

Aspects of Religion Relevant to Psychiatry

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Psychiatry may be seen as a medicine of language and culture, within which religion plays a major part. Psychiatrists need to have the expertise to distinguish between healthy and psychopathological spirituality. Religion offers a focus for the individual, providing a purpose in life that powerfully supports people who without it would be infinitesimal units in a world devoid of intrinsic meaning.

Recently, psychiatrists have begun to address the bias that exists within their profession against spirituality and religion, which may be dated back to some of the seminal writings of Sigmund Freud. It is indisputable that, in the middle of the twentieth century and more specifically in the 1940s and 1950s – under the influence of Darwinism and Freudianism – cognitive scientists had a tendency to put forward erroneous scientific messages. Their thesis then was that human beings are programmable and soulless animals that are subject to control by enforced values, and that society was in need of salvage from the constraints of the values and ethical restraints associated with a religious upbringing. Spirituality and scientific rationalism may appear to be conflicting principles, but without doubt, two apparently contradictory ideas can be simultaneously true. The rise of modern science is founded on the theological understandings and initiatives of past millennia.

Traditionally a priest has two roles: that of mediator between the deity and the individual and that of teacher. A doctor who is well informed and sympathetic to religious principles is able to assume the latter role, but lacks the competence to take on the former. If a therapist dares to attempt to take on the mantle of the priest, he/she runs the risk that the patient will develop an ambivalent attitude towards him/her. The therapist has the privilege of being able to explain religious precepts in modern technical terms to patients who have doubts about their faith, which can be of inestimable value in reorienting the patient who has lost their way. If a psychiatrist is spiritually inclined, their expertise empowers them to help the patient discover their own God. Crucially, this is not the same as the therapist's God; psychiatrists must be scrupulous about avoiding passing on their own religious understanding to their patients.

Religion and spirituality

Spirituality is the search for existential or definitive meaning within a life experience and conveys different meanings to different people. The meaning – or belief – usually refers to a communicating and communicable authority other than the self; people may or may not describe it as God, or a higher power, or forces within nature. Spirituality also relates to the wholeness of the person and it encompasses moral aspects – what is perceived as good and as beautiful as opposed to what is regarded as bad and ugly.

Religion is an expression of spiritual belief conducted through a framework of rituals, codes and practices centred on a deity or supreme being. Philosophy involves much the same exploration, but it differs fundamentally from religion in that it explicitly denies any power external to the self.

The practice of religion is sometimes limited to an expression of individual identity, and in these circumstances it does not necessarily connote spirituality. Faith is belief that is not based on logical proof or material evidence. It may also be explained as theological virtue, definable as a secure belief in God and a trusting acceptance of God's will. Faith may also be used to refer to the body of dogma of a religion that has a set of fundamental principles. To reiterate, faith involves believing in things that cannot be proven. An analogy may be made with the placenta attaching the unborn child to the mother; faith is the cord between the individual and the creator.

There are two categories of religious coping behaviour – intrinsic and extrinsic. Extrinsic religion is the external expression that includes church, mosque or temple attendance and participation in the religious community. This kind of activity provides social support, which is a protection against stress and an enhancement of life as a whole, offering emotional stability and hope. Intrinsic religion is focused on the person and includes faith in God, prayer, reading sacred writings, and holding religious views and attitudes. It involves a communicative process between the religious person and God, who is a provider of catharsis and a receiver of confidences and confessions.

This relationship facilitates personal healing and health. In bereavement, religion enhances the ability to move on, provides a sense of transcendence, decreases the individual's anxiety about death and reduces depression. Most significantly, it encourages belief in life after death.

Religion has value in helping grieving families and in supporting the suicidal patient in that it helps the afflicted person to discover the meaning of suffering. Further, spirituality may replace some of the loss that may result from the assault of psychosis on the identity and the personality.

Psychopathology and religion

An appreciation of the patient's faith helps the therapist to establish good rapport, but it is imperative that care should be taken in keeping religion within firm boundaries if the patient is acutely disturbed. It is very important for the psychiatrist to know the religious background of the patient, but – as already mentioned – the therapist must be careful not to impose his/her own religious convictions.

The psychiatrist who is ignorant of their patient's religious background may make an incorrect diagnosis. There is a risk that a standard religious precept may be interpreted as a psychopathological symptom. Furthermore, it is possible to judge a psychopathological symptom or behaviour incorrectly when viewing it as related to the patient's cultural background. The content of psychiatric symptoms is coloured by the religious belief of a patient, but the overall form of a specific belief is identifiable, which assists with diagnosis. Patients from different religious backgrounds experience symptoms that have different kinds of religious content. In the pre-psychotic state, patients may hold on tenaciously to their faith to gain a sense of security; this may produce apparent spiritual experiences that lack genuine spirituality.

