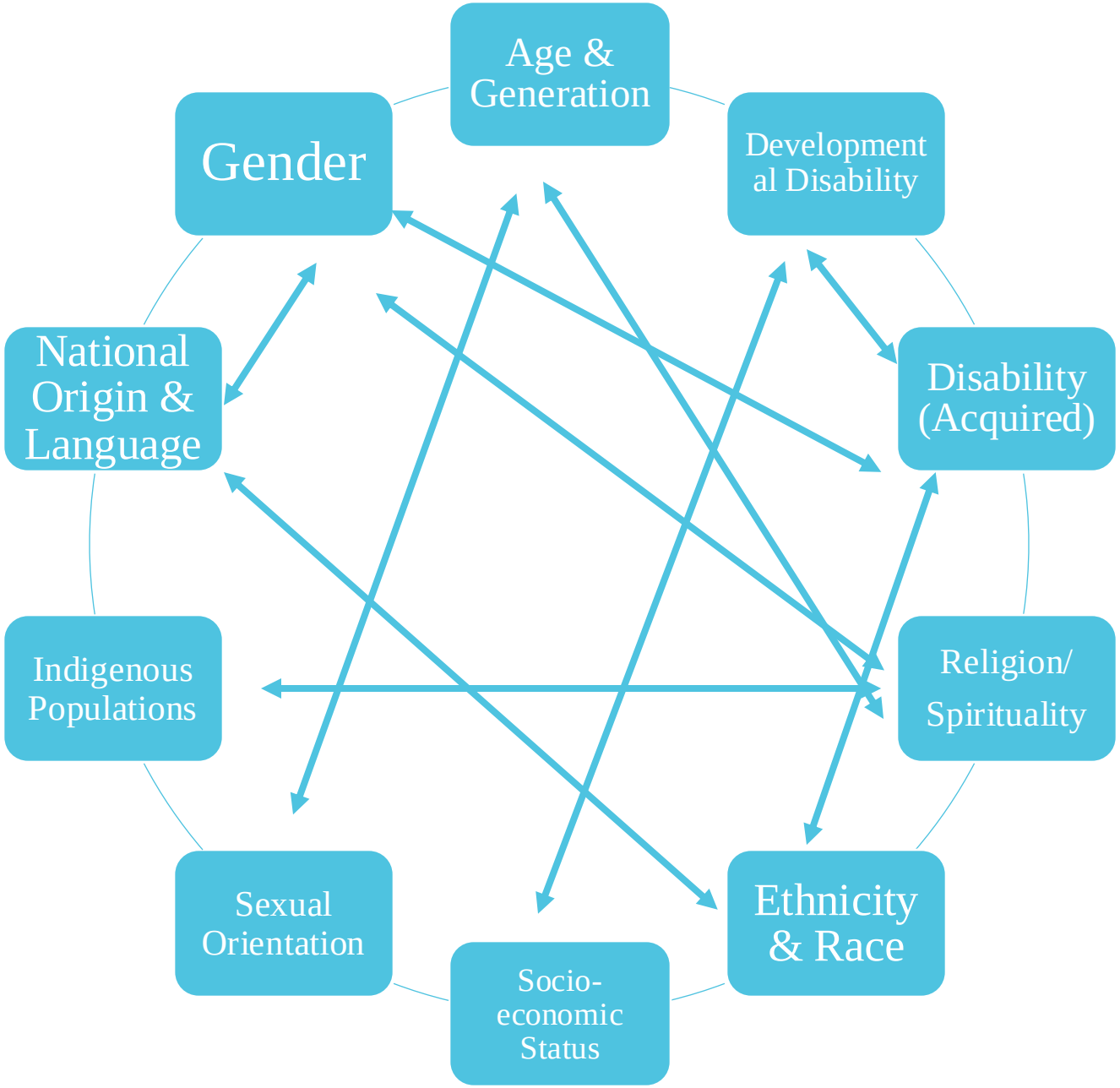
APA, 2021

American Psychiatric Association

"Cultural diversity includes issues of race, sex, language, age, country of origin, sexual orientation, **religious/spiritual** beliefs, social class, and physical disability"

APA, 2017

The ADDRESSING Model



Hays (1996, 2008)

