

Disentangling complexities in the relationship between religion and psychiatry

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One of the consequences of modernity has been the separation between science and religion. This split has had positive consequences, such as the progress of scientific research and the separation of Church and State in developed societies. On the other hand, religion and science have started to ignore or despise each other, and this has had an impact especially on research and practice in psychiatry as this discipline deals with the most “spiritual” of the diseases, the *Geisteskrankheiten* (literally, “diseases of the spirit-mind”). Religiosity has often been regarded either as a manifestation of mental disorder or as irrelevant to clinical practice.

Pargament and Lomax’s article is a precise and comprehensive summary of the new perspectives on the relationship between religion and mental illness. We want to highlight here two important aspects.

The first has implications for everyday practice. According to Pargament and Lomax, religion may simply be the idiom through which mental illness is expressed. Indeed, delusions *per se* are not just a by-product of a brain disease, but the expression of an attempt to cope meaningfully with incomprehensible experiences. Many years ago, Sarró (1) studied in depth the themes of delusions and came to the conclusion that they correspond to the mythologems described by anthropologists in ancient myths and religions. In a similar way, Schneider (2) regarded the delusions of severe

depressive states as the expression of the primeval fears of human beings: the fears of not going to be able to survive, to fall ill, or to be condemned for eternity. Considering the delusional manifestations of abnormal states of consciousness, we came to the same conclusion (3): the themes coincide with the everlasting preoccupations of human beings (where do we come from, is there a new life after death, why two sexes, and so on). What is morbid is not the preoccupation, the theme of the delusion, but the fact that it emerges untimely and out of context. In this light, the relatively common presence of religious contents in delusions should not appear surprising.

The second aspect is a more general one and concerns the role of religion in the establishment of individual and collective identities and the dangers involved in this process, including religiously based violence and religious struggles within oneself, with others, and with the divine. Recently, we have considered (4) the origin of identification from an anthropologic perspective. According to Lovaglia et al (5), human evolution is the consequence of the pressures precipitated by xenophobia among primates in the past several millions of years. This xenophobia is manifested in deadly raids against individuals of other groups of the same primate kind. The immediate consequences are both intergroup conflicts and intragroup cooperation. According to the theory of social identity (6), the sense of self depends on the identification with a group. Once the identification has been produced, the individuals attribute pleasant and desirable characteristics to the group members and repellent and unpleasant characteristics to individuals outside the group. Religion may be involved in this process but just as one of the many possible elements. The xenophobia may even be oriented toward the body and

the evils that come with it: for instance, anorexia nervosa can be interpreted as an identity disorder grounded on the wish to dominate and subdue the body (ascetism) and, therefore, as a sacred disease.

Pargament and Lomax’s article should be welcome as a very significant contribution to the clarification of the complex relationship between religion and mental illness. Other initiatives worth mentioning are those of the WPA Section on Religion, Spirituality, and Psychiatry (www.religionandpsychiatry.com), the WPA publication *Psychiatry and Religion: Beyond Boundaries* (7), and the *Handbook of Religion and Health* (8). A growing interest on the religious side in topics concerning psychiatry should also be noticed. The López Ibor chair on Mystical Studies and Mental Health founded by the Order of the Carmelites in Ávila (Spain) is a good example (www.citesavila.org; www.fundacionlopezibor.es).

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