

*Review Article***A narrative review of religious beliefs in schizophrenic patients: Recommendations for psychiatric nurses**Amir Hossein Goudarzian <sup>a\*</sup> 

a. Department of Psychiatric Nursing, School of Nursing and Midwifery, Tehran University of Medical Sciences, Tehran, Iran

**\*Corresponding author(s):** Amir Hossein Goudarzian (PhD), Department of Psychiatric Nursing, School of nursing and midwifery, Tehran University of Medical Sciences, Tehran, Iran.Email: [amir\\_sari@yahoo.com](mailto:amir_sari@yahoo.com)<https://doi.org/10.32598/JNRC.P.23.95>This is an open access article under the terms of the [Creative Commons Attribution-NonCommercial 4.0 License](https://creativecommons.org/licenses/by-nc/4.0/) (CC BY-NC 4.0).

© 2023 The Author(s).

**Abstract**

One area of interest in recent years has been the relationship between schizophrenia and religious. Religious beliefs in schizophrenic patients can take many forms. In this paper interactional effects of religion and schizophrenia are discussed. The article explores the diverse manifestations of religious beliefs in schizophrenic patients, from religious delusions and hallucinations to a deep sense of purpose and identity rooted in spirituality. It investigates the potential benefits and challenges posed by religious beliefs, considering the role they play in coping with the distressing symptoms of schizophrenia. Furthermore, the review underscores the significance of creating a supportive environment for patients to explore their religious beliefs and experiences, acknowledging the potential for personal biases among healthcare providers.

**Keywords:** Religion, Schizophrenia, Hallucinations, Delusions, Spirituality, Patients, Narrative Review.**1 | Introduction**

Schizophrenia, a complex and debilitating mental disorder, continues to challenge our understanding of its origins and mechanisms. Affecting approximately 1% of the global population, it manifests through a range of distressing symptoms, including hallucinations, delusions, disordered thinking, and a profound loss of motivation and interest in daily activities [1]. Despite significant advances in the field of psychiatry, the etiology and pathophysiology of schizophrenia remain enigmatic, spurring ongoing investigations into various facets of this perplexing condition [2]. One intriguing aspect of schizophrenia that has garnered increasing attention in recent years is the relationship between this disorder and religious beliefs. Individuals grappling with schizophrenia often exhibit diverse religious experiences, encompassing a spectrum of manifestations [3]. Some may report deep-seated religious convictions, perceiving themselves as chosen vessels for a divine mission, while others may contend with the distressing notion of being possessed by malevolent forces or

embroiled in intricate celestial conspiracies. For some, religious experiences take the form of vivid hallucinations, from seeing visions of angels to hearing the voice of a higher power [4]. The presence of religious beliefs within the context of schizophrenia introduces a complex and multifaceted dimension to the already challenging landscape of this mental disorder. These beliefs can be a source of solace and meaning for some individuals, providing a framework for coping with the tumultuous and often overwhelming symptoms of schizophrenia. However, for others, religious convictions can exacerbate their condition, intertwining with delusions and hallucinations to create a web of distressing experiences [5].

Religious beliefs, deeply personal and often central to an individual's identity, present a unique set of considerations for psychiatric nurses tasked with caring for individuals with schizophrenia. The role of psychiatric nurses in the treatment and support of individuals with this complex disorder is pivotal. Their ability to navigate the delicate interplay between religious beliefs

and schizophrenia can significantly impact patient outcomes and the overall quality of care provided [6]. This narrative review embarks on an exploration of religious beliefs in schizophrenic patients, seeking to shed light on this intricate relationship and to provide recommendations for psychiatric nurses. We delve into the manifestations of religious beliefs in schizophrenia, examine the potential benefits and challenges they pose, and outline essential considerations and strategies for psychiatric nurses in their care of individuals grappling with this complex intersection of faith and mental illness. Through this comprehensive examination, we aim to equip psychiatric nurses with the knowledge and insights necessary to provide compassionate, effective, and culturally sensitive care for individuals with schizophrenia who hold deeply rooted religious beliefs.