Case Study: Sarah

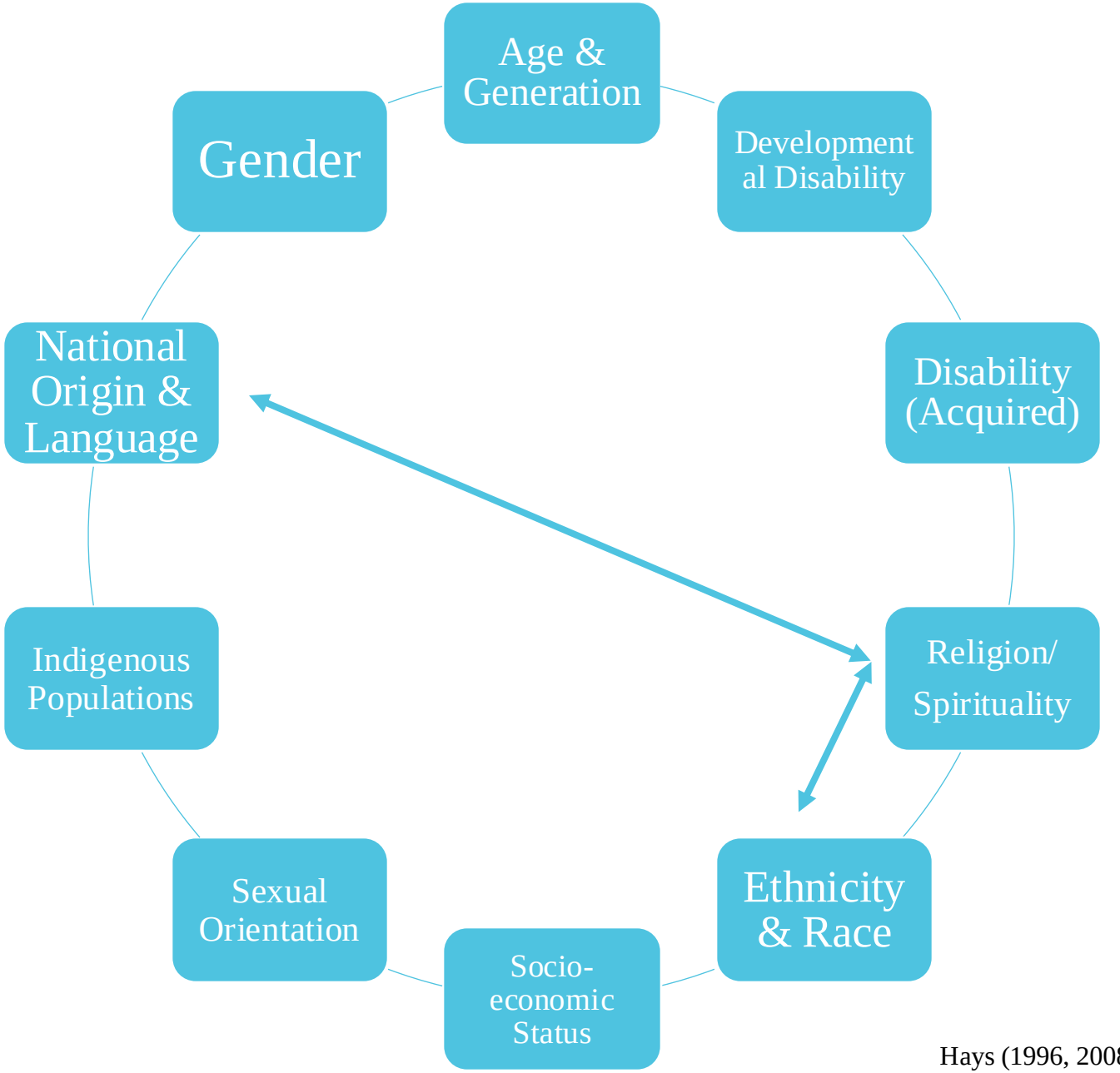
Sarah is a 3rd generation, German-English, 32-year-old, single, cisgender woman (she/her) from the New England area and is seeking treatment for recurrent MDD.

She comes from an intact, upper-middle-class family, where her father is a medium-sized business owner. Sarah and her family were weekly churchgoers of a conservative Presbyterian church, and she was highly involved in her high school and college religious communities. Her religious communities were more “conservative” in that women were not allowed in elder leadership positions, and these hierarchical structures were also mirrored in her family’s structure. Sarah reports that her father is the “head of the house” and that most decisions are approved by him.

Case Study: Sarah

Sarah's symptoms first emerged during her first year of college, recurred following graduation, and re-emerged six months ago following her transition to a new job. When experiencing depressive symptoms, Sarah tends not to attend social gatherings, especially church, nor engages in private religious observances (e.g., prayer). She reports feeling guilty about not adhering to these religious practices or engaging with her community, but is concerned that attending will make her feel more depressed for being "ungrateful" for life's blessings. Sarah's guilt prevents her from engaging in other pleasurable activities (e.g., going on dates) or praying because she doesn't "deserve it."

The ADDRESSING Model



Hays (1996, 2008)

