

Psychiatrists should stand far from the shrine: why and why not we should separate religion from psychiatry

T N Wickramaratna

Abstract

Religion and spirituality are related concepts that have a history as long as the existence of mankind. Psychiatry, at times, deals with religious beliefs and spiritual inclinations. Psychiatrists, therefore, need to have a good understanding of religious beliefs of their patients. Religion can also be incorporated into the psychiatric practice to provide better patient care. At the same time, one must remember that psychiatrists

are also human beings with their own belief systems which may have an impact on their professional duty. This fine balance needs to be understood and psychiatrists should use current and up to date medical evidence to guide them and avoid conflicts of interest.

Key words: religion, spirituality, beliefs, patient, psychiatrist

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Introduction

Studies confirm evidence of religious and ritualistic behaviours of the human from around the middle Palaeolithic era (1). Religion could be argued as a psychological need of the human being which is closely related to the study of the human mind and its ailments. This is a hypothesis that needs to be proven. However, one cannot deny the existence of religions with conceptual and practical variations across cultures.

The concept of religion appears to have many definitions and Koenig defines it as “a set of beliefs, practices and symbols designed to facilitate closeness to the transcendent” (2). A closely related concept is that of spirituality which could be defined as “the connection to the transcendent, which is outside the self and yet also within the self” (2). Despite the conceptual variations, nearly 84% of the world’s population identifies with a religious group (3).

Religion from the point of view of psychiatrists

Psychiatry is the study and treatment of mental illness (4). It is also the field of medicine that is most connected with an individual’s thoughts, belief systems, emotions, and behaviours. From early times psychiatrists have been attempting to establish or question the connection between religion and psychiatry (1).

The concept of religion has been scorned by most of the early psychiatrists, who were also physicians or neurologists (1). Sigmund Freud considered religious beliefs as meaningless illusions that should be ignored in favour of science (5). He referred to religious views as ‘obsessional neurosis’ or ‘narcissistic delusions’ (5). In his book “Future of an illusion”, he emphasized that any attempt to reconcile religion and psychiatry will be futile (5).

In the latter part of the nineteenth century, psychiatrists appeared to have developed more favourable views regarding religion (1). William James, a psychologist and philosopher, divided religious consciousness into ‘healthy mindedness’ and ‘sick soul’ which may be damaging or protective to mental health (6). These views were later supported by Jung (7).

The modern schools of psychotherapy, specially the third and fourth waves of psychotherapy, have adapted religious concepts and incorporated them into their practice (1). Mindfulness-based stress reduction described by Jon Kabat-Zinn and dialectical behavioural therapy described by Marsha Linehan have borrowed some ideas from Zen Buddhist principles (8,9). These therapies have been shown to be effective and are widely utilized in the management of some psychiatric disorders (10).

Viktor Frankl, an Austrian psychiatrist, and Holocaust survivor, also incorporated spirituality into psychiatry

by introducing logotherapy (11). This was based on his experience of finding meaning to his life when he was held in a concentration camp separated from his family during the second world war (11). This ultimate meaning of life is a concept in most religions, especially in philosophical ones like Buddhism (12).

Verhagen quotes the positional statement by the World Psychiatric Association on spirituality and religion in psychiatry and report that psychiatrists are less religious than their patients and that there is a religiosity gap between patients and treating psychiatrists (13). Lukoff et al., reported that psychiatrists were not able to understand and empathize with the religious beliefs of patients which may result in unmet patient needs (14).

Religion and its impact on mental health

Koenig et al., indicate that being religious enhances the coping of general stressors (1). Religion is also associated with improved coping among those with mental illness and care givers (11). Certain religious concepts like 'karma' and "God's wish" help people find an explanation as to why they are having problems in life. Religions may also provide them guidance for a way of living to navigate through stressful periods.

Koenig reports that followers of religions with a loving and forgiving God appear to have low levels of anxiety and more optimism (2). A study done among elderly patients reports that the symptoms of anxiety and depression were found to be reduced by participating in religious activities (15). However, this may also be due to the fact that participating in religious gatherings increases the social interactions and cognitively stimulates the elderly person who may have led an isolated life (15). It is also reported that religious beliefs, internal faith and spiritual experiences improve mental health, prevent depression and hasten the recovery from physical illnesses (16).

