The impact of spirituality on mental health

A review of the literature

Mental **Health** Foundation

In the past decade or so, researchers across a range of disciplines have started to **explore** and acknowledge the **positive** contribution **spirituality** can make to **mental health**. Service users and survivors have also **identified** the ways in which **spiritual activity** can contribute to mental health and **wellbeing,** mental illness and **recovery**.

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Background

In the past decade or so, researchers across a range of disciplines have started to explore and acknowledge the positive contribution spirituality can make to mental health. Service users and survivors have also identified the ways in which spiritual activity can contribute to mental health and wellbeing, mental illness and recovery. This report reviews the evidence and explores the impact that some expressions of spirituality can have as part of an integrative approach to understanding mental health and wellbeing.

Mental health problems

Anecdotal, quantitative and qualitative evidence all point to a positive (although often modest) relationship between spirituality and mental health in relation to a number of mental health problems.

Depression is the most common mental health problem in the UK and has been the focus of much of the research exploring the relationship between spirituality and mental health. The evidence shows a positive association between church attendance and lower levels of depression amongst adults, children and young people. It also shows that belief in a transcendent being is associated with reduced depressive symptoms.

Similar research has examined the relationship between spirituality and anxiety or stress. Quantitative research demonstrates reduced levels of anxiety in a number of populations, including medical patients in later life, women with breast cancer, middle aged people with cardiac problems and those recovering from spinal surgery. Qualitative research also demonstrates that yoga and meditation are also associated with improvements in mental health and reductions in anxiety.

There is an emerging literature examining the association between spirituality and post-traumatic stress disorder (PTSD). One review found 11 studies that reported links between religion, spirituality, and trauma-based mental health problems. A review of these 11 studies produced three main findings. First, these studies show that religion and spirituality are usually, although not always, beneficial to people in dealing with the aftermath of trauma. Second, they show that traumatic experiences can lead to a deepening of religion or spirituality. Third, that positive religious coping, religious openness, readiness to face existential questions, religious participation, and intrinsic religiousness are typically associated with improved post-traumatic recovery.

Similarly, the evidence exploring spirituality with schizophrenia is also relatively scarce. However, one review of the literature concluded that "religion plays a central role in the processes of reconstructing a sense of self and recovery". Another found that for individuals who share the same religious values as their family, religiosity can be a cohesive and supporting factor. Others have found that people with a diagnosis of schizophrenia find hope, meaning and comfort in spiritual beliefs and practices.

Not all research exploring the association of spiritual or religious activity and anxiety shows a beneficial effect of the former on the latter. Rather, it seems to depend to some extent on the way in which spirituality is expressed. For example, increased mental health problems are often found amongst those with a strict religious upbringing.

Some also find that their religious or spiritual beliefs are not understood or explored within mental health services. For many, clinicians either ignore an individual's spiritual life completely or treat their spiritual experiences as nothing more than manifestations of psychopathology.

Mechanisms

Some of the research exploring the association between spirituality and mental health attempts to understand the mechanisms through which potential benefits may occur. Mechanisms most often discussed are:

- coping styles
- locus of control
- social support and social networks
- physiological mechanisms, and
- architecture and the built environment

Findings show that a collaborative approach to religious coping (i.e. the individual collaborates with 'God' in coping with stress) is associated with the greatest improvement in mental health.

Similarly, perceiving negative events as externally caused and positive events as internally caused is widely regarded as an 'optimistic' attributional style and is generally associated with better mental health. One review of the literature has suggested that religious beliefs may allow a person to reframe or reinterpret events that are seen as uncontrollable, in such a way as to make them less stressful or more meaningful.

The support individuals derive from the members, leaders and clergy of religious congregations is widely considered one of the key mediators between spirituality and mental health. As with other forms of social support, spiritual or religious support can be a valuable source of self-esteem, information, companionship and practical help that enables people to cope with stress and negative life events or exerts its own main effects.

Some researchers have argued that certain expressions or elements of spirituality may positively affect various physiological mechanisms involved in health. Emotions encouraged in many spiritual traditions, including hope, contentment, love and forgiveness, may serve the individual by affecting the neural pathways that connect to the endocrine and immune systems.

A final mechanism that may mediate the relationship between spirituality and mental health is the environment. As well as specific 'spiritual' buildings and architecture – such as churches, temples or mosques – nature, art and music may all have an impact upon mental health.

In short, the proposed benefits of the association are probably the result of a collection of inter-related and interacting factors, some of which have been addressed in the literature and some of which may yet need to be discovered. These may well interact with a number of individual factors, including a person's pre-existing mental health status, their age, their gender or their cultural background.

Limitations

Although the evidence generally supports the notion that spirituality is beneficial for mental health, the research does have limitations.

One of the key shortcomings in the field is that it relies almost exclusively on quantitative measures, which may not fully access the meaning spiritual activity has for the individual. Quantitative research tends to try and isolate the impact of one activity (e.g. church attendance) upon another (e.g. level of depression), which may not always capture the rich and complex interactions of other factors on any association found.

A further methodological limitation of the research is that it focuses on the effects of spirituality on mental health problems. Few studies address the mechanisms through which spirituality may promote good mental health and wellbeing in populations without those problems.

A conceptual limitation of the field relates to definitions used. Whilst there is recognition that there are differences between religion and spirituality, the distinction between the two is often blurred, with much of the research using measures of religious practice as a proxy.

In summary, research exploring the association of spirituality with mental health generally displays a range of methodological and conceptual shortcomings. These need to be addressed before we can deepen and extend the evidence base. Methods need to be combined and sample selection should reflect the diversity of spiritual expression that exists in the UK, in order that the maximum potential benefits of spirituality are available to as many individuals as possible.

Recommendations

Those working in mental health services should:

- ask service users about their spiritual and religious needs upon entry to the service and throughout their care and treatment

- help service users to identify those aspects of life that provide them with meaning, hope, value and purpose

- ensure that all service users including those who do not regard themselves as spiritual or religious are offered the opportunity to speak with a chaplain or other spiritual leader if desired

- provide good access to relevant and appropriate religious and spiritual resources

- offer or make available safe spaces where users can pray, meditate, worship or practice their faith

- provide opportunities for service users to discuss their spirituality or religion with others

- build strong and effective links with religious and spiritual groups in the local community

- avoid pathologising, dismissing or ignoring the religious or spiritual experiences of service users.

Further research should:

- acknowledge the socio-demographic, social and health factors that are known to be risk factors for certain mental health problems

- ensure that the methodologies employed are those most appropriate to answer the questions being addressed

- include service users, wherever possible, in the design, conduct and analysis of research projects

- be sufficiently well designed to identify mediating factors that are exclusive to spiritual or religious activity and how they relate to other dimensions of being human (emotional, psychological, social, intellectual)

- take into account the range of demographic variables that could moderate or mediate the relationship between spirituality and mental health

- develop measures of religion and spirituality that cut across a range of religious traditions without robbing those traditions of their distinctive and substantive characteristics

- consider using spiritual or religious activity as an outcome measure and to explore the impact of mental health on different expressions of spirituality

- explore the impact and effectiveness of the 'healing' dimensions of different spiritual activities.

1. Background

1.1 Definitions of spirituality

Spirituality is a word used in an abundance of contexts that means different things for different people at different times in different cultures. Although expressed through religions, art, nature and the built environment for centuries, recent expressions of spirituality have become more varied and diffuse. This is reflected in the range of vocabulary used to describe spirituality. Some of the more common themes in the literature describe it using one or more of the following elements:

- a sense of purpose[1]
- a sense of 'connectedness' – to self, others, nature, 'God' or Other[1]
- a quest for wholeness[2]
- a search for hope or harmony[3]
- a belief in a higher being or beings[1]
- some level of transcendence, or the sense that there is more to life than the material or practical[4], and
- those activities that give meaning and value to people's lives.

Underlying many of those themes is an assumption that an intrinsic (often sub-conscious) human activity is one of trying to make sense of the world around us and of our meaning and place within it[5;6;7]. In this context, "spirituality" becomes the vehicle through which that meaning is sought, and can vary according to age, gender, culture, political ideology, physical or mental health and myriad other factors.

