

HOW EXTREME RELIGIOSITY AND NATIONALISM ARE PREDATORY ON THE BIOPSYCHOSOCIAL HEALTH OF PATIENTS AND THE PROFESSIONALISM OF PHYSICIANS

Frank A. Chervenak & Laurence B. McCullough

Department of Obstetrics and Gynecology, Zucker School of Medicine at Hofstra/Northwell, Hempstead, New York, USA
Department of Obstetrics and Gynecology, Lenox Hill Hospital New York, New York, USA; fchervenak@northwell.edu

* * * * *

Introduction

Miro Jakovljevic and colleagues provide a compelling account of the positive and negative implications of religiosity and nationalism (Jakovljevic et al. 2019). This topic is very is very timely, because, as they note, there has recently been a recrudescence of malignant religiosity and nationalism in many countries and regions. Even a casual acquaintance with global history teaches that we have seen these phenomena before. Indeed, many people have living memory of malignant religiosity and nationalism and their devastating effects on human lives and cultures. It is in this context that we propose to explore the adverse impact of malignant religiosity and nationalism on the biopsychosocial health of patients and the professionalism of physicians.

The Biopsychosocial Concept of Health and Disease

The American internist and psychiatrist, George Engel (1913-1999), created the biopsychosocial concept of health and disease five decades ago (Engel 1977). His main concern was to prevent then-highly influential biomedical reductionism, the equation of disease with pathology. Engel argued that this was both scientifically and clinically inadequate, because health and disease also have psychological components (how an individual with a disease experiences illness) and social components (how communities and societies interpret illness). Failure to take all three components into account when they are clinically relevant truncates clinical judgment, which can result in less effective forms of clinical management of disease.

Another aspect of the biopsychosocial concept of health and disease is that dysfunction in either the psychological or social components can result in dysfunction in the biomedical component. For example, stress is not merely psychological, because stress can cause tissue damage that, in turn, can be a factor in the occurrence of diseases such as coronary artery disease. Systematic marginalization and disrespect are not merely social, because these can cause stress, which, in turn, can cause tissue damage and contribute to the occurrence of disease.

Implications of the Biopsychosocial Concept of Health and Disease for How Physicians Should Respond to Extreme Religiosity and Extreme Nationalism

Malignant religiosity can cause, and feeds on, social marginalization and disrespect of non-believers and causes stress. Malignant nationalism does the same. Deploying the biopsychosocial concept of health and disease to these malignancies supports the clinical judgment that extreme religiosity and extreme nationalism can have major public health consequences. Through professional associations, physicians can jointly discharge the professional responsibility to point this out publicly and advocate for prevention of extreme religiosity and extreme nationalism.

Professionalism of Physicians

Two remarkable physician-ethicists, John Gregory (1724-1773) of Scotland and Thomas Percival (1740-1804) of England, invented the ethical concept of medicine as a profession in terms of three life-long commitments: to becoming and remaining scientifically and clinically competent; to using one's scientific and clinical competence primarily for the benefit one one's patients, keeping individual self-interest systematically secondary; and to using one's scientific and clinical competence primarily for the benefit one one's patients, keeping group self-interest systematically secondary. Both Gregory and Percival understood these to be secular commitments, i.e., not rooted in any specific faith community but also accessible to all who want to be physicians without any religious preconditions. Both also understood these commitments to be transnational, an understanding that has subsequently shaped the medical profession globally (McCullough et al. 2020).

Implications of Professionalism in Medicine for How Physicians Should Respond to Extreme Religiosity And Extreme Nationalism

Extreme religiosity is incompatible with the commitment of physicians to the ethical concept of medicine as a profession. For example, the use of violence, including lethal violence, in the United States, in name of religion and against physicians who provide abortions is

predatory on professionalism in the clinical care of pregnant patients. Extreme nationalism is incompatible with the commitment of physicians to the ethical concept of medicine as a profession. For example, physicians who experienced tyranny in the former Soviet Socialist Republics know this from their own experience and the process of recovering medical professionalism in the post-Soviet era (Blasszauer 2009, Gefanas 2009).

