Spirituality and mental illness psychology essay

Spirituality is a part of human experience. It often stands as one integral aspect of ones cultural or religious orientation. Likewise, spirituality may also represent one's individual choice, belief, and behavior. Both in terms of traditional and conventional healthcare, there are three aspects of human well-being that should be taken care of: physical, mental, and spiritual health. Physical is for the body, mental is for the mind, and psychic health is for the spirit (Jeitschko et al., 2005). However, in the present idea of healthcare, the thrust of healthcare efforts is given to physical health. However, the other two components also play integral roles in the achievement of human's overall (external and internal) well-being.

Oftentimes, these two are overlooked. Although courses of religion and spirituality are common in most medical schools and pastoral care is provided in some hospitals, health policies and insurance in mental healthcare is severely restricted in ways that physical healthcare is not and moreover, to emphasize, very little healthcare is provided for the spiritual healthcare (Jeitschko et al., 2005). Yet, Jeitschko et al (2005) claimed that spiritual claim has repeatedly observed to be an important factor and correlated for the health of both body and mind's health.

In this paper, we look into the importance of spiritual health as a prerequisite towards mental health improvement and maintenance- to prevent and to treat mental illnesses. First, we describe a brief overview of the situation concerning mental disorders and illnesses as a global phenomenon. Third, we define and contextualize spirituality as a prerequisite to overall spiritual health. Lastly, we discuss how spirituality has been used to 1) prevent a vast

array of mental illnesses and 2) treat various cases of mental disability and other psychiatric ability.

Mental Illness: A Situation Overview

While each is a separate aspect, spirituality and mental well-being are viewed as closely-related, if not dependent to each other. This may be because both are internal mechanisms that may not be measured by medical apparatuses, may not diagnosed via single medical procedure, and cannot be treated by measurable doses of medicine. Rather, these are brought about by internal mechanisms that exist along a continuum of attitudes and behavior.

Mental health and mental illness exist along a continuum of attitude and behavior. This covers a wide array of mental diagnostic categories, from mild conditions like depression to more serious cases such as schizophrenic disorders (O'Brien, 2003). The main components of looking into mental disorder are: internal psychological dysfunctions, unexpected response to a social phenomenon, and differentiation from deviant behavior. Nonetheless, the universal component of mental illness is the dysfunction of some internal psychological mechanism. Examples of these dysfunctions occur in systems of cognition, thinking, perception, motivation, emotion, language, and memory (Horwitz, 2002).

Millions of people all over the world suffer from mental illnesses and adverse mental health. As of 2002, 154 million suffer from depression, 50 million from epilepsy, 25 million from schizophrenia, and 24 million people suffer from Alzheimer and other dementias. It was also observed that 25% visiting

healthcare services suffer from mental, neurological and behavioral disorders but most of these cases are not diagnosed and treated. Moreover, people with these disorders are oftentimes subjected to social isolation, decreased quality of life, and increased mortality (WHO, 2010).

Barriers of effective mental treatment can be traced into two factors: 1) lack of recognition of the seriousness of mental illnesses among patients, and 2) lack of understanding about the benefits of having cost-effective mental illness treatment. This alleviated by the fact that in most middle and low income countries devote less than 1% of their budget to mental health (WHO, 2010).

Defining Spirituality

Before going farther in this paper, it is necessary to first define spirituality and to bring forth its importance. Spirituality is defined first by differentiating the concept with that of religion. Religion is strictly linked to formal religious institutions. On the other hand, spirituality does not depend on formal institutions but comes from initiatives of an individual. The similarities of spirituality and religion both focus on belief, sacred, divine entities, and the resulting behaviors and practices and spiritual consciousness. However, this arbitrary definition does not provide comprehensive delineation of the two concepts (George, 2000).

National Institute of Healthcare Research (NIHR) defined spirituality as the " feelings, thoughts, experiences, and behaviors that arise from search for the sacred." In this definition, search encompasses identifying, transforming, and maintaining. Terms such as " knowing," " understanding," and " embodying"

can be used as synonyms to search based on this context. Sacred refers to divine being, higher power, and ultimate truth as perceived by the individual collective reinforcement and identity. Hence, from this definition of spirituality, the distinctive characteristic of religion is collective reinforcement and identity (George, 2010).