For some, that vehicle is religion. The most recent Census (Office for National Statistics, 2001) states that the UK population includes approximately 42 million people who describe themselves (nominally or otherwise) as Christian, 1.5 million Muslims, over 500,000 Hindus, 340,000 Sikhs, over 250,000 Jews and a significant number of smaller religious communities. Within each of these groups, there is a vast range of traditions and practices through which spirituality is experienced or expressed. Much of the research on spirituality and mental health focuses on the observable and/or measurable elements of religious expression, such as attendance at church, temple, mosque or synagogue, or time spent in prayer/meditation. However, for others – including the 9 million UK citizens who say they don't have a religion – spirituality takes many other forms.

Swinton recognises that spirituality has broadened in meaning into "a more diffuse human need that can be met quite apart from institutionalised religious structures"[8]. He identifies it as the outward expression of the inner workings of the human spirit and his definition of spirituality is the one that will be used for the purposes of this report:

"Spirituality is that aspect of human existence that gives it its 'humanness'. It concerns the structures of significance that give meaning and direction to a person's life and helps them deal with the vicissitudes of existence. As such it includes such vital dimensions as the quest for meaning, purpose, self-transcending knowledge, meaningful relationships, love and commitment, as well as [for some] a sense of the Holy amongst us."[9]

This description supports the view that humans are social, biological, emotional, physical and spiritual beings and any understanding of the relationship between spirituality and mental health exists within that integrative context.

1.2 Spirituality and mental health

In the past couple of decades, an holistic approach to understanding individuals has paved the way for research to explore spirituality as one dimension of the cognitive, emotional, behavioural, interpersonal and psychological facets that make up a human being. Although a connection between spirituality and mental health has been recognised in Eastern ideologies (such as Buddhism) for many centuries[10], the historical split between religion and science in the West has resulted in a relatively recent interest in the field in the UK.

This interest in the relationship between spirituality and mental health is being explored in a number of ways. Researchers in a range of disciplines, including psychology, psychiatry, theology, nursing and gerontology, are exploring the connections between various elements of these two areas of human existence[11-17]. Service users and survivors as well as those in various faith communities are also adding their voices to the evidence base and identifying the ways in which spirituality can contribute to mental health and wellbeing, mental illness and recovery[18-20].

Swinton argues that spirituality is an intra-, inter- and trans-personal experience that is shaped and directed by the experiences of individuals and of the communities in which they live out their lives[8]. In other words there are internal, group, community and transcendent elements to spirituality. Thus, its interaction with a person's mental health is likely to be complex, interactive and dynamic. Although some research tends to look for a simple linear relationship between certain expressions of spirituality and narrowly-defined mental health outcomes, this report recognises the value of an integrated approach to understanding a person's mental health and assumes that relationships between the two are likely to be bi-directional, interactive and open to influence from other factors.

Inevitably, though this report is limited by the nature of the research so far on spirituality and mental health. It therefore reflects to some extent the content and tone of a research base which is largely quantitative, largely related to the Christian religion, and almost entirely based on the assumption that what is at work is a mediating factor between spirituality and mental health rather than a direct spiritual phenomenon. As such the research tends to reduce spiritual experience to a set of behavioural or social indicators.

1.3 Aims of report

In light of that, the principal aim of this report is to explore the outcomes and consequences of spiritual belief or activity for mental health. Quantitative and qualitative evidence is identified and explored in relation to a number of mental health problems. Some of the factors that influence, mediate or contribute to the relationship between spirituality and mental health are explored before the limitations of the evidence are identified. The implications of the research for policy, practice and further research are established in the final section, alongside some key recommendations for individuals, sectors and services with an interest in spiritual and/or mental health care.

This report is not a systematic review. The very nature of spirituality means that it cannot be captured within the parameters of wide generalisations, nor is it statistically quantifiable in the ways that traditional scientific methods might desire it to be[8]. In depth qualitative research can delve into the meaning and relevance of spirituality for individuals not always accessible by questionnaire or survey measures. Therefore a balanced approach to reviewing the literature is required. To maximise the extent to which the research may be useful for individuals and practitioners, the literature search focused on research conducted in the UK in recent years. As well as articles published in academic journals, a search of relevant 'grey' literature was conducted. Websites of mental health organisations and different faith communities were searched using the terms 'mental health', 'spirituality' and 'religion'. Where organisations did not have a website, contact was made via telephone and any relevant literature sent by post. A larger international literature review including work from North America would be useful.

One consequence of this search strategy, alongside the other constraints involved in writing this report (time and length), is that it resulted in an emphasis on spiritual expressions that are of a predominantly Christian tradition. This is because, despite the increasing awareness of spirituality as a broad concept that may or may not be related to religious organisations or traditions, much of the research defines it in terms of religiosity. The main reason for this is that it may be easier to conceptualise or measure organised religion, frequency of attendance, family history and satisfaction with certain religious beliefs into a study[21]. Although this is a limitation of much of the research in the field (see section 4) examples from non-religious or non-Christian traditions are cited wherever possible. The bias in the research towards Christianity may exist for a variety of reasons including cultural issues, researcher and institutional bias, lack of knowledge and awareness, accessibility of traditions and subjects and prejudice.

2. Consequences of spiritual activity for mental health

For over a century, the benefits of spiritual activity for physical health have been recognised and documented[22]. At the most rudimentary level, some kinds of spiritual activity seem to make you live longer. A recent meta-analysis of 42 studies examining the association between mortality (from any cause) and spiritual activity demonstrates that people with a high religious involvement were likely to die older than their non-religious counterparts[23]. Other research has pointed to the benefit of spiritual activity for those with cardiovascular disorders[24,] AIDS[25] and a number different cancers[17;26;27].

The way that professionals perceive the relationship between spirituality and mental health is less clearly focused on the benefits. In a recent survey, 45% of mental health professionals felt that religion could lead to mental ill health and 39% thought that religion could protect people from mental ill health[18]. This uncertainty is in part due to the fact that historically, the association between the two has not always been regarded as a positive one. Freud called religion "the universal obsessional neurosis of humanity"[28] and others have argued that the relationship between mental health, religion and spirituality has "at best been uneasy and at worst non-existent."[18]. One theologian has claimed that religion is psychiatry's "last taboo"[29] and many argue that this view is endorsed by a lack of attention to spirituality in both psychiatric textbooks and mental health services[8;18;22].

Recently, this situation has started to change. In the past decade or so, theologians (usually grounded in a Christian worldview) have started to write at length about the association between mental health and spirituality[18] and the dissociation between the two is being increasingly questioned by professionals in other disciplines, including psychology, psychiatry, nursing and gerontology[30;31]. Equally, if not more importantly, service users, survivors and carers are adding their voices to the argument that mental health and spirituality are intrinsically linked and that individuals from all of these sectors should communicate with and learn from one another[32]. For example, in 1997, the Mental Health Foundation conducted the first national user-led survey of its kind and found that over half of service users had some form of spiritual belief and that these beliefs were positive and important to them in terms of their mental health. Following this, service users were asked to describe the role spiritual and religious beliefs and activity had in their lives and themes that emerged included the importance of guidance; a sense of purpose; comfort; grounding; the allowance of expression of personal pain and the development of an inner love and compassion for others[19;33]. All of these were regarded as positive for mental health.

The emerging evidence generally supports this shift in perspective and points towards a protective or beneficial effect of religious or spiritual activity for mental health[15;34;35]. Although this relationship changes depending on how spirituality is expressed or which aspects of it are measured, positive associations have been found between some styles of religion/spirituality and general wellbeing, marital satisfaction and general psychological functioning[36]. Factors proposed to mediate these effects are examined in section 3. Similarly, some research shows that certain spiritual or religious activity can have an effect on the mental health of those experiencing depression, anxiety, post-traumatic stress or schizophrenia and it is to that research that we now turn.

In examining such research it is of course necessary to bear in mind the limitations of psychiatric diagnosis as regards reliability and comparability across different research methodologies, diagnostic instruments etc and validity in terms of people's actual lived experience. Whilst it is understandable that research has been done in relation to specific diagnosed mental health problems this of course has its limitations in understanding mental health and spirituality as a whole.

2.1 Spirituality and depression

Depression is the most commonly experienced mental health problem by people in the UK[37;38] and it manifests itself in different ways and to various degrees. It is characterised by one or more of a number of symptoms, including feelings of sadness or misery, unexplained tiredness and fatigue, the feeling that even the smallest tasks are almost impossible, a loss of appetite for food, sex or company, excessive worry, feeling like a failure, unjustified feelings of guilt, feelings of worthlessness or hopelessness, sleep problems and physical symptoms such as back pain or stomach cramps.

