

# Assessment of the Level of Spirituality among the Patients with Major Depressive Disorder in Sulaimani City

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## Abstract

**Background:** Major depressive disorder has been associated with greater morbidity and mortality. Many researchers have been sought complex association between depressions with spirituality. The levels of severity of such factor can play role in the causes, recovery and predictor of depression.

**Objectives:** The main objective of this study is to assess the levels of spirituality.

**Method:** A quantitative descriptive design, conducted at psychiatric clinic in Ali Kamal medical consultation center in Sulaimani City. A non-probability, convenient sampling was recruited of 150 patients with major depressive disorder attending the psychiatric clinic. The data were collected from December, 21<sup>st</sup>, 2017 to April 1<sup>st</sup>, 2018 by the researcher of current study through the utilization of structured Face-to-Face interview guided by the questionnaire.

**Result:** The result shows that the patients with major depressive disorder experience high spirituality value.

**Conclusions:** The study conclude that high spirituality value on its own the strongest significant factor may represents emotional source and possibly used to handle or cope with depressed mood by the patients.

**Keywords:** *Spirituality, Depression, Patients, Major depressive disorder*

## Introduction

The World Health Organization, 1946 defined health as state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. However, more recent definitions of health have included emotional and spiritual dimensions <sup>13</sup>. To ignore any of these components would omit significant part of well-being, with equally significant consequences (2, 18).

Spirituality is broad concept comprise many perspective in general, it includes a sense of connection to something bigger than ourselves, and it typically involves a search for meaning in life. As such, it is a universal human experience, something that touches us all. Individuals may describe a spirituality experience as sacred or transcendent or simply a deep of aliveness and interconnectedness <sup>5</sup>.

Depression has been studied in relation to spirituality and it appears that spirituality does help people maintain their mental health <sup>16</sup>. Spirituality may play a role in depression prevention and recovery. Some studies indicate that more spirituality involved individuals experience fewer depressive symptoms and faster recovery from a depressive disorder than those with less spirituality involvement <sup>18</sup>. It has been suggested spirituality acts as a coping resource or protective factor against depression <sup>24</sup>.

According to Russell's model as well-being spirituality is not necessarily religious aspect, but rather an individual's philosophy; value and meaning of life <sup>20</sup>. It is defined as a personal connectedness with a higher divine nature <sup>13</sup>. Such connectedness may contributes to lessening depression. <sup>10</sup>.

<sup>18</sup> have assessed the value of the spirituality teaching of 8- week program for adult diagnosed with major depression of mild to moderate, results showed

significant decreased in severity change, response and remission. Also,<sup>4</sup> reported that spirituality is a significant predictor of depression should be considered on area of study.

The previous studies sought to study depression in terms of spirituality is limited. Furthermore no study has investigated the levels of spirituality in outpatients with major depressive disorder in the psychiatric-mental health nursing in Sulaimani city and even in Iraq.

Today psychiatrists, psychologists and clinicians are increasingly respond to the idea that spirit as integral in the life of the person and believe that spirituality are important in the life of their patients<sup>5</sup>.

The American Counseling Association-<sup>1</sup> defining the spirituality as a capacity and tendency that is innate and unique to all people. This spiritual tendency moves the individual toward knowledge, love, meaning, peace, hope, transcendence, connectedness, compassion, wellness, growth and development of a value system. Spirituality encompasses a variety of phenomena, including experiences, beliefs, and practices. Spirituality is approached from a variety of perspectives, including psycho-spiritual, religious and transpersonal, while spirituality is usually expressed through culture.

Individual's spiritual-health have two characteristics; internal and external. Internally, spiritual health seems to provide the individual with life purpose, ultimate meaning oneness with nature and beauty, a sense of connectedness with other, deep concern for a commitment, peace, hope and fulfilment. Externally, spiritual-health of individuals expresses themselves through trust, honesty, integrity, altruism, compassion and service. In addition, these characteristics regularly communicate

with higher power or larger reality that transcends an observable physical reality (4, 21).

The role of the spirituality in life not optional, it is a response to the need for human wholeness. To not miss an essential part of the person<sup>26</sup>, in the treatment of illness, it is important to attend to the spiritual dimension of a person<sup>8</sup>

Spirituality and religiosity are related and overall but is not the same<sup>9</sup>. Religiosity is a specific set of beliefs and practices usually within an organized and formal group or it may be a less formal and more individual set

of beliefs and practices<sup>21</sup>.

Religion is institutionalized spirituality, thus there are different sets of beliefs, traditions, and doctrines. Spirituality is the common factor in all these religions<sup>25</sup>.

In general, Islamic theory holds that each person comprises four parts; the heart, the intellect, the spirit (Ruh) and the self (Nafs). The spirit contains a template of potential for the person. And the self encompasses the biological and psychic aspects of the individual (our animal nature)<sup>19</sup>. The four parts of the person are in harmony through belief, worship and submission to Allah.

Although hospital for psychiatric care appeared in Islamic countries early in the 8<sup>th</sup> century, Muslims generally may see mental health difficulties as due to spiritual problems or weakness in faith. Islamic counselors working with Islamic clients generally see their spirituality; religion is as a resource that helps guard against problem like depression and suicide, as well as providing coping resources for other types of problem<sup>3</sup>.

<sup>12</sup> view of the spiritual well-being concept that, in addition to desires for pleasure or self-fulfillment, humans have needs for transcendence, "the sense of well-being that we experience when we find purposes to commit ourselves to which involve ultimate meaning for life". This type of well-being provides integration, harmony, and freedom within the personality and it involves two types; religion well-being which is a vertical relation or well-being in connection to God, and the second type is existential well-being which includes a horizontal relation to the world including a sense of life purpose and satisfaction.

