

RELIGIOUS CONTENT OF HALLUCINATIONS IN PARANOID SCHIZOPHRENIA

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SUMMARY

Background: Different environmental factors are thought to be responsible for 15-20% of schizophrenia pathogenesis. Religion has long been considered a major force in human life, regardless of economic, social or political affiliation. How the perception of religion has changed over time, especially in the context of mental illness, was the focal point of this long-term comparative study.

Subjects and methods: A random selection of 100 case histories from the years 1932, 1952, 1972 and 1992 was selected. By reviewing the subject history and medical notes, information on the presence of religious hallucinations and/or delusions were collected and grouped.

Results: Religious topics were demonstrated in 46.8% of the test population. Whereas there was a clear diversity of religious-themed delusions, "God", "Christ", "Mary", "Satan/devil" and "hell" all figured prominently across all reviewed years. There is a progressive decrease in the number of religious topics in paranoid schizophrenia. The transfer of holiness from historical saints onto a subject was observed. Evil dominates over good in productive symptoms in paranoid schizophrenia. The phenomenon of apocalyptic subjects in paranoid hallucinations and delusions increased after the Second World War.

Conclusion: Religious topics of hallucinations and delusions change over time and relate to objective historical events and reflect changes in religiosity in society.

Key words: schizophrenia - auditory hallucinations – delusions - religious topics

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INTRODUCTION

Religion and spirituality belong to the most important and common topics of human life and culture. The role religiosity plays in psychotic disorders is obscure. Spiritual subjects of positive symptoms (i.e., delusions and hallucinations) appear to be a deformation of mystical experiences of healthy humans and are influenced by contemporary events, socio-demographic factors and the particular culture of every nation (al-Issa 1990, Azhar et al. 1995, Maslowski et al. 1995, Tateyama et al. 1993).

Religion plays a significant role in the psychopathology of schizophrenia (Tomczak 2006). This role may be protective, a finding particularly important for patients with psychosis who are known to be at high risk of serious suicide attempts (Huguelet et al. 2007). Religion may induce spiritual despair, decrease or increase of psychotic and general symptoms of schizophrenia, increased social integration or social isolation, reduction or increase of the risk of suicide attempts, reduction or increase of substance use, and fostering adherence to or opposition to psychiatric treatment. Spirituality should be integrated into the psychosocial dimension of care (Mohr et al. 2006).

Religiosity of schizophrenic patients may play a role in the genesis and maintenance of delusions. Religious delusions seem to play an important role in the symptomatology of paranoid schizophrenia (Bhavsar & Bhugra 2008). Religious delusions in patients with

schizophrenia may be associated with increased severity of psychosis, poorer prognosis and auto-aggression (Siddle et al. 2002). Patients with religious delusions appear to be more seriously ill (Siddle et al. 2002).

A religious viewpoint seems to be crucial to understand the special meaning of the psychotic symptoms of the individual patient (Okada et al. 1994). Moreover, spirituality is hypothesized to be beneficial in recovery from mental illness (Sullivan 1998). Mental diseases are sometimes difficult to discriminate from normal mental life processes (Peters et al. 1999). Especially, regarding human inner life, the borderline between mysticism and psychosis is sometimes faint. Spiritual experiences are thought to be a potential precipitating factor for the development of paranoid disorders (Greenberg et al. 1992). A psychotic process may be also induced by different sects or by a psychotic cult leader (Maier 1986, Spencer 1975). Some forms of religion (e.g. shamanism) are hypothesized to have an origin similar to schizophrenia (Polimeni & Reiss 2002). To discriminate religiosity in mental normality and in disease, the religious aspect of psychosis must be explored.

Because of the lack of long-term phenomenological studies on the religious content of delusions and hallucinations in paranoid schizophrenia the authors decided to explore that domain. The stream of positive symptoms from the 1930s to 1990s was investigated to ascertain the method in which religiosity in paranoid schizophrenia does change in time.

SUBJECTS AND METHODS

The method was a random selection of case histories of paranoid schizophrenia diagnosed in in-patients. The case histories were obtained from the archives of the State Neuropsychiatric Hospital in Lubliniec (Poland). The archives of the hospital contain files from the beginning of the 20th century. Well organized and complete files were found starting from 1932. A total of 400 case histories divided into four equal groups from the years 1932, 1952, 1972 and 1992 were explored. The characteristics of the examined groups are provided in Table 1.

Sex-division of the subjects was found to be fairly even, comparing to the incidence of schizophrenia in a normal population. No separation of delusions by sex was completed, but each subject's delusions were divided and considered individually. Therefore, one subject could contribute multiple religious topics.

