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How Religious Delusions Impact Patients with Schizophrenia

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Abstract

Schizophrenia (SCZ) is a complex and chronic psychotic disorder characterized by a variety of positive symptoms, including delusions, disordered thinking, and hallucinations. Delusions in SCZ can take on different themes, such as religious, grandiose, or persecutory delusions. The consequences of religious delusions and how mental health professionals tackle them can profoundly affect the results of psychotherapy and pharmacotherapy. Furthermore, religious delusions may affect a patient's adherence to antipsychotic treatment. While existing literature extensively explores religious delusions in various cultures and identifies associated risk factors in individuals with SCZ, there is a lack of clear strategies for analyzing and managing religious delusions, which can greatly influence a patient's quality of life. Moreover, the relationship between the severity and themes of delusions and overall symptom severity in SCZ patients remains unclear. The objective of this study was to investigate the crucial role of religious delusions in patients with SCZ by conducting a review of relevant literature. A search was conducted on PubMed using the keywords "schizophrenia delusion and religion" resulting in a total of 94 studies. Only studies conducted after 1994 were included in the analysis. The findings of this study emphasize that the severity of religious delusions can vary based on specific religious values present in different cultures, such as Christianity or Islam. Psychiatrists and mental health professionals need to be mindful of cultural and religious values, as well as the associated delusions, in order to optimize therapeutic success when choosing treatment approaches.

Keywords: Schizophrenia, Religious Delusions, Psychosis, Positive Symptoms, The Content of Delusions, Psychotic Illness

INTRODUCTION

Patients diagnosed with Schizophrenia (SCZ) commonly exhibit positive symptoms, including religious delusions, persecutory delusions, delusional jealousy, and grandiose thoughts. These types of delusions often coexist with SCZ and can differ substantially in their specific content. Among these delusional themes, religious delusions are particularly prominent and their prevalence varies across different cultural contexts (Anderson-Schmidt et al., 2019) that may differ according to an understanding of religion. Individuals with religious delusions may claim that they have superpowers or God sent them to achieve delusional goals that may negatively impact the patient's quality of life. However, previous studies have not consistently demonstrated how religious delusions specifically affect patients in terms of their related SCZ symptoms. Conversely, these studies have suggested that religious coping can positively influence the decision-making process of individuals. The presence of methodological limitations in measuring the severity of religious delusions, as well as other similar delusions, may contribute to the inconsistent findings observed. Furthermore, it is crucial to consider the sample composition of the study, distinguishing between individuals with chronic or first-episode SCZ. This differentiation is important because a study evaluated the frequency of religious delusions and the impact of treatment on religiosity in individuals with SCZ. The findings of the study indicated that treatment effectively reduced the severity of delusions in this context (Connell et al., 2015). It is crucial to highlight that experiencing religious phenomena does not necessarily imply the presence of delusions. Religious experiences can encompass a wide range of personal and transformative encounters that may contribute to post-traumatic growth and personal development. It would be inaccurate and unfair to categorize all religious experiences as delusions without careful consideration of their individual context and subjective significance. Additionally, it is noteworthy that grandiose delusions are observed in approximately half of the individuals diagnosed with SCZ (Knowles, McCarthy-Jones, & Rowse, 2011) and are related to religious delusions. It is important to address specific type of delusion in the clinical management of SCZ patients. Themes of religious delusions can also be related to persecutory delusions. For example, patients with SCZ may assume that some people are devils and

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want to hurt them. Persecutory delusions have the potential to result in violent behavior (Robert Keers, Simone Ullrich, Bianca L. DeStavola, & Jeremy W. Coid, 2014). Similarly, patients with religious content (SPRC) in SCZ were examined. One notable characteristic of SPRC is the enduring conviction of a delusional patient regarding the influence exerted on them by a "spiritual creature" (Kopeyko, Borisova, Gedevani, Samsonov, & Kaleda, 2020). The objective of this study was to investigate the crucial role of religious delusions in patients with SCZ by conducting a review of relevant literature.

METHODS

A search was conducted on PubMed using the keywords "schizophrenia delusion and religion." A total of 94 studies were found. The retrieved studies were carefully analyzed, and Table 1 presents the studies that meet the inclusion criteria. Duplicate results were excluded. To ensure the quality and relevance of the included studies, review articles, commentaries, biographies, non-open access publications, case studies, irrelevant studies, and editorial articles were excluded from the analysis. Also, irrelevant studies were excluded from the Table 1. Since a review study involves the analysis and synthesis of existing literature rather than directly involving human participants, ethical permission is not required. SANRA narrative review guidelines (Baethge, Goldbeck-Wood, & Mertens, 2019) were used. SANRA has the potential to be incorporated into the tasks of editors, reviewers, and authors (Baethge et al., 2019).

