

## PSYCHIATRY AND RELIGION: OPPONENTS OR COLLABORATORS? The Power of Spirituality in Contemporary Psychiatry

Miro Jakovljević

University Hospital Centre Zagreb, Department of Psychiatry,  
Medical Faculty of University of Zagreb, Zagreb, Croatia

### SUMMARY

Religion and psychiatry have had complicated, sometimes neutral or friendly and cooperative, sometimes competitive and antagonistic relations over their long histories. Relations between psychiatry and religion are influenced by complex belief systems, each diverse and changing. Psychiatry has often ignored spiritual and religious dimension in health and illness while religions influenced the treatment of mental disorders directly by defining mental disorders as evil spirit possessions and prescribing exorcism as treatment. It has been a long way to prevail looking for natural over supra-natural explanations for mental disorders. Psychiatry and religion as social practices should be regarded as allies against pseudoscientific nonsense and superstitions. This alliance is based on the next evidence: 1. religious and spiritual well-being is an important component of mental health as well as of health in general; 2. research and empirical evidence reveals that healthy-minded and distorted or sick faith are quite distinct in the effects in the lives of the faithful; 3. psychiatrists are professionally expected to always respect and be sensitive to the spiritual and religious beliefs and practices of their patients; 4. religious and spiritual beliefs and practice is very important aspect of person-centered psychiatry. The enduring task for both psychiatry and religion is to enable human beings to live their lives with courage, sense, and optimism, to strive towards creating conditions of well-being and individual, public and global mental health as well as to dispel beliefs and patterns which trap people in lives of misery and mental disorders. Psychiatry and religion in creative dialogues as allies can significantly contribute to the healing of our broken world and promoting compassionate society and empathic civilization. When psychiatry and religion see each other as opponents or even enemies this is only because of their mutual misreading and pseudoscientific thinking.

**Key words:** spirituality – religion - contemporary psychiatry - mental health - compassionate society - empathic civilization

\* \* \* \* \*

„Faith is indeed one of the miracles of human nature which science is as ready to accept as it is to study its marvelous effects“  
William Osler

„The most beautiful and profound emotion we can experience is the sensation of the mystical. It is the power of all true science“  
Albert Einstein

Throughout the history psychiatry and religion as well as the sciences and the humanities made it difficult to communicate with each other without conflicts about how we human beings should understand and define ourselves and the world. Religion, science, and politics have been fundamental sources of beliefs, influence, and power. They have competed with one another, each waxing and waning in its relative influence and power from time to time, as well as from one political system to another, and from one culture to another. In pre-modern times, when religion was stronger and science weaker, men mistook magic for psychiatry; in modern times, when science was stronger and religion weaker, men mistook psychiatry for magic; now in postmodern times when science and religion respect each other more and more, psychiatry and religion can go hand in hand in spiritual dimension. Religion and psychiatry have had complicated, sometimes neutral or friendly and cooperative, sometimes competitive and antagonistic relations over their long histories. Relations between psychiatry and religion are influenced by complex belief systems, each diverse and changing. Psychiatry has often ignored spiritual and religious dimension in health and illness while religions were defining mental disorders as evil spirit possessions or the works of demons which pene-

trated body and mind of an individual who had sinned. Exorcism was prescribed as the treatment of choice. It has been a long way to prevail looking for natural over supra-natural explanations for mental disorders. During the nineteenth century, with coming of moral treatment as a child of humanism when psychiatry was recognized as a distinct discipline of the medicine, evil spirits and demons lost their dominant position. In the major part of the twentieth century psychoanalysis dominated in psychiatry and religiosity became anathema to psychoanalysis. Religion was argued to be an anachronism, while religiosity was considered a remnant from an infantile past and it should be treated rather than to be favored. Sigmund Freud, the father of psychoanalysis, had claimed that belief in a single God was delusional and that all religion is „an universal obsessional neurosis of humanity“ and „a regression to primary narcissism“. The religious concepts of human soul and sin have been replaced with the psychoanalytic concept of unconscious conflicts between unacceptable drives and impulses (secular „sins“) versus demands of the Super-ego. In communist systems religion was labeled as „opium for people“ and frequently forbidden. According to Albert Ellis (1980) religiosity is in many respects equivalent to irrational thinking and emotional

