Role of Spirituality in Mental Health Practice

Narendra Kumar Singh[1], D. Ram[2], Nishant Goyal[3], Justin Raj PC[4]
[1]Psychiatric Social Worker, Department of PSW, [2] Director and Director Professor of Psychiatry,
[3]Assistant Professor of Psychiatry, [4] Junior Project Officer
Central Institute of Psychiatry, Kanke, Ranchi, Jharkhand, India

ABSTRACT

Background: Most modern medical disciplines adopt biomedical and positivistic corners while viewing and interpreting various events and phenomena related to living and physical worlds. But in case of mental health the dimension is much complicated and full of abstract elements and relativism; all these areas can be expressed or enumerated what can be possible in other steams of physical and biological sciences. Factors like socio-cultural and human factors, spirituality and religiosity have some definite association with various aspects of mental health and illness. Spirituality in recent times has been entertained as a major factor in determining the course of mental health and illness; it drew the attention of mental health clinicians and researchers to find out its temporal relationship with mental illness and psychological wellbeing. Many authentic literatures came up with the view that positive spirituality does have some potentialities to enhance as well as protect the positive mental health and psychological well-being of the people. Spirituality can also lower the distress level and increase the positive coping ability of people. The aim of this article is to explore the role of spirituality in mental health in terms of evolution of psychopathology, understanding of the illness and finally, its role in treatment of the psychiatric settings. This article also aims to sensitize mental health clinicians to remain positive towards the religious and spiritual beliefs of patients and to use those things in the therapeutic process.

Keywords: Spirituality, mental health, psychiatry, psychopathology

INTRODUCTION

In modern psychiatry mental illnesses are treated from a biological basis with less importance on a person's social and cultural standing.[1] The sufferings of patients and consequently their recovery however are dependent on their cultural and spiritual beliefs. Psychiatry today has been accused of emptying itself of elements such as empathy, compassion, sensibility, and psychological awareness, areas for which it was recognized earlier. The role of religion and spirituality in medicine is recorded in antiquity and continues to evolve in the contemporary practice of medicine.

Illness was first considered as imbalance between different humors.[2] Old Testament regarded illness as the result of "sins", and healing involved the body, mind and spirit. In 1994 DSM-IV introduced a new V-Code titled "Religious and Spiritual problems" that required clinical attention and included two religious problem-distressing experiences that involve loss or questioning of faith and problems associated with conversion of new faith.[3] Spirituality is a globally acknowledged concept to attempts to reach a consensus regarding its nature have not met with success. A definition of spirituality include 'personal views and behaviours that express a sense of relatedness to the transcendental dimension or to something greater than the self'. Spirituality can encompass belief in a higher being, the search for meaning, and a sense of purpose and connectedness.[4-6]

Spirituality and Mental Health : Origin of spirituality and the religious formulation of coping and adapting to stressors influence the development of psycho-pathology.[7] Spiritual and religious experiences can be associated with psychopathology in clinical situations, involving demonic possession, obsessive thoughts about sin, or involvement in new religious movements and cults. Common spiritual problems may be related to visionary experiences, possession experiences, and meditation and spiritual practice-related experiences. Mystical experiences may include timelessness,

Access the article online:
http://pswjournal.org/index.php/ijpsw/article/view/7
Quick Response Code

How to Cite this article:
Singh NK, Ram D, Goyal N, Justin Raj PC. Role of Spirituality in Mental Health Practice. *Indian J Psy Socl Work* 2017;8: 44-49.

Corresponding author
Mr. Narendra Kumar Singh, Department of Psychiatric Social Work, Central Institute of Psychiatry, Kanke, Ranchi, Jharkhand-834006 India Email: narendrapsw@gmail.com

spacelessness, loss of self, visions, voices, telepathy, contact with the dead, etc and may be mistaken for psychotic experiences.[2] It is therefore important to keep these in mind for a better understanding of the patient.