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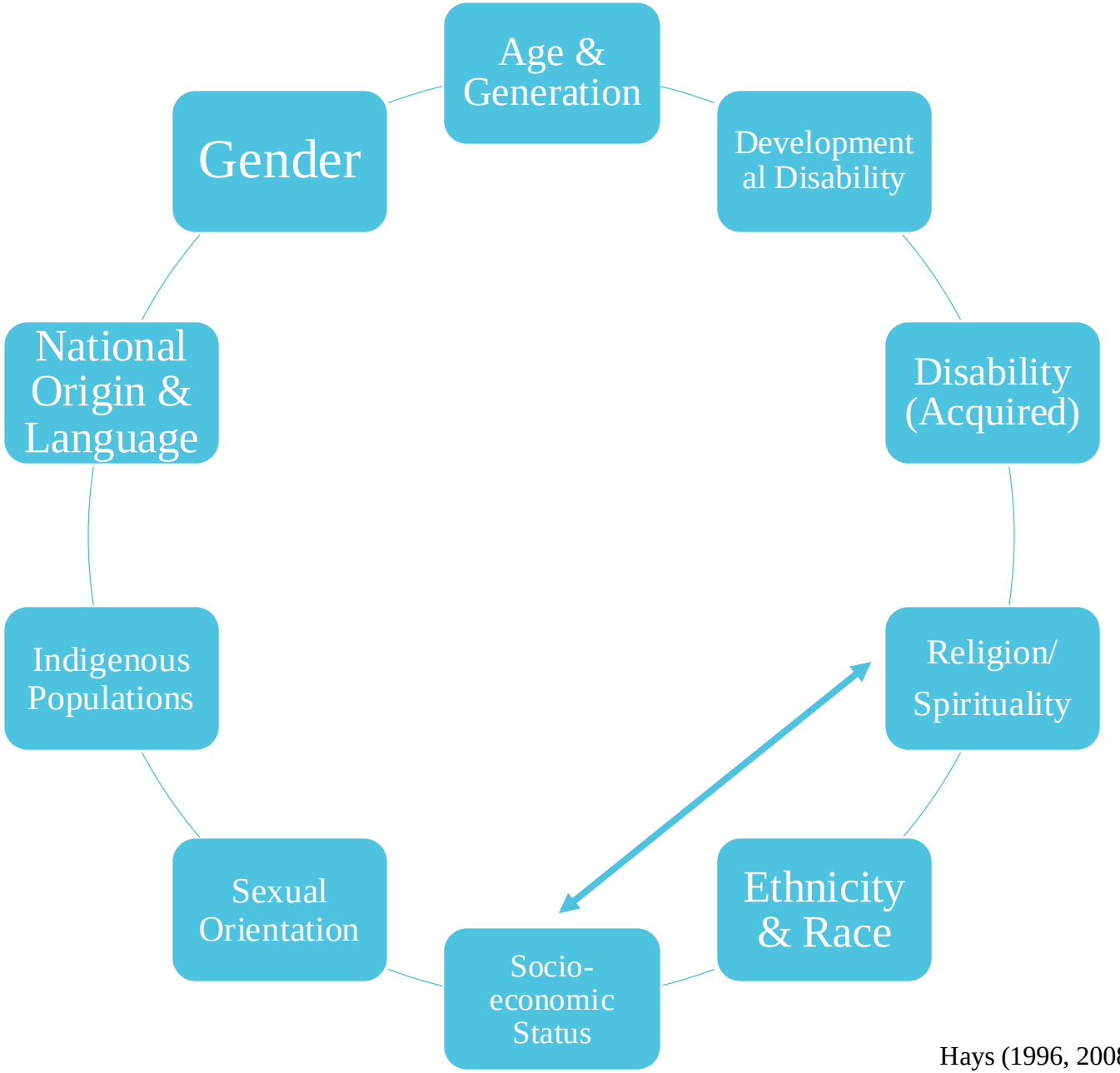

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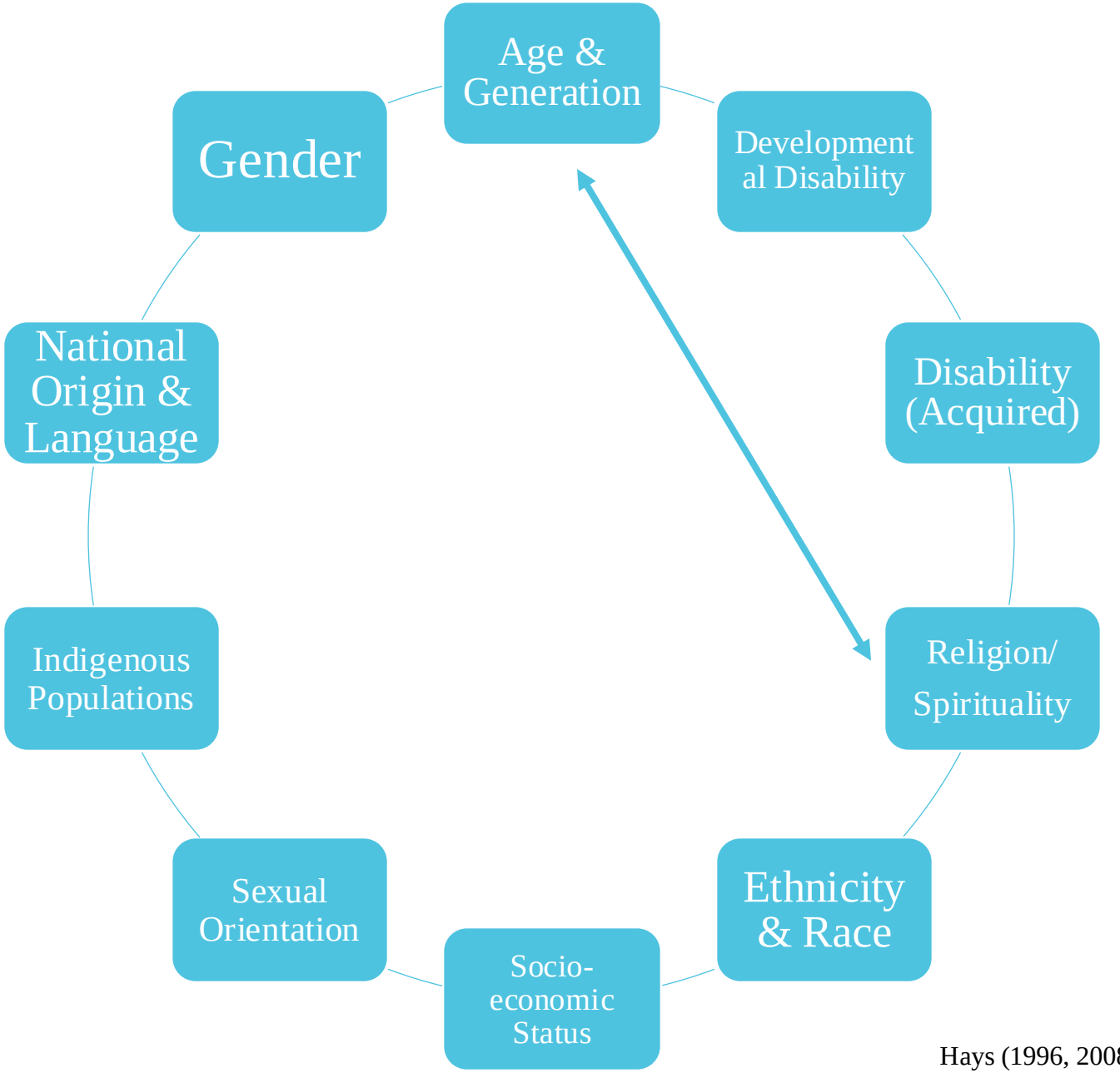