disturbance. For biological and social psychiatry religiosity was not a factor generally to be taken into consideration. However, transcultural psychiatry has always taken the spiritual and religious beliefs and practices as relevant factor in understanding both mental health and mental disorders. In postmodern and post-secular psychiatry of the 21<sup>st</sup> century religiosity has been considered as a normal personality trait, and religion as an important component of life and culture. As social practices psychiatry and religion should be allies against pseudoscientific nonsense, superstition and idolatry for promotion of the common good. Discernment what is good, true, valuable, meaningful and decisive in our lives belongs to the domain of both religion and science including psychiatry.

### **The Post-Truth Era: Psychiatry and Religion between Science and Pseudoscience**

*The great enemy of truth is very often not the lie – deliberate, contrived, and dishonest – but the myth persistent – pervasive, and unrealistic“*

*John F Kennedy*

Both religion and psychiatry have in common to have been victims of pseudoscientific denial and wrong explanations. According to the last book of Thomas Szasz (2008) psychiatry is „the science of lies“. In his book *The God Delusion* Richard Dawkins (2007) asks in great amazement „how can people be so stupid as to believe this nonsense“. Our need for valid science and a careful appraisal of scientific research has never been greater. In our post-modern, post-secular and post-truth society of the global choice explosion we experience too much change in too short spell of time with the very overload of information competing truth claims. There are many ways of living; many truths, ideas and opinions about almost every important subject; many different experiences of life in multicultural communities and societies as well as from global migrations. Boundaries between science and pseudoscience, truth and lies, facts and alternative facts and beliefs, reality and fiction, rational and wishful thinking, honesty and dishonesty have been blurred. In 2016 the Oxford Dictionaries Word of the Year was post-truth „relating and denoting circumstances in which objective facts are less influential in shaping public opinion than appeals to emotion and personal belief“ usually related to power and evident or hidden profit. In our narcissistic and manic psycho-cultures of lies, individualism and consumerism (see Jakovljevic & Tomic 2016) „the whole post-truth phenomenon is about 'My opinion is worth more than the facts... Everything is relative, there is no such thing as the truth. Our truths are in fact guesses, illusions, fantasies, because we each have our own individual truths (Rowe 2009). One who is looking for facts from one sets of events is going to face the charge of ignoring evidence from another set of events. Today truth is market commodity as well as health, faith and many other important issues. Science is culturally, economically, and financially conditioned practice which

functions at the behest of sponsors and that's why it is not always object-like and value-free as it is claimed (Verhagen 2012). As science is the most important reliable source of knowledge and progress, it is very important to distinguish scientific knowledge from its pseudoscientific look-alikes. Pseudoscience is non-science, invalid or fake science posing as real science involving varied fads and fallacies in the name of science (see Jakovljevic & Ostojic 2016). Term pseudoscience also refers to a field, practice, or body of knowledge claimed to be consistent with the norms of scientific information processing and research, but in reality fails to meet these norms. In other words pseudoscience is characterized by producing irreproducible, incorrect or falsified results and non-useful research data. Pseudoscience can be product of misunderstanding and lack of education, fraud, and spin.

Today one can speak about secular or atheistic and post-secular or theistic science, secular and post-secular or spiritual psychiatry as well as about atheistic and theistic pseudoscience. Modern (secular) and post-modern (post-secular) sciences have quite different views on deity, human nature, purpose of life, spirituality, morality and life after death. The differences between modern and post-modern science/psychiatry (see Best & Kellner 1997, Sims 2007) can be represented in the following shift of emphasis: machine – organism; control nature - respect nature; alienation from nature - reintegration into nature; determinism - indeterminism (free will); universalism – contextuality; reductionism (atomism) – complexity (holism); materialism (mechanism) - transcendent spirit (soul); value free – value responsible; ethical relativism – universals (absolutes); ethical hedonism (egoism) – altruism; physical realism – theistic realism; empiricism – epistemological pluralism; mono-perspectival – multi-perspectival (complementarity). Science and religion are two arcs of a circle which unite to form a complete whole (Murphy 1972). The both, science and religion must leave the old-fashioned concepts which assert something to be true, but which is false or not evidence-based. Religion must also keep its mind continually open to new truth and there is no end to the truths of God which will be constantly revealed to the perceptive and meditative mind.

