Journal of Religion and Theology
Volume 2, Issue 2, 2018, PP 19-25

The controversy of religion and psychosis

Szabolcs Kéri

Katharina Schütz-Zell Center, NyírőGyula National Institute of Psychiatry and Addictions, Budapest, Hungary

***Corresponding Author:** Dr. Szabolcs Kéri, Nyírő-OPAI, Lehel str. 59-61. Budapest, 1135, Hungary.*

ABSTRACT

The relationship between religion and psychosis is one of the most important and unanswered questions in pastoral psychology, theology, and psychiatry. Several studies suggested that psychotic states, such as schizophrenia,are associated with enhanced religiousness and spirituality. In a dominantly Christian, Eastern-European population, however, this is not the case. The data clearly show enhanced spiritual experiences in schizophrenia, but, in a remitted state, these experiences can be discriminated from Christian beliefs, values, and practices.Even radical religious conversions with mystical features are distinct from clinical psychosis. These findings necessitate the distinction between unstructured, individual spirituality and historically embedded doctrinal religiosity.

Keywords: *schizophrenia, religion, spirituality, psychotic experiences*

IS THERE A RELATIONSHIP BETWEEN RELIGION AND PSYCHOSIS?

Traditionally, a close relationship has been supposed between religion and mental illness. Perhaps the most widely known view comes from Sigmund Freud, who considered religion as a neurotic defense mechanism(Freud, 1961). The founding fathers of psychiatry in the 19th century, such as Phillipe Pinel and Emil Kraepelin, claimed that religion can cause madness in vulnerable individuals(Koenig, 2001). In more recent and nuanced models, there is a continuum between everyday religious beliefs and delusional convictions. In today's pragmatic approach, religious experiences, beliefs, and practices are pathological when they have a detrimental effect on everyday social and occupational functioning, or the individual has no insight into the extraordinary and unbelievable nature of his or her perceptions and thoughts. At the group level, pathological contents lose inter subjective meaning and will be un interpretable for other people with a similar cultural background(Koenig, 2007).

Nevertheless, the boundary between mystical and religious experiences and psychotic states is sometimes blurred. Little wood and Dein (2013) postulated that the historical emergence of Christianity is linked to the appearance of schizophrenia. The authors defined novel features of Christianity that might weaken reality testing and hence might cause enduring psychosis: an omniscient and controlling deity in an external metaphysical reality, a culturally decontextualized self (Christian univeralism), ambiguous agency, a downplaying of immediate sensory data, and the sacrifice and scrutiny of the self during conversion(Littlewood & Dein, 2013).In other words, the inner self communicates with an omniscient, omnipresent, and omnipotent entity who has the power to control thoughts, emotions, and actions. The key element of Christian conversion is that the old, mundane self is disassembled and replaced by a new one in Christ. The source and aim of this radical change of rebirth, affecting cognition, emotion, values, attitudes, autobiographical structures, and social bonding is the highest entity of the triune God. The dissolution of the old self and the attribution of agency to a supernatural power may disrupt reality testing and may cause psychosis characterized by hallucinations, delusions, and grossly disorganized thinking and behavior(Dein & Littlewood, 2011; Littlewood & Dein, 2013; McCarthy-Jones, Marriott, Knowles, Rowse, & Thompson, 2013).

However, other scholars and clinicians rejected the hypothesis that religion and psychosis are causally linked and underlined the fact that religious activities and experiences donot cause psychosis (Wilson, 1998). It is clear that religion may be an extremely important part of the life of many patients living with psychotic disorders, providing meaning, empowerment, and an

efficient way of community reintegration (Mohr & Huguelet, 2004; Pargament & Lomax, 2013).

On the other hand, hallucinations and other unusual experiences with a religious content can induce fear, terror, inner struggles, and odd behavior leads to social rejection and a loss of community support. At the first glance, spiritual experiences described by many individuals going through a mystical religious conversion are like psychotic symptoms (e.g., hearing voices, visions, thought insertion, feeling of the presence of a supernatural power), but a more careful examination may reveal important differences.

A typical exampleof a phenomenon at the boundary of religious conversion and psychosis is self-disorder. Individuals in early stage of psychosis report subjective changes in the stream of consciousness, self-awareness, presence, bodily experiences, ego-demarcation, and existential orientation. These experiences are characterized by derealization, depersonalization, an impression of changes in facial identity (mirror image), and discontinuity in own action (abnormal attribution of agency) (Huber, Gross, & Schüttler, 1979; Klosterkötter, Ebel, Schultze-Lutter, & Steinmeyer, 1996; Parnas & Zandersen, 2018).

