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Spirituality in Mental Health Care: It's Past

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National surveys have consistently found that the vast majority of Americans identify as religious and/or spiritual in one way or another. But is there any room for spirituality or religious practice in psychiatric treatment? Is there a place at all for faith in an era that so privileges the brain over the mind and posits neurochemical explanations -- and pharmaceutical treatments -- for most ailments?

Nowadays, slick television commercials and glossy magazine ads market antidepressants directly to sufferers and their treatment providers, promising extraordinary relief and happiness. In the real world, life is not so simple. It is actually a rare case when a person's problems are satisfactorily resolved by a prescription alone. Much more commonly, anxiety or depression or other symptoms are part of a larger picture, requiring a more complex solution. So how do we figure out what is the matter, and what might be helpful, beyond a symptom-targeted medication?

It is useful to think about human problems from four perspectives, and then to bring these perspectives together to get a sense of the whole person. The first useful perspective is a social one, which looks at what is going on in someone's life, particularly their important relationships, to assess whether something important is occurring there. Examples might include domestic violence, or, less drastically, marital unhappiness, or being bullied in school, or some other important life circumstance. Clearly, we don't want to offer medication when the problem requires addressing some real problem in living -- for which counseling can be very helpful. The second perspective, however, is a biological one. In fact, many times depression and other mood disorders and anxiety disorders do reflect "chemical imbalances," which have a biological component and are amenable to medical treatment if that is what the person prefers.

The third perspective is psychological. Virtually everyone -- OK, everyone -- has some unfinished business from the past. It's part of the human condition. In some cases, these issues really are at the heart of a person's suffering. Examples might include a death that was inadequately mourned or a trauma that was buried. Psychotherapy can be enormously effective in these situations.

Finally, the fourth perspective, which is extremely important to many people but is often neglected in health care, is a spiritual one. Mental health practitioners must realize that most of us see the world through a grander set of values than might be visible on the surface. These viewpoints can range in specificity from devout religious adherence to a deeply held sense of morals, but they color the way we make meaning of our lives, our environment, our problems and our gifts. Encountering events in our lives that confuse our moral compass or challenge our faith can leave us shaken, but that same faith can also be central to the healing process.

These four perspectives together -- complemented by an appreciation of a client's strengths, capabilities and personal style -- give a clinician a 360-degree view of the whole person, and a chance to form a more comprehensive sense of what might be the source of suffering and how to help. Empirical studies of psychotherapy have shown that a strong therapeutic connection is the most consistent predictor of treatment success. A true alliance cannot exist without empathy, which necessitates that clinicians attempt to appreciate their clients' most deeply held beliefs. When these four models are put into action, patient care becomes more collaborative and less pathologizing. It allows for a down-to-earth conversation that enlists a client in the process of recovery and that embraces the depth of our capacity for both suffering and resilience.

Psychiatry and psychology have come a long way in recognizing the role of religion and culture. In the early 20th century, Freud suggested that religion was an immature illusion. In 2002, the American Psychological Association instead affirmed "religious/spiritual orientation" as a key component of the level of multicultural competence to which psychologists should aspire.

Over the past 10 years there has been a flood of research suggesting that spirituality can have important stress-buffering effects, particularly for ethnic and cultural minorities. Studies of both Christian and Jewish communities in America have also found that faith has significant effects on wellbeing, lifestyle and development. The Institute for Social Policy and Understanding

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medical model; rather, a spiritual perspective enriches the medical model. Indeed, what we're going through and how treatment can be most effective. When this perspective and psychological appreciation of human problems, caring for our clients can truly be rewarding.

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