Only studies conducted after 1994 were included in the analysis this is crucial because scientific understanding and research methods can change over time, and older studies might not accurately reflect the current state of knowledge.

RESULTS

The findings of this study highlight that the severity of religious delusions may vary based on specific religious values. Therefore, understanding the nuances of an individual's religious beliefs and their cultural background becomes crucial in comprehending the manifestation and impact of religious delusions in the context of psychiatric disorders. Additionally, we have come across several studies that explore the presence of comorbidities associated with specific delusions (Table 1).

Table 1. Studies Found Using Pubmed related to Schizophrenia and Religious Delusions

Author of Study	Goal of Study	Results of Study
(Huang, Shang, Shieh, Lin, & Su, 2011)	The study involved the recruitment of patients diagnosed with SCZ, aiming to investigate the correlation between religion, psychopathology with religious content, and treatment-seeking behavior.	Individuals experiencing religious delusions or hallucinations exhibited lower scores in terms of functioning and higher scores in religiosity measures.
(Mishra, Das, & Goyal, 2018)	The objective of the study was to investigate the influence of religiosity on religious delusions, their presentation, acute course, and long-term outcome in individuals diagnosed with SCZ.	Private religious practices are more prominent in patients of SCZ with religious delusions.
(Rudaleviciene et al., 2010)	Researchers have examined the content of delusions in patients diagnosed with SCZ, specifically focusing on themes of persecution and poisoning.	The personal significance of one's faith was not found to be correlated with the prevalence of delusions involving persecution and poisoning.
(Anderson-Schmidt et al., 2019)	Analysis was conducted to evaluate the relationship between the occurrence of religious delusions throughout one's lifetime and several potential predictors.	Out of the total 262 patients, 39 percent reported having experienced religious delusions. The likelihood of experiencing religious delusions was found to be higher among patients who actively engaged in religious activities, as compared to those who did not have any religious affiliation.
(Rudaleviciene et al., 2010)	Our study aimed to investigate the content of delusions in individuals diagnosed with SCZ, with a specific focus on identifying themes related to persecution and poisoning.	The occurrence of delusions involving being poisoned was found to be associated with several factors, including advanced age of the patient, education beyond secondary level, a chronic course of SCZ, and younger parental age.

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(Huguelet, Mohr, Borras, Gillieron, & Brandt, 2006)	the spirituality and religious practices of outpatients diagnosed with SCZ were investigated and compared with those of their clinicians.	Religion holds significant importance for individuals with SCZ, and it is frequently unrelated to the specific content of their delusions.
(Kaleda, Popovich, Romanenko, & Kopeyko, 2017)	To identify clinical and psychopathological features, conditions of formation and prognostic significance of delusions with religious content in endogenous psychotic states.	Common types of religious delusional episodes, forming by primal interpretive and sensual (messianic and antagonistic delusion, religious oneiroid) mechanisms were distinguished.
(Dutton & Madison, 2022)	SCZ is correlated with religious delusions but, the relationship between SCZ prevalence and religiosity has not been explored at the national level.	Examining this relationship, we find that national level SCZ prevalence is correlated with national level religiosity and negatively correlated with national level atheism.
(Dudek, Krzystanek, Krysta, & Górna, 2019)	The aim was to find how content of hallucinations interact with cultural conditions.	Approximately 26% of patients exhibited religious themes in their delusions.
(Serfaty, Biran-Ovadia, & Strous, 2021)	The establishment of an inpatient psychiatry department within an ultra-Orthodox neighborhood in Israel provided a distinct opportunity to examine the specific characteristics and details of first-episode psychosis.	Gaining a deeper comprehension of the cultural nuances surrounding first-episode psychosis within this specific subpopulation could facilitate earlier treatment.
(Robles-García et al., 2014)	to assess the relationship between religiosity and psychosocial functioning, a group of seventy-four patients diagnosed with paranoid schizophrenia from Mexico were recruited, with some having a history of religious delusions and others without.	There were no notable distinctions observed between the groups in terms of the overall scores obtained from the religiosity scales.
(Pfaff, Quednow, Brüne, & Juckel, 2008)	The influence of illness or cultural factors on the development of religious delusions remains unclear.	The prevalence of religious delusions in schizophrenia (SCZ) is closely linked to cultural factors.
(Iyassu et al., 2014)	compared religious delusions to delusions with other content.	The presence of elevated levels of positive symptoms, specifically anomalous experiences and grandiosity, was observed, indicating their potential role in the persistence of symptoms.
(Popovich, Gedeveni, & Kaleda, 2021)	Determine the factors contributing to the development of religious delusions during adolescence.	Additional research is required to validate the findings of the study.
(A. Noort, Braam, Koolen, & Beekman, 2022)	The study investigates three main aspects: (1) the one-year follow-up of religious delusions (RDs) and other commonly occurring delusions.	In cases of psychotic depression, the presence of religious delusions has been found to be indicative of a less favorable long-term prognosis.
(Huguelet, Brandt, & Mohr, 2016)	This paper presents findings from a prospective randomized study that investigates the implementation of a spiritual assessment conducted by psychiatrists for patients diagnosed with SCZ.	The utilization of spiritual assessment seems to provide value in the case of patients with psychosis.
(Annemarie Noort, Beekman, van Gool, & Braam, 2018)	The study seeks to examine the prevalence of religious delusions across different diagnoses	Late in life, individuals with psychotic depression experience a high occurrence of religious delusions.

