

# Religiosity, a personality trait to be reckoned within psychiatry

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Pargament and Lomax provide a lucid, cogent, succinct account of the interface between psychiatry and religion. However, they do not make a clear distinction between religiosity and religion. I do, and consider this point to be an important one, theoretically as well as practically.

I define *religiosity* as affinity for the religious root-idea. That idea entails that, apart from the world perceptible with our senses, another world exists, a supra-natural world. Men of faith feel the urge to reach out for that metaphysical world. They want to provide life with a vertical dimension, are receptive to the concept of God and know feelings, thoughts, experiences that are linked with that concept.

“Thinking upwards” – a term borrowed from de Ryk (1) – is no gratuitous business. It leads to something. It gains one access to a metaphysical world. A world beyond the horizon, a world completely irrational, impervious to rational, logical analysis. That world does not remain empty. Humans cannot easily manage a vacuum. They tend to fill it up. In case of a silence falling in a conversation, with words; in case of a view on a metaphysical universe, with undeterminable forces influencing one’s personal life as well as that of the community of which one is part. The forces imagined to operate in this metaphysical universe may remain vague, unformed. In that case I speak of *spirituality*. Alternatively, the forces fancied are brought together in one, omnipresent, omnipotent, all-embracing mythical being, called God. In that case, I speak of *religiosity*.

That conception, that effigy, that likeness of God acquires a variety of functions. In the first place, it is a symbol; a symbol of unlimited crea-

tivity and ultimate morality. As such it becomes for men of faith a role model, a touchstone for one’s own behavior. The word symbol, metaphor, lacks any denigrating connotation. A metaphor is the very means to express verbally something actually impossible to catch in words. It provides an image of something ineffable and unimaginable.

Second, both fatherly and motherly qualities are projected in the God-effigy; in an idealized form. In the experiential world of the faithful, God is both advisor and supreme protector. He steps in in times of emotional upheaval and provides solace or resignation, if so needed.

In the third place, God, as perceived by the faithful, has expectations. He expects man (to phrase it in a Jewish fashion) to sanctify life. God encroaches on man’s conscience; integrates with his conscience. In that capacity, God warns him when he threatens to go astray and stirs up guilt feelings if backsliding occurs nevertheless.

Finally, God provides men of faith with a destination, or better: He expects men to single out a destination. A destination with an altruistic character; one that promises to contribute to the well-being of a society; on whatever level (social, cultural, scientific), or less lofty but no less important, by trying to make the best of it, in one’s family, the work place, or in social life.

Thus, in the life of the faithful, the image of God functions as an important support system. It enlightens a life, provided that religiosity has come to fruition without coercion, without pressure from without. It enlightens in the dual sense of that word. Life becomes lighter, less hard to live. It provides light, making it easier to find purpose and meaning in life, so that at the end of the journey one can say: it all made sense. I made a difference. The God-effigy

is certainly not the sole provider of meaning, but no doubt an important one.

Religion, on the other hand, refers to a set of religious doctrines; actually to a philosophy, a way of interpreting the human existence, with the God-idea as focal point. Religion provides the urge “to think upward” with content and form. Religion is, so to say, the formalized, structured, and often, unfortunately, codified expression form of religiosity. Religiosity is the infrastructure, religion the superstructure.

Religion is presented in various frames. On one extreme, one finds a, what I have called, coagulated, codified set of rulings one is obliged to believe or to practice; rulings that, often, inhibit rather than encourage reflection, are apt to induce feelings of sin and shame, instead of generating joy of living.

On the other extreme, one finds a view of life that captivates; is without difficulty incorporated in one’s life; prompts discussion; stimulates reflection as to purpose and meaning of one’s life; a system that provides no certainties, only possibilities.

Religion may enrich a life or corrupt it. One may reject the system or embrace it, partly or entirely. It can be an influence for good or for ill. Over the centuries, it has often been an influence for evil. This has gotten religion a bad reputation.

This commentary concerns religiosity. It was shown in all Western countries that religiosity is a frequent phenomenon. It is expressed in many different ways: belief in a personal god; belief in an omnipotent, abstract principle; belief in after-life; belief in immortality of the soul; belief in a divine influence in one’s life, and many others. Church and church authorities lost prestige; religiosity appears to still enjoy

a strong presence. This evidence does suggest that religiosity is to be considered as a normal component of the human personality.

Other data support this conclusion. Religiosity is a feature that is biologically anchored. It is, to begin with, in part genetically determined (2). Second, several types of evidence indicate that the brain contains systems that are the root of religious experiences and considerations (2–5). If they are activated by electromagnetic currents, religious experiences occur, even in nonbelievers. Neuronal activity in those regions vary with the intensity and depth of religious devotion.

Does that mean that religiosity is caused biologically, that is no more than the product of some overactive neuronal circuits? No, that is not the right conclusion. It means that the brain is *intermediary* between religious needs and the gratification of those needs. The religious needs are

of psychological origin, their gratification is made possible by the brain, by neurobiological processes.

I conclude: religiosity is an *attribute* of the human mind. Religion is a *product* of the human mind. Religion can be disposed of. Religiosity is there, ingrained in our very being. It is there to stay (6).

This being so, psychiatrists cannot ignore religiosity, whatever their own belief system may be. Careful personality analysis is core diagnostic business. Religiosity should not be missing in this undertaking (7). Did it play a role in the occurrence of the mental condition, and if so, was its influence aggravating or mitigating? Can the vertical dimension be utilized in psychological treatment, and if so, who is the designated therapist, the pastor or the psychiatrist, or should it be a tandem operation?

In short, religiosity matters in psychiatry. Psychiatrists cannot afford professional blind spots.

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# Religion and mental health: the contribution of anthropology

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Pargament and Lomax provide a comprehensive overview of the rapidly growing literature on religion and mental health. Their account is balanced, describing the positive and negative impacts of religion and spirituality on wellbeing. In this commentary, I focus on some areas where my approach, which derives from social anthropology, may differ from Pargament and Lomax, with the intention of furthering discussion about future research on religion and mental health.

Several of the areas mentioned in the review (e.g., meaning, violence, and conflict) have attracted considerable anthropological attention. As an anthropologist, I agree that the find-

ings cited need to be extended to other religious groups, cultures, and countries. Religious factors always operate in cultural frameworks. For example, the lived experience of Islam may differ in communities with different cultures. Gender hierarchy and political organization may differ in two Islamic societies, contributing to the experience of stressors. This has both theoretical and clinical implications.

Anthropology has much to contribute to this debate, with its emphasis on in-depth descriptions of individual experiences, and its key methodology – participant observation – which allows for long-term engagement with a cultural group and facilitates understanding of how religion and mental health impact on each other over time (1). Furthermore, it permits emic understanding of the ways that concepts such as religion, spirituality, cop-

ing, belief, and mental illness are culturally constructed. Future work on religion and mental health needs to take stock of lay meanings of terms such as religion, spirituality, and health rather than imposing professional definitions. Data from anthropological fieldwork can be deployed in rendering existing measurement scales culturally sensitive.

The extant literature on religion and mental health has predominantly focused on belief rather than experience. Anthropologists have generally taken issue with the notion of belief, especially when discussing religious convictions (2). It is debatable whether the notion of belief used in Protestant Christianity can easily be applied to other faith groups. And the relations between belief, knowledge, and faith are often vaguely defined in the current literature.