Professional associations of physicians have the professional responsibility to speak out against social phenomena that are predatory on professionalism. This is especially the case for physicians who live in countries where it is sufficiently safe to do so on behalf of colleagues for whom speaking out could endanger themselves, their families, or their patients.

Conclusion

Miro Jakovljevic and colleagues have done the profession of medicine in all countries the considerable service of calling attention to biopsychosocially malignant forms of religiosity and nationalism. Unfortunately, this topic is not confined to the past but bears directly on current events in many countries and regions in the world today.

Acknowledgements: None.

Conflict of interest: None to declare.

References

1. Jakovljevic M, Kurjak A, Jerkovic A, Hasanovic A, Nikic M: *Spirituality, religiosity, and nationalism for the perspective of public and global mental health. Psychiatria Danubina 2019, 31:382-391*
2. Engel GL: *The need for a new medical model: a challenge for biomedicine. Science 1977; 196:129-136*
3. McCullough LB, Coverdale JH, Chervenak FA: *Professional Ethics in Obstetrics and Gynecology. Cambridge University Press, Cambridge UK and New York, 2020*
4. Blasszauer B: *Medical ethics and communism in Eastern Europe. In Baker RB, McCullough LB, eds., 617-624. The Cambridge World History of Medical Ethics. Cambridge University Press, New York 2009, 617-624*
5. Gefanas E: *The discourses of bioethics in post-communist Eastern Europe. In Baker RB, McCullough LB, eds., 495-500. New York, The Cambridge World History of Medical Ethics, 2009*

REACTION TO THE ARTICLE SPIRITUALITY, RELIGIOSITY AND NATIONALISM FROM THE PERSPECTIVE OF PUBLIC AND GLOBAL MENTAL HEALTH

Marek Preiss^{1,2}, Dita Šamánková¹ & Tereza Příhodová^{1,2}

¹National Institute of Mental Health, Klecany, Czech Republic; marek.preiss@nudz.cz

²University of New York in Prague, Prague, Czech Republic

* * * * *

Dear Editor,

We very much appreciate the paper *Spirituality, Religiosity and Nationalism from the Perspective of Public and Global Mental Health* (Jakovljevic et al. 2019). The article tackles the questions of mental health, nationalism, and religiosity in an attractive and readable way. It states that “countries all over the world differ substantially in their levels of well-being, as well as in the religiosity of their people and types and practice of nationalism” (p. 389). It explores, besides others, why globalization („we live in a world united by Infotech“, p. 383) does not seem to entail a higher level of mutual tolerance, and it discusses possible ways how to promote empathic civilization. The concept of empathy is emphasized, with 24 iterations of the word “empathy” and its variations in the text. It refers also to the concepts of collective mind and collective conscious and unconscious, citing Emile Durkheim, Nicky Lisa Cole and C. G. Jung; in relation to which we could mention the term *social unconscious elaborated by Earl Hopper* (2003). The authors of the paper, who remember the

Bosnian war of the of the nineties of the 20th century, present the ideas of “malignant paranoid-narcissistic and depressive-narcissistic nationalisms” (p.388), a paradigm that is reflected also in the classical work of personality disorder diagnostics by Theodor Millon (Millon & Davis 1996).

The authors accentuate the importance of emotions, empathy, and unconscious cognition, while disregarding critical reasoning, the main adversary of a potentially dangerous phenomenon of moral disengagement. The authors’ objectives of “more empathy and compassion transforming our world into brotherhood in humanity” (p.390) could be hardly discredited; it is to be considered, however, whether their targets could be rather reached by combining empathy (understanding of human emotions and motives) with critical reasoning. For instance, Steven Pinker (2012) maintains that aggressive behavior could be better managed by employing *self-control, moral sense and reason*, rather than empathy alone. Pinker posits that “self-control has been credited with one of the greatest reductions of violence in history” (p.715), stressing the role of cog-

nitiv skill: “ ... (it) is precisely the (cognitive) skill that must be exercised to take the perspectives of others...” (p.793). The good news is that, at least according to Pinker, the level of violence has been decreasing through the history of mankind, mainly due to the establishment of state structures, distant trade, and women’s rights.

