PERSONALITY AS A SUBJECT OF RESEARCH: HISTORY, THEORY, METHODOLOGY

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ФАКТОРЫ, ВЛИЯЮЩИЕ НА ФОРМИРОВАНИЕ РЕЛИГИОЗНОЙ ИДЕНТИЧНОСТИ У ЭНДОГЕННЫХ ПСИХИЧЕСКИХ БОЛЬНЫХ

FACTORS AFFECTING THE FORMATION OF RELIGIOUS IDENTITY
IN ENDOGENOUS MENTALLY ILL PEOPLE

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Аннотация:

Данная статья посвящена попытке установления связи психической патологии и религиозной идентичности. Выявляются факторы влияния на формирование религиозной идентичности. В предварительном исследовании основным становится сам факт обращения к вере и вследствие этого специфичность формирования религиозной идентичности. Исследование проводилось на базе отделения особых форм психической патологии ФГБНУ НЦПЗ, где наблюдаются психически больные с религиозным мировоззрением. Основной группой были больные шизофренией (50 человек). В качестве контрольной группы были

Abstract:

This article is devoted to an attempt to establish a link between mental pathology and religious identity. Factors of influence on formation of religious identity are revealed. In the preliminary study the very fact of the appeal to the faith and consequently the specificity of the formation of religious identity becomes the main. The study was conducted on the basis of department of special forms of mental pathology of MHRC, where mentally ill persons with religious worldview are observed. The main group were patients with schizophrenia (50 people). As a control group

взяты студенты духовных школ (50 человек). В качестве инструмента использовалась модифицированная экспрессивная проективная методика «Психологическая автобиография» Е.Ю. Коржовой. На основании качественного анализа были выделены несколько основных вариантов обращения к вере в обеих группах. Обретение веры имело явную специфику в основной группе больных: приход к вере как способ справиться с психической болезнью, обращение к религиозности – поиск смысла жизни, приход к вере по бредовым мотивам. В контрольной же группе приход к вере чаще всего был обусловлен религиозностью всей семьи и ближайшего окружения. Психическая болезнь, в ряде случаев, являясь предиктором становления патологической религиозности, ею не исчерпывается. Иногда парадоксально служит толчком для формирования внутренней (зрелой), глубокой религиозной ориентации. Данное исследование является пилотажным в области изучения религиозной идентичности и нуждается в дальнейшей разработке.

Ключевые слова:

религиозная идентичность, психическая болезнь, обращение к вере, смысл жизни, социальная поддержка, религиозные общины, внешняя, внутренняя религиозность, патологическая религиозность, мистический опыт.

were taken students of spiritual schools (50 people). The modified expressive projective method “Psychological autobiography” by E.Yu. Korzhova was used as a tool. On the basis of qualitative analysis several main variants of reference to faith in both groups were identified. The attainment of faith had a clear specificity in the main group of patients: coming to faith as a way to cope with mental illness, appeal to religiousness – search for the meaning of life, coming to faith on delusional motives. In the control group, coming to faith was most often caused by the religiosity of the whole family and the closest environment. Mental illness, in some cases, being a predictor of the development of pathological religiosity, is not exhausted by it. Sometimes it serves as a stimulus for the formation of internal, deep religious orientation.

This study is a pilot in the study of religious identity and needs further elaboration.

Keywords:

religious identity, mental illness, appeal to faith, meaning of life, social support, religious communities, external, internal religiosity, pathological religiosity, mystical experience.

Religiosity has long been considered an insignificant characteristic, and the attention of most researchers was directed to the study of completely different personal and behavioral manifestations. For Z. Freud, religiosity acted as a sign of immaturity of the human personality, a way of suppressing unconscious instincts [1]. K. Schneider interpreted religiosity as a mental deviation [2]. A. Ellis also considered religion as an irrational way of thinking, similar to an emotional disorder, and suggested that people would be much healthier emotionally if they were not religious [3].

Relevance

The intensive development of globalization processes and cross-cultural contacts, when there is a blurring of this concept as such, makes the problem of identity, in particular, religious identity, urgent. Thus, A. Adler considered the most

important trend in the development of human personality the desire to preserve the integrity of their individuality, to realize and develop it [4]. In difficult times of stress, crisis, people often turn to religion, which is in all periods of value and meaning “pillar”, a comprehensive support. Religious identity is one of the possible ways of spiritual correlation of oneself with other people (at the individual level) and self-determination of the whole society in its relation to the surrounding societies (at the macro-social level). It is always a way of realizing the world of “one's” spiritual orientation in relation to the “other” context of spirituality. Religious identity is considered as a result of the process of self-identification of the subject with the relevant social groups on the cognitive and emotional level. The expression of religious identity refers to the degree of awareness of one's own belonging to one's religion. According to A.N. Krylov, “the concept of religious identity should be formulated as a fixation of the identity of the subject in the sense of acquiring through religion their own existential experience in the subjective awareness of their belonging to a particular religious community” [5].

