

# FAITH AND MENTAL HEALTH





FAITH AND  
MENTAL HEALTH

RELIGIOUS RESOURCES FOR HEALING



HAROLD G. KOENIG, M.D.

TEMPLETON FOUNDATION PRESS  
PHILADELPHIA AND LONDON

Templeton Foundation Press  
300 Conshohocken State Road, Suite 550  
West Conshohocken, PA 19428  
www.templetonpress.org

© 2005 by Harold G. Koenig

All rights reserved. No part of this book may be used or reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without the written permission of Templeton Foundation Press.

Designed and typeset by Kachergis Book Design

*Templeton Foundation Press helps intellectual leaders and others learn about science research on aspects of realities, invisible and intangible. Spiritual realities include unlimited love, accelerating creativity, worship, and the benefits of purpose in persons and in the cosmos.*

LIBRARY OF CONGRESS CATALOGING-IN-PUBLICATION DATA

Koenig, Harold George.

Faith and mental health : religious resources for healing /  
Harold G. Koenig.

p. cm.

Includes bibliographical references and index.

ISBN 1-932031-91-X (pbk. : alk. paper)

1. Mental health—Religious aspects. 2. Mental illness—Religious aspects. 3. Mentally ill—Care—Religious aspects. 4. Community mental health services—United States. 5. Church work with the mentally ill—United States. 6. Psychiatry and religion. 7. Pastoral counseling. 8. Spiritual healing. 1. Title.

[DNLM: 1. Community Mental Health Services—organization & administration—United States. 2. Mental Disorders—psychology—United States. 3. Religion—United States. 4. Religion and Psychology—United States. WM 30 K78f 2005] RC489.S676K64 2005

201'.7622—dc22

2005006583

Printed in the United States of America

05 06 07 08 09 10 10 9 8 7 6 5 4 3 2 1

# CONTENTS

Acknowledgments	vii
Introduction	ix

## PART I. HISTORICAL CONSIDERATIONS

1. People and Communities of Faith	3
2. History of Mental Health Care	17

## PART II. RESEARCH ON RELIGION AND MENTAL HEALTH

3. Religion, Coping, and Positive Emotions	43
4. Religion, Psychiatric Symptoms, and Disorders	82
5. Religion and Severe, Persistent Mental Illness	113
6. Integrating Religion into Mental Health Treatments	133

## PART III. FAITH-BASED MENTAL HEALTH CARE

7. Caring for the Emotionally and Mentally Ill	161
8. Local Religious Congregations (FBO category A)	173
9. Networking and Advocacy Organizations (FBO category B)	185
10. Mission-driven Faith-based Services (FBO category C)	193
11. Faith-integrated Counseling (FBO categories D and E)	205
12. Non-Christian Faith-based Services	227

## PART IV. BARRIERS AND SOLUTIONS

13. Barriers to Research and Implementation	243
14. Identifying Possible Solutions	255
Glossary	277
Additional Resources	289
References	299
Index	333

## ACKNOWLEDGMENTS

I am deeply indebted to a number of people for their help. These include Dr. Garry Crites (a theologian and Middle Ages historian at Duke University), Dr. Keith G. Meador (a psychiatrist and professor at Duke Divinity School), and Dr. Daniel E. Hall (a theologian and graduate of Yale Divinity School), who provided their expertise to help shape the theological content of this book. Support was provided by the Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.



# INTRODUCTION

This book is not a profound theological treatise on mental illness. I am not an expert in any world religion and therefore cannot speak with authority on Islam, Judaism, Hinduism, or Buddhism, or even on my own Christian tradition. You will not find here a book that brings out the nuances of different ideological views within particular religious traditions and explores their impact on mental health. You will, however, discover an unprecedented source of practical information about the religion-mental health relationship and a detailed examination of how Christianity and other world religions deliver mental health services every day.

My credentials are as a psychiatrist who has spent years in the trenches with those who struggle with emotional problems or severe mental illness, people whom I have come to love and deeply appreciate. For the past twenty years I have also been involved in conducting research on how religion affects mental health and well-being. As a result of this work, the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services asked me to investigate the role that faith-based organizations play in delivering mental health and substances abuse services to those in need. It is through such experiences, then, that I come to write this book.

Although not a theologian, I recognize and respect the role that theology plays. Theology (“the study of God and the relations between God and the universe”<sup>1</sup>) has influenced almost every social and political movement in the United States since early colonial days. The influence of Christianity, particularly Protestant Christianity, on our government, political parties, social values, medical care system, and even scientific establishment is enormous, whether recognized or not. Understanding the different theological streams is essential, then, to appreciate the role that religious organizations have played and continue to play in providing for the poor,

the sick, and those with severe and persistent mental illness. Patterns of mental health care delivery by different religious groups can be directly traced to differences in theological emphasis (see chapter 7). For that reason, and because of my theological naïveté, I have consulted with experts in this area. In the end, though, what you read here will be relatively light on theology.

