Worldviews

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Common human questions include 'Why are we here?' and 'How should we live?' The search for meaning, purpose and values is fundamental to most religions and philosophies. In the UK these views used to be derived from a shared Judaeo-Christian faith. People defined themselves as accepting or rebelling against the faith community. In postmodern times we no longer trust in meta-narrative and there is no consensus on how to deal with existential issues, nor on how to label and map the territory; some would deny that the territory even exists.

Before the 1980s what research existed in this field was on health and religion. We know that, in the USA at least, religion has a positive impact on health outcomes (Koenig, 2008), but not everyone adheres to a formal religion. In the 1990s attention shifted to the broader concept of 'spirituality'. This incorporates more people, including some atheists. However, spirituality is notoriously difficult to define or operationalise. Many would say that they have meaning, purpose and values, but deny the meaningfulness of 'spiritual' (La Cour, 2010).

Some have seen this lack of precise definition as a virtue, because it allows the term 'spiritual' to be used 'as a way of naming absences and recognizing gaps in healthcare provision as well as a prophetic challenge to some of the ways in which we practise health care' (Swinton & Pattison, 2010). However, such flexible use of 'spiritual' makes comparison of research findings difficult. In the highly secular societies of northern Europe 'spiritual' has little meaning. Here researchers usually use 'existential meaning making' (La Cour, 2010). I, for one, have a resistance to using this term, which carries such heavy philosophical baggage of nihilism and atheism.

A more neutral concept is 'worldview'. Everyone has a worldview. If you think you do not have a worldview then probably your view is the default one of your society, which in the UK's case is a form of agnostic, capitalist, scientific materialism.

Worldview: a definition

A worldview is a collection of attitudes, values, stories and expectations about the world around us, which inform our every thought and action. Worldview is expressed in ethics, religion, philosophy, scientific beliefs and so on (Sire, 2004). A worldview is how a culture works out in individual practice. When you encounter a situation and think 'That's just wrong', your worldview is active. We have a natural tendency to think that what we believe is normal: his views are backward and superstitious; your views are a result of how you were brought up; my views are rational, balanced and true. We are largely unaware of the wheels moving on our car until there is an abnormal noise; similarly, we become aware of worldviews and their corresponding values only when there is a clash or crisis (Fulford, 2011). Now that people of different faiths can travel easily around the globe and live in culturally mixed communities, there are increasing opportunities for such clashes.

Worldviews are complex. People brought up in two different cultures can hold two competing sets of values and code-shift between the two, depending on context (Hong *et al*, 2000).

It is much easier to recognise cultural influences at work when they are at a geographical or temporal distance (Joralemon, 2009). We can see the influence of culture on the diagnosis of drapetomania (a 'condition' found in the 1850s which led to running away in slaves) and of *susto* ('soul loss', currently found in some South American cultures). But do we readily recognise the culture-laden nature of sex addiction, road rage and burnout, or anorexia nervosa, premenstrual syndrome and self-harm? A similar process occurs in considering worldviews; more exotic worldviews are more easily recognised as having an impact on values and choices.

Worldviews can be usefully categorised by their view of ultimate reality (Fig. 1). Do you think there is anything beyond what we can directly experience? Is there a spiritual realm of some sort? If so, what is it like?

Worldviews are absorbed from the culture which surrounds us, our earliest human interactions, the stories and nursery rhymes we are told, the teaching of our parents.

Relevance of worldviews to medicine

We need to know the views and values held by those we are seeking to help, to make an accurate diagnosis, to recognise risk and protective factors, to improve diagnostic accuracy, to reveal sources of conflict and to bolster the therapeutic alliance.

Exploring worldviews is not often relevant in, for example, orthopaedics, although some who believe in faith healing may even reject the setting of a broken leg. Worldviews are important in psychiatry, where issues of values and meaning are often raised. We can start the exploration by asking if the service user has 'any faith or beliefs which are important to you at this time'. If their worldview is one of the major religions, that gives us a short-cut to comprehension (Josephson & Peteet, 2004), although we need to continue to ask questions about how these views are worked out in individual practice; I know an observant pious Sikh who is clean-shaven and has short hair because of his wife's wishes.

