Journal of Psychiatry
ISSN: 2378-5756

Bishay, J Psychiatry 2015, 18:5
DOI: 10.4172/2378-5756.1000302

Short Communication Open Access

Psychiatry and Religion, What Psychiatrists and Religion Professionals Can Do?

Amir Bishay*
ECFMG certified, USA

Will These Pills Cast Jinn Out?

It's not uncommon for a Psychiatrist to hear such question when He /She prescribe medications for a Psychiatric Disorder and he has to give an answer. And while thinking about the answer he has to put into consideration the cultural and religious beliefs of the patient and how to avoid challenging them and at the same time he has to explain scientific terms in a simple way. If you're not familiar with the Jinn this is one of the beliefs according to Islam that Jinns are completely separate creatures created by Allah from fire and they all serve God like angels [1] and culturally people believe that they can possess someone and usually the first thing to in some societies is to seek help from Sheikhs or someone who could cast the Jinn out or does the Exorcism. Among Christians they also believe in Satanic Possessions as it is mentioned in the Bible [2] and they usually seek Priests help before they go to a Mental Health Professionals.

Exorcism is also known in Judaism and Hinduism. Symptoms can suggest that there is a paranormal activity, patients hear voices patients feel that they're being watched or feeling sad or down all the time or on the other hand they may be elated and excessively happy, Psychiatry has definitions and codes for all these symptoms and has pharmacological and psychological treatment but who will seek the help and how? That's the Question that we face now, can Religion and Psychiatry cooperate together towards the welfare of the patients?

Is There a Conflict in the First Place?

In the 19th Century French Neurologist Jean Charcot and his Pupil Sigmund Freud linked religion with Hysteria and Neurosis (Charcot, Freud), and in his book (Future of an Illusion published) Sigmund Freud stated that "Religion thus would be the Universal Obsessional Neurosis of Humanity" [3]. Since that time it was believed that there was a non- resolved conflict between Psychiatry and Religion. And Since Psychiatry has the Bio-chemical and Psycho-Social factors that can explain Mental Illness it were believed that there is no need for Religion or Spirituality to help Patients.

Was Mental Illness known in Ancient Civilizations?

In Ancient Egypt (6000-5000) mental illness like any other illness was attributed to the wrath of Gods and the trend of treatment was focusing on bodily etiology in majority of illnesses and treatment involved Physical and Psychotherapy (Okasha) [4]. In Ancient Greece, Mental illness was also attributed to the wrath of Gods or punishment for bad actions treatment was seeking magical or paranormal remedies like going to the temple of the healing god Asclepius and spending the night there seeking treatment or at least seeking advice about what to do, although at that time Physicians and others challenged those beliefs and explained mental illness on Physiological basis. In the late 5th century BC some member of the school of Hippocrates wrote in a treatise (On Sacred Disease) that Sacred Illness like Epilepsy could be caused by Physiological rather than paranormal causes [5]. In the old Testament in the book of Daniel it was mentioned that the King of Babylon Nebuchadnezzar was punished for his vanity and was condemned to lose his mind and live like an animal for 7 years [6] (Table 1). In the new testaments Jesus was accused of being (Out of his mind) or being possessed by demons [7], which leads us to a question: Did people in ancient times discriminate between mental illness and demonic possession? Obviously they believed that both can happen due to God's wrath or punishment but could they tell which is which?! Moving back to modern times, before 1994 DSM IV there were examples of people with mental illness that happen to be religious as described by Larson et al. [8]. But over the last 30 years research pointed out by Koenig et al. the importance of spirituality and religion, out of the 724 quantitative studies published before 2000, 476 reported statistically significant positive associations between religious involvement and a wide range of mental health indicators [8], so majority of these studies couldn't confirm the correlation between Mental disorders and being involved in religious practices. In 2007 Professor Doctor Andrew Sims (Royal College of Psychiatrists in UK) published his paper (Is Faith a Delusion?) and he summarized the criteria that distinguish faith or beliefs within cults from delusions, these criteria were also mentioned in his book (Symptoms in the Mind) and these are the criteria [9]:

1. They do not fullfil the criteria for definition of delusion - it is not 'out of keeping with the patient's cultural and social background'.

