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Ways of understanding of religious delusions associated with a change of identity on the example of identification with Jesus Christ

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Summary

Identification with Christ among psychiatric patients is an example of a complex and multifaceted phenomenon. As a delusion it includes a misidentification (change of identity) in the layer of content and, usually, grandiosity and/or paranoid traits in the formal aspect. What is more, it fits in the category of religious delusions, which are perhaps the most controversial type of delusions and as such require special sensitivity as well as knowledge beyond psychology or psychiatry. The aim of the article is to show the phenomenon of identification with Christ among psychiatric patients, taking into account different ways of its explaining and understanding. Papers relating to the topic, both theoretical considerations and case studies, found in the EBSCO database were analyzed. Searching for the articles the following key words were used: identity, identification, delusion, Jesus/Christ/Messiah, psychosis, schizophrenia. The analysis included all (actually not numerous) articles except for the one linked to cognitive approach which did not significantly contribute to the issue. Given the multiplicity of ways of explaining and understanding the experience of identification with the figure of the Messiah, it seems to be a mistake to hold both objectivist and one-sided, based on one theory, attitude towards it. Such an experience should be recognized in the context of the history of patient's life and the all possible mechanisms leading to its occurrence, as well as the meanings hidden beneath the symptom, should be take into account. It is also important to be well-oriented in the system of religious beliefs and spiritual needs of the patient.

Key words: religious delusions, identity, psychosis

Introduction

"Illness-derived false beliefs" – this is lapidary, common definition of delusions, taken from a popular Polish handbook of psychiatry [1]. Its author, Jacek Wciórka, adds immediately that to call a given belief about reality delusional, it must be accompanied by a sense of obviousness, may not be susceptible to correction and should have poten-

tially alienating character. Moreover, it is recommended to relate patient's statements to his/her level of education, the environment and cultural perceptions prevailing in it. Wciórka adds that "it is particularly difficult in the case of unverifiable convictions (e.g., religious ones)" [1, p. 68].

On so-called "religious delusions"

In 1955, Heinrich Kranz searching the German-language sources discovered that between 1886 and 1946 delusions with the religious and mythological content occurred in approx. 45% of patients with psychosis [2]. Michael Vardy and Barbara Kaplan believe that these numbers remain unchanged [3]. Contemporary research shows that the highest prevalence of these phenomena among hospitalized patients is in the United States (36%) and the smallest in Pakistan (6%), the country that recorded a significant dominance of grandiose delusions of identification with God, Jesus or Muhammad [4]. Another contemporary study evaluates the frequency of religious delusions at 21% in German population and 6% in Japanese one [5]. Clearly, the cultural and religious differences have a considerable impact on the incidence of specific types of delusions, as well as their clinical expression. The frequency of delusions associated with identification with Jesus is hard to assess, though probably they constitute a small part of all religious delusions.

Increasingly, a delusion is comprehended to be complex and multidimensional phenomenon. In the process of assessing to what extent it is pathological such characteristics as: quantity, preoccupation, omnipresence, distress, role of perception, impact on behavior, affectivity, and the strength of conviction, are taken into account [4][1]. Andrew Sims [7] also takes into account the presence of other symptoms, consequences of this experience in various areas of everyday life and the concreteness and literality, or even the physicality of delusions (e.g., "Christ in me" can be found by the patient in a particular organ). Also a phenomenologically and hermeneutically oriented psychiatrist, Otto Doerr-Zegers, together with an expert on antiquity Óscar Velásquez understand delusion as literal interpretation of a metaphor [8]. "Lack of insight", in turn, as a primary psychiatric apophatic evidence for delusionality of a belief, can to some extent be a criterion for differentiation between a delusional belief and a cognitive act of faith[2].

It appears that a content does not matter in the differentiation between religious beliefs and religious delusions. Therefore the most important thing is demarcation between a content and a form. Religious component can saturate any type of delusions,

[1] Interestingly, the members of the new religious movements are not significantly different from patients fixated on religious content in terms of most aspects of "delusional" beliefs. The only significant difference to the disadvantage of the latter were visible in the dimensions of preoccupation, distress and the role of perception [6].