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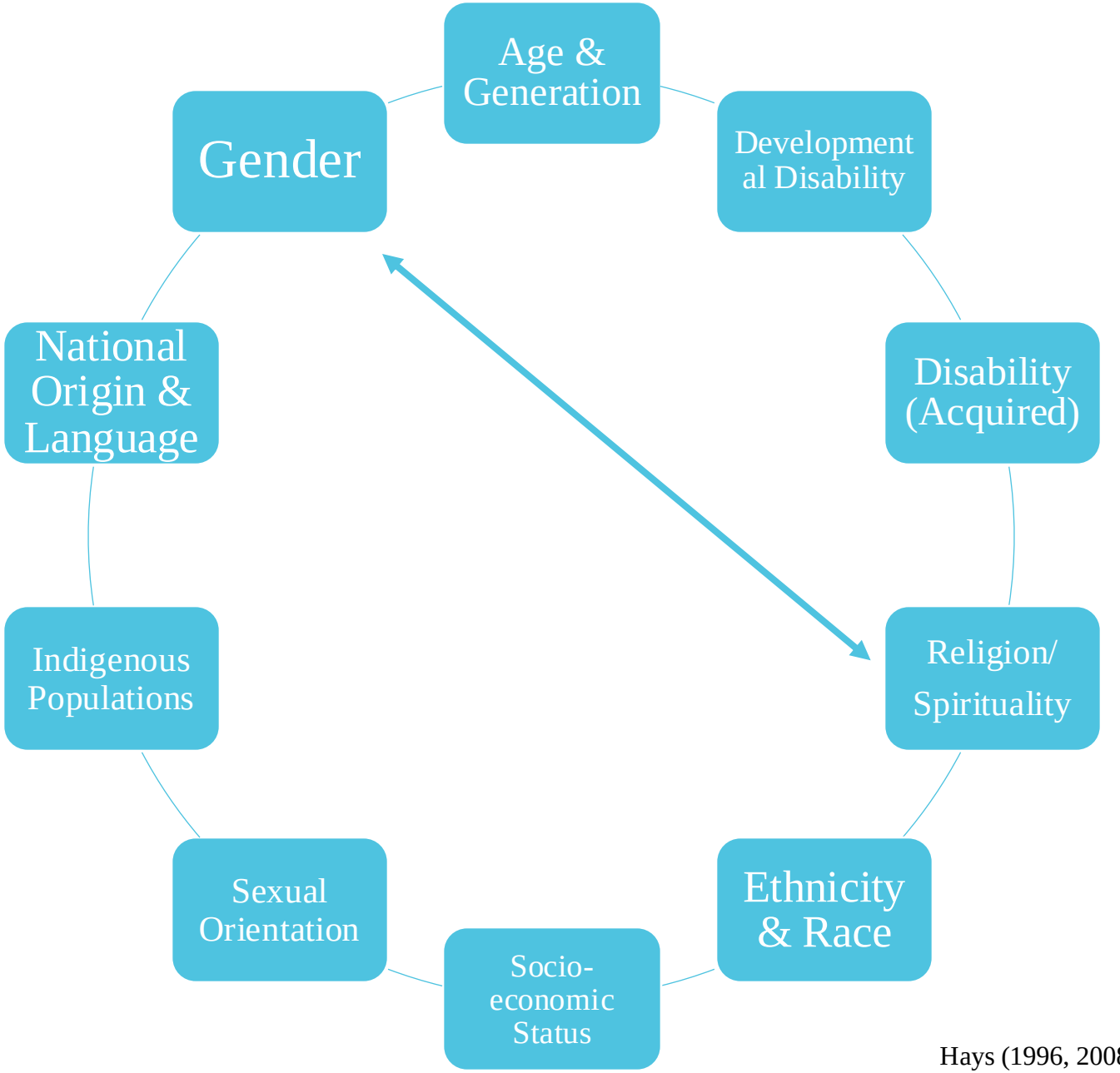


Hays (1996, 2008)

Case Study-Sarah

Age	32 years
Developmental Disability	None
Disability (Acquired)	None
Religion/Spirituality	Presbyterian
Ethnicity & Race	White/European American
Socioeconomic Status	Middle class
Sexual Orientation	Straight/heterosexual
Indigenous Populations	Non-indigenous
National Origin	American citizen (3rd German/English immigrant)
Gender	Cisgender woman