Given its prevalence in the UK population, affecting 1 in 6 people at some point in their lives, much of the research exploring the relationship between spirituality and mental health has focussed on depression. Nonetheless, it offers valuable insight into the relationship between spirituality and other mental health problems. Swinton argues that depression, often characterised by feelings of hopelessness, lack of meaning or purpose in life and low self-esteem, is by its very nature linked with what many people understand as spirituality[8]. He describes a small but in-depth piece of qualitative research that involved interviewing six people who had experienced depression for at least two years. The purpose of the investigation was to create a rich description of their experiences and to discover the importance of spirituality for those with depression[8].

One of the central themes to arise from the research was the importance of having a meaning or purpose in life. One of the defining features of depression can be a transient or stable loss of these facets of a person's life and for the participants in Swinton's study, this loss – and its associated rediscovery – were central aspects of both depression and spirituality. This reflects what others have documented in the literature[39-41] and what Burnard has argued is the central concept in defining spiritual care[42]. Meaning enables people to cope:

"I don't depend on there being direct, individual meaning in my particular circumstances or situation or all the bad things that happen to me. I'm quite happy to live with the idea that, you know, in a fallen world there are things that happen to people just sort of through chance and circumstance. But what one does need to believe is that all of that is happening in an ultimately meaningful framework." (Participant in research, Swinton, 2001, p112[8])

A loss of that meaning can remove from an individual the power to cope with life's difficulties:

"When I'm in a phase that I'm able to believe that there is a God who gives meaning to that universe, then I have hope. But there have been spells when I haven't been able to believe that, and that has been absolutely terrifying. That's been falling into the abyss." (Ibid, p113)

Depression can also lead a person to question everything they have previously found security in: Why am I here? What's the point of living? In these situations, the things that once helped a person make sense of their life seem to disappear:

"It was like looking out on a landscape that was total desolation; where once there had been growth and possibilities, now there was just nothing… words can't really describe it. Like, I was looking at things that I had seen a hundred times before and they looked different. I could see them but I couldn't feel them." (Ibid, p114)

In questioning, doubt arises about the things that have previously given an individual their meaning and purpose. These are key elements of life that tend to disappear from view during depressive episodes. Many religious and spiritual traditions make the claim of offering individuals meaning and purpose amidst an otherwise confusing or depressing existence. One of the key contributions of spirituality in the lives of these individuals, therefore, may be the power it offers to restore meaning, purpose and hope to their lives.

One way in which meaning can be recovered through spirituality in the lives of people with depression is through understanding and empathy. For all of the participants in Swinton's study, and for those in other user-led research[15;19;43], understanding and empathy are core vehicles through which the distress of depression can be alleviated. Although on occasions service users say they feel misunderstood by religious or mental health professionals, when understanding and empathy are offered, they seem very powerful indeed:

"I've been in the depths of despair where it's like 'I'm sorry, but I don't believe this anymore.' In fact, I said that once to my community nurse. He wasn't a Christian. I talked a lot about faith and Christianity then, and… eh… you know, I was at the state when I was suicidal and he was basically trying to keep me going. [laughs]. I said, 'I don't believe it any more.' and he said, 'you know that's not true, because you do believe it, and that's what's kept you going and you've got to hang onto that.' And I found that quite… erm… amazing, that someone who didn't really believe in religion was able to use that, 'cause he knew I did… he didn't agree with me. He didn't say 'yeah there's nothing there', because that wouldn't be what I would need to hear at the time." (Swinton, 2001, p127)

Another important source of meaning and hope is found in spiritual traditions common to most religions, including liturgy, worship and prayer. It seems that when depression leads people to struggle intellectually with their faith, the elements of ritual, symbol and habit associated with these traditions are able to "carry a person through" their worst moments.

"Even though, intellectually and emotionally you may have all sorts of doubts and turmoils, you are able sort of outwardly to share in the liturgy of the mass, and by that, erm… it's sort of an acted out statement of faith even when your mind and your emotions may not be able totally to provide faith." (Ibid, p128)

As well as Swinton's work and other qualitative user-led research, there are a number of quantitative studies that explore the relationship between certain aspects of spirituality and depression. Hodges describes four dimensions of spirituality – meaning of life, intrinsic values, belief in transcendence and spiritual community – and argues that each of these dimensions has an inverse linear relationship with depression[21].

For those who find meaning or purpose in life through religion or spirituality, church attendance is often (although not always) associated with lower levels of depression and this is true for both adults, children and young people[44]. One way of understanding this effect is the possibility that some faith communities promote social inclusion (either passively or actively), which affects both incidence of and coping with depression. This possible mechanism will be examined in more depth in section 3. Similarly, most of the research shows that people involved in religions that encourage internalisation of a set of values are at substantially reduced risk of depression, compared to those who attend a church because of obligation or duty[22;45]. One study found that for every 10-point increase in a person's intrinsic religiosity, there was a 70% increase in recovery from depressive symptoms after physical illness[46]. Similar findings have been found amongst those who believe in a transcendent being or higher power[47-49] and amongst those who belong to a community with others who share their values and offer support[50].

In short, the overall conclusion drawn by much of the research is that many expressions and elements of spirituality are helpful in reducing depressive symptoms and/or increasing general wellbeing[1;51]. The mechanisms through which these effects may occur are discussed in Section 3.

2.2 Spirituality and anxiety

Similar research has examined the relationship between spirituality and anxiety or stress. The symptoms commonly associated with anxiety can be emotional, intellectual, physical and/or social. These include feelings of shame, grief or aloneness; difficulty concentrating or an inability to learn new details; increased breathing and pulse rate, difficulty sleeping and problems with eating; social apprehension, isolation or withdrawal and irritability or unusual levels of aggression. In addition, Swinton argues that stress and anxiety can have spiritual symptoms, including:

- a loss of meaning in life

- obsessional religious thoughts and actions

- feelings of alienation and indifference

- loss of previous spiritual belief

- no sense of the future

- fear of death

- fear of the consequences of 'sins' or religiously-defined 'bad' behaviour and/or

- an inability to focus on 'God' or to meditate[8]

One of the more common areas of research in the literature explores the association between anxiety and spirituality amongst individuals who have chronic or life-threatening illnesses. For example, in one study, heart transplant patients that attended church frequently reported less anxiety and had higher self-esteem than those who attended less frequently[22]. Similarly, one study explored whether spiritual involvement and beliefs and spiritual coping mechanisms could account for any of the variation in anxiety among women within one year's diagnosis of cervical cancer. They found that anxiety was more common in those who did not use positive spiritual coping mechanisms, and that this was especially true for younger women and those with more advanced stages of the disease[52]. Reduced levels of anxiety associated with spiritual activity have also been found in other populations, including medical patients in later life[53], women with breast cancer[54], middle aged people with cardiac problems[55] and those recovering from spinal surgery[56].

One of the spiritual activities that was commonly measured in these populations was prayer and/or meditation. These are activities that users of mental health services have also associated with improved mental health. For example, in the Somerset Spirituality Project[19], one interviewee said that prayer was her coping mechanism:

"God became a friend… everything, I discussed with God… [He] put up with loads… it's how I survived." (p32)

Yoga and meditation are also associated with improvements in mental health and reductions in anxiety in the qualitative literature. Despite this, there has been little quantitative research examining the association between yoga/meditation and anxiety. A recent systematic review found eight studies that specifically explored the impact of yoga on anxiety and concluded that although the results were encouraging, the extent of the methodological inadequacies meant that further research was necessary[57]. A similar conclusion was reached in a study published after the systematic review, which aimed to evaluate potential effects of Iyengar Hatha yoga on perceived stress and associated psychological outcomes in women with anxiety disorders. Women attended twice-weekly yoga classes, each lasting 90 minutes. Compared to those allocated to the waiting list control group, women who participated in the yoga-training demonstrated pronounced and significant improvements in perceived stress, state and trait anxiety, well-being, vigour, fatigue and depression. Physical well-being also increased and those subjects suffering from headache or back pain reported marked pain relief. Salivary cortisol (a measure of stress) decreased significantly after participation in a yoga class[58].

