

The Effectiveness of Psycho-spiritual Therapy among Mentally Ill Patients

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Abstract

Psycho-spiritual elements of therapy have been neglected by health practitioners managing mentally ill patients. However, recent accumulating evidences have shown that religion and spirituality play important role in helping patients cope with stresses in life, including those due to their illness. An example given is a case of a drug addict fighting his way through his addiction problem, and how religion and spirituality has played an important part in his success.

Keywords: Religion; Spirituality; Psychology; Therapy; Psycho-spiritual therapy

Introduction

Psycho-spiritual therapy (PST) is an approach that incorporates religion and spirituality into psychotherapy. For centuries, this has been done in many settings, and across different religions. Bhagavad-Gita's concept of a mentally healthy person focuses itself on certain special characteristics in the personality development of an average Indian which is the key to its psychotherapeutic context [1]. Another example is Taoistic cognitive psychotherapy, which is based on Taoist philosophy of life and health [2]. Apart from that, Islamic Psycho-spiritual Therapy have roots well embedded in the spiritual foundation of the Qur'an and the Sunnah of the Prophet Muhammad [S.A.W], in which it is a healing technique where the individual is transferred from the realm of ill health to the realm of wellbeing in a manner that is Godly [3]. All religions view morality as sets of objective truth. When religious people commits to a certain moral regulations and standard, it will bring about a positive behaviour including in terms of health [4].

Case Report

This is a case of a 51-year-old Malay gentleman, previously a known substance abuser, who came to the methadone clinic for his daily methadone maintenance therapy. He started using substances when he was 23-years-old, first introduced to morphine by his co-workers. Then, he became dependent, requiring daily injections of morphine consequently costing him his job as a laboratory assistant. He then worked as a fisherman, and was introduced to heroin by his employer. His employer would give the heroin in exchange of his salary. This went on for years, with failed attempts to stop.

After being diagnosed with tuberculosis and hepatitis C two years ago, he was determined to change himself for the better and started seeking treatment in Methadone Clinic in Kuala Lumpur General Hospital. He started to get in touch with his spiritual side, performing prayers at the mosque and usually help cleaning the mosque in his free time. He became an ardent believer and genuinely hopes that God will grant his wish and gives him the strength to fight his temptation. Currently, he has been taking methadone for a year now, and has successfully reduced the dosage from 120 mg to 95 mg. He has been compliant to treatment and was given privilege to take back home 3 days' worth of methadone.

Discussion

Psycho-spiritual therapy (PST) has been recognised for its importance in helping patients cope with various kinds of mental illnesses. A study done among 387 university students have shown that higher religious attitude correlated with lower depression score [5].

A similar study among 347 university students found similar result, in which having higher religious orientation significantly lowers risk of depression and anxiety ($P < 0.01$) [6]. Comparing conventional Cognitive Behavioural Therapy and Religious Cognitive Behavioural Therapy (RCBT) among religious patients with Obsessive-Compulsive Disorder (OCD), the added religious component has been found advantageous ($P = 0.01$) [7]. Meanwhile, in cases of bereavement, results from a study indicate that highly religious patients with grief and bereavement tend to improve noticeably faster when a religious psychotherapy is added to the cognitive-behaviour approach [8]. In Malaysia, case series of four patients who used religion and spirituality to relieve symptoms of post-traumatic stress disorder (PTSD) following motor vehicle accidents demonstrated that the symptoms subsided within a month, with the help of the self-administered spiritual therapy [9]. These studies provide good examples on how religion can play a role in managing different kinds of mental illnesses. When religion and spirituality is added into treatment, this brings about a positive attitude brought by the religion and spirituality itself. This is supported by a study which found positive religious coping was significantly associated with and predictive of, a better mental health, and vice versa [10].

PST also showed good results in other illnesses, not just mental illness. An RCT done on 65 patients with breast cancer revealed a statistically significant improvement in their Quality of Life (QOL) after being subjected to a spiritual therapy ($P < 0.05$) [11]. A similar study among breast cancer patients also found that even by enquiring the patient on their spiritual concerns, greater reductions in depressive symptoms ($P < 0.01$) and their QOL ($P < 0.05$) were identified [12].

On the other hand, when interpreted wrongly by patients or medical practitioners, religion can bring about a different outcome. For example, higher religious struggles were found to be predictive of greater risk of mortality (RR= 1.06, 95% CI, 1.01-1.11, $P = 0.02$). This was further explained by having spiritual discontentment and demonic reappraisal through asking questions such as "Wondered whether God has abandoned me", "Questioned God's love for me", and "Decided the devil made this happen" increased risk of mortality

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Received January 24, 2017; Accepted February 07, 2017; Published February 10, 2017

Citation: Adeeb NA, Bahari R (2017) The Effectiveness of Psycho-spiritual Therapy among Mentally Ill Patients. J Depress Anxiety 6: 267. doi:10.4172/2167-1044.1000267

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[13]. Further study on schizophrenic patients with religious delusions or hallucinations, revealed that they have lower functioning score and higher scores on religiosity. Those who scored higher in religiosity were also found to have lower preference over psychiatric treatment and preferring magico-religious healing. Conversely, a lower religiosity score corresponded to higher satisfaction with psychiatric treatment [14]. On another note, in anxiety, the act of praying itself was found to further aggravate symptoms. This is probably due to the fact that religious activities are now seen as obsessive rituals with the absence of having a positive relationship with God [15].

Nevertheless, majority of clinicians have reservations about addressing spirituality and religion. For example, a study reported that despite 84.5% of physicians thought they should be aware of patient's spirituality, most would not ask about spiritual issues unless the patient was dying. Less than one third of physicians would pray with patients even when they were dying, but this number increased up to 77.1% only on patient's request [16]. This is completely understandable since addressing spirituality and religion is rarely incorporated into medical training. At the very least, spiritual assessment should be included into their clinical assessment whenever necessary so that patients' spiritual needs can be identified and an appropriate spiritual support can be given such as providing access to spiritual reading materials, allowing quiet times to pray, people to pray with, or notifying of their pastor [17].

Conclusion

There are a number of tools for spiritual assessments available such as the Spiritual Assessment System [SAS], FICA Spiritual Health Tool and HOPE Questions for Spiritual Assessment [18,19]. In acute setting, the FACT assessment tool can be put to use as it fits well with the needs of an acute care chaplain; it is short, easy, versatile, and focused [20]. Another tool which can be employed for the Muslim population is the Hatta Islamic Religiosity Scale 1996 [HIRS96] [21]. This twenty-seven items scale has been validated to measure Islamic knowledge and practice among the Muslim population.

In a nutshell, while religious and spiritual issues are also important in patients' health and wellbeing, they are usually neglected by clinicians. This situation should change, and clinicians should be aware of the important role religion and spirituality can play in patients' life and illness. We therefore must aid in strengthening the patient's faith so that we may empower their mind, and by God's will, aid in the prognosis of the disease.

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