

Schizophrenia and the paranormal: More psi belief and superstition, and less déjà vu in medicated schizophrenic patients

Yung-Jong Shiah^{a,*}, Yi-Zhen Wu^b, Yueh-Hua Chen^{c,d}, Shih-Kuang Chiang^e

^aGraduate Institute of Counseling Psychology and Rehabilitation Counseling, National Kaohsiung Normal University, Taiwan

^bGraduate Institute of Psychology, Kaohsiung Medical University, Taiwan

^cIntegrated Brain Research Unit, Division of Clinical Research, Department of Medical Research, Taipei Veterans General Hospital, Taiwan

^dLaboratory of Integrated Brain Research Unit, Taipei Veterans General Hospital, Taipei, Taiwan

^eClinical and Counseling Psychology Department, National Dong Hwa University, Taiwan

Abstract

Objective: The present study examined the relation between déjà vu experiences and paranormal beliefs in schizophrenic patients.

Methods: A total of 522 participants (54.5% female; mean age = 33.3, SD = 16.02) were recruited, including 422 healthy adults (60.9% female; mean age = 29.48, SD = 15.07) and 100 medicated adult schizophrenic patients (27.3% female; mean age = 48.98, SD = 8.57). The Chinese version of the Inventory of Déjà-vu Experiences Assessment was created via back translation. Chinese versions of the Revised Paranormal Belief Scale (CRPB), Beck Anxiety Inventory (CBAI), and Perceived Stress Scale (CPSS) were also used.

Results and Conclusion: After controlling for age, gender, education, and anxiety, the results supported the following three hypotheses. Schizophrenic persons have fewer déjà vu experiences than normal persons. These experiences are positively related to paranormal beliefs in healthy adults but not in schizophrenic patients. Schizophrenic patients have higher scores than healthy adults on the psi and superstitious subscales of the CRPB.

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1. Introduction

Neppe [1] defined déjà vu as “any subjectively inappropriate impression of familiarity of a present experience with an undefined past.” Déjà vu experiences are usually visual, and the experience lasts only a few seconds [1,2]. Researchers have studied déjà vu in populations such as schizophrenic patients and healthy persons [3,4]. Schizophrenic patients have fewer déjà vu experiences than healthy persons [4]. Brown [2] indicated the incidence of déjà vu experiences to be 55% and 68% in clinical and nonclinical samples respectively. Schizophrenic patients were found to have fewer déjà vu experiences than normal persons possibly because of their negative symptoms [3]. However, these issues have not been examined in a Chinese sample. Thus,

the first aim of the present study was to replicate the above findings in such a sample. We hypothesized that adult schizophrenic patients would have fewer déjà vu experiences than healthy adults in Taiwan.

Previous studies indicate a relationship between déjà vu experiences and paranormal experiences, because items representing the latter are embedded in scales measuring the former [5–7]. These results imply that déjà vu experiences are associated with paranormal beliefs. Specifically, paranormal belief measures have been shown to correlate with scores on the MMPI schizophrenia scale in college students [8] and with scores on a measure of schizotypal tendencies in adolescents [9]. However, as noted before, schizophrenic patients tend to have fewer déjà vu experiences than healthy persons. Therefore, it is logical to infer that déjà vu experiences are positively related to paranormal beliefs in healthy persons but not in schizophrenic patients. To date, the relation between déjà vu experiences and paranormal beliefs in schizophrenic patients has not been examined in a single study. We tested this assumption in the present study.

* Corresponding author at: Graduate Institute of Counseling Psychology and Rehabilitation Counseling, National Kaohsiung Normal University, No. 116, Heping 1st Rd., Lingya District, Kaohsiung City 80201, Taiwan. Tel.: +886 7172930x2111; fax: +886 514 888 4064.

E-mail address: shiah@nknku.edu.tw (Y.-J. Shiah).

Another important question is why schizophrenic patients do not seem to have more déjà vu experiences than healthy persons. A possible explanation is that schizophrenia is related only to certain specific paranormal beliefs. Our study addressed this question as follows. García-Montes et al. [10] studied “Thought-Action Fusion (TAF),” which they consider to be a form of superstition. One type of TAF is “Probability TAF,” which Rassin et al. [11] define as the belief that one’s thoughts can increase the probability of an event happening. Probability TAF can be considered a type of magical thinking [12] and thus most likely is the foundation of Probability TAF and superstition. Eckblad and Chapman [13] found that magical thinking predicts the development of schizophrenia, and Thalbourne [8] found that scores on a magical thinking measure were positively associated with scores on the MMPI Schizophrenia scale in a sample of college students. These findings led us to hypothesize that schizophrenic patients have more superstition beliefs than healthy persons.