### **Spirituality in Science, Religion and Psychiatry: The Convergence of Brain, Mind and Spirit**

Dialogue between psychiatry and religion has been closely associated to the dialogue between science and humanites as well as to the process of de-secularization. Process of de-secularization means: 1. renewal of interest in the spiritual life; 2. relaxed attitude towards secular doubts about spiritual matters; 3. accepting that the secular rights and freedom of expression are prerequisites for the restoration of spiritual issues; 4. spiritual and intellectual pluralism of the East and West; 5. cultivating spiritual traditions of the East and West; 6. recog-

inition of repression that refers to the individual or society in the name of "religion" (Pajevic 2012).

All religions created some kind of explanation of how the universe was created, what it is to be human, how life is commenced and maintained, what is its purpose and meaning, and what happens when life ceases to exist. Religious ideas and concepts appear as beliefs, doctrines, and dogmas. Modern science in secular society, oriented to primary qualities of universe and impersonal knowledge of an object-like and value-free world, has been reluctant to accept spiritual matters and other secondary qualities for a long time, but this approach is changing (Fenwick 2009). In addition to biology humans are social, political, and spiritual beings who survive through knowledge, faith and meaning. Thinking related to mythos and logos are not two separate forms of the information processing and we cannot live just with mythos or just with logos (Rowe 2009) and we need both.

Both religion and psychiatry help people bring meaning and purpose to life and experience (Jakovljevic 2005). Spirituality can be defined as a quality of human beings who are concerned or preoccupied with higher meaning or purpose in life rather than with affairs of the material world (Slade 2011). It is an integrating force for physical, biological, psychological and social dimensions of human life and a potential source of strength and well-being. Spirituality may or may not be associated with a specific religion, but it is always related to the subjective experience of something sacred, transpersonal, transcendental and greater than self as well as to feelings of awe, reverence, and love. Transcendentality, vitality, meaningfulness and connectedness are essential elements of a spiritual experience which can be understood in either secular or spiritual terms. Vitality is ability or powerful force of an organism to maintain its organic existence. It includes a creative attitude, being spirited, open to new experiences, and growing through inner exploration or meditation. Health, energy and enthusiasm are secular terms, while soul, grace and sanctity are spiritual terms related to vitality. Spirituality is associated with emerging of higher values and deeper meanings of life, frequently connected with a sense of mystery and awe. Art, science and literature are secular terms, while faith, scriptures and revelation are spiritual terms related to meaningfulness. Connectedness refers to a feeling of union or harmony with another being or thing which includes connection with a living, dead or imagined person, a cultural, ethnic or political group, humanity, nature or universe. Family, lovers and nature are secular terms, while God, fellowship and church are spiritual terms related to connectedness.

Although the idea that faith may possess salutogenic capacity and properties is as old as medicine itself, this is still a controversial and mysterious issue. Faith can be projected onto God as well as onto medical and healthcare providers and it can be a force for positive change in one's life. Research has proved that the context of

beliefs, values, and expectations that surround any medical intervention can affect both the course of disease and the outcome of treatment. Spiritual beliefs, values and expectations have been very powerful from healing perspective. However, it is very important to make distinction between path and pathology, between health promoting spirituality and pathological spirituality, between healthy minded and distorted or sick faith. Healthy spirituality in its many forms can bring patients 1. a mission-discovery process, sense of meaning, personal integrity and purpose, 2. inspirations, values and the fuel to be good, do good and serve others, 3. a deep enjoyment of life, clinical and personal recovery. Finding meaning in life is a fundamental challenge for everybody, including people with mental disorders. Personal recovery is a journey from alienation to a sense of meaning and purpose, from withdrawal and disengagement to engagement and active participation in life (Slade 2011). Healthy spirituality has been linked with higher self-esteem and optimism, more love, hope, positive thinking and positive mood states as well as improved treatment outcome. The need to have uplifting experiences and to be part of something larger than oneself is essential to the personal recovery narratives of many people.