2. They are not held on demonstrably delusional grounds.

3. Religious beliefs are spiritual, abstract not concrete- 'God within me' is not experienced as a tactile sensation.

4. Religious beliefs are held with insight - it is understood that others may not share their beliefs.

5. For religious people, bizarre thoughts and actions do not occur in other areas of life, not connected with religion.

6. Religious ideas and predominant thinking is a description of content. Religious delusions occur in a person whose predominant thinking is religious. Faith is part of their personhood; delusion arises from psychiatric disorder. A person with religious belief may have a delusion but only if they have a concurrent psychiatric illness. In an Editorial published in British Journal of Psychiatry 2008 about [8] (Religion and Mental Health what should Psychiatrists do?) Dr. Harold Koenig pointed out surveys that have been made on Psychiatrists' beliefs or dealing with Faith (Neeleman and King, Lawrence et al., Baetz et al, Curlin et al. "If the studies mentioned represent anything close to current attitudes and practices, then why is this so? Neeleman and Persaud provide some answers. First, psychiatrists are less religious than their patients and therefore may not appreciate the value of religion in helping patients cope with their illness. Second, since psychiatrists may often experience religion through the pathological expressions of individuals with religious delusions, this may bias them against religion

***Corresponding author:** Amir Bishay, ECFMG certified, USA, Tel: 3122087920; E-mail: amirbishay79@gmail.com

Received June 04, 2015; **Accepted** June 22, 2015; **Published** July 02, 2015

Citation: Bishay A (2015) Psychiatry and Religion, What Psychiatrists and Religion Professionals Can Do? J Psychiatry 18: 302 doi: 10.4172/2378-5756.1000302

Secular Psychiatric Ethics	Fundamentalist Medical Ethics
Based on ideas of the European Enlightenment (reason, freedom, natural law, individual happiness).	Based on scripture, tradition, religious law, religious authorities, statements or confessions of faith, rabbinical teachings, etc.
Relative, consequentialist values (eg, susceptible to modification on the basis of circumstances, and achieving patient-centered goals).	Absolute or categorical values (eg, the Kantian principle that certain acts are always and absolutely wrong).
The patient/physician relationship is contractual, with the patient's informed consent and autonomy as cornerstones.	Patient and physician are engaged in a relationship of trust and faithfulness in which the autonomy of both is limited and subordinated in obedience to God.
Cognitive style tends toward "gray" responses to complicated dilemmas and tolerance of ambiguity in life choices.	Cognitive style tends toward "black and white" answers to complex questions and intolerance of uncertainty in making life choices.
Goal of medical ethics is respect for patient preferences and wishes in the process of shared decision-making geared toward actualizing patient happiness and health in this world.	Goal of medical ethics is to preserve the sanctity of human life and health so that individuals may fulfill God's plan for the salvation of humankind.

Table 1: Salient differences between psychiatric and fundamentalist ethics and orientation.

as a therapeutic resource. Third, psychiatrists focus on the biological causes of mental illness and religion may be viewed as subjective and non-empirical. Finally, believing that religion causes dependence and guilt, psychiatrists may fail to appreciate its therapeutic value".

He Also Pointed Out (What Should Psychiatrist Do?)

1) Taking spiritual history

2) Respecting and supporting beliefs

3) Challenging beliefs (when necessary)

4) Praying with patients (with caution)

5) Consultation with clergy

In an article Published on Medscape Website March 19th 2013 about (10) (Ethical Issues in the Psychiatric Treatment of the Religious 'Fundamentalist' Patient), Ronald W. Pies, MD; Cynthia Geppert, MD, PhD, MPH, MSBE pointed out the difference in ethics and values that can occur between a religious patient and his Psychiatrist. Which they pointed out in that table: A study was published in JAMA Psychiatry in February of 2014. In adults at high and low familial risk for depression to assess the neuroanatomical correlates of religiosity and spirituality. The study was conducted as follows: "Longitudinal, retrospective cohort, familial study of 103 adults (aged 18-54 years) who were the second- or third-generation offspring of depressed (high familial risk) or non-depressed (low familiar risk) pro-bands (first generation). Religious or spiritual importance and church attendance were assessed at 2 time points during 5 years, and cortical thickness was measured on anatomical images of the brain acquired with magnetic resonance imaging at the second time point."

Objective was: To determine whether high-risk adults who reported high importance of religion or spirituality had thicker cortices than those who reported moderate or low importance of religion or spirituality and whether this effect varied by family risk status.

Results: Importance of religion or spirituality, but not frequency of attendance, was associated with thicker cortices in the left and right parietal and occipital regions, the mesial frontal lobe of the right hemisphere, and the cuneus and precuneus in the left hemisphere, independent of familial risk. In addition, the effects of importance on cortical thickness were significantly stronger in the high-risk than in the low-risk group, particularly along the mesial wall of the left hemisphere, in the same region where we previously reported a significant thinner cortex associated with a familial risk of developing depressive illness. We note that these findings are correlational and therefore do not prove a causal association between importance and cortical thickness.

Thus being said there is no doubt that spirituality is an important factor and beliefs may have a role in treatment.

