

EMA rationale

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Module YXM830

23 May 2024

Total word count: 499

The idea for my investigation came from my work in mental health services during the 1990s when I observed medical practitioners viewing people who expressed themselves using religious terminology or, for example, consulted African healers, as psychotic, usually as schizophrenic. I wondered how much scope psychiatry or psychology had to engage with what people might be trying to communicate through religious metaphors, or whether there was a tendency to shut this down and revert to a diagnosis that fitted medical frameworks.

This project is intended for people who have an interest in psychiatry from a sociological rather than medical perspective. This is a fairly small but rich area of writing including Foucault (1961), Shorter (1997) and Porter (2002).

The context for this investigation is the social change that occurred from the early 20th century up to the present. For the purposes of this project, it includes increased secularisation, rights-based activism leading to legislative and social changes, and challenges to the very nature of psychiatry in Europe and the US (Turner et al, 2015). Other parts of the world covered in this investigation are delineated by the reach of western psychiatric practice, pharmaceuticals, and research, so largely the Indian subcontinent and parts of Africa. The social changes in these areas covered by this investigation are the import of western psychiatry, and the increasing numbers of psychiatrists with a deep understanding of faith practising and contributing to research and international discussions (Thatikonda, 2019).

The broader context is the European Enlightenment from which modern psychiatry developed. As Porter (2002) and Bracken et al (2012) note, during the 19th century, European doctors of the mind turned their backs on religion and borrowed methods of observation, objectivity, and rationality from the natural sciences. This is where the diagnosis of schizophrenia had its genesis. Purportedly scientific, objective Enlightenment thinking has been challenged by theories located in post-structuralism, post-modernism and post-colonialism since this time, and much of the supporting evidence from the late 20th century into the 21st is underpinned by this changing intellectual and political context (Foucault 1961; Fernando, 2010).

In 2004, Jenkins commented that “schizophrenia is *the* defining problem for psychiatry” (2004 p xv, italics in original). One particularly problematic aspect, the racial bias in diagnosis, has been explored in detail in the subsequent 20 years (Meltz, 2009; Fernando, 2017; Verhagen, 2017). A key research method of these writers is understanding the testimonies of people diagnosed within their particular cultural context. Practitioners who have engaged directly with the testimonies of those experiencing positive symptoms of schizophrenia, like hearing voices or delusional beliefs with religious content, have enabled individuals’ enhanced self-awareness and better coping strategies (Romme and Escher, 2012). Their work has also enriched psychiatry’s understanding about religion and spirituality.

This understanding could be developed by further work dedicated to understanding the interface between positive symptoms and the religious and cultural influences on individuals. This has the potential to both help those affected by a diagnosis of schizophrenia and further develop the discipline of psychiatry.

References

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