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CASE REPORT

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Suicide Associated With the Antichrist Delusion

ABSTRACT: The Antichrist delusion is a relatively infrequently observed religious delusion. Some cases of the Antichrist delusion have been associated with violence toward others. The aim of this article is to document a case of suicide secondary to the delusion. At age 17 a woman with no history of mental illness developed the belief that she was the Antichrist. For several years she did not discuss this with anyone and functioned appropriately in society. Then, at age 32, after the birth of her first child, her delusion intensified and she ultimately committed suicide to protect others from the harm she felt she was destined to cause them. The Antichrist delusion as a misidentification state may involve danger to a patient who harbors the delusion, as well as to other individuals.

KEYWORDS: forensic science, Antichrist delusion, delusional misidentification, forensic psychiatry, suicide, psychosis

Religious delusions are well known to psychiatric clinicians. These delusions may take a variety of forms including bizarre beliefs about superior beings (both good and evil), spirit possession and communication, and similar beliefs (1). Religious delusions may also present in the context of a misidentification state in which an individual believes that physical and/or psychological identities of others or of the self have changed radically leading to a new personal identity (2,3). Rarely such patients may misidentify themselves or other persons as the Antichrist, a condition of particular importance because violent behaviors are often associated with this delusion (2,4–6). Presented here is the case of a female patient who committed suicide secondary to the Antichrist delusion.

Case History

Ms. A was a 32-year-old female brought by her husband for evaluation because of increasingly bizarre behavior since the birth of her first child 2 months previously. She was repeatedly stating that she was the Antichrist and expressing fears of what would happen to her daughter and others because of her. She was obsessed with the book of Revelation and biblical prophecies about the Antichrist and believed that they referred to her. She felt World War III was about to happen because of her. She was hospitalized for further assessment.

Examination revealed Ms. A to be polite and fully cooperative. She was neatly groomed and dressed. Her mood was euthymic and she was somewhat anxious. Thought processes were logical, coherent, and goal directed. Thought content was unremarkable except for her insistence that she was the Antichrist. She was fully convinced of this. However, even with detailed questioning, no other delusions could be elicited. She denied auditory or visual hallucinations or suicidal or homicidal thoughts. She was fully oriented and was able to read, write, spell, calculate, recall items, and interpret proverbs without difficulty.

Her medical history was unremarkable, and she was on no medications. She had never received any previous psychiatric treatment. She denied use of alcohol or drugs. Ms. A related that she had had a happy childhood in a middle class family that attended church about twice per month. Religious practices were respected but not overemphasized at home. She stated she had never had any thought of being the Antichrist until she went on a trip to a convention as a high school senior at age 17. At her hotel she was alone in her room and could hear several people talking in the hall outside. She was curious about what they were discussing and began listening through the door. They were talking about her being the Antichrist and from that moment on she believed that to be the case. However she decided not to tell anyone and went on with her life, attending college, becoming a RN, and working as a surgical nurse. She married at age 26. Her husband stated that before her pregnancy she would often be "preoccupied" but he recognized no other problems. After her delivery the delusional thoughts greatly intensified and after a month Ms. A divulged to her husband that she believed that she was the Antichrist and over the next month talked about it increasingly.

Physical and neurological examinations were within normal limits. Magnetic resonance imaging (MRI) of the brain with gadolinium and electroencephalogram (EEG) were unremarkable. Laboratory studies, including CBC, chemistry survey, TSH, urinalysis, B12 level, rapid plasma reagin (RPR), and urine drug screen were unremarkable. She scored 50 on the Benton Facial Recognition Test (scores of $\geq$41 are classified as normal) (7).