Spirituality/Religion & Symptoms

Spirituality/Religion

- Positive relationships:
  - Fewer depressive symptoms
  - Lower suicidality
  - Lower substance use
  - Buffer against posttraumatic stress
- Mixed findings:
  - Anxiety
  - OCD
  - Bipolar Disorder
  - Eating Disorder
- Rejection from community
- Spiritual/religious struggles

Symptoms

- Mental health symptoms may lead to spiritual/religious struggles
  - Interpreted as distance or rejection from Higher Power
  - Anger at G-d
  - Sign of lack of faith/devotion
- Rejection/lack of support from community

Exline, 2023; Lucchetti et al., 2021; Pastwa-Wojciechowske et al., 2021

G-d Image, Attachment, & Mental Health

Spirituality/Religion

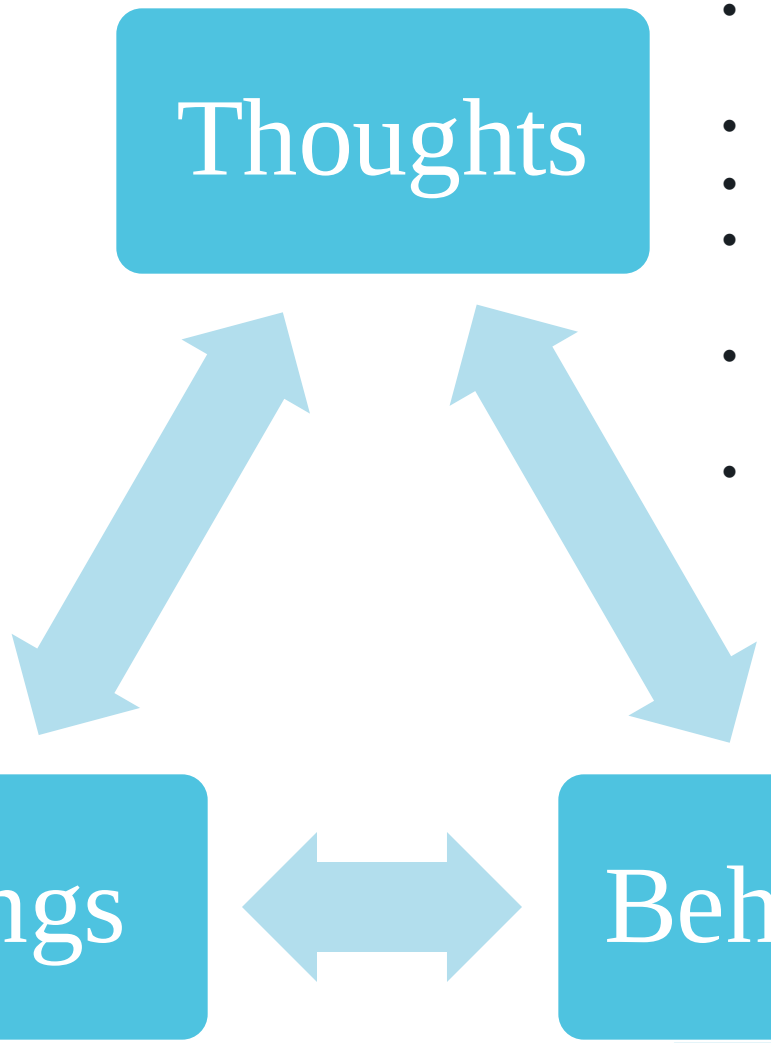
- Adaptive G-d Image
  - Unconditionally loving, Grace
  - Provident and good
  - Safety
- View of Self
  - Accepted, loveable
- Life with purpose and meaning
  - Thriving
  - Joy
  - Gratitude

Symptoms

- Maladaptive G-d Image
  - Punishing
  - Performative & Evaluative
- Mental health symptoms may lead to S/R struggles
  - May see symptoms as evidence that G-d is not unconditionally loving
  - Interpreted as distance or rejection from Higher Power
  - Anger at G-d
- View of self
  - Undeserving of good things
- Rejection/lack of support from community

