Religious Preoccupation in Psychosis and Adolescence

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While religious delusions are not uncommon in adults with psychosis—present in roughly 25%–39% of schizophrenia patients—they are rare in younger populations, and there is minimal research about this topic.[1] In both youth and adults, there are many factors that influence the presentation of hallucinations and delusions. It has been demonstrated in several studies that personal religiosity can impact psychotic features. For example, in a 1,006-subject study of patients with schizophrenia undertaken across 6 countries, 15.5% of Roman Catholics, compared to only 3.8% of Muslims, reported delusions with themes of guilt, suggesting that a patient's own religion may have an impact on delusional content.[2] Beyond personal religiosity, the broader culture in which a patient lives influences specific features of their psychosis. In one study, grandiose delusions were found to be more prevalent in people of European descent (45%) compared to Latinos (25%) and African Americans (35%).[3] These themes are present in the following case report of an adolescent male who developed new-onset psychosis of religious preoccupation and delusions.

Case Report

The patient is a 16-year-old boy with a psychiatric history of posttraumatic stress disorder (PTSD), attention-deficit/hyperactivity disorder, and major depressive disorder (MDD). The patient was born into a Romani family in Bulgaria and was adopted at age 8 years by a family in the United States along with his 2 brothers. Throughout his adolescence, the patient had several suicide attempts, incidents of self-harm, and behavioral concerns. He had extreme emotional reactivity evidenced by episodes of destructive outbursts at home and at school, and he also exhibited prominent symptoms of PTSD including nightmares, avoidance of physical and cognitive re-experiencing, hypervigilance, and heightened startle response.

Two months after his first psychiatric hospitalization, which was mainly for suicidal ideation, the patient was enrolled in a youth day program and started regularly seeing a therapist, who noticed that he was also experiencing new religious preoccupation and delusions. The patient endorsed command hallucinations by God to verbally ridicule others and reported guilt regarding romantic feelings due to religiosity. These religious delusions impacted his personal relationships and affected his ability to perform in school. For example, the patient was suspended after punching a peer because he thought God had told him to do it. He was thus given a diagnosis of MDD with psychotic features, which was treated with medication trials of escitalopram, risperidone, lamotrigine, and divalproex. He had some improvement with treatment, as he did not have religious delusions during his most recent hospitalization, 10 months after his first inpatient stay.

Discussion

This case is unique, as it provides a space to examine the interplay of religion, culture, and delusional content in a young patient. The case presents a noteworthy example of religious delusions that are discordant with the current upbringing by the patient's adoptive parents. This patient's adoptive family was Christian, but the patient's intensity and fixation on religion differed significantly from his adoptive parents and siblings. It is certainly possible that our patient's biological family followed Eastern Orthodox Christianity, a predominant religion in Bulgaria, features of which (eg, monotheism) was present in his delusions.

While the literature suggests that a person's current religion and cultural climate can impact their delusions and psychotic features, there is a gap in knowledge surrounding how childhood cultural/religious influences impact delusional content. This impact is further complicated in our case by adoption: 2 separate religious contexts influence this patient's psyche. Further studies should explore multiple religious influences on delusions in children and how different religions can impact psychosis in pediatric patients.

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