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Closing the Gap between Psychology and God

A Harvard psychologist is developing evidence-based treatments for the devout

By Sarah Estes Graham and Jesse Graham | Tuesday, October 25, 2011 | 90 comments

This year has been the worst in recent history for natural disasters in the U.S., with record-level floods, fires, and hurricanes. Such disasters naturally bring up questions about *why*, and religious beliefs are often part of the answers given. Fred Phelps of Westboro Baptist Church claimed that the tornado in Joplin, MO was a direct result of the town's sins. Michele Bachmann's aides scrambled to classify her comments about Hurricane Irene's "message to Washington" as a joke. With each new tragedy comes a familiar chorus on the retaliatory nature of an avenging God, or the seeming vengeance of a loving God trying to save us from ourselves. Either version depicts the central attachment figure of Judeo-Christian culture as shaky and capricious, and this view can have real-life implications for believers.

A recent Gallup Poll showed that the number of Americans with no religious affiliation has jumped from 9 percent to 16 percent over the last decade, but the overwhelming majority self-identify as religious. Presumably, some of the unaffiliated group still maintain core spiritual beliefs as well. In a culture where over 80 percent of the population identifies itself as Christian (37 percent of those evangelical), people's beliefs about the nature of the divine can have significant ramifications on mental health—particularly in times of great uncertainty.

Yet, despite its critical role in mental health, there has been a kind of "church and state" separation regarding spirituality in clinical theory and practice. For instance, Aaron Beck's cognitive theory, and the cognitive behavioral therapy it inspired, is among the most empirically validated models in clinical psychology, aiding scientific understandings of anxiety, depression, and even schizophrenia. Core beliefs about the self, world and future are its principle province, yet little has been done to address the role of patients' spiritual beliefs in this foundational system.

A recent study led by Harvard Medical School's David Rosmarin was undertaken to close this gap between the sacred and the profane in clinical practice. Studying hundreds of devoutly religious Jews and Christians, the researchers explored what religious cognitions can lead to more or less worry. Specifically, they found that mistrust in God (measured by agreement with statements like "God is unkind to me for no reason") was associated with nearly clinical levels of worry, while trust in God (measured by agreement with statements like "God is compassionate toward human suffering") was associated with less worry. Interestingly, trust and mistrust in God were not just opposite ends of one attitudinal dimension; it's possible for believers to have high levels of both simultaneously.

Across two studies – one of which measured changes in worry and religious cognitions over a two-week intervention period – the researchers also found that the effects of trust and mistrust in God on worry took place via the mechanism of tolerance of uncertainty. Mistrust in God led to less tolerance of uncertainty (e.g., feeling upset when stuck with ambiguous information), which in turn led to increased levels of worry. Increasing trust in God, however, led to more tolerance of uncertainty, decreasing levels of worry.

Besides the applied benefits of reducing anxiety in devoutly religious samples, the findings are notable in that they are among the first to integrate explicitly spiritual beliefs into psychological models of mental illness and anxiety. The authors urge the need for further "assessments of spiritual/religious factors in clinical work and their integration into evidence-based treatments," and one can see why:

Clinical practice often lags behind critical research-based findings on what actually works, and this can be particularly true in religious communities.

In fact, tensions between the secular and sacred counseling realms are so powerful that many parishioners are advised against seeking treatment, or seeking treatment "in house" via pastoral counseling with a clergy member, for example, or discussions with a scriptural study group. A number of mainstream denominations have stances ranging from vague resistance to outright antagonism towards psychology, often fearing secular interference, psychological reductionism, therapy-initiated narcissism, and even a profane preoccupation with worldly success.

It's not clear yet whether future scientific considerations of religious factors in clinical symptoms will allay such fears among religious people, or make them worse. Clinical interventions aimed at increasing trust in God (and decreasing mistrust in God) could be seen as a refreshing attentiveness to the concerns of religious people, or could be seen as an attempt to "fix" crucial existential and theological questions. The "dark night of the soul" (Why did this happen? Why are my prayers going unanswered? Why all this suffering and injustice?) is, after all, seen as a necessary part of the life of the spirit in many religious traditions. In other words, the treatments would seem particularly beneficial for people questioning their religious traditions, or treading the murky waters of excessive religious guilt and shame within a tradition – but it's doubtful that Phelps is going to be referring his parishioners to therapy any time soon.

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