Viewpoint

RELIGIOUS DELUSIONS: IT'S IMPORTANCE IN PSYCHIATRY AND A CASE REPORT

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ABSTRACT

Religion and spirituality are very important for human beings, even from the older generations itself. These had an important role in evolution. But most of the times, its importance in psychiatry goes unrecognised, especially in the aspects of psychopathology, treatment-seeking, adherence and outcome. Religious beliefs influence help-seeking, diagnosis, treatment, and outcome of the individuals. Religious delusions are on its rise in the new era. It has been found out that religious delusions result in a delay in starting treatment, and severity of illness is also found to be high in such patients. Those with religious delusion will be having a higher chance to go to magical healing and compared to other population, and their treatment adherence will be poor. Aggression, violence and self-harm are found to be much higher in these individuals. Overall religious delusions have poorer course and outcome. Religious delusions can influence the concepts and beliefs regarding health and sickness and subsequently lead to poor treatment acquiescence.

Keywords: religious delusion; psychosis; case report

INTRODUCTION

Religious delusions are typically connected with a shoddier outcome. Most of the Psychiatrists will bump into patients with religious delusions, because this sort of delusion is conjoint, particularly in psychosis.[1] The management of delusion is based on the biopsychosocial model, along with pharmacological interventions.[2] Both ICD 10 and DSM 5 treat delusions as an important symptom for the diagnosis of schizophrenia. Presence of "bizarre delusions" itself is ample to diagnose schizophrenia.

Delusions are the false unshakeable beliefs which are out of keeping with the culture that condenses them as delusional, rather than religious. But many times, clinicians are noticed to have a meagre interest in religious-themed delusions, which may be having

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dominant importance in the patient. This is despite evidence that religion offers an important coping resource for people suffering from a major mental disorder and have a huge role in treatment adherence.[3]

Patients' contextual factors, cultural beliefs, and outlooks play a vital role in the theme of delusions.[4] Delusions with religious contexts are found to be more common among Hindu and Christian communities, compared to Muslim, or Buddhist societies.[4,5,6] Among them, middle-aged women in rural areas are found to have an increased prevalence of religious delusions. Pakistan, predominantly an Islamic country was having stumpy rates of religious delusions.[4] African countries report a much higher incidence of religious delusions, and it was observed that the cultural content would be recusing in future episodes too. [4, 7]

It has been observed that higher degrees of conviction, higher disability level, poor treatment adherence and higher duration of untreated psychosis are found in people with religious delusions compared to other types of delusions. [8, 9, 10] Hence, it is very difficult to treat people with religious delusion. [11, 12, 13] Further studies focusing on poor adherence are required to establish the exact reason for this.

RELIGION AND PSYCHOPATHOLOGY

Specific factors which maintain a delusion is identified by the cognitive models of psychosis.[14,15] Important ones are continuing anomalous experiences, reasoning biases, affective processes, and poor adjustment to psychosis resulting from personal beliefs about illness, treatment and recovery. Religious delusions are notoriously famous for its increasing difficulty to handle it.

Anomalous experiences- These may be professed as having religious implication (e.g., communications from God, etc.) and frequent anomalous experiences provide constant evidence to endure the delusion.

Reasoning biases -biases and errors in evidence-based reasoning are important factors in delusion formation and maintenance. These include 'jumping to conclusions', difficulty identifying possible other explanations, and distress in considering the possibility of an error in judgment.[16]

Affective disturbances- Affective processes have an impact on attentional, perceptual and memory processes. The reason for that would be maladaptive coping and affect regulation strategies.[17] Religious delusions could be associated with these affective disturbances, which could worsen the outcome.[18]

Beliefs about illness, treatment and recovery - How the person, makes sufficient changes in relation with psychosis is very important in the quality of life as well as treatment compliance. [19, 20]

Religious delusions are found to have a better rationale, and this may underprop the connotation of religious delusions with poor treatment adherence and follow up.[21]

RELATIONSHIP OF RELIGION WITH DELUSIONS AND ITS CLINICAL ASPECTS

The common themes of religious delusions are persecution, influence, and self-significance.[3,22] When non-content dimensions of different types of delusions are compared, it was found out that religious delusions are held with more affirmation. Another interesting observation is that very poor support was received from religious communities for

patients suffering from delusions with religious content.[22]

