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Letter to Editor. Psychiatry; there and back again. Comment to the paper: Jacek Prusak "Differential diagnosis of 'religious or spiritual problems' possibilities and limitations of V code 62.89 in DSM-5"

Sławomir Murawiec

Dialog Therapy Centre

In his extremely interesting and well-written paper, Jacek Prusak raises the issue of the V-code 62.89 present in the American psychiatric classification DSM in a wide panorama of the mutual relationship between spirituality and institutional religion, and psychiatry and psychopathology. V-code 62.89 describes religious or spiritual problems and its specific wording is mentioned by the author in his work.

The location of the V-code 62.89 in DSM system is important in this context: it is this part of classification which codes something what could be called the clinical context. V-codes 61 encode problems in relations between parents and children, relationship problems with a partner, problems between siblings, and V-codes 62 encode, among others, mourning, problems related to education, issues concerning work, religious and spiritual problems, problems of culture contacts and *last but not the least*, problems related to the phase of life. As indicated by Jacek Prusak we deal with this section of DSM which describes "Problems Related to Other Psychosocial, Personal, and Environmental Circumstances", i.e. those contexts that cannot be used to make the "big" or "primary" clinical diagnosis (such as psychosis, depression or specified anxiety disorder), but may encode significant, probably sometimes decisive context of their disclosure and intensification of symptoms.

Furthermore, Jacek Prusak emphasises the following phenomena of eliminating religion and spirituality from therapy, creating a "taboo" of psychotherapy for this area, the fact that "religion and/or spirituality were not significant for the psychotherapy", "they were considered as an important manifestations of life, although strange to psychiatry", "these concepts did not have a precise meaning and it was good manners to avoid them in research and clinical practice" raises an issue of 're-

ligious gap' between the believing society and psychiatrists. These insights require further reflection.

In this comment, I would like to present two main theses related to above-mentioned, fully legitimate, insights of the author:

1. First of all – it could not be otherwise. The first ancient explanations of the altered states, including madness and melancholy, were the concepts based on different religious beliefs, mystical beliefs etc. characteristic of a given community. Psychiatry was founded in opposition to this type of understanding of madness, claiming that this is an illness. What is more, it is a disease of the brain or illness of psyche, and not a demon, punishment or lesson send down by a higher power. One of the rules of psychology, most easily noticeable in everyday life, says that if we want to separate from something, we should really emphasize this difference, deny what is common, demarcate the impassable wall and say: "This is not mine, it is not me, my identity is different".
2. However, psychiatry in its enthusiasm to science has gone even further – decided to eliminate individual clinical context in general, and create completely clean, independent, operationalised diagnostic categories, similar to the practice of a surgeon who can approach the operating table and operate a person who she/he does not know. The classification systems in psychiatry have gone this way, replacing the old manuals of psychiatry. Applying a universal measure of operationalised criteria replaced something what seemed to be obvious, perception of human being in the context of his personal life and the whole social environment.

From this perspective all above-mentioned V-codes in ICD can be described as a "return to the past". We take into consideration these factors, which have always been taken into consideration, but attempt to eliminate them (which were doomed to fail) in the name of creating a clean and operationalised psychiatry. To illustrate these theses it is necessary to refer to two extraordinary people: Jacob Frostig and Nancy C. Andreasen.

In 1913 in Lviv, the Ossoliński National Institute published two-volume "Psychjatrja" ("Psychiatry") by Jacob Frostig [1]. From a distance, it is worth to notice what is emphasised by Frosting in the introduction to his work. In my opinion, there is a need to separate psychiatry, as based on the teachings on "the inherent nature of phenomena" from seeing them in the mystical, religious and supernatural context. It cannot be a coincidence, and Frostig wanted to say something important by the fact that the first words of the introduction in "Psychjatrja" are as follows: "Already in the dawn of the cultural development the insanity and mental illness held a prominent position in the tribal beliefs of primary social group. Primitive beliefs of tribal people did not know at all the inherent causes of phenomena. Any changes in the natural world were, in this belief, the consequences of the supernatural forces, ghosts and demons; the impact of their wishes and desires, compassion, envy, help or revenge (…). Within such a world view, irrational symptoms of mental disorders could be nothing else

than a magic influence of supernatural forces. (…) With the first attempts of releasing bodily medicine from the influence of the original demonism, magic, superstitions and spells, the first claims about the bodily origins of abnormal mental conditions appears in ancient Greece. Hippocrates points to the central nervous system, as the seat of these diseases, although it was rejected". After a period of ancient and pagan faiths, Christianity emerged. Frostig writes: "Only the science of Christ changed the focus of human attention from the temporal life and put the emphasis on the strongest part of faith that is 'soul' (…). Christianity directed desires of believers towards the afterlife, church evaluate their life for merit and sin, punishment and reward; not only deed, not just proceedings – every thought, every emotion, every moment of doubt and every collapse in faith may be counted at the Last Judgement. (…) The Catholic Church measured every emotion, every thought, every deed of man by the measure of merit or sin, and looked at the fate and the vicissitudes of single life as to the salvation of the soul. The Catholic Church could not use any other measure to the sick thrills, to delusions, to hallucinations, madness, excitements and craziness. (…) If the content was fervent and stood in religious ecstasy to God, then it was a manifestation of force majeure, and if this content was blasphemous, it proved of being possessed by Satan; in amazement, in the simple forms and buffoonery, the Catholic Church seen only punishment or God indulgence".