DISCUSSION

Religious Delusions and Various Relevant Risk Factors

Various environmental, cultural (Ndetei & Vadher, 1984), genetic (Anderson-Schmidt et al., 2017), epigenetic, environmental (Suhail & Cochrane, 2002), psychological, and personal factors were found to be relevant to religious delusions. For instance, a study found that personal religiosity does not significantly influence the presence of religious delusions, whereas education level was found to be associated with the occurrence of such delusions (Rudaleviciene, Stompe, Narbekovas, Raskauskiene, & Bunevicius, 2008). Another study explored the association between religious delusions in individuals with SCZ and the duration of the disease. The findings of this study revealed a potential link between religious delusions and a prolonged duration of untreated psychosis, shedding light on the importance of early intervention and timely treatment in managing religious

delusions within the context of SCZ (Mishra, Das, & Goyal, 2018). In addition, according to a study, there is a high prevalence of religious delusions among older adults, particularly in cases of psychotic depression (Noort, Beekman, van Gool, & Braam, 2018). Furthermore, it is important to note that the correlation between religiosity and symptom severity varies between patients with major depressive disorders and patients with SCZ.

(Kos et al., 2019). Furthermore, a change in delusional themes of persecution was found after the political change in Slovenia. Following the widespread adoption of radio, there was an observed rise in delusions characterized by beliefs in external influences (Škodlar, Dernovšek, & Kocmur, 2008). The presence and nature of religious delusions can be influenced by cultural factors, which may vary across different countries and regions (e.g., Austria and Pakistan) (Stompe et al., 1999). In another study, it was found that among the various types of delusions, the prevalence of guilt and religion-related content was higher in the German population. On the other hand, persecution delusions and themes of being persecuted by others were more noticeable in the German participants, while delusions related to reference-induced harassment were more prominent in the Japanese participants (Tateyama et al., 1993). Nevertheless, it is crucial to acknowledge that abnormal beliefs, when endorsed and reinforced by others, can become accepted as the norm within a social environment. Culturally endorsed superstitions should not be mistaken as indicators of psychosis.

This is particularly relevant when examining religion-related beliefs, as social interaction plays a crucial role in evaluating and assessing the validity of these beliefs (Pierre, 2001). Religious delusions can emerge as a result of biological factors or other health conditions, including neurological lesions (Pierre, 2001) or temporal lobe epilepsy (Dewhurst & Beard, 1970). Moreover, tardive dyskinesia (TD) is a prevalent neurological condition characterized by abnormal movements. (Uludag et al., 2021) related to high levels of psychotic symptoms and dopamine sensitivity (Fallon & Dursun, 2011). Further studies should investigate the association between movement disorders and the content of delusions and severity of positive symptoms.

The Role of Religious thinking to cope with Severity of Schizophrenia Symptoms

Differentiating between religious thinking and religious delusions is crucial, as individuals can have genuine religious beliefs without experiencing delusions. Mental health professionals should adopt approaches that distinguish religious delusions from an individual's personal religious values, as this understanding can aid in providing appropriate support and treatment to patients. Recognizing the relationship between religion and schizophrenia can further assist clinicians in fostering treatment adherence among individuals diagnosed with the disorder (Gearing et al., 2011).

