

ORIGINAL PAPER

Magical Ideation and Schizophrenia*Ali A, Pereira Deuri S, Karim N*

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Abstract

Schizophrenia is a mental disorder that is ambiguous and enigmatic in nature. Persons affected by schizophrenia often find difficulties in every sphere of life functions. They have difficulties to think logically, to have normal emotional responses, and to behave normally in social situations. In clinical understanding, magical thinking can be defined as the irrational beliefs that one can bring about a circumstance or event by thinking about it or wishing for it. **Objective:** The present study aimed to assess magical ideation in two groups ie. persons with schizophrenia and normal persons. **Methods:** The sample for this study consisted of two groups. The first group consists of thirty subjects with diagnosis of schizophrenia selected from the out patient unit of LGB Regional Institute of Mental Health, Tezpur, Assam. The second group consist of thirty normal subjects. A semi-structured clinical and socio-demographic data sheet prepared for the purpose of this study and Magical Ideation Scale was administered to both the groups. **Results:** Persons with schizophrenia scored significantly higher than normal subjects on magical ideation scale. Magical ideation was found to be positively correlated with domicile and occupation in socio demographic profile of the respondents. **Conclusion:** This study showed that magical ideation was high in schizophrenia group. The study is also an indication for the need to be culturally sensitive to the belief systems of people and projects the need for cultural competence in clinical practice.

Keywords: Schizophrenia, Magical Ideation

Introduction

The terms magic and magical have a wide range of meanings, both among scholars and among the general public. The terms can mean: the tricks and illusions of a stage magician; ability to change form, visibility, or location of something, or the creation of something from nothing; spirit invocation

and command; having romantic, awe-inspiring, or wondrous quality; the “high” or “Hermetic” magic of late medieval and Renaissance times, including astrology, alchemy, Kabbalah, and other systems involving complex calculations and/or written notations and formulas; anything “mystical,” “psychic,” “paranormal,” “occult,” or “New Age”; some of the beliefs

and practices of Wicca and other neo-pagan religions, often spelled “magick”; any of the many meanings of “sorcery” or “witchcraft,” or other referents of “black magic”; anything seeming mysterious or miraculous; and the terms can be used as a general reference to supernatural power¹.

Magical thinking relates to a belief in the individual’s power to control or cause events in the external world². It develops in childhood alongside an understanding of scientific principles³. In mental health and behavioural science, magical thinking has often been viewed as a mark of morbidity where an individual owing to psychological ailments experiences irrational fear of performing certain acts or having certain thoughts because he assumes a correlation with their acts and threatening calamities⁴.

It has been unequivocally accepted that schizophrenia is not a single disorder but more likely a number of disorders that are, for the time being, classified under one rubric. Schizophrenia is a mental disorder with wide ambiguity and enigma and schizophrenia affected people often find difficulties in every sphere of life functions; they have difficulty to think logically, to have normal emotional responses, and to behave normally in social situations.

Schizophrenia has often been represented as an indefinable phenomenon, the meaning of which is almost impossible to make out. Historically, schizophrenia has been characterized as a psychological disorder with inaccessible subjectivity and numerous symptoms. Schizophrenia is characterized by wide range of symptoms which have often appeared as very much complex and confusing to clinicians, examples of schizophrenic symptoms are: hearing internal voices or experiencing other sensations not connected to an obvious

source (hallucinations) and assigning unusual significance or meaning to normal events or holding fixed false personal beliefs (delusions). No single symptom is definitive for diagnosis; rather, the diagnosis encompasses a pattern of signs and symptoms, in conjunction with impaired occupational or social functioning.

Magical ideation (MI) is also identified as a feature of schizotypy. The MI scale was originally developed on the premise that MI was a precursor to schizophrenia. It emerged as a scale to identify proneness to psychosis within normal individuals. The items on the MI scale examine the individual’s interpretation of personal experience and beliefs in magical forms of causation. These beliefs extend across a range of paranormal beliefs, including reincarnation, spirit influences, astrology, clairvoyance, good luck charms and the transfer of energy between people⁵.

Magical thinking is often intensified in psychiatric illnesses such as obsessive-compulsive disorder (OCD) or clinical depression. Magical Ideation is conceived as similarity to the positive symptoms reported by patients with schizophrenia. Magical thinking is also among the defined symptoms of some psychiatric disorders like schizotypal personality disorder in DSM-IV⁶. The Diagnostic and Statistical Manual of Mental Disorders, provides criteria for a number of mental disorders accompanied by paranormal beliefs & experiences. Nevertheless it does not mean that anybody who believes in or experiences paranormal phenomena will be diagnosed as mentally ill. Rather, the general idea is that believers who experience it are at risk for developing a mental disorder like psychosis⁷.

In a multi-cultural and polytheistic society like India, ritualistic behaviours and magical

thinking is ingrained in the general psyche of the individuals. There have been very few studies carried out in the Indian setting. Lesser still are the comparisons with the normal population and in persons with mental disorders. The present study focuses on magical ideation among persons with schizophrenia in north eastern part of India.

Objectives

1. To assess magical ideation in schizophrenia and normal subject group.
2. To see the relationship between magical ideation and socio demographic profile

Methods

The sample for this study consisted of two groups. The first group consists of thirty subjects with diagnosis of schizophrenia in the age range of 18 to 50 years of both genders and fulfilling the criteria of schizophrenia according to ICD 10 were selected from the out patient unit of LGB Regional Institute of Mental Health, Tezpur, Assam. Only those who received no electroconvulsive therapy within the last six months prior to testing; have no history of drug or alcohol abuse; demonstrate no evidence of organicity (according to hospital records); were included in the study. The second group consist of thirty normal subject in the age range between 18 to 50 years; of both genders with no history of major mental or physical illness and who have no history of drug or alcohol abuse were included. The ethical requirements were met for the study and informed consent was taken prior to participation in the study. A semi-structured clinical and socio-demographic data sheet prepared for the purpose of this study and Magical Ideation

Scale was administered to both the groups. The analysis of data was done using chi-square, t test and correlation through the SPSS (version 18).

