Epilepsy: Distinguishing Symptoms from the Divine

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Epilepsy: Distinguishing Symptoms from the Divine
Alexa Buchin

Introduction

Epilepsy is historically connected with divine or psychotic stereotypes, discouraging epileptics from seeking or receiving the proper medical treatment. Uncovering neurological correlates of religious experience is aimed at separating normal religiosity from hyper-religiosity as a symptom. What neurological correlates with supernatural experience are suggested by studies involving temporal lobe epilepsy, and how does this research help to separate normal religiosity from hyper-religiosity as a symptom?

It is important to draw a line between medicine and religion, and while this line cannot yet be definitely drawn, brain imaging has begun to locate supernatural experience within the brain. I examined the history of epilepsy, finding that the progress of science was hindered by epilepsy through the lens of the church and magical medicine. Other studies found parts of the brain associated with religious/supernatural experience; the temporal lobe, frontal lobe, parietal lobe, superior frontal gyrus, and limbic system have been found to play key roles in this phenomenon.

These findings helped to define Geschwind syndrome, a personality disorder in a subgroup of temporal lobe epilepsy patients. Treatment for epilepsy has become more medically based, but because of stigmas surrounding hallucination and seizures some patients still don’t get the treatment they need. The implications of this research are leading to new ways to separate treatment they need.

Results

In ancient times, diseases of all kinds were considered a type of divine punishment or supernatural intervention, and the ineffable qualities of epilepsy perpetuated this belief. Even though the Corpus Hippocraticus was the first to attribute epilepsy to brain dysfunction in the 5th century B.C.E., neurotheology is only now becoming a growing field. Neurology, the study of neurological correlates of religious experience, has yielded the following primary results:

• Gestalt-Geschwind syndrome: personality disorder found in a subgroup of TLE patients having five main symptoms of hypergraphia, hyper-religiosity, aggression, stickiness, and altered sexuality, and seen to be more prevalent in patients with a bilateral hyperreligiosity as a symptom, because Geschwind-Geschwind syndrome is probably more common in TLE than is currently known, since religiosity is often not considered a medical symptom. Also, scientists have developed a better understanding of the healthy human brain from looking at behavioral and personality changes caused by epilepsy.

Methods

I looked at scholarly sources in peer-reviewed scientific journals. Experimental studies used fMRI imaging and surveys to obtain results.

Results Continued

According to Saver and Rabin (1997), the development of hyper-religiosity can be explained by factors including, “desire for religious solace; a need to explain abrupt, sometimes bizarre seizure experiences (attribution theory); a response to ictal numinous experiences; ictal disruptions of the temporal lobe, giving rise to seizures and hyper-religiosity as independent outcomes; abnormal religious interests arising as products of interictal psychopathology; and seizure-induced alterations and intensification of sensory-limbic integration” (p. 504).

Conclusion

By looking at studies done on epilepsy and related conditions, I find that although religious and supernatural experiences are subjective, they have neurological correlates in the brain. This is important to consider in distinguishing between religiosity and hyper-religiosity as a symptom, because Geschwind syndrome is probably more common in TLE than is currently known, since religiosity is often not considered a medical symptom. Also, scientists have developed a better understanding of the healthy human brain from looking at behavioral and personality changes caused by epilepsy.

Works Cited


Building mental muscle

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