

# Psychiatrists: Least religious but most interested in patients' religion

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Although psychiatrists are among the least religious physicians, they seem to be the most interested in the religious and spiritual dimensions of their patients, according to survey data published in the December issue of the *American Journal of Psychiatry*.

Ever since Freud described religious faith as an illusion and a neurosis there has been tension and at times hostility between religion and psychiatry. Psychiatrists are less religious on average than other physicians, according to previously published data from the same survey, and non-psychiatrist physicians who are religious are less willing to refer their patients to psychiatrists.

This report found that although they may be less religious than other physicians, psychiatrists appear to be more comfortable and have more experience addressing religious or spiritual concerns in the clinical setting.

"Recent efforts have begun to bridge the divide between religion and psychiatry," said study author Farr Curlin, MD, assistant professor of medicine at the University of Chicago. "In the past, manuals of psychiatry tended to identify religiosity with mental illness. Now they distinguish normal religious and spiritual ideas and behaviors from those that result from mental illness."

"Moreover," he added, "several recent studies have found that religiosity is often associated with improved mental health outcomes such as

quicker recovery from depression. Now most training programs teach developing psychiatrists about the potentially beneficial influence of religion and spirituality on patients' mental health."

For this paper, the researchers examined results from a survey of 100 psychiatrists and 1,044 non-psychiatrists from across the United States. Respondents were asked their opinions about the relationship between religion and health and about how they address religious and spiritual issues in their clinical practices.

"Is the influence of religion/spirituality on health positive or negative?" was one question. "Considering your experience, how often to you think religion/spirituality causes guilt, anxiety or other negative emotions that lead to increased patient suffering?"

The researchers found that psychiatrists are twice as likely (46% versus 23%) as other physicians to say that patients often mention spiritual issues. They are also much more likely to both say that it is appropriate to ask patients about spiritual concerns (93% vs 53%) and that they do inquire (87% vs 49%).

The differences are striking with respect to the mental health conditions most often encountered by non-psychiatrists. Only 14 percent of non-psychiatrist physicians say they often ask patients suffering from anxiety or depression about spiritual issues, compared to 44 percent of psychiatrists.

"Psychiatrists and non-psychiatrists alike tend to say that the influence of religion on health is generally positive," said Curlin. Almost all physicians agreed that religion and spirituality often give patients a positive, hopeful state of mind. More than 75 percent of psychiatrists and non-psychiatrist agreed that religion "often or always" helps patients cope with their illnesses.

About a third of both groups, however, reported that religion sometimes leads patients not to comply with their doctors' recommendations and to avoid taking responsibility for their own health. Psychiatrists were almost twice as likely as other physicians to say that the influence of religion on health is equally positive and negative (21% versus 12%), and were more likely to say that religion/spirituality sometimes causes guilt, anxiety, or other negative emotions that lead to increased patient suffering (82% versus 44%).

During a clinical encounter, however, psychiatrists appear to be more comfortable talking to their patients about spiritual issues. They are more likely than other physicians to believe it is appropriate for a physician to discuss such issues when a patient brings them up (97% versus 91%) and to regularly encourage patients in their own religious ideas and experiences (83% versus 73%).

When patients do bring up spiritual concerns, psychiatrists are less likely to try to change the subject (9% versus 26%), and they are less likely feel uncomfortable discussing such issues or to be worried about offending patients. Psychiatrists rarely pray with patients, however; only 6% say they do so sometimes, compared to 20% of other physicians.

This study, the first of its kind, "highlights the extraordinary silence in the literature regarding religion and spirituality as both healing and pathologic elements in the lives of psychiatric patients," noted psychiatrist Burr Eichelman, MD, PhD, of the University of Wisconsin, in an editorial.

The results "surprised us," said Curlin. "Among physicians in general, those who are less religious are generally less likely to believe it is appropriate to discuss spiritual issues," he noted. "Yet we find that psychiatrists are at the same time the least religious physicians and the physicians most comfortable addressing patients' spiritual concerns."

Why would psychiatrists be so open to patients' religious and spiritual issues? The researchers suggest that it may be because several mental illnesses are known to be associated with hyper-religiosity, and because psychiatrists are at times asked to evaluate patients' decisional capacity when religious beliefs collide with medical advice.

"In aggregate," Curlin said, "although psychiatrists may not agree with the claims of religion, they often witness its powerful effects on patients' mental health, both for good and for ill."

That psychiatrists pay attention to patients' spiritual concerns "is welcome news," he said. "By paying attention to patients' spiritual concerns, psychiatrists may help patients identify the resources in their own religious traditions that can help them cope with the suffering caused by mental illness."

Psychiatry, Eichelman noted, has developed "a fairly substantial curriculum on another previously taboo life process – human sexuality – but we have only recently ventured into prescribing religious or spiritual 'awareness' in our training programs."

"The division between psychiatry and religion may be narrowing," Curlin said. "The historical antagonism appears to be waning."

Source: University of Chicago Medical Center

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