

Christianity and Psychiatry  
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# Aims

- Review a recent edited volume, *Christianity and Psychiatry*
- Consider where we go from here:

Remaining gaps

Research, clinical and teaching uses of the book as a resource

# Why Psychiatry and Faith?

- Religiousness generally correlates with improved mental health
- Many individuals turn to their faith rather than to psychiatry
- Psychiatric conditions may have spiritual dimensions
- Spirituality and religion can be resources for healing
- Clinicians' own worldviews can influence their work

# Why Christianity and Psychiatry?

- A major faith tradition
- Emphasizes divine healing
- Many believers “spiritualize” emotional struggles
- Some churches reinforce mental health stigma
- Christians have often suspected psychiatry of being anti-religious
- Christianity offers resources for personal and social transformation

# Case Vignette

A 60 year old woman with a history of chronic pain, substance misuse and depression reported worsening suicidal thoughts after her pastor reprimanded her for not having more faith.

In the past, she had benefitted from AA, but felt more at home in a Christian Twelve Step Program, Celebrate Recovery.

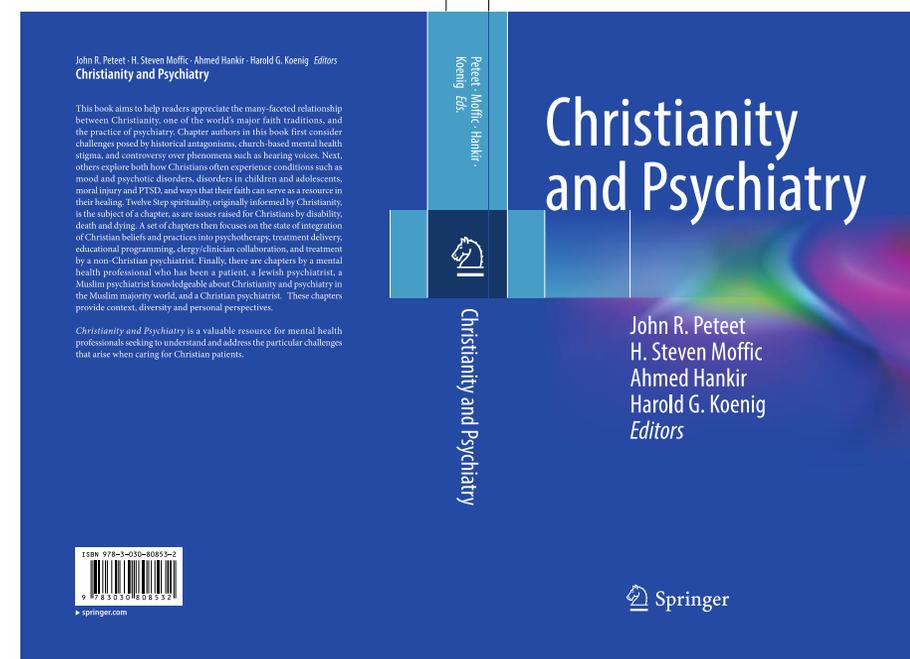
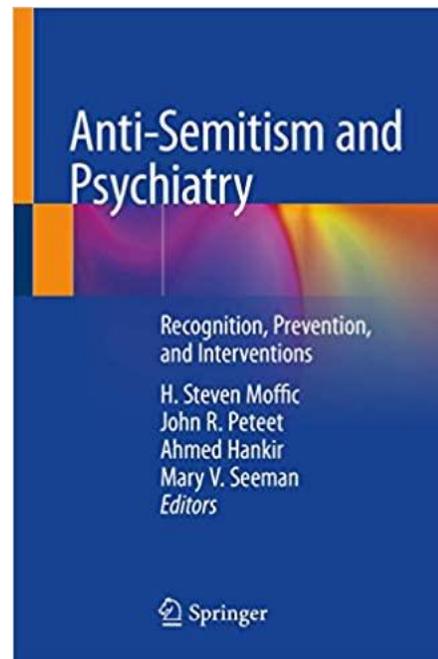
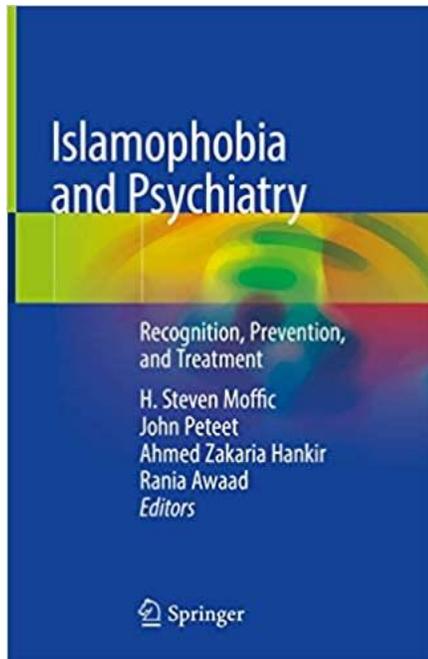
# The Book Aims To

