

RELATIONSHIP BETWEEN SPIRITUAL DISTRESS AND PSYCHIATRIC/ORGANIC DISORDERS

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Dear editor,

Spiritual distress is defined as "a disruption in the life principle that pervades a person's entire being and that integrates and transcends one's biological and psychological nature." The diagnosis of spiritual distress is defined by indicators that are present: spiritual pain, spiritual alienation, spiritual anxiety, spiritual guilt, spiritual loss, and spiritual despair (Spiritual distress 2021). Psychiatric disorders can reveal themselves with organic symptoms, as well as represent the main manifestation of an organic illness (Testa et al. 2013). Herein, we present the relationship between spiritual distress and psychiatric/organic disorders to emphasize the importance of spiritual distress in patients with psychiatric and organic disorders.

A clear distinction of the potential interrelation between psychic and organic conditions may be difficult, appearing well combined the etiopathogenetic triad common in all diseases: the *biologic* component (or genetic), the *psychiatric* component (or experience) and the *environmental* component (or socio-cultural), well summarized in the concept of *biopsychosocial medicine*. An example of really connected diseases are asthma, hypertension, gastritis, nettle-rash, diabetes, auto-immune diseases, fibromyalgia, depression and substance abuse, in which each component exercises different influence (Testa et al. 2013). There is a correlation between psychiatric disorders and organic diseases: (a) psychiatric disorders causing organic symptoms (primum movens: psychiatric disorder) such as anxiety disorders, somatoform (psychosomatic) and conversion disorders and factitious disorders, (b) psychic disorders coexisting with organic diseases (primum movens: comorbidity or toxic agent) such as comorbidity and "dual diagnosis" and substance/drug use disorders, (c) psychiatric symptoms resulting from organic diseases (primum movens: medical illness) such as reactive or somatopsychic disorders and pseudopsychiatric syndromes (Testa et al. 2013). Functional movement disorders, known over time as "hysteria", "dissociative", "conversion", "somatoform", "non-organic" and "psychogenic" disorders, are characterized by having a voluntary quality, being modifiable by attention and distraction but perceived by the patient as involuntary. Stressful events, social influences and minor trauma may precede the onset of functional movement disorders and a high prevalence of depression and anxiety is observed in these patients (Teodoro et al. 2018). Kvesić et al. (2020) reported that oncology patients were statistically less religious and were not satisfied with the quality of life in comparison to internal medicine patients.

Psychological symptoms were more pronounced in oncology patients. A lower level of religiousness is statistically negatively correlated with a higher severity of psychological symptoms. Šimunović et al. (2017) noted that quality of life was significantly better in the chronic mental patients. Also, chronic mental patients significantly more attend public religious gatherings, while chronic somatic patients significantly more use religiosity for a better financial position, social comfort. Chronic mental patients had a significantly more pronounced psychotic features.

There is also a correlation between spiritual distress and psychiatric/organic disorders as follows: In fact, worry doubles the illness, for it causes an immaterial illness of the heart underlying the physical illness; the physical illness subsists through that and persists. If the worry ceases through submission, contentment, and comprehension of the reason for the illness, a large part of the illness is eradicated; it becomes less severe and in part disappears. Sometimes a minor physical illness increases tenfold just through anxiety. If the anxiety ceases, nine tenths of the illness disappears. Worry increases illness. It also an accusation against Divine wisdom and a criticism of Divine mercy and complaint against the Compassionate Creator. For this reason, the person who worries receives a rebuff and it increases his illness contrary to his intentions. Yes, just as thanks increases bounty, so complaint increases illness and tribulations (Nursi, 2012). Glavas et al. (2017) noted that regardless of religious identity, post-traumatic stress disorder patients expressed several psychosocial, existential and spiritual needs. In our clinical practice, we have also noted that some patients with psychiatric/organic disorders also had spiritual distress/disorder.

In conclusion, we believe that there is a close relationship between spiritual distress and psychiatric/organic disorders. We think that patients with psychiatric/organic disorders should also be evaluated for spiritual distress, because the World Health Organization discerns four dimensions of health, namely physical, social, mental, and spiritual health (Religion and health, 2021).