According to William Osler „faith has always been an essential factor in the practice of medicine. This is so whether we are speaking of faith in physician leading to compliance; faith in the efficacy of medical care, leading to the positive expectations and, perhaps, to a salutary placebo effect; or faith in a divine being, leading to the psychosomatic benefits, or – as the religious themselves might claim – a divine blessing, or an expectation of such. Each of these expressions of faith has long been and continues to be instrumental in the healing of medical patients wherever medicine and the other healing arts are practiced (Lewin 2009). Faith can heal by different mechanisms (see table 1) that are depicted as behavioral/conative, interpersonal, cognitive, affective, and psychophysiological mechanisms (Levin 2009).

Healthy-minded or salutogenic and sick, distorted or pathogenic expressions of faith are quite distinct – in the objects of faith, in the expectations of such faith, and in the observed effects and outcomes in the lives of the faithful (Levin 2009). Salutogenic faith motivated by intrinsic religion is associated with empathy, compassion, open-mindedness, self-esteem, altruism and social responsibility. Healthy minded faith is the fuel that produces constructive social and cultural transformation – it inspires and directs acts of compassion, mercy, and justice (Levin 2009). Pathogenic or sick faith suggests itself as a font of psychopathology, which may have expressed somatic consequences. Certain expressions of distorted religious faith may serve as a source of or may reflect psychological conflict (Levin 2009) and/or psychopathology. Distorted and pathogenic faith can indeed be an impediment to well-being and healing, no serious observer would deny this point (Levin 2009).

**Table 1.** Hypothesized Mechanisms for a Salutogenic Effect of Faith (Levin 2009)

1. Faith can heal by motivating healthy behaviors that strengthen the body's resistance and facilitates salutogenesis (the behavioral/conative mechanism).
2. Faith can heal by connecting one to groups of like-minded people who can offer tangible and emotional support and encouragement (the interpersonal mechanism).
3. Faith can heal by establishing a mental framework that affirms one's innate healing ability (the cognitive mechanism).
4. Faith can heal by engendering soothing emotions that buffer or mitigate the harmful effects of stress (the affective mechanism).
5. Faith can heal by providing hope for the future that enables burdens to be borne and pain to be tolerated (the psychophysiological mechanism).

**Faith-Healing Connection, Medicine of Person and Spiritual Psychiatry: Creative Sinergism between Science and Faith, Religion and Psychiatry**

*„Natural forces within us are the true healers of disease“  
 Hippocrates*

*„Literature is full of examples of remarkable cures through the influence of the imagination, which is only an active phase of faith“*

*William Osler*

For Paul Tournier (1898-1986), pioneer of medicine of the person (1898-1986) the twin pillars or two hands of medicine were science and faith and an integration of body, mind and spirit was necessary for health and wholeness (Pfeifer & Cox 2007). Medicine of the person and person-centered psychiatry offer a well grounded reason for incorporating spirituality and religion into psychiatrist assessment, diagnosis, case formulation, therapy, and as a component of psychiatric training and continuous professional development (Cox & Verhagen 2011). Religious coping can be positive and negative and may serve 5 purposes: 1. spiritual (meaning, purpose, hope); 2. self-development (positive identity); 3. resolve (self-efficacy, comfort); 4. sharing (closeness, connectedness to