Both delusions and hallucinations were treated as equivalent sources of positive symptoms from each subject. The symptoms with religious content were abstracted and the following thematic groups were distinguished: the Holy Trinity, the Virgin Mary, the Bible, saints, religious imagery, church and names of deities. The coexistence of particular topics in positive symptoms of one patient was also considered. A percentage comparative analysis was performed to determine changes between particular time periods.

RESULTS

From Table 2, a significant number of patients presented religious topics of delusions and hallucinations, but gradually the trend decreased. Each patient covered over one topic and there appears to be an even distribution of topics over time.

Results in Tables 3 and 4 show a clear dominance of Catholic over non-Catholic topics. This is not surprising given that the data collection was from a country that is overwhelmingly Catholic (95.8%) and that three of the four subject-years were a time of religious isolation.

From Table 4, subjects are shown to be more prone to visions of a religious figure than communication or personal identification. There is a marked shift from visions of religious figures to interactive forms, with a downward trend of visions and a rise over time of the subjects' interactions with religious figures. It is of note that the same percentage of patients experienced contact with God and Mary, which is possibly explained by the co-dominance of the two figures in Catholic prayers. After World War II, there is also a connection in delusions of contact and delusions of incidence regarding God and Christ. From Table 2, we can also state that two delusions could coexist in the positive symptoms of patients. Perhaps the most astounding trend is the sharp drop in the belief of God in delusions and hallucinations post- World War II. It is not until 1992 that the topic of God appear at levels similar to

Table 1. Composition of examined group

| Personal data | year 1932 | year 1952 | year 1972 | year 1992 |
|--------------------|-------------|-------------|-------------|-------------|
| number of patients | 100 | 100 | 100 | 100 |
| mean age (+ SD) | 33.8 + 13.9 | 33.1 + 11.4 | 44.0 + 10.2 | 41.6 + 12.9 |
| gender: | | | | |
| women | 44 | 49 | 52 | 51 |
| men | 56 | 51 | 48 | 49 |

Table 2. Numerical analysis of religious topics distinguished in all subject-years. Results are expressed as patient percentage in every analyzed period

| Year | Average number of religious topics in a patient | Maximal incidence of one religious topic (%) | Number of patients with religious topics (%) |
|-------------|---|--|--|
| 1932 | 1.46 | 19 | 50 |
| 1952 | 1.02 | 12 | 46 |
| 1972 | 1.47 | 15 | 49 |
| 1992 | 1.04 | 15 | 42 |
| Mean (+ SD) | 1.25 + 0.25 | 15.3 + 2.9 | 46.8 + 3.6 |

Table 3. Incidence of positive symptoms involving non-Catholic representative entities. Results are expressed as patient percentage in every analyzed period

| Positive symptoms subject | 1932 (%) | 1952 (%) | 1972 (%) | 1992 (%) | Total (%) |
|---------------------------|----------|----------|----------|----------|-----------|
| Jehovah | 0 | 0 | 0 | 2 | 0.5 |
| Isis | 0 | 0 | 1 | 0 | 0.3 |
| Zeus | 0 | 0 | 1 | 0 | 0.3 |
| Total (cumulative) | 0 | 0 | 2 | 2 | |

those before the war. The Holy Spirit is not a common figure in any subject-years, but its appearance often coincided with contact. Though saintly contact remains at an even level until 1992, identification with saints disappears entirely after 1952.

From Table 5, the Bible as text is not a consistent factor in topics of hallucinations and delusions, but Biblical persons and Biblical events show the same predominance, which is comparable to Table 4 and the identification of Christ. The Bible and biblical citations appeared only after the year 1952. Apocalyptic visions were as likely to be seen as any other Biblical event. During the decades of Communism (1952, 1972), the Church plays a heightened role in delusions and hallucinations. It is worth stressing that prophecies appeared only in 1992 - one of them was apocalyptic and referred to destruction of the world. The rapid

appearing of 'pope' in positive symptoms in 1992 was interesting, considering the appointment of a Polish Pope in 1978. Other topics appeared sparsely: Czestochowa (the most famous Polish monastery) and 'pope' were present only in the years 1932 and 1992.

Table 6 considers all major esoteric representations of the Catholic faith. Delusions of evil (including the practice of Satanism) dominate over all representations of good. The figure of Satan follows the same pattern of the vision of God, though not in similar numbers. With the exception of Mary (who remains constant), there is a sharp decrease after World War II (1952) in belief in all major religious figures, positive and negative. Visions of all figures rise after that time though, returning to near pre-war levels. With the passage of time, a belief in contact with ghosts diminishes, in contrast to the belief in an afterlife, which rises.

