Some Contributions of Religion to Mental and Physical Health

IRVING M. ROSEN

My purpose in presenting this material is to assist dialogue about health among practitioners in two great fields of endeavor, one of which we know to be concerned with health; we think the other should be so concerned. To anticipate my conclusions, let me say at once that I believe the clergy have much to contribute and ought to be an integral, not peripheral, part of the health team. Since in many areas even psychiatrists at this late date are held suspect by other physicians as somewhat mystical, the notion of ministers as important health workers remains truly avant-garde in many places. This despite the outstanding work of Westberg and Young and Meiburg, the efforts of all those in the Institutes of Religion and Health. It has proved surprisingly difficult to bring even a small number of physicians to a symposium on health with clergymen despite the prolonged and extensive effort. Life seems complex enough for doctors and nurses, apparently, without their taking into account religion, which they have safely, and even amiably, relegated to the chapel on Sunday mornings and to an occasional pastoral visit.

Though a psychiatrist, I do have one advantage over the clergy in discussing this topic. I am not particularly religious and do not understand much of what the clergy are talking about when they bring up prayer, God, faith-healing, salvation, spirit, heaven and hell. (I asked a priest recently what he meant by spirit; he answered “nonmaterial substance”!) Yet I still believe, from what I can grasp of strictly secular practical matters, that religion has a vital stake in health. And this after reading the recent book by Cheson entitled Religion May be Hazardous to Your Health. Religion has fostered unhealthy taboos against body and sex, premature altruism, provincialism and prejudice, legalisms and superstitions, excessive promotion of sin, excessive use of nonrational authority, and confusions among children and adolescents. This is all very one-sided, of course, yet examples can easily be found among our patients. Nonetheless, anything strong enough to do harm usually has power for good.

Before dialogue becomes popular, one must confront the great differences that exist within each field. There is a sharp difference, particularly in

---

Irving M. Rosen, M.D., is Director of Education at the Cleveland Psychiatric Institute and a member of the Institutes of Religion and Health.

This paper was adapted from a talk sponsored by the Lorain County Board of Mental Health and Retardation, Elyria, Ohio, February 20, 1974.
psychiatry, between those who have organic bias, who want to confine the field to organic medicine and to the general hospital, and those with wholistic bias who would pursue the field into religion, education, and community affairs. The clergy, too, are divided, many feeling that health is not a primary concern of religion, but rather a by-product of good religious, especially ritualistic, practice and belief.

First, I wish to focus on the current situation in medicine. America is far indeed from being a healthy society. Recent studies of whole populations have shown the astonishing prevalence of various mental disorders, to cite just one category of illness. These conditions are usually painful, stubborn, afflicting the old and young, rich and poor, city, suburban, and rural dweller. For these conditions medicine has no specific cures, no "magic bullets," as it does for the infectious conditions and specific organic deficiencies. Psychiatric drugs and surgical procedures are often late and always palliative, directed at relief or cutting a vicious circle and, we hope, prolonging life. It is becoming increasingly difficult to find something to die of besides complications of some psychosomatic ailment involving the circulation or gastrointestinal tract, or a condition brought about by addiction, over eating, smoking, suicide, or accident-proneness. Since the powerful new drugs and electroshock therapies are not cures but adjunctive agents, patients tend to relapse again and again.

The period of greatest medical progress in the late nineteenth century coincided with a low point in psychiatry and the growth of vast human warehouses that few, once admitted to, could leave. Search for organic causes led to a dehumanization process, a lack of interest in whole persons. It is easy to demonstrate, especially in hospital practice, that excessive and sole use of organic approaches in the psychiatric field often creates eventual dependency and loss of coping ability. It appears to me that an important root of the current prevalence of depression is indeed a sense of dependency and helplessness in the face of strong stress and even at times of minor stress. The question has to be faced head on: Is medicine now confronted with spiritual diseases that its successes have not prepared it to cope with and have these very technological successes increased spiritual decay? I am using the word "spiritual" in a limited sense to refer to the whole person and "spiritual disorder" to mean disorder of the process of humanization and to loss of the person. Curiously, psychiatry had a period when results were good in the early nineteenth century, a period of so-called "moral therapy" under the influence of the period of enlightenment before the development of a great deal of technology. 4

Turning to the religious field, I believe that health should be a direct as well as indirect concern of the clergy. They should suffer no identity conflict by taking a major interest in health. To defend this belief, I have to explain my conception of the relation of religion to the human organism. I do not agree with Marx or Freud that religion is just an opiate or an illusion. The instinct psychologists, it is true, have not found a single religious instinct to account for the astonishing pervasiveness of religion in human history. Man's