In the context of our work, it is clear that mental illness is also changing the way patients and their families live. This is the new, often frightening reality to which the sick person has to adapt. When, as a result of mental illness, the surrounding world ceases to be understandable, the search begins for something that would help restore its integrity and order, would protect against difficulties. In these circumstances, more and more people are beginning to seek support in the time-tested values of their religion, which in these circumstances are the most reliable and understandable. Conversion to faith is here a source of comfort, support, and, as a consequence, the restoration or formation of a new, religious identity.

In this aspect, religious communities are sometimes the most reliable group for a sick person, which can provide him with the necessary support, accept him. It is important to emphasize that among the numerous socio-cultural groups, the most stable are the time-stable religious communities. Through the correlation of oneself with others, inclusion in a new group, expansion of the circle of social interaction it becomes possible to make up for the damage caused by mental illness.

Through the awareness of their religion, the mentally ill seek to find a way out of the state of social helplessness, to feel part of the community, which will provide them with a value orientation in the changed reality, will serve as a source of protection. E. Erickson, who included the concept of “identity” in the scientific lexicon, considered religion as the most important social institution designed to strengthen basic trust at both the individual and social levels [6]. Even the old proverb says, “need will teach God to pray”.

Aim

The main purpose is to create opportunities for successful readaptation of

patients in outpatient settings. It is important to understand and not to limit correctional work only to psychiatric, psychological spheres, but also to social and spiritual components. In addition, a more detailed understanding of religion is needed, given its role in supporting and strengthening people struggling with serious mental illness.

At the first stage of the study, we attempted to establish a link between pathology and religious identity. The question of what factors influence the formation of religious identity in the norm and pathology is raised. In our preliminary study, the very fact of conversion to faith and, consequently, the specificity of the formation of religiosity itself becomes primary for consideration.

Materials and methods

At the Department of special forms of mental pathology of MHRC, where there are mentally ill with a religious worldview, a study of the various options of conversion to the faith was conducted. Endogenous mentally ill persons that meet the criterion F20.0-F21.3 for ICD-10 were selected as the main group. The exception was made for patients with the presence of organic disorders, abuse of surfactants, alcohol.

The composition of the experimental group: men – 30 people, women – 20 people. The mean age was 30 years.

As a control group students of theological schools (50 people, male, the average age was 20 years) were taken.

As a tool modified expressive projective technique of “Psychological autobiography” by E.Yu. Korzhova was used [7]. The subjects were asked to answer the following question – “How did You come to faith?”. The subject was then asked to quantify the event and indicate its approximate date and to define the event as “joyful” (+) or “sad” (-).

It should be emphasized that in our study the most important was a qualitative part, that is, a meaningful analysis of this event. It was also estimated that the memory has a certain actant structure, that is, includes actors (according to the scheme proposed by A. Adler). First of all, the self of the recollector may be present in the text. Here are possible options: man mentions themselves as incumbent (thinking, feeling) face (“I-situation”). Another option, when the narrator with someone unites, forming so-called “We-situation” (A. Adler's term). In the A. Adler's concept position “we” in memoirs indicates the development of social feelings, that is, when a person has a tendency to carry out some activity in cooperation with other people [4]. Further, in the course of the conversation, using a semi-structured interview, the specificity of the formed religiosity was clarified, which was the main thing in this work.

Results and Discussion

The results showed that in the control group the most frequent variant of coming to faith is through significant others (family, friends) (43 people). More “We-situations” were noted. Here, on the one hand, it was possible to observe a fairly “harmonious” version of religiosity, and on the other, in some cases, it was possible to note some nuances, however, not beyond the normativity. For example, when a person initially grew up and was brought up in a religious family, all the value postulates, the way of life as a whole, he receives in a “ready”, natural form, sometimes without comprehending them on their own. Thus, religiosity is more of an external orientation for G. Allport [8]. It should be noted that this could be influenced by the relatively young age of the subjects and the lack of experience of overcoming their own choice.

In the group of endogenous patients, in addition to the above described option, when their choice was influenced to a greater extent by the immediate environment (5 people), such as:

- coming to faith as a way to cope with mental illness (9 people). Here this event was often noted by patients as “sad”. For such patients, the value and meaning of religious faith consisted only in the desire to eliminate painful symptoms. These patients were united by an understanding of religion in the light of its functional utility. The religiosity here was purely utilitarian.