But studies were about how Psychiatrists perceive religion and recommendations were mainly about what psychiatrists should do. On the other hand and since religion can sometimes be involved, more studies and surveys are needed to assess how religion professionals perceive Psychiatry and Psychology.

We still remember the tragic death of (Anneliese Michel) [10-12] she was a German catholic who underwent Catholic Exorcism upon her parents' request. At age 16 she was diagnosed to have temporal lobe epilepsy and depression she was treated in a Psychiatric facility, later on she started to hear voices and her parents believed that she is possessed by demons and appealed to a catholic priest to perform Exorcism he initially rejected then after persuasion they could get two priests to obtain permission to do the exorcism from the local bishop in 1975, but on one condition to do it in secret and it has been tried with her for 10 months then she died next year due to lack of medical care, malnourishment and dehydration and the parents and two priests were found guilty of negligence homicide and were sentenced to 6 months in jail (reduced to three years of probation) and a fine.

Her story was portrayed in the movie (The Exorcism of Emily Rose).

In the facility where I used to be trained in Egypt (The Behman Hospital) located at South Cairo, a priest and a sheikh used to come to the facility to visit patients on weekly basis and that was important for the well-being of religious patients. We know that religion is essential in our society and since it is one of the social and cultural backgrounds many of the cases we had encountered presented with religion based delusions (Most common is being the Prophet or the Awaited Mahdi) or hyper-religiosity in manic episodes.

But we encountered cases where patients initially discussed their symptoms to religion professionals before being referred to Psychiatric management:

Case 1: A girl in her thirties started to be isolated, neglected herself hygiene and claimed that she hears God's voice and she sees a bright beautiful light, first her family asked the local Bishop who recommended that she should seek Psychiatric help and she was brought to our facility, after thorough history taking and observation she was diagnosed to have Schizophrenia and received treatment with dramatic improvement.

Case 2: A teenager was brought by his family because he (Cut himself) , the boy was in his 14-15 years of age and he complains of having sexual fantasies upon which he tries to get them out of his head by (Cutting his wrist), examination revealed superficial cuts, he told his father in confession and the father in confession just advised him to pray and fast, finally his family got concerned and brought him for treatment, he was diagnosed to have (Obsessive Compulsive Disorder) and was treated accordingly with some improvement.

Case 3: A Young girl claimed that she hears the Jinn and she has superpowers and she was initially referred to the Sheikh to try exorcism but he recommended Psychiatric evaluation.

Case 4: A Young man in his thirties had been attacked by an obscure autoimmune disorder and he presented to us with vision affection and neurological manifestations and he had lower limb paraplegia, his family didn't give full account about his Psychological status but they stated that he was isolated in his room studying (he was studying to do post graduate studies in engineering) and that he always had the dream of going to the US, that didn't point out to any psychological disorders, he was given a course of steroid which led to some improvement of his visual and neurological symptoms and he stayed at the hospital under observation for 3 weeks and was discharged for medical treatment and had no Psychiatric diagnosis.

At the day of his discharge his father in confession (Priest) visited the hospital and said that the Patient told him weird things, that he believed he was followed by the CIA agents and that any Airplane that flies at night is actually a (smiley face) sent to him as a threatening message from the CIA, We contacted the family and they confirmed that he had these behaviors but they didn't tell us when he was admitted.

The priest said "I'm very sorry, I had to come to you and tell you, I didn't know that these behaviors require Psychiatric intervention".

Those brief accounts on the four cases discussed above show the importance of coordination between Psychiatrists and Religion Professionals.

What Can Psychiatrists Do?

1) **Education:** reaching out to religious organizations and using the media and social networking to spread awareness about mental disorders.

Psychiatrists were sometimes invited to Churches to talk about signs and symptoms of mental disorders.

2) Printed brochures and booklets to describe Psychopathology in a simple way.

3) Psychiatrists can use reference from scriptures but that should be done with caution and Psychiatrists should be aware of the context of the scriptures that can support the awareness about mental health disorders.

4) Conducting surveys and studies that can test the degree of awareness and knowledge about Psychiatric disorders among religion professionals and the degree of their belief in Psychiatric treatment.

5) As mentioned before, taking Spiritual History can give the Psychiatrist the full picture about the Patient's background and overall wellbeing.

6) Referral and consulting religion professional when needed especially when dealing with Guilt, Shame, Doubt and trying to find a common ground in dealing with LGBT patients as it is still debatable within religion professionals.

7) Try to get more knowledge about Patients' beliefs and religions to understand why they feel the way they feel (as given in the Examples about the Jinn).

