

Introduction to 'Belief or Delusion?'

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What is belief? Surely, a thought the mind holds to be true. The evolution of the neo-cortex enables human beings to think, reflect on such thoughts and then act on them. Thoughts aligned with consensus reality are regarded as unexceptional. In general, established metaphysical beliefs are not treated as delusional, especially when enshrined in religious social history and especially when resulting in kindness and consideration for others.

Of course, we all tend to identify with our own thoughts, largely predicating our personal identity on them. Most of the time, indeed, we believe our thoughts - even though there is good evidence the mind can tell itself just about anything. Actually, from the non-dual perspective (Advaita), the ubiquitous habit of believing our thoughts is our greatest delusion!

Psychiatry now has a treatment based on liberating us from this delusional state, called Mindfulness-Based Cognitive Therapy. We learn to detach from our thoughts, watching them come and go (especially the depressive ones, it is hoped) and instead begin to experience the essence of who we are – an awareness that owes nothing to thought itself and from which arises a natural state of peace and loving-kindness.

However, the term 'delusion' is used in psychiatry to denote pathology. It may be defined as a belief held with unshakeable conviction that runs counter to the prevailing cultural norm. What is the one to do when set against the many? For people diagnosed with schizophrenia, their plight is often to be painfully alone with their beliefs; for nobody seems to understand them but rather are insisting they are ill.

The frequent result is loneliness and isolation. This is hardly surprising. How would you or I react if we were being told that our deepest felt and held beliefs were nothing but aberrations? We should at first resist and then withdraw, as Kafka writes about so tellingly. Yet psychiatrists are obliged every working day to make value judgments about their patients' beliefs when deciding if and how, to treat, sometimes as a matter of great urgency.

In today's programme on 'Belief or Delusion', we shall be exploring the controversial topic of religious and spiritual beliefs with particular reference to what is felt as the interference by, or intrusion of, entities, spirit presences, jinn, demonic forces and the like, which are held responsible for distress and sometimes illness. Who is best equipped to help: priest or Imam, or the local mental health team? Is the problem psycho-biological, psycho-spiritual, or indeed both?

Psychiatrists are taught that these experiences are due to the brain generating abnormal perceptual and cognitive processes. Others hold that we human beings are encompassed by a reality far greater than that allowed by our ordinary sense perception. This far, science concurs, for what was once thought to be empty space by astronomers is now known to be dark matter, comprising some 95% of the known universe, and seething with energies so immense as to be beyond human comprehension.

So how should hard-pressed psychiatrists do their job? Not easy, if undertaken in a thoughtful and conscientious way with genuine respect for the beliefs of others. How can we know for sure what comprises reality when the only reality we can ever know is the one each of us experiences – our own? Yet decisions have to be taken to alleviate suffering and sometimes the risk of serious harm. The responsibility to choose the right treatment is not carried lightly, and indeed can weigh heavy!

Our speakers today will, I hope, help us enquire afresh into the kinds of help we advocate, often in extreme circumstances, and decisions sometimes made – if I may be excused the spiritual metaphor – on a wing and a prayer.