

'Religiously integrated' psychotherapy is effective for depression

March 31 2015

For chronically ill patients with major depression, an approach to cognitive-behavioral therapy (CBT) that incorporates patients' religious beliefs is at least as effective as conventional CBT, suggests a study in the April issue of *The Journal of Nervous and Mental Disease*.

"Integrating religious clients' beliefs into CBT does not appear to significantly reduce its effectiveness, especially in religious clients," write Dr Harold Koenig of Duke University Medical Center, Durham, N.C., and colleagues. They believe that this approach might help to make psychotherapy more acceptable to religious [patients](#) with depression and chronic illness.

Incorporating Religious Beliefs into Depression Therapy

The researchers evaluated a religiously integrated CBT approach "that takes into account and utilizes the religious beliefs of clients." The study included 132 patients with [major depression](#) and chronic illness. All patients said that religion or spirituality was "at least somewhat important" to them.

Patients were randomly assigned to conventional or religious CBT. Both approaches included broadly spiritual content, focusing on "forgiveness, gratefulness, altruistic behaviors, and engagement in social activities." What made religiously integrated CBT unique was "its explicit use of the

client's religious beliefs to identify and replace unhelpful thoughts and behaviors," Dr Koenig and coauthors write.

Religious CBT was performed by therapists experienced in integrating religion into psychotherapy. Most of the patients were Christian, but some received religious CBT adapted to other faiths (Jewish, Muslim, Hindu, and Buddhist). Both groups received ten therapy sessions, mainly by telephone.

At the end of therapy, religious and conventional CBT produced similar improvement in depression scores. Other outcomes were also similar between the two types of therapy—for example, about half of patients in both groups had remission of their depression symptoms.

Better Response in Highly Religious Patients

Patients who identified themselves as highly religious had somewhat greater improvement in depression scores with religious CBT, compared to conventional CBT. The highly religious also tended to complete more psychotherapy sessions if assigned to religious CBT, compared to those receiving conventional CBT.

"Historically, there has been little common ground between religious and psychological concepts of mental health," Dr Koenig and coauthors write. Mental health professionals may have negative attitudes toward religion, while religious patients may view psychological treatments as "unsympathetic to their religious beliefs and values."

Depression is very common among patients with serious illnesses, many of whom rely on their faith to help cope with their disease. The authors thought that psychotherapy incorporating patients' [religious beliefs](#) might be particularly effective for such patients.

The authors note that their small study can't show whether religious and conventional CBT are truly equivalent treatments. However, the results suggest that religiously integrated CBT is effective for treatment of major depression in chronically ill patients "who are at least somewhat religious."

The study also suggests that religiously integrated CBT may be more effective for people who are highly religious. Religious CBT "may increase the access of religious persons with [depression](#) and chronic medical illness to a psychotherapeutic treatment that they might otherwise not seek, and those who are highly religious may be more likely to adhere to this type of therapy and benefit from it," Dr Koenig and colleagues conclude.

More information: "Religious vs. Conventional Cognitive Behavioral Therapy for Major Depression in Persons With Chronic Medical Illness: A Pilot Randomized Trial" [DOI: 10.1097/NMD.0000000000000273](https://doi.org/10.1097/NMD.0000000000000273)

Provided by Wolters Kluwer Health

Citation: 'Religiously integrated' psychotherapy is effective for depression (2015, March 31) retrieved 18 November 2023 from <https://medicalxpress.com/news/2015-03-religiously-psychotherapy-effective-depression.html>

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