[2] "I suppose the difference between delusion and faith is that delusion is held without any doubt, but religious belief is held with some doubts, or at least an understanding that others could have doubts about what I believe" [7, p. 2].

though usually it happens in the context of grandiose[3], guilt, persecutory and secondary delusions. Sylvia Mohr et al. [4], however, point out that patients can be humiliated by the labeling their suffering in this way. The empirical data they obtained show that religion is often the part of the identity and using it to cope can help in dealing with the psychosis and its consequences. These authors also emphasize that the exploration of the core of delusion with religious content allows to find in them the basic themes of human existence, developed variously by various religions, such as: good and evil, life and death (delusions of guilt and persecutory ones), the value of human existence (grandiose ones), free will (delusions of influence). Sims [7] perceives this in a similar way; according to him, religion and spirituality offer the most comprehensive answers to fundamental questions about identity and taking roots, and this is why these phenomena occur among religiously indifferent people.

The experience of identification with Christ

The psychologist Javier Saavedra emphasizes that delusions in general, and "complex religious delusions" in particular, should not be studied as an isolated cognitive errors, but should be read within the context of the life history of the individual patient [10]. In this respect, some authors revile noticeable lack of quality research in this field [11]. However, there are several articles, most of them containing a case study, which are dominated by the spirit of qualitative and idiographic approaches, the most commonly: psychoanalysis, phenomenology and hermeneutics.

Freudian perspective

About a hundred years ago, John MacCurdy, who first[4] referred to the subject of our interest, published his article [12]. The author, a psychiatrist and psychoanalyst, referring to the monograph on the subject of transition from sexuality to the symbolism in the drawings and statements of people with a diagnosis of schizophrenia, begins with conclusion borrowed from there, that in the absence of stimuli from the outside patients' prducts must be the expression of affectively (and sexually) charged complexes

57-year-old salesman in a manic-like state, with conviction of being exceptional one, produced plethora of both crude and symbolic material, and occasionally treated the analyst with scarcely veiled, easily-interpreted statements. MacCurdy, probably aware of accusations against psychoanalysis, ensures that the patient's psychotic state precluded the possibility of suggestion, and at the same time – what is, as we

[3] Othmer and Othmer [9] claim that grandiose delusions in schizophrenia tend to express messianic characteristics: being chosen, revived, rewarded for one's achievements, recognized as the guide of humanity, the one who preaches sermons, arouses hope and cures.

[4] Five years earlier, more famous disciple of Freud in his analysis of the myth of the hero entered into a theme of the Messiah and pointed out the similarity between delusions and myths, based on a "neurotic family romance" (*die Familienromane der Neurotiker*) – mysterious birth and "double" parents (earthly and heavenly). According to Otto Rank, these myths, in terms of certain important characteristics, are equivalent to the ideas produced by some psychotic individuals suffering from persecutory or grandiose delusions [13].

know, characteristic of manic states – removed the inhibitions usually responsible for non-disclosure of the repressed ideas; the patient's racing thoughts reproduced in a way Freudian free association technique. Neutral expression or standard question begin deluge of content passing from neutral through veiled to the explicitly sexually-marked sentences. For example, to the question "Who is your mother" the patient responds giving her address, informing that she is preparing breakfast for him and declares: "Her name is Mary, Virgin Mary – I was conceived by the Virgin Mary – her husband is Joseph, but he is not my father". Later he goes from the memory of doing *fellatio* with mother to the paraphrase of Scripture: "The first shall be the last: the first was Edith M. [mother], the last was in Bath Beach [he lived there with his wife]". Next: "No one will hurt me when I'm wearing a flannel cloth". It was stolen 1,912 years ago, thereby it was possible to crucify him. The costume was made by his mother as early as in Bethlehem times.

Idealization of the mother is accompanied by antipathy to his wife, he sends her into the arms of other men, and once utters the thought that her husband is his father and he himself had married his mother – this is clear anticipation of the theme of Oedipus complex – in fact, the analyst sees here getting rid of two opponents at once. Physical act of love with his mother is impossible, hence the patient expresses the idiosyncrasies towards heterosexuality and attempts to sublimate in the form of prophecy of the New Kingdom. Another time, he says: "God gave me the order to cleanse the world […]. I appeared in the world for the second time to live forever with my people and make them young again". MacCurdy recalls in this place that before acute psychotic phase the patient complained about impotence. Now, expressions in which the patient promises that when he returns to his wife they will sleep separately experiencing the sensations characteristic of intercourse, but with no bodily union (in the New Kingdom it will be the method of reproduction), are gaining new tone.