Not all research exploring the association of spiritual or religious activity and anxiety shows a beneficial effect of the former on the latter. Rather, it seems to depend to some extent on the way in which spirituality is expressed. For example, increased anxiety is often found amongst those with a strict religious upbringing[59] and emotional distress is also greater in those who fall into Genia's[60] spiritual typologies of dogmatic or underdeveloped spirituality. In contrast, those who are categorised as spiritually growth-oriented or transitional tend to have lower rates of anxiety[61].

Overall, the picture is not yet complete. Many investigations of this relationship have used measures of spirituality that do not reflect its complexity nor control for other potential mediating variables. Although the general sense is one of optimism for the role spirituality can play in helping to reduce symptoms and feelings of anxiety, further research is required to establish the true nature of that relationship.

2.3 Spirituality and PTSD

Post-traumatic stress disorder (PTSD) is a delayed reaction to an abnormal, traumatic life experience, such as war, terrorism, a car or aircraft accident, a natural disaster, or physical, sexual, emotional or psychological abuse[62]. Anecdotal evidence suggests that religion and spirituality are highly valuable to people in times of crisis, trauma and grief, and a recent systematic review of articles in the Journal of Traumatic Stress reached similar conclusions[35].

There is not a wealth of research examining the association between spirituality and PTSD in the UK, but there is an emerging literature from America. For example, Shaw et al's 2005 review of the literature found 11 studies that reported links between religion, spirituality, and trauma-based mental health problems. A review of these 11 studies produced three main findings. First, these studies show that religion and spirituality are usually, although not always, beneficial to people in dealing with the aftermath of trauma. Second, they show that traumatic experiences can lead to a deepening of religion or spirituality. Third, that positive religious coping, religious openness, readiness to face existential questions, religious participation, and intrinsic religiousness are typically associated with improved post-traumatic recovery[63].

One spiritual pathway that has been shown to reduce stress and related symptoms in war survivors is meditation on a word or phrase with spiritual significance (sometimes called a mantra)[64]. Researchers in one study asked 62 service users to engage in this type of meditation for 90 minutes per week, for five weeks. They concluded that mantra repetition significantly reduced symptoms of stress, anxiety and anger, as well as improving quality of life and spiritual wellbeing[64]. Although the authors recognized that a larger sample and a control group were necessary "in order to substansiate the benefits of this type of meditation", possible mechanisms that may underlie this effect were not fully explored.

One strand of research suggests that the effects of trauma on mental health may be better understood by taking a broader perspective that includes resilience and recovery as well as damage and symptomatology[13]. This broader view allows for the possibility of positive outcomes following the experience of trauma, such as self-discovery, renewed sense of meaning in life and increased inner strength[13]. This shift of including positive outcomes of trauma has led to research that explores factors that allow or encourage this growth to occur. For example, one study used structural equation modelling (a statistical test that enables the contribution of many variables to be explored simultaneously) to test a model for understanding post-traumatic growth[65]. A sample of 174 bereaved caregivers for people with HIV/AIDS completed questionnaires that explored which factors had a positive relationship with personal growth. Spirituality and social support were linked with post-traumatic growth, although a lack of qualitative data means it was hard to understand precisely the ways in which these factors interacted.

One qualitative study examined themes associated with sustaining recovery among women with co-occurring disorders who had survived trauma[66]. In semi-structured interviews, 27 female trauma survivors described the influences they considered most important in sustaining and hindering their recovery. Seven themes emerged from this analysis, four of which supported recovery and three that served as obstacles. Those that supported recovery and encouraged post-traumatic growth were connection, self-awareness, a sense of purpose and meaning, and spirituality. The women in this study reported that, although caring relationships provided important supports for sustained recovery, some of these same relationships increased emotional stress and conflict and thus may impede recovery.

Important directions for future research are suggested in the literature. These focus on the need for more fine-grained analysis of religion and spirituality variables, together with longitudinal research designs, that allow more detailed exploration of the links between religion, spirituality, and post-traumatic growth.

2.4 Spirituality and schizophrenia

Within psychiatry, schizophrenia is seen as a severe and enduring mental illness characterised by disruption in cognition, perception and emotion. This may affect language, thought, perception, affect and a person's sense of self. The array of symptoms can include psychotic manifestations, such as hearing internal voices or experiencing other sensations not connected to an obvious source (hallucinations) and assigning unusual significance or meaning to normal events or holding fixed false personal beliefs (delusions). No single symptom is definitive for diagnosis; rather, the diagnosis encompasses a pattern of signs and symptoms, in conjunction with impaired occupational or social functioning[67].

For many living with schizophrenia, religion and spirituality have an important and positive role. One review of the literature looking at religious and spiritual coping amongst individuals with chronic schizophrenia concluded that "religion plays a central role in the processes of reconstructing a sense of self and recovery"[68]. Another found that individuals who share the same religious values as their family, religiosity can be a cohesive and supporting factor[22]. Others have found that people with schizophrenia find hope, meaning and comfort in spiritual beliefs and practices[68-70].

However certain religious expressions of spirituality may become part of the problem as well as part of the recovery. Some individuals are helped by their faith community, uplifted by spiritual activities, comforted and strengthened by their beliefs. Others are rejected by their faith community, burdened by spiritual activities, disappointed and demoralized by their beliefs[68].

Some also find that their religious or spiritual beliefs are not understood or explored within mental health services. For many, clinicians either ignore an individual's spiritual life completely[71] or treat their spiritual experiences as nothing more than manifestations of psychopathology[8;72]. This is a theme that emerged in the Somerset Spirituality Project[19]:

"Whatever I had to sort out was a religious existential problem and to them it was classic schizophrenia." (p49)

Service users in the Project gave several accounts of experiences that could be interpreted as either spiritual or psychotic. For example:

"There were things going on inside of my spirit and my soul that were certainly beyond anything I'd ever experienced." (p49)

"The experience was one of both hell and heaven… the very worst depths of despair, but also some moments of joy. There was quite a lot of religious content… I felt as if I was being physically crucified and it was not just the sort of experience of crucifixion, it was all the deaths that man has ever known and all that I could ever imagine… that was horrendous and… through it ran a kind of intellectual commentary almost to the effect of… what Jesus went through, all mankind has been through." (p50)

The concern expressed by individuals in the Somerset Spirituality Project is echoed in other qualitative research. For example, Swinton's account of 'David', a 26 year old man diagnosed with schizophrenia, cautions those working in mental health services against ignoring the importance and value of an individual's spirituality in their recovery:

"For David , his spirituality is the form of language he uses to express his inner search for meaning, purpose and value. Both his normal and his delusional experiences are expressed in the language of spirituality, that is, the language which he uses to express that which is of most importance to him. Even David's delusions may be more than "mere pathology." '(Swinton, 2001, p149[8])

Religion and spirituality are relevant in the lives of many people with schizophrenia and in many cases seem to offer valuable benefits to living with and recovering from the illness. However, the exact nature of those benefits and the mechanisms through which they operate are not fully understood or researched. Further exploration is needed in order to understand when, why and for whom certain expressions of spirituality are helpful.