Exline, 2023; Lucchetti et al., 2021; Pastwa-Wojciechowske et al., 2021

Sarah: Symptoms and S/R

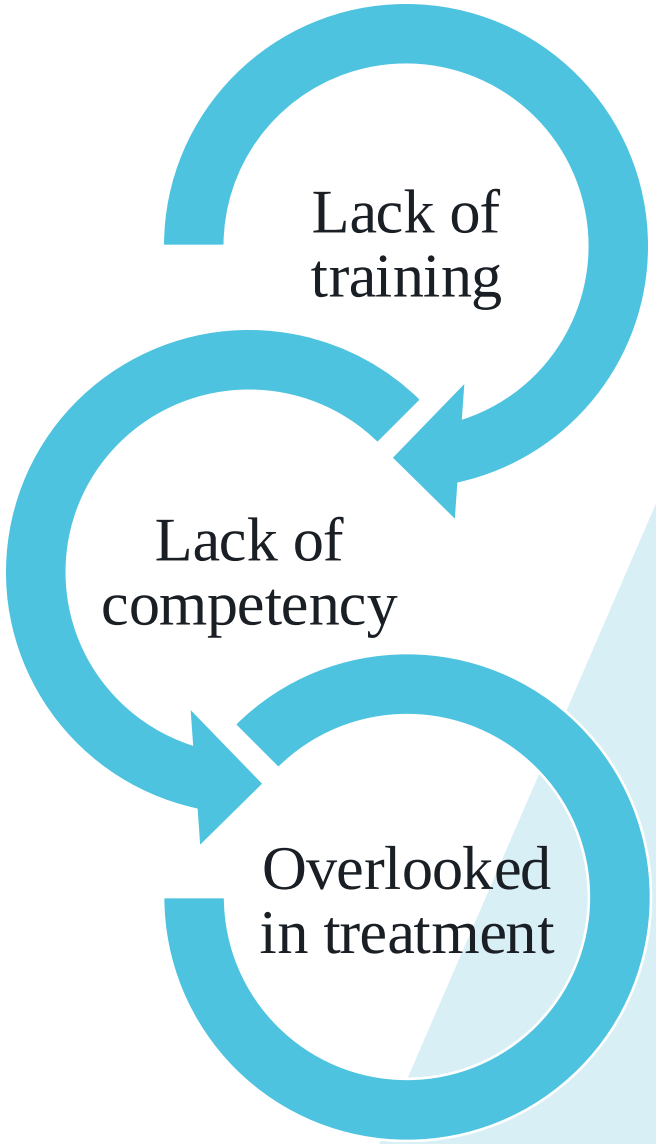


- G-d won't love her unless she is a "Good Christian"
- She is not loveable
- Inappropriate expectations of mood
- Belief that emotional state is indicative of religious devotion
- Belief that others in her community do not experience "ingratitude"
- Behavioral avoidance removed opportunities for developing awareness of patterns or challenging thoughts

- Sadness
- Rejection
- Distress
- Guilt

- Anhedonia
- Social Isolation
- Lack of engagement in religious practices

S/R and Treatment

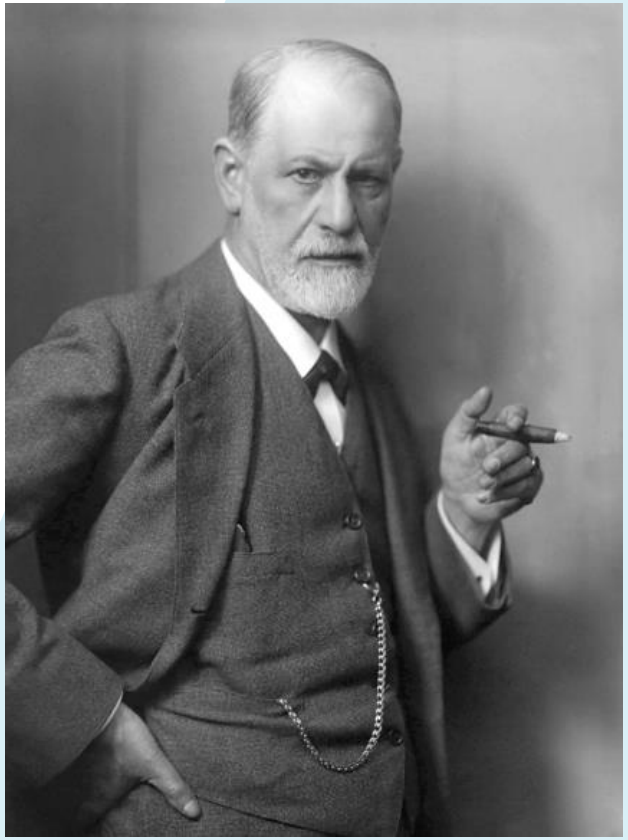


Oxhandler et al., 2019; Oxhandler et al., 2021; Vieten et al., 2023; Vieten et al., 2016

Tension between Religion and Psychology/Psychiatry

The religions of mankind must be classed among the mass-delusions of this kind”

- Psychologists tend to be less religious than their patients
- Patient’s story



Curlin et al., 2007; Delaney et al., 2007; Freud, 1962

Evidence for Spiritually-Integrated Therapies

- Meta-analytic results (2018)

  -R/S-adapted psychotherapy:

  - Greater improvement in psychological and spiritual functioning compared with no treatment and non-R/S psychotherapies

  -R/S-accommodated psychotherapies:

  - Equally effective to standard approaches in reducing psychological distress, but resulted in greater spiritual well-being

- Meta-analytic results (2024)

  -R/S treatment:

  - Moderately more efficacious compared to regular treatments at posttreatment and at follow-up

Captari et al., 2018; Viftrup et al., 2013; Rosmarin et al., 2019

Spiritually-Integrated Therapies

- Spiritual Psychotherapy for Inpatient, Residential, and Intensive Treatment (SPIRIT)