- Help clinicians better understand the particular challenges and resources involved when treating Christians
- Help Christian individuals and family members integrate their faith with their understanding of mental disorders and treatments
- Describe models of collaboration between clinicians and faith communities
- Provide a scholarly, conceptual and practical resource for future work

# Book Details

- Co-editors: John Peteet, Steven Moffic, Ahmed Hankir, Harold Koenig
- 21 chapters
- 303 pages
- Available online (\$89), in paperback (\$119.99)
- Contributors: Protestant, Catholic, Anglican, Coptic, Jewish, Muslim; psychiatrists, psychologists, clergy, theologian, philosopher
- Literature, theory and case examples
- Third in a series by Springer Nature

# The Springer Series



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# The Fraught History of Psychiatry and Christianity – Samuel Thielman

This chapter draws from a wide range of primary and secondary source literature to illustrate how Christians, physicians and otherwise, have understood the spiritual dimension of “madness.” Beginning with the New Testament and extending to the present day, it explores the way Christian physicians and clergy have understood mental illness and its treatment. Even early on, the church understood that psychological distress could be a natural phenomenon with a spiritual dimension. Many also held that supernatural forces could influence mental states. The origins of more recent tensions date to the emergence of the nineteenth-century philosophical naturalism as a factor in psychiatric thinking. In the twentieth century, as psychotherapy became a more significant part of psychiatric care, there emerged a potential conflict between the role of the psychiatrist and the role of clergy. As psychiatric research has become more multidisciplinary, new attention has been given to the role of spirituality, Christian and otherwise, in behavioral healthcare.

<https://link.springer.com/content/pdf/bfm%3A978-3-030-80854-9%2F1.pdf>

# Mental Illness Stigma in Christian Communities – Jennifer Huang Harris

Why is it so hard for Christians to seek mental health care? Why is there such strong stigma attached to mental illness in Christian communities? In this chapter, we will review sociological theories for why stigma exists, such as in-group and out-group behaviors and attribution theory, and then examine how these apply to Christian communities. We will also examine how philosophical and theological conflicts regarding the validity of psychiatric diagnosis, the nature of mental illness, and the beliefs about treatment contribute to mental illness stigma in church communities. Finally, we will discuss recommendations for overcoming stigma and fostering compassion.

# Psychotic Symptoms and Spiritual Phenomena –Christopher Cook

Psychotic symptoms and spiritual phenomena may either be understood as being on a continuum or else as being discontinuous, categorically separate phenomena. Christian scripture and tradition may be interpreted within either model, but in either case, there is a need for discernment in diagnosis and pastoral care. Hearing the voice of God and belief in demon possession are particularly complex phenomena, being both a part of normal Christian life in many churches worldwide and also potentially symptoms of psychosis for some. For those who are suffering from psychosis, the relationship between faith and illness needs to be treated with sensitivity and respect. Christian spirituality has a significant part to play in recovery. A spiritual assessment and integration of spirituality/faith in treatment will be important. Much more mutual understanding and collaborative work are needed between clergy and clinicians to achieve optimum pastoral and clinical care.