ROLE OF SPIRITUALITY IN EVOLUTION OF PSYCHOPATHOLOGY

Spirituality has played an important role in the development of Psychopathology as we know it today. This has a basis in human biological evolution. It has been well established that psychiatric disorders may be due to the neurobiological causes [8,9] or may have a genetic basis which has either selective advantages during human evolution.[10] In addition, psychopathology may be a product of natural selection. And hence is liable to emerge due to developmental and environmental stress.[7] Some however hold the view that the root cause of a psychiatric disorder is an adaptation that has gone awry .[11]

The origin of psychopathology is related to the evolution of language, cognition and culture and the evolution of the modern mind.[12] Further, the origins of spirituality and the religious formulation of coping and adapting to stressors are very likely to have constituted part of this evolution of language, cognition, and culture.[13,14]

Measurement of spirituality : Association of American Medical Colleges and the George Washington Institute for Spirituality and Health has developed guidelines for spiritual care for assessing the patient to distinguishing between form and content includes use of empathy [15] These are as under-

1. Attempt should be made to understand a patient's cultural experiences.
2. Know the limitations, and the possibilities, that religious belief imposes upon social and individual change.
3. Enquire about a patient's religious beliefs and spiritual convictions, and taking them into account in treatment.
4. Assess for spiritual distress (e.g., meaninglessness, hopelessness etc.) as well as for spiritual resources of strength (e.g., hope meaning and purpose, resiliency, spiritual community).
5. Use an instrument for measuring spirituality- FICA (Faith and Belief, Importance, Community, Address in care). Developed by[16] other instrument for measuring spirituality includes SPIRIT and HOPE.

The goals of the spiritual history are

- Invite the patient to share spiritual and religious beliefs if they chose to do so.
- Learn about the patient's beliefs and values.
- Assess for spiritual distress (eg, meaninglessness, hopelessness etc) as well as for spiritual resources of strength (eg, hope, meaning and purpose, resiliency, spiritual community).
- Provide an opportunity for compensate care whereby the healthcare professionals connects to the patient in a deep and profound way.
- Empower the patient to find inner resources of healing and acceptance.
- Learn about patient's spiritual and religious beliefs that might affect healthcare decision making.

The spiritual history is patient-centered. If the patient does not identify as spiritual or religious, or if the person does not wish to discuss spirituality, then the clinician should not force the question.

HEALING ROLE OF SPIRITUALITY IN DIFFERENT DISORDER

Existing literature focuses on the role of spirituality and culture in enhancing well-being and lower distress.[17] Religious involvement helps people prevent illness, recover from illness, and most remarkably—live longer. The more religiously committed the person is the more they are, likely to benefit. There is increasing evidence that spirituality/spiritual practices enhance one's mental health in areas such as feelings of depression, length of inpatient stays and satisfaction with life. [18]

Religious commitment may be related to a lower incidence of substance abuse and decreased suicidal attempts.[19] Pardini et al[20]showed that a general measure of spirituality correlated with important clinical measures, such as perceived social support, hardiness, and optimism, in a group of substance abusers. Nespor[21] also found usefulness of yoga in the prevention and treatment of complications related to alcohol and drug dependence, in psychosomatic disorders, various neuroses, geriatric psychiatry,

anxiety disorders and in other related areas. Benson[22] reviewed nearly 40 studies documenting that people with stronger religious commitment are less likely to become involved in substance abuse. Kehoe and Gutheil[23] evaluating suicide assessment instruments, recently observed, that "although religion is noted as a highly relevant factor in suicide literature, the number of religious items included on assessment scales approaches zero." They noted the need to recognize and include religion/spirituality in suicide prevention, treatment and care. Psychiatric patients often reflect upon religious feelings. This is most likely done to help them cope with their morbidity. Studies have shown that PTSD (Post Traumatic Stress Disorder) patients often rely on religious symbols and practice for buffering the intensity of emotional stress. In one study by Tek & Ulug[24] it was found that religious-minded OCD (Obsessive Compulsive Disorder) patients show religious-oriented obsessions more than non-religious obsessions. Davies et al[25] observed that religious-based delusional ideations and auditory hallucinations are extremely common in first-episode religious psychotic groups. This occurs because religious beliefs are predominant in this particular group of psychiatric patients. Interestingly, studies have also shown that religious therapies could help patients suffering from affective disorder, anxiety disorder, and even schizophrenia.

METHODS OF INCORPORATING SPIRITUALITY IN PSYCHIATRIC PRACTICE

Vash [26] established the importance of spiritualism in rehabilitation Counseling. Her purpose was to induce in rehabilitation counselors a sense of urgency for a new paradigm incorporating spirituality in rehabilitation counseling. Dyson et al[5] suggested certain ways to inculcate a spiritual component in group activities for traumatic events in patient's life. These group activities involves spiritual autobiography, discussion of key existential issues, silent prayer and meditation, guided imagery, practice in religious rituals, use of selected readings, and attendance at religious services. Amenta and Bohnet[27] suggest the use of four 'spiritual tools' to assist nurses in implementing spiritual care. These are:

- The need to listen in an authentic manner;
- Actual presence of the nurse;
- Ability of the nurse to accept what the patient says, and
- Use of judicious self-disclosure.

