**Module 1 Discussion**

Name

Affiliation

Course

Instructor

Due date

**Module 1 Discussion**

**Relationship between Mental Illness and Religion**

There are many facets and complex interactions between mental illness and religion. Understanding that there is no inherent conflict between mental illness and religious beliefs is crucial. How they interact varies widely based on personal experiences and cultural settings. The 44-year-old white Australian man's mental health problems and religious views are related to his belief that he was possessed by a spirit following his use of an Ouija board.

His early use of the Ouija board, a device frequently connected to spiritual or paranormal activities, perhaps contributed to the onset of his delusions. His conviction that a spirit had taken over and was living inside him is in line with the signs of a mental illness, especially a delusional disease. This situation is not unusual since people struggling with mental health disorders often view what they are going through via the prism of their spiritual or religious beliefs. In this instance, the man's ability to understand his experiences from a religious perspective, despite his nonreligious upbringing, illustrates how flexible the relationship between mental illness and religion can be.

Another facet of the relationship between mental illness and religion is illustrated by the man's decision to endure two exorcisms and seek assistance from a local church. Rituals and practices for dealing with alleged spiritual or demonic forces are included in many religious and spiritual traditions, and they can provide consolation to people going through upsetting symptoms (Cook, 2021). It is important to understand that although some might find that religious or spiritual support helps, it cannot replace evidence-based mental health care. The fact that the exorcisms, in this instance, were unable to relieve the man's symptoms emphasizes how crucial it is to receive the proper psychiatric evaluation and treatment.

Moreover, there might be positive and negative interactions between mental illness and religion. Religious organizations can occasionally give a solid social support system that fosters mental health by providing members with a feeling of purpose, belonging, and solace through trying times. However, religious dogma and beliefs can sometimes cause or intensify delusions and hallucinations because people may see these experiences as persecution or spiritual revelations, which can cause further distress.

**Classification of the Case**

Based on the criteria listed in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), the case of the 44-year-old white Australian man who used an Ouija board and thought a spirit possessed him, can be classified as psychopathology, specifically a delusional disorder. According to the DSM-5, a delusional disorder is characterized by one or more delusions that last for at least a month (Sampogna et al., 2020). Irregularities in thinking that persist despite abundant proof to the contrary are called delusions. In this instance, the man was adamant that a ghost had taken control of his voice and motions after entering his body through his rectum. The belief has endured for at least two months, satisfying the length requirements for a delusional condition.

Moreover, delusions should not be better explained by another mental illness, such as schizophrenia, according to the DSM-5. The main symptom in this instance is the illusion of possession; there is no indication of other hallmarks of schizophrenia, such as negative symptoms, disorganized thought patterns, or hallucinations. That shows that rather than being compatible with schizophrenia, the man's presentation is more consistent with a delusional illness. The man's illusion has also seriously disrupted and distressed him daily. He underwent exorcisms and sought assistance from a nearby church, demonstrating that he was in anguish and looking for solace from his beliefs. These symptoms of distress and impairment align with the DSM-5 diagnostic criteria for mental disorders.

**References**

Cook, C. C. (2021). Psychotic Symptoms and Spiritual Phenomena. *Christianity and Psychiatry*, 37–50.

Sampogna, G., Zinno, F., Giallonardo, V., Luciano, M., Del Vecchio, V., & Fiorillo, A. (2020). The de Clérambault syndrome: more than just a delusional disorder? *International Review of Psychiatry*, *32*(5-6), 385-390.