The Paradox of Mental Health Care and Spirituality: The Culture of Extreme Individualism as a Mediator

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Summary

This article challenges the widely accepted idea of a positive correlation between spirituality and mental health, by highlighting the paradigm of contemporary American culture. As spirituality is increasingly embedded into American mental healthcare, yet mental disorders among American population become more prevalent than in other countries, I resort to the nature of the extremely individualistic culture which accompanies recent wild capitalism. What I try to show is that this culture may act as a mediator between spirituality and mental healthcare, in the sense of altering spirituality which eventually does not serve health and may become pathogenic.

They were carried like children in a coach

through the huge spaces

without any knowledge of their destination

*(*Graham Green, *The Power and the Glory)*

As spirituality has been increasingly considered being a positive factor for mental health, its study and promotion has started impressively developing among the scientific community. The prevailing idea is that in general it promotes psychic well-being, and thus it should be embedded in mental healthcare. Numerous studies are being published on how spirituality should and can be considered in both clinical practice and organization of mental healthcare services (Mental Health Foundation 2006; for reviews see Hefti 2011; Gilbert 2012; Cook 2015; Gonçalves, Lucchetti, Menezes, & Vallada 2015).

I am going to challenge this idea by introducing a mediator between the two entities; I will formulate my argument through the example of the American society.

It has been a commonplace that the USA is the most religious society of the West. Surveys in 2010-2012 showed that 80-92% believe in God and that younger Americans who do not doubt his existence

count as high as 68%![1] Also 36% of Americans surveyed reported that they had experienced or witnessed a divine healing of an illness or injury. Besides, 58% of Americans surveyed reported that they pray at least once a day and 75% reported that they pray at least once a week (Pew Forum 2008).

The trend is rising. Among U.S. Christians, there has been an increase of 7 percentage points between 2007 and 2014 in the share who say they feel a deep sense of wonder about the universe at least weekly (from 38% to 45%). And there has been a similar rise in the share of religious "nones" who say the same (from 39% to 47%) – not to mention a 17-point jump among self-described atheists. The most religious segments of the population are still the most likely to say they feel a deep sense of spiritual peace and well-being at least weekly, including 81% of Mormons and 75% of evangelical Protestants. Overall, 64% of religiously affiliated adults say they feel a deep sense of spiritual peace and well-being at least weekly, compared with only 40% those who are unaffiliated. But even among the "nones," there has been a 5-point rise in recent years in the share who say they frequently feel spiritual peace (from 35% in 2007 to 40% in 2014). (Pew Forum 2016).

Coming to health, 49% of adults said in 2007 that they had prayed about their health during the previous 12 months, up from 43% in 2002 and up from 14% in 1999 (American Psychological Association 2011).

These data, astounding for the European standards, are not limited to committed religious. It was found that 73% of unchurched twentysomethings consider themselves "spiritual" and would like to

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[1]https://en.wikipedia.org/wiki/Religion_in_the_United_States. A drop is remarkable: in 2007 it was 83% of youth who did not doubt God's existence.

know more about “God or a higher supreme being.” This is 11% higher than among unchurched individuals who are 30 years old and older.[2] Among them 81% believe in God or a supreme being (Stetzer, Stanley, & Hayes 2009).

In a society like this it is no surprise that spirituality has been widely accepted in American healthcare and mental healthcare settings, embedded as a factor of both prevention and healing, as well as an essential component of American medical and psychiatric residency curricula (Levin, Larson, & Puchalski 1997; Larson, Swyers, & McCullough 1998; Puchalski & Larson 1998; Puchalski, Larson, & Lu 2001; McCarthy & Peteet 2003; Puchalski 2006; Kozak, Boynton, Bentley, & Bezy 2010). Consequently the scientific studies about spirituality and its relationship with mental health have peaked in the American context, where one can come upon journals such as *Psychology of Religion and Spirituality; Counselling and Spirituality; Journal of Spirituality in Mental Health; Spirituality in Clinical Practice; Spirituality and Health International; The International Journal of Religion and Spirituality in Society; Spiritus: A Journal of Christian Spirituality; Journal of Men, Masculinities and Spirituality; Journal of Spirituality, Leadership and Management; Journal for the Study of Spirituality; Journal of Religion, Spirituality and Aging* etc.

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[2] Young Adults: 20-29 who didn’t go to church in the last 6 months (perhaps except for a wedding or funeral). Spiritual: self-identify as spiritual, a sense that God is real and they think about spiritual things.

This being the landscape it would be reasonable to expect higher scores of mental health in this country. However this does not seem to be the case (Mental Health America 2017). More specifically, 1 in 5 American adults have a mental health condition. In addition to this, youth mental health is worsening. Rates of youth depression increased from 8.5% in 2011 to 11.1% in 2014. Even with severe depression, 80% of youth are left with no or insufficient treatment. All these happen although a growing number of Americans have access to services, insurance and treatment included, as healthcare reform has reduced the rates of uninsured adults.

