

SECULAR AND POSTSECULAR PSYCHIATRY

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SUMMARY

Religious method of treatment dominated treatments of psychiatric patients until the start of twentieth century. After psychiatry was recognized as a distinct medical discipline, in nineteenth century, it begun to shift away from religious approach to the treatment of mentally ill persons.

During the twentieth century, it was enriched using psychotherapy, socio-therapy and biological methods of treatment, and completely secularized. The renaissance of religion and religious influence on secular events in the beginning of 21st century and postsecular atmosphere has launched a process of desecularization of psychiatry. It can best be seen through the changes in attitude towards spiritual and religious in the process of patients' evaluation, quality of life assessment, respect for the spiritual needs of patients in the process of clinical treatment, and objective consideration of the phenomenon of religiosity by psychiatrists and other mental health professionals. Without the ambition to precisely explain and define this notion, the basic sketch of what a postsecular psychiatry is and what it is not will be outlined in this paper. The goal is to open a professional debate over the issue, which would contribute that psychiatry, despite the ongoing challenges and provocations, maintains its essence as a medical discipline and adequately respond to all the needs of its patients, including those related to spirituality and religion. Overcoming rigid secular framework, psychiatry becomes more human and more close to human. In this way, psychiatry does not lose its "scientific component" because the effects of spirituality, beliefs or religious practices on mental health can be scientifically investigated without crossing the boundaries between the natural and spiritual sciences. Although people often consider that science and religion contradict each other, these are by their very nature convergently moving towards the meeting point even if it is located at infinity.

Key words: postsecular psychiatry – spirituality – religiosity - desecularization

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SECULARIZATION OF PSYCHIATRY

A general characteristic of medical practice in the past fifty years is that it relies on the development of science and technology. This period is known as a period of secular medicine. Long time prior to this period ethical criterion of doctor-patient relationship was prevailing and religious method of treatment dominated. Psychiatry begun to shift away from religious approach to the treatment of mentally ill after being recognized as a distinct medical discipline in nineteenth century. During the twentieth century, it was enriched using psychotherapy, socio-therapy and biological methods of treatment which have laid solid foundations of secular psychiatry (Loga 2010).

The process of secularization has led to the notion of spiritual being left to religion and religious sciences. At the same time, the concept of psychological was at first stripped of its supernatural dimensions (a principle which binds man to God), and its meaning reduced to the mental processes (cognitive, motivational and intentional) and personality traits (physique, temperament, character and potentials). Furthermore, through the efforts of increasing objectivity of non-physical aspects of human nature, some psychological schools (behaviorism) almost completely suppressed the use of this concept (Pajević 2009). The concepts of human soul and sin have been replaced with notions of human consciousness, and psychopathology and socio-pathology.

A value system has been abandoned, a sensitivity to distinguish "good" from "evil" is weakened or completely lost and moral responsibility of human neglected. A

lack of individual's morality is seen not as a personal shortcoming that should improve through the process of repentance, but as a product of inadequacy in the processes of socialization. With Freud's inauguration of the term "unconscious", the space was opened for all that have previously been related to an invisible, supernatural, immaterial world, which is the foundation of any spirituality, faith and religion. Religion was declared to be an illusion, while human without "soul" and faith in God is left at the mercy and disfavor of insane thoughts, depressive ruminations and waves of vague anxiety that arose from subconscious impulses out of control of psychological defenses of "His Majesty" Ego.

POSTSECULAR SOCIETY

Regardless of controversial Huntington's phrase "clash of cultures", his claims about a renaissance of religion and religious impact on secular affairs at the beginning of the 21st century, in all societies - both developed and undeveloped, Western and Eastern, secular and (post) secular - are irrefutable facts (Huntington 2005, Lasic 2011). The process of secularization of modern society is evident (Berger 2005). European society, which went through the process of secularization (as well as countries such as Canada, Australia and New Zealand), today can be characterized as "postsecular" society (Habermas 2008).

In the "postsecular" societies a consciousness has changed, which Habermas reduced to three phenomena. At first, most of the European citizens found out that in

the context of global events secular European consciousness is relative and fragile. Secondly, religion is gaining in its importance not only globally but also in the public (churches and religious organizations are increasingly assuming the role of "community that interpret", whether it is a debate over legalization of abortion, euthanasia, bioethical issues in reproductive medicine, mental health problems, animal welfare issues or climate change, etc. The third source of consciousness change is represented by migrants and refugees - especially those coming from countries where the culture is imbued with tradition (Habermas 2008).

