



Schizophrenia, Spirituality, and Religion

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Abstract

Background: The impact of religion and spirituality on schizophrenia patients' lives is significant yet understudied. Religion can provide hope and purpose but also lead to spiritual distress and delusions. It influences psychopathology, social integration, and treatment outcomes, serving as an effective tool in managing the illness.

Objective: This review assesses the link between schizophrenia, spirituality, and religion.

Methods: The study utilized electronic searches on schizophrenia, mental health, religion, religiosity, religious practices, and spirituality using PubMed and Google Scholar. Relevant articles were identified, including those assessing religion and caregivers of schizophrenia patients. Additionally, textbooks related to schizophrenia, religion, and spirituality were included.

Results: Religion, faith, and spirituality intertwine as integral aspects of human experience, influencing beliefs, behaviors, and mental health. Recognizing their significance, clinicians must navigate their role in patient care while respecting diverse beliefs. The interaction between religiosity and schizophrenia presents complexities, impacting treatment adherence and outcomes, necessitating a holistic approach to psychiatric care.

Conclusion: Religion significantly impacts individuals, including those with psychosis, offering both support and complexities in mental health. Clinicians must acknowledge and address religious aspects sensitively, as they can influence coping mechanisms but also pose risks such as non-adherence to treatment and potential for harm. Integrating religious considerations into clinical practice is crucial for providing holistic mental health care.

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INTRODUCTION

The issue of mental disorders remains an unresolved health problem to this day. According to data from the World Health Organization¹, the prevalence of mental disorders worldwide is approximately 24 million people or about 1 in 300 individuals. Among the adult population, the prevalence is around 1 in 222 individuals. Additionally, the National Institute of Mental Health reported in 2018 that there are over 51 million people globally diagnosed with schizophrenia, accounting for 1.1% of the population above the age of 8². The lifetime prevalence of schizophrenia worldwide is similar, ranging from 0.28% to 0.6%. Schizophrenia patients are rarely encountered both before adolescence and after the age of 40³.

Schizophrenia is a severe disorder that can impair academic and professional performance on a global scale. It is also one of the top 15 leading causes of disability worldwide. Although the incidence of schizophrenia is documented in relatively minor numbers compared to other forms of mental illness, individuals with schizophrenia have a higher tendency to increase the risk of suicide. In Indonesia, the prevalence of schizophrenia was 1.3 cases per thousand in 2013, while in 2018, it reached 7 cases per thousand⁴. Schizophrenia is one of the most common forms of psychotic mental disorders. It affects the thoughts, feelings, and behaviors of individuals⁵.

Schizophrenia is often a chronic condition that impairs various aspects of a patient's life⁶. The treatment of schizophrenia commonly follows a biopsychosocial model, involving the administration of antipsychotic medication and psy-

chological interventions for patients as well as family interventions. The management model for schizophrenia not only consists of the patient's religious beliefs⁷. However, religion and spirituality play a significant role in the lives of individuals with schizophrenia. Considering this condition, this review aims to evaluate the relationship between schizophrenia, spirituality, and religion.

METHODS

Electronic searches were performed for this publication using Google Scholar and PubMed. Search phrases that were utilized included mental health, spirituality, religion, religiosity, and schizophrenia. Different combinations of these terms were used, and all pertinent articles were found. Included were articles that evaluated different facets of religion in relation to schizophrenia. The articles that evaluated religion and those who care for people with schizophrenia, however, were excluded from our analysis. Additionally, textbooks on spirituality, religion, and schizophrenia are used.

RESULTS

Religion, Faith, and Spirituality

Religion is a doctrine system that regulates the doctrine (belief) and worship of the Almighty God, as well as the rules related to human and human interaction and its environment. In its development, religion can no longer be viewed as merely imagined subjectively or reduced to individual beliefs and worship practices⁸. Instead, religion is now understood as an integral part of culture and social systems⁹.