CURRENT STATUS OF SPIRITUALITY IN MENTAL HEALTH PRACTICE

Any understanding regarding current status of spirituality in to the psychiatry, involves a look in to various spiritual and religious practices that are prevalent across different cultures. Some of them include:

Shamanic practice: In traditional shamanic practice, the shamans travel to the state of 'ecstasy' by virtue of hallucinogen-intake or by experiencing extreme stress and pain to the body and mind to achieve ecstasy.[28] In today's culture, traditional shamanic practitioners prefer rhythmic noise of 'biting drum' instead of hallucinogens or extreme physical stress. Such recent trends are popularly known as neo-shamanism. The possible reasons for such transition could be the legal obstruction for procuring and using hallucinogens, the adverse affects of using hallucinogens, and the relative ease for practicing neo-shamanism. Some claim that neo-shamanism has a beneficiary role in modern psychiatric practice with regard to psychological and emotional healing. For example, 'Psycho pomp' (“guiding the spirits of the dead to their resting places in the other worlds”) is a way for psychological healing.[28]

Zen Buddhism: Another cross culture spiritual or religious practice that is prevalent, involves, an interactive dynamism of 'Zen' Buddhist teachings of 'Hui-neng' and the 'Psychoanalytic writing' of Wilfred Bion.[29] This interactive dynamism involves concretization of experiential states that is engendered through meditation and the psychoanalytic encounter. A close looks in to the Zen- Buddhism discipline, especially with regard to 'the experiencing subjects momentary state of consciousnesses, suggests that it could applied in psychiatry to create core themes using principles from both Zen and psychoanalysis.

Hinduism and meditation: Hinduism is largely practiced in the Eastern World. Hindu philosophy and practices can significantly change human personality. Hindu festivals are not only made for enjoyment and prayer for 'the good' through worshiping the images of Gods or Goddesses but also for releasing individual and social

stress. Hindu philosophy includes complete submission of one's soul onto the feet of the Gods and such submissiveness could be essential to prevent anxiety, depression and personality disorders.

Hindu philosophy has highlighted the ways of praying to the Gods and that meditation (e.g., yoga) is a way of prayer. Today, themes of meditation have been modified from mere prayer to also increasing the power of concentration and achieving mental tranquility. Today's increasing demands of life, ability-aspiration mismatch and a craze for earning physical comfort are constantly stirring our mind. Meditation is especially useful and practiced throughout the world to stop or prevent such stirring and possible resulting mental agonies. This can possibly help to prevent the emergence of psychiatric illness in the hypersensitive individuals. Subramaniam et al and Raina et al in their well-documented studies show that meditation is a potent healer, especially in chronic alcoholics.[30,31]

INDIAN SCENARIO

India is officially a secular country, yet spirituality is central to life here. India has been associated with spiritual traditions for a very long time, long before the rise of modern European sciences. It is a land where spirituality is a way of life. The ancient Indian Vedic texts are mainly concerned with spiritual issues; the relationship of human beings with the cosmic powers and the higher Self. Mental health professionals in this country are brought up in local cultural tradition & on other hand receive western education in science. This presents a conflict between values of western science and traditional cultures. Thus there is urgent need to enlarge the base of psychiatry to include, along with the biomedical and the psychosocial, the spiritual aspects as essential part of psychiatric training & practice. This will enhance the value of psychiatry greatly.[32]

However, there is failure on two fronts. Firstly, there are large areas of psychiatric disorders, such as somatization and conversion disorders, personality and adjustment disorders, and common culture-bound symptoms (such as Dhat syndrome in India) for which modern psychiatry has very little to offer. The second major failure is in the field of psychotherapy as a method of treatment. Psychotherapy as devised in the west, including classical psychoanalysis, has shown very little popularity in non-western cultures, except among a limited number of western-educated urban elites. Most of the successful practitioners of psychotherapy in these cultures have included in their practice more culturally accepted and locally popular methods, such as yoga, meditation and discussions based on well known religious texts. Even for serious mental disorders, for which people prefer modern psychiatric services, there is no complete cultural acceptance because a large number of families combine modern psychiatric treatment with regular visits to spiritual healers.[32]