Beyond the fact that existential reorientation is a fundamental aspect of religious conversion, the metanoia and rebirth in the entity of the triune God require changes in conscious self-awareness and the scrutiny of the self(Hood, Hill, & Spilka, 2009; Paloutzian, 2014; Rambo, 1995). Altered attribution of agency and control, giving up old identity of self, and putting one's fate into the hands of God may be associated with transient or prolonged withdrawal from the external world, downplaying of everyday sense data, estrangement from mundane experience, and enhanced reflexive self-consciousness, features that were repeatedly emphasized by various models of schizophrenia during the past century (Parnas & Zandersen, 2018; Sass & Parnas, 2003).

WHAT IS RELIGION AND WHY IS IT IMPORTANT WHEN STUDYING PSYCHOSIS?

Before examining the relationship between religion and psychosis, it is essential to find a working definition of religion. Members of a religious community would state that religion is a historically grounded collection of truth-claims, experiences, practices, and moral values revealed by God in the sacred texts and by incarnation, meanwhile for others it is a culturally conditioned set of lived practices and beliefs without metaphysical meaning, or a Western European construct to describe the rituals of colonized people (Myhre, 2009). By using the meaning-making framework, Murphy (2017) radically re conceptualized the trichotomy of religious, spiritual, and secular: "If religion/spirituality is "the search for significance in ways related to the sacred" (Pargament, 1992)and "the sacred" or "ultimate concerns" can be anything that an individual or a group values most highly, then religiosity/spirituality is the search for significance and meaning." (p.19) (Murphy, 2017).

Regardless the definition we use, religion is doubtlessly multidimensional (Oman, 2013). First, there is a personal feeling of connectedness or unity in relation to a higher power. This daily spiritual experience is not specific to any kind of tradition. Spiritual experiences are closely related to a sense of meaning and purpose in life, that is, autobiographical events are a part of a greater divine plan and not a mere subject to chance. Values and specific beliefs (e.g., moral codes, beliefs in life after death) form a separate dimension, similar to religious coping (leaning on a higher power for strength, support, and guidance), private religious practices (meditation, prayer), organizational religiousness (attending religious services), and congregational support (helpand comfort in a local community) (Johnstone, Bhushan, Hanks, Yoon, & Cohen, 2016). This multidimensional approach to religion/spirituality allows to address more adequate and specific questions in relation to psychosis. For example, a recent trans cultural study from Austria and Japan found that higher self-reported religiosity was not linked to stronger psychological resilience (perseverance, equanimity, meaningfulness, self-reliance, and existential aloneness), better social functioning, and less severe symptoms in stable outpatients with psychotic disorders (schizophrenia and bipolar disorder). In contrast, spiritual well-being (a sense of meaning, purpose, and peace in life) predicted better resilience (Mizuno et al., 2018). This approach, however, does not show whether psychosis is associated with higher religiosity/spirituality, and how it is related to self-declared religious traditions.

PSYCHOSIS IS ASSOCIATED WITH HIGHER SPIRITUAL EXPERIENCES, BUT NOT DOCTRINAL RELIGIOSITY

To address the question how psychosis is associated with hyper religiosity, we in

reviewed 120 clinically stable outpatients with schizophrenia and 120 non-psychoti ccommunity individuals (Kéri & Kelemen, 2016).

Approximately 75% of the participants declared themselves as Christians, mainly Roman Catholic and Protestant. When several facets of religiosity/spirituality were assessed by using the Brief Multidimensional Measure of Religiousness/Spirituality (BMMRS), patients with schizophrenia reported more spiritual experiences than the control participants, meanwhile they experienced less positive congregational support. Interestingly, positive spiritual experiences (e.g., the feeling of the presence of a higher power, a desire to be closer to or in union with a higher power, the feeling that life unfolds a greater or divine plan) were associated with the positive symptoms of psychosis (hallucinations and delusions). Contrary to the widely held view that psychosis is characterized by negative spiritual experiences (e.g., a punishing or abandoning higher power), we did not find any supportive evidence (Kéri & Kelemen, 2016).

A particularly interesting question is how altered spiritual experiences in psychosis may affect religious beliefs based on tradition and cultural transmission. We therefore asked our participants about the importance of Christian religion in general, the frequency of Christian prayers and religious service attendance, and the core belief that God has revealed himself in Jesus Christ. Surprisingly, people living with psychosis did not exhibit any difference in these core Christian features as compared with the control individuals (Kéri & Kelemen, 2016).