community); and 5. restraint (help keep emotions and behavior under control). Religious, spiritual and therapy groups can be positive, health promoting and life-affirming or manipulative, destructive and harmful (see table 2). Healthy therapeutic groups rehabilitate, psychologically enable clients, promote their healthy relationships with others, enhance their ability of making decisions and promote their independence, goals are agreed by clients, fees are agreed in advance, therapist are easy accountable (see Crowley & Jenkinson 2009). Potentially harmful groups debilitate, psychologically disable individual members, foster their alienation from others, impair individual decision making ability and promote dependence of members, therapist or leader's goals are dominant, fees often inflated once member fully involved, group or cult leader is not accountable (see Crowley & Jenkinson 2009). Healthy spirituality is associated with placebo or white magic while pathological spirituality is associated with nocebo or black magic. Conway and Siegelman (2005) described „information disease“ referring to the lasting changes of mind and personality that may be brought on by reckless or excessive use of popular spiritual and personal growth practices (see Crowley & Jenkinson 2009).

**Table 2.** Key differences between healthy and potentially harmful therapeutic groups (modified from Crowley & Jenkinson 2009)

Helpful and health-promoting	Potentially harmful and debilitating
objectives: goals agreed by client	objectives: therapist or leader' goals
human rights (FREDA) respected	human rights (FREDA) violated
promotes healthy relationships with others	foster alienation from others
aim: independence of client	aim: dependence of member
psychologically empowers/enables the client	psychologically disables the member
questioning encouraged	questioning discouraged
decision making ability enhanced	decision making ability impaired
therapist accountable	cult leader accountable
qualifications recognized by outside body	elf-appointed
fees agreed in advance	fees often inflated once member fully involved
for benefit of client	for benefit of leader
does not hide behind fronts	hide behind fronts

FREDA human rights: Fairness, Respect, Equality, Dignity, Autonomy (added by author)

Psychiatry and religion as social practices should be regarded as allies against pseudoscientific nonsense and superstitions. This alliance is based on the next evidence: 1. religious and spiritual well-being is an important component of mental health as well as of health in general; 2. research and empirical evidence reveals that healthy-minded and distorted or sick faith are quite distinct in the effects in the lives of the faithful; 3. psychiatrists are professionally expected to always respect and be sensitive to the spiritual and religious beliefs and practices of their patients; 4. religious and spiritual beliefs and practice is very important aspect of person-centered psychiatry.

Spiritual psychiatry has been medicine of the person, by the person, and for the person grounded on unconditioned love and empathy. Human beings exist not only in visible, physical world of senses but also in spiritual world of ideas or metaphysical world of the Divine. The spiritual law of life is the law of belief and love. Thousand years ago, Hebrew mystics said that „man is what he imagines himself to be“. There has been a strong link between imagination, love, gratitude and healing. Love is the fulfilling of the spiritual law of wisdom, health, harmony, peace, joy and abundance (Murphy 1972). According to Karl Menninger „love cures people, the ones who receive love, and the ones who give it, too. One does not fall in love: one grows into love, and love grows in him“. With our thoughts and beliefs we make the world and so a loving person lives in a loving world, a hostile person lives in a hostile world. The inner wisdom all people have, manifesting itself as gratitude and unconditioned love, is the most powerful healing force there is (Demartini 2006). Inspiration, creative power, and energy flow into us when we attune us to the spiritual. The purpose of life is a life of purpose in love which attracts health and happiness. For optimists every problem is a chance to learn and to love because problems are designed to help us grow and evolve. When we are grateful for what is, as it is, what appeared to be a problem is transformed into something what we can love unconditionally. According Demartini (2006) universe is a balance of experiences, all designed to help us evolve and to lead us to a state of gratefulness for what is, as it is, so we can learn to love it. All problems are only opportunities to learn another lesson in love, by love, through love and for love. Love and gratitude open our mind to inspiration which is the secret of vitality. Love and gratitude related to the belief system are activator of the healing system. What the inspired loving mind can conceive and believe, it can achieve, so both our health and our illnesses are blessings and opportunities for us to love our neighbors as much as ourselves (Demartini 2006). Humility that helps us that we have much to learn is a fundamental ingredient for spiritual growth. When we practice love and gratitude with humility, we evolve to a greater sphere of living and humility keeps us from hubris – nemesis syndrome (rising too high with elation and sinking too low with depression). Linking

our daily deeds with our inspired purpose and life mission is very important for spiritual health. A mission is a sense of purpose that lures us into our future. It involves our beliefs, values, desires, goals, actions, and our sense who we are, where we are going to. Inspired action and service to others induces a high vibration of spiritual energy and magnetism and reap the highest rewards.