  -*Specific to acute psychiatry*
- Spiritual Self-Schema Psychotherapy

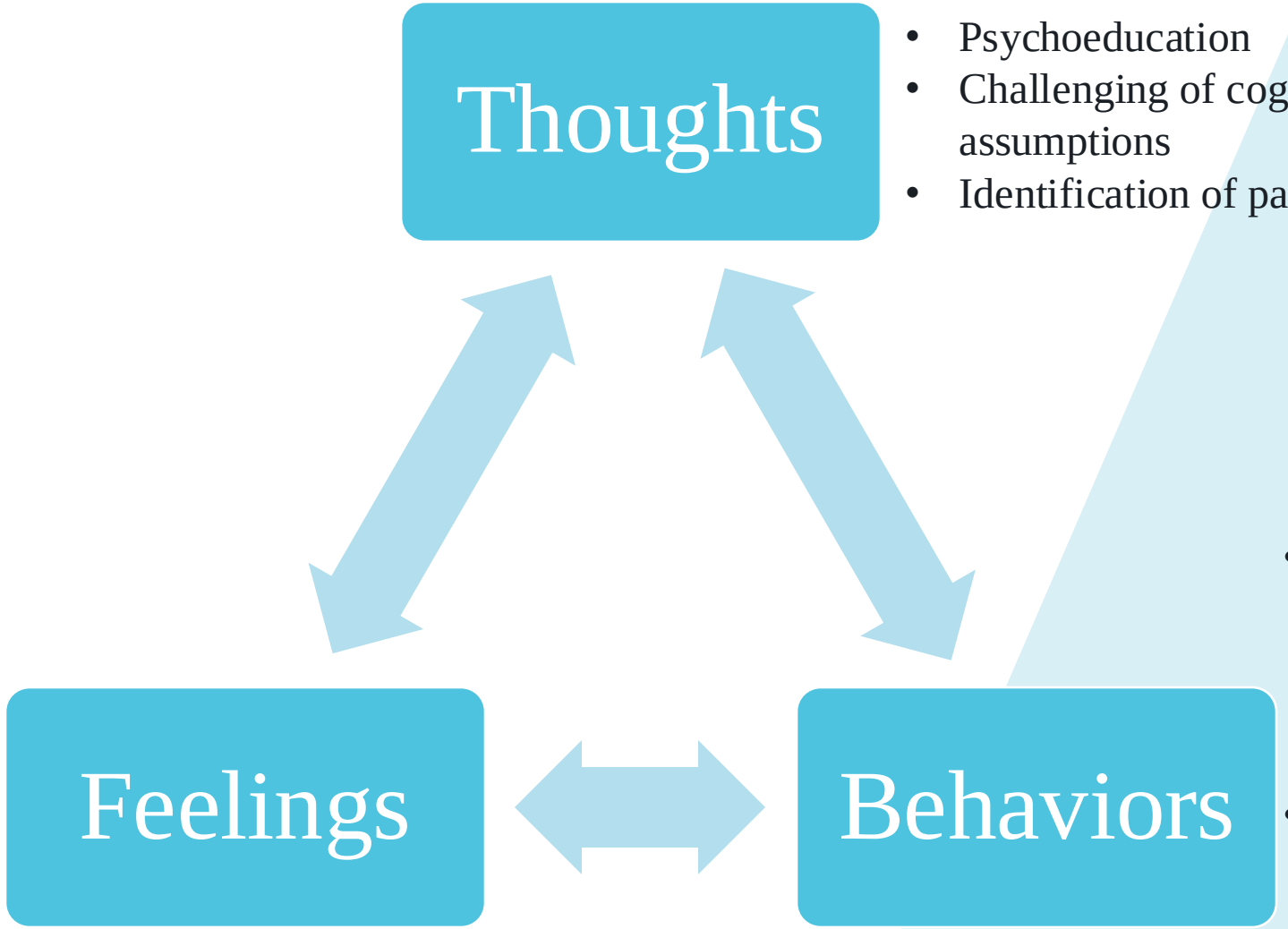
  -*Group psychotherapy*
- Religiously Integrated Cognitive Behavioral Therapy