Another comprehensive definition of spirituality came from Murray and Zenter (1989):

"...spirituality dimension, a quality that goes beyond religious affiliation that strives for inspiration, reverence, awe, meaning and purpose, even in those who do not believe in God… comes essentially into focus in times of emotional stress, physical and mental illness, loss, bereavement and death."

From these definitions, spirituality can be summarized in three elements:

comes from within an individual and not collective affiliations;

goal-oriented: search, inspiration, well-being, and embodiment of belief;

come in times of emotional stress and mental distress.

Spiritual Healthcare

The idea that spirituality is an initiative of an individual comes with the expectation that there is a wide array of spiritual healthcare procedures depending on how individuals perceive its importance and the procedures encompassing it. Hence, to take care of spiritual health, the individual should be able to have the following skills: being able to create peaceful state of mind, ability to stay alert, attentive, and mentally focused in present

circumstances, develop above average empathy and to grieve appropriately and then let go afterwards. Moreover, spiritual values include kindness, compassion, generosity, tolerance, creativity, wisdom, honesty, humility, and patience (Culliford, 2002).

Some of the elements of spiritual care include: environment of purposeful activity; feelings of safety and security, dignity, belonging and acceptance; having opportunities and encouragement to express feelings and thoughts; and to receive permission, encouragement to develop relationship with God or Absolute and to receive place and privacy for prayers worship, and spiritual education; and to derive meaning from illness experiences (Culliford, 2006).

Spirituality for Prevention and Cure of Mental Illness

Throughout history, mental illness was closely related to religious faith, demonic possessions and magical enchantments. In a very long time in history, mental illness was misunderstood and misinterpreted and people suspected to have mental disorders were subjected to cruel procedures. In prehistory mental illness perceived to come from supernatural and magical spirits that disrupt minds. Shamans tried to cure mental illness through performing rituals, casting spells, and using mind-altering drugs. Trepanning, or drilling a hole on patient's skull to release or exorcise bad spirits. However, fossils show that new bones grew to cover the holes and high survival rates were observed (Thomson, 2007).

Ancient Egyptians were the first to implement a form of mental healthcare and the first to cure a patient identified to have mental illness. Temples and

temple complexes served as mental hospitals. Mental treatment procedures include: psychiatric texts, rites, rituals and prayers. Egyptians were also able to decipher that mental illness that time was caused by loss of money and status; hence, they suggested that talk therapy will be an effective treatment procedure (Thomson, 2007).

However, due to advances in technology, rapid evolution of the society and paradigm shifts in terms of mental illnesses, spirituality becomes a " forgotten" dimension of mental healthcare (Culliford, 2002). Spirituality, as prevention and treatment for mental illness, was included in the identified misunderstanding of ancient people towards mental disorders. Spirituality was forgotten as an important tool for physical and mental health and spiritual health was also overlooked as a part of overall human well-being. This neglect is attributed to secularization and science-based discipline of psychiatry (Culliford, 2007).

Now, importance of spirituality is gradually being rediscovered because of two reasons. First, mental illness patients report spirituality; spiritual beliefs and practices are their major sources of personal strength. Second, there is increased attention in academic and scientific research and psychiatric treatment and practices (George, 2000).

In the field of psychiatry, a trending practice is to achieve first, spiritual history of the patients before addressing their mental needs. Spiritual history includes details of the patient's religious antecedents, practices, beliefs or the lack or absence of these. Reasons for taking spiritual history include (Culiford, 2007):

The field recognizes that nature of spirituality as a source of validity, motivation, and sense of belonging and acceptance which are beneficial for the patients.

There is a also a long historical relationship between spiritual healthcare and medicine.

Spirituality is oftentimes part of patient's needs and wishes.

The influence of spirituality and religion to the attitudes and decisions of the staff.

Moreover, spirituality is now recognized as an integrating force for various dimensions of human life including physical, biological, psychological, and psychosocial. Although it is acknowledged that spirituality may also have negative effects on mental well-being, there is a growing confidence for mental, and even physical health of spiritual belief and practices. In a wide review of researches on spirituality and mental health, 20% showed negative effects while 80% observed positive results (Culliford, 2007).