The worsening of the effectiveness of mental healthcare in America can be seen at this table. It depicts the gradually increasing burden for mental health in the USA (CDCP 2013):

Mean Mentally Unhealthy Days		
Years	Mean Number of Days	Total Number of Days
1993	2.9	98,619
1994	2.9	102,696
1995	2.9	110,355
1996	2.9	118,309
1997	3.0	128,540
1998	3.0	141,744
1999	3.0	150,957
2000	3.2	172,960
2001	3.4	194,471

2002	3.2	234,736
2003	3.4	246,134
2004	3.5	282,380
2005	3.3	331,517
2006	3.4	334,606
2007	3.4	401,732
2008	3.4	386,066
2009	3.5	402,735
2010	3.5	415,664

The spontaneous question that arises here is ‘’How can a pervasively religious society, which places a serious emphasis on spirituality and has embedded spirituality in mental healthcare more than any other country, have their mental disorders burden dramatically increased through time?’’. If the correlation between spirituality and mental health is basically positive, why this impressively inconsistent finding?

Kleinman (2001) was the first to notice the trend and attempt an etiological hypothesis: “Mental disorders prevalence in rich societies is double that in the poor ones, which makes an uneasy finding because it shows that more wealth tends to worsen mental health problems of a society. Countries with the highest gap between the richest and the poorest present the worst health indicators, with the USA being the ultimate example... The last phase of capitalism is bad for mental health”.

So the economic system makes a first mediator. But Kleinman was writing 16 years ago. Now that we have immersed even deeper into an

unleashed capitalism, its unhealthy consequences have become much more manifest. As we will see, it is not just mere economy.

It seems that the harmful invasion of unleashed capitalism was not inhibited by spirituality in the least; or is it perhaps enhanced? One may object here by asking for a comparison of the USA to other Western countries. The result is depicted to this eloquent table:[3]

Cross-cultural sufferings

Nation	%
USA	26.4
New Zealand	20.7
Ukraine	20.5
France	18.4
Colombia	17.8
Lebanon	16.9
Netherlands	14.9
Mexico	12.2
Belgium	12.0
Spain	9.2
Germany	9.1
China (Beijing)	9.1

[3] It shows percentage of suffering from depression, anxiety, substance abuse or impulsivity-aggression in a one-year period. All prevalences are from WHO (Demyttenaere et al.), except New Zealand (see Oakley-Brown et al., *Te Rau Hinengaro: The New Zealand Mental Health Survey*. Wellington: Ministry of Health, 2006).

Japan 8.8

Italy 8.2

Nigeria 4.7

China (Shanghai) 4.3

Apparently the American context seems more pathogenic than any other Western country. James (2007) attributes these differences mainly to what he calls 'Selfish Capitalism', which is much more dominant in English-speaking countries. He defines it as having "larger disparities in wealth between the top and bottom 20 per cent of earners, higher proportions of the population earning less than half the average wage, and larger concentrations of wealth in elites of very rich citizens; mortgages compose a larger proportion of household expenditure; personal debt is larger and per capita credit card ownership is greater; personal savings are lower, often averaging nil or less than zero; average hours worked are longer; and economic security is less".

Similar observations from other countries support this idea, with the American paradigm being the pioneer. A remarkable number of authors highlight the influence of wild capitalism and extreme consumerism prevalent today in the West. Samples from 14 different nations show that highly materialistic people are significantly more likely to suffer from depression, anxiety, substance abuse and personality disorder. Focusing on materialist motives and goals – but especially motives – has been shown to prevent people from meeting four fundamental human needs: for security, community participation, feelings of competence, and autonomy (Kasser 2002).

Confirming this hypothesis is the striking example of what happened in Australia between 1997 and 2001, a period of particularly accelerated Selfish Capitalism governance there. Overall, the proportion of those psychologically distressed in 2001 – such that they would urgently require treatment – had increased by two thirds compared with 1997. For women it had nearly doubled, with the most dramatic increases among the under-forties. Levels had also risen substantially among those with high or moderate levels of distress (Australian Bureau of Statistics 2003b).

So, in spite of poverty decrease, of the generalization of education, of the dissemination of psychological and pedagogical knowledge, and of the abundance of mental healthcare services, we witness a persistent increase of mental disorders in the USA, especially of those which are considered of more *psychosocial* than biological character: depression, anxiety, suicide, addictions, psychic trauma and PTSD, delinquency, personality disorders, eating disorders, paraphilias etc. Why?

A society with low social bonds, an economy that favors income gaps, and lacking social welfare systems, seems to be pathogenic. In addition to mental illness, social disparities are associated with lower social bonds and trust, worse somatic health, more obesity, increased school dropout, higher violence, more people in jail. All these factors indicate a country's level of well-being. Confirming the ideas above, Wilkinson and Pickett (2011) suggest that a developing society makes progress in these markers as wealth increases, but beyond a certain point of development things go the reverse way. Well-being and happiness do not continue elevating with total or average wealth as long

as big inequalities persevere. In other words, *a society is not a mere sum of individualities*.