Faith significantly impacts one's inner state by enhancing self-belief, strengthening patience in facing life's challenges, providing a sense of security and peace of mind, stimulating tranquility within the heart, and creating happiness¹⁰. Spirituality, often used interchangeably with religion, can mean a sense of interconnectedness, that life has a purpose, and that these views can facilitate personal development¹¹. Participation in religious rituals plays a form of psychological therapy for individuals experiencing dissatisfaction in their existence¹². Cultivating spirituality means engaging in mental or spiritual refreshment to enhance belief or faith, awareness of divinity, and a sense of connection with God⁹.

Religion, Spirituality, and Their Role in Quality of Life

Since ancient times, the relationship between spirituality or religion and mental and physical

health has been recognized. However, in the 19th and 20th centuries, particularly in psychiatry, the involvement of religion was viewed negatively, often associated with conditions like hysteria and neurosis, leading to a significant separation between religion and medicine. This condition separated religion and medicine, creating a negative attitude toward addressing spiritual beliefs and religion in clinical practice. Some studies in the 1970s and 1980s indicated that spirituality was associated with better mental health. Eventually, in 2016, the World Psychiatric Association advocated for the inclusion of spirituality in clinical meetings and training aimed at providing more holistic and comprehensive mental health care¹³. The World Health Organization (WHO) considers spirituality, religion, and individual beliefs essential to assessing quality of life¹⁴.