Some of the negative accounts on spirituality as a beneficial tool for curing mental illness include the studies cited by Fallot (2003).

In terms of diagnosis and psychiatric rehabilitation programs, DSM-IV diagnosis involves assessment of spiritual experiences. In a symptom-oriented nosological system, the focus is directed to spiritual or religious behavior of the patient. In DSM-IV, two scenarios may occur:

First, spiritual concerns may be problematic and may also be attributable to the actual mental disorder. In cases of severe mental disorder, psychiatric disorder is considered primary while spiritual expression is secondary. There are cases when spiritual experiences disappear, the primary or psychiatric disorder is treated adequately.

Second, spiritual issue is problematic but may not be attributed to the mental disease. Patients with severe mental illness are still capable of spiritual activities such as struggles for searching meaning in life, conflicting and confusing relationships with the sacred, and challenges to long-hel beliefs. These further leads to prolonged psychiatric difficulties, problems in understanding religious experiences, loss of hope and demoralization

However, Fallot (2003) argued that there is positive spiritual coping that will be beneficial for mental illness patients. Still on a lager scale, patients tend to turn unto religion not just as a significant resource but also as a coping mechanism that is helpful. Spirituality and religion can serve as possible mechanisms with positive impacts of mental health and rarely are the cases in which both pose negative impacts on mental health (Fallot, 2003). Specifically, spiritual well-being is associated to reduce likelihood of anxiety disorders, depression, and substance abuse that lead to addiction and other mental disorders. Likewise, there is also positive association between spirituality undertaking and recovery from mental disorders such as depression and substance abuse (George, 2002).

Mental Healthcare Practices Involving Spirituality

This section discusses some mental healthcare treatment practices that are used to emphasize the role of spirituality to mental health (Fallot, 2003).

Spiritual Assessment. This refers to understanding of content and the functions of a patient's spiritual beliefs and practice. This approach is useful on a diverse religious experiences and cultures. The definition of spirituality can both be broad and inclusive. This approach goes beyond symptom-oriented orientation but rather explore potential significance of spirituality to the patient and his recovery.

Spiritually informed groups. The group provides therapeutic context of examination of consumer's religious beliefs and traditions. The role of this group is to provide a positive connection between spirituality and the present conditions of the patients. In spite of religious diversity, patients may find it helpful to share and listen to other's search for meaning and purpose of life. It will not exacerbate symptoms of mental health but will rather support and clarify one's purpose in life which shall give sense of worth, value, and trust to themselves.

Individual psychotherapy. Psychotherapeutic approaches coming from a wide variety of religious beliefs such as Christianity, Judaism, Islam and others attuned the present approaches for individual psychotherapy. Aside from overview of religious interventions, this approach can also be used to specify roles of meditation and mindfulness, prayer, and other spiritually and cognitive-behavioral techniques. This approach is also integrated in counseling relationship.

Relationships with faith communities. One important factor for treating mental illness is to restore social supports and relationships. Religious or faith communities can offer empowerment, sense of acceptance and belonging to the patients. However, it should be taken into consideration that the patient shall not feel any sense of rejection from the community.

How Does Spirituality Prevent and Treat Mental Illness

Empirical analysis regarding the effects spirituality to mental health is continuously studied. Researchers and mental health practitioners continue to seek means by which spirituality will prevent and facilitate treatment, if not completely treat mental illnesses. Nonetheless, for the present studies, the following two mechanisms were attributed as the factors by which spirituality is helpful to mental health:

First is the ability to establish social support. Spiritual participation may be one major avenue for developing social bonds and other social support. People with high religious participation have larger social networks, higher interaction with social network, receive more assistance from others, and have higher levels of satisfaction of the social support they receive. This is important as rejection is one of the major causes of disturbed mental health and acceptance is one of the best recovery apparatus.

Second is the coherence spirituality offers. Through coherence within the group, patients tend to understand their role in life, their purpose, and to develop courage to face sufferings. Moreover, coherence with others is also an effective buffer to stress on mental health.

As a conclusion, it can be acknowledged that in spite of the gaps between the benefits of spirituality and mental health, it can still be safely implemented as a tool to prevent and facilitate cure of mental illnesses through the approaches and because of the mechanisms mentioned in the later part of the paper.