Table 4. Incidence of positive symptoms involving Catholic representative entities. There is differentiation between vision, interaction with and identification as entity. The category Mary encompasses all incarnations of Mary, the mother of Christ. Results are expressed as patient percentage in every analyzed period

| Positive symptoms subject | 1932 (%) | 1952 (%) | 1972 (%) | 1992 (%) | Total (%) |
|----------------------------|----------|----------|----------|----------|-----------|
| Vision of God | 17 | 6 | 14 | 16 | 13.3 |
| Vision of Mary | 6 | 6 | 8 | 6 | 6.5 |
| Vision of Christ | 10 | 6 | 8 | 4 | 7 |
| Vision of Holy Spirit | 3 | 2 | 3 | 0 | 2 |
| Names of saints | 6 | 2 | 3 | 1 | 3 |
| Contact with God | 3 | 0 | 10 | 5 | 4.5 |
| Contact with Mary | 4 | 4 | 7 | 3 | 4.5 |
| Contact with Christ | 1 | 6 | 6 | 3 | 4 |
| Contact with Holy Spirit | 2 | 2 | 3 | 0 | 1.8 |
| Contact with saints | 4 | 4 | 6 | 1 | 3.8 |
| Identification with God | 5 | 2 | 1 | 3 | 2.8 |
| Identification with Mary | 1 | 0 | 2 | 2 | 1.4 |
| Identification with Christ | 6 | 2 | 2 | 2 | 3 |
| Identification with saints | 2 | 2 | 0 | 0 | 1 |
| Being saint | 2 | 0 | 3 | 4 | 2.8 |

Table 5. Incidence of positive symptoms involving religious symbols. Within this category is further subdivision including the Bible, related Biblical prophecy and visions of Biblical figures or clergy. Results are expressed as patient percentage in every analyzed period

| Positive symptoms subject | 1932 (%) | 1952 (%) | 1972 (%) | 1992 (%) | Total (%) |
|--------------------------------|----------|----------|----------|----------|-----------|
| Church | 2 | 6 | 5 | 1 | 3.5 |
| Cross, Holy Water | 4 | 2 | 1 | 1 | 2 |
| Mass | 0 | 2 | 6 | 1 | 2.3 |
| Prayer | 3 | 0 | 1 | 2 | 1.5 |
| Pope | 2 | 0 | 0 | 3 | 1.3 |
| Identification with Pope | 1 | 0 | 0 | 1 | 0.5 |
| Priest | 0 | 0 | 2 | 1 | 0.8 |
| Czestochowa (Polish monastery) | 1 | 0 | 0 | 2 | 0.8 |
| The Bible | 0 | 0 | 1 | 2 | 0.8 |
| Biblical prophecy | 0 | 0 | 0 | 2 | 0.5 |
| Biblical citation | 0 | 0 | 2 | 4 | 1.5 |
| Biblical events | 6 | 2 | 2 | 3 | 3.3 |
| Biblical persons* | 19 | 12 | 15 | 10 | 14 |
| Apocalypse/End of the world | 1 | 6 | 5 | 1 | 3.3 |

* i.e., persons from the Old and New Testament including Christ and the Virgin Mary

Table 6. Incidence of positive symptoms involving religious/transcendental practices. Contact with devils and angels were grouped in this category. Results are expressed as patient percentage in every analyzed period

| Positive symptoms subject | 1932 (%) | 1952 (%) | 1972 (%) | 1992 (%) | Total (%) |
|---------------------------|----------|----------|----------|----------|-----------|
| Afterlife | 1 | 4 | 2 | 4 | 2.8 |
| Heaven | 1 | 4 | 2 | 3 | 2.5 |
| Hell | 3 | 4 | 3 | 1 | 2.8 |
| Eternal damnation | 0 | 0 | 0 | 1 | 0.3 |
| Visions of Satan/devil | 8 | 4 | 6 | 6 | 6 |
| Visions of angels | 4 | 2 | 4 | 0 | 2.5 |
| Contact with devil | 7 | 4 | 3 | 2 | 4 |
| Contact with angel | 3 | 2 | 3 | 0 | 2 |
| Contact with ghosts | 7 | 4 | 5 | 1 | 4.3 |
| Black magic/Satanism | 1 | 0 | 1 | 0 | 0.5 |

DISCUSSION

Religious subjects in delusions and hallucinations are commonly found in schizophrenia. For 45% of patients religion may be central in their lives, and 60% may use religion to cope with their illness (Mohr et al. 2007). In the study of Siddle et al. (2002), 24% of schizophrenic patients have religious delusions. In the study of Rudaleviciene et al. (2008) among 295 in-patients, 63.5% were having religious delusions. In this study the average percentage of positive subjects was 46.8%. The different pattern of content of delusions and hallucinations showed in transcultural studies may relate to different religious traditions in different time and place and possibilities (Kim et al. 2001). The differences can also result from varying sociocultural, political and historical backgrounds of different nations.