Previous studies have consistently shown that certain types of paranormal beliefs, including belief in psi, are related to schizotypy (e.g., Hergovich et al. [9]). “Psi” is an umbrella term encompassing extrasensory perception (ESP) and psychokinesis (PK). ESP is the acquisition of information by means other than the conventional sensory processes of sight, sound, taste, touch, and hearing. PK refers to influencing the environment by intention or other mental activity alone, without motoric intervention [14]. In a genetic study, Nigg and Goldsmith [15] found a strong link between schizotypy and schizophrenia. Therefore, it is logical to infer that persons with schizophrenia are more likely than healthy persons to believe in psi.

Combining these two sets of data, we hypothesized that persons with schizophrenia are more likely than healthy persons to have superstitious beliefs and believe in psi. To our knowledge, this assumption was to be first tested in schizophrenic patients. Because education level [16], age [2], gender [16], and anxiety [2] have been associated with déjà vu experiences and paranormal beliefs, the former three variables were treated as covariates in our analyses. Note that medicated schizophrenic patients were recruited for the present study. Note that medicated schizophrenic patients were recruited for the present study. The effects of conventional antipsychotics on the cognition of schizophrenic patients have been reviewed by Mortimer [17], who concludes that these effects are minor. Several subsequent studies [18–20] support Mortimer’s conclusion. Thus, the effects of antipsychotics on the cognition of schizophrenic patients can be disregarded in the present study.

Taken together, the three hypotheses in the present study are as follows. Hypothesis 1 was that adult schizophrenic patients would have fewer déjà vu experiences than healthy adults in Taiwan. Hypothesis 2 was that déjà vu experiences would be positively related to paranormal beliefs in healthy persons but not in schizophrenic patients. Hypothesis 3 was

that schizophrenia patients would be more likely than healthy persons to have superstitious beliefs and believe in psi.

2. Methods

2.1. Participants

One hundred adult schizophrenic patients (27% female; mean age 48.98, SD = 8.57) and 422 healthy adults (61% female; mean age 29.48, SD = 15.07) were recruited through purposeful sampling. The patients were from Yu-Li Veterans Hospital in Hualien County, Taiwan, and the healthy adults were from Kaohsiung City, Taiwan.

2.2. Materials

2.2.1. Chinese version of Inventory of Déjà vu Experiences Assessment (CIDEA)

Having obtained permission from Herman J. Sno, the 23-item Inventory of Déjà-vu Experiences Assessment [21] was translated into Chinese. Comparability of content was verified through back translation, a stringent procedure used by cross-cultural researchers [22,23]. We used only Part A, which includes nine items assessing déjà vu, jamais vu, derealization, depersonalization, precognitive dreams, paranormal quality, remembering dreams, travel frequency, and daydreams.

2.2.2. Chinese version of the Revised Paranormal Belief Scale (CRPBS)

This questionnaire has 26 items measuring seven categories of belief: Traditional Religious Belief, Psi, Witchcraft, Superstition, Spiritualism, Extraordinary Life Forms, and Precognition. It was originally developed by Tobacyk [24] and translated into Chinese by Shiah et al. [14]. Responses are registered on a seven-point scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). The Chinese version of the scale has good reliability (Cronbach’s $\alpha = 0.89$) and validity [14].

2.2.3. Chinese version of the Beck Anxiety Inventory (CBAI)

Anxiety was measured by two instruments. The first is the CBAI [25], a frequently used 21-item self-report measure assessing general symptoms of anxiety [26]. Responses are registered on a 0–3 scale, meaning that total scores can range from 0 to 63: 0–7 means normal, 8–15 means mild anxiety, 16–25 means moderate anxiety, and 26–63 means severe anxiety. The CBAI has good reliability and validity [25].

2.2.4. Chinese version of the Perceived Stress Scale (CPSS)

The second anxiety measure was the 14-item Perceived Stress Scale (PSS) [27], which specifically measures the degree to which respondents perceive their lives to be stressful, uncontrollable, unpredictable, and overloaded. Responses are registered on a five-point Likert-type scale ranging from 0 (*never*) to 4 (*very often*). Half the items are reverse coded. The CPSS has good validity and test–retest reliability [28].

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