The specific expression of the man's omnipotence are his declarations, for example, that he can cure a million people in a minute by means of using his own or his mother's urine. Moreover, just like his mother, he can change black person to white, and a man into a woman and vice versa. He is the Son of God, King Solomon, King of England, Wales, St. Gregory, a dragon slayer. He also predicts the results of the lottery, because God is everywhere. The Son of God, however, has to go through the *Via Dolorosa*, "I am Jesus Christ, now I am hanging on the cross, I am nailed to the Cross". MacCurdy points out: "It is interesting that the symbolism of this most painful thought is the only one which is not explained by the patient". According to the analyst, with all the ostensible chaos, hatred is the most visible. Through his birth from the Virgin he eliminated the father, Joseph of Arimathea, who unfortunately was not his real father. At the same time he has a connection with God, as we know, one of the greatest paternalistic images. Later, he takes the name of his father; in this way he becomes, as McCurdy notices, legally married to his mother, or the Son of God. According to the author, the man's revolt against his father is best given in his comments on the sun – an archaic symbol of the giver of life: "God communicates with me by the sun, the sun is the eye of God, the sun is my eye, the only eye of God. I can watch the sun all day. Only God is able to do it. And mother and Fanny [stepdaughter]". Interestingly,

the other time the man says: "No one but me, who created the sun, moon and stars, can look the glowing sun in the face"[5].

Above-mentioned oedipal theme could probably not find a clearer expression than in the following sentences: "Old John [father's name] is dead. There was elimination"; "Devil changed me. – Who is the devil? – Roosevelt; I shot Roosevelt. – That is who? – My God, husband, father, daughter's husband"; "O God, my God, did I kill my father?". MacCurdy considers these expressions the most clear evidence for the desire to castrate the caregiver. According to the Freud's theory, a male child who manifests incestuous fantasies about his mother suffers, as a consequence, a more or less intense fear of the deprivation of the penis, usually from the father's hand. Here mythological genealogy of the Oedipus complex comes to the surface: the man admits that he was blinded, and asks the researcher not to look at him, because it could deprive him of his powers.

Explaining identification with Christ on a more general level, MacCurdy relies on Freud's rudimentary division on pleasure principle and reality principle. For a child, the latter does not exist, and fantasies have the same value of truth like delusions of paranoid. In the world of dreams every wish is immediately fulfilled. The child is omnipotent. However, in the moment when reality becomes difficult for an adult one, he/she goes back to childhood. It is a mechanism of regression, the effect of which can be psychosis.

Different aspects of the persona of Jesus

The psychologist Milton Eber and psychiatrist Guilermo Marcovici reflect on the case of the patient exhibiting a rather peculiar type of identification with Jesus [14]. As befits psychoanalysts, they assume that the unconscious, pathological identification form in early childhood as a defensive efforts to prevent the occurrence of overwhelming anxiety and sustain the crumbling sense of Self. In spite of the fact that the identification with religious figures are ubiquitous, they have different meaning in individual's personality. They may slightly or deeply affect his/her behavior, they may also mark pathology. In that situation, it is necessary to analyze complex psychological factors and the circumstances of patient's life.

Patients identify themselves not so much with the figure of Christ as a whole, as with particular aspects of this figure or his incarnations: a suffering man (most often) or the adored Child, omniscient Creator, healer or silent, helpless Lamb of God, or even – as in the case of the patient – sensual, naked symbol of excellence and beauty. Early "choice" of the image of Christ reflects the structure of individual's Self, representing conflicts and developmental deficiencies which seek, respectively, solutions and satisfaction. In the case of the above-mentioned patient, type of identification both reflected and reinforced the need to response to his person, the need to experience

[5] This strong conviction refers to the topos, which, according to Doerr-Zegers, best differentiates between mythical and "mad" figures – the first ones (Moses, Aeneas, students from Emmaus) have ephemeral contact with Deity, the latter ones enjoy everyday connection, also in the *profanum* sphere [8].

being loved by everyone and seen as sexually exciting. It was an expression of archaic grandiosily-exhibisionistic tendencies that filled the void caused by early-childhood deficiency of so-called social mirrors that describe relations between the Self and objects. The patient went through trauma because of raw, "Catholic" upbringing by a depressive mother and an alcohol-addicted, withdrawn father. The trauma was repeated through youthful experience with clergy, which consolidated the above-mentioned identification[6].