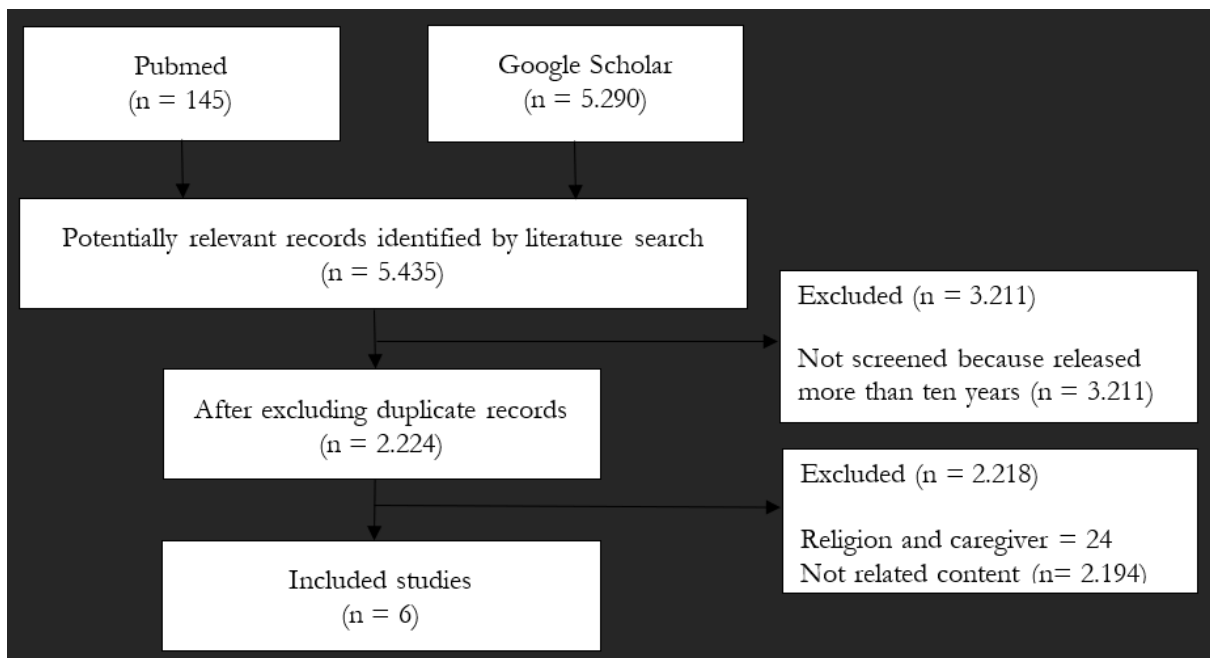


Figure 1. PRISMA Flowchart Showing Study Selection

Table 1. Data Extraction for Included Studies

Authors, Year	Method	Important Conclusions	Database Resources
Mohr et al., 2012 [8]	Semi-structured interview	These findings suggest that spirituality and religion are frequently used by outpatients with schizophrenia or schizoaffective disorder to manage their condition, usually in a positive way but occasionally in a negative way. These findings highlight how crucial it is for medical professionals to consider the spiritual and religious lives of their schizophrenic patients.	Pubmed NCBI
Gearing, et al., 2011 [9]	A systematic literature search of PsycINFO and MEDLINE databases from January 1, 1980 through January 1, 2010	Researchers and clinicians alike may benefit from understanding the association between religion and schizophrenia since it can increase treatment adherence and strengthen protective factors while lowering associated hazards. More comprehensive and methodologically sound research is needed to fully understand the relationship between religion and schizophrenia, particularly as it relates to treatment adherence and involvement.	Pubmed NCBI
Grover, et al., 2014 [7]	A literature review	religion influences the expression of schizophrenia symptoms, how patients seek treatment (using medical therapy through a psychiatrist or not), and the outcome of the treatment itself. Doctors rarely consider the importance of religion and religiosity aspects in patients and need to be included in the biopsychosocial model to create more comprehensive care.	Pubmed NCBI
Huang et al., 2011[10]	Cross-sectional design	the study highlighted the complex role of religion in the lives of schizophrenic patients and its impact on both mental health symptoms and treatment approaches	Pubmed NCBI
Nolan, et al., 2012 [11]	Descriptive bivariate statistics and controlled analyses.	Increased understanding of the significance of religion for this demographic could lead to better community assistance and treatment that is culturally competent.	Pubmed NCBI
Mohr et al., 2011 [12]	Longitudinal design over three years.	Helpful religious coping was associated with better outcomes in schizophrenia, including fewer negative symptoms, improved clinical impressions, better social functioning, and enhanced quality of life. In contrast, harmful religious coping did not show significant effects on these outcomes, likely due to the small number of patients in this category. When used positively, spirituality can serve as a resource for recovery.	Pubmed NCBI

Various mechanisms may connect religiosity and spirituality with health outcomes¹⁵. The World Health Organization (WHO) designed a scale known as the World Health Organization Quality of Life-Spirituality, Religiousness, and Personal Belief Scale (WHOQOL-SRPB), considering the importance of religion and spirituality¹⁶. Additionally, multidimensional measurement tools have been developed focusing on the domains of religiosity and spirituality that can influence health. Another measurement tool is the HOPE questionnaire (H for sources of hope, strength, meaning, O for organized religion, P for spirituality and personal practices, and E for effects on medical care) that can assist in formal spiritual assessment during clinical interviews¹⁷.

Despite the challenges in understanding spirituality, especially because scientific studies often reduce human spiritual experiences, efforts to foster and develop spirituality remain essential and are a fundamental human need. This condition is based on several research findings indicating that unmet spiritual needs often become a source of psychological problems for individuals. In another study, results were obtained that none of the various patients in that research had a primary problem unrelated to the religious dimension. Many people experience psychological difficulties due to a lack of religious or spiritual experiences in their lives. Jung's statement suggests that spiritual issues are not only a fundamental human need but can also serve as a specific alternative in addressing an individual's psychological problems. This statement underscores the importance of developing, understanding, and exploring spirituality, regardless of its source or the meaning attributed to it. In this context, while religion guides what an individual should do

(behavior or actions), spirituality complements religious teachings by understanding who and what an individual is (identity and awareness)¹⁸.

Religion and Psychosis

Psychosis is a severe mental disorder that causes a person to lose contact with reality. The main symptoms of psychosis include delusions, hallucinations, disturbed thoughts, and disorganized behavior. Someone with a psychosis disorder may experience delusions, which are false and irrational beliefs, as well as hallucinations, which are perceptions that do not exist in reality, such as hearing voices or seeing something that isn't there. Psychosis can be a symptom of various mental disorders, including schizophrenia, bipolar disorder, and some other psychotic disorders. Many individuals with schizophrenia are afraid to disclose their religious or spiritual beliefs to clinicians for fear of being hospitalized due to religious delusions¹⁹. Treatment for psychosis often involves medication therapy and psychosocial support²⁰.