Christian patients are having delusions much commoner than Islam and Buddhism, and most of them are delusions of guilt and sin.[4,5,6]

Another study reported a higher prevalence of religious delusions in Catholics when compared to Jews and Muslims.[4, 24] Protestants are found to have a much higher rate of religious delusions, compared to other communities.[4, 23]

Other studies put forward that religious delusions are more common in Korean patients than Chinese.[25] Greenberg et al[24] studied psychotic features in Judaism and found out that, nocturnal variations are common in these group, which is mainly based on the concept that, evil spirits and demons usually comes at the night time. A study conducted by Peters et al[26] among Hindus, Christians and New Religious Movements found that delusions are much higher among New Religious Movements. A study by Kent et al[27] religious hallucinations are much commoner in the United Kingdom than among patients from Saudi Arabia.

Some studies reported a higher prevalence of religious delusions among those with high religiosity, whereas other studies could not found such a relationship.[28, 29] Religious delusions are found to be related to educational qualification and marital status.[29] Cognitive deficits also found to be associated with religious delusions.[30] Higher symptom scores, poorer functioning, longer duration of untreated psychosis are found to be associated with religious delusions. It also influences help-seeking behaviour.[31,32] In a systemic review, evaluating religion, supernatural beliefs and psychopathology, above 40% of studies have found a relationship between psychosis and religion.[33] Social background, cultural aspects, social circle, friends, interests all could play an important role in the development of a delusion with religious content.

Mostly it can be difficult to make the distinction between a religious delusion and the experience of an unusual religious belief or practice. Psychiatric morbidity would be suggested if both the patient's experience and the observed behaviour conform with known psychiatric symptoms; that is, the self-description of this particular experience is recognisable as being within the symptomatology of a specific psychiatric illness, for instance, it has the form of delusion. As already described, the thoughts, experiences and actions of a person with schizophrenia are often concrete, physical and not abstract or spiritual; beliefs may be acted on literally. If he describes, 'Christ being in me', he might well be able to state in which organ of his body Christ could be located.

TREATMENT

There are no specific guidelines regarding the usage of medications. When self-harm or harming others are present, antipsychotics, hypnotics, or a combination of these agents are needed to treat agitation along with close observation.

Multiple studies have made different opinions regarding the presence of religiousness on treatment efficacy in patients with psychosis. Some studies have recommended that treatment compliance would be much better in patients having religiousness. [34, 35, 36] But there are reports regarding their meagre adherence.[1]

CASE HISTORY

Mrs X, 39, Year old, married female, with 2 children of 12 and 3 years, Christian, MBA graduate, currently not working, from a nuclear family of high socioeconomic status hailing from an urban area in Kerala, India with well-adjusted premorbid personality, was bought to our hospital on 5/9/18 for problems with family members regarding the religious beliefs. Her problems were present for the last past four years. Although she was prescribed medications, her parents and herself refused it and indicated their preference for treating the condition with prayer. She had Type 2 diabetes mellitus and Hypertension as co-morbidities for the past 13 years and six months, respectively. There was no significant past psychiatric history. She had a history of a strained relationship with Husband for the past 12 years.

Her general and systemic examinations were found to be normal and Mental Status Examination was normal except the presence of bizarre delusions (She says, whole Christianity is based on Lucifer's kingdom, and whole Christians are fooled by Lucifer and his fallen angels regarding this. She was seen using terms like ABBA YAHUWAH, MOTHER IMAYAH AND LORD YAHUSHUA for HOLY TRINITY, and together she would call them as ELOHIM. She strongly disagrees with the concept of Jesus, who according to her, was a hypothetical person. She describes Jesus is a word from Jupiter+Zeus, which all Christians in the world are unaware of. Her notes also contained explanations for "666", where means Hesus Horus Krishna, which got meaning as Jesus H Christ. She gives the explanation that 666 is Jesus Christ, and Christians are worshipping him, rather than Elohim. She would say that the Holy Spirit was a female, which was changed to male, in King James Bible, by POPE, to bring Gay concept in Christianity.

She was also found to be believing in the concept of shadow government, which include almost all world leaders, banks, international organisations like UNESCO, UNICEF, which follows the concept of fallen Angels and are running for the benefit of Lucifer. She would also say that most of the world leaders are sons/daughters of dictators like Hitler and Mussolini and would give multiple photos, her handwritten notes and face shape comparison app photos on the internet as proofs. She expressed that earth's shape is not a globe-shaped one, it's a flattened one with a dome covering it, standing in 4 pillars (she was showing a drawn picture as proof), which is a fact, known by NASA & ISRO, but hiding from the whole world for Lucifer.