# Mood Disorders and Christianity – Jennifer Huang Harris

Spirituality is a crucial perspective by which to understand the mood disorders as disorders of meaning-making and hope. Christianity is distinctive for its emphasis on sin and grace and the relational aspect of alienation and reconciliation with God. In this chapter, we explore the complex relationship between Christianity and mood disorders. We will review whether Christian belief seems to protect against, exacerbate, or improve mood disorders. We will also examine the role of guilt and religious experience and how they may complicate the presentations of major depressive disorder and bipolar disorder. We discuss the ancient traditions of acedia and the “dark night of the soul” and how these might help distinguish between spiritual states and psychopathology. Lastly, we discuss the importance of Christianity in coping with mood disorders themselves.

# Trauma – Nadine Nyhus

This chapter explores how Christian patients' spiritual resources can be effectively mobilized in trauma treatment, including by clinicians who do not share their patients' faith. It will start with basic definitions of the terms integration, Christian, and trauma. This will be followed by a consideration of how the Bible views trauma. Next, I will outline neuroscience discoveries that establish the central place of the body in trauma, followed by what the Bible says about the body. Then, building on this foundation of compatible biblical and neuroscientific understandings, I will outline a treatment approach to trauma that starts with the body. The latter part of the chapter will consider common obstacles that may be encountered by Christians when presented with an integrated trauma therapy approach and how clinicians who do not share their clients' faith can assist with overcoming these obstacles. Finally, on the positive side, this chapter outlines faith resources that Christian clients bring to therapy.

# Working with Christian Children and Families – Julie Sadhu, Joshua Williams and Mia Everett

Child and adolescent psychiatrists should aim to support the holistic wellness of the youth and families under their care. A comprehensive grasp of all biological, social and psychological factors is an important component in that process. Within that framework, cultural issues, including race/ethnicity, language, and religious or spiritual beliefs, may play a significant role in the emotional and behavioral health of individuals seeking psychiatric care. The spiritual and religious beliefs of children and their families often inform their worldview, values, relationships and behavior. In this chapter, we delineate the Christian worldview as it relates to children, the family, and child development; provide a summary of relevant literature regarding the intersection of Christian faith and child psychiatry; highlight the impact of Christian faith on a child's or family's view of child psychiatry; describe the impact of denominational and cultural differences in the expression of Christian faith and family dynamics; present an approach to assessment and treatment planning for Christian youth and families; and provide clinical case examples and practical clinical pearls for the integration of Christian faith and psychiatric care. In summary, the mental health practitioner will serve Christian families and youth well by exhibiting an empathic, attentive, and unbiased stance; providing youth and family centered care; recognizing the potentially important role of faith in child development, clinical presentation and response to treatment; encouraging the positive benefits of Christian faith on strength-building, recovery, and resilience; and facilitating effective integration of spiritual and religious beliefs and practices with traditional, evidence-based psychiatric treatment.

# Understanding Moral Injury in Individuals: Current Models, Concepts, and Treatments – Joseph Currier, Steven Izaak, Paolo Fernandez

Theologians, philosophers, and biblical scholars have long honored the spiritual and moral dimensions of human suffering. Adding to nearly a century of groundbreaking discoveries on the biological and psychological effects of trauma, there is increasing recognition in mental health professions that these events also affect patients morally and spiritually. Further, in keeping with a rise of multiculturalism, evidence-based practice, and patient-centered care, progressively more researchers and clinicians are attempting to address moral and spiritual dimensions of trauma recovery. Along these lines, the emergence of the moral injury construct represents one of the crucial developments in traumatology over the past decade. Drawing upon a recent case of a Christian patient who experienced a moral injury, this chapter will (1) define the current definitions and concepts of the moral injury construct, (2) describe the double-edged nature of Christian faith in recovery, and (3) outline several of the emerging treatments for this multifaceted condition.