Therefore, enhanced spirituality in psychosis was fundamentally independent of Christianity. Although the narratives of some patients with religious delusions relate to Christian symbols, religious/spiritual themes in psychosis were dogmatically loose and diverse. The independence of heightened spiritual experiences and meaning from Christianity is intriguing because the declared religion of most of our patients was either Roman Catholic or Protestant. This suggests that, in general, psychosis-related spiritual changes do not necessarily interfere with religious socialization and culturally transmitted beliefs, at least in the Eastern-European populations.

Our distinction between individual spirituality and socialized religion in psychosis mirrors the results of Jörg Stolz (2008) from Switzerland. The author conducted an empirical, sociological study to explore the mechanisms of religious affiliation (rational action-based framework, deprivation, regulation, socialization, cultural production, and ethnicity). Christian religiosity could be explained by religious socialization and local tradition, deprivation, social control, gender, and age. However, in Stolz's term, "alternative religiosity"(e.g., astrology, fortune tellers, good luck charms, and reincarnation) could be explained to a much lesser extent than Christian religiosity. Individuals experiencing social deprivation, barriers, and obstacles may dominantly lean on psychological support provided by "alternative religiosity" (Stolz, 2008). Patients with psychosis often suffer from severe psychosocial deprivation and distress, which are associated with enhanced spiritual experiences, similar to Stolz's "alternative religiosity".

SELF-TRANSFORMATION, RELIGIOUS CONVERSION, AND PSYCHOSIS

As discussed above, self-disorder in psychosis and self transformation during religious conversion show some superficial similarities. In our 120 patients with schizophrenia, we observed a high level of self-disorder (depresonalization, derealization, ambiguity of agency attribution, changes in self perception), which was linked to the frequency and intensity of spiritual experiences (Kéri & Kelemen, 2016). However, unusual subjective experiencescollected under the umbrella of self-disorder are not necessarilya sign of psychosis. Perhaps the most outstanding example is the issue of religious conversion and the associated spiritual-existential struggle (Paloutzian, 2014).

William Jamespostulated that there are two types of conversion: the gradual conversion of "healthy-minded" and the sudden conversion of the "sick soul" (James, 1902). In Christian theology, metanoia (conversion and repentance) refers to deep and radical changes in inner life related to the representation of the self, as emphasized in the theology of John Calvin: "The term repentance is derived in the Hebrew from conversion, or turning again; and in the Greek from a change of mind and purpose; nor is the thing meant inappropriate to both derivations, for it is substantially this, that withdrawing from ourselves we turn to God, and laying aside the old, put on a new mind. Wherefore, it seems to me, that repentance may be not inappropriately defined thus: A real conversion of our life unto God, proceeding from sincere and serious fear of God; and consisting in the mortification of our flesh and the old man, and the quickening of the Spirit." (Calvin, 1536/2016).

When the process of conversion is accompanied by heightened and intrusive imagery, visions and hallucinations, unusual thoughts and beliefs, anxiety, and depressed mood, individuals are easily referred to mental health care professionals. If the wider context of cultural background and autobiographical narratives are nottaken into consideration, visions, glossolalia, verbal messages and other sacred signs of the divine, contact and possession by the devilor benevolent forces and spirits, or out-of-body experiences can easily be labeled as psychotic symptoms (Chandler, 2012; Prusak, 2016).

To tackle this issue, we assessed 53 individuals who were referred to a psychiatry center with the diagnosis of psychosis with religious hallucinations and delusions (Kéri, 2017b).Only twenty-nine individuals meet the diagnosis of schizophrenia-spectrum disorders, meanwhile 24 person's experienced turbulent religious conversions. The converters experienced a similar level of emotional ambivalence, diminished capacity to discriminate between feelings, and heightened intentional control of inner life to that of the persons with clinical psychosis. In addition, classic anomalous experiences of self-disorder (depersonalization, the impression of a change in one's mirror image, and discontinuity in own action) were also highly prevalent in converters. However, there also were substantial differences between people with psychosis and religious conversion. In conversion, diminished initiative and dynamism, anhedonia, reduced feelings of others, restricted interpersonal relations, and disturbances of thinking were much less severe as compared to individuals with psychosis. In other words, subjective perplexity, self-disorder, and emotional turmoil are similar features of religious conversion with spiritual-existential crisis and psychosis, but the emergence of more widespread and generalized anomalous subjective experiences and cognitive deficits are observable only in psychosis (Kéri, 2017b).