Different cultures and social systems may postulate different moral standards and form different ethically entrenched behavioral patterns. Through self-monitoring, morally acting individuals become self-rewarded. In case of immoral behavior, “perpetrators have at their disposal a set of self-exculpatory strategies” (Pinker 2012, p.682). Albert Bandura’s key concept of moral disengagement (Bandura et al. 1996) keeps raising discussions and new attempts of interpretation. Moral disengagement is a general, culture-independent mechanism that dims unpleasant feeling associated with unethical behavior (cognitive dissonance reduction). Eight interrelated cognitive mechanisms that facilitate unethical behavior, i. e. *moral justification, euphemistic labelling, advantageous comparison, displacement of responsibility, diffusion of responsibility, distortion of consequences, attribution of blame and dehumanization*, are especially important in mass social conflicts, such as upheavals and wars. The results of our own research project Integrity, moral disengagement and other relevant constructs (supported by grant 16-06264S) show complex interplays between moral disengagement, social desirability, moral identity, integrity and other relevant concepts.

Comprehending particular elements of moral disengagement requires critical reasoning, ability to compare different perspectives, and understanding of the relationship between emotions and reason. However important and by Jakovljevic et al. (2019) rightly under

pinned variable is empathy, critical reasoning together with insight into mechanisms of moral disengagement plays no lesser role in ethical conduct. Social upheavals, crises and wars exemplify the chain of moral disengagement acts, based on ethically problematic or downright immoral decisions. Mental processes that are critical towards one’s self, as well as others (e.g., public persons, such as politicians) can reduce intrusions of moral disengagement into human decision-making in complicated social situations, and thus promote empathic civilization desired by the authors of the paper.

Acknowledgements: None.

Conflict of interest: None to declare.

References

1. Bandura A, Barbaranelli C, Caprara GV & Pastorelli C: *Mechanisms of moral disengagement in the exercise of moral agency. Journal of Personality and Social Psychology* 1996; 71:364-374
2. Hopper E: *The Social unconscious. [electronic resource]: selected papers. J. Kingsley, 2003. Retrieved from <https://search-ebscohost-com.library.esc.edu/login.aspx?direct=true&db=cab02823a&AN=ESC.ebr10035679&site=ehost-live>*
3. Jakovljevic M, Kurjak A, Jerkovic A, Hasanovic A & Nikic M: *Spirituality, Religiosity and Nationalism from the Perspective of Public and Global Mental Health. Psychiatria Danubina* 2019; 31:382–391
4. Millon T & Davis RO: *Disorders of personality: DSM-IV and beyond, 2nd ed. Oxford, John Wiley & Sons, 1996*
5. Pinker S: *The better angels of our nature: Why violence has declined. Penguin Group USA, 2012*

COMMENT ON THE ARTICLE ADDRESSING SPIRITUALITY, RELIGIOSITY AND NATIONALISM FROM THE PERSPECTIVE OF PUBLIC AND GLOBAL MENTAL HEALTH

Enver Zerem^{1,2,3} & Alma Ažderović⁴

¹Department of Medical Sciences, The Academy of Sciences and Arts of Bosnia and Herzegovina, Sarajevo, Bosnia and Herzegovina; zerem@live.com

²Department of Health Studies, University Collage “CEPS”, Kiseljak, Bosnia and Herzegovina

³Department of Internal Medicine, Cantonal Hospital „Safet Mujić“, Mostar, Bosnia and Herzegovina

⁴Amica Educa Association, Tuzla, Bosnia and Herzegovina

* * * * *

We read this article (Jakovljevic 2019) with great interest since its subject and aim envelop an array of issues pertinent to the ever-evolving complexities surrounding religiosity, spirituality and nationalism as core aspects of individual and collective identities. We agree with the authors that "Our world today is suffering from multiple identity disorder with multiple

confronting identifications due to lacking a sense of core self of sameness, coherence, purpose and humanity". However, in order to better understand the underlying factors that are at work at maintaining this ailment, we find it unavoidable to focus more on globalisation and mass migrations, which the authors do touch upon within the introduction section, as one

of the major contributing factors to this global identity crisis, since migrations do affect and transform beliefs, practices and community formations of both migrants and "non-migrants" and thus change religious landscapes (Frederiks 2015).