# Moral Injury in Christian Organizations: Sacred Moral Injury – Len Sperry

Sexual abuse of children by ministry personnel in Christian organizations has been reported by the media as the result of individual psychopathology of these personnel, as systemic failure, or a combination of both. Could it be the result of moral injury? Since the basic failure in Christian organizations in which sexual abuse occurs is a “betrayal of sacred trust,” it is more accurate to identify such abuse as “sacred moral injury.” This chapter differentiates it from the moral injury often described in military personnel, as well as from moral distress, spiritual distress, and spiritual injury. It offers a definition and model of sacred moral injury and delineates its key components. Then, it describes the individual and systemic dynamics that foster this form of injury, illustrates a multifaceted approach for interventions, and describes the role of mental health professionals in the recovery process.

# Christianity and Disability – John Swinton and Erin Raffety

This chapter is geared toward physicians and medical practitioners and offers practical insights into how Christian theodicies, scriptural interpretation, and theological ideas can inform understandings of disability, mental illness, persons with disabilities, wellness, and patient care. Assuming a Trinitarian understanding of God as unique to the Christian faith and worldview, the chapter critiques biblical interpretations and theologies that have emphasized the “problem of disability,” linked disability or mental illness with sin or evil, or positioned disability as something that must be overcome through treatment or cure. Instead the chapter argues that persons with disabilities are created in the image of God, called by Jesus, and equipped by the Spirit for human flourishing. Rather than constructing a comprehensive theology of disability, this chapter offers a provisional definition of disability and ideas for faithful ways of interpreting and engaging Christian scripture, as well as theology, and aids practitioners in understanding how Christian faith can be a resource in meaning making, healing, agency, and flourishing for persons with disabilities.

# Miracles and Care at the End of Life – Gloria White-Hammond and John Peteet

The case of “Margie”, a believer in miraculous healing who died of breast cancer, illustrates the meaning of miracles among many African-American Christians, the importance of “seeing” such patients as they come to terms with their dying, and a way of praying with them through the process. Psychiatrists are often positioned to help the medical team recognize and address the spiritual needs of believing patients facing death.

# Addiction and Twelve Step Spirituality – David Hathaway and Michael Dawes

Addictions are among the leading causes of preventable death worldwide and in the United States. Given the morbidity and mortality of alcohol and other substance use disorders, effective treatments are needed. A recent meta-analysis found participation in Alcoholics Anonymous (AA) to be as effective – if not more effective – than other forms of alcohol use disorder treatment. Moreover, the methods used by clinicians to facilitate active AA and other twelve-step (TS) engagement (e.g., twelve-step facilitation, TSF) have been shown to increase the likelihood that individuals struggling with addictions will actively participate in twelve-step groups.

The authors of this chapter are clinicians who treat patients who struggle with various addictions and co-occurring mental health disorders. We write this chapter to explain why twelve-step participation is a vital treatment component for many, but not all, who are seeking spiritual renewal and recovery. Our aim is to offer hope that recovery from addiction is possible and that patients with a Christian worldview can find a group that supports recovery and their Christian faith. We will briefly review the intersection of twelve-step spirituality and Christianity by examining the historical background and Christian origins of AA/TS/TSF, examine putative mechanisms that promote recovery from addictions, compare and contrast some twelve-step self-help recovery groups, provide a case example, examine the expansion of peer-led mutual help groups, and close with future directions.

# Models of Integration of Christian Worldview and Psychiatry - Gerrit Glas

The chapter reviews the debate about the relationship between psychiatry and Christianity from a conceptual point of view. First, different approaches to the integration debate in the USA will be discussed. Then follows a brief analysis of the underlying epistemic and conceptual assumptions of the debate. A distinction will be introduced between different forms of knowing, especially between scientific and professional knowing. Then the focus will shift to the practical and societal context in which professional knowledge unfolds. I will introduce a normative practice approach (NPA) to psychiatry and highlight how this approach may give a new twist to the classical integration debate.