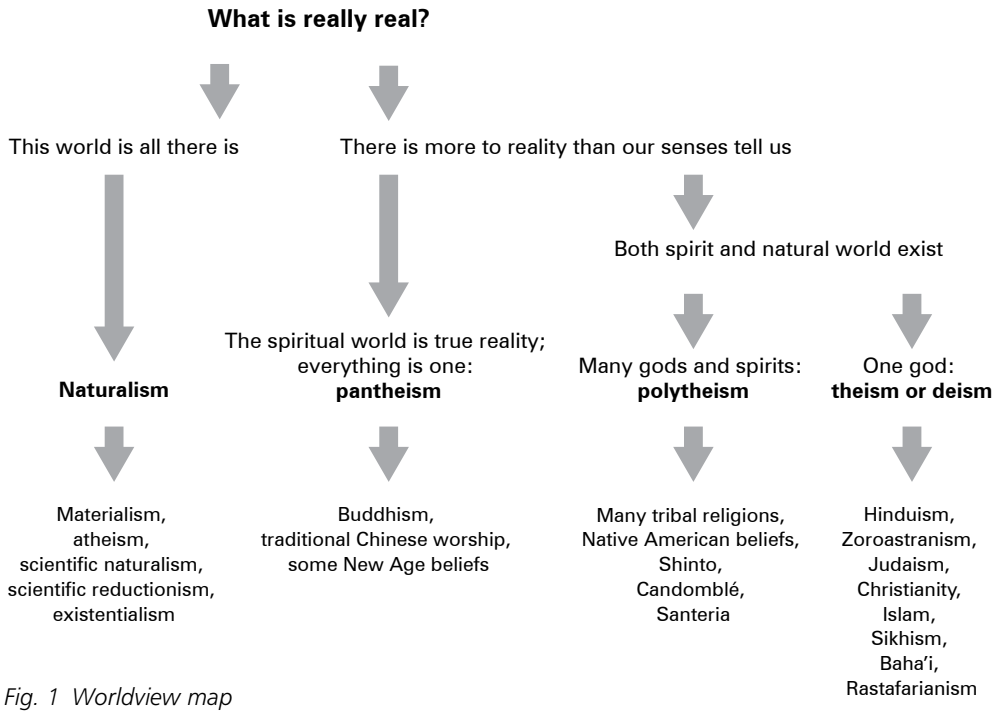

Fig. 1 Worldview map

Worldviews and treatment conflicts

Conflicts over treatment may occur due to differing worldviews; most doctors know that Jehovah's Witnesses will commonly refuse blood transfusions for religious reasons. Many Christians and Muslims would decline an abortion because their worldviews emphasise the sacredness of human life (Gray, 2010). Another example would be cochlear implants and the deaf community. Many deaf users of sign language see themselves not as disabled but as a linguistic minority, oppressed or ignored by the hearing majority. Politicised deaf parents are less likely to allow their children to have cochlear implants (Gale, 2011); some even see cochlear implants as a form of genocide.

Among the Ntomba peoples of the Congo there is a belief that the high energy level of their chief is essential to the well-being of the tribe (Bikopo, 2010). The chief agrees on accession that he will undergo euthanasia for the good of the tribe when his vitality wanes. Suppose the Ntomba chief were to collapse at an international meeting and end up in a Western hospital with a chronic illness; there could be a great treatment dilemma due to opposing worldviews.

Clinical implications

We routinely treat the abnormal beliefs of those diagnosed with schizophrenia because their beliefs are idiosyncratic, distressing and may lead to harm to self or others. Some New Age beliefs around channelling of spirits and alternative realities can sound psychotic. When does *folie à deux* become the accepted worldview of a new religious community?