According to other authors (Kelly 2009, Loga 2010), a postsecular means:

- renewal of interest in the spiritual life;
- relaxed attitude towards secular doubts about spiritual matters;
- accepting that the secular rights and freedom of expression are prerequisites for the restoration of spiritual issues;
- spiritual and intellectual pluralism of the East and West;
- cultivating spiritual traditions of the East and West;
- recognition of repression that refers to the individual or society in the name of "religion".

DESECULARIZATION OF PSYCHIATRY

Since psychiatry is related to social and political events more than any other medical discipline (Kecmanovic 2008), this "postsecular atmosphere" has led to a different perception of the phenomenon of spirituality and religiosity in psychiatric theory and practice. Serious debates over spirituality and religiosity are held in psychiatry for several decades, even those are relying on the results of exact research. Hence, the process of desecularization of psychiatry itself is evident, whether we like it or not (Koenig 1998, Koenig et al. 2001, Jakovljevic 2005, Pajevic et al. 2005). This process can best be seen through the changes in attitude towards spiritual and religious in the process of patients' evaluation, quality of life assessment, respect for the spiritual needs of patients in the process of clinical treatment, as well as objective consideration of the phenomenon of religiosity by psychiatrists and other mental health professionals.

Changes in evaluation and quality of life measurement

Development of practical medical disciplines (psychiatry, psychotherapy, psychological medicine) and applied psychology branches (clinical, counseling, etc) has led mental health professionals to face with a need to extend scientific concepts, on which some psychiatric and psychotherapeutic methods and techniques of treatment were developed, in order to be used in practice and to adequately respond to spiritual and

religious needs of the patients. A significant progress has been made in this regard over the past few decades.

In the American Psychiatric Association Practice Guidelines for Psychiatric Evaluation of Adults (APA 1995a) as part of the initial evaluation of the psychiatric patient, among other things, it is required to collect an important religious or spiritual influences on the patient's life; that those are respected as an integral part of the patient's individuality, and the information to be included in the assessment of the individual patient that goes beyond what is conveyed by the diagnosis. DSM-IV includes religious or spiritual problems as an "additional condition that may be a focus of clinical attention", and for such problems clinicians can use a diagnostic code separately from the disorder of the Axis I (APA 1994). American College for Graduate Medical Education included in its Special Requirements for Residency Training in psychiatry issues related to religion and spirituality as part of a compulsory program (American Psychological Association 1995b).

The World Health Organization (WHO) has involved more than 30 international centers in its study on the quality of life assessment, which measured the following six key domains: physical and psychological health, level of independence, social relationships, environment, and spirituality, religion and personal beliefs. For the quality of life domain related to spirituality, religious and personal beliefs proposed are eighteen facets under four headings: transcendence (connectedness to a spiritual being or force, meaning of life, awe, wholeness/ integration, divine love, inner peace/serenity/harmony, inner strength, death and dying, detachment/attachment, hope/optimism, control over your life); personal relationships (kindness to others/selflessness, acceptance of others, forgiveness); code to live by (code to live by, freedom to practice beliefs and rituals, faith) and special religious beliefs (specific religious beliefs) (Culliford 2002).

Spiritual needs of patients and clinical treatment

Recent studies indicate that psychiatric patients have spiritual needs that, if addressed, might aid the process of psychiatric treatment.

Koenig and Weaver (1997) state the following psychological and spiritual needs of psychiatric patients:

- *Needs related to self:* a need for meaning and purpose, a need for a sense of usefulness, a need for vision, a need for hope, a need for support in coping with and change, a need to adapt to increasing dependency (older adults), a need to transcend difficult circumstances, a need for personal dignity, a need to express feelings, a need to be thankful, a need for continuity with the past, a need to accept and prepare for death and dying (older adults).
- *Needs related to God:* a need to be certain that God exists, a need to believe that God is on their side, a need to experience God's presence, a need to experience God's unconditional love, a need to pray

alone, with others, or for others, a need to read and be inspired by scriptures, a need to worship God, individually and corporately, a need to love and serve God.

- *Needs related to others:* a need for fellowship with others, a need to love and serve others, a need confess and be forgiven, a need to forgive others, a need to cope with the death of or separation from loved ones (Koenig & Pritchett 1998, Pajević 2009).