Measurement Tools

Semi-structured Clinical and Socio-demographic Data Sheet: It was a semi - structured datasheet designed for the study and contained various socio-demographic and clinical variables of the persons with schizophrenia and normal subjects.

Magical Ideation Scale⁸: The MI Scale consists of 30 true-false items which exploring beliefs in a number of magical influences (e.g., thought transmission, spirit influences, astrology, good luck charms, psychic energy). The scale was originally designed as a measure of psychosis proneness. It has demonstrated construct validity as a measure of schizotypy, and adequate internal consistency.

Results

In the present study there were sixty respondents; thirty patients with schizophrenia and thirty normal subjects. The mean \pm standard deviation (SD) age for the schizophrenia group was 30.00 ± 6.07 years while the normal subjects group had a mean age of 33.93 ± 5.72 years. There was no significant difference in the age distribution between the groups. In the schizophrenia group, there were 25 males and 5 females and in normal subjects group 23 were males and 7 were females. Significant difference was found at 0.05 level found in domicile and occupational status between the two groups. No significant statistical difference was found in gender, marital status, and religion between the two groups (Table 1).

Table 1. Socio Demographic Profile of Schizophrenia Group and Normal Subjects

Variables		Schizophrenia group n=30	Normal subjects n= 30	df	χ^2
Sex	Male	25	23	1	.519
	Female	5	7		
Marital status	Married	27	22	1	.095
	Un married	3	8		
Domicile	Rural	24	14		.007*
	Urban	6	16		
Occupation	Agriculture	13	4	1	.034*
	Unemployed	10	14		
	Business	7	12		
Religion	Hindu	25	24	1	.739
	Muslims	5	6		

*p< 0.05

Magical ideation was compared between the schizophrenia groups and normal subjects. The mean±SD magical ideation score for schizophrenia group was 16.43±3.37 while for the normal subjects was 8.83±3.21. Significant difference was found between schizophrenia group and normal subject in

magical ideation (df=58, t=8.95, p<0.01). Correlation between magical ideation and various socio demographic variables showed that magical ideation was positively correlated with domicile and occupation (Table 2).

Table 2. Correlation between Magical Ideation and Socio Demographic Variables

Variables	Sex	Age	Education	Marital status	Domicile	Occupation	Religion
Magical ideation	.195	-.164	-.106	.233	.409**	.310*	.069

** Correlation is significant at the 0.01 level (2-tailed)

*Correlation is significant at the 0.05 level (2-tailed)

Discussion

Magical thinking is a clinical term used to describe a wide variety of non-scientific and sometimes irrational beliefs. It is important to note that magical thinking must be considered in the context of religious and cultural belief pattern of persons living in a

community. A person from such a background should not be diagnosed based on belief systems related magical thinking. Previous research examining the MIS performance of non-psychiatric populations suggested the possible utility of the scale as a measure of schizophrenia proneness.

In the present study we found that schizophrenia group scored significantly higher than normal subjects in magical ideation scale. This finding is corroborated by similar results in the studies by Eckblad & Chapman, 1983⁸ and George & Neufeld, 1987⁹ on schizophrenic patients and normal subjects. Research has also shown that paranormal beliefs, including magical thinking, are significantly and positively correlated with people experiencing psychosis from schizophrenia and bipolar disorder¹⁰.

The finding of the present study shows that magical ideation was positively correlated with domicile and occupation and thus it can be interpreted that community beliefs do influence the thinking process like magical ideation. Being multicultural, India has scores of religious beliefs, denominations, sects and cults. In some cases, questions about the community affairs – such as the adequacy of rains, quality and quantity of crops, safety of the livestock, possible epidemics – are placed before these ‘possessed’ beings, which are considered gods and goddesses for the period of trance, and if perils are involved in human affairs, these divine beings are appealed for assistance¹¹. Kakar, 1982¹² documents the cases of many barren women who complained of spirit possession and sought cure in the Balaji temple of Sawai Madhopur. Certain other conditions – such as divorce, alcoholic husband, domestic unhappiness, protracted illness, and stresses at the place of work – can also give rise to mental health problems. In rural India, symptoms such as a ‘heavy head’, headache and bodily pain, and visions are all interpreted as being caused by the entry of evil powers in the body¹³.

There was certain limitation of the present study, firstly sample size was small. The study population was small with only 30 for the schizophrenia and 30 for the normal group, which may make it difficult for any categorical conclusion to be reached about the magical ideation in the both the groups. Secondly the use of only one diagnosis entity included in the present study was another limitation. Study could be done on different groups of disorders like affective disorder, obsessive compulsive disorder and other psychiatric disorder for better generalization of results. Further, matched cultural different normal populations could also give a better inference for generalisation. In summary, this study showed that magical ideation was high in schizophrenia group as compared to the normal subjects and magical ideation had positive correlation with domicile and occupation. The study is also an indication for the need to be culturally sensitive to the belief systems of people and projects the need for cultural competence in clinical practice. The results reflect the need for further research in magical ideation taking in to consideration other components likes personality of individuals, their religiosity, paranormal beliefs to see a pattern of results. This study can be replicated in larger populations as prospective investigation. The inference drawn can be the frame of reference for promotion and preventive health initiatives for psychiatric social work professionals and others.

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