



The Key

ASSISTANCE REPORT

Focus on SPIRITUALITY

National Mental Health Consumers' Self-Help Clearinghouse

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Spirituality – an abiding belief or interest in the metaphysical – can be an important tool in the effort to achieve recovery. In a 2001 *International Review of Psychiatry* study, researchers found that spirituality helped residents of a mental health facility cope with stressful situations while providing needed emotional support and enhancing their sense of well-being. In a study published in 1995 in the *Psychosocial Rehabilitation Journal*, 83 percent of those surveyed who were receiving treatment for mental illnesses said that spiritual beliefs offered comfort and feelings of being cared for, and helped them feel less alone. And at the first National Summit of Mental Health Consumers and Survivors – organized in 1999 by the National Mental Health Consumers' Self-Help Clearinghouse to develop consensus around the issues of greatest concern to people with psychiatric histories and to create action plans – participants identified spirituality as one of the values most important to recovery. At the same time, some researchers have found that spirituality may at times be “pathologic” in people with severe mental illnesses.



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Recovery and Spirituality

The Reverend Bob Dell became acutely aware of mental illness when his brother-in-law committed suicide in 1958. “Figuratively speaking, that was the Dark Ages in terms of what we knew about treatment for depression – well before the advent of psychotropic medications. But when we’re talking about a person as a whole, we have to look at mind, body and spirit,” he says. He saw an opportunity for the church to help, and that experience now inspires his work as chair and acting

executive director of Pathways to Promise, based in St. Louis, Missouri. Pathways to Promise is the education and publication arm of a national cooperative of faith groups that build connections between mental health treatment and spirituality.

Organizations and individuals representing a broad spectrum of faiths are recognizing the nexus between spirituality and recovery, offering resources for people with mental illnesses and improving awareness about mental illness in faith

communities. For example, NAMI FaithNet facilitates support within religious communities for people with mental illnesses through education, advocacy and outreach activities. Craig Rennebohm, a Universal Church of Christ minister who has struggled with serious depression, founded the Seattle-based Mental Health Chaplaincy in 1987, offering community outreach, companionship and training.

In San Diego, Methodist minister Susan Gregg-Schroeder directs the Mental Health Ministries, which she founded after enduring her own bout with depression and anxiety in the early years of her ministry. "At that time I was suicidal and I was admitted to the hospital. That began a very long, humbling journey, and over time I started to speak out about my experience," she recalls. Gregg-Schroeder wrote a book about her personal experience; she also started consulting as well as creating workshops and multimedia resources that address the role of spirituality in recovery and work to erase stigma and discrimination.

How Spirituality Can Help

Spiritual leaders who work with people with mental illnesses agree that a person need not have a deep religious

faith or even a strong spiritual orientation in order to gain the benefits that spirituality can bring to the recovery process. "Faith is a subjective judgment," Dell says. "We're all on a spiritual journey and we don't raise a bar that a person has to be on a certain part of that journey. We would walk with that person from whatever point they start at."

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Indeed, acceptance within faith communities is one of the benefits of increasing involvement in a spiritual life. A chaplain or fellow congregants can help create connections and engender trust. "It's the role of the chaplain and the community of faith

to attend to spiritual issues that arise in the course of mental illness,"

Rennebohm writes. "It's our responsibility to affirm God's love, ever active in the face of illness, and provide a full range of resources to support healing: medical, psychological, social and spiritual."

Rennebohm has established a "companionship" model for healing. He first helps someone acknowledge and understand the symptoms of her illness. He then helps her find practical treatment and

support – a healthcare clinic, a shelter for the night – before helping to engage her in spiritual healing and, finally, to come to some acceptance of the illness.

A Supplement to Treatment

As community organizations with strong networks, churches, synagogues, mosques and temples can provide an important supplement to more traditional treatment. "The current medical model allows very little to no room for incorporating a person's spirituality. Faith communities can do things in partnership with community-based groups – they can provide more holistic treatment, they can provide interfaith shelters – all kinds of things that are needed," Gregg-Schroeder says. Belief in recovery is also a critical component of the recovery process, whether it manifests itself in daily thought, prayer practice, the reading of sacred texts, observing ceremonies or attending services. "Hope is what sustains people, and it is an important factor in recovery," she says.

Hope and deep spirituality helped Gregg-Schroeder in her own recovery. "For me, having depression was a journey of self-discovery. I learned more about myself and I was transformed by the experience. As painful as it is, it forces you to go inward and downward. It's about care more than a magic cure."

Limits of Spirituality

Yet even as some research has established that spirituality can play an

WORKING TOWARD RECOVERY IN A FAITH COMMUNITY

While there are many programs for people with mental illnesses within faith communities, some congregations and faith-based organizations don't offer recovery-focused resources. Mental health consumers who are already active in a faith community can take an active role in making their community more healing for people with mental illnesses. One way is by serving as an advocate: Being honest and candid about mental illness can help break down barriers among people who are simply uninformed. "Speaking out about mental illness can help to erase the stigma. After I shared my story, it was just amazing how many other people opened up. No one, clergy or anyone else, is immune to having depression or mental

illness," Gregg-Schroeder says.