# Christian-Integrated Psychotherapy – Harold Koenig and Michelle Pearce

This chapter briefly reviews the relationship between Christianity and mental health based on evidence from observational studies, followed by a summary of evidence-based research examining religious/spiritually integrated therapies. Research on the efficacy of Christian religiously-integrated cognitive behavioral therapy (CRCBT) is then reviewed, along with a description of ongoing research exploring the effects of spiritually integrated Christian cognitive processing therapy (SICPT-C). Next, an examination of CRCBT (indications, brief description, and summary of the ten treatment sessions) is provided. This is followed by a brief description of SICPT-C (indications, brief description, and summary of the 12 treatment sessions). Treatment recommendations are provided, including how to identify clients for whom Christian-integrated therapies are indicated and how to determine when referral is necessary or consideration of co-therapy. The religious beliefs of Christians often impact their mental health and coping with stress and, in general, should be considered a positive resource that therapists can utilize when treating these patients as they challenge dysfunctional cognitions and behaviors that are causing distress. This chapter will provide readers with a good sense of why Christian psychotherapy might be helpful, the evidence base that supports this practice, and how to apply Christian psychotherapy when treating depression, anxiety, and moral injury in the setting of trauma.

# Models of Delivering Christian Psychiatric Care – Tom Okamoto, Mena Mirhom, Karen Wang, Alan Fung

Christian psychiatric care dates from Christ's historical ministry on earth, including healings of both physical and mental illnesses. His healing actions were personalized, creative, intimately relational, and ultimately spiritual, producing life-changing restoration of health.

It is often thought that faith and science in psychiatry have only recently made attempts to partner with mutuality of purpose. However, in the decades since psychiatry became a medical specialty, Christian practitioners have tried to incorporate both spiritual and scientific truth. Johann Christian Reil, the son of a Lutheran pastor and highly regarded German physician who named the field of "psychiatry," called for the integration of psyche, soma, soul, and medicine as a guide for the psychiatric field. This integration of the spiritual and scientific continues to challenge Christian psychiatrists caring for the mentally ill to find new ways to heal within evolving social structures.

Models of Christian psychiatric service delivery described in this chapter include an outpatient model delivering care to the Eastern Orthodox Coptic Church in New Jersey, a Christian university/community psychiatric outpatient care model in Toronto, Canada, and a multisite inpatient and outpatient Christian mental health-care model in Southern California and Washington State. Christian psychiatric service delivery models and the providers who create them confront the tension between faith and science in providing state-of-the-art psychiatric treatment while delivering spiritually congruent mental health care.

# Clergy-Clinician Collaboration – Nancy Kehoe and Mary Lynn Dell

While the literature agrees on the value of clergy and mental health professionals working together, few models of successful collaboration are available. This chapter considers the distinct advantages of collaborating, the challenges of this work, and some possible ways forward.

# Principles and Practice in Educating Christians About Mental Health: A Primer – Alan Fung, Mena Mirhom, Tom Okamoto, and Victor Shepherd

There is a growing recognition of the presence and prevalence of mental health issues in Christian communities, and their impacts on affected individuals, families, and congregations. This has encouraged collaborations and partnerships between mental health professionals and faith communities, including mental health education for faith communities by mental health professionals. In this chapter, Christian clergy and psychiatrists have outlined rationales, guiding principles, and practical examples of mental health education in diverse settings. Psychiatrists can educate the public by repurposing their current clinical skills and expertise. Office skills establishing the therapeutic relationship and educating patients to deeper levels of understanding can be translated for use within a psychiatric education event. Educational and sociological concepts of epistemic “levelism” and “contextualization” can be understood within the clinical model and can be reinterpreted toward teaching. The psychoanalytic, theological, and sociological concepts of intersubjectivity and “third” process can help translate psychotherapeutic concepts for Christian audiences. Examples of promoting spiritual integration while educating the Christian public are discussed. Useful resources (especially those available free of charge) for such mental health educational endeavors are highlighted. The issues of cultural sensitivity and competency, training programs, as well as ethical considerations in conducting such endeavors are also discussed. The ultimate goal of the authors is to empower readers to embark on their own mental health educational endeavors.