### **Global and Mental Health Promotion for Empathic Civilization: The Role of Possible Cooperation between Religions and Psychiatry**

*„Every man must decide whether he will walk in the light of creative altruism or in the darkness of destructive selfishness“*

*Martin Luther King Jr*

*„Nothing in life is more wonderful than faith – the one great moving force... pours out an unending stream of energy while abating nor jot nor tittle of its potency“*

*William Osler*

There have been many ways of understanding ourselves and the real nature of humanity, What is humans history: the march of ideas (the evolution of the World Historical Spirit (Weltgeist) or march of men and machines and the changing the ownership of means of production. Are we children of God for whom all things are gifts of God or rational economic actors who tend to maximize utilities (the expropriation of the expropriators). Is war truly the law of human nature? Are struggle and killing really the basic laws of our nature? Could it really be that a man represents a creature incapable of firmly deciding between right and wrong? Is world piece, political system based on empathy and global culture of empathy a utopia? Should any attempt to eliminate wars end up in unsuccessful lamentation, given that people have an inherent need for hatred and destruction? Although people often consider that science including psychiatry and religion contradict each other, these are by their very nature convergently moving towards the cooperation point.

Today we have witnessed to the growing and huge sufferings caused by wars, and other man-made tragedies like terrorism, human trafficking, domestic and school violence, etc. Selfish exploitation, violence and war have become the huge source of, hate, violence, suffering, poverty and waste of human and nature resources, all associated with a lot of mental health problems and individual and collective psychopathology so that the choice between clash of civilizations or creative dialogue among them has become a fundamental question, not only for global mental health but also for the very survival of mankind (see Jakovljevic & Tomic 2016). According to Staguhn (2007), „a human being seems to be floating over the abyss, in-between contradictories: war and peace, hatred and love, power and powerlessness“. In our postmodern times of ethical relativism the human condition cannot be understood nationally or locally but only globally, with empathy

and compassion. With increasing globalization, mobility and migrations, the world is becoming a cosmopolis deeply interconnected so that what happens in one part of the world may have strong repercussions in other parts. This has led to an ideology of cosmopolitanism, universalism and empathic civilization with renewed interest for thinking about what is it that human beings have in common, what is a real human nature, and to explore the ethical basis for it. But, the question is how “in the world of the individualistic, calculating, selfish and self-interested homo economicus (economic human) and free market where politicians aim only to be elected or re-elected, where financial interest groups wield a disproportionate influence on policy makers, where the well-being of future generations is often ignored..., where governments pursue national economic policies that are to the detriment of the global interest” (Ricard 2015) practice compassion, altruism and ideas of collective goods, promote global mental health and well-being, and create a cosmopolitan empathic society. According to Ricard (2015) the answer is in an enlighten education for a cosmopolitan empathic society and cooperation in a caring economy. Cosmopolitanism is a life philosophy that all human beings belong to a single community, based on a shared ethos and morality. As stated by Ricard (2015), we all people belong to the same family and we are the ones that make the history meaningful; but we are also the ones that can increase or destroy our chances of a lifetime.

From the global mental health perspective we have to recognize very fundamental fact about ourselves: we are a species that has evolved to thrive on love, kindness and compassion associated with our interconnectedness and interdependency (see Jakovljevic & Tomic 2016). Empathy is fundamental for establishing and maintaining all of our most significant relationships based on respect, trust, understanding, non-judging, and friendship (Krznaric 2015). Love, empathy, compassion and altruism are the essence of humanism and human condition. Empathy is social glue that holds humans together which is very important for survival. To empathize means to civilize and humanize, to civilize and humanize means to empathize (Krznaric 2014). With empathizing we see each other's humanity. Empathy leads to healthy, creative, flourishing and well-functioning families, communities, nations, societies and civilizations. Human beings are biologically wired to need connection, attachment, recognition, validation and belonging. Empathy is what enables us to extend our social affiliations and connect with other people in larger social, political, economic and religious units, blocs and cultures. People are encouraged to engage in conflicts and wars by those benefiting from them, so that one should work on developing immunity to warmongers (Staguhn 2007). Vengeance has been claimed to be the very essence of human nature, but it can also be overcome by virtue of forgiveness. Civilization represents an attempt to confine the aggressive and revengeful part of human nature; great religions have made it their mission, too. An operative faith, a faith that will