Psychoanalytical step towards phenomenology

The psychologist and psychotherapist Alan Gettis speculates that delusion of being Jesus (Jesus Delusion – JD) may be the most common one, and "in any psychiatric hospital, at any time, there are probably several Jesuses Christs" [15]. Both statements contain a large dose of exaggeration, but certainly such a situation cannot be ruled out (therefore, you can entrust anecdotal information that the author's acquaintance met during group psychotherapy as many as three Christs[7]).

The author, a practitioner, before writing the theoretical article, set himself the following questions: "Why this delusion occurs so often?" and "How is it to believe that one is Jesus, or rather: how is it to be Jesus?". Changing the form of questions is important, because the latter refers to the *ex definitione* phenomenological considerations

The author concludes that, by and large, anyone who proclaims himself Jesus will get as a reward stay in a psychiatric hospital with a diagnosis of severe pathology. There are exceptions to this rule, but it is also known that even the progenitor of the Jesuses family did not avoid, at least posthumously, such an evaluation[8].

In the patient's delusions, Gettis sees religious content in the persecutory and grandiose forms, which he considers ideal for the expression of JD. He takes the view that the messianic grandiosity of paranoid person flourishes on the ground of the persecutory delusions as a way of dealing with (perceived) extraordinary interest and attention from the environment. Reverse chronology is also possible: self-centeredness, being unreal, arrogance, and lack of humility result in alienation and antagonism on the part of society. Others may ridicule, belittle and mock exaggerated claims, which, in turn,

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[6] Lack of approval from his teachers (nuns) and the subsequent criticism for the part of priests, especially those who trained him in high school. It should be added that the patient compulsively masturbated since the age of four, and in his fantasies he completely controlled and dominated women. For his therapists it was compensation of disappointing and frustrating relationship with his not-attuned to him and self-absorbed mother.

[7] The interactions between three "Jesuses Christs" were the object of Milton Rokeach's experiment. One of the conclusions from his observations was a strong conviction (related to the identification of the Savior) while maintaining a kind of test of reality: no messiahs, apparently aware of the consequences, was going to publicly proclaim the Gospel [16].

[8] At the beginning of the 20th century, Charles Binet-Sanglé, extremely positivistically-oriented psychologist, published dissertation called *The Madness of Jesus* [17], in which he attributed to the creator of Christianity, among others, religious paranoia, based on his "hallucinations" described in the canonical Gospels. Three years later, Albert Schweitzer proved that such ideas are difficult to defend [18]. In more recent times, Anthony Storr, post-Jungian psychiatrist, in the book recently published in Poland, worked on the protagonist of New Testament maintaining a more neutral attitude [19].

on a circular way, leads to the belief that one is the victim of a conspiracy. From here is the "simple" mental way to escape from reality into the realm of one's own psyche, which is – through the mechanism of denial – not often revealed in its naked despair, may instead emerge as a transcendent ideal, susceptible in this state to introjection[9].

Gettis, quoting relevant parts of the neo-psychoanalysis classics in support of his observations, asserts that the delusion of being Jesus is by no means a manifestation of "the usual stupidity and inexplicable madness" but the solution (or only its attempt) of the problem of self-worthlessness and inferiority. The work of Carl Gustav Jung gained most attention from the author, which should not be surprising. For the Swiss doctor, Christ was a not perfect expression of the ideal – the Self, which is the archetype of integration of opposites; full-grown personality achieving through the process of individuation. Jesus did not express fully an ideal Completeness, because He was too perfect. What is missing is the Shadow – the archetype of everything what is difficult to accept.

The use (unconscious in its nature) of a number of ego defense mechanisms led by the denial and projection is necessary to such an "ideal" come into consciousness. The latter makes it possible to separate from evil, weak and mean parts of ourselves (Shadow), "throw" them away and "put" them in the world, mostly in other people. Self-image is then not endangered, and the narcissistic sense of omnipotence, made possible by regression to the early stages of development, finds its justification. Identity of the Savior that came to being this way is one of several "options", but probably the only one which coherently joins the feeling of being perfect and feeling of being a victim, in other words – grandiosity and paranoid traits[10].

Gettis correctly observes that JD – or, using Jungian terminology: an archetype of Christ – is overwhelming: it contains life, death and rebirth. A person with JD, previously lonely and with a sense of worthlessness, gains feeling of being adored by the masses, with whom he feels connected. JD provides solutions to personal, existential and metaphysical problems and also relief, meaning and even joy. Unfortunately, only temporarily.