Despite the fact that the prevalence of religious topics in the study was relatively high, there was a progressive decrease in the percentage of schizophrenic patients experiencing any religious delusion or hallucination. While this can be correlated to a cultural movement away from Catholicism to a more secular society, it bears noting that Catholicism was the dominant religion in Poland, though the percentage of active Catholics fluctuated throughout the century (census of 1921: 65% Catholic, 1988: 92% Catholic, 2003: 95.8%).

The classification of positive symptoms considered the entity, the object or the procedure which was the basis of the delusion or hallucination. From this, a subject's interaction with the symptom (appearance, interaction, substitution of self as delusion) was identified.

In all examined periods, a long-term process of progressive change in religious phenomenology of paranoid schizophrenia is seen. This includes the decreasing incidence of the following topics: identification with God, Christ or Mary; biblical persons and events, names of saints, and church. The changes may evidence an unstable pattern of religious content presented by patients with schizophrenia over the examined period.

Changes in religious content of delusions in time were also found in a German retrospective study, done

by Pfaff et al. (2002). It was conducted in two groups of 132 and 151 patients with schizophrenia treated for paranoid schizophrenia from 1980-1985 and 1980-1983, respectively. Prior to German re-unification, religious delusions were significantly less frequent in East Berlin - 11.6% as opposed to 28.6%. The authors conclude that religious delusions are a secondary phenomena in schizophrenia, and not inherent to the illness process.

The absence of angels and the Holy Spirit in 1992 is highly unusual. Both entities are tightly connected to contact, so they may be considered as a measure of personal interaction with religion. The second, short-term process occurs right after the Second World War. In this period the increase of the following topics can be found: end of the world delusions, hell, heaven and afterlife and delusional contact with Christ. Moreover, the lack of delusional contact with God, the decrease of frequency of the names of Christ or God and identification with Christ or God can be included. The possible interpretation is that after the war (and probably during) patients with schizophrenia either looked for the contact with a God existing outside of them or stopped believing in God, altogether. Similar 'back to God' movements or disbeliefs are normal human reactions in critical events in history and, as themselves, can be considered the elements of 'normal' (mentally healthy) religiosity. This short-term, post-war process appears to be the immediate after-effect of the horror of war. Hell on earth, end of the world and as compensation heaven and afterlife may be symbolic words of language describing the deformed world which the patients are experiencing, which positive symptoms in schizophrenia are considered to be (Bovet & Parnas 1993). Recapitulating, in the post-war period, elements of 'normal' religiosity accompany apocalyptic subjects of a paranoid phenomenon. The prophecy of the end of the world, appearing in 1992, may be the manifestation of the fear of total disaster at the end of the century. This fear was commonly experienced at the end of every century or millennium.

In opposition to the loss of religious topics, there is an increased frequency in the delusional judgment of being saints, which is seen over time. It is connected with the decrease of incidence of both the names of

historical saints, contact and identification with them. With the passage of the time, subjects may have begun a process of self-deification, causing a loss of holiness applied to a saint, and transfer to living individuals.

There is a question of why evil may dominate over good in paranoid delusions and hallucinations. The possible explanation comes from Jungian psychology. The Jungian archetypal shadow, the manifestation of eternal evil, can affect the human psyche and sometimes even possess it. Perhaps the paranoid schizophrenia process facilitates the subject to be influenced by the archetypal shadow.

The stable presence of the Holy Virgin in paranoid positive symptoms may be the reflection of the particular cult of Christ's mother in Poland, where the Holy Virgin is called the 'Queen of Poland'. In the same way the rapid appearance of 'pope' and identification with him in 1992 refers to recent historical events. The Pope, elected in 1978, was a Pole. The appearance of Zeus, Isis and Jehovah is quite surprising, because Christianity is the prevailing religion of Poland. Their presence may coincide with the increasing activity of different New Religious Movements and religious formations in Poland over the last three decades.

The limitation of the study is its retrospective character, the data was extracted from archive files that were not always complete. It is the opinion of the authors that further monitoring of religious positive symptoms in paranoid schizophrenia is warranted.

CONCLUSIONS

The prevalence of religious topics reaches 50% and changes over time.

There is a progressive decrease in the percentage of patient with schizophrenia experiencing religious topics of delusions or hallucinations over the studied time period.

The construct of delusions is related to the social culture of the society studied.

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