move mountains, has been grounded in Love which practice patience in doing good. Loving what you are doing, and doing what you love is a key for wellness and well-being. Very few of us will do great things, but all of us can do small things with great love. Compassion, caring, pro-social and pro-humanistic behavior are fundamental for well-being, mental health and our capacity to foster creative relationships with each other and the world we live in. Empathy is the invisible force that holds society and civilization together. It involves empathy for difference and openness to diversity. People with mental well-being are generous, wise and compassionate, they relate to others using the skills of emotional literacy and accept and manage conflict without manipulation and coercion. Mental health literacy is an issue of huge importance. Public and global mental health are the products based on human rights, love, gratitude, reverence, empathy and compassion. Education for love, empathy and compassion are pillars and foundation of the global mental health. Compassion as the final and the noblest result of empathy (Ferrucci 2007) is an esprit de corps of the empathic civilization of love. Choice between clash of civilizations or dialogue among them leading to the empathic global civilization of love is the most fundamental issue from the public and global mental health perspective (see Jakovljevic 2016). The promotion of a dialogue among civilizations and creation of an empathic humanistic cooperative political culture may contribute to the development of global civilization of love and peace. Love, kindness, gentleness, and compassion are like basic food for our minds, they are intrinsically related to our well-being. Good news from the latest neuroscience research is that empathy and compassion can be taught, learned and cultivated. Envision a future in which economics, education, medicine, psychiatry, religion and even politics are infused with more empathy and compassion transforming our world. Empathy and compassion is an esprit de corps of the humanistic civilization of love and the creation of global cosmopolitan society governed by law and order as well as of the promotion of global mental health. Global empathic civilization seems to be a key to the very survival of humankind and life on our planet. Religion may have very positive roles regarding public and global mental health. According to Kabbalah and Judaism, at the beginning of the time, the world shattered into many pieces, and our job on earth is to do work of tikkun olam – the healing of the broken world (Harra 2011). Psychiatry and religion in creative dialogues as allies can significantly contribute to the healing of our broken world and promoting compassionate society and empathic civilization.

## Conclusions

Due to progress in post-secular dialogue, psychiatry, religion and spiritual disciplines have the historical opportunity to shape the future of individual, public and global mental health as well as building compassionate society and empathic civilization.

