Can psychiatry reclaim its Soul? Psychiatry's struggle against a dispirited future

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RELIGION AND SPIRITUALITY

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Abstract

Religion and psychiatry, as systems of belief, have a fraught, mistrustful relationship based on conflict regarding the source of knowledge. The former insists that revelation, not rational empirical evidence, the latter's claim for superiority, is the ultimate source that illuminates the soul, not just the self. I illustrate this tension with the case of 'facilitated communication' a method that purportedly improves communication for children with pervasive developmental disorder. The controversy highlights an aspect of the differences between 'scientific' and 'religious' discourse and offers a further dimension to contemporary psychiatry's crisis: the three-way tension between the brain-less, mind-less and soul-less psychiatry.

The suggestion for a possible remedy is to revisit the source of discontent, the Aristotelian doctrine that challenged the ancient wisdom of the immortality of the soul.

Once upon a time, in Biblical and pre-Aristotelian worlds, the accepted wisdom spoke of the immortality of the soul. One aspect of the Aristotelian doctrine confronted this immateriality doctrine, stating that the soul, rather than being a non-physical, spiritual substance, is the Form of a living body. Contemporary debate centred on the soul's relevance in psychiatry is derived from that unresolved historical conflict.

Professor Andrew Sims[1] observed that "…psychiatrists, in their reluctance to use the word, the concept or the implications of *spiritual*, are like a patient with a phantom limb, denying the existence of their handicap". He offers five explanations for the denial: first, spiritual may be "considered unimportant"; second, even if considered important, it may be "irrelevant to psychiatry"; third, our ignorance may prevent us to "comment" or "even to ask questions"; fourth, the term may be "confusing" and "not

respectable"*;* finally, "as it is too personally challenging" we may prefer to adopt a state of denial.

THE SPIRITUAL CHALLENGE TO PSYCHIATRY

It is beyond this paper to outline the complex historical relationship between psychiatry and religion, [2] often one of deep tension based on mistrust by the faithful of ignorant mental health workers, countered by doctors' wariness of rituals, supernatural phenomenon and "belief". Suffice to say that such tensions demand explorations of the changing roles of "self" and "soul" in psychanalysis, psychiatry and religion.[3]

If religion provides an essential context to the understanding of suffering, mental health and illness, can we afford to ignore it? Sims is right to say that psychiatrists have chosen to ignore the matter rather than grapple with it because it is so complex. Yet, he notes that "*re-ligio*", from its roots, implies that "foundation wall" to which one is "bound" for one's survival, the basis of one's being" and concludes that "…psychiatrists have neglected it [the spiritual realm] at their patient's peril".

The core conflict between psychiatric and religious explanations is centred on the question: what constitutes a "rational" explanation. Religious explanations ultimately are derived from "revelation", a domain beyond empirical verification, creating a "credibility gap" between "rational" and "supra-rational" which is often confused with irrational. In essence, the conflict between religious and psychiatric explanations of health and illness revolve around the very nature of "reality" and whether phenomena are essentially based on "revelation" or "reason"?

To illustrate the effect of such conflict on a clinical situation, I turn to Bilu and Goodman's [4] account of the controversy that surrounded the use of "facilitated communication" (FC). This technique was developed by Rosemary Crossley, [5] an Australian educator, whose method purportedly improved communication with children diagnosed with pervasive developmental disorders. A facilitator "provides a continuous physical assistance to the handicapped person helping him or her in pointing to pictures or letters on a communication board or in typing out messages on a computer keyboard".

Controversy arose when replication studies showed that the observed communications were in fact attributed not to the patient but inadvertent production of the facilitator resulting in it being labeled "unwitting ventriloquism".

According to Bilu and Goodman,[4] the religious dimension of the controversy arrived as an import from ulra-orthodox communities in the United Sates and then imported to Israel. The FC was advocated by committed individuals and voluntary associations who provided "public displays of FC sessions in front of big audiences… the overwhelming majority of the message senders were impaired children coming from observant families. Likewise, most of the facilitators were women from strictly religious backgrounds. The sessions were run by the religious promoters who presented the questions to the children. Mystically oriented rabbis and religious activists seeking to bring secular Jews back to religion were particularly instrumental in promoting FC" (pp 382-382).

Here was a clear case of conflict between scientific and religious discourse. Let us examine its key elements. According to the standards of controlled experiments – the "scientific" method - the activity was deemed invalid Yet religious professionals, whose knowledge base included non- and supra-rational explanations (mystical knowledge base), endorsed the practice. Bilu and Goodman[4] highlight the process as a

"shift from scientific to religious idioms marked by reframing allegedly inexplicable FC effects as "miracles". These "miracles" include anecdotal reports on advanced literacy without prior exposure to reading and writing, fluent communication in foreign languages, elicitation of coherent messages without staring at the keyboard, communication during deep states of coma, absorbing written material and conducting complex calculations in enormous speed, and knowledge of Divine Truth. …The religious promulgations capitalize on these extraordinary anecdotal reports, presenting them as rigorous scientific findings, only to expose the limitations and short-sightedness of the empirical perspective" (p 384).