Other ways to create awareness about the issue are scheduling a speaker, establishing a counseling program or creating a religious study group focused on mental health issues. Individual congregations can reach out to members with mental illnesses by offering transportation to services, volunteer or employment opportunities, wellness resources, logistical and financial assistance and regular companionship.

For more information, see the resources in the box on the following page.

important and therapeutic role in recovery, there is still much resistance from both the religious and medical establishments to the idea of addressing mental health issues within a spiritual context. "If you read the anecdotal evidence, there has been lots of support from religious organizations, which is good news," Dell says. "On the other hand, there is still much work to be done, places where we still have stigma against mental illness – and that's a tragedy."

Part of the problem is that religions often treat illness, both physical and mental, as a moral or spiritual failing. (And, as Rennebohm points out in his book *Souls in the Hands of a Tender God*, many pastors will visit the bedside of a person who has suffered a heart attack before they will even acknowledge a person grappling with schizophrenia.) There is a notion in some religious communities that prayer can heal all and that the existence of illness is evidence of a person's lack of devotion. Such blaming attitudes can be self-destructive for a person with mental illness, who may already suffer from feelings of guilt, doubt and low self-esteem.

A 2004 paper in *Swiss Medical Weekly* acknowledges that religion may become part of the problem as well as part of the recovery: "Some patients are helped by their faith community, uplifted by spiritual activities, comforted and strengthened by their beliefs. Other patients are rejected by their faith community, burdened by spiritual activities, disappointed and demoralized by their beliefs."

Susan Gregg-Schroeder relates that, during her own mental health crisis, she wrestled with the possibility of bias and discrimination against people with mental illnesses in the church. "I was deeply afraid of losing my job," she says. "The stigma is strong in faith communities. What happens is, people tend to just drop off, they stop coming to church. Families struggle in silence. You hear horror stories of what people have gone through – some have been kicked out of their churches." Individuals who find themselves rejected from their faith community risk greater

isolation, and in some cases the experience can exacerbate the symptoms of their illness.

Ignorance can be a significant barrier. Because mental illness is largely viewed as a medical issue, clergy often don't feel equipped to provide care and counsel to people with mental illness. "Clergy have shown themselves to be the least effective in making appropriate referrals, partly because we did not receive education in seminary," Gregg-Schroeder says. "In my own case, I didn't know what was happening to me. But studies have shown that a person will often go to their faith leader first before a mental health professional."

Similarly, there is some skepticism – which, according to some research, may be well-founded – in the mental health treatment community about spirituality and religion. A 2007 study in the *American Journal of Psychiatry* found that while the majority of surveyed psychiatrists recognized the positive impact that spirituality could have on health, psychiatrists were more likely than other doctors to recognize that religion or spirituality could also be a "pathologic" element and cause emotional suffering for individuals in treatment. For example, a 2002 study published in *Social Psychiatry and Psychiatric Epidemiology* concluded that people with schizophrenia commonly experience religious delusions, and that those who did have such delusions seemed to be more severely ill and functioned less well than a control group of people who also had schizophrenia but did not experience such delusions. In addition, studies have found that religious delusions may lead some individuals to commit acts of violence.

Some practitioners view spiritual matters as highly personal and don't want to intrude on their patients' personal lives by "prescribing" prayer. "You rarely see matters of faith brought into the medical model, though we are now seeing some medical professionals starting to conduct spiritual assessments and acknowledge that it can be a key support for people," Gregg-Schroeder says.

RESOURCES

Episcopal Mental Illness Network
www.eminnews.com

Faith and Mental Health: Religious Resources for Healing, by Harold G. Koenig (Templeton Foundation Press, 2005)

The Jewish Association for the Mentally Ill
www.jamiuk.org

Mental Health and Hindu Psychology, by Swami Akhilananda (Munshiram Manoharlal Publishers, 2005)

The Mental Health Chaplaincy
www.mentalhealthchaplain.org

Mental Health Ministries
www.mentalhealthministries.net

Mindfulness and Mental Health, by Chris Mace (Routledge, 2007)

Muslim Mental Health
www.muslimmentalhealth.com

NAMI FaithNet
www.nami.org/faithnet

National Catholic Partnership on Disability
www.ncpd.org

Pathways to Promise
www.pathways2promise.org

Presbyterian Serious Mental Illness Network
www.pcusa.org/phewa/psmin.htm

Souls in the Hands of a Tender God, by Craig Rennebohm (Beacon, 2008)

United Church of Christ Mental Illness Network
www.min-ucc.org

Virginia Interfaith Committee on Mental Illness Ministries,
www.vaumc.org/gm/micom.htm



The Clearinghouse welcomes all programs in which consumers play a significant role in leadership and operation to apply for inclusion in its Directory of Consumer-Driven Services. The directory, accessible at www.cdsdirectory.org, is searchable by

location, type of organization, and targeted clientele, and serves as a free resource for consumers, program administrators and researchers.

Apply online at www.cdsdirectory.org/contact, via fax at 215-636-6312, or by phone at 800-553-4KEY (4539). To receive an application by mail, write to info@cdsdirectory.org or NMHCSH Clearinghouse, 1211 Chestnut Street, Suite 1100, Philadelphia, PA 19107.

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