



The Least Religious Physicians: Psychiatrists

A survey of 1820 physicians published in the September 2007 issue of the journal *Psychiatric Services* indicated that psychiatrists were the least religious of all physicians.

Sixty one percent of other physicians reported Protestant or Catholic affiliation while just 37 percent of psychiatrists were associated with either religion. Interestingly, nearly 30 percent of psychiatrists were Jewish compared to 13 percent of other physicians. Seventeen percent of psychiatrists had no religious affiliation compared to 10 percent of other doctors.

This was compared to the data of a survey of 1700 Americans conducted in 2005 by Baylor University and the Gallup Poll which found that 34% reported Protestant affiliation and 21% Catholic; a total of 55%. Ten percent reported no religious affiliation. So doctors as a whole were more likely to be Protestant or Catholic than the general population (61% versus 55%, while psychiatrists were 18% less likely to report their religious affiliation as Protestant or Catholic (37% versus 55%).

Although the survey was not designed to investigate this potential “religious gap” between psychiatrists and their patients, Farr Curlin, the lead author of the study speculated that, “Because psychiatrists take care of patients struggling with emotional, personal and relational problems, the gap between the religiousness of the average psychiatrist and her average patient may make it difficult for them to connect on a human level.” Curlin also conjectured that “Something about psychiatry, perhaps its historical ties to psychoanalysis and the anti-religious views of the early analysts such as Sigmund Freud, seems to dissuade religious medical students from choosing to specialize in this field.” Perhaps there is something to Curlin’s speculations.

The “religious gap” between psychiatrists and the general population of Americans becomes more striking when the survey data on

denominational affiliation found by George Barna is considered. In *The State of the Church: 2006*, Barna reported that 81% of the Americans surveyed identified themselves as either Protestant or Catholic (57% as Protestant and 24% as Catholic). When Barna's data is compared to the Curlin study, doctors are less likely to be Protestant or Catholic than the general population (61% versus 81%); and psychiatrists are **significantly less likely** than the general population to report their religious affiliation as Protestant or Catholic (37% versus 81%).

The problem connecting with their patients may be most acute when a nonreligious psychiatrist treats a patient whose personal faith is an important part of his life, as it is with evangelical Christians. Using a nine point criteria instead of self report, Barna reported that 9% of Americans in 2006 were evangelical; and 97% of these evangelicals said they were "absolutely committed" to the Christian faith. An evangelical who is absolutely committed to his faith will have some fundamentally religious questions about his mental health issues that a nonreligious psychiatrist will probably be unable to address. When a patient's religious worldview or sense of self becomes intermingled with his "emotional, personal and relational problems," even misdiagnosis may result if the psychiatrist does not understand enough about religion or faith to make an accurate distinction.

It's not unusual for a person to question her faith in the midst of a depressive episode. But at what point are her doubts properly understood as delusional symptoms, indicative of a psychotic disorder rather than a depressed sense of hopelessness or a spiritual "dark night of the soul?" There was a brief sensation in the media recently when it became known that Mother Teresa questioned her faith at times. Three months before she accepted the Nobel Peace Prize in 1979, she wrote to the Rev. Michael van der Peet, "Jesus has a very special love for you. [But] as for me, the silence and the emptiness is so great, that I look and do not see, — Listen and do not hear — the tongue moves [in prayer] but does not speak ... I want you to pray for me — that I let Him have [a] free hand." For nearly 50 years she struggled with not feeling the presence of God, referring to the dryness, darkness, loneliness and torture she was undergoing. At one point, she even questioned the existence of God. There have been radically different responses to this side of Mother Teresa.

In the *Time* article, "Mother Teresa's Crisis of Faith," David Van Biema quoted Christopher Hitchens, the author of a polemic on Mother Teresa entitled *The Missionary Position*: "She was no more exempt from the realization that religion is a human fabrication than any other person, and that her attempted cure was more and more professions of faith

could only have deepened the pit that she had dug for herself.” Conversely, the Reverend Martin Lamb believed that *Mother Teresa: Come Be My Light*, could someday stand with Augustine’s *Confessions* as an autobiography of spiritual assent. The Rev. James Martin, an editor at the Jesuit magazine *America*, concurred, saying the book could be a new ministry of her interior life, “to people who had experienced some doubt, some absence of God in their lives.”

If a psychiatrist viewed religious belief as a projection of childish needs and desires, a “universal, obsessional neurosis” (as Sigmund Freud did), he could see delusion where there is none. Or he could attribute these issues to a personality disorder. Conversely, he could ignore important symptoms while trying to respect a personal sense of spirituality or religion that he doesn’t understand. One likely consequence of a misdiagnosis between depression and psychosis would be recommending the wrong medication (antidepressants for what was really psychosis and anti-psychotics for what was really depression).

If you are an evangelical with mental health issues, you should make your psychiatrist aware of your religious beliefs, especially if it seems that your religious beliefs or struggles may confuse the mental health symptoms they are attempting to assess. You may not have the luxury of being able to see a Christian psychiatrist which would be the ideal situation, but you can at least see if there is any potential conflict to your treatment because of differences in religious belief.

See also the article “Psychiatrists Least Religious Among Physicians,” by Jeanna Bryner, on [LiveScience.com](http://www.livescience.com).