



Review

Association of religion with delusions and hallucinations in the context of schizophrenia: Implications for engagement and adherence

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ABSTRACT

Objective: The relationship of religion and schizophrenia is widely acknowledged, but often minimized by practitioners and under investigated by researchers. In striving to help fill this gap, this paper focuses on examining four aims: 1) how research has investigated the association between religiosity and schizophrenia; 2) how is religiosity associated with delusions and hallucinations; 3) what are the risk and protective factors associated with religiosity and schizophrenia; and 4) does religion influence treatment adherence with individuals diagnosed with schizophrenia.

Methods: A systematic literature search of PsycINFO and MEDLINE databases from January 1, 1980 through January 1, 2010 was conducted using the terms schizophrenia, schizoaffective, schizophreniform, psychotic disorder not otherwise specified (NOS) and religion, religiosity, spirituality, or faith. Seventy ($n = 70$) original research studies were identified.

Results: Religion can act as both a risk and protective factor as it interacts with the schizophrenia symptoms of hallucination and delusions. Cultural influences tend to confound the association of religion and schizophrenia. Adherence to treatment has a mixed association with religiosity.

Conclusion: The relationship between religion and schizophrenia may be of benefit to both clinicians and researchers through enhancing adherence to treatment, and enhancement of the protective aspects while minimizing associated risk. The relationship of religion and schizophrenia needs further research that is more nuanced and methodologically rigorous, specifically concerning its influence on engagement and adherence to treatment.

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1. Introduction

Religion and spirituality exert a significant role in the lives of many individuals, including people managing a schizophrenia spectrum disorder. Despite religion maintaining an enduring theme for individuals with a psychotic condition (Ng, 2007), this association is often under-studied, minimized, or ignored in mental health assessment, diagnoses, and treatment, despite its often shaping representations of schizophrenia (Borras et al., 2007). Further, research has found aspects of religion and

spirituality as both a strength and a liability for individuals with a psychotic condition (Koenig, 2009). According to Koenig (2009), religion is conceptualized as an organized and established set of sacred beliefs, practices, and rituals practiced by a group of people, whereas spirituality is often interpreted as a more individualized and personal structured set of beliefs. However, these terms often share similar constructs (Koenig, 2009). As this review focuses on religiosity, specifically structured religious affiliation, both terms are incorporated interchangeably. This comprehensive review was conducted to more fully understand the nuanced association between religion and schizophrenia, specifically delusions, hallucinations, and treatment adherence (Table 1).

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Table 1

Literature summary and demographics.

Author	Year	Country	Method ^a	Comparison	Follow-up (months)	N	Age (years)	Male (%)	Del.	Hal.	Risk	Prot.
Ahmad & Naeem	1984	Pakistan, Saudi Arabia, UK	Q	✓		80	31.5	68				
Al-Krenawi	1999	Israel	Q, I, C			60	33.3 ^b	40				
Appelbaum et al.	1999	US	Q, I, C	✓		1,136	29.0 ^c	N/A	✓			
Atallah et al.	2001	Egypt	C	✓		913	33.0	71	✓	✓	✓	
Azhar et al.	1995	Malaysia	Q, I	✓		270	N/A	N/A	✓			
Borras et al.	2007	Switzerland	Q, I, C	✓		103	38.0	68			✓	✓
Borras et al.	2008	Switzerland	Q, I, C	✓		112	38.0	71				✓
Brewerton	1994	US	C	✓		50	35.3	62	✓	✓	✓	
Campion & Bhugra	1997	India	Q, I			198	44.5 ^c	60				
Cohen et al.	2004	US	Q, I	✓		1,027	67.3 ^b	36			✓	
Compton & Furman	2005	US	I			18	22.3	89			✓	
Conrad et al.	2007	Germany, Jordan	Q, I	✓		47	38.2 ^b	60			✓	
Cothran & Harvey	1986	US	Q, I	✓		94	N/A	N/A	✓			
Coton et al.	2008	Cambodia	Q	✓		104	32.5 ^c	50				
Davies et al.	2001	UK	Q	✓		102	33.0 ^b	35		✓		
Drinnan & Lavender	2006	UK	I			7	41.0	86	✓		✓	✓
Farooqi	2006	Pakistan	Q, I			87	44.0 ^c	38				
Flics & Herron	1991	US	Q, I			152	46.5 ^c	37			✓	✓
Gaite et al.	2002	Denmark, Italy, Netherlands, Spain, UK	Q, I	✓		404	41.8	57				✓
Getz et al.	2001	US	Q, I, C	✓		133	32.0 ^b	62°	✓		✓	
Greenberg & Brom	2001	Israel	C			302	22.4 ^b	100		✓	✓	
Hempel et al.	2002	US	I, C	✓		148	37.7 ^b	86	✓	✓		
Huguelet et al.	1997	Switzerland	I, O	✓	60	67	27.0 ^b	57				✓
Huguelet et al.	2006	Switzerland	I	✓		100	39.0	74			✓	✓
Huguelet et al.	2007	Switzerland	Q, I, C	✓		145	41.5 ^c	62	✓	✓	✓	✓
Hultsjö et al.	2007	Sweden	I	✓		22	43.0 ^c	59				✓
Humberstone	2002	New Zealand	I			13	N/A	77				✓
Jarbin & Von Knorring	2004	Sweden	Q, I, C		120	84	26.5	50				✓
Jones & Watson	1997	UK	I	✓		60	31.0 ^b	N/A	✓			
Kent & Wahass	1996	Saudi Arabia, UK	Q, I	✓		75	42.5 ^c	76		✓		
Khan & Pillay	2003	UK	Q, I	✓		61	40.5 ^c	67				
Kim et al.	2001	China, Korea, Taiwan	I	✓		430	34.7	58				
Kim et al.	1993	China, Korea	I	✓		771	35.8 ^b	44°	✓			
Kirkpatrick	2001	US	I			10	34.7	80				✓
Kirov et al.	1998	UK	I		36	52	35.2	50				✓
Kulhara et al.	2000	India	Q, I			40	32.4	48	✓			
Littlewood & Lipsedge	1981a	UK	C			244	30.0 ^c	N/A				
Littlewood & Lipsedge	1981b	UK	Q, I	✓		24	N/A	N/A	✓	✓		✓
Makanjuola	1982	Nigeria	I		3	57	28.8	0			✓	
Miller & McCormack	2006	US	I		12	77	23.0	69	✓	✓	✓	✓
Mohr et al.	2006	Switzerland	Q, I			115	39.0	70	✓	✓	✓	✓
Mohr et al.	2007	Switzerland	Q, I, C			115	39.0	70			✓	✓
Moss et al.	2005	US	Q, I			195	31.3 ^b	45°			✓	
Murphy & Vega	1982	Ireland	C	✓		N/A	39.9	N/A			✓	
Murray-Swank et al.	2007	US	Q, I	✓		201	50.1	49				✓
Narayanan et al.	1986	India	Q			150	N/A	N/A				
Neeleman & Lewis	1994	UK	Q	✓		98	37.7 ^b	55				✓
Nimgaonkar et al.	2000	Canada	C	✓		N/A	N/A	N/A				
Peters et al.	1999	UK	Q	✓		142	30.8 ^b	49	✓			
Pfeifer	1994	Switzerland	I			343	34.8 ^b	33	✓	✓		
Pfeifer	1999	Switzerland	I, C			343	34.8 ^b	33	✓			
Phillips & Stein	2007	US	Q, I, C		12	48	24.0	54			✓	✓
Reger & Rogers	2002	US	Q, I	✓		356	41.0	59				✓

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