2.5 Spirituality and suffering

For some people, the impact of experiencing a mental health problem has been described as redemptive or transformational, in the sense that it has ultimately led to a greater sense of self-discovery or empowerment[20]. This is in spite of, or even because of the negative aspects of the experience. In this way, the suffering often associated with mental health problems is reinterpreted in a way that sees the whole experience as a journey or pilgrimage that fosters hope:

"Nonetheless I am convinced that depression can be a pilgrimage; an arduous journey in which one must be prepared to be broken in order to live again (or indeed in some cases to live for the first time)." (Inglesby, 2004, in Barker et al, 2004[20], p119)

This perspective resonates with some of the ways in which different religions have understood suffering. For example, Buddhism locates suffering at the heart of the world and of the human condition. It argues that suffering exists both physically (in pain, sickness, injury and eventually death) and psychologically (through sadness, fear, anxiety and disappointment). This is the first of four 'noble truths' in Buddhism; the second argues that suffering has its origins in attachments to transient things and an ignorance thereof. The third claims that the cessation of suffering is attainable through breaking these attachments and the fourth noble truth identifies the gradual (eightfold) path to this process. From this perspective, any suffering encountered in relation to a mental health problem can ultimately lead to 'self-improvement' and, eventually, Nirvana: "the freedom from all worries, troubles, complexes, fabrications and ideas."[73]

Other religions take different views of suffering. For example, Christianity teaches that suffering is to be expected in life and the Bible pays a great deal of attention to its existence. One book of the Bible, Job, deals exclusively with the issue. However, unlike Buddhism, it does not present suffering as the 'natural order' of things. Rather, it presents the notion that all suffering is the consequence of 'evil' and the antithesis of 'heaven' where "[God] will wipe every tear from their eyes. There will be no more death or mourning or crying or pain, for the old order of things has passed away."[74]

Although Christianity teaches that suffering exists, it also suggests that it has the power to be transformational and empowering through at least two mechanisms. Firstly, suffering enables a believer to identify with the suffering of Christ and secondly, it produces perseverance, character and, ultimately, hope[75]. For some, the suffering associated with a mental health problem is reinterpreted in light of such teachings. This may offer a believer comfort, understanding or simply an ability to hope that the situation won't last forever:

"I have learned with the assistance of others who share my faith that God has given me an opportunity to share deeply in His pain of rejection, humiliation, and loneliness along with the debilitating symptoms of my suffering so that I may have "exceeding joy" when "His glory is revealed." He has chosen me to bear in my mind, body and heart the sufferings of a painful suffering so that I can have the opportunity to participate in a trial of the soul. Because of the grave misunderstandings that most people have about Bipolar Disorder (also called "manic depression") I have become alienated from my husband, his family, my parish priest, my fellow parishioners and my friends. At the same time, God has provided everything that I have needed to endure this great trial according to His will for me."[76]

As the above quote shows, some individuals are able to reinterpret their suffering in a way that brings purpose and meaning to their lives. However, others may be more vulnerable to interpreting their suffering in less positive ways, particularly if they hold spiritual beliefs that encourage internal attributions (or causes) for negative events (see Section 3.2).

It seems that some expressions of spirituality are more effective than others in promoting good mental health and enabling people to cope when their mental health deteriorates. Although for some, the benefit is believed to come from divine intervention, help or control, the benefits of spirituality for mental health may also occur through different pathways or mechanisms. Some of the mediators most commonly discussed in the literature are the focus of the next section.

3. Factors mediating the relationship between spirituality and mental health

Some of the research exploring the association between spirituality and mental health attempts to understand the mechanisms through which potential benefits may occur. That is, rather than assuming that effects of spiritual or religious activity reflect the intervention of a divine being or god, other factors may explain and account for those effects. Mechanisms most often discussed are:

- coping styles

- locus of control

- social support and social networks

- physiological mechanisms, and

- architecture and the built environment.

3.1 Coping styles

Religious coping has been conceptualised as a mediator to account for the relationship between spirituality and mental health, particularly in times of stress. Pollner[77] suggests that a person's relationship with a divine or imagined 'Other' can have a major impact on their coping abilities:

"Religious texts and symbolism provide many resources for personifying the divine as an other who can be engaged internationally for support, guidance and solace…" (Pollner, 1989, p3[77])

Others have built upon this suggestion and developed a typology of religious coping that include collaborative, deferring and self-directing styles[78-80]. The collaborative style refers to an individual who enters into a collaboration with God when problems arise. God is seen as a partner in the problem-solving process and the responsibility for a solution is perceived by the individual to be a shared process. A deferring approach is one in which individuals take a passive role in the resolution of problems, trusting God to fully resolve the problem without their intervention. The self-directing person assumes full responsibility for their problem solving and is theoretically based on the belief that God has provided (or will provide) the skills necessary for successful coping[81].

This model for assessing and measuring religious coping has generated considerable research. One review concluded that the collaborative religious approach to coping is typically helpful and beneficial for mental health, whereas deferring and self-directing styles have yielded mixed results[81]. That said, there have also been some criticisms of the research. Firstly, many of the problems or stressors participants are coping with in the research are constant, rather than transient or variable (e.g. coping with the death of a loved one or facing terminal illness). Secondly, the stressors in question are significant life events. For many, the relationship between spirituality and mental health may be mediated by coping with minor or day-to-day stresses that are not typically measured in this field. Thirdly, most studies tend to ask respondents to report retrospectively on coping strategies that they used and fourthly, despite that, many studies assess current mental health as the outcome[81].

One study addresses these four limitations using a prospective design that asks individuals to describe how they cope with major and minor life stresses[81]. Using structural equation modelling, they found that collaborative and deferring styles of coping were differentially linked to mental health. Collaborative styles led to favourable mental health outcomes, including improved mental health and reduced mental distress. Deferring styles were associated with reduced positive affect and life satisfaction when faced with major life stressors.

A different study has examined these coping styles in relation to recovery from serious mental illness and assessed which, if any, facilitate the recovery process most effectively[71]. As well as collaborative, deferring and self-directing coping styles, they describe a fourth style called "Plead". This is a coping style characterised by an individual's refusal to accept the status quo and their petitioning for God to intervene in a miraculous way in order to bring about personally desirable outcomes. This use of pleading and bargaining for a miracle has generally been linked to greater distress and is often considered a maladaptive style of religious coping[71;78]. Participants were asked questions about their mental state, their religious beliefs, including the extent to which they base important decisions in life on religious faith, religious delusions, religious problem-solving techniques and their personal vision of recovery. Findings indicated that the collaborative approach to religious coping was associated with greater involvement in recovery-enhancing activities, compared to the other three coping styles, and the authors suggest that this is reflective of increased empowerment in individuals using this method of coping. Exclusive reliance on either self-directed coping or 'Plead' coping was associated with poorer outcomes in relation to recovery and a number of possible explanations for that finding are proposed. One of them, which is also proposed to mediate the association between spirituality and other mental health problems, is the way in which spiritual or religious beliefs can affect an individual's attributions or their locus-of-control perceptions[34].

3.2 Locus of control / attributions

One of the ways in which an individual makes sense of the world is the way in which they interpret and give meaning to events or experiences. Proposed causes – or attributions – for events have long been considered important mediators of mental health, and research exploring the association between attributional style and various mental health problems still flourishes today[11;47;82-87]. Perceiving negative events as externally caused and positive events as internally caused is widely regarded as an 'optimistic' attributional style and is generally associated with better mental health, in comparison to individuals with the opposite attributional style[34]. Similarly, an internal locus-of control – whereby an individual believes that they have some power over a given outcome – is usually associated with better mental health than an external locus of control[84].

One review of the literature has suggested that religious beliefs may allow a person to reframe or reinterpret events that are seen as uncontrollable[22], in such a way as to make them less stressful or more meaningful. For example, some religious traditions that believe in the concept of an all-powerful, all-controlling God would encourage an individual who didn't get a job that they had really hoped for that "it wasn't God's will". This could reframe a situation in which an individual might otherwise blame themselves or feel disempowered through a lack of control. Attributing negative events to forces outside of oneself may also lead to a more optimistic attributional style. Indeed, one study showed that the more fundamental the religious beliefs of an individual, the more likely they were to be 'optimistic' – that is, that negative events are "God's will" (rather than anyone's fault), and positive events are a reward or consequence of "obedience" or "good" behaviour[88]. As mentioned earlier, this attributional style may help some individuals to make sense of the suffering associated with a mental health problem. The interaction of spiritual, cognitive and emotional factors will probably contribute to an individual's likelihood of interpreting suffering in this way.

On occasions, some forms of spirituality can encourage an attributional style that is damaging for mental health, especially for those who are already vulnerable to mental ill health. For example, some strands of fundamentalist Christianity have regarded mental illness as the "work of the devil" requiring demons to be "delivered" from a person's body[72;89]. Although most Christian churches aim to be compassionate and understanding, service users still occasionally find a lack of both virtues in some settings:

"…I don't think anybody in their right mind would label themselves as psychotic; it's like labelling yourself as a criminal or anti-Christ…" (Somerset Spirituality Project, 2002, p45)[19]

Although in the main, a lack of understanding within religious organisations is due to confusion or uncertainty concerning the causes and contributions to mental health problems, some traditions interpret negative events as a consequence of "sin" or God's judgment[89;90]. This leads to an internal and/ or uncontrollable attributional style, which may help to explain why increased anxiety is often found amongst those with a strict religious upbringing[59] or those with a guilt- or punishment-based view of God[22].