Therefore the mediator ends up to be not the economic system itself but the culture that generates and feeds it. Wild capitalism, excessive consumerism, and indifference for social disparities, all are symptoms of *extreme individualism*. The latter makes also a cultural shift toward *postmodernism,* which has been associated with worse mental health (Bessa, Brown, & Hicks 2013*)*. After all, Jameson (1991) had called postmodernism ''the cultural logic of late capitalism''.

What can be implied by the data mentioned? Can materialism be reconciled with spirituality? When together, which of them proves the stronger?

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Probably there is no other way to explain the inconsistencies described except from identifying the extremely individualistic culture of wild capitalism *as a mediator between spirituality and mental healthcare*. My hypothesis is that the establishment of such a mediator was feasible because of a special ''mutation'' that has occurred to spirituality in being adopted by the postmodern development of capitalism.

Provided that spirituality blossoms in postmodernism, how can it be compatible to wild capitalism, excessive consumerism, and indifference for social disparities, which escort this new cultural era? It is simple: by being altered. "Spirituality is what consumer capitalism does to religion. Consumer capitalism is driven by choice. You choose the things that you consume – the bands you like, the books you read, the clothes you wear – and these become part of your identity construction. Huge parts of our

social interactions center on these things and advertising has told millennials, from birth, that these are things that matter, that will give you fulfillment and satisfaction. This is quite different from agricultural or industrial capitalism, where someone's primary identity was as a producer. The millennial approach to spirituality seems to be about choosing and consuming different 'religious products'– meditation, or prayer, or yoga, or a belief in heaven – rather than belonging to an organized congregation. I believe this decline in religious affiliation is directly related to the influence of consumer capitalism" (Hedstrom 2015). In other words, before encountering individualism, spirituality already carries it within.

There has been a remarkable critique of the individualistic spirituality prevalent in Western culture. Greenberg (1994) contributes by saying that this self-coined ''God'' sets no commandments and poses no demands; he is just a tool for recovery. The religious have no other obligation than to love their selves because that ''God'' does not ask for any response and change. As Clapp (1996) pointed out, American individualism tends to coin a ''God'' (usually a caricature of the Christian one) who exists only to satisfy one's needs, thus making faith a factor that adds ''color'' in one's private life.

Starting from the contemporary privatization of religion, Schumaker elaborates on the sacralization and ritualization of consumption and eventually highlights the phenomenon of faithless religion (Schumaker 2001). Besides, there have been authors who have described "individualistic-consumerist spiritualities" associated with "prosperity religion", New-Age eclecticism, and self-help movement, as well as

“capitalist spiritualities”, associated with privatization of religion and embracement of power (Carrette & King 2005).

We know that culture in general makes a critical factor for economy and for health. Yet, in particular, these interesting findings to me suggest that the ongoing culture of individualism, which Lasch (1979) had foreseen as ‘’culture of narcissism’’, undermines mental health; moreover, they indicate that Western spirituality (with America as its leader) is being mediated by the culture of individualism. By discovering this we come to modify the initial principle that spirituality promotes mental health, toward a more inclusive statement: *cultural values promoted by spirituality possess the potential to promote or undermine mental health*. Cultural values mediate the impact that spirituality has on mental health and thus have the ability to prove a certain society inconsistent. Furthermore, to the degree that spirituality can be assimilated to the surrounding culture as I showed above, spirituality tends to become *a follower and assistant of culture instead of its critic* as it should be.

What I find interesting in the American paradigm is that spirituality can for sure contribute to individual mental healthcare in terms both of preventing mental disorders and enhancing coping with them, but *in the macro-level of society it can have the opposite result by favoring or even endorsing values which can in long terms undermine the efforts of mental healthcare professionals*. Societies in general are not a mere sum of individuals; they make a multi-level system with subtotals and networks which interact in an ‘’additive-value’’ mode, and thus society works in an incredibly complex way involving contradictory aspects.

Under these circumstances a closed circuit is shaped: *individualism promotes a self-tailored spirituality with the purpose of promoting a perceived mental health (actually composed of soothing, bliss, self-affirmation, and self-actualization) which in response fosters individualism even more firmly*. Therefore, if scientific research is not aware, it runs the risk of tautological measures, as well as mental healthcare runs the risk of adopting and cultivating values which ruin the other efforts that professionals themselves struggle with!

The context examined was a particular one, but the implications are global. To conclude, clinicians in the field of mental healthcare are thus called to dispute the values on which their therapies are based, to the degree that they are inspired by individualism; indeed many activities today vindicate the respectable status of psychotherapy whereas they are mere confirmations of the client's desires. Simultaneously mental health professionals are invited to intervene into the community in ways that will modify public values, if the latter are to exert a preventive and healing effect. In the case they decide to remain "scientifically neutral" they are susceptible of witnessing their efforts being undone by a culture that is hostile to human welfare.

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