

In That Most Secular of Rooms. The Religious Patient in Secular Psychiatry: A qualitative study of how psychiatrists in Danish psychiatric practice approach religious patients

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English resumé

International research has shown that psychiatric patients who are religious, often use their religiosity to cope with critical situations, and that their religiosity can be a source of both mental health and psychiatric ailment.

This project focuses on how psychiatrists in Danish secular psychiatric practice approach patients who are religious. Through a literature review with focus on international debates within psychiatry on the concepts 'secular' and 'post-secular', central themes in relation the secular identity of psychiatry were addressed and discussed. This was used as the background to the wider project. Thus, the aim of this project was to research how psychiatrists in secular Danish psychiatry approach religious patients. The following research questions guided the project:

1. What characterizes the approach of psychiatrists in Danish clinical practice regarding topics of a religious/spiritual nature?
2. How and to what degree do psychiatrists in Danish psychiatric clinical practice integrate their patients' religious/spiritual life in treatment?
3. How do the personal religious/spiritual characteristics of psychiatrists in Danish psychiatric clinical practice impact their approach to patients?

The project is grounded in social constructivism and employs an anthropological, qualitative method. In all, 22 semi-structured interviews with psychiatrists in Danish psychiatry were conducted, analyzed, and discussed.

It was concluded that the informants in the project initially employ the same approach whether the patient is religious or not. This includes respect for the patients' worldviews, including religious orientation and adherence, and openness to positive religious coping strategies.

It was also concluded, however, that there was a clear tendency not to include the patients' religiosity in treatment, unless that religiosity was somehow considered part of the illness or to be obstructive to treatment. This has a marginalizing effect on positive religious coping and patient empowerment. Some reasons for this effect on positive religious coping and patient empowerment were shown, through the analysis and discussion, to be the secular setting of psychiatry and the 'privacy of religion' argument. These factors can be obstructive, to a point where the psychiatrist doesn't 'see' the religious patient and to a point where the religious patient can't bring up religion – even though it may be an important aspect of the patient's worldview. This was illustrated and problematized through the introduction of the concept 'subalternizing'. Thus, the study shows that the secular can be a hindrance to including positive religious coping in treatment, because of the inherent bias in the secular against the religious, and the private character of religion in secular Denmark. Both can be contributory to the marginalization of positive religious coping and patient empowerment.

It was also shown, however, that the secular setting of psychiatry offers a pluralistic context and thereby the possibility of including the patients' religiosity in treatment. Thereby, the secular may also be supportive of positive religious coping and patient empowerment.

Religious specialists, especially the chaplain, were found by the partaking psychiatrists to be important in relation to both religious and irreligious patients, by offering confidential conversation in a 'therapy-free room'. There was no formal cooperation between the psychiatrists who partook in the project and the chaplain, but it was a clear expression that such cooperation could be fruitful. It was concluded, in relation to ethnic minority patients, that the chaplain was better positioned to act as 'cultural experts' than were the psychiatrist or other health professionals – in terms of understanding culturally or religiously based differences or problems. The study showed that, on many occasions, the participating psychiatrists came to act as 'cultural experts'. The data showed that acting as a 'cultural expert' meant that the partaking psychiatrists searched for cultural information themselves, primarily on the Internet. It was considered that this could allow for a degree of idiosyncrasy to enter their practice.

In relation to ethnic minority patients, the study showed several areas where culturally or religiously based problems can be a hindrance for positive religious coping and patient empowerment. This is especially so in relation to Muslim patients, whose numbers are growing in Danish psychiatry. The areas include Ramadan, common prayer, religiously treated food products, and access to an imam. More research is needed on these areas, also in relation to their potential links to conflict and subsequent use of restraint and coercive measures. Radicalization was a theme raised by the forensic psychiatrists. The general conclusion was that radicalization is taken very seriously but does not present a big problem, primarily because the patients in forensic psychiatry are too sick to be candidates for radicalization. More research is needed in this area, however.

The project is among the first in a Danish context and contributes to Danish and international research on how psychiatrists in a highly secularized society relate to and approach religious patients.

The project locates five areas where further research is recommended:

- In relation to ethnic minority patients
- In relation to developing the cooperation between chaplain (and imam) and psychiatrists and health professionals in general
- In relation to the secular setting and the religious patient
- In relation to the 'voice' of patients, relatives, and health professionals. These were not included in this study, but are necessary to further develop the results and conclusions from this study
- In relation to radicalization

Related publications

Nissen RD, Gildberg FA, Hvidt NC (2019). The Religious Patient in Forensic Psychiatry, with special focus on ethnic minority patients. Published in *Mental Health, Religion & Culture*. DOI: 10.1080/13674676.2019.1636368

Nissen RD, Gildberg FA, Hvidt NC (2019). The religious patient in secular psychiatry: Does 'subalternizing' religious patients mean that they don't exist? Published in the *Archives for the psychological study of religion*. DOI: 10.1177/0084672419868770

Nissen RD, Gildberg FA, Hvidt NC (2018). Psychiatry, a secular discipline in a postsecular world? A review. *Religions Open Access Theology Journal*. Published in *Religions*. doi:10.3390/rel9010032