Religious and spiritual issues may have relevance in the clinical treatment for a number of reasons:

1. A patient wishes that clinicians take into account religious and spiritual issues;
2. Religiosity is associated with some behaviors that are health-enhancing and with attitudes that contribute to preventive measures in medicine and psychiatry;
3. Religious and spiritual commitments are associated with more efficient way of coping with severe somatic illness and living problems;
4. Incorporation of spiritual concepts in some specific areas of treatment and the use of spiritually oriented treatment of religious patients may be most effective in the treatment of mental disorders such as substance abuse and depression;
5. Recovery from episode of severe mental disorders may be facilitated with spiritual and religious engagement (Josephson 2000, Jakovljevic 2005, Pajević 2009).

Religious beliefs and mental illness

In the era of secular psychiatry most psychiatrists considered religiosity as psychopathology. The literature is repleted with articles that have commented psychopathology of religious people and negative impact of religion on their disorder. Unfortunately, such attitudes are not based on systematic studies but on the observations of several patients during their practice (Wilson 1998). Some authors even equalize religious beliefs with delusions (Freud 1983, Dawkins 2006, Pierre 2001)!? There are authors who consider that the boundary between "normal" religious beliefs and psychosis is fuzzy, and that it would be useful to observe these two phenomena on a continuum (Peters 2001, Sanderson 1999, Felicity 2007) (according to Kecmanovic 2011).

The answer to these and similar arguments can be conceptualized in several points:

1. *Disintegration versus integration of consciousness:* Mental illness is basically disintegrating process that is based on the preoccupation with the unconscious contents out of conscious control, which greatly hinder and prevent the realization of spiritual potentials of human, while religiosity is an integrative process that stimulates deliberate connection with transcendent contents, attaining the spiritual expe-

rience of higher levels of consciousness that humankind cultivated since its foundation.

2. *This is not true either by definition* because the belief is voluntary and fully aware decision of an individual to accept a specific idea or set of ideological understandings while mental illness is something that is coming against the will of the individual, something that is not chosen.
3. *Faith much more engages the whole person* and affects all areas of life. Faith provides a framework within which a person is building its own life. Mental illness is a way out of these frameworks!
4. *Religion – represents a cumulative tradition* of rituals, beliefs and cultural norms of a nation. Mental illness does not represent it!
5. *Basic characteristics of the "conceptual" content* of mental disorder are: empirically specific way of perception of reality; individual conditioning that is detachment from the collective experience and knowledge, the contents of which it is constituted comes from the world of own perceptions, imagination, fantasy, imagination which prevents a dialogue with others; illogic deviation from common sense, reduction or a lack of freedom of choice and free will. In contrast, conceptual basis of faith, and religiosity includes: scriptures (the Old and New Testament, the Kor'an) inherited by humankind, life practice of the prophets (such as Moses, Jesus, Mohammed) followed by millions of people throughout centuries, the consensus of a large number of religious scholars, common-sense logic - common sense is a prerequisite for the acceptance of religion and its rules, and above all, freedom of choice, voluntary acceptance of religious principles and methods.
6. *Basic features of psychotic and spiritual experiences* are essentially different or rather the opposite, which can be seen from the following comparative reviews (Table 1).

Table 1. Basic features of psychotic and spiritual experiences

Psychotic experiences	Spiritual experiences
unpleasant and painful	pleasant and ecstatic
unwanted	eager
imposed	voluntary
separates	connects
loss from reality	immerse into reality
sense of detachment	sense of unity
narrowing of own world	expanding of own world
thoughts dissociation	thoughts concentration
emotional impoverishment	emotional enrichment
experiencing alienated self	experiencing true self

POSTSECULAR PSYCHIATRY

Regardless of social foundation of the process of secularization, a "postsecular psychiatry" as such is rarely spoken. This sintagm is not used that often in the literature not nearly as some terms that are inaugurated through different variants of critical psychiatry (*anti-psychiatry, radical psychiatry, political psychiatry, democratic psychiatry, rational antipsychiatry, skeptical psychiatry*). Even the term *postpsychiatry* has been introduced in the past years, which sounds a bit tendentious and refers to so-called *postmodern psychiatry*, of which it is widely discussed and written, "even though there is no social reality that could carry out the principles of postmodernism, so it is groundless to talk about postmodern psychiatry that would suit the post-modern times" (Kecmanovic 2008).