## 2 | Methods

In this narrative review that was done in 2023, International (PubMed, Web of Science, Scopus, Cochrane) and Iranian (SID and Magiran) databases were search without limitation of publication time. Terms including “Religious beliefs, mental health, schizophrenia, hallucinations, delusions, spirituality” were used for searching.

## 3 | Results & Discussion

Schizophrenic patients may exhibit a wide range of religious beliefs and experiences. These can encompass positive and negative manifestations. Some individuals with schizophrenia may hold deep religious convictions, finding solace and meaning in their faith [7]. They might feel chosen for a divine mission, believe in a special relationship with a higher power, or experience religious visions and voices. Others, however, may grapple with distressing religious delusions, believing they are possessed by demons, persecuted by religious conspiracies, or receiving harmful commands from divine figures [8].

Religious beliefs in schizophrenic patients can take many forms. Some patients may believe that they have a special relationship with God or that they have been chosen for a specific religious mission. Others may believe that they are possessed by demons or that they are the subject of a divine conspiracy. Still others may experience religious hallucinations, such as seeing visions of angels or hearing the voice of God. The presence of religious delusions in schizophrenic patients can be challenging for both the patient and their loved ones [9]. Religious delusions can be particularly distressing because they may challenge the patient's sense of identity and purpose. In addition, the patient may

feel a sense of isolation or rejection from their religious community if their beliefs are seen as extreme or heretical [1].

Religious beliefs and experiences are an important aspect of human culture and have been studied in various disciplines, including psychology and psychiatry. There is evidence to suggest that religious beliefs and practices can play a protective role in mental health, particularly in coping with stress and illness. However, there is also evidence to suggest that religious beliefs can exacerbate mental illness symptoms in some individuals [10, 11]. In the case of schizophrenia, the relationship between religion and symptomatology is complex and not well understood. Some studies suggest that religiosity may be higher in individuals with schizophrenia compared to the general population [7, 10]. Other studies have found no significant difference in religiosity between individuals with schizophrenia and the general population. For example, a study conducted in India found that there was no significant difference in religious beliefs and practices between individuals with schizophrenia and healthy controls [12].

There are several theories as to why individuals with schizophrenia may be more likely to have religious beliefs and experiences. One theory suggests that religious beliefs and practices may serve as a coping mechanism for individuals with schizophrenia, providing a sense of comfort and meaning in the face of the often overwhelming and distressing symptoms of the disorder [13]. Another theory suggests that religious beliefs and experiences may be a manifestation of the same cognitive processes that underlie delusions and hallucinations in schizophrenia, such as a heightened sensitivity to sensory stimuli or an overactive pattern recognition system. The increase in the sense of power in patients with schizophrenia under the influence of religious beliefs is another possible theory. Many of these patients with special religious and sometimes magical beliefs tend to gain power and a special position. It is important to note that while religiosity may be more common among individuals with schizophrenia, not all individuals with schizophrenia will have religious beliefs or experiences, and not all religious beliefs or experiences among individuals with schizophrenia are pathological. In the other word, having religious delusions or tendencies does not necessarily indicate that a person's beliefs are invalid [5]. However, in the context of schizophrenia, these beliefs may be more intense or irrational than what would be considered typical for someone without the disorder. It is important for healthcare providers to be aware of the potential for religious delusions and experiences among individuals with schizophrenia, and to approach these issues with sensitivity, empathy, and an understanding of the complex interplay between religion and mental illness [8].

In overall, the reasons for the higher prevalence of religiosity in some individuals with schizophrenia are not well understood. One possibility is that religious beliefs and practices provide a source of comfort and support for individuals coping with the distressing symptoms of schizophrenia. Religion may also provide a sense of meaning and purpose in life, which can be particularly important for individuals with schizophrenia who may struggle with feelings of isolation and hopelessness [5]. On the other hand, some researchers have suggested that religious beliefs and practices may exacerbate symptoms of schizophrenia, particularly when religious delusions and hallucinations are present. Further research is needed to better understand the relationship between schizophrenia and religion, and to develop interventions that are sensitive to the role of religious beliefs and practices in the lives of individuals with schizophrenia [14].

