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Socio-Demographic characteristics of patients with the religious content delusion of schizophrenia: A cross-sectional study in Indonesia

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Abstract

Background: The prevalence rate of people with schizophrenia with religious content varies across countries and cultures. The report of religious content delusion among Muslims has been limited. This study investigates the socio-demographic characteristics of schizophrenia patients with religious content delusion.

Method: A cross-sectional study was conducted among 53 patients with religious delusion. Data were collected from July to August 2022 at a Mental Hospital in Indonesia. The patient's socio-demographic data included age, gender,

education, occupation, and traditional educational history.

Results: It was found that the majority of the patients were male (88.7%), aged between 20 to 40 years (71.7%), unmarried (69.8%), had no formal occupation (52.5%) and had attended traditional education (86.8).

Conclusion: it was estimated that the religious content of delusion experienced by the patient has something to do with the experience of pursuing traditional education, which is indeed mostly the content of the teachings about the Islamic religion.

Keywords: Schizophrenia, Delusion, Religion, Islam

1. Introduction

Negative symptoms and positive symptoms characterize schizophrenia. Negative symptoms refer to the loss of interest, motivation and facial expressions, while positive symptoms include changes in mindset and behaviour in the form of hallucinations and delusion. Delusion is an unreasonable belief and is firmly held by the individual even though it does not have clear evidence of what is disclosed. However, everyone does not believe in his belief, and the individual still justifies it (Bell, 2019) ^[2].

The thought process disorders are usually considered difficult to treat (Skelton, 2015) ^[15]. The prevalence of these disorders tends to be higher due to the lack of insight into preventing and seeking help in recognizing the disease (Rowland, 2019) ^[11]. More than 60% of patients with schizophrenia often experience recurrence of delusion compared to other mental disorders (Harrow *et al.*, 1995) ^[5]. Although after passing through the acute phase, the susceptibility of schizophrenia that has suffered from a delusion can occur sedentary for several years.

Patients with schizophrenia who experienced religious delusion tend to be more severe, have a higher symptom score and have a higher dose of the drug administered than another type of delusion (Siddle *et al.*, 2002) ^[13]. Religious delusion is significantly more common in Protestantism and Catholicism, especially among fanatical Protestants, so that it can trigger a factor in the formation of symptoms of religious delusion (Noort *et al.*, 2020). Religious delusion has not been widely studied or analyzed systematically, although religious delusion is more pronounced in its symptom-related concepts (Raja *et al.*, 2000) ^[9].

Research on religious delusion in Indonesia is still very limited. Studies conducted among Hinduism and other religions concluded that increased religious learning had been linked to the increase in the occurrence of religious delusion. Research among Muslims has not been widely explored. This study investigates the socio-demography status of schizophrenia patients with religious delusion content in Indonesia.

2. Materials and methods

A cross-sectional study was conducted among 53 patients with schizophrenia in a psychiatric hospital in Indonesia. Data were collected from July to August 2022. This study used three instruments: socio-demographic data sheets, the *Scale for the Assessment of Positive Symptoms (SAPS)*, and the *religious delusion Algorithm*. Demographic data collected from patients

include age, gender, marital status, general education, religious education, region of residence, and employment status. Data collection was carried out with guided interviews with schizophrenic patients. The ethics committee approved the local university's study, and the patient agreed to be involved in the study voluntarily.

3. Result and discussion

The majority of the patients were aged between 20-40 years (59.8%), Male gender (85.7%), unmarried (69.8%), had no formal occupation (52.5%), had attended traditional education (86.8) and living in the rural area (77.4%). In addition, most family incomes were less than the provincial minimum wage (92.1%). Most patients also had problems in accessing health care, such as transportation problems or not knowing where to go for the treatment (65.4%). Most of the first treatment choices for mental illness were traditional treatment or traditional healers (79.2%). Detail of socio-demographic characteristic of study respondents is presented in Table 1.