For instance, a study showcased a range of faith-based coping strategies utilized by displaced refugees and recommended that mental healthcare services should exhibit greater cultural sensitivity to meet the unique needs of these individuals (Rayes, Karnouk, Churbaji, Walther, & Bajbouj, 2021). Additionally, the level of religiosity in patients with SCZ may offer insights into their clinical characteristics and features (Gawad et al., 2018). Several studies were found supporting the potential beneficial impact of religious values. Engaging in moderate religious activity may contribute to coping with various disorders (Anderson-Schmidt et al., 2017). According to a study, religious delusions do not have a negative impact on the patient's treatment response within a short timeframe (Siddle, Haddock, TARRIER, & Faragher, 2004). Religious practices can influence social integration, the likelihood of suicide attempts, and substance use. (Grover, Davuluri, & Chakrabarti, 2014). In another study, the utilization of religious coping techniques was found to contribute to a sense of predictability (Pietkiewicz, Kłosińska, & Tomalski, 2021). Collectively, these studies underscore the potential benefits of religious beliefs and practices in relation to mental health outcomes. The excessive utilization of religious ways as a means of coping or seeking guidance can potentially contribute to the development of delusions.

Negative Consequences Associated with Religious Delusions

While religious delusions can be a manifestation of mental health disorders, it is essential to acknowledge that they can also have detrimental effects on individuals. These delusions, rooted in religious beliefs, can lead to distress. It may lead patients to quit the treatment, or they might be associated with violent behaviour or emotional abnormalities. A recent study found that the formation of residual delusions with religious content is detected with greater frequency after a religious delusion (Romanenko & Popovich, 2020). Moreover, an

alternate study suggests that emotional distress is a common characteristic observed during turbulent religious conversion (Kéri, 2020). Furthermore, Siddle and his colleagues asserted that individuals diagnosed with SCZ who experience religious delusions tend to have more severe illness compared to those without such delusions (Siddle, Haddock, Tarrier, & Faragher, 2002).

The consideration and sensitivity towards religious factors play a crucial role in the management of psychotic disorders. (Serfaty, Cherniak, & Strous, 2020). Religious delusions should be well-analyzed and treated by mental health experts. A study suggests delusions are associated with low cognitive insight (Engh et al., 2009). Considering the potential negative effects of religious delusions on cognitive insight, it becomes essential to prioritize cognitive-based interventions in clinical practice (Freeman, 2011). Religion can serve as a dual influence, being both a factor that may increase risk and offer protection (Gearing et al., 2011).

In conclusion, recognizing the significance of religious factors in the management of psychotic disorders and addressing religious delusions with cognitive-based interventions are crucial steps for mental health experts to enhance overall patient well-being and cognitive insight.

However, it is important to acknowledge that certain religious ideas that may be considered as delusions can actually serve as protective factors against certain psychiatric problems. Because religious delusions can provide individuals with a sense of solace and comfort, they may serve as a coping mechanism by helping individuals reduce anxiety and temporarily escape from their reality. Conversely, certain rules attributed to religion can impose significant pressure and have a detrimental impact on individuals. Furthermore, it can also evoke feelings of guilt.

CONCLUSION

Religion-related interest can present a complex dynamic in the context of religious delusions. While it may be associated with the manifestation of delusions, it can also be indicative of existential concerns or serve as a valuable coping mechanism for individuals (Miller & McCormack, 2006). Hence, it is crucial for clinicians to demonstrate sensitivity towards the religious values of patients diagnosed with SCZ in order to gain a comprehensive understanding of the severity of their symptoms.

Limitations

This study is not a systematic review. We have included only articles in the English language. Furthermore, it is important to acknowledge that the studies referenced in this review may have employed diverse methodologies for measuring and analyzing the impact of religious delusions, thereby introducing potential variations in the reported findings.

Suggestion for Further Studies

The relationship between religion and SCZ needs further investigation (Gearing et al., 2011). There is an ongoing discussion regarding the need for a reassessment of the significance of religious delusions in light of the accumulating clinical evidence (Bhavsar & Bhugra, 2008) and novel methods to measure brain imaging activity. Further, as mentioned before, it is vital to inform leaders of religion about religious delusions and SCZ (Connell et al., 2015). Furthermore, another study proposes the need to analyze the subjective meanings attributed to religious beliefs by patients before labeling them as delusions (Saavedra, 2014).

Lastly, a comprehensive understanding of an individual's religious context can inform the development of tailored interventions that take into account the complex interplay between religious factors and mental health outcomes.

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