Spirituality and Schizophrenia – Case Report and Literature Review

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Objectives

To characterize the complex relationships between schizophrenia, spirituality and religion.

Background and aims

Spirituality influences the presentation, course and outcome of schizophrenia. The authors report an illustrative clinical case and conduct a literature review on this subject.

Materials and methods

Pubmed database was searched from 2004 to 2019 using the terms “schizophrenia” and “religion”. Relevant data from the patient’s medical record was collected.

Results and Conclusions

♂,42-years-old
Presented with extensive self-reference and religious delusions and attenuation of the boundaries of self, namely passivity phenomena - the involuntary movement of his members into a lotus position. He interpreted this last phenomenon as a spiritual initiation in Rosicrucianism, organization of which he had been part for several years.
He rejected the schizophrenia diagnosis and presented poor treatment adherence.

The prevalence of religious themes in psychosis varies between cultures and across time, highlighting the relevance of cultural context.¹

Overextended theory of mind and agency overdetetection are core cognitive concepts in the genesis of both religious experience and productive symptoms.³ Delusions of reference may be similar to the finding of religious meaning and purpose in mundane experiences and religious experience involves, to some degree, the alteration in the sense of agency, in an obvious parallel with passivity phenomena.³

While there is emerging evidence for a continuum between religious normality and psychosis^{1,2} and phenomenological parallels can be drawn,³ the hallmarks of pathological states include:

Subjective experience and behaviour are recognizable as part of a known psychiatric illness and/or other symptoms are present ⁴

The behaviour and direction of personal goals after the religious experience are more consistent with mental illness than with an enriching life experience ⁴

There is a previous long-lasting sense of being ontologically different⁵
The mystical experiences are trait-like (versus episodic) and private ⁵;
and can’t seem to be inteintegrated in reality afterwards ⁵ → double book keeping ⁶

Religious themes are
Held with greater conviction than other types of delusions ⁷
Associated with more severe illness⁷ and poorer functioning ⁹

Positive effects of religion on quality of life seem to be mediated through intrinsic religion (religion as a framework to understand life), while the global impact of extrinsic religion is unknown.¹⁰

Accordingly, although a consistent belief system is associated with positive coping skills,^{11,12} results on the influence of religious experience on quality of life and disease outcomes have been mixed. ^{9,12,13,14}

Further research is needed, namely regarding treatment adherence.

References: 1. Mohr S, Huguelet P. The relationship between schizophrenia and religion and its implications for care. Swiss Med Wkly. 2004 Jun 26;134(25-26) :369-76 2. Dein S, Littlewood R. Religion and psychosis: a common evolutionary trajectory? Transcult Psychiatry. 2011 Jul;48(3):318-35. 3. Dein, S, Littlewood, R. The voice of God. Anthropol Med. 2007 Aug;14(2):213-28 4. Sims A. Symptoms in the mind: an introduction to descriptive psychopathology. Edinburgh : Saunders/Elsevier, 2015. 5. Parnas J, Henriksen MG. Mysticism and schizophrenia: A phenomenological exploration of the structure of consciousness in the schizophrenia spectrum disorders. Conscious Cogn. 2016 Jul;43:75-88. 6. Clarke I. Psychosis and spirituality: the discontinuity model. Psychosis and spirituality: exploring the new frontier. London: Whurr Publishers Ltd; 2001:129–142 7. Appelbaum PS, Robbins PC, Roth LH. Dimensional approach to delusions: comparison across types and diagnoses. Am J Psychiatry 1999;156:1938–43. 8. Siddle R, Haddock G, Tarrier N, Faragher EB. Religious delusions in patients admitted to hospital with schizophrenia. Soc Psychiatry Psychiatr Epidemiol 2002;37:130–8. 9. Smolak A, Gearing RE, Alonzo D, Baldwin S, Harmon S, McHugh K. Social Support and Religion: Mental Health Service Use and Treatment of Schizophrenia. Community Ment Health J. 2013 Aug; 49(4):444-450 10. Tabak NT, Weisman de Mamani A. Religion's Effect on Mental Health in Schizophrenia: Examining the Roles of Meaning-Making and Seeking Social Support. Clin Schizophr Relat Psychoses. 2014 Jul; 8(2):91-100 11. Nolan JA, McEvoy JP, Koenig HG, Hooten EG, Whetten K, Pieper CF. Religious coping and quality of life among individuals living with schizophrenia. Psychiatr Serv. 2012 Oct;63(10):1051-4. 12. Shah R, Kulhara P, Grover S, Kumar S, Malhotra R, Tyagi S Contribution of spirituality to quality of life in patients with residual schizophrenia. Psychiatry Res. 2011 Dec 30;190(2-3):200-5 13. Caqueo-Urizar A, Urzúa A, Boyer L, Williams DR. Religion involvement and quality of life in patients with schizophrenia in Latin America. Soc Psychiatry Psychiatr Epidemiol. 2016 Apr;51(4):521-8. 14. Lanfredi M, Candini V, Buizza C, Ferrari C, Boero ME, Giobbio GM, Goldschmidt N, Greppo S, et al. The effect of service satisfaction and spiritual well-being on the quality of life of patients with schizophrenia. Psychiatry Res. 2014 May 15;216(2):185-91.