The real difficulty for psychiatrists in non-western cultures who want to combine cultural and spiritual aspects in modern psychiatric practice is that, no clear model exists at present. Thus, there is an urgent need to enlarge the base of psychiatry to include, along with the biomedical, the psychosocial and spiritual aspects as essential parts of psychiatric training and practice. This will enhance the value of the specialty greatly, especially in the non-western cultures. It is a good sign that the WHO has already accepted the spiritual dimension as an integral part of health.[33]

ISSUES IN SPIRITUALITY OF MENTAL HEALTH PRACTICE

The interface between psychiatry and spirituality is not easy. As one creeps in certain issues becomes significant. They are:

1. Integration in Psychiatric Practice: Schultz Ross, & Gutheilth,[34] suggested some difficulty in integration of Psychiatric practice with spirituality. The boundary between spiritual and psychotherapeutic issues is not well defined; indeed, the two may be interwoven. A patient's sense of a therapist may closely relate to the patient's assessment of the therapist's spirituality, and a therapist's recognition of the differences between psychopathology and spiritual beliefs may depend on recognition of his or her own belief system. Changing the profession's approach to this issue is made difficult by :
    - o A traditional sense within many schools of psychotherapy that spirituality is outside the sphere of appropriate investigation and knowledge;
    - o Discomfort with personal spiritual issues in educators and trainees;

- Decreased emphasis on aspects of the therapist as important factors in patient outcome; and
- Decreased use of intensive supervision for psychotherapy in some training programs.

Bowman (1989) described that children who are subjected to rigid religious attitudes and harsh parenting, may perceive a negative image about 'God'. Josephson[35] described link among individual psychopathology linked with familial enmeshment, rigidity and emotional harshness with spiritual precepts.

2. In The Area of Assessment: Spirituality does not fit easily with our understanding of science and what constitutes the scientific truth and there has been a tendency for psychiatry to exclude the significance of spirituality, other than as a form of pathology or pathological response. In Lindgren & Coursey'[36] study, 38% of patients expressed discomfort with mentioning their spiritual or religious concerns to their therapist. Koenig et al[2] comment that, from a scientific perspective, the question of religion's effects on health is an important one that has yet to be fully answered. The question for any researcher is how to get some handle on the subjective component of such experiences. Is there a way to quantify and compare the subjective feelings and thoughts individuals have regarding their spiritual experiences? It is difficult to develop adequate scales to measure spirituality and religiousness and often even more difficult to find them. Such scales are difficult to find in the literature especially when they are reported in non-scientific journals that are not typically cited or referenced in literature reviews.[37] A subjective scale designed to measure the degree of an individual's religiosity needs to focus on the things that make someone religious. However, this thing first requires a clear definition of religiousness and spirituality. Furthermore, these definitions must be operationalized so that any measure or study can have a firm enough grasp to actually measure something.[2]

CONCLUSION

From the above discussion, it is evident that advancement of science and technology could not hinder the importance of spirituality. In India healing practice for various mental and physical disorders was emerged from religiosity and spirituality. Under the British rule it was merged with western method of healing, after the independence under the influence of rapid advancement, the component of spirituality was seemed to ignore. But now from a decade, it is coming back to its roots after synthesis with western psychotherapy and in its modified form. The above mentioned various empirical research has been discussed the efficacy of spiritualism in psychiatric practice in holistic management of various disorder. But further the integration of spiritualism in psychiatric practice needs caution, in order to taking care the diversity of Indian culture.