3.3 Social support

The support individuals derive from the members, leaders and clergy of religious congregations is widely considered one of the key mediators between spirituality and mental health[91]. As with other forms of social support, spiritual or religious support can be a valuable source of self-esteem, information, companionship and practical help that enables people to cope with stress and negative life events or exerts its own main effects[92]. Loewenthal[93] (in Swinton, 2001[8]) describes some of the specific ways the spiritual community appear to provide support. These include:

- protecting people from social isolation

- providing and strengthening family and social networks

- providing individuals with a sense of belonging and self-esteem, and

- offering spiritual support in times of adversity.

In addition to these benefits, religious or spiritual support may provide more beneficial support than other social or cultural networks[91]. Hill argues that members of other social networks may be fluid or transitory, whereas support gathered from a religious or spiritual network can accompany an individual from birth to death. Although people who belong to that network may change over time, people belonging to a given faith community:

"…can count on the assistance of a group of like-minded individuals who share a set of values and a worldview, even in the most difficult of circumstances such as serious illness, aging or death…" (p.69)

This is consistent with the qualitative data recorded in the Somerset Spirituality Project described earlier[19]. Many interviewed found the company and support of others from the same faith helpful:

"I mean I have become fairly OK at looking after myself and I have such a lot of people in the church that support me and would worry about me if they didn't hear from or see me that I suppose I am not in as much danger… as some people might be… I don't know what I would do without them really."(p35)

"Church is like a family… it's like going back to meet old friends… everyone there shaking my hand. 'Oh I hear you've been ill… but we'll get through this together'… it's very much one big family really." (Ibid.)

As well as the spiritual community offering a source of social capital, the effects of support may be further strengthened by its religious content, such as an awareness of prayers being offered or the belief that God is working through others[91].

Another potentially powerful source of support for many involved in spiritual or religious activity is the leader, leaders or clergy associated with the spiritual community. One systematic review exploring the association of spirituality with recovery from post-traumatic stress argues that leaders of religious communities are "front-line mental health workers" for many individuals in the United States[35]. Work in the UK draws similar conclusions, recognising that spiritual leaders can provide much support for those using mental health services, but cautioning that religious professionals may need training to more fully understand the nature of mental health and wellbeing and mental health problems[18]. For many, spiritual leaders play a very powerful role in helping people feel supported:

"One woman was relieved at a point of much personal distress because a clergyman made her feel less guilty. She and at least one other just appreciated a minister 'being there' when they had been in distress. One talked about receiving counselling from her minister which had been useful and one was grateful that a lay-preacher had listened to her doubts… In some cases the priest had been so supportive that they were seen as a friend."(Somerset Spirituality Project p36)[19]

The willingness of spiritual leaders to embrace the importance of their role in promoting mental health is reflected in a number of movements in the UK. For example, the Church of England (2003) General Synod[34] debated mental health and responded to the Government's White Paper reforming the Mental Health Act. Two of the points included in their motion specifically related to leaders' roles in caring for the mental health of those in their parish:

"The Synod

- urge parishes and deaneries to develop their pastoral care of those with mental illness and their carers and welcome the decision to produce Promoting Mental Health: a Training Resource for Pastoral Care as a means of equipping them to do so; and
- commend the ministry of the mental health chaplains in promoting the well-being and needs of mental health users and their carers."

Similarly, the Jewish Association for the Mentally Ill (JAMI)[95] is a faith-based community also established by religious leaders to support service users with severe and enduring mental health problems, as well as their carers, friends and family. JAMI runs a drop-in centre, a hospital outreach programme and an extensive array of social and cultural activities.

The role of social support in promoting and maintaining good mental health is well established in the literature[96-100]. One mechanism through which spirituality may benefit individuals' mental health is through the provision of consistent and regular spiritual, physical and emotional support, particularly in times of stress or grief.

3.4 Physiological impact

Some researchers have argued that certain expressions or elements of spirituality may positively affect various physiological mechanisms involved in health[34;101]. Emotions encouraged in many spiritual traditions, including hope, contentment, love and forgiveness, may serve the individual by affecting the neural pathways that connect to the endocrine and immune systems[34]. Negative emotions that are actively discouraged in many religions, like anger or fear, trigger the release of the neurotransmitter norepinephrine and of the endocrine hormone cortisol. Sustained levels of these can lead to inhibition of the immune system, increased risk of infection, elevated blood pressure and increased risk of stroke and cardiovascular disease.

Meditation and silent prayer may reduce the levels of norepinephrine and cortisol, thus reducing feelings of stress and the mental health problems associated with it. This possibility is supported by research that shows an association between yogic activity and improvements in stress, anxiety, post-traumatic stress disorder, depression and stress-related medical illnesses[102]. Specifically, it suggests that 30 minutes of daily yoga practice enhances well-being, mood, attention, mental focus and stress tolerance for these individuals[103]. That research proposes a physiological model that employs specific breathing techniques that can improve heart rate variability, which in turn has been linked with improvements in mental health outcomes[104].

3.5 Architecture and the built environment

A final mechanism that may mediate the relationship between spirituality and mental health is the environment. Although many people find spiritual expression through outdoor pursuits, such as snowboarding or mountain walking[105], others find solace in the significance of specific 'spiritual' buildings and architecture, such as churches, temples or mosques. This is expressed by an interviewee in the Somerset Spirituality Project:

"While I've been ill?… sometimes I find just going into a church… some churches have an aura… you can go and pray. I can always find that with [name of church] it has an atmosphere." (p30)

This sense that architecture can have a spiritual impact is also reflected in the language associated with religious buildings. In many temples, synagogues and churches, the 'inner sanctum' (or 'holy of holies') is traditionally symbolic of the closed room, only accessible to priests and those with divine authority. In fact, many Christian temples and churches are imbued with symbolism throughout their design. Hani[106] asserts that "the walls and the columns of the traditional Christian church represent Heaven and Earth and… a cathedral is a visual encyclopaedia illustrating Creation".

The size of a building can also be very powerful. In many contexts, some individuals find that large spaces or buildings instil in them a sense of their own insignificance which, paradoxically, makes them feel bigger, greater or more 'connected'. This has long been expressed through art, nature and music, all of which can be important vehicles of spirituality for many people.

This sense of 'connectedness' – to other people, to oneself or to 'God' or 'Other' – may be an important factor that underpins many expressions of spirituality. Although there are one or two published articles on the therapeutic power of religious architecture[107;108], and it is considered an important element of design in the development of sacred spaces[109], further research is required to discover how the built environment can be used most effectively to enhance mental health.

In summary, there is no shortage of research exploring the association between spirituality and mental health. The proposed benefits of the association are probably the result of a collection of inter-related and interacting factors, some of which have been addressed in the literature and some of which may yet need to be discovered. The precise mechanisms through which the beneficial effects occur – different styles of coping, adopting a positive locus-of-control, having 'ready-made' support network in times of stress or physiological responses to spiritual activities – may well interact with a number of individual factors, including a person's pre-existing mental health status, their age, their gender or their cultural background. Anyone with an interest in mental health, including those from religious or spiritual communities, should familiarise themselves with the potential mediators of the relationship between spirituality and mental health. Armed with such knowledge, individuals may be one step closer to understanding and accessing a more effective approach to improving both their own and others' mental health.

4. Limitations of the research

Although the quantitative, qualitative and anecdotal evidence all support the notion that spirituality is generally beneficial for mental health, the research does have some limitations. Even aside from the range of perspectives concerning what constitutes spirituality[8;34;110-112], including the idea that its meaning is so diverse that to have a universal definition is potentially damaging[113], there are a number of considerations that should be addressed when assessing the relationship between spirituality and mental health.

4.1 Over-reliance on quantitative research

One of the key limitations of much of the research in the field is that it relies exclusively on quantitative measures, which may not fully access the meaning spiritual activity has for the individual. Quantitative research tends to try and isolate the impact of one activity (e.g. church attendance) upon another (e.g. level of depression), which may not always capture the rich and complex interactions of other factors on any association found. The over reliance upon self-report measures may also exclude certain groups for whom spirituality is important but who may not articulate that through pen and paper measures, such as those with learning disabilities[114], people for whom English is not a first language or those who cannot or do not want to reduce their spirituality to a series of items on a questionnaire.

