The role of faith in mental health and wellness

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Outline of presentation

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- Charter recommendations

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Introduction

- Faith is strong medicine.

- People who report a faith in God seem to experience depression less (Koenig, 2001; Kroll & Erickson, 2002; Myers, 2000; Smith, McCullough & Poll, 2003).

- The positive role of faith in mental health and illness recovery is common as observed in the recent tsunami and Twin Towers disasters (Pargament, 2007).
Importance of Faith in the Care Process

- Although modern medicine can treat and often conquer disease, faith and the human spirit cannot be separated from physical medicine (Frankl, 1984; Swinton, 2001) suggesting that
- individual faith must become an integral component of the care process.
- In a meta-analysis of studies into faith and mental health before the year 2000, 478 of 724 studies (66%) found positive effects of faith on mental health (Koenig, 2007).
• Between the years of 2000-2005 an additional 5187 articles relating to the effects of religion on mental health have been published (Koenig, 2005).

• These studies have found that people who practice a faith have less heart disease, lower blood pressure, less suicidal attempts, faster recovery from illness, possibly greater longevity; increased resilience against life stresses, improved social supports, healthier lifestyles, lower anxiety and greater optimism.
Faith & Mental Health

- Some evidence to suggest that internal motivation is a significant predictor of lower levels of hopelessness and depression (Ceramidas, in press; Hill & Pargament, 2003; Koenig & Lewis, 2004; Smith, McCullough, et al., 2003).

- Intrinsic faith among the elderly is associated with quicker recovery from depressive episodes (Miller, Weissman, et al., 2002; Murphy, Ciarrocchi, et al., 2000).
“It is the personal, private religious coping activities that dominate, rather than the social or group-related dimension” (Tobin, 1991).

Koenig, George, et al. (1998) showed that over 50% of the medically ill patients they screened who used religious belief or activity to cope with the stress of physical illness, appeared less depressed than those who did not rely on religion.
Framework of Faith

- Social support alone is less effective than social support within a religious environment (Ceramidas, in press; Koenig, George et al., 1998; Tobin, 1991).

- Faith and religion provides a framework through which people can find a purpose and meaning in life (Ceramidas, 2008; Park, 2005; Paloutzian, 2005; Williams & Sternthal, 2007).
For those with a connection with, and an active belief in God, loneliness is not necessarily a negative aspect of life (MacKinlay, 2001; Payne & McFadden, 1994; Ramsey & Blieszner, 1999).

Faith and religion can help people find meaning in loneliness (MacKinlay, 2001).
Van de Creek et al. (2003) note that “religious support has emerged as a significant predictor of psychological adjustment after controlling for the effects of general social support”.

Hill and Pargament (2003; Ceramidas, 2008) imply that connectedness with God may be a buffer in stressful situations, “as yet, these findings have not been explained by non-religious factors”.

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Study 1: The role of faith in mental health and wellness of older people

- Grounded theory methodology to explore if/how older people use their faith during depression
- Community-dwelling, self-identified Christians (n=20)
- > 65 years of age (range 65-84 years);
- Sufficiently cognitively intact and physically able to participate in an hour-long interview in English
- Had experienced depression and/or loneliness affecting their daily lives. State or trait loneliness (Gibson, 2000) were both included.
Methodology

• Consent

• Demographics & GDS (15-item)

• One-hour (approx) in-depth interview

• All participants fully met DSM-IV (American Psychiatric Association, 1994)

• Nvivo (v.2) software (Richards, 2002)
Functional impairment during depression

- GAF scores - close group
  - 31 – 40
  - 41 – 50
  - 51 – 60

- GAF scores - distant group
  - 31 – 40
  - 41 – 50
  - 51 – 60

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Homogeneity with respect to depression, but differences with respect to perceived closeness to God

- Differences in reported closeness to God
  - “Just chat with Him at any time, when I’m cleaning the bath, whenever … no particular reason” (Stephanie)
  - “How else do I fill the time on a Sunday?” (Jaru)

- Formation of two groups based on perceived closeness to God
Just social support?