We welcome this paper since we are of the opinion that it is a much needed stepping stone towards further exploration of what needs to be done in the process of making new global identity of humankind, taking into consideration all the factors that impact on the shaping of this new identity, some of which are not touched upon in depth up to date. Hereby we mention just a few key findings that we consider pertinent to the subject, considering that our own country, Bosnia and Hercegovina, is also greatly affected by brain-drain and transit-migrations and increasingly so in the past decade.

On its evolutionary path our transitioning society is faced with major challenges regarding complexities of cultural integration. Immigrants are often faced with prejudice and stereotyping on behalf of host countries since they are often perceived as members of group about which the host society has already shaped beliefs and perceptions, which negatively reinforces integration as a predominantly one-way process of assimilation undertaken by immigrants with onus on blending into the new society and proving themselves as "good and worthy people" (Cabaniss & Cameron 2017). Also, Khader describes (Khader 2016) European Union host countries' generalised perception of Muslim immigrants since '80 stating that they are viewed "not as Immigrants from Morocco, Pakistan or Turkey but as "Muslims", eventually threatening the social fabric of European societies" and describes how "the terrorist attacks by tiny groups of Islamist fanatics and the radicalisation of "thousands" of native Muslim Europeans added fuel to the surging anti-Muslim sentiment in Europe".

Despite this and the fact that there are large differences between Muslim and Western societies especially in religiosity, whereby the younger generations in Western societies are becoming increasingly secular in comparison to older generations, and where, by contrast, a much slower movement in age-related change towards religious values is shown by Muslims (both Islamic and Western), this has not influenced Muslim migrants to form an entirely separate sub-culture to that of Western societies; research shows that Muslim migrants living in Western societies are located somewhere in the centre of the cultural spectrum – in between those living in Islamic and Western societies (Inglehart & Norris 2012). It is interesting to note that despite the growing secularism amongst the younger population in Western societies (Henkel & Knippenberg 2005) migrant religiosity has brought religion back from private sphere into the public domain of host countries.

Furthermore, with regards to nationalism, and within the context of migrations, in their recent study which focuses on impact of immigration on European Union native's voting behaviours between 2007-2016, Moriconi et al. (2018) find that highly skilled migrants (with

tertiary or higher education) contribute to reduction in nationalism and increase in political awareness by swaying votes from nationalist parties towards socialist and liberal options by voting pro-European and thus increasing turnout among younger population known to be more inclined toward a global view. Another recent study (Mayda 2018) focusing on the impact of immigrations on pro-Republican voting in USA confirms the association between high-skilled immigration and higher share of Democratic vote and low-skilled migration with higher share of Republican vote.

In their study (Bhugra & Becker 2005) point at social change, assimilation and cultural identity as significant factors when looking at the relationship between migration and mental illness, and stress the importance of health practitioners being "attuned to the unique stresses and cultural aspects that affect immigrants and refugees in order to best address the needs of this increasing and vulnerable population". Due to the cultural losses induced by migrations (from native language to support networks), immigrants often go through a grieving process referred to as 'cultural bereavement' (Eisenbruch 1991). Some authors (D'Emilio et al. 2007) consider that brain-drain impacts on originating countries' capacity to protect and support children left behind and alleviate their vulnerability due to primary carers' migration, which for children left behind at a later stage of development may trigger feelings of resentment, fear and rejection.

We are of the opinion that whilst the major issues relating to the negative impacts of migrations remain unexplored and thus unresolved, our path towards creation of empathic civilisation may be futile, continuing in the direction of 'preaching heaven and practicing hell'. Whilst it is evident that most research done so far focuses more on implications of mass migrations on the host countries there is a great need for more research aimed at exploration of cultural effects and mental health implications of migrations on the originating countries.

Acknowledgements: None.

Conflict of interest: None to declare.