1. What Can Religion Professionals Do?

1) Seek knowledge from Professional resources about Psychopathology (Psychiatrists, Medical Websites, Journals) and be aware of when to refer a patient for Psychiatric Evaluation and Management.

2) Encourage patients to seek Medical Help.

3) Spread awareness about Mental Health among Congregations and its importance in Human Wellbeing and if Scriptures can be used to encourage Patients to seek help they can do that more efficiently.

4) Try to educate about the difference between Mental Disorders and Spiritual struggles against Sin and that Prayer, fasting and Faith can work together with seeking Psychiatric Treatment and Psychotherapy.

5) Invite Psychologists and Psychiatrists to give lectures about Mental Health Disorders to congregation in religious organizations.

The Key word in the above suggested solutions is Education or to be more specific Mutual Education between Psychiatrists and Religion Professionals and they can work together as a team that can help the patient. A Multidisciplinary team can include: Psychiatrists, Psychologists, Nurses, Social Workers and Art Therapists so it can also include Religion Professionals if the Patient has a religious background. On December 12 2007 a Study was conducted by Farr Curlin [13] (MD, Assistant Professor of Medicine in University of Illinois in Chicago UIC) to test the relationship between Psychiatry and Religion and it was conducted as a survey among 100 Psychiatrists and 1,044 Non Psychiatrists across the United States, they were asked about their opinion about the relationship between Religion and Health and how they address religious and spiritual issues in their clinical practices.

"More than 75 percent of psychiatrists and non-psychiatrist agreed that religion "often or always" helps patients cope with their illnesses" Said Curlin "Psychiatrists and non-psychiatrists alike tend to say that the influence of religion on health is generally positive" Third of both groups reported that religion sometimes can lead the patient not to comply with medical treatment and take responsibility to seek care.

"The results "surprised us, among physicians in general, those who are less religious are generally less likely to believe it is appropriate to discuss spiritual issues, yet we find that psychiatrists are at the same time the least religious physicians and the physicians most comfortable addressing patients' spiritual concerns." Said Curlin He concluded that the gap between the two (Psychiatry and Religion) is narrowing and the historical conflict is waning.

That brings us to the question that was asked at the beginning "Will these pills cast the Jinn out?"

Professor Doctor Mohamed Fakhr El Islam. He was our tutor, his main areas of research are Arab culture and epidemiologic Psychiatry and he pointed out that this is a common question especially in the Middle East where Religion is essential. His answer was always "Whatever is bothering you whether it is illness or Jinn or Devil is affecting you by altering the chemistry of your Brain and the pill can deal with that and make you better" I believe that answer is an example of reconciliation between Psychiatry and Religion and educative to the patient in a simple way. The Greenwall Foundation and the Robert Wood Johnson Clinical Scholars Program funded this research. Additional authors include Ryan Lawrence, Shaun Odell, Marshall Chin, John Lantos, Harold Koenig and Keith Meador of the University of Chicago Medical Center.

References

1. Quran (Surat Al Jinn 72:1) Say, [O Muhammad], "It has been revealed to me

that a group of the jinn listened and said, 'Indeed, we have heard an amazing Qur'an.

2. New King James Bible : Mark 16:9
3. http://biblioklept.org/2011/10/04/religion-would-thus-be-the-universal-obsessional-http://biblioklept.org/2011/10/04/religion-would-thus-be-the-universal-obsessional-%20%20%20neurosis-of-humanity-sigmund-freud.
4. Okasha A (1999) Mental health in the Middle East: An Egyptian perspective. Pergamon 19: 917-933.
5. http://www.theatlantic.com/health/archive/2014/01/diagnosing-mental-illness-in-ancient-greece-and-rome/282856/http://www.theatlantic.com/health/archive/2014/01/diagnosing-mental-illness-in-ancient-greece-and-rome/282856/.
6. New King James Bible : The Book of Daniel 4:33.
7. New King James Bible, Mark3:21" But when His own people heard about this, they went out to lay hold of Him, for they said, "He is out of His mind" John 8:48.
8. Harold G (2008) Koenig The Psychiatrist May 32: 201-203.
9. http://rcpsych.ac.uk/pdf/Is Faith Delusion Andrew Sims EDITEDx.pdf.
10. Ethical Issues in the Psychiatric Treatment of the Religious 'Fundamentalist' Patient Ronald W. Pies, MD; Cynthia Geppert, MD, PhD, MPH, MSBE,March 19 2013.
11. http://archpsyc.jamanetwork.com/article.aspx?articleid=1792140.
12. http://en.wikipedia.org/wiki/Anneliese_Michel.
13. Psychiatrists: Least religious but most interested in patients' religion.