- All study participants voiced a need to experience and express their faith in a safe environment.

- “Actually it’s been interesting that the book-reading club has not been a group that has taken pastoral care of each other. I’m quite intrigued by this. In a general sense ... we support each other ... but there’s only one person in that group that knows that I have depression.” (Maxi, distant group)
“We’re in the family of God and I look on my church friends as part of my family … deep [non-church] friendships haven’t lasted any way as well as the ones in church …

So if I had the choice I would go to my church friends because I know that they know all about me and accept me for who I am warts and all; whereas there are other expectations of me in other areas of life … people in a social club, you never bare your soul to them. You can’t.” (Nora, close group)
Faith: So what?

<table>
<thead>
<tr>
<th>Close group</th>
<th>Distant group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able to relate to God in a personal manner</td>
<td>Viewed God as a supernatural and impersonal being</td>
</tr>
<tr>
<td>Chose to yield control to God during depression</td>
<td>Attempted to retain control of their depression</td>
</tr>
<tr>
<td>More depressive episodes, greater functional impairment during depression</td>
<td>Fewer depressive episodes, less functional impairment during depression</td>
</tr>
<tr>
<td>Reported positive outcomes of depressive episodes</td>
<td>Did not recognise any positive outcomes of depressive episodes</td>
</tr>
<tr>
<td>Reported greater life satisfaction</td>
<td>Reported less life satisfaction</td>
</tr>
<tr>
<td>More ‘connected’, less hopelessness</td>
<td>Greater isolation, more hopelessness</td>
</tr>
<tr>
<td>Less hospital admissions due to depression</td>
<td>More hospitalisation due to depression</td>
</tr>
<tr>
<td>No suicide attempts or plans</td>
<td>Suicidal attempts, ongoing plans</td>
</tr>
</tbody>
</table>

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Study 1: Conclusions

- All study participants voiced a need to experience and express their faith within a safe environment.
- Social support alone was less effective than faith-based support.
- Close participants more than distant participants considered suicide but only distant participants had attempted suicide or had active suicidal plans.

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Older Christians who perceived greater intimacy with God also believed that God protected them from suicidal attempts.

The perception of closeness to a Higher Being may in fact have the same outcomes across several religions and not just Christianity.

Perceived intimacy and connectedness with *any* higher being might be beneficial for better mental health and protection against suicidality.

© 2008 Ceramidas, DM – Study 1
Study 2: The Importance of Faith for Aboriginal People with Mental Health Issues

- The relationship of faith to resilience and well-being in Aboriginal Communities helps to improve life satisfaction.
- Cherbourg community-dwelling – Aboriginal population (n = 86) from 2004 to recent.
- > 80 years of age (range 12 - 78 years).
- Able to participate in an hour-long culturally appropriate initial interview session with a Psychologist who identifies as Aboriginal.
- Referrals were received from the local community health service.

- During the study period in which 8-12 counselling sessions using Pnuema-Psyche-Soma Therapy (Spirit-Soul-Body) Emotional Release Therapy (PPS-ERT) were conducted with Indigenous clients, Benson-Stott found that Indigenous people went on to lead healthy lives.

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Study 2: The Importance of Faith for Aboriginal People with Mental Health Issues

- There is an importance of faith for aboriginal people with mental health issues in Cherbourg.
- In and amongst the Indigenous community, the use of the term ‘social and emotional wellbeing’ is viewed as a less stigmatizing term compared to ‘mental illness’ and hence that term is preferred (Henderson et al., 2002).
- Aboriginal and Torres Strait Islander people have a holistic view of mental and physical well being which encompasses physical, emotional, cultural and spiritual aspects of both the individual and the community.
- Indigenous people view family, community, peace and spirituality as being a part of well-being.
Study 2: The Importance of Faith for Aboriginal People with Mental Health Issues