## 4 | Recommendations

### 4.1 | What should psychologists do?

Religious beliefs are deeply personal and can be central to a person's identity, meaning that psychologists must approach them with care and sensitivity. Here are some considerations for what psychologists should do with religious beliefs of schizophrenic patients. The first step is to acknowledge and respect the patient's religious beliefs. These beliefs may be different from the psychiatrist's or from the mainstream, but it is essential to recognize that they are real and meaningful to the patient. While religious beliefs can be a source of comfort and meaning for some, they can also be distressing and interfere with the patient's daily life. Psychologists should assess the impact of the beliefs on the patient's functioning and well-being. It can be challenging to distinguish between religious and delusional beliefs, especially since many religious beliefs involve supernatural phenomena [15]. However, it is important to make this distinction, as delusional beliefs require treatment while religious beliefs do not.

Delusional beliefs are often rigid, illogical, and inconsistent with reality, while religious beliefs are more flexible and compatible with reality. Religious beliefs can vary significantly depending on cultural and religious background. It is essential to understand the patient's cultural and religious background to provide culturally sensitive care. Schizophrenia is typically treated with antipsychotic medication and psychotherapy, regardless of the presence of religious beliefs. These evidence-based treatments can be effective in managing symptoms of schizophrenia, including religious delusions or beliefs. Treatment for schizophrenia is most effective when there is collaboration between the patient and the healthcare professional. Psychologists should work with

the patient to understand their religious beliefs, assess the impact on their functioning, and develop a treatment plan that is tailored to their needs and beliefs.

### 4.2 | What should psychiatric nurses do?

Psychiatric nurses play an important role in the care of individuals with schizophrenia, including those who may have religious beliefs and experiences that are complex or potentially exacerbating their symptoms. To effectively manage this issue, psychiatric nurses should take several steps. First, it is important for psychiatric nurses to recognize and acknowledge the role that religious beliefs and practices can play in the lives of individuals with schizophrenia. This may involve exploring the patient's religious beliefs and experiences in a sensitive and non-judgmental manner, and considering how these beliefs may impact their treatment plan. Nurses should be aware of the potential for religious delusions and hallucinations, and should take these symptoms seriously. Second, psychiatric nurses should work collaboratively with other members of the healthcare team to develop a comprehensive treatment plan that addresses the patient's physical, psychological, and spiritual needs. This may involve incorporating elements of religious or spiritual practice into the patient's treatment plan, such as prayer or meditation, if it is deemed appropriate and helpful. Third, psychiatric nurses should provide education and support to patients and their families regarding the role of religion in mental health. This may include educating patients and families about the potential benefits and risks of religious beliefs and practices, and providing resources for patients who may be struggling with religious issues related to their mental illness. Fourth, psychiatric nurses should work to create a safe and supportive environment for patients to explore their religious beliefs and experiences. This may involve creating opportunities for patients to discuss their beliefs with healthcare providers or other patients who may share similar beliefs, or providing access to religious or spiritual resources [5].

### 4.3 | Limitations

Narrative reviews do not adhere to a systematic methodology for data collection and analysis, as systematic reviews do. This lack of a structured approach can lead to subjective interpretations and may not provide a comprehensive overview of the literature. Unlike systematic reviews, which employ rigorous criteria for data extraction and quality assessment, narrative reviews may lack the same level of objectivity. Authors' personal biases and interpretations can influence the review's findings. Narrative reviews often provide a broad overview of a topic but may not delve deeply into specific subtopics or address all relevant aspects

comprehensively. This limitation can hinder a nuanced understanding of the subject matter.

## 5 | Conclusions

Finally, psychologists and psychiatric nurses should be aware of their own personal beliefs and biases regarding religion and mental illness, and should work to provide care that is respectful and supportive of all patients, regardless of their religious or spiritual beliefs. By recognizing the role that religious beliefs and practices can play in the lives of individuals with schizophrenia, and working to provide care that is respectful and supportive of all patients, psychiatric nurses can play a key role in promoting the mental health and wellbeing of individuals with schizophrenia.