Without the ambition to precisely answer the question of what the postsecular psychiatry is or to give its definition, I consider that on this occasion it will be enough to outline some basic sketch of what the postsecular psychiatry is and what it is not. The goal is to open a professional debate over the issue, which would contribute that psychiatry, despite the ongoing challenges and provocations, maintains its essence as a medical discipline and adequately respond to current needs of its patients.

What postsecular psychiatry is not

- *It is not religious psychiatry* because it is based on scientific approach even though phenomenon of religiosity is considered to be an essential component of human personality.
- *It is not spiritual psychiatry* because spirituality is not its starting point but acknowledges the spiritual dimension of health and illness, not crossing boundaries of scientific objectivity.
- *It is not in conflict with psychiatry as a medical discipline* but the way of its humanization and approaching to important and neglected human needs.
- *It is not the antithesis of "secular psychiatry"* but a logical stage in the development of the scientific psychiatry as a medical discipline.
- *It is not an alternative to psychiatric treatment* but its affirmation through enrichment with new ideas and procedures.
- *It is not a new direction in psychiatry* but opening a new space for research and treatment.
- *It is not antipsychiatry oriented* – a revision of scientific achievements is not required but the update through appreciation of human spiritual dimension is stimulated.
- *It is not modern* as it is transcending limitations imposed by modern science itself.
- *It is not postmodern* because it has its own identity, deeply rooted into the current social reality, and hopeful and optimistic about the future.

- *It is not postpsychiatry* because it is cultivating all the positive achievements of the understanding and treatment of mental disorders from prepsychiatry via modern psychiatry to contemporary psychiatry providing a precise guideline for its profile in the future.

What postsecular psychiatry is

- *It is contemporary* because it represents a response to the current issues and problems in the field of mental health faced by human and humankind in the postsecular era.
- *It is integrative* because it opens the space for the adoption of a new knowledge and methods that have been proven in practice but having no scientific verification yet.
- *It is holistic* because human is considered as a whole taking into account all aspects of its existence including spirituality and religiosity.
- *It is transdisciplinary* because the problems are required to be perceived even to greater extent and various possibilities to be considered from related but different professional perspectives.
- *It is transcultural* because it occurs in the era of globalization, when the answers to various cultural specificity of certain psychiatric phenomena are required.
- *It is personalized* because it is focused on the person, its specific needs and opportunities in the process of finding the appropriate method of treatment through partnership cooperation.
- *It is medical* because it is a branch of medicine, based on medical model, which is the starting point in thinking, approach, attitude, procedure, and treatment.
- *It is scientific* because a scientific evidence represents its baseline, it uses scientific examination of methods to seek the truth, scientific theories to support the development of treatment methods.

Postsecular psychiatry, among other things, will help in making a better distinction between religious beliefs and psychopathological phenomena, to discern the connection between moral principles and cognitive-behavioral patterns, to perceive spiritual advantages and psychological defense mechanisms comparatively, to fully scientifically explain the phenomenon of "mystical experience", to better understand the key issues in psychiatry: normal and pathological, anxiety and fear, depression and grief, trauma and dissociation, etc.

CONCLUSION

Psychiatry as a medical discipline is deeply rooted into social reality. Thus, the postsecular processes in contemporary society are reflected in psychiatric theory and practice. Therefore, it is important in this context to situate psychiatry at the right place and guide its further development in order not to bring into question its

viability and its identity, which are always questioned by different forms of antipsychiatric movements (currently in the form of postpsychiatry). Psychiatrists have to respect somatic and mental and spiritual dimension of human existence, since mentally ill persons live in two different worlds, organic-functional world and the world of values and meaning. Philosophy does not provide generally accepted answer to the question of how these two worlds are related to one another, but spiritual and religious sciences offer their answer to this question - although these sciences, due to their supernatural nature, will never meet the criteria of natural sciences – providing psychiatrists with a basis to understand their patients' needs related to spirituality and religiosity. In this way psychiatry becomes more human and more close to human. It does not lose its "scientific component" because the effects of spirituality, beliefs or religious practices on mental health can be scientifically investigated without crossing the boundaries between the natural and spiritual sciences. Although people often consider that science and religion contradict each other, these are by their very nature convergently moving towards the meeting point even if it is located at infinity.

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