**Acknowledgements:** None.

**Conflict of interest:** None to declare.

## References

1. Best S & Kellner D: *The Post-modern Turn*. The Guilford Press, New York – London, 1997.
2. Boehnlein JK: Introduction. In Boehnlein JK (ed): *Psychiatry and Religion: The Convergence of Mind and Spirit*, xv-xx. American Psychiatric Press, Inc., Washington DC & London, 2000.
3. Cox J & Verhagen PJ: Spirituality, religion and psychopathology: towards an integrative psychiatry. *The International Journal of Person Centered Medicine* 2011; 1:146-148.
4. Crowley N & Jenkinson G: Pathological spirituality. In Cook C, Powell A & Sims A (eds): *Spirituality and Psychiatry*, 254-272. The Royal College of Psychiatrists, London, 2009.
5. Dawkins R: *The God Delusion*. Black Swan, London, 2007.
6. Demartini JF: *Count Your Blessing: The Healing Power of Gratitude and Love*. Hay House, 2006.
7. Ellis A: Psychotherapy and atheistiv values. *J Consult Clin Psychol* 1980; 48:635-639.
8. Fenwick P: Neuroscience of the spirit. In Cook C, Powell A & Sims A (eds): *Spirituality and Psychiatry*, 169-189. The Royal College of Psychiatrists, London, 2009.
9. Ferrucci P: *The Power of Kindness – The Unexpected Benefits of Leading s Compassionate Life*. Penguin Books, London, 2007.
10. Harra C: *The Eleven Eternal Principles – Accessing the Divine Within*. Crossing Press, Berkeley 2009.
11. Jakovljevic M & Ostojic Lj: Science and pseudoscience in medicine: Evidence-based vs. evidence-biased medicine. *Medicina Academica Mostariensia* 2017; 4:2-6. *Psychiatr Danub* 2017; 28 (suppl 2):s186-s190.
12. Jakovljevic M & Tomic Z: Global and public mental health promotion for empathic civilisation: The role of political psychocultures. *Psychiatria Danubina* 2016; 28:323-333.
13. Jakovljević M: Current status of religion and psychiatry. *Psychiatria Danubina* 2005; 17:138-140.
14. Jakovljevic M: Public and global mental health promotion for empathic civilisation: A new goal of *Psychiatria Danubina*. *Psychiatria Danubina* 2016; 28:312-314.
15. Josepson AM, Larson DB & Juthani N: What's happening in psychiatry regarding spirituality? *Psychiatric Annals* 2000; 30:533-541.
16. Kinzie JK: *The historical relationship between psychiatry and the major religions*. In Boehnlein JK (ed): *Psychiatry and Religion: The Convergence of Mind and Spirit*. American Psychiatric Press, Inc., Washington DC & London, 2000.
17. Krznaric R: *Empathy: A Handbook for Revolution*, Penguin Random House, 2014.
18. Krznaric R: *The Empathy Effect: How Empathy Drives Common Values, Social Justice and Environmental Action*. Friends of the Earth. See things differently, March 2015.
19. Lewin J: How faith heals: A theoretical model. *EXPLORE* 2009; 5:77-96.
20. Lewis B: *Narrative Psychiatry – How Stories Can Shape Clinical Practice*. The Johns Hopkins University Press, Baltimore, 2011.
21. Lipton BH: *The Biology of Belief. Unleashing the Power of Consciousness, Matter & Miracles*. Hay House, inc., 2008.
22. Murphy D: *The Miracle of Mind Dynamics: Use Your Subconscious Mind to Obtain Complete Control over Your Destiny*. Prentice Hall Press, 1972.
23. Pajevic I: Secular and post-secular psychiatry. *Psychiatria Danubina* 2012; 24 (suppl 3):262-266.
24. Pfeifer HR & Cox J: The man and his message. In Cox J, Campbell AV & Fulford BKWM (eds): *Medicine of the Person: Faith, Science and Values in Health Care Provision*, 33-45. Jessica Kingsley Publishers, London & Philadelphia, 2007.
25. Ricard M: *Altruism: The Power of Compassion to Change Yourself and the World*. Atlantic Books, London, 2015.
26. Rowe D: *What Should I Believe? Why Our beliefs About the Nature of Death and the Purpose of Life Dominate Our Lives?* Routledge, London & New York, 2009.
27. Slade M: *Personal Recovery and Mental Illness – A Guide for Mental Health Professionals*. Cambridge University Press, 2011.
28. Staguhn G: *Knjiga o ratu – Zašto ljudi ne mogu živjeti u miru? (Warum die Menschen keinen Frieden halten. Eine Geschichte des Krieges)*. Mozaik knjiga, Grupa Mladinska knjiga, Zagreb, 2007.
29. Szasz T: *Psychiatry: The Science of Lies*. Syracuse University Press, New York, 2008.
30. Verhagen PJ: Controversy or consensus? Recommendations for psychiatrists on psychiatry, religion and spirituality. *Asian Journal of Psychiatry* 2012; 5:355-357.

Correspondence:

Professor Miro Jakovljevic, MD, PhD  
University Hospital Centre Zagreb, Department of Psychiatry  
Kišpatićeva 12, 10000 Zagreb, Croatia  
E-mail: psychiatry@kbc-zagreb.hr