References

1. Bhugra D & Becker MA: Migration, cultural bereavement and cultural identity. *World Psychiatry: Official Journal of the World Psychiatric Association (WPA)* 2005; 4:18–24
www.ncbi.nlm.nih.gov/pmc/articles/PMC1414713/
2. Cabaniss ER & Cameron AE: Toward a social psychological understanding of migration and assimilation. *Humanity & Society* 2017; 42:171–192.
[10.1177/0160597617716963](https://doi.org/10.1177/0160597617716963). Accessed 1 Aug. 2019
3. D'Emilio AL, Cordero B, Bainvel B, Skoog C, Comini CD, Gough J, Dias M, Saab R & Kilbane T: The impact of international migration: Children left behind in selected countries of Latin America and the Caribbean. *Division of*

- Policy and Planning, United Nations Children's Fund (UNICEF), New York, 2007*
4. Eisenbruch M: *From post-traumatic stress disorder to cultural bereavement: Diagnosis of Southeast Asian refugees. Social Science & Medicine* 1991; 33:673–680. www.sciencedirect.com/science/article/pii/0277953691900214, 10.1016/02779536(91)90021-4
 5. Frederiks MT: *Religion, migration, and identity: A conceptual and theoretical exploration. Mission Studies* 2015; 32:181–202. doi: 10.1163/15733831-12341400
 6. Henkel R & Knippenberg H: *Secularisation and the rise of religious pluralism: Main features of the changing religious landscape of Europe. In: Knippenberg H (ed): The Changing Religious Landscape of Europe, 1-13. Het Spinhuis, Amsterdam, 2005*
 7. Inglehart RF & Norris P: *Muslim integration into Western cultures: Between origins and destinations. Political Studies* 2012; 60:228–251. doi: 10.1111/j.1467-9248.2012.00951.x
 8. Jakovljevic M, Kurjak A, Jerkovic A, Hasanovic A, & Nikic M: *Spirituality, Religiosity and Nationalism from the Perspective of Public and Global Mental Health. Psychiatr Danub* 2019; 31:382-391. doi: 10.24869/psyd.2019.382
 9. Khader B: *Muslims in Europe: The construction of a "Problem". In The Search for Europe: Contrasting Approaches, 302-324. La Fabrica, Spain, 2016*
 10. Mayda AM, Peri G & Steingress W: *The political impact of immigration: Evidence from the United States. National Bureau of Economic Research Working Paper Series* 2018. doi:10.3386/w24510 www.nber.org/papers/w24510
 11. Moriconi S, Peri G & Turati R: *Skill of the immigrants and vote of the natives: Immigration and nationalism in European elections 2007-2016. National Bureau of Economic Research Working Paper Series* 2018; doi: 10.3386/w25077 www.nber.org/papers/w25077

REACTION TO THE ARTICLE SPIRITUALITY, RELIGIOSITY AND NATIONALISM FROM THE PERSPECTIVE OF PUBLIC AND GLOBAL MENTAL HEALTH

Alok Atreya¹ & Yub Raj Sedhai²

¹Department of Forensic Medicine, Lumbini Medical College Teaching Hospital, Palpa, Nepal; alokraj67@hotmail.com

²Department of Medicine, VCU School of Medicine, Virginia, United States

* * * * *

Dear Editor,

We read with interest the article, *Spirituality, Religiosity and Nationalism from the Perspective of Public and Global Mental Health* (Jakovljevic et al. 2019). The authors in the article have discussed these important issues from European perspective. We would further like to add faith mongering and asceticism in Nepalese context.

Nepal, a small developing country in south-east Asia, shares cultural and religious similarities with India. The open border between the adjoining countries requires no visa or passport and their nationals can move to and fro. The majority of the population in both these countries are Hindus but Nepal is also visited by Indian and foreigners who follow Buddhism, as *Gautama Buddha* was born in Nepal. They often travel as religious tourists to pray and worship in religious shrines scattered all over both countries. The spiritual *Gurus* of these nations have followers from both countries. There have been numerous studies which conclude that religious/spiritual beliefs help people cope better with depression and stressful events, providing them comfort and hope (Bonelli et al. 2012). Recently an increasing number of faith leaders have been charged and convicted of crimes including sexual abuse upon their devotees. Future may add more to the story and excessive spiritual inclination associated with criminal behaviors. We searched the internet have listed a few spiritual leaders/ *Gurus* linked with controversy and alleged criminal activities in the recent past.