# Called to Lead? - Jamie Hacker Hughes

This autobiographical chapter looks at the journey over a career taken by a British Christian psychologist. Of course, there are probably countless other similar journeys, but every single one is unique. Being invited to contribute a chapter to this excellent book provides an opportunity to reflect on the journey, or the journey so far at any rate. Some are called to serve, some are called to lead, and some are called to both. This chapter examines the latter, and its implications.

# Treating Christian Patients as a Non-Christian Psychiatrist – Susan Packer

Jewish psychiatrists who are grounded in traditional Judaism can use that background to empathize with devout Christian patients who share the same intensity of religious commitment yet whose beliefs and practices are diametrically different. After identifying parallels between Jewish tradition and the conflicts experienced by pious Christian patients, Jewish practitioners can share such circumscribed personal information to increase rapport. This essay reviews the historical and contemporary connections between Jewish religious identification, Freud's anti-religion attitudes, and psychiatry/psychoanalysis. We review case histories of patients who identify as Pentecostal or charismatic Christians, Mormon, Catholic, or Jehovah's Witnesses. We emphasize belief systems that conflict with contemporary psychiatric practice. We review behaviors that conflict with religious norms and result in excommunication or exile from respective religious communities and the social isolation and psychological distress that results. We identify challenges in applying standard CBT (cognitive behavioral therapy), such as identification of "catastrophizing," to dispel harrowing apocalyptic ideas that are predetermined by religious ideology.

# A Jewish Psychiatrist's Perspective – Steven Moffic

In my personal history of becoming and being a Jewish psychiatrist, I try to convey some of the ways that the Jewish religion intersects with the practice of psychiatry and with the religion of Christianity. Growing up with an unrecognized Jewish identity into one that infused my professional and personal life provides an example of the mental health importance of religion and its role in psychiatry. The essential Jewish value of Tikkun Olam is to help make the world better. Evolving to interfaith and multicultural coalitions with other psychiatrists, and remembering that each religion and culture have subgroups of different denominations and cultures, I have observed, experienced, and recommended an expansion of our psychiatric model to include spirituality in a bio-psycho-social-spiritual model. Being involved in the editing of the trilogy of books on Islamophobia, Anti-Semitism, and Christianity has pointed out to me how important religion can be for the mental health of the public and patients, as long as the conflicts and competition between - and sometimes within - the religions are not destructive. Similarly, the Judeo-Christian values of the United States may need broadening as the country becomes an increasingly multi-faith and multi-cultural one. Lingered still is the racism that involves patients from Black and other minority ethnic backgrounds, with most of those people being of the Christian faith. At such synchronic junctures of religion and psychiatry, I find a meaning for my life and perhaps yours.

# Christianity from a British-Muslim Psychiatrist's Perspective – Ahmed Hankir

In this chapter I provide background information about myself to discuss and describe Christianity from a British-Muslim psychiatrist's perspective. I am 'originally' from Lebanon, and my place of birth is Northern Ireland. Both nations have been ravaged by conflict 'in the name of religion'. Here, I elaborate on how these influences shaped my values and my attitude towards Christianity which, I hope, will provide mental healthcare professionals and practitioners with an insight into how Muslims living in Christian-majority countries formulate their identity, interact with others and develop their worldviews. I also delve into some of the mental health aspects and considerations of Christian-Muslim relations.

# A Christian Psychiatrist's Perspective – John Peteet

As a lifelong Christian with an early fascination with philosophy, I was drawn to what psychiatry could offer the human condition. My Christian patients in the northeastern USA have both struggled with and been helped by their faith, which is often intertwined with their emotional lives. A number of mentors and resources have helped me better understand my role as a clinician, and our need for a vision of an integrated life worth living.

# Where Do We Go From Here?

Gaps?

Implications for:

- clinical work
- research
- education