

Transcript: To what extent has the construction of the diagnosis of schizophrenia affected how psychiatry views individuals' religious beliefs?

Welcome to this presentation exploring the extent to which the construction of the diagnosis of schizophrenia has affected how psychiatry views individuals' religious beliefs. This investigation starts at the inception of the term schizophrenia in Switzerland in 1911 and explores how its use and meaning developed firstly across Europe and the United States and then into other parts of the world.

These findings are interlaid with reflections on the evolving relationship between psychiatry and religion during this period. This presentation will suggest that in Europe and the United States, criticism about how the diagnosis was being applied clinically, combined with the term emerging in popular culture, created a space that enabled psychiatry and related disciplines like psychology to develop new ways of thinking about religion.

The diagnosis of schizophrenia seems to have been catalytic in energising a range of dissenting voices. These came from within the psychiatric profession, from patients and their families, from broader anti-stigma campaigns about mental health, and from perspectives outside of western psychiatry. These criticisms, alongside broader social changes, seem to have enabled psychiatry to review its relationship with religion and consider spirituality.

Schizophrenia is a relatively modern term. Its meaning has evolved since Bleuler used it to mean split mind and now includes positive symptoms, so out of the ordinary experiences, and negative symptoms, so a profound loss of ordinary functioning. However, what it actually means is still unclear.

It is in its positive symptoms that schizophrenia usually intersects with religion. Huguelet and Koeing's 2009 research, for example, suggests that 25 to 30 per cent of people diagnosed with schizophrenia experience delusions with religious content. As Porter 2002 comments, the meaning of symptoms to individuals did not seem to have been a focus for psychiatry for much of the 20th century. Psychiatry was keen to establish itself as a profession in science, using biomedical models, all knowing about diseases of the mind and enthusiastic about trialling treatments and developing the first psychotropic drugs. By the late 1950s, psychiatry and associated disciplines seem to have been largely disinterested in the religious beliefs or experience of their patients.

In their research about Christians attitudes to psychiatry and psychology, Lloyd and Walker 2020 describe an antagonistic relationship characterised by mutual suspicion and neglect.

So where was schizophrenia in this? Schizophrenia and those deemed to be schizophrenic were largely the domain of closed wards in long stay asylums and hospitals. Writing about the United States Metlz 2009 notes that schizophrenia was a

rare diagnosis in the 1950s, mostly given to women whose behaviour was considered unusual but not dangerous.

Woods 2011 argues that psychiatry constructed schizophrenia as its sublime subject during the early 20th century. It was given an exalted status as somehow beyond ordinary human understanding. Psychiatry was still very much working with Jasper's 1913 views about the un-understandableness of experiences like delusions.

So, what changed? Schizophrenia was a loci for criticism from the anti-psychiatry movement that emerged in the early 1960s. These authors were scathing in their criticism of psychiatry's authoritarianism, dehumanisation, and its viewing of individuals rather than society as a problem. Woods 2011 suggests that these voices from within psychiatry were instrumental in propelling schizophrenia into popular culture, where it became used as a metaphor for social fragmentation and discord.

Metz 2009 notes that schizophrenia became much more widely talked about in the United States. His analysis of hospital records from Iona State Hospital for the Criminally Insane indicates that the number of patients diagnosed with schizophrenia increased considerably during the 1960s. Most significantly, the demographic of these patients changed. The schizophrenics of 1960s Ionia were young, Black men who were seen as angry, hostile, and dangerous.

The title of Metz's 2009 book, *The Protest Psychosis*, is taken from a 1968 psychiatric journal paper of a similar name that identifies "a specific type of reactive psychosis related in parts to recent socio-political events." The authors are explicit in saying that Black power and civil rights movements were driving Black people mad. Black writers also leveraged the term to criticise white America. Malcolm X, for example, claimed that schizophrenia was an ethical response to racism.

By the late 1960s, the term schizophrenia was very much in the public and political domains. There seemed to be four key drivers for psychiatry becoming open and then curious about individuals' religious beliefs, all of which emerged from the critical space that had been opened up.

Firstly, the user/survivor movement secured a public voice for those diagnosed with schizophrenia and living with the consequences. Secondly, psychiatry extended its reach beyond the west. The export of pharmaceuticals, investment in psychiatric training, and increased migration meant that more psychiatrists with faith or from countries with strong religious cultures began practising and shaping psychiatry's frameworks and debates. Thirdly, psychiatrists concerned with racial disparities in diagnosis forced politicians and policy makers in the United Kingdom and United States to consider what was going on. And fourthly, those diagnosed with schizophrenia, and indeed all severe mental illnesses, moved from the asylums into the community. Mental health has become much more public, and people diagnosed with conditions like schizophrenia are much more part of ordinary life.

In the UK, Professor Suman Fernando has been key in explicating the stigma within the diagnosis of schizophrenia. This forms part of his broader criticisms of western psychiatry, namely that by ignoring religious and spiritual aspects of life, western psychiatry is fundamentally unable to understand mental distress and alleviate suffering. Fernando is highly critical of psychiatry's drive to impose western categories on people from non-western cultures. He argues instead that psychiatry needs to be more open to holistic Asian and African healing traditions where body and mind are integrated, and the role of doctor and priest is often combined.

Since the turn of the century, small, dedicated pockets of psychiatrists and psychologists have been curious about religion and spirituality. Mohr, Huguelet and Koeing's work across Europe and the United States has emphasised the meaning-making function that religion has for people, helping individuals to understand illness and distress and providing comfort. As Grover and colleagues say about India, religion can have a profoundly restorative function, providing opportunity for secure self-identity and social networks.

There is also a small but growing field of detailed investigations into the interface between the symptoms of schizophrenia and individuals' cultures, suggesting strong correlations between the two. Such has been the shift that in 2013 the Royal College of Psychiatrists published a statement acknowledging the importance of spirituality to mental health, which remains alive today. This was followed in 2016 by the World Psychiatric Association publishing a position statement also still live, stressing that psychiatric practitioners must take religion and spirituality into account.

It seems that the diagnosis of schizophrenia has been a key driver to psychiatry's now more open attitudes to religion and spirituality. Criticisms about its clinical application were instrumental in moving the term into the public domain. Once there, it became a site for perspectives from or interested in religious contexts to develop further critical analysis of psychiatry. Schizophrenia in the context of broader social change has contributed to psychiatry's current position of being much less likely to dismiss religion as inferior to science or religious expressions as pathological. Hopefully, this will be to the benefit of those diagnosed and to its own disciplinary integrity.