- appeal to religiosity as a search for the meaning of life, and as a consequence of consolation (10 people). Here this event was evaluated by patients as a “joyful” and very significant event. There is an understanding that the disease is a test given by God. Here believers are distinguished by the understanding of religious faith from the standpoint of its self-worth. According to D. van Kamp et al., this “spiritual identity reflects religious feelings associated with a personal relationship to God, expressed in prayer and religious practices” [9]. A certain set of personally significant religious goals, values and beliefs, which provide a sense of meaningfulness of existence and direction of life, despite the disease, is formed. Such religiosity is deep and unselfish; it grows out of the spiritual need of communion with God.

- coming to faith in psychopathological and delusional motives (26). Religiosity here is no more than a painful symptom. For example, one patient came to faith after he flew into the window of the Voice of God. In this case, as in most of these, there is the formation of pathological religiosity, because it is due exclusively to the delusional context. Value religious postulates are refracted, distorted and new ones are developed. Thus, one patient literally starved herself, believing that this was a feat given to her by God, drawing painful Parallels with herself and the Martyr Tatiana. Thus, a completely new distorted religious identity is being formed. Relying only on their delusional conclusions, such patients, as a rule, do not listen to the arguments of either relatives or even priests. Becoming so rigid, fanatically performing in fact only

disease introduced dogmas, they may be alien not only to the opinion of loved ones, but also their life difficulties and even diseases. For example, one patient has never seen his own and only grandson, because according to his already formed painful religious outlook, the day should be spent only in prayer and in the temple. According to the famous scientist, doctor of medical Sciences, St. Luke (Voino-Yasenetsky): “it is love – neither faith, nor dogmatics, nor mysticism, nor asceticism, nor fasting, nor long prayers do not constitute the true appearance of a Christian. Everything loses power if there is no basic – love for a person” [10].

It is important to emphasize that an important role in the formation of religiosity in mental patients plays a critical attitude to the disease. After all, the presence of criticism indicates the absence of “cohesion” of the person with the disease, its preservation. Such patients are not only able to separate the pathological component, even if it has a religious connotation, but also to rise to another level in the spiritual plane, which may not be possible, as the patients themselves note, if they did not face such a severe difficulty as mental illness. But mental illness, like the human personality, is multifaceted. As K. Jaspers pointed out: “Psychopathology is limited, because the individual is absolutely impossible to dissolve in psychological concepts; trying to reduce personality to a typical and regular, we become more and more convinced that in every human personality there is something unknowable” [11]. In support of the statement of an outstanding psychiatrist, we can give an example of the story of a patient who came to the faith after a psychotic attack, which has a religious character. It is noteworthy that the criticism of this patient was formed only to the previous psychotic episodes, not wearing a religious connotation. However, in contrast to what was said earlier, the formed religiosity of this patient was more than harmonious, correct and deeply meaningful in nature, here the worldview was formed under the influence of true religious beliefs. Without any doubt, an important role is also played by the intellectual level, environment, family. Thus, P. Boyer noted that the formation of religious ideas “requires cognitive mechanisms and abilities that we have regardless of religion” [12].

Conclusions

Several basic options appeal to faith on the basis of qualitative analysis were identified. In the control group, they were significant others. But it is worth noting that these were young people who chose at this stage a certain way of life – serving God (priesthood, monasticism).

In the group of patients there were various, not so unambiguous options: through the immediate environment; coming to faith as a way to cope with mental illness; turning to religiosity as a search for the meaning of life; coming to faith for delusional reasons.

In addition, in this study we touched upon the problem of correlation of

religiosity and mystical experience in general. Although the domestic empirical research of religiosity has shown that “belief in the magical ceremonies and superstitions, as well as in unexplained or not yet proven by science mysterious phenomenon does not correlate with the level of religiosity in the Christian sense” [13]. However, it a greater number of events that can be interpreted as a mystical experience in a group of mentally ill was revealed. It is legitimate to note that in this case they were patients who do not necessarily have delusional conclusions in the structure of their disease, so the events noted could not be attributed to the products of exclusively psychopathology. So, Karl Jaspers wrote about the fact that opposites are often related to each other so that the “value-positive should bathe the respective measure value is negative. Perhaps the greatest depth of metaphysical experience, the feeling of the absolute, the sacred and the blessed, is given in the consciousness of the perception of the supersensible only when the soul relaxes so much that after that it remains as destroyed” [14].

Thus, the very fact of conversion, coming to faith is the primary and most important factor in the formation of religious identity. Mental illness, in some cases being a predictor of the formation of a pathological form of religiosity, it is not exhausted. It can, on the contrary, paradoxically, serve as an impetus for the formation of an internal (Mature), deep religious orientation.

It is necessary to emphasize the difference in the age range between the control and the main group, which, of course, could affect the results of our study once again. It is important to note here that religiosity is a dynamic, “alive” structure, which naturally undergoes changes, deepens, having certain stages, during a person's life and experience.

Of course, this study is aerobatic, preliminary and requires further development.

There is no conflict of interest.

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