Ram Bahadur Bomjon; Nepal (born: April 1990) - held Slovak woman in captivity for over two months, alleged to have committed sexual assaults upon female monks staying at his monastery and there is alleged murder of missing disciples

Shreeniwas Acharya; Nepal – staged gunshot attack on April 2018 to gain public sympathy, accused of spreading religious and communal violence, is in police custody for possession of illegal arms and ammunition.

Sathyannarayana Raju; India (23 November 1926 – 24 April 2011) – rumors of possession of magical powers to which British media reported a sleight of hand, allegations of sexual abuse, during his life, 98 kg of gold ornaments, 307 kg of silver ornaments, huge quantities of diamonds and 116 million in cash was recovered from one of his private chambers after death. Following further exploration of his other private chambers it was estimated that he possessed valuables worth more than US \$7.8 million.

Asumal Sirumalani Harpalani; India (born April 1941) - accused of sexual assault on a minor girl in 2013, for which the court convicted him for rape charges in 2018 and slammed him with fine and life imprisonment.

Gurmeet Ram Rahim Singh; India (born 15 August 1967) - accused of sexual assault and murder, convicted of two rape cases, sentenced for 10 years imprisonment each to be served consecutively.

Rampal Singh Jatini; India (born 8 September 1951) - Police found bodies of five women and an 18-month-old child in his *asharama* in 2014, now serving life imprisonment for conviction of murder.

It is quite challenging for a person in south-east Asia to be an Atheist. Every religion has rituals of their own. In Hinduism, sanctifying rituals start as early as 6th day of birth. Major life events like attainment of puberty in girls, sending a son to school after “*Upanayana samskara*”, marriage, death and buying a property - all are linked with religious events. These events also provide encouragement, comfort and promote bonding with family and friends (Koenig 2001).

Human life is never without stress. It is believed that spiritual activities help to counteract the trouble and miseries providing positive reinforcement and happiness (Koenig 2001, Aghili 2008). Women are more vulnerable than men to experience negative situations over which they have no control so they indulge themselves in spiritual activities to deal with their emotional yoke (Nolen-Hoeksema et al. 1999). This offers a situation where the spiritual *Gurus* can take advantage of their situation and exploit them.

When people have accumulated enough wealth, they add luxury to their lives. At some point many think all money buys is material happiness and they turn towards spirituality. Thus, these theists donate money to charity which goes to these spiritual *Gurus* or their organizations. With money comes power and with power come followers. The spiritual *Gurus* seem to help the poor by the charitable works from their organizations. They make the poor repay them by making them followers and in extreme cases they exploit them physically in case of males and sexually in case of females.

We do not blame spirituality or spiritual leaders of the criminal act. It is however a matter of concern as so many spiritual leaders have been accused of criminal activities recently. Fame, power and followers might

have led to the steep rise in the number of spiritual leaders lately. An organization of Hindu saints and ascetics in India has claimed the controversial spiritual leaders and *Gurus* to be bogus (<https://tinyurl.com/y7eu6a9l>). If religious leaders educated their followers in eradicating false and unscientific traditional beliefs such as menstrual exile, witchcraft, cutting and suction of snake bite site, polygamy, child marriages etc. they would be significantly aiding humanity.

Acknowledgements: None.

Conflict of interest: None to declare.

References

1. Aghili M, Venkatesh Kumar G: Relationship between religious attitude and happiness among professional employees. *Journal of the Indian Academy of Applied Psychology* 2008; 34:66–9
2. Bonelli R, Dew RE, Koenig HG, et al.: Religious and spiritual factors in depression: review and integration of the research. *Depress Res Treat* 2012; 2012:962860
3. Jakovljevic M, Kurjak A, Jerkovic A, Hasanovic A & Nikic M: Spirituality, Religiosity and Nationalism from the Perspective of Public and Global Mental Health. *Psychiatr Danub* 2019; 31:382–391
4. Koenig HG: Religion and medicine II: religion, mental health, and related behaviors. *Int J Psychiatry Med* 2001; 31:97-109
5. Nolen-Hoeksema S, Larson J, Grayson C: Explaining the gender difference in depressive symptoms. *J Pers and Soc Psychol* 1999; 77:1061–72