## Acknowledgements

Not applicable.

## Authors' contributions

Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work: AHG; Drafting the work or revising it critically for important intellectual content: AHG; Final approval of the version to be published: AHG; Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved: AHG.

## Funding

Self-funded.

## Ethics approval and consent to participate

Not applicable.

## Competing interests

We do not have potential conflicts of interest with respect to the research, authorship, and publication of this article.

## Availability of data and materials

The datasets used during the current study are available from the corresponding author on request.

## References

1. Loewenthal KM, Cinnirella M. Religious Issues in Ethnic Minority Mental Health: Special Reference to Schizophrenia in Afro-Caribbeans in Britain: a Systematic Review. *Main Issues in Mental Health and Race*: Routledge; 2019. p. 108-134.

- Habtewold TD, Rodijk LH, Liemburg EJ, Sidorenkov G, Boezen HM, Bruggeman R, et al. A systematic review and narrative synthesis of data-driven studies in schizophrenia symptoms and cognitive deficits. *Transl Psychiatry*. 2020;10(1):244.
- Grover S, Davuluri T, Chakrabarti S. Religion, spirituality, and schizophrenia: a review. *Indian J Psychol Med*. 2014;36(2):119-124.
- Irawati K, Indarwati F, Haris F, Lu JY, Shih YH. Religious Practices and Spiritual Well-Being of Schizophrenia: Muslim Perspective. *Psychol Res Behav Manag*. 2023;16:739-748.
- Patel A, Barot CK, Vankar G, Pal S. Acting on delusions in patients suffering from schizophrenia. *Arch Psych Psych*. 2019;21(4):52-61.
- Amadi KU, Aguocha CM, Attama MC, Onu JU, Odinka PC, Nduanya CU, et al. Religiosity and treatment adherence among out-patients with schizophrenia. *Ment Health Relig Cult*. 2021;24(5):493-503.
- Loch AA, Freitas EL, Hortêncio L, Chianca C, Alves TM, Serpa MH, et al. Hearing spirits? Religiosity in individuals at risk for psychosis-Results from the Brazilian SSAPP cohort. *Schizophr Res*. 2019;204:353-359.
- McKay RT, Ross RM. Religion and delusion. *Curr Opin Psychol*. 2021;40:160-166.
- Erduran-Tekin Ö. The impact of spirituality and spiritually-oriented therapeutic interventions on schizophrenia patients. *Spiritual Psychol Couns*. 2019;4:309-320.
- Pargament KI, Lomax JW. Understanding and addressing religion among people with mental illness. *World Psychiatry*. 2013;12(1):26-32.
- Anderson-Schmidt H, Gade K, Malzahn D, Papiol S, Budde M, Heilbronner U, et al. The influence of religious activity and polygenic schizophrenia risk on religious delusions in schizophrenia. *Schizophr Res*. 2019;210:255-261.
- Chaturvedi S, Gopinath P, Murali T. Quality of life of chronic schizophrenic patients in India. *Qual Life Res*. 1995:409.
- Zimamuzzaman A, Azizah N, Algristian H. The role of Religion and spirituality in managing residual Schizophrenia: article review. *Int Islam Med J*. 2021;3(1):45-50.
- Kazemi M, Haghparast A, Jafari F, Neisi L. The Relationship between Irrational Beliefs and Quality of Life in Schizophrenic Patients. *Clin Schizophr Relat Psychoses*. 2021;15(4):1-4.
- Ibrahim Awaad M, Mohsen Ibrahim N, Naguib RM, Khalil SA, Elhabiby M, Khaled Mohamed Z. Role of traditional healers in the pathway to care of patients with schizophrenia in Egypt. *Int J Soc Psychiatry*. 2020;66(4):382-388.

**How to cite this article:** Goudarzian AH. A narrative review of religious beliefs in schizophrenic patients: Recommendations for psychiatric nurses. *J Nurs Rep Clin Pract.* 2023;1(3):143-147.  
<https://doi.org/10.32598/JNRCP.23.95>.