Who then might be interested in reading this book? A brief description of the two primary audiences will help the reader decide.

### The Health Care Community

This book is for mental health providers, public health service planners, researchers, university or medical school faculty involved in the training of mental health practitioners, and other health professionals who desire to understand better the role of religion as a resource (or liability) for those with emotional or mental problems. Especially useful to these readers will be the summary of past research on the relationships between religion and positive emotions, psychiatric illness, and severe and persistent mental disorder, as well as a recent update on the latest studies carried out since the year 2000 (chapters 3, 4, and 5). A description of ways that religion can influence mental health and a discussion of religious interventions (chapter 6) will interest both clinicians and researchers. Those delivering or coordinating the delivery of mental health services will be attracted by the comprehensive description and categorization of Christian and non-Christian faith-based organizations that provide mental health services (chapters 7 to 12)—this information, to my knowledge, is not yet available elsewhere. Finally, chapters on barriers and solutions to research on and implementation of faith-based services (chapters 13 and 14) will serve those planning future mental health services at a time when mental health resources for high-risk populations are rapidly dwindling, especially at the state level.

## Religious Professionals

This book is also written for pastoral counselors, chaplains, seminary professors, and other religious professionals who either feel called to serve those with emotional illness or to train others to do so. Of particular interest will be chapters on persons and communities of faith (1 and 7–11); the fascinating historical connections linking mental health care and religion (2); the latest research on religion and mental health (3, 4, and 5); and a discussion of barriers that prevent faith-based organizations from delivering services (13 and 14). Toward the end of the book are additional resources for religious professionals and faith communities wanting more information on how to design programs to meet their local needs.

I use several terms here that need definition. By *emotional problems* I mean short- or long-term struggles with depression, anxiety, or other difficulties with mood or happiness. By *mental illness* I mean schizophrenia, bipolar disorder, and other long-term psychoses or severe personality disorders (more detailed definitions of other terms are found in a glossary at the end of this book). Emotional problems and mental illness trap people in prisons of fear, despair, confusion, and loneliness. Throughout history people of faith (whether faith is acknowledged or not) have sought to free these captives or at least walk alongside them on their difficult journeys. Those afflicted with these conditions did not choose them, nor did most commit such horrible crimes that they would deserve such suffering. No, more likely it is their genes, childhood experiences, or severe adult trauma that have thrust them onto these precarious, painful paths. Many see it as a cruel stroke of fate. Or is it?

What if having such a life meant something else, something not completely senseless but rather was evidence for—and I say this a bit cautiously—a type of unique “calling”? Is it possible that those with mental illness provide others with the *opportunity* to care, to love, to reach out to them, an opportunity that otherwise would not exist? What if their pain caused people of faith to sacrifice their comfort and smug way of life to reach out and minister to them? Who, then, would really be the receiver of ministry and who would be the giver? Could those struggling with mental illness serve as beacon lights illuminating the “narrow” way to real life that few ever find? Could they be pointing the way for people of faith and others to follow, so that the care, love, and service provided to the mentally ill by

them would demonstrate to the world the best of what it is to be human? Would that be possible without the help of those with mental illness, without their pain? Does this mean that religious congregations need persons with mental illness in their midst in order to be fully functional caring communities? It's worth thinking about.

Might such a calling for those in mental distress require the experience of suffering and pain in order to give these "wounded healers" the insight and compassion necessary to truly help others with similar afflictions, a special kind of training that prepares them to really know, to really understand what others are going through? For those who must live day in and day out with the demon of despair, who must bear the heavy burden of mental anguish despite the best treatments that modern medicine can offer, this "calling" is indeed a tough one.

If you are interested in the plight and the potential of those who struggle with emotional problems or mental disorder, and in what religion has done and continues to do both for and against them, then you will enjoy reading this book. Please join me now in learning about caring individuals and communities of faith, in discovering the historical connections between religion and mental illness, in exploring how religion causes or cures mental distress, and in discussing what people of faith are now doing to meet the needs of the mentally ill—and what *more* they might be doing.

P A R T I

HISTORICAL  
CONSIDERATIONS





## CHAPTER I

# PEOPLE AND COMMUNITIES OF FAITH



Both individuals and entire religious communities have long been involved in caring for the emotionally or mentally ill. These efforts have often been truly heroic, although at other times they have been less than so. The following five accounts illustrate such contributions at different times and in different places.