Religion and spirituality are unique aspects that need to be considered in individuals with schizophrenia²¹. Religious delusions are religious beliefs outside cultural norms that are disruptive, unusual, and persistent²². Beliefs in the existence of the supernatural are common worldwide, so beliefs related to religion can manifest in psychotic phenomena, including particular messages or direct communication with God, divine assignments, hearing God's voice, and becoming God or one of the supernatural beings²³. It is important not to always link a patient's religious beliefs with psychotic delusions but to ensure the existing cultural context. Sometimes, individuals with religious beliefs can help alleviate their fears

and even lead them to participate in worship communities, expanding their social interactions¹¹.

Research from Switzerland provides data that one in three patients with schizophrenia is involved in religious communities, and 10% of patients are part of minority religious movements²¹. In India, many individuals with mental health issues seek assistance from spiritual experts²⁴. Assistance from spiritual experts is even more prioritized because schizophrenia is considered to be culturally linked²⁵. High levels of spirituality are also a reason why patients rarely choose psychiatric treatment²⁶. Research from other countries examining religious practices in patients with mental disorders shows that this is common in Europe and North America. Other studies also indicate that 91% of patients are involved in religious activities, and 68% participate in public religious services²⁷.

Some studies comparing religious practices in patients with schizophrenia and the general population indicate higher religious involvement among patients¹⁹. However, other research shows lower religious involvement among schizophrenia patients²⁸. Nevertheless, traditions in various parts of the world accept the above. Therefore, clinicians need not directly link religious delusions with psychosis but instead first assess the cultural context of the patient and may inquire about this from family members, religious figures, or academics specializing in religious studies. Not all religious expressions in individuals with schizophrenia are considered pathological and targets for treatment¹¹.

Sometimes, a resurgence of faith during illness can help patients reduce fear and have a

protective effect. The risk of suicide is lower in patients with strong beliefs in traditions that prohibit suicide. Substance abuse is also reduced because many religions prohibit such behavior¹¹. Religious delusions in patients with psychotic disorders have a poor prognosis. However, non-delusional religious beliefs generally lead to better outcomes and improvements in managing psychotic symptoms¹³. Support from religion and spirituality is also known to be associated with better recovery and lower relapse rates. However, in some patients, high levels of religiosity are associated with a higher risk of suicide attempts. Nevertheless, patients with religious delusions receive less support from the religious community⁷.

Religions and Clinicians

Research on the relationship between religion and schizophrenia is still limited and often overlooked in mental health assessments, diagnostic procedures, and management²⁹. In this regard, clinicians' beliefs and religious practices can influence how they assess and interact with patients. Clinicians need to explore patients' religious backgrounds. They also need to respect the patient's need for spiritual support without imparting specific beliefs. Furthermore, clinicians should avoid stating to patients that every religious expression is pathological, as it can hinder the patient's opportunity to experience the benefits of religion or spirituality¹¹.

When assessing and treating patients, the biopsychosocial model usually does not take the patient's religion into account³⁰. But in the treatment of schizophrenia that has considered the significance of religion and spirituality, these factors have an impact on health outcomes through behavioral (a healthy lifestyle is

linked to spirituality), social (religious groups provide supportive communities), psychological (beliefs), and physiological (religious practices induce relaxation response) aspects³¹.

A framework for assessing the spiritual and cultural components of psychiatric assessment is provided by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) formulation. The DSM-5's cultural formulation encompasses the following: cultural identity, psychosocial stressors, cultural features of vulnerability and resilience, elements of the relationship between the individual and the clinician, cultural conceptualization of distress (cultural explanations of the individual's illness); and overall cultural assessment (for diagnosis and treatment)³².

Spirituality and the Relationship between Treatment Adherence

Research using samples from Canada, the US, and Switzerland indicates that religious activity among schizophrenia patients is associated with better adherence to psychiatric treatment²¹. A study conducted in Switzerland found that 31% of the research sample stated that religion influenced positive symptoms, such as thoughts like "This illness is part of God's plan and guides me to a better path" (Paranoid schizophrenia patient, 28 years old), or "This illness is a gift from God to lead me to a religious life" (Paranoid schizophrenia patient, 51 years old). Meanwhile, 26% of the sample reported that religion impacted negative symptoms, such as "This illness is a punishment from God for my sins" (Paranoid schizophrenia patient, 30 years old) or "This illness is from the devil telling me to mutilate myself" (Paranoid schizophrenia patient, 26 years old). Religion and spirituality contribute

to shaping illness representations and attitudes toward medical treatment in schizophrenia patients. Medical treatments psychiatrists recommend may conflict with certain teachings of various religious groups³³.