She was treated with risperidone. Even with a dosage of 4 mg b.i.d., her delusion that she was the Antichrist did not fully resolve but became much less intense and she was discharged from the hospital. Two weeks later she stopped taking the medication and cut her neck over the area of the left jugular in a suicide attempt because she felt that if she continued to live as the Antichrist she would cause the end of the world. No vascular injury occurred and

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the wound was repaired with sutures. She was readmitted to the psychiatric unit. During this hospitalization she was treated with olanzapine, and even with doses as high as 40 mg/day she continued to express the same delusion. Even when staff discussed with her that the Bible clearly described the Antichrist as a man, she could not be convinced that this was not her true identity. She was then treated with thiothixene, and, with doses of 50 mg/day she appeared to have a good response. She was able to discuss the nature of her delusion and stated that she realized that she was not really the Antichrist. She was discharged and her husband supervised her taking her medication at home.

Unfortunately, in spite of compliance with treatment and outwardly appearing to be doing well at her follow up clinic visit, she abruptly ended her life by producing a large wound in her abdomen with a knife. The aorta was punctured and she exsanguinated rapidly. Personal notes near her body indicated that she had again decided that she must be the Antichrist and that she could only prevent the occurrence of certain catastrophies prophesied in the Bible by killing herself.

Discussion

Previously described cases in which individuals believed they were the Antichrist have usually occurred in association with a recognized mental illness (e.g., schizophrenia), have often been a part of a more elaborate delusional system, and often involved violence toward others. A 29-year-old man became hostile and threatened to kill people and believed he was fated to perpetrate evil in the form of violence toward others during times he believed he was the Antichrist (2). He believed he could read the minds of others and met DSM-IV criteria for a diagnosis of Psychosis Not Otherwise Specified (8). A 49-year-old man with the delusion believed the government feared his power as the Antichrist and had implanted an electronic device in his head to monitor him (3). A 32-year-old man kidnapped and raped two women, believing that as the Antichrist he was able to perpetrate activities such as forceful sexual intercourse (4). He met DSM-IV diagnostic criteria for paranoid schizophrenia (8). Another patient with the Antichrist delusion sexually molested a child (6).

There remains controversy as to whether delusional misidentification phenomena are syndromes, discrete diagnostic identities, or only symptoms of other mental disorders (6). Ms. A did meet criteria for a DSM-IV-TR diagnosis of schizophrenia (9). Criterion A for schizophrenia requires that two of the following be present concurrently for much of at least 1 month: delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior, or negative symptoms such as affective flattening or alogia. However, if delusions are bizarre, then that single symptom alone may meet the criterion. Thus Ms. A meets criteria for a diagnosis of schizophrenia (undifferentiated type) but her presentation is unusual because of the absence of other symptoms, which typically accompany this disorder. It could be argued, then, that Ms. A suffered from a diagnostic entity other than what clinicians typically identify as schizophrenia. The exact definition of this diagnostic entity might be difficult to state precisely.

Some cases of the Antichrist delusion and other misidentification syndromes may have a neurobiologic basis. It has been postulated that such delusions may be caused or exacerbated by the inability to cognitively process topographical recognition of objects (2). Some patients with misidentification syndromes have been shown to have deficits of facial-recognition information processing (2,10,11). However this would not appear to be the case with Ms. A in view of the normal results of testing of her facial recognition ability.

This case differs in many respects from those of other individuals who believed they were the Antichrist. Unlike the majority of such patients, Ms. A never demonstrated any violence toward others (in our review of the literature we could find no instance of another person with this delusion harming themselves). Ms. A also had no other delusions and no symptoms of mental illness except those directly related to the Antichrist delusion itself (particularly significant is the fact that she had no hallucinations, paranoia, depersonalization, or grandiosity). Finally in our review of the literature, no other females with the Antichrist delusion were identified. It is possible that the postpartum state exacerbated her symptoms, but this would be speculative at this point.

In conclusion the Antichrist delusion, whether regarding oneself or someone else, is a rare but dangerous delusion that must be treated with caution. This is particularly true considering the increasing concern among the general public about the trends in world events and the biblical predictions of the rise of the Antichrist. Further research is needed to understand the psychological and neurobiological basis of this phenomenon. However, this may be difficult in view of the rarity of the condition and the severity of symptoms with which it often presents.

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