Religiously minded patients may interpret illness as a punishment and decide that they do not deserve to be relieved of their suffering; alternatively, they may assert that the illness can be cured by prayer and is not responsive to medication. The therapist must be as empathetic as possible to the patient's belief system. For this to be practicable, the therapist needs to be well informed about the patient's religious views. Such edification may be

gained from the patient, or it may be derived from independent study on the part of the therapist. The therapist may have to encourage the patient to re-prioritise and elevate certain religious practices over ones that have become more central – all too often, rituals take precedence over the central principle of religion: the expression of love and charity.

This needs explaining to the patient. The mode of thinking of patients suffering from schizophrenia requires special attention; they may interpret religious teachings literally and act accordingly. For example, a schizophrenic patient who has delusions regarding paedophilia may misinterpret the biblical warning that putting a noose around the neck and jumping into the water is better than damaging a child, with the result that he/she may respond in a literal way to his/her predisposition and commit suicide by drowning. This is an example of a situation in which religion has a negative role in psychopathology. It is a matter of incongruity of faith, which has a negative effect on mental health and may be observed in people who have strong faith but are not being nurtured by receiving religious sacraments.

The paranormal and mysticism

Confusion between religion and parapsychology is as endemic as is confusion between occultism and psychic sciences. The paramount distinction is that religion is God centred while parapsychology is mind centred. 'Occult' literally means 'hidden'; it refers to the extension of knowledge, and 'occultism' relates to going beyond the fields of human activity that are usually recognised. The difference between the occult and occultism is like the difference between science and technology.

'Mysticism' refers to the experience of unity, ultimately giving a sense of the Beyond. New Age mysticism is effectively a combination of mysticism and occultism; New Age spirituality is a free-flowing spiritual movement constituting a network of believers and practitioners who share a number of somewhat similar beliefs and practices, which they attach to whichever formal religion they happen to follow. New age mysticism itself has no holy text, no central organisation, no membership, no officially recognised clergy, no geographical centre, dogma or creed. Followers of such mysticism often use mutually exclusive definitions for what is significant for them.

The clinical setting

Accommodating religious belief is not as straightforward as it may appear to be. When George Harrison died in Hollywood, his friends declared that he woke up from his 'dream'. An actively suicidal patient of mine asked me whether he has not got the right to wake up from his nightmare. Another patient of mine has searched all the websites on near-death experiences and has become convinced that there is a happier existence on the other side; he is wondering why he is wasting his time in the physical plane. Yet another patient has read scientific literature on reincarnation, and perusal of various case studies has made him want to discarnate from this world and reincarnate in better circumstances.

Undefined spirituality rooted in parapsychology has no therapeutic value. A scientific promise of *post mortem* existence without its concomitant religious belief system has no value in counselling the suicidal patient. It must be borne in mind too that religion may generate fear and anxiety in psychiatric

patients. I shall never forget the alarm of an enthusiastic chaplain when a patient threatened to sue him for generating fear of God!

Discussion

A common thread runs through the entire body of spiritual belief. Medical graduates should be careful not to be rigid about their own religious identity, just as they should not allow their national identity to limit them. Psychiatrists are essentially physicians, and they are expected to be heavily on the physical side of mental illness. However, in these days of religious turbulence, psychiatry can no longer maintain an ostrich-like policy with regard to religion. Getting involved in the area of religion will accelerate the evolution of psychiatry, enhancing its status as it is revealed to be more of a caring profession. Even psychiatrists who are enthusiastic about the psycho-social aspects of mental illness tend to ignore the spiritual dimension. Professor Andrew Sims has stated that psychiatrists who are reluctant to use the word, the concept or the implications of 'the spiritual' are like patients 'with a phantom limb, denying the existence of their handicap'.

Attempting to study spiritual phenomenon by using restrictive scientific techniques may run the risk of reducing science to black magic, and also of trivialising the sublime. One Einsteinian axiom is worth remembering: 'Science without religion is lame and religion without science is blind'.

We are ignorant about the finalities of science; spirituality starts where science ends. Religion also offers a standard against which we can evaluate our lives.

Religion can purify science from idolatry and false totalitarianism, and science can purify religion from error and superstition; each can draw the other into a wide world in which both can flourish. Pope John Paul II

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