Several studies in Indonesia have shown that the level of spirituality has a significant impact on individuals who have schizophrenia. Based on research on the Influence of Spiritual Therapy Implementation on Patients' Ability to Control Violent Behavior, the results indicate a significant impact of spiritual therapy implementation on patients' ability to control violent behavior. Before the spiritual therapy, there were nine patients with the ability to control violent behavior, while after the treatment, there were 11 patients³⁴. Another research on meeting spiritual needs in schizophrenia patients, with 69 respondents, found that 46 respondents, or 66.7%, were categorized as having good spiritual needs fulfillment. In comparison, the remaining 23 respondents, or 33.3%, were classified as having poor fulfillment³⁵. However, other research data suggests that religion is associated with poor treatment adherence. Patients experiencing delusions or hallucinations related to religion are more likely to accept non-medical treatments such as religious-magical healing, feel dissatisfied with psychiatric treatment, and tend to be non-compliant with treatment. Some studies claim that religion is associated with good treatment adherence, while others mention that religion is associated with poor adherence to psychiatric medical treatment⁷.

DISCUSSION

The literature review delves into the intricate interplay between religion, spirituality, and

schizophrenia, highlighting their significant roles in shaping individuals' experiences and treatment outcomes. Religion is not merely viewed as subjective imagination but as an integral part of culture and social systems, influencing various aspects of individuals' lives. Similarly, spirituality, often used interchangeably with religion, fosters a sense of interconnectedness, purpose, and personal development, contributing to mental and physical well-being.

Over time, the perception of spirituality and religion in mental health care has evolved. Their significance perception has been increasingly recognized, initially viewed negatively, particularly in psychiatry. Research suggests that spirituality is associated with better mental health outcomes, prompting organizations like the World Psychiatric Association and the World Health Organization to advocate for their inclusion in clinical practice. Various measurement tools, such as the WHOQOL-SRPB scale and the HOPE questionnaire, have been developed to assess their impact on individuals' quality of life and health outcomes.

However, the relationship between religion, spirituality, and schizophrenia is complex. While some individuals find solace and support in religious communities, others may experience religious delusions that exacerbate their psychotic symptoms. Clinicians need to understand and respect patients' religious and spiritual beliefs, sensitively integrating them into treatment plans. Additionally, cultural considerations play a crucial role in assessing and addressing the spiritual needs of individuals with schizophrenia.

The literature also highlights diverse perspectives on the impact of religion and spirituality

on treatment adherence among schizophrenia patients. While some studies suggest a positive correlation between spirituality and treatment adherence, others indicate challenges, such as patients seeking non-medical treatments or experiencing religiously related delusions. Understanding these nuances is crucial for providing comprehensive and culturally sensitive care to individuals with schizophrenia.

Overall, the literature underscores the multifaceted nature of religion, spirituality, and their intersection with schizophrenia, emphasizing the importance of integrating these dimensions into mental health care practices while respecting individual beliefs and cultural contexts.

CONCLUSION

Religion plays a significant role in human life, including in the context of disorders such as psychosis and religious delusions. Although religious beliefs can provide support and comfort to sufferers, there is complexity in their relationship with mental health conditions. This reality underscores the importance of each individual's unique and sensitive approach to religious aspects. While religious beliefs can offer comfort and skills in coping with problems and provide protection from harmful actions like suicide or substance abuse, there are also risks associated with religious delusions. These risks include the potential to trigger violence, suicide attempts, and non-adherence to medical treatments. Findings indicate that the importance of religious aspects is often overlooked in clinical practice, including in the assessment, diagnosis, and treatment of mental disorders such as schizophrenia. Doctors and clinicians rarely recognize or integrate religious aspects into patient

care. Therefore, it is crucial for clinicians to increase their awareness and understanding of religious and spiritual issues in patients and to consider these in their assessment and mental health care.

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