The most remarkable difference between conversion and psychosis was the key theme presented during the interviews. The main focus of conversion, but not of psychosis, wasthe dissolution and death of the old self, rebirth to a new life, and resurrection by baptism into the death of Jesus Christ. Many individuals also worked with the transformative power and gifts of the Holy Spirit. No individuals with psychosis expressed these themes in a systematic and coherent manner (Kéri, 2017a).

Participants with religious conversion were asked to select Bible passages best characterized their inner experiences, feelings, beliefs, values, and the process of transformation. The doctrinal focus was laid on the destruction and death of the old self (Ephesians 4:22-24; Colossians 3:1-3) (71% and 38% of individuals selected this passage, respectively), new life and resurrection by baptism into the death of Jesus Christ (Romans 6:3-6) (79%), and being born again intothe Kingdom of God (John 3:3) (75%).

Another main focus was the active work of the Holy Spirit (Pentecostal/Charismatic conversion): teachings of the Advocate, the Holy Spirit (John 14:26) (75%),the gifts of the Holy Spirit (wisdom, knowledge, faith, healing, prophecy, and speaking of tongues) (Romans 12:6-9; 1 Corinthians 12:7-10; Ephesians 4:7-14) (71%), sin against the Son of Man and the Holy Spirit (Matthew 12:32) (48%), praising the Father when filled by the joy of the Holy Spirit (Luke 10:21) (45%),repenting and being baptized in the name of Jesus Christ for the forgiveness of sins and receiving the gifts of the Holy Spirit (Acts 2:38) (47%) (Kéri, 2017a).

The same doctrinal themes and Bible passages were discovered in a unique sample of Muslim refugees converting to Christianity (Kéri & Sleiman, 2017).We identified mystical and combined mystical-affectional conversion motifs were in more than one-third of 124 individuals. In some cases, the conversion was sudden, emotionally loaded, and suggestive concerning a stern theology of sin and guilt, whereas in other cases it was gradual and intellectual characterized by a compassionate theology of consolation and hope (Hood et al., 2009). Pure mystical conversion is regularly brief, emotionally intensive (awe or love), and internal changes, such as renewed beliefs, religious attributions, feelings, and attitudes, precede regular external religious practices. An example of these mystical religious experiences is as follows:

"I saw what people did in the name of God. It made mevery sad, disappointed, and frightened. When we arrived in Germany, my anxiety and fear became more and more terrible. One night somebody touched my hands and told me: "Do not be afraid. I am here for you." Jesus was talking to me in the next few days, and now I know that consolation is in the Lord's words. When Ipray and listen to the Gospel, I still feel His presence: Son of God who gave his life for

us, and yet He is always with me." (Kéri & Sleiman, 2017) (p. 290)

When the affectional motif is also present, mystical experiences are merged with important interpersonal connections, attachment, and attraction (Lofland & Skonovd, 1981). Even though mystical conversion often includes visions, anomalous perceptual experiences, unusual thoughts, emotion turmoil, and a radical self-transformation, none of the individuals participating in our study was psychotic.

CONCLUSION

Finally, what can we say about the intriguing relationship of religion and psychosis? The first important observation reviewed in this paper was that different dimensions of religion are not equally affected in psychosis: while spiritual experiences are indeed enhanced, participation in religious community activity is diminished. Cohen et al. (2010) also found that individuals with chronic schizophrenia exhibited lower levels of religiousness than their age peers, with a reference to the less frequent attendance of religious services (Cohen, Jimenez, & Mittal, 2010). At the same time, other reports suggest that individuals with schizophrenia show more religious experiences and attitudes, and there is a positive relationship between religiousness and schizotypal symptoms (Feldman & Rust, 1989; Neeleman & Lewis, 1994).

Religion can produce both advantageous and disadvantageous effects, depending on the actual sociocultural and clinical context (Gearing et al., 2011). For example, intensive unusual perceptual experiences and heightened spirituality can gain meaning, purpose, and intersubjective understanding and acceptance in a religious community, reducing isolation, anxiety, ambivalence, perplexity, and self-disturbances. On the other hand, spiritual struggles, feeling of guilt, punishment, and persecution by a higher power can be aggravated by stern doctrinal teachings, judgements, and communal rejection. Nevertheless, it was striking and unexpected that, at the group level, traditional Christian doctrines, beliefs, and practices were strictly separated from the spiritual experiences of psychotic individuals.