Whenever we tried to challenge these concepts with different photographs and facts, she would deny it, and say her prophet, M…T. R has got God's vision on these. She also showed a handwritten book, with more than 500 pages and images, as proof for her claims. She also believed that UNESCO, UNICEF and all are other charitable organisations are running for the benefit of Lucifer. She would show multiple photoshopped images as proofs.

DISCUSSION

X's religious beliefs have likely given her constant change and transition of her life. Hyper religiosity is a common phenomenology in psychosis, especially schizophrenia.[37, 38] Psychosis is commonly signified by an individual's inability to return

from spiritual experience to the realities of corporeal life. Correspondingly, the behaviour, lifestyle, and personal goals of a psychotic individual after a religious event will be consistent with the mental disorder rather than being an enriching life experience. It is essential that the causal attributions of mental illness be interpreted within the context of cultural and religious factors.[39] Davidson and Strauss [40] emphasised that one of the most important aspects of recovery for people with severe and persistent mental disorders is the recovery and reconstruction of a sense of self. Accordingly, X's identification as an Anti-Christian and the continued identification with these beliefs will be detrimental to the success of her treatment.

X's case treatment included combining what the Christian religion, Indian culture, and medicine can contribute to the improvement of her mental health. A Christian woman herself, X's caseworker acknowledged countertransference with X.

The caseworker viewed her faith and her identity as an Indian citizen as a concomitant and has learned how to manage instances where disparate values clash. Furthermore, she is highly aware of how easily she becomes displeased by what she viewed as Elohim.

Considering the intractable course of X's experience of schizophrenia, adherence to medication will be important to her future success. Education about mental health care will be essential to both X and people who are important in her life. The development of a social support network will also be an important goal for X. This is important for several reasons. Social support should help decrease some of the symptoms that X may feel as a believer of Elohim. Similarly, a support network may help to further reinforce the need for X to remain compliant with her medications. Indeed, this support network is especially significant for X because of her new belief.

Her identity is part of her community. Therefore, the community's presence may exacerbate her mental illness. This isolation likely causes a vicious circle to ensue. The future success of X's case will depend on the involvement of people who can understand and empathise with both her cultural and religious beliefs. Currently, many of the people who best understand schizophrenia may struggle to understand the complexity that X's cultural and religious background and the importance of receiving and adhering to psychopharmacological treatment. Similarly, many of the people who can understand X's belief as a follower of Elohim and against Christianity in India may also be quite uncomfortable with her mental health problems. This fragile situation places a great deal of responsibility on X's therapists and others who have a familiarity with Indian medical and social service providers, an understanding of the aetiology of mental health problems. To conclude, a close examination of X's religious experience yields rich data for her clinician. Not only is religion a debilitating factor in X's life but also, paradoxically, one that provides him with a needed sense of self-worth. Too often, especially with psychotic disorders like schizophrenia, religious delusions and hallucinations are seen simply as symptoms of a larger disorder that need to be controlled. However, as we hoped to elucidate, the clinician will be far more effective in the treatment of clinical syndromes if he or she

pays attention to the complex nature of culture on a patient's functioning.

CONCLUSION

We consider the influence of one's cultural and religious identity as a complex phenomenon that needs to be understood at many different levels during treatment and the cultural considerations that the research and clinical team encountered in trying to make culturally appropriate clinical conclusions. It has been suggested that patients with strong religious beliefs or religious delusions have a meagre outcome from psychiatric treatment.

Treating psychiatrist should pay adequate attention to the role of cultural factors in mental illness. Cultural sensitivity and skill in the assessment are important factors in identifying this. Continued research on both biological and cultural aspects of the illness would help to understand the illness from a different perspective. It is also important to understand cultural and traditional methods for managing mental illnesses. We could easily use cultural factors in a constructive way in the process of management and recovery.

Historically, religious delusion is being found from the beginnings of psychiatry; psychopathologically, it holds a relevant value in the diagnosis; socioculturally it may act as the steppingstones into patient's world. Still, it often remains neglected. And we hope, his could be a start on readdressing that issue.

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