Gettis refers to the concept of Silvano Arieti, a psychoanalyst and eminent expert in schizophrenia, which directs to the description of the interaction with the patient whose identification with Jesus (for two years) arised thanks to some similar features, such as … beard. This at first glance meaningless association is well explained by observations made over half a century ago by the Italian psychiatrist. Schizophrenic patient is not so much illogical as makes leaps of thought according to the logic other than Aristotelian one, which is common in the West. Arieti coined the term "paleologic"

[9] Harry Stack Sullivan claimed alike when stressed the danger of deterioration: "a Christ-identification may, in the course of human events, progress to a paranoid state, so that the person becomes a more or less well-systematized paranoid schizophrenic". Classic of neo-psychoanalysis also notices that it is not uncommon when the patient under the treatment ceases to identify with Christ and goes back to being lost in the maze of universal patterns and eventually becomes stuporous [20, p. 338].

[10] In addition, sense of self-uniqueness and immortality (after all, Christ died, but was resurrected) implies the denial of mortality, which, according to the existential psychotherapist Irvin Yalom, is the largest and also the most prone to displacement existential concern [21].

deriving the first segment of the term from Greek word *palaios*, which means, among others, "earliest"[11]. In the earliest stages of human mental operations (1–3 years of age) and in psychosis something similar is confused with something identical. The common predicate leads to the "orgy of identification". If a person with delusional attitude discovers in himself/herself the quality possessed also by the hero or saint, he/she can begin to identify with him. Hence, for a small child, every woman is (called) "mommy" and the son of Joseph and Mary (e.g., Kowalski) undoubtedly has to be Christ (as in the case of one of the patients of the first author of this article).

Phenomenology of the process

The recently deceased psychiatrist Ramon Sarró explained delusions in homogenous "cosmotheologically-anthropological" way, making a descriptive but no interpretative classification of observed phenomena in mythological language. These ideas are popularized by Antonio Pérez Urdániz, who led the phenomenological and clinical research project concerning drawings of 40 patients with a diagnosis of schizophrenia in an attempt to discover the correlation between the elements of the products of the patients on the one hand and Jungian archetypes and Sarró's mithologemes on the other [23]. The study shows that schizophrenic process can be summarized in four points: (a) Shadow (projected), (b) Shadow (projected and experienced), (c) the emergence of the rebirth archetype, and (d) of Divinity. At the beginning there is chaos – perceived hostility from other people and deities (persecutory aspect of delusions), apocalyptic ideations. Mitologemes of the second phase – the experience of disintegration – include body metamorphosis, *homo divinans*, extension/contraction of space-time, the transformation of signs into symbols, multiple worlds and – last but not least – the multiplication of ego. The last two phases bring rescue from dissolution of ego[12]. These are the stages when Messiah complex and related: deification, reversible death, new genealogy etc., appear[13].

From psychoanalysis to anthropology Michael Vardy and Barbara Kaplan, in spite of psychoanalytic training, go beyond psychodynamic theories [3]. In their opinion, the category of "grandiose overcompensation", often mindlessly attributed to JD, has not sufficient explicatory value. The authors ask, after all, elementary question: how can we explain the fact that secular patients choose the figure of Christ in order to self-elevate, when (pop)culture provides a much more acceptable and popular form

[11] Polish psychoanalyst from the object-relation school, Maria Sokolik, writes in a similar vein when she calls the result of prelogical thinking a situation where the object of the desires or concerns becomes in the course of psychosis object of his faith and the content of his delusions. She adds that "such a delusional self-definition is often an attempt to recover the identity. Thus, the mechanism of the delusion concerning self is similar to the mechanism of many other delusions as an attempt to restore lost orientation in reality – in this case the inner reality" [22, p. 78].

[12] According to Sarró, this process is not the same neither with back to normality nor with a mystical insight – as some antipsychiatrists (Ronald David Laing), Jungians (John Weir Perry) or transpersonal psychotherapists, would like to see it.

[13] In practice, 20 mitologemes identified by Sarró may overlap, manifesting themselves more or less clearly, not without vulnerability to socio-cultural and demographic factors, biology or medical history.

of contemporary heroes? How to explain the fact that persons described in the article, which come from such different cultures, present the same phenomenon of identification with the Savior?