Qualitative research, such as the Somerset Spirituality Study Project[19], is vital as it highlights the relationships within and between different aspects of spirituality. It also offers insight into the complexity of the association between spirituality and mental health and also how experiences may be differently interpreted. For example, that research showed that there is a potentially narrow line between hallucination and vision, which could lead to people either being seen as "psychotic" or "spiritual" depending on the interpretation of their experiences. Qualitative research may also be more amenable to understanding how people experiencing distress might be better supported and understood, particularly within faith communities and mental health services.

To gain a fuller understanding of the association between spirituality and mental health, researchers need to use a combination of methodologies that allow the complexities of the field to be explored.

4.2 Lack of distinction between religion and spirituality

There is recognition (at least theoretically) that there are differences between religion and spirituality and that either can be practised without the necessary involvement of the other. Operationally, however, the distinction between religious practices and spirituality is often blurred, with much of the research using measures of religious practice as a proxy for spirituality[22]. Although this is possibly a reflection of pragmatic funding or measurement issues, it leads to an over-emphasis of Christian traditions in much of the literature. For example, one study that found lower levels of depression in participants with deeply held religious values[115] used exclusively Christian language in their survey. Others have argued that participants who rejected this language may have held equally spiritual values that may have gone unrecognised due to the terminology used in the operationalisation[21].

One challenge for researchers is to disaggregate the concepts of religion and spirituality and to more systematically analyse the effects of different expressions of spirituality on mental health[34].

4.3 Population biases

Much of the research in the field focuses on the effects of spirituality on mental health problems and few studies address the mechanisms through which spirituality may promote good mental health and wellbeing in populations without those problems. As shown earlier, some aspects of spirituality have been demonstrated in relation to depression[1;17;116;117], anxiety[52;57;118-121], post-traumatic stress disorder[13;35;62;65;66;122] and schizophrenia[68;69;123]. Research has also examined the links between spirituality and other mental health problems, including addiction and substance abuse[124], anti-social behaviour[125;126] and personality disorders[127].

Despite the substantial amount of evidence linking spirituality with improved mental health in people with these problems, a literature search using the terms "religion" or "spirituality" with "mental wellbeing" yielded no results at all. It appears that the benefits of spiritual activity for those without mental health problems is an undervalued arena of research and an untapped source of potential for those wishing to improve their general mental health and wellbeing.

Similarly, very rarely has spirituality been explored in populations who may not use spiritual terminology to describe themselves, or who may not regard themselves as spiritual at all. Research populations are either recruited from religious establishments or faith communities, which introduces an implicit bias into the data. Whilst it is easy to understand that research in self-professed "non-spiritual" or non-religious individuals may be more complex than with those who profess to hold religious beliefs, research should attempt to discover those aspects of life that give meaning to individuals that are beyond the traditional parameters of religion.

4.4 Divine intervention?

A further issue concerns the way in which results are interpreted. Although some studies do find statistical differences between groups concerning the impact of spiritual activity on mental health, there is an inherent assumption in the literature that what is at work is a mediating factor, rather than a "direct" spiritual phenomenon, per se. To illustrate this point, imagine a respondent says that prayer for healing alleviates their depressive symptoms and all measures appear to support his view. Typically, researchers assume that this can be explained by one or more of mediating variables (e.g. changing attributional style) rather than by any direct impact of spirituality on mental health. Swinton[8] argues that "while it may be true that spirituality manifests itself through social and psychological processes, there is no evidence to support the assumption that is all it is." (p85)

Research into the possibility that there is a 'non-empirical' dimension that contributes to the association between spirituality and mental health is, by its very nature, laden with methodological issues. Nonetheless, there is a theoretical framework that mirrors many religious and theological traditions, which assumes that spirituality actually connects an individual with the divine and that it is this connection that mediates any effect of spirituality on mental health[128].

Studies adopting this framework tend to be concerned with the impact of intercessory prayer (IP) on certain health outcomes. For example, one study examined the impact of IP on anxiety levels in students[129]. All participants were prayed for by one of the experimenters using a nondirective method of prayer where no specific requests were made. Those being prayed for completed anxiety questionnaires on a daily basis. The results showed significant reductions in anxiety scores for those receiving IP, but not for those who were not prayed for. This is typical of a number of other studies in the field[130-133].

Such research has led to a debate in the UK about the effect of intercessory prayer on health[134-138], with some arguing that studies are methodologically flawed[139], statistically erroneous[140] poorly designed[141] or inherently unethical[142]. Others have conducted studies finding no differences between groups[143-145], and others have found mixed results[130;146;147].

In summary, the research exploring the association of spirituality with mental health needs to consider a number of methodological shortcomings before it can claim to provide conclusive answers. Methods need to be combined and sample selection should reflect the diversity of spiritual expression that exists in the UK, in order that the maximum potential benefits of spirituality are available to as many individuals as possible.

5. Implications and Recommendations

Much of the research described in this review has implications for practice in mental health services and faith communities. It also leaves a number of questions unanswered that further research could address. Some of those implications are summarised here, with subsequent recommendations outlined in bold type.

5.1 For Practice

The key implication from the research is that the potential benefits of spiritual and religious expression and activity for mental health should not be overlooked by those in mental health services. However, for many, this is exactly what appears to happen. Qualitative research describes the way in which religious and spiritual experiences of service users are pathologised, ignored or dismissed by many working in mental health services[19;31] and psychiatry is accused of being prejudiced against spirituality "owing to assumptions that it is not an area which is deemed credible in terms of research." (Swinton, 2001, p42)[8] Psychiatrists themselves recognise that it is hard to discuss issues of spirituality and religion with colleagues because they "cannot be accommodated within the model of mind on which so much of psychiatry is founded."[6]

Fortunately, the tide does appear to be turning. The special interest group (SIG) in spirituality and psychiatry at the Royal College of Psychiatrists (RCP) is currently the college's fastest-growing SIG[148] and a paper by the chair of the RCP SIG suggests that psychiatrists need only "show genuine interest in, and respect for, whatever the patient ventures to confide [about their spiritual or religious beliefs]."[6]

One way in which those working in mental health services can embrace the importance of spirituality to mental health is to consider a person's religious or spiritual beliefs during assessment. Assessment of an experiential and transcendent phenomenon such as spirituality requires sensitivity, creativity and an unbiased approach[5] and some have suggested that those working in mental health services assess their own spiritual beliefs, values and biases before initiating a spiritual assessment in order to remain non-judgmental[5;6;149].

There are a number of barriers to obtaining an individual's spiritual history, which may need consideration by those working in and planning local and national mental health services. These include:

- a lack of time
- a lack of training
- concern about stepping outside one's area of expertise
- discomfort with the subject
- worries about imposing beliefs on the service user, and
- a lack of interest or awareness[150]

Further considerations are presented in a paper examining the dilemmas of spiritual assessment for nurses in the UK[151], although they are relevant for other professionals working in the mental health sector. These include difficulties with the definition of spirituality and its impact on assessment (see also McSherry et al, 2004[16]); how and when to conduct the spiritual assessment; who should assess; should the assessment be continuous or 'one-off'; the practicalities of assessment and the ethics of attempting to assess such a sensitive and personal dimension of an individual's life.

Some of these issues are addressed in qualitative research that incorporates service users' points of view[15;18;19]. It argues that changing the attitudes of those working in mental health services would be helped by a "more proactive response to spirituality and religion in mental health units."