Spiritual struggles, existential reorientation, and transformations in fundamental meaning-making systems and values can be associated with anomalous experiences in relation to the primary self: depersonalization, odd bodily experiences, and anomalous agency attributions. However, these psychosis-like subjective experiences are present in the stormy religious conversion, which is clearly distinct from psychosis (Kéri, 2017b).Even refugees at a higher risk of psychosis, who went through mystical experiences during conversion, did not display clinical psychosis (Kéri & Sleiman, 2017).

Transformative life crises often provide a chance of development despite a high concurrent risk of suffering and drops in quality of life. Stigmatization, medicalization, social rejection, and a stern theology of sin and punishment lead to isolation, desperation, worsening paranoia, and destructive impulses (Clarke, 2010). During the pastoral care of people with spiritual struggles in a Christian context, it is indispensable to focus on Kerygma, announcing the good news: how the life, work, suffering, death, and resurrection of Jesus Christ bring hope, consolation, salvation, and love to everybody. Rudolf Bultmann postulated that the key is to see and to understand the ministry of Jesus Christ as an inter subjective relationship: "a proclamation addressed not to the theoretical reason, but to the hearer as a self"(Bultmann, 1926/1981).

REFERENCES

[1] Bultmann, R. K. (1926/1981). Jesus Christ and Mythology. London: Pearson.

[2] Calvin, J. (1536/2016) (H. Beveridge, Trans.). In A. Uyl (Ed.), Institutes of the Christian Religion (Vol. 3, pp. 262). Ontario, Canada: Devoted Publishing.

[3] Chandler, E. (2012). Religious and spiritual issues in DSM-5: Matters of the mind and searching of the soul. Issues in Ment al Health Nursing, 33(9), 577-582. doi:10.3109/01612840.2012.704130

[4] Clarke, I. (2010). Psychosis and Spirituality. Consolidating the New Paradigm. West Sussex, UK: Wiley & Sons Ltd.

[5] Cohen, C. I., Jimenez, C., & Mittal, S. (2010). The role of religion in the well-being of older adults with schizophrenia. Psychiatric Services, 61, 917-922.

[6] Dein, S., & Littlewood, R. (2011). Religion and psychosis: A common evolutionary trajectory? Transcultural Psychiatry, 48(3), 318-335. doi:10.1177/1363461511402723

[7] Feldman, J., & Rust, J. (1989). Religiosity, schizotypal thinking, and schizophrenia. Psychological Reports, 65(2), 587-593. doi:10.2466/pr0.1989.65.2.587

[8] Freud, S. (1961). The Future of an Illusion (J. Strachey, Trans.). New York, N.Y.: Norton.

[9] Gearing, R. E., Alonzo, D., Smolak, A., McHugh, K., Harmon, S., & Baldwin, S. (2011). Association of religion with delusions and hallucinations in the context of schizophrenia: Implications for engagement and adherence. Schizophrenia Research, 126(1-3), 150-163. doi:10.1016/j.schres.2010.11.005

[10] Hood, R. W., Hill, P. C., & Spilka, B. (2009). Conversion, spiritual transformation, and deconversion. In The psychology of religion: an empirical approach (4th ed.) (pp. 206-243). New York, N.Y.: Guilford.

[11] Huber, G., Gross, G., & Schüttler, R. (1979). Schizophrenie. Eine Verlaufs- und Sozialpsychiatrische Langzeitstudie. Berlin, Germany: Springer.

[12] James, W. (1902). Varieties of Religious Experience. New York, N.Y.: Longmans, Green.

[13] Johnstone, B., Bhushan, B., Hanks, R., Yoon, D. P., & Cohen, D. (2016). Factor structure of the Brief Multidimensional Measure of Religiousness/Spirituality in US and Indian samples with traumatic brain injury. Journal of Religion and Health, 55(2), 572-586. doi:10.1007/s10943-015-0170-y

[14] Kéri, S. (2017a). On the intricate relationship between religious conversion and psychosis. London Journal of Humanities and Social Sciences, 17(3), 85-95.

[15] Kéri, S. (2017b). Self-Transformation at the Boundary of Religious Conversion and Psychosis. Journal of Religion and Health. doi:10.1007/s10943-017-0496-8

[16] Kéri, S., & Kelemen, O. (2016). Christianity and schizophrenia redux: An empirical study. Journal of Religion and Health. doi:10.1007/s10943-016-0227-6

[17] Kéri, S., & Sleiman, C. (2017). Religious conversion to Christianity in Muslim refugees in Europe. Archive for the Psychology of Religion, 39(3), 283-294.