This is an important context in which we can understand the insights of Jacek Prusak on the elimination of religion and spirituality from therapy, creating a "taboo" for this area, the facts that "religion and/or spirituality were not relevant for the psychotherapy", "they were considered as an important manifestations of life, but strange to psychiatry". In the given context, it could not be otherwise. Probably psychiatry has its own psyche, and the psyche belongs to psychiatrists. In this perspective, the introduction of religion, the supernatural forces in the area of psychiatry may be unconsciously perceived as threatening for the identity, involving the risk of returning to that, what already was, and the loss of such a hard-won autonomy, self-identity (of psychiatry and psychiatrists). It is an exposure to an essential risk and underlying the basis of one's own way of existence. Thus, it is the basis of the above-mentioned thesis that we separate out mostly from that what, for any reason, threatens our identity and separation. This process does not have to be fully conscious; it can rely on a general sense that there is something risky and threatening in touching those areas; specific vigilance in relation to religious issues in reference to psychiatry in general and shamanism in relation to psychiatrists in particular; the need to maintain the scientific attitude "based on the natural sciences" as Frostig describes it, or the evidence-based medicine (EBM) as it is recognised today.

But psychiatry has gone this route even further, so far, that now it should return and makes it through V-codes in DSM classification and other activities. Psychiatry went towards the creation of diagnostic systems which creates the illusion of separation from individual clinical context. A person who has already guaranteed a place in the history of psychiatry, Professor Nancy C. Andreasen in a study published in 2007

in the journal Schizophrenia Bulletin [2] writes about the death of phenomenology in America: "Since the publication of DSM-III in 1980, it is followed by the continued deterioration in the teaching of careful clinical assessment focused on the problems of the individual person and his/her social context, that is reinforced with good general knowledge of psychopathology. Students are taught to memorize DSM rather than to learn all the complexities from the greatest psychopatologists. Until 2005 this breakdown has become so serious that one can talk about it as a death of phenomenology in the United States". DSM is the American classification, so the opinion in both, the context of which it describes the process and V-codes in DSM classification is distinct. Even if we consider the problems, disorders and other disturbances of health as brain diseases, they do not come out of nothing and are not situated in a personal and social vacuum. "The problems of individuals and their social context" are important and not clean list of operationalised symptoms taken out of the context. In this context religious and spiritual issues are also important, according to Jacek Prusak: "religiosity/spirituality may be a part of the solution to psychological problems", but also "religiosity/spirituality itself may be a source of problems".

Nancy C. Andreasen, in the text quoted herein, asks the question: "What went wrong?". She indicates that although the authors of DSM-III knew that it is a small revolution, however, they did not know that this revolution will definitively change the nature and practice of psychiatry. The next editions of DSM has become universally and uncritically adopted as final authorities in the field of psychopathology and diagnosis. As they have become the foundation of education, they became the basis of knowledge and way of thinking of clinicians and researchers. Professor Andreasen points to a paradox: the study of phenomenology and nosology underlying the DSM system are no longer perceived as important and significant. The most important is the fact that the crucial diagnostic criteria include only some of the characteristic symptoms of the disorder, but it was never their intention to undertake a full description of that disorder. It is rather the "guardians" of diagnosis, a description of the minimum criteria needed to make the diagnosis, and not a psychopathological description and disorder context. Secondly, DSM has, according to Professor Andreasen, dehumanising impact on the practice of psychiatry. The assessment in psychiatry is, according to DSM, based on a checking the list of symptoms, and DSM dissuade the clinician to get to know the patient instead of forcing bare empirical approach (to quote verbatim: "DSM discourages clinicians from getting to know the patient as an individual person because of its dryly empirical approach"). On this background, notice that DSM gives researchers a common nomenclature, but probably wrong, is now just an extension of applications from the realm of clinical practice on the sphere of research. It seems that V-codes in DSM classification, quoted at the beginning of this comment, can be seen in this context. They would say to clinicians "Excuse me, but would you be so kind as to pay attention to the context, crisis, drama, and not just the symptoms?". It is justified and understandable that spiritual and religious context is one of the most important and key, and for many people simply the most important, context in which life goes on.

References

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Address: Sławomir Murawiec
Dialog Therapy Centre
02-791 Warszawa, Stryjeńskich Street 19