

## **A Brief Account of Swiss Research into Religion, Spirituality and Schizophrenia**

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Religion (including both spirituality and religiousness) is salient in the lives of many people suffering from schizophrenia. However, psychiatric research rarely addresses religious issues, particularly in term of religious coping. In many patients' life stories, religion plays a central role in the processes of reconstructing a sense of self and recovery. However, religion may become part of the problem as well as part of the recovery. Some patients are helped by their faith community, uplifted by spiritual activities, comforted and strengthened by their beliefs. Other patients are rejected by their faith community, burdened by spiritual activities, disappointed and demoralized by their beliefs. Religion is relevant for the treatment of people with schizophrenia in that it may help to reduce pathology, to enhance coping and to foster recovery.

Facing this context, our group is currently studying religious coping in patients with schizophrenia. We began a collaboration between the Department of Psychiatry of the Hospital of Geneva (Dr. Philippe Huguelet with Sylvia Mohr and Dr. Laurence Borrás), the Faculty of Theology of Lausanne and Geneva (Prof. Pierre-Yves Brandt) and the Faculty of Psychology of Geneva (Prof. Christiane Gilliéron).

One hundred-fifteen patients, all followed in public psychiatric outpatient facilities in Geneva, Switzerland for a diagnosis of non-affective psychosis, were included in our first study. Interviews were conducted using a semi-structured interview that we developed about spirituality and religious coping. Clinicians were asked about their own beliefs and religious activities as well as their patients' religious and clinical characteristics.

Sixteen patients (16%) presented positive psychotic symptoms reflecting aspects of their religious beliefs. A majority of the patients reported that religion was an important aspect of their lives (mostly by practicing alone), but only 36% of them had confronted this topic with their clinicians. Fewer clinicians were religiously involved, and, in half of the cases, their perceptions of patients' religious involvement were inaccurate.

Several reasons may explain the salience of religion in patients' life. Facing the illness and its social consequences, more than half of patients rely on religious resources to cope (54%). Other turn to religion in order to be healed (5%). Positive psychotic symptoms increase the salience of religion by themselves (26%). Patients who experienced delusions or hallucinations with religious content in the past described how an increase in religion helps as a way of coping (11%).

Also, we are currently assessing in this cohort how religion interacts with substance abuse and suicidal risk. For this latter topic, another group of 30 patients, having committed suicide but without suffering from a psychotic

illness, has been investigated in order to get a comparison with patients with schizophrenia.

These first results are currently being published. We want to go further in evaluating the outcome of the patients included in this study. We also want to ask patients if (and how) they want to get help for their spiritual needs. Finally, the effect of spiritual assessment will be evaluated.

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