Table 1: Socio-demographic characteristics of study respondents

Age group	f	%
20-40	38	71.7
>40	15	24.5
Gender		
Female	6	11.3
Male	47	88.7
Marital status		
Married	11	20.7
Unmarried	37	69.8
Widow- widower	5	9.4
Education		
< 7 years	13	24.5
> 6 years	40	75.5
Traditional religious education		
Yes	46	86.8
No	7	13.2
Residency		
Urban	12	22.6
Rural	41	77.4
Have a job		
Yes	25	47.2
No	28	52.8
First choice of treatment		
Traditional healer	42	79.2
Professional - hospital	11	20.7

This study found that 20-40 is the dominant age for people with schizophrenia disorders with religious delusions. This is in line with previous reports showing that the age of schizophrenic patients is mostly in adulthood, between 26-46 years (Farizah *et al.*, 2019)^[3]. This is also in line with the explanation that almost 90% who undergo schizophrenia treatment are between 15-55 years old, while those under 10 or over 60 years old are very rare (Kaplan & Sadock, 2015)^[12]. The age between 20 to 40 years is a transitional age period, so it is more susceptible to the onset of delusional disorder. At this age, people still desire to succeed and achieve their goals, so when they cannot be realized, they will tend to experience stress which will lead to serious mental disorders.

The fact that most of the patients in this study were men is also in line with previous reports in the same place, where the most hospitalized mentally ill patients were men

(Mumtaziya *et al.*, 2020; Puteh *et al.*, 2011)^[6, 8]. Female patients with mental disorders rarely show aggressive symptoms, so the family is still willing to care for them. On the contrary, male patients often show aggressive symptoms, making it difficult for the family and eventually choosing to treat the male patient in a mental hospital.

More than half of the patients in this study were jobless. Patients with schizophrenia can stay from month to year in this hospital. Thus, they could not work anymore. They rely upon their daily need from the hospital treatment system. After all, most of their family have an average income lower than the provincial minimum wage.

Another interesting study finding is that most patients had attended a traditional education system or Islamic boarding school, called "pesantren traditional", in this setting. Many of them had a history of general education. They continued to traditional Islamic boarding schools, so many of the religious content they expressed, such as considering themselves as Ustad, ulama, Imam Mahdi, Prophets, Angels, a man who made revelations from Allah to help the people of Aceh from the Tsunami, memorization of the Quran, translators of the Gospels, Torah and Zabur, and as an author of a book of scholarly studies based on tawhid and ma'rifat.

A study of psychotic patients in Muslim-majority Egypt found that the most common religious content for experiences of his disorder was God (36%), Satan (14%), sheikh/imam (12%), Jesus (11%), Prophet Muhammad (9%), ghost/afreet (9%), wali (6%), jinn (6%), the angel (4%), virgin (3%), doomsday (1%), and dajjal (1%) all of which appeared in the Quran Atallah *et al.* (2001)^[11]. The relationship between religion and religious understanding shows that overall, Christian patients show a higher frequency of religion, especially the understanding of guilt and sin, compared to peers of other religions (Gearing, 2011)^[4]. Pasien who practice Christianity reported more delusion about the majesty of guilt and sin than patients who adhered to other religions, including Islam (Ventriglio, 2018)^[16]. The delusional patients showed the presence of persecutors as supernatural beings more often than Muslim and Buddhist patients (Gearing, 2011)^[4]. It can be concluded that the religious content in the religious delusion varies in religious content.

Our study also found that Most patients had problems accessing health care, and Most of the first treatment choices for mental illness were traditional treatment or traditional healers. The difficulty of accessing health services is strongly related to the distance between their residences to health facilities. Meanwhile, the country often reports their choice to seek health help from traditional healers. Patients with mental disorders were treated first by 'bomoh,' i.e., to a traditional place for about 4 months to 1 year and were finally taken to the hospital (Razali *et al.*, 2000)^[10]. In South Africa, the family took the patient first to a shaman so that the shaman could provide an important role in the care of one's mental health (Sorsdahl *et al.*, 2009)^[14]. A similar situation was also found in Taiwan, where 75.6% of schizophrenia cases seek help for treatment from shamans and priests, and 25% describe experiences of spirit possession (Wen, 1998)^[17].

4. Conclusion

Several factors could contribute toward the presence of religious delusion among patients with schizophrenia.

Nevertheless, investigations to understand how these factors can relate to religious content that they believe need to be conducted further.

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