Is Faith Delusion?

Andrew Sims
Fixed points
‘You must be mad to believe that’
“Mention God and you’re a nutter”
By mid-20th Century

mutual distrust between

the Church and Psychiatry
‘Bilingual psychiatrists’ need...

“to become fluent in two languages: the language of psychiatry and psychology... and the language of spirituality that focuses on issues of meaning, hope, value, connectedness and transcendence”

John Swinton, 2001
The questions

1. Why has there been hostility between religious faith and psychiatry?

2. Is there necessarily a difference of opinion between scientific psychiatry and Christian faith?

3. Is Christian faith harmful towards mental health?

4. What is delusion?

5. Why can faith not be delusional?

6. Could faith be a psychiatric symptom other than delusion?

7. Is it psychiatric illness or religious experience?
1. Why hostility between religious faith and psychiatry?

- Earliest times - no conflict, no psychiatry
- Rift between ‘medical’ and ‘spiritual’
- “mental illnesses are illnesses of the nerves and brain”
- ‘Moral treatment’
- Theory of degeneration → therapeutic nihilism
Wilhelm Griesinger 1867

“Patients with so-called ‘mental illnesses’ are really individuals with illnesses of the nerves and brain”
Religion and psychiatry: 20th century

• **First half**: mutual suspicion between Church and psychiatric establishment;
  
  **Psychiatry**: R irrelevant, sometimes harmful  
  **Church**: Ps atheistic, amoral, ineffective

• **Second half**: gradual resolution;
  
  **Psychiatry**: attitude to spirituality and religion changed, beliefs acknowledged  
  **Church**: prepared to use psychiatry
2. Is there a difference of opinion between scientific psychiatry and Christian faith?

• No, if science and religion remain in their appropriate realms
• Welcome applications of neuroscience to treatment
• If ‘science’ becomes dogma, it has become a philosophy or religion
3. Is religious belief harmful towards mental health?

Handbook of Religion and Health


Harold G Koenig
Dana E King
Verna Benner Carson
Religious involvement is correlated with...1

- Well-being, happiness and life satisfaction;
- Hope and optimism;
- Purpose and meaning in life;
- Higher self-esteem;
- Better adaptation to bereavement;
- Greater social support and less loneliness;
- Lower rates depression; faster recovery
Religious involvement is correlated with:

• Lower rates of suicide
• Less anxiety
• Less psychosis
• Lower rates of alcohol and drug abuse
• Less delinquency and criminal activity;
• Greater marital stability and satisfaction.
Religious involvement and depressive illness

• Benefit in 65% of studies
• Lower risk for developing depressive disorder and religious activity may reduce depressive symptoms
• Protective factor from suicide and suicidal behaviour in children and adults
• Helps coping with stressful life events
“one of the best-kept secrets in psychiatry”
4. What is delusion?

- Delusion has become a psychiatric word
- Delusion, in law, the cardinal feature of insanity
- If faith delusional, **mad** to believe it
- Descriptive psychopathology
• Understanding

• Empathy

• Form and content
Delusions -

- Delusions are held without insight
- Deluded commonly show concrete thinking
- Religious belief is not ‘shared delusion’
- Communicated delusion different
- Delusions ultimately un-understandable
Definition

Delusion is a false, unshakeable idea or belief, which is out of keeping with the patient’s educational, cultural and social background; it is held with extraordinary conviction and subjective certainty.
Qualities of delusion

- Everyday notion rather than creedal statement
- believed on *delusional grounds*
- held without insight
- commonly shows concrete thinking
- religious belief cannot be a group or shared delusion
- ultimately un-understandable
5. Why can faith **NOT** be delusional?

- not out of keeping with cultural and social background
- not necessarily held on delusional grounds
- spiritual, abstract, not concrete, physical
- religious beliefs are held *with* insight
- bizarre behaviour not in other areas of life
- religious ideation is *content* not *form*
Belief and illness may occur together, in the same person at the same time.
6. Could faith be symptom other than delusion?

- Overvalued idea
- Culturally shared beliefs
- Paranoid ideas of self-reference
- Hallucination: Hearing the voice of God
- Abnormal mood states
- Abnormality of volition
Any or all of these symptoms may occur in an individual with religious belief but they are not specific to believers, and the symptom is not the cause of belief, nor its consequence.
Overvalued idea

Cyrano de Bergerac
Culturally-shared belief

Chainama Hills Hospital, Lusaka, Zambia
Paranoid ideas of self-reference

Henry VIII
Abnormal mood states

William Cowper
1731-1800
Hearing the voice of God

Samuel, the Prophet
‘Spiritual’ rather than concrete

‘in Christ’ ‘with Christ’ ‘Christ in me’

*spiritual* rather than *concrete* in form

not explained by:

psychotic passivity experience, or
dissociative trance in possession disorder
7. Is it psychiatric illness or religious experience?
Psychiatric illness suggested by...

• Experience and behaviour conform with psychiatric symptoms
• Recognizable symptoms in other areas of life
• Lifestyle, behaviour and direction of personal goals consistent with natural history of psychiatric disorder
• Thoughts, experiences, actions may be concrete.
Belief rather than mental illness...

- regarded by the believer as being metaphorical or ‘spiritual’
- thoughtful reticence in discussing it
- matter-of-fact conviction, with surprise
- understands incredulity of others
- experience affects manner of life
- conforms with religious traditions
Religious experience and psychiatric symptoms quite often coincide

• This does not mean that there is a causal relationship between them;

• It may be possible to determine which part is psychiatric and which religious.
Conclusion

**Faith** is not delusion
is not deliberate falsehood
is not a shared pretence
is not an obligatory imposed belief
“If a doctor was to put pressure on a patient to justify their (Christian) beliefs, and/or sought to impose their own (non-Christian) beliefs on a patient, then this would potentially represent an infringement of our Personal Beliefs guidance.”
Faith is spiritual, positive, subject to possible doubt, can be corrupted, but, cannot be classified as a morbid or psychiatric phenomenon.
Faith is not a delusion