Religion and the practice of psychiatry

Psychiatrists utilize different models when attempting to understand a patient with symptoms of a mental illness. The biopsychosocial model for example incorporates religious and spiritual beliefs to understand the aetiology and also in determining the management (18). Grief counselling is another example where religion is incorporated into psychiatric practice (19). Clark describes the importance of addressing the universality of grief using the client's religious beliefs (19). When carrying out behavioural activation in depression the person's religious activities can be incorporated into the schedule to enhance pleasure and mood (20).

Certain symptoms of mental illnesses such as delusions and hallucinations could be influenced by religious beliefs. Having a good understanding of the religious

background of the patient helps the psychiatrist to differentiate delusions and hallucinations from culturally acceptable beliefs. This will prevent misdiagnosis and overtreatment. It will also help the psychiatrist to understand that such manifestations of mental illness may be normalized by people of that religion and lead to delay in seeking treatment as well as poor adherence to treatment.

The role of the psychiatrist as a service provider can be aided by collaborative partnership with religious organizations. Religious organizations and their leaders are generally well established and respected in the community. When reaching out to a community the psychiatrist can provide a better service by working with the religious groups. Traditional healers who may also be priests, have been important nodes in pathways to care in mental illness in countries such as Sri Lanka (21). In the Sri Lankan context, carrying out "bodhi pooja" when someone is ill, chanting sermons or "pirith" to benefit the whole community are religious practices that a mental health practitioner can encourage.

Current classification systems and international guidelines also provide psychiatrists with guidance on treating mental illness in the context of religious and spiritual beliefs. The Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5) considers religion as a part of the cultural context of illness experience (22). The Royal Australian and New Zealand College of Psychiatrists state that "exploring religion and spirituality is an essential part of clinical assessment and should be considered in the treatment while being in the scope of practice" (23).

Although there is evidence for incorporating religion into psychiatry, several limitations and or disadvantages should also be highlighted.

Religious beliefs may affect the reaction to mental illness. It may lead to non-treatment, delay in seeking treatment, poor adherence, as well as engagement in certain healing rituals such as "thovil" in Sri Lanka which will cause a heavy financial burden on the family. The psychiatrist aligning himself with the religious community must always be careful to maintain appropriate boundaries as well as educate the community of these impacts where possible to ensure wellbeing of the patient.

The religious views of the doctor may affect the way he views the problems of the patient and provides treatment. This may be especially relevant when providing psychotherapy. For example, in couple therapy, a therapist who has certain religious beliefs and values may knowingly or unknowingly influence the couple's decision to separate or stay together. Also, when facing ethical dilemmas such as abortion, a highly religious therapist may experience cognitive dissonance when a patient seeks advice. It will affect the overall outcome and inhibit the growth of the therapist as a professional (24).

Depathologizing of homosexuality is considered a revolutionary landmark in psychiatry (25). However, a psychiatrist who holds strong religious beliefs that homosexuality is a sin due to his/her religious affinity may have difficulties when providing services to the LGBTQ community.

Certain ideologies and religions have a lot in common. Both have a superior being which followers listen to and obey. The Nazi control of Germany saw the rise in the eugenics movement during the second world war. This ideology was embraced by several German psychiatrists who carried out unethical experiments on their patients. It is reported that Carl Schneider was also invested in this ideology, and described two possible ways of helping a patient, with 'work therapy' or to 'sterile or kill the patient' (26). Subsequently he was removed from his position as professor of psychiatry and erased from the register of psychiatrists due to his unethical views. This illustrates why psychiatrists must be cautious when identifying with religions and ideologies.

Conclusion

Religion, and spirituality are concepts that are deep rooted and intertwined with the existence of the human being. This includes psychiatrists and their patients. Psychiatrist who is also another human being cannot entirely dissociate himself from religion in his/her personal life. A psychiatrist's beliefs may be in keeping or in conflict with his practice. A good psychiatrist would be mindful of their own belief systems, their role and make positive use of religion in his practice. It is always a good practice to follow existing guidelines and evidence-based medicine, so that psychiatrists are not misguided by their own ideologies or those which are imposed by others.

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T N Wickramarathna, University Psychiatry Unit,
National Hospital of Sri Lanka

Email: thilniswk@yahoo.com

 <http://orcid.org/0000-0001-6257-4542>

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