How does respecting others' worldviews work when this will lead to the euthanasia of a sick but treatable individual who happens to be the leader of an African tribe; or, to put it in tribal terms, the inevitable, generous, right and proper self-sacrifice of the good leader for the sake of the survival of his people?

Clearly, we do not accept worldviews which lead to the harm of third parties. Some small Christian groups trust in the power of prayer to the exclusion of the possibility of God working through Western medicine. Children have died because the parents refused treatment; in one US review around 90% of these cases could have been easily treated (Hughes, 2004). This has led to legal changes. In Oregon, for example, parents have been forced to get medical care for their children, but several states still allow a faith-based exemption. At what point do the beliefs of a parent overrule their child's right to a 'normal' life? What about the deaf lesbian couple who specifically chose a deaf sperm donor so as to conceive a deaf child, in order that their child would grow to be a full member of the deaf community (Spriggs, 2002)?

Values-based practice

Values-based practice (Woodbridge & Fulford, 2004) provides a framework for working with differing worldviews and differing values. In a situation with a conflict of worldviews, it is important to be aware of your own values, those of the other individuals involved, and the values of the state and healthcare provider. These values are learned about and explored with clear, open communication between all parties. The service user's values are listened to first in the discussions, then the different perspectives held are balanced. Decisions are made, with weight given to both evidence-based practice and the values of those involved. This is a collaborative, multidisciplinary way of working with the service user at the heart of the team.

A case example

A 36-year-old man with a diagnosis of schizophrenia was consistently non-compliant with medication, leading to

conflict with the previous treating team. When we explored this with him we discovered that he valued being a good father above everything else. To him this meant being able to pick up the children from school. If he took his tablets then he was too sleepy to meet the children reliably. Understanding his values led to a change in medication. He experienced voices more intrusively but he preferred to cope with his hallucinations if it enabled him to act as a good father.

Conclusions

Worldview is a useful concept to discuss the area where values, meaning and purpose, religion, spirituality and existential issues overlap. All individuals have a worldview, but so too do institutions. A values-based approach helps professionals to work with the worldviews and values of service users and to reach a consensus on the appropriate way forward.

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THEMATIC PAPER – FAITH AND PSYCHIATRY

The need for a category of 'religious and spiritual problems' in ICD-11

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The World Health Organization's International Advisory Group for the Revision of ICD-10 Mental and Behavioural Disorders is currently working on the development of ICD-11 (World Health Organization, 2007). A more responsive ICD coding system should incorporate recent work which suggests that the religious and spiritual domain is important for a comprehensive, culturally sensitive diagnosis and management plan (e.g. Sims, 1992, 2004; Koenig *et al*, 2008). A 'religious or spiritual problems' category, similar to that in DSM-IV (American Psychiatric Association, 1994), should be included in ICD-11.

I was alerted to the importance of this domain when undertaking a project in 1988 to assess the mental health problems and psychiatric needs of homeless people in London, using the observer-rated Social Behaviour Schedule (SBS) to detect behavioural problems associated with chronic psychiatric disorder. For one hostel resident, the SBS recorded posturing, mannerisms, and talking and laughing to oneself. There had been no indication of any such problems during a psychiatric interview conducted earlier. What were perceived as 'behavioural problems' by the staff were the resident's daily Muslim prayers carried out in the hostel corridor, as there was no space for prayer in his cubicle.

This experience gave the author an insight into the importance of understanding the nature of religious practices when undertaking psychiatric assessments. Personal spiritual practices, such as prayer or reading from holy books, as well as communal events such as worship and shared prayers, are found in most of the world faiths. 'Spirituality' (the quality of being spiritual) is a term used to refer to these practices, corporate rituals and beliefs that give meaning and purpose to life, which may be independent of the institutional structures and prescribed beliefs of a particular world religion.

Psychiatry and religion

Although psychiatry and psychology are linguistically associated with spirit (psyche), their boundary with religion has been fraught with many complications and misunderstandings (Albuquerque *et al*, 2003). Marks (2006) suggested that the subject of religion in psychiatry and medicine is