REFERENCES

1. Fabrega H. Forum-culture, spirituality and psychiatry; 2005. Available at www.wpa.org
2. Koenig HG. Religion, spirituality and medicine: How are they related and what does it mean? Mayo Cli Proceedings 2001;76:1189–91.
3. American Psychiatric Association. Diagnostic and statistical Manual IV Text Review; 1994.
4. Narayanaswamy A. A review of spirituality as applicable to nursing. Inter J Nur Studies 1999; 36:117–25.
5. Dyson J, Cobb M, Forman B. The meaning of spirituality: a literature review. J Advan Nur 1997;26:1183–88.
6. Hassed CS. Depression: dispirited or spirituality deprived? Med J Aus 2000;173:545–47.
7. Tooby J, Cosmides L. On the universality of Human nature and the uniqueness of the individual: the role of genetics and adaptation. J Personality 1990;58:17-67.
8. Rosenblum LA, Paully GS. The effects of varying environmental demands on maternal and infant behavior. Child Deve 1984;66:306-14.
9. Capitanio JP. Behavioral pathology. In Mitchell G, Erwin 1. editors. Comparative primate biology, Vol. 2A: Behavior. Conservation and Ecology. A. R. Liss, New York; 1986.
10. Nesse RM. Emotional disorders in evolutionary perspective. Br J Med Psy 1998;71:397-15.
11. Wakefield JC. Disorder as harmful dysfunction: A conceptual critique of DSM III.R`s definition of mental disorder. Psy Rev 1992;99:232-47.
12. Bickerton D. Language and human behavior. Seattle: University of Washington Press; 1995.
13. Dunbar RIM, Knight C, Power C. The evolution of culture. Rutgers University Press, New Brunwick; 1999.
14. Rappaport RA. Ritual and religion in the making of religion. Cambridge University Press, Cambridge; Cambridge.

15. Sims A. 'Psyche'– Spirit as well as mind. Br J Psychi 1994;165:441–46.

16. Puchalski C, Romer AL. Taking a spiritual history allows clinicians to understand patients more fully. J Palliat Med 2003;3:129-37.

17. McIntosh DN, Silver RC, Wortman CB. Religious role in adjustment to a negative life event. J Pers Soc Psy 1993;6:812–21.

18. Baetz M, Larson DB, Marcoux G. Canadian psychiatric inpatient religious commitment: an association with mental health. Can J Psy 2002;47:159-66.

19. Garroutte EM, Goldberg J, Beals J. Spirituality and attempted suicide among American Indians. Soc Sci Med 2003;56:1571-79.

20. Pardini DA, Plante TG, Sherman A. Religious faith and spirituality in substance abuse recovery: Determining the mental health benefits. J Sub Abuse Tre 2000;19:347-54.

21. Nespor K. Twelve years of experience with yoga in psychiatry. Inter J Psychoso 1993;40:105-7.

22. Benson P. Religion and substance use. In Schumaker JF. Editor. Religion and Mental Health. New York: Oxford University Press; 1992.

23. Kehoe NC, Gutheil TG. Neglect of religious issues in scale-based assessment of suicidal patients. Hosp Com Psy 1994;45:366-69.

24. Tek C, Ulug B. Religiosity and religious obsessions in obsessive-compulsive disorder. Psychi Res 2001;104:99-08.

25. Davies MF, Griffin M, Vice S. Affective reactions to auditory hallucinations in psychotic, evangelical and control groups. Br J Clin Psy 2001;40:361-70.

26. Vash CL. Personality and adversity: Psycho spiritual aspects of rehabilitation. Springer, New York; 1994.

27. Amenta M, Bohnet N. Nursing Care of the Terminally Ill. Boston, Brown and Company; 1986.

28. Tori M. Shamanism: Traditional Practice vs. Modern Adaptation; 2001. [www.metista.com/starrhawke/diffe]. Accessed May 15, 2003.

29. Cooper PC. The gap between being and knowing in Zen, and Buddhism; 2001.

30. Subramanium S, Satyanarayana M, Rajeswari KR. Alcoholism: newer methods of management. Ind J Phy Phar 1986;30:1-5.

31. Raina N, Chakraborty PK, Basit MA. Evaluation of yoga therapy in alcohol dependence. Ind J Psychi 2001;43:171-74.

32. Wig NN. Mental health and spiritual values –a view from the East. Int Rev Psychiatry 1999;11:92-6.

33. World Health Organization Resolution. WHA/37/1984/ REC/1.6. World Health Organization, Geneva; 1994.

34. Josephson AM. The Interactional problems of Christian families and their relationship to developmental psychopathology: implications for treatment. J Psy Chri 1993;12:312-28.

35. Lindgren KN, Coursey RD. Spirituality and serious mental illness: a two-part study. Psycho Rehab J 1995;18:93–11.

36. Larson DB, Swyers, P.J., McCullough,M. E. (1998) Scientific Research on Spirituality and Health: A Consensus Report. Washington, D.C.: National Institute for Healthcare Research.

37. Koenig HG, George L, Peterson B. Religiosity and remission from depression in medically ill older patients. Am J Psy 1998;155:536–42.