### Granada, Spain (16th Century)

The first three-quarters of John Cuidad's life were not very remarkable. Not until he was forced to confront mental pain himself was his heart transformed over the plight of those similarly affected.

John was born to devout religious parents in Monternor-o-novo, Portugal, in 1495 during the early Renaissance period.<sup>1</sup> At the age of nine, he left his family home and followed a Spanish priest to Oropeza, Spain, where he was placed in the care of a local shepherd. There he learned discipline, commitment to hard work, and a deep faith in God. As he grew into manhood, the shepherd encouraged him to marry his daughter, an idea that was not to John's liking. To escape this fate, he enrolled in the army of Charles V and traveled to Austria to fight the invading Turks. When he returned to his home in Portugal, he discovered that his mother had died. Greatly saddened by this news, he went into seclusion. After getting his life back together, John took a job as a shepherd in Seville and later took up a similar occupation in Gibraltar, working his way towards the

coast. There he planned to catch a ship to Africa to help free Christians living under Moorish domination. He eventually succeeded in getting to Africa by winning the support of a Portuguese family. However, he was soon expelled and returned to Gibraltar. There he went about as an itinerant book peddler selling religious books and pictures, often giving them away for free.

Around this time he had a vision of the infant Jesus whom he heard call him “John of God.” Soon he was led back to the Spanish city of Granada, drawn by the teachings of a man called John of Avila who was preaching there. John was so inspired by this man’s teachings that he gave away all of his earthly belongings and went through the streets “beating his chest and calling on God for mercy.” He was diagnosed with an acute psychological breakdown and hospitalized in the psychiatric wing of Granada’s Royal Hospital in 1538. He was forty-three years old at the time.

On discharge from the hospital, John was released to the streets where he remained homeless and disillusioned. One of his friends allowed him to find shelter from the bitter winter cold under the porch of his house. These experiences deeply affected John, sensitizing him to the suffering of the poor, the homeless, and those marginalized from society. Soon he began to invite the sick, the weak, and the mentally ill to share with him the small porch of his friend’s house. He worked alone in his care of the sick, begging by night for necessary medical supplies from local merchants and caring for the needs of his sick guests during the daytime.

As word got out about his selfless, charitable ministry to the weak and needy, however, he began to receive help from local priests and physicians. Rumors about him spread rapidly. John developed a reputation for giving his overcoat to needy beggars on the street. Learning about these kind acts, the Bishop of Tuy had a special tunic and cloak made for him (the garb later adopted by his followers), and officially gave him the name John of God. Over the next few years, a hospital emerged out of the small house porch in Granada and was to become one of the first psychiatric facilities in that area of the world.

In 1550, after twelve years of devotion to his patients, John of God died at the age of fifty-five from an illness that—according to legend—resulted from an attempt to save a young man from drowning. Soon, a movement of compassion for the sick, poor, and mentally ill spread across Spain. During the last days of John’s life, the leaders and nobility of Grana-

da came to express their gratitude for his services to the needy of the town. After his death, John of God was buried with the pomp and ceremony reserved for princes. Pope Alexander VIII canonized him in 1690, and several centuries later, Pope Leo XIII designated him the patron saint of hospitals, psychiatric nurses, and hospital workers.

Two religious orders emerged from the group of employees, volunteers, and benefactors that helped John in his work at the Granada hospital. An order of brothers, called “The Hospitaller Order of St. John of God,” formed the nucleus of a wider group of followers that today number around 35,000. The Brothers have come to staff over 250 hospitals in 48 countries around the globe, caring every day for thousands of poor, homeless, mentally ill, and emotionally distraught persons.<sup>2</sup>

Years later, an order of sisters of St. John of God was also started. It began in Ireland in 1871, in response to widespread hunger and famine at that time.<sup>3</sup> Thomas Furlong, the bishop of Ferns, helped institute this order of nursing sisters whose purpose was to meet the needs of the poor, sick, and mentally ill of the region, thus carrying on the tradition of St. John of God.

From the care and welcome that John gave the poor in the city of Granada nearly 500 years ago, some say, came the word *hospitality*. Huddling together with his cold, hungry, and sick companions during the early days of his ministry, little did he know that someday his life would inspire a movement that would reach around the world. The following prayer by John of God is often used to summarize his mission:

May Jesus Christ give me the grace to run a hospital where the abandoned poor and those who suffer mental illness may have refuge, so that I may be able to serve them as I wish.<sup>4</sup>

John’s story is in some ways the story of every person of faith—Christian or non-Christian—who feels compassion for those who suffer with emotional problems or mental illness. Such a person is moved to do something to make a difference. Indeed, there is much that can be done by those both inside and outside of religious organizations.