[18] Klosterkötter, J., Ebel, H., Schultze-Lutter, F., & Steinmeyer, E. M. (1996). Diagnostic validity of basic symptoms. European Archives of Psychiatry and Clinical Neuroscience, 246(3), 147-154.

[19] Koenig, H. G. (2001). Religion and medicine II: religion, mental health, and related behaviors. International Journal of Psychiatry and Medicine, 31(1), 97-109.

[20] Koenig, H. G. (2007). Religion, spirituality and psychotic disorders. Revista de Psiquiatria Clínica, 34(suppl 1), 40-48.

[21] Littlewood, R., & Dein, S. (2013). Did Christianity lead to schizophrenia? Psychosis, psychology and self reference. Transcultural Psychiatry, 50(3), 397-420.

[22] Lofland, J., & Skonovd, N. (1981). Conversion motifs. Journal for the Scientific Study of Religion, 20, 373-385.

[23] McCarthy-Jones, S., Marriott, M., Knowles, R., Rowse, G., & Thompson, A. W. (2013). Psychosis: Psychological, social and integrative approaches. Psychosis, 5(1), 1-16.

[24] Mizuno, Y., Hofer, A., Frajo-Apor, B., Wartelsteiner, F., Kemmler, G., Pardeller, S., . . Uchida, H. (2018). Religiosity and psychological resilience in patients with schizophrenia and bipolar disorder: an international cross-sectional study. Acta Psychiatria Scandinavica, 137(4), 316-327. doi:10.1111/acps.12838

[25] Mohr, S., & Huguelet, P. (2004). The relationship between schizophrenia and religion and its implications for care. Swiss Medical Weekly, 134(25-26), 369-376. doi:2004/25/smw-10322

[26] Murphy, J. (2017). Beyond "Religion" and "Spirituality". Extending a "Meaning Systems" Approach to Explore Lived Religion. Archive for the Psychology of Religion, 39(1), 1-26.

[27] Myhre, P. O. (2009). What is religion? In P. O. Myhre (Ed.), Introduction to Religious Studies. Winona, M.N.: Anselm Academic.

[28] Neeleman, J., & Lewis, G. (1994). Religious identity and comfort beliefs in three groups of psychiatric patients and a group of medical controls. International Journal of Social Psychiatry, 40(2), 124-134. doi:10.1177/002076409404000204

[29] Oman, D. (2013). Defining religion and spirituality. In R. F. Paloutzian & C. L. Park (Eds.), The Psychology of Religion and Spirituality (pp. 22-47). New York, N.Y.: The Guilford Press.

[30] Paloutzian, R. F. (2014). Psychology of religious conversion and spiritual transformation. In L. R. Rambo & C. E. Farhadian (Eds.), The Oxford Handbook of Religious Conversion (pp. 209-239). Oxford, UK: Oxford University Press.

[31] Pargament, K. I. (1992). Of means and ends: Religion and the search for significance. International Journal for the Psychology of Religion, 2(4), 201-229.

[32] Pargament, K. I., & Lomax, J. W. (2013). Understanding and addressing religion among people with mental illness. World Psychiatry, 12(1), 26-32. doi:10.1002/wps.20005

[33] Parnas, J., & Zandersen, M. (2018). Self and schizophrenia: current status and diagnostic implications. World Psychiatry, 17(2), 220-221. doi:10.1002/wps.20528

[34] Prusak, J. (2016). Differential diagnosis of "Religious or Spiritual Problem" - possibilities

and limitations implied by the V-code 62.89 in DSM-5. Psychiatria Polska, 50(1), 175-186. doi:10.12740/PP/59115

[35] Rambo, L. R. (1995). Understanding Religious Conversion. New Haven, C.T.: Yale University Press.

[36] Sass, L. A., & Parnas, J. (2003). Schizophrenia, consciousness, and the self. Schizophrenia Bulletin, 29(3), 427-444.

[37] Stolz, J. (2008). The explanation of religiosity: Testing sociological mechanisms empirically. In. Lausanne: Observatoire des Religions en Suisse.

[38] Wilson, W. P. (1998). Religion and psychoses. In H. G. Koenig (Ed.), Handbook of Religion and Mental Health (pp. 161–173). San Diego, C.A.: Academic Press.