In their multilayered argument, Bilu and Goodman[4] raise fascinating issues elaborated under the provocative heading: " 'What does the soul say' in FC sessions?". They discuss reincarnation, transmigration of the soul, categories of religious misdeeds and cardinal sins. Such issues confirm Sims'[1] third observation, namely, that the average mental health worker knows too little to comment or even ask the right questions, let alone to resolve them.

This case highlights clinical and metaphysical approaches to a child psychiatric problem and the complex relationship between them. To seriously grapple with the conceptual gap between the religious and secular dimensions of the argument, a profound knowledge of both exoteric and esoteric subjective religious experiences is needed. The case supports some of Sims' claims as to why psychiatrists ignore the spiritual.

I briefly turn to a second example, clinical depression. Professor Glen O Gabbard's controversial view is: "We've biologised depression to the point where the soul is lost…People have reason be depressed beyond their neurotransmitters" (quoted by Ellingsen[6]). Ellingsen argues that the world of meaning and the mind have been largely abandoned by contemporary psychiatry and psychology as predicted by Leon Eisenberg [7] who observed that a reductionist science "runs the risk of psychiatry trading the one-sidedness of the brain-less psychiatry for the mind-less psychiatry of the future". We seem to be living that prediction, and maybe further down the road than Eisenberg opined, for today psychiatry is also soul-less.

I have posed the question previously[8] why should we reduce our humanity in the name of scientism? Why has statistics and the "objective" measure become the arbiter of truth in psychiatry at the expense of the subjective experience of our patients, no less than ourselves?

PSYCHIATRY AND THE SOUL AT CROSS PURPOSES?

In an interview on ABC's *All in the Mind*, [9] Natasha Mitchell asked if psychiatry and the soul might be at cross purposes? I responded "Surely not!" and went on to explain.

As a profession, we do not like to admit our ignorance on matters of the soul. Yet, as far as I know, there is no soul gene postulated at this stage of the genome project, although there are various correlates of religious experience observed in high-tech imaging techniques. In particular, there has been a controversial recent finding[10] that "we'd uncovered solid evidence that the mystical experiences of our subjects – the altered states of mind they described as the absorption of the self into something larger – were not the result of emotional mistakes or simple wishful thinking, but were associated instead with a series of observable neurological events, which, while unusual, are not outside the range of normal brain function. In other words, mystical experience is biologically, observably, and scientifically real" (p 7) .

To continue to ignore the soul, or worse to pathologize healthy spirituality, by claims that liken religion to an obsessional neurosis risks ignoring the reality of the "healthy enlivening, invigorating and nurturing of spirituality and religion". The problem, however, cuts both ways. Those believers who feel threatened by the reality of mental illness, for either personal reasons or the dread of its stigmatizing effects on family, risk spiritualizing serious pathology, thus depriving themselves or their children of appropriate treatment, as in the case of the FC, discussed above. Dr D'Souza's research, published in this journal, seems to indicate that our profession suffers from a certain spiritual "blind spot" which, if left unattended, is to the detriment to our patients and ourselves.

T. Moore[11] in *Care of the Soul* observes that modern civilization's "loss of soul" may cause a wide range of symptoms from obsessions, addictions, violence and loss of meaning. Maybe psychiatry tries to cope with this ignorance of spiritual matters by objectifying and dehumanizing the human condition?

Nancy C. Andreasen's Editorial, [12] succinctly defined this troubling condition, offering five solutions for consideration. She observed: "…dehumanization of medical care is a trend in all specialties" in that country's managed care system, urging psychiatrists, academics and clinicians to join forces, to play a major role in education and to provide "credible and humane role models to residents and medical students" and to support the psychotherapies as "cost –effective, in that they increase rapport, enhance compliance, and prevent relapse". Andreasen concluded "We must practice and preach the fact that psychiatrists are *physicians to the soul* (italics added) as well as the body…and be proud of this fact in the face of the increasing materialistic and mean-spirited social structure that surrounds us".

Is Andreasen's call merely lip-service to the "physicians of the soul"? If the challenge is real, then psychiatry first has to reinstate the soul, the soul that our profession has lost. To reclaim psychiatry's soul, to reinstate the origin of "psyche" into psychiatry demands that we return to learn about the "anatomy", "biochemistry", "physiology" and "dynamics" of the soul.

We can take a lead from Aristotle who started his classic thus:[13] "Let these then suffice as the opinions handed down to us about the soul by our predecessors, and let us go back again as from the beginning in the attempt to define what the soul is and what might be the most general account of it" (p 156). But I do not believe we can amputate the soul from those ethical values and principles which are the basis of civilized society as encoded in the Noahide Laws and enshrined by the US Congress.

[14] Otherwise, if the soul does remain amputated in our profession, we risk the phrase "physician of the soul" becoming a hollow, meaningless set of words.

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