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NEAR-DEATH EXPERIENCES IN CASE OF SEVERE OBSTETRICS SHOCK

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Dear editor,

Obstetric shock (OS) is the leading cause of maternal mortality in the world through centuries of obstetrics, and the survival of severe forms of OS carries a significant risk of severe somatic and psychological chronic morbidity due to the consequences of multiorgan failure (Habek 2018). We cite a case of a mother's knowledge of her near-death experience (NDE) with out-of-body experiences, during severe OS and resuscitation as a clinical observation.

The 28 - year - old healthy primiparas developed peracute severe postpartum haemorrhage after spontaneous singleton delivery due to atony of the uterus with disseminated intravascular coagulopathy and severe obstetric hypovolemic shock IV. degree with loss of consciousness. Just before losing consciousness, she said she would die. All resuscitation measures were promptly taken: endotracheal intubation with assisted breathing and oxygenation, intravascular volume replacement with crystalloids, colloids and blood derivatives with inotropic drugs, atropine, adrenaline, dopamine, dobutamine, and manual exploration and compression of the uterus by an anesthesiologist and two gynecologists and three midwives. Another senior consultant was called in who performed hemostatic sutures and uterine tamponade after which the bleeding stopped and the blood loss was estimated at more than 3500 mL which was consistent with a state of severe OS. Treatment was continued at the intensive care unit with respiratory support, intensive therapy and monitoring. Throughout the resuscitation procedure in the delivery room, the mother was unconscious and was not sedated or anesthetized. Her personal and family history was without psychiatric or religious fanatic data. After two days of treatment in the intensive care

unit, in contact with the doctors, she told in detail what happened to her in the delivery room: "I saw a bright light and from above I watched all the events that were very dramatic, but I was not embarrassed. I saw my pale body lying with a tube in its mouth and a doctor blowing an artificial respiration balloon; I had bloody legs spread and the floor was covered in blood. Another doctor came, put on an apron, sat between her legs, vigorously pushed large pieces of gauze into her uterus, and said that a hysterectomy on a dying woman should be avoided as much as possible. He asked what the findings were, and the doctor who inflated the balloon said that she was not coagulating and that she was bleeding, that there was no blood pressure or pulse. Nurses and doctors pumped blood and infusions from plastic bags that hung on a stand. After the bleeding stopped and I was transferred from the delivery room to the ICU transport cart, the whole room was covered with my blood and sheets soaked in blood, and the knowledge of out-of-body experiences disappeared. You are the doctor who saved my life, thank you", telling the doctors, turning to a senior consultant whom she could not see because she had already lost consciousness and was intubated.

Scientific interpretations of the NDE phenomenon have been presented and explained in the literature from various scientific groups, mostly neuroscientists, but theologians, christologists, parapsychologists. Thus, the PubMed database today contains more than 538,500 different papers commenting on and researching the NDE phenomenon. Theological, spiritual theories assume that consciousness can be separated from the neural substrate of the brain, psychological theories interpret that NDE is a dissociative defense mechanism that occurs in times of extreme danger or to reflect memories of birth, and organic NDE theories based on cerebral hypoxia, anoxia and hypercarbia and biochemical alterations of neurotransmitters in the brain (French 2005, Parnia et al. 2007, Charland-Verville et al. 2014, Bourdin et al. 2017, Cassol et al. 2018). NDEs occur according in 17% of those who were in the dying stages from pediatric to geriatric age, people with comorbidities to healthy people, from believers to infidels, various professions and levels of education (Long 2014). Timmerman et al. discuss the biochemistry of NDE and its association with psychedelic phenomenology conditioned by the release of dimethyltryptamine during the dying process, citing Strassman (Timmermann et al 2018, Strassman 2001). There are scale of NDE experiences with 80 variables used to assess the organic or psychological background of NDE (Greyson 1983), and recently the authors demonstrated the development of psychometric validation in the NDE assessment (Martial et al. 2020).

Certainly there have been NDEs in obstetric cases of cardiac arrest, obstetric embolisms, severe forms of obstetric shock, or sudden clinical deaths, but we have not found a similar description in the literature, and we have not personally had contact with such experiences in clinical practice. Our review is a contribution to the obvious existence of this non-delusional phenomenon in the specific case of the association of severe obstetric shock IV. degree with insufficient multiorgans and brain perfusion and NDE. Thus, in fact, the original translation of the word resuscitation, re + anima (repeated return of the soul or spiritual spirit according to the ancient medicine of Hippocrates, especially Galen) will have a realistic interpretation of the described phenomenon in this case.