Both authors knew studies of Freud, Rank, Jung and phenomenological psychiatrists and decided to undertake the task of distinguishing common features of experience of people with JD, including the characteristics of their history of life, which may suggest the image of Christ as the most appropriate expression of identity – maybe the only one that is able to embrace all the conflicts and aspects of existence that are hard to deal with. The authors see, among others, cyclicity which is typical of schizoaffective disorder, and whose culmination is the excitement felt by patients after experience of mental death in the hell of depression – the state understood by them as a rebirth or even resurrection. As in Rank, mysterious origin[14] and a sense of undeserved, superhuman suffering (also due to the mental disease itself[15]) coexist.

Conclusions

The article presents a review of concepts and exemplifications of specific form of delusions with religious content, which are most often a conglomerate of persecutory and grandiose delusions with a delusion of misidentification, concerning Jesus Christ. Taking on all issues, including those *stricte* philosophical, ethical or even theological ones, concerning religious delusions would be impossible here.

The presented cases and considerations prove that delusions concerning identification with Jesus Christ can be attempted to be rationally explained through the prism of different psychotherapeutic theories. VanKatwyk describes the case of Tom[16], whose JD pushed him to a suicide attempt, and his explanation of the source of this delusions referring to Tom's childhood, unemployment problems and complicated marriage, is both simple, elegant and convincing [25]. What is important, knowledge of biographical and psychological facts behind delusions may considerably help in establishing a rapport between a patient and a psychiatrist, and in consequence contribute to more successful treatment.

[14] Mysterious disappearance of the father at an early stage of son's development was common to all the cases described by the authors. Hence the confusion in relation to fatherhood, which became the foundation of the later identification with the Messiah.

[15] From his own experience the first author of this article would add that the very hospitalization often turns out to be a major cause of the development of JD. Patients bound in order to ensure "safety" often begin to identify with the crucified Christ. No wonder – despite lying position, position of the body is sometimes identical; it coincides with that same sense of undeserved suffering. Active aspect of hospitalized patient's Messiah complex, rebellion against the outer cruelty (donating, attempts to transform hospital into messianic sanctuary), has been described elsewhere [24].

[16] Tom's identification with Jesus was supposed to compensate his inferiority complex stemming from his parents favoring his elder brother, which was deepened by unsuccessful marriage, where wife's ex-husband played a significant role. Occupational failures added to the feeling of inadequacy, and coming back to family home finally triggered regression and JD. The suicide attempt itself (the patient jumped of the window on the second floor) is interpreted by the author in two ways: as a mean of displacing oneself from an unbearable psychological reality, and as a specific way of reality testing.

It is important to remember that JD can emerge as a part of different nosological units – in schizophrenia, mania or even in psychotic depression. Although DSM 5 does not provide any specific guidelines for distinguishing between religious and nonreligious delusions, some authors advocate for introduction of categorization of religious delusions, as specific types may be associated with greater distress and risk of self-harm [26–28]. Many psychiatrists may feel ill-equipped or are uncomfortable exploring spiritual or religious issues with patients, because of rationalistic and scientific nature of psychiatry itself. That is why it is proposed to include clergymen in the process of diagnosis and therapy of such cases. Clergymen are usually experienced enough in exploring issues associated with religious delusions, such as guilt, morality, conscience, repentance etc. [29]. Clerics may also facilitate patient's return to society by engaging him or her in the actions of spiritual community.

Another practical advice that may be found in the literature is to avoid confronting patient's delusions, and instead, firstly, concentrating on reducing suffering associated with the delusion and then drawing from positive religious resources [30, 31]. Different studies show that spirituality and religion are an important aspect of life of many patients, and the engagement in religious practices and religious beliefs can be a source of meaning, hope, strength, recovery and may be associated with better treatment results [4, 32]. Though no specific guidelines regarding medication of religious delusions exist, some studies show that such patients are prescribed higher doses of medications [33]. This is not necessarily caused by clinical image alone, but may be due to the subjective discomfort such delusions cause among medical staff. On the other hand, patients hold religious delusions with more conviction than other ones, which makes them more challenging [34].

It seems, therefore, that patients could benefit from getting clinicians interest in non-standardized, in-depth ways to understand experiences called delusions. Also those that at first glance seem ridiculous, absurd and completely inadequate to reality.

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