A Place for Faith within Harvard Psychiatry

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The combined mental health disciplines take great pride in valuing and including diverse identities across the domains of race, ethnicity, culture, disability, socioeconomic status, gender, and sexual orientation. However, religious identity has historically been given less attention. As a member of the Orthodox Jewish community, I felt this disparity acutely throughout my graduate school training. My personal life is filled with belief, meaningful religious practice, and sanctification of almost all aspects of existence, and I readily appreciate the relevance of religion to mental health and wellbeing. Throughout life's twists and turns, I have found great solace and direction through turning to my faith through prayer, the support of my family, the comradery of my religious community, and the sage advice of my clergy. Yet, these aspects of my identity – and the domain of religion in general – were typically neglected, disregarded or even belittled by my professors and fellow graduate students.

In fact, at many points during my training I wondered whether I would ever have the opportunity to express and bring my faith-based framework to my professional life. I vividly remember one experience I had while on interview at a major Canadian teaching hospital for a training program housed within its outpatient Cognitive Behavioral Therapy (CBT) clinic. Aside from my treacherous drive to the hospital through inclement weather on a winter morning, I was in good spirits. I had just the right amount of experience to be a "good fit" for the program – not too much to make the training unnecessary, but not too little to be a burden, and the interview went swimmingly well. That is, until one of them asked me a pointed-question: "If you were to come here as a trainee, you wouldn't speak to any of our patients about religion – would you?"

Several years later, I contacted Dr. Phil Levendusky – director of psychology training at Harvard Psychiatry's McLean Hospital. During our discussion Dr. Levendusky put me at ease enough to inquire whether the hospital would be open to my religious identity, and whether I might have opportunities to explore the relevance of faith to mental health. The questions left my lips before I could censor myself – after all, raising such a pointed issue could have easily ended my application process before it even began! However, Dr. Levendusky responded affirmatively and positively, saying that there is an unmet need in the field to better understand and appreciate spirituality and religion. The following year, I submitted my application with full disclosure of my religious identity and interests, and I was accepted for a coveted position.

At the start of my fellowship, I had modest goals: To keep my internal faith alive while getting the best possible training I could in the principles and practices of modern evidence-based mental health treatment. Little did I know, I had embarked on a path much richer and more ambitious than I could have ever imagined. Within six months of arriving on McLean Hospital's campus, I was approached by at least ten patients asking to discuss their faith with me. They wanted to address their problems not just in psychiatric terms but spiritual ones, and the Yarmulke on my head was a beacon. Initially, I had no solutions for these patients. Our hospital did not employ a chaplain, and despite my religious identity, as a lowly fellow I was not the right address to address spiritual aspects of life. However, Dr. Levendusky and my other mentors encouraged me to find and innovate ways to do so.

I therefore created a clinical protocol for a "Spirituality and CBT" group, which we started to run on one of the units. Despite initial pushback from members of the clinical team, the program was a great success. Patients voluntarily signed up for the group in large numbers, and many of them voiced that it was the single most impactful aspect of their entire treatment at the hospital. Concurrently with this initiative, I started several research projects to examine the relevance of spiritual and religious factors to mental health. The results were fascinating: Patients who had greater belief in God were more likely to benefit from treatment (they had greater reductions in depression), and patients who struggled with their spirituality were more likely to suffer (they were substantially more suicidal prior to treatment). These initial findings garnered interest from the academic community and also from the mainstream press, including the Scientific American, the Wall Street Journal, and the New York Times.

However, at the end of my two-year fellowship my future was most uncertain. Despite desperately attempting to secure funding for my work, none of the Federal agencies were willing to sponsor research or clinical innovation on spirituality/religion. The future looked bleak, until some generous philanthropists came forth with funding to assist. The support was not enough to maintain full-time effort, but it was minimally sufficient to keep my foot in the door and bide my time until additional funds could become available. For the next five years, I continued to innovate clinical methods to address patient spirituality and religion in treatment on a part-time basis. I taught tens of clinicians how to assess for patient religion and integrate dimensions of spirituality into clinical work. I also continued to conduct research, and interface with the press as well as the academic community. One of our most telling findings was that nearly 60% of McLean Hospital patients have a strong desire to discuss spiritual matters with their treatment teams.

In 2017, a rare opportunity opened up when I secured a three-year grant from the John Templeton Foundation, which enabled me to step-up to full-time effort and develop "SPIRIT: Spiritual Psychotherapy for Inpatient, Residential & Intensive Treatment," a spiritually-integrated treatment program for psychiatric hospital settings. Over the course of the grant, I led a team of over 25 researchers and clinicians to deliver the treatment to more than 1,600 patients situated on 12 clinical units throughout the divisional structure of McLean Hospital. We also evaluated its clinical effects. The program was so successful that SPIRIT remains a core part of the hospital's treatments for mood, anxiety, psychotic, alcohol/substance-related, traumatic, personality, eating/feeding, and other disorders. At this point, over 3,500 patients each year complete the program (approximately 60% of all patient admissions).

In 2018, the McLean administration officially recognized the importance of this body of work by creating a Spirituality & Mental Health Program and appointing me as its director. I was also given the charge of hiring a chaplain, who is now deployed throughout the hospital and in (very) high demand with well over 100 consultations each calendar month. Current research projects include a hospital-wide assessment study of the relevance of spirituality/religion to symptoms and treatment outcomes, an evaluation of how religion and depression fluctuate over time among geriatric patients, and perhaps most interesting how spirituality and religion may impact mental health through the mechanisms of neural and neurocognitive functioning as assessed by functional magnetic resonance imaging (fMRI). The future remains uncertain since funding for spirituality and mental health continues to be a challenge, but my faith continues to carry me forward.

Looking back over the past decade, there is no question that having permission to be authentic about my religious identity has been not only positive, but transformative. The discoveries and clinical innovations that my McLean colleagues and I have made in the area of spirituality and mental health have touched and helped thousands of people both within our hospital and around the globe, and even saved lives! My

hope (and prayer) is that the entire field of mental health will come to embrace all aspects of identity, including religion, in order to allow others like me to bring their faith to work.