Recommendations they make for those working in mental health services include:

- **asking service users about their spiritual and religious needs upon entry to the service and throughout their care and treatment**
- **helping users to identify those aspects of life that provide them with meaning, hope, value and purpose**
- **ensuring that all service users including those who do not regard themselves as spiritual or religious are offered the opportunity to speak with a chaplain or other spiritual leader if desired**
- **providing good access to relevant and appropriate religious and spiritual resources**
- **offering or making available safe spaces where users can pray, meditate, worship or practice their faith**
- **providing opportunities for service users to discuss their spirituality or religion with others**
- **building strong and effective links with religious and spiritual groups in the local community**
- **avoid pathologising, dismissing or ignoring the religious or spiritual experiences of service users**

Many working in mental health services are aware of the links between mental health, spirituality and religion. However, the nature of those links is less precisely understood: the relationship can be considered as positive, negative, inconsistent or unpredictable. The same can be said for many people working in faith communities or providing pastoral or spiritual care. In one study in the UK, 44% of religious leaders thought that mental ill health might lead to greater religious belief; 52% believed that religion may lead to mental ill health; 45% thought that mental ill health could reduce religious belief; 22% thought that religion might protect people from mental ill health; 39% thought that religion might be a way to sublimate psychological problems and just 1% thought that there was no link between mental health and religion or spirituality. In addition, two thirds thought that mental ill health could confuse people about their religious faith and practice[18]. One conclusion to draw from studies such as these is **the need for an increased awareness amongst leaders in faith communities of the potential benefits of spiritual expression for mental health.**

Others in faith communities also have an increasingly important role in working to increase the understanding of mental health issues and challenging stigma and discrimination[72]. Rethink suggest that this can be achieved by **making places of worship and activities accessible to all.**

The Somerset Spirituality Project[19] also identified a number of recommendations that are consistent with those outlined above. It recommended that **people in all spiritual, religious and faith communities should offer practical help and support to people with mental health problems as well as recognising and promoting the value of spiritual places and buildings.**

One of the most powerful outcomes of the research looking at the association between spirituality and mental health is the implications it has for those working in mental health services, religious or spiritual communities or the voluntary sector. However, in order to complete the picture that is beginning to emerge in this field, there are also a number of considerations that should be taken into account by researchers across many disciplines.

5.2 For Research

The research described earlier has clearly demonstrated that spirituality is a multidimensional concept and needs to be assessed accordingly. Therefore, **researchers who investigate spirituality and mental health outcomes should acknowledge the socio-demographic, social and health factors that are known to be risk factors for certain mental health problems**[22].

Similarly, a multi-methodological approach to understanding the complex and interactive nature of spirituality and mental health may yield more helpful and informative results than studies attempting to isolate simple linear relationships. **Researchers should ensure that the methodologies they employ are those most appropriate to answer the questions being addressed.**

For those researchers interested in exploring the association between spirituality and certain mental health problems **should involve service users, wherever possible, in the design, conduct and analysis of research projects**[15;18;152]. Research involving other samples would provide greater insights into the potential benefit of spiritual activity for general mental health and wellbeing.

Section three summarised some of the mechanisms proposed in the literature to account for the apparent beneficial effect of spirituality on mental health. However, an important question for researchers is whether spirituality is the only context in which such mechanisms may operate, or whether other social activities would also render similar positive effects[34]. **Studies should be sufficiently well designed to identify mediating factors that are exclusive to spiritual or religious activity and how they relate to other dimensions of being human (emotional, psychological, social, intellectual)**. Such work should explore how spirituality can support good mental health as well as potentially preventing or ameliorating mental illness.

Similarly, few studies have explored how factors such as race, culture, socio-economic status and religious preference affect the association between spirituality and mental health. **Research should take into account the range of demographic variables that could moderate or mediate the relationship between spirituality and mental health**.

Much of the current research in this field is characterised by implicit or explicit assumptions founded in the Judeo-Christian tradition. Along with the acknowledged but unresolved difficulties associated with defining spirituality (as opposed to religion), this results in research that is biased or inapplicable to people who choose to express their spiritual in a non-Christian way. **A challenge for researchers is to develop measures of religion and spirituality that cut across a range of religious traditions without robbing those traditions of their distinctive and substantive characteristics**[34].

The literature on the connection between spirituality and mental health has focused almost exclusively on religion or spirituality as predictors of health outcomes. However, as Hill and others have argued[8;20;91], different health issues may also affect a person's spirituality. As such, **research should consider using spiritual or religious activity as an outcome measure and to explore the impact of mental health on different expressions of spirituality**.

Finally, given that many aspects of religion and spirituality are concerned with healing, wholeness and wellness (rather than necessarily with 'cure'), **further research should explore the impact and effectiveness of the 'healing' dimensions of different spiritual activities**.

6. Conclusion

Spirituality is a concept that evades simplistic definition, categorisation or measurement and yet it affects the social, emotional, psychological and intellectual dimensions of our lives. This report has reviewed some of the evidence linking spirituality and religious expression with different aspects of mental health and, in particular, different mental health problems. The evidence is equivocal; some expressions of spirituality are helpful, in some ways, some of the time. These tend to be expressions of spirituality that encourage personal empowerment, that affirm and embrace diversity and that promote the importance of emotions such as hope, forgiveness and purpose. Other aspects of spirituality seem to have no effect on mental health or, in some cases, can lead to feelings of guilt, shame or powerlessness, which can be damaging or harmful to a person's mental health. Overall, however, the general consensus in the literature seems to be one of cautious optimism about the role spirituality can play in promoting and maintaining good mental health.

Many factors are proposed to account for these benefits. Spirituality can affect a person's coping styles or their locus of control perceptions. It can also provide access to a network of social support and increase social capital, both of which are widely acknowledged to promote and sustain emotional and psychological wellbeing. Some expressions of spirituality affect the lifestyle and may encourage individuals to limit illness-related behaviours, such as smoking, drinking excessive alcohol and overeating, or to increase health-related behaviours such as meditation, exercise and helping others. Aspects of religious architecture and the built environment may also serve to mediate the effects of spirituality on mental health.

The evidence is not without its limitations and this review has identified some of the major criticisms of research to date. An over-reliance on quantitative studies that look for a simplistic linear relationship between discrete variables also tends to operationalise spirituality solely in Judeo-Christian terms. This leads to biases in the samples involved in the research and makes assumptions that may be irrelevant or offensive to individuals whose spirituality finds expression in other ways. One assumption that is often intrinsic in the research is that effects of spirituality on mental health are entirely explainable through psychological or social mechanisms. An emerging group of researchers are challenging that assumption and exploring ways to measure the so-called 'non-empirical' dimension of spirituality.

The research starts to sketch out a picture of the ways in which spirituality may affect mental health. A number of implications and recommendations are presented that aim to pinpoint ways in which a fuller, more colourful picture of that relationship may be created. The involvement of service users and carers is a vital contribution to that picture and as their voices resonate alongside those of researchers across many disciplines, and those involved in various mental health services, the contribution of spirituality in relation to mental wellbeing may be established.

7. Further information and support

Further information can be found in the following publications.

Strategies for Living[33]
Mental Health Foundation, 2000. ISBN 1-903645-72-6
http://www.mentalhealth.org.uk/publications

Knowing our own Minds[32]
Mental Health Foundation, 1997. ISBN 0-901944-39-4
http://www.mentalhealth.org.uk/publications

Taken Seriously (The Somerset Spirituality Project)[19]
Mental Health Foundation, 2002. ISBN 1-903645-29-8
http://www.mentalhealth.org.uk/publications

Spirituality and Mental Health Care: Rediscovering a Forgotten Dimension[8]
John Swinton. Jessica Kingsley, 2001. ISBN 1-85302-804-5
http://www.jkp.com/catalogue/

Mind Guide to Spiritual Practices[153]
Sara Maitland. Mind, 2004. ISBN 1-903567-41-6
http://www.mind.org.uk/Information/Booklets/

Promoting Mental Health: A Resource for Pastoral and Spiritual Care[94]
Church of England
http://www.cofe.anglican.org/info/socialpublic/homeaffairs/mentalhealth/parishresource.pdf

Spirituality and Mental Illness[72]
Rethink, 2004
http://www.rethink.org/document.rm?id=690

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Mental Health Foundation

About the Mental Health Foundation

Founded in 1949, the Mental Health Foundation is the leading UK charity working in mental health and learning disabilities.

We are unique in the way we work. We bring together teams that undertake research, develop services, design training, influence policy, and raise public awareness within one organisation. We are keen to tackle difficult issues and try different approaches, many of them led by service users themselves. We use our findings to promote survival, recovery and prevention. We do this by working with statutory and voluntary organisations, from GP practices to primary schools. We enable them to provide better help for people with mental health problems or learning disabilities, and to promote mental well-being.

We also work to influence policy, including Government at the highest levels. And we use our knowledge to raise awareness and to help tackle the stigma attached to mental illness and learning disabilities. We reach millions of people every year through our media work, information booklets and online services. We can only continue our work with the support of many individuals, charitable trusts and companies. To support our work, please visit our website or call our fundraising team on 020 7803 1121

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