  -*Specific to spiritual/religious identity*
- Building Spiritual Strength

  -*Specific to adult trauma survivors*

Harris et al., 2018; Koenig et al., 2016; Rosmarin et al., 2019

Sarah: Treatment

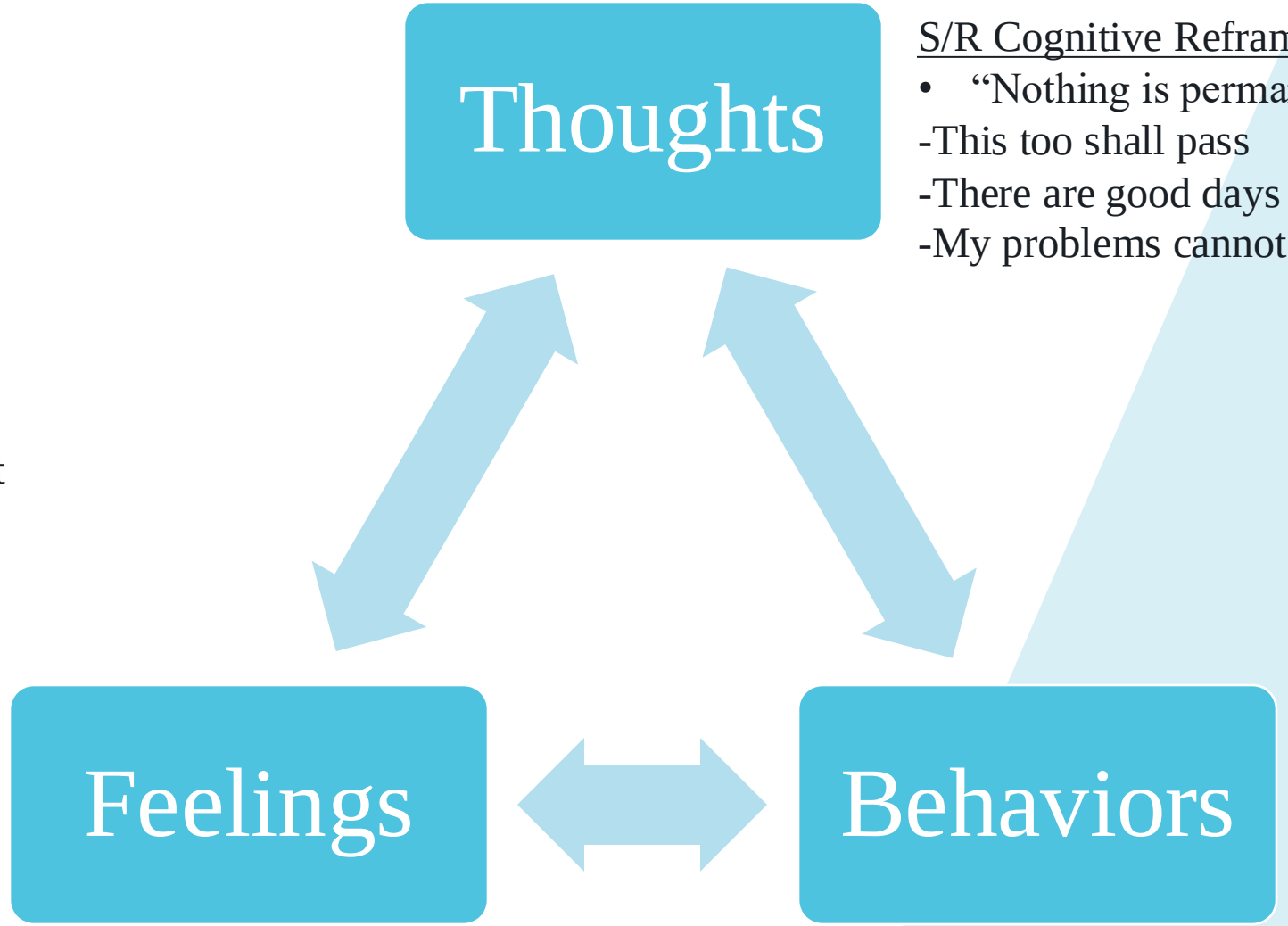


- Psychoeducation
- Challenging of cognitive beliefs and assumptions
- Identification of patterns and relationships

- Focus on how behavioral and cognitive changes impact emotional experience
- Validation and warmth from clinician

- Engagement in pleasurable and meaningful activities (e.g., church, dates, time with friends)
- Seeking out support from religious leader and community

Sarah: Treatment



S/R Cognitive Reframes

- "Nothing is permanent"

-This too shall pass
-There are good days and bad days
-My problems cannot and will not last forever

S/R Coping

- Prayer
- Meditate
- Seek Religious Support
- Sacred Texts
- Forgiveness
- Good Deeds
- Finding the Meaning

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Limitations of CBT for S/R-related Problems

- Cognitive behavioral therapy (CBT) may ask clients to challenge their fundamental assumptions (i.e., cognitions) about the world:
    - *G-d has a plan for me*
    - *Everything happens for a reason*
    - *My life has meaning because of my relationship with G-d*
- CBT may also ask clients to change their behaviors:
    - *Prayer*
    - *Meditation*
    - *Engagement in religious ritual and practice*
- It is important not to challenge or invalidate clients' religious/spiritual identity in treatment

Kaufman, In Press

Group Discussion Exercise

- From Spiritual Psychotherapy for Inpatient, Residential, and Intensive Treatment (SPIRIT)

- *How is your spirituality relevant to your mental health?*

Rosmarin et al., 2019

Specific Considerations for Treating Jewish Clients

Incorporate S/R Identities and Traditions into Assessment:

- *What are your S/R traditions?*
- *What practices do you engage in regularly?*
- *How are they meaningful to you?*

Functional Assessment of S/R Practices:

- *How do you feel after [engaging in specific practice]?*
- *What do you like or not like about [family religious tradition]?*

Focus on **cultural humility** rather than cultural competence

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Specific Considerations for Treating Jewish Clients

Awareness of Impact of Bio/medicalization of Diagnosis:

- *Describing mental health concerns through a bio/medical lens may increase stigma*

  -Concerns regarding marriageability (i.e., shidduch)

- *<u>However</u>, some Jewish families may find the bio/medical lens **less** stigmatizing*
- *How to address this?*

  Thorough assessment of individual and family functioning

Legitimization of Antisemitism and Cultural Paranoia:

- *Awareness of generational trauma*

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Specific Considerations for Treating Jewish Clients

Careful Utilization of Self-Disclosure:

- *Provides a potential opportunity to develop and enhance rapport*
- *Should not be relied upon as the only source of rapport*
- *Is not a replacement for thorough assessment*

Recognition of Sexual Abuse within the Jewish Community:

- *Stereotypical beliefs that sexual abuse does not occur in the Jewish community*
- *Essential to assess for and recognize potential signs of abuse and perpetration*

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Resources for Further Study

- *Spirituality, Religion, and Cognitive-Behavioral Therapy: A Guide for Clinicians* by David H. Rosmarin, PhD
- *Handbook of Spiritually Integrated Psychotherapies* (2023)
- *The Awakened Brain* by Lisa Miller, PhD
- *Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred* by Kenneth I. Pargament, PhD
- *The Connections Paradigm: Ancient Jewish Wisdom for Modern Mental Health* by David H. Rosmarin, PhD

Resources for Further Study

Cashwell, C. S., & Young, J. S. (Eds.). (2014). *Integrating spirituality and religion into counseling: A guide to competent practice.* John Wiley & Sons.

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Questions & Discussion