- In aboriginal culture, social and emotional unwellness can be attributed to culture-related experiences such as external or internal forces or reasons e.g. doing something wrong.
- Indigenous peoples’ view of depression is different from that of Westerners. Depression is not very accepted as a diagnosis but is considered as ‘that’s the way he/she is’.
- Indigenous individuals often consider external forces to contribute to illness, and in some cases, may be the cause of illness (e.g. doing something wrong in their culture). This phenomenon is not common in western cultures.
- Indigenous people, unlike Westerners, do not view well being as separate from the mind and the body, but view it as a whole entity (Benson-Stott, 1991).
Study 2: The Importance of Faith for Aboriginal People with Mental Health Issues

- **Result of body unrest:**
  - physical and medical consequences
  - stress
  - weight loss or gain
  - limited concentration
  - loss of identity

- **Result of soul unrest:**
  - Shame
  - Helplessness
  - Aggression or domestic violence
  - Anxiety and/or depression
  - Chroming and/or alcohol use

- **Result of spiritual unrest**
  - low self esteem
  - deficit in social skills
  - offender behaviours
  - no/limited connection
  - mistrust
  - disconnection from land

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Study 2: The Importance of Faith for Aboriginal People with Mental Health Issues

- Benson-Stott (1997) attributed psychosocial health problems, early parenthood, interpersonal and family violence, inter-generational substance abuse, loss of spirituality, disconnection from land and self and culture, abuse and neglect and poor physical health to the mental unwellness of Indigenous people.

- The DSM-IV has been criticized by some scholars as not being culturally specific. For example, there are some cultural illnesses that are present in Indigenous people that are similar to the DSM-IV criteria for illnesses such as depression but have a different cause.

- Example 1 includes an illness termed ‘spiritual disconnection’ which shows symptomatology of clinical depression but is related to longing for reconnection with one’s country, not depression (Benson-Stott, 2004).
Study 2: The Importance of Faith for Aboriginal People with Mental Health Issues

- Example 2 includes that sometimes the Indigenous culture views so-called hallucinations or delusions as spiritual experiences (Sheldon, 1997) whereas non-indigenous may view these experiences as psychosis. It is therefore important that before diagnosing psychotic disorders that the Indigenous person is seen for a number of sessions, and that cultural views are taken into account. Spiritual experiences are real – it does not mean the person has psychosis.

- Indigenous people believe that curses can be placed on people or one can see spirits. This should be taken seriously and considered when working with a person who may present with a psychotic disorder (Benson-Stott, 2007).
Study 2: Conclusions

- Engaging an Indigenous client through connecting is a helpful intervention. Mental health intervention for Indigenous people needs to be more than just counseling or psychology and needs to be spiritually rooted. Emotional release therapy, telling of stories, gestalt therapy, and narrative therapy when combined together allow healing to occur for Indigenous people.

- Not working with the spiritual aspects of the Indigenous client will only result in working on the symptoms, not the root cause of the problem. Social and emotional unwellness for an Indigenous person grows from the spirit struggling to connect, disconnect, and reconnect. Spirituality is of significant importance to Indigenous people.
Indigenous people have an awareness of the spiritual world because of their heritage and culture. Becoming an Indigenous Christian does not mean leaving culture behind. It means having hope in and amongst chaos. It means being able to reconnect and heal.

This research suggests the need for greater understanding of the relationship between cultural and religious characteristics and adaptation to consequences in the context of mental health intervention.
Summary: Charter recommendations

1. Individual’s faith is recognised as a personally important aspect of one’s health and well-being;
2. Health professionals and other service providers be encouraged to discuss an individual’s faith and its role in their health and well-being,
3. Faith be considered in a person’s care plan,
4. Coalitions and alliances be built with faith communities and churches as part of interventions to recognises individual faith beliefs and practices.
5. There is a need for mental health professionals to distinguish between spiritual crisis and mental illness, and have the ability to explore areas of overlap and difference between the two.

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