In this regard<sup>13</sup> stated that some major spiritual issue include the fear of death and loss, both of self and others. Spirituality allows one to cope with these feelings by providing a sense of hope and meaning to experience that would otherwise be crippling. Having a spiritual understanding that one's connection with creation is more than merely physical helps to ease the fear and pain of loss, feeling connected to the divine eases feelings of abandonment, grief, and alienation, as well as promoting a sense of self-acceptance. Spirituality is thought to be a key component in the healing process and an integral part of the client treatments plan.

Spiritual / religious coping is widespread<sup>25</sup>. In a study published by<sup>22</sup> found that 90 percent of Americans

turned to their spiritual belief to cope with stress. This is also true in clinical settings. A study of 330 hospitalized medical patients found that 90 percent reported they used spiritual and religion practices to cope at least a moderate extent, and over 40 percent indicated that their spiritual belief were the most important factor that kept them going <sup>17</sup>. Those with mental problems often rely on spirituality resources. <sup>23</sup> found that 80% of patients (406) with persistent mental illness relied on spiritual beliefs to cope. In Australia, <sup>11</sup> found that 79% among 79 psychiatric patients thought their therapist should be aware of their spiritual beliefs and 67% percent indicated that spirituality helped them to cope with psychological pain.

<sup>16</sup> examined the relationship between spirituality and mental health, focusing on depression, and reported statistically significant positive associations between spirituality involvement and better health. Spirituality in mental health plays an important role. For many afflicted individuals, their spirituality gives them a powerful sense of hope in the face of an often devastating and chronic illness <sup>7</sup>.

## Method

A quantitative-descriptive design was used in order to achieve the aim of the study by using assessment technique to describe the studied variables which includes spirituality on community Patient with major depressive disorder. The study was carried out from December, 10<sup>th</sup>, 2017 to October, 1st, 2018. This study carried out at Psychiatric clinic in Ali Kamal medical Consultation Center which is affiliated to the Teaching Hospital in Sulaimani City in Kurdistan Region of Iraq.

A non-probability, convenient sampling of 150 patients previously diagnosed with major depressive disorder were recruited from consecutively attended the psychiatric department during the period from December 27<sup>th</sup>, 2017 to March, 21st, 2018.

A questionnaire was developed to measure the variables underlying the present study mainly to assess spirituality among patients diagnosed with major depressive disorder. Spiritual well-being scale (SWBS) (Elison-paluzian, 1982) used in this study. The validity of the questionnaire determined through a panel of 20 experts. Statistical package for social science (SPSS) version 22 is used for data analysis.

## Result

**Table 1 the significant difference between calculated mean and theoretical mean in spirituality measures for the study sample, using -test**

Variable	Sample	Calculated mean	standard deviation	theoretical mean	value	Level of significance
Spirituality	150	72.626	11.398	60	13.567	0.001

Table (1) shows statistically significant difference was found between calculated mean (= 72.626) and theoretical mean (x=60) (-test = 13.567, ± 11.398) at <0.001 level in spirituality measure. The results in this table indicate that the difference was in favour of calculated mean which means that the level of spirituality, in general is high among study sample for patients with major depressive disorder.

**Table 2 Distribution of sample according to the levels of spirituality**

Statistical Indicator	Level of spirituality			Total
	Low level (20-40)	Medium level (41-69)	High level (70-100)	
Frequency	3	45	102	150
Percentage	%2	%30	%68	%100

Table (2) appears the distribution of the patients according spirituality- well-being scale index. The table reveals that highest percentage (68%) of the total patients were high level of spiritual well-being and the mean score ranged from (70-100), and the lowest percentage (2%) of the total patients were low level of spiritual well-being the mean score ranged from (20-40).

**Table (3) The significant difference of spirituality in regard to patient’s gender factor among sample**

Variables	Group	Number	Mean score	Standard Deviation	value	Level of significant
Spirituality	Males	99	73.64	8.81	1.534	Nonsignificant
	Females	51	70.64	15.12		

The table (3) appears that there was statistically non-significant difference between mean score of spirituality in compare to patient’s gender because p- value was greater than common alpha 0.05

(- test = 1.534). The table reveals that gender factor is not impact factor affecting the spirituality in major depressive disorder among study patients.

**Table 5 the significance differences of mean score of spirituality in regard to suicide attempt factor among patients**

Variables	Suicide attempt	Number	Mean score	Standard Deviation	value	Level of significant
Spirituality	No	102	73.83	12.11	1.907	Nonsignificant
	Yes	48	70.06	9.29		
	Yes	48	12.93	4.60		

Table (5) shows that there was statistically non-significant difference mean score of spirituality in compare to patients non suicidal and suicidal attempt, because p-value was greater than the common alpha 0.05(=1.907, at p>0.05). Table 5 reveals that the suicidal attempt is not affecting spirituality, which reveals that spirituality, is self-coping against suicide attempts.

**Discussion**

The results of the present study showed that the observed (calculated) mean score (72.626) of spirituality was significantly (p<0.001) higher than the theoretical mean score (60) 11.398 and the majority of the study depressed patients (68%) have high spiritual level in comparison to the standards scoring (70-100) of spirituality scale and only few of them (2%) with low level of spirituality. The frequent finding of high spirituality level among depressed patients in the current study was similar to the findings from another study

carried out by <sup>15</sup> study in Iran and <sup>4</sup> study in USA. They found that spirituality level was significantly high among patients with major depressive disorder.

The possible explanation of the result of this study that the collaborative relationship that depressed patients have with God may counteract the culture belief of fatalism <sup>4</sup>. The findings of this study therefore add evidence that high spirituality level common state experience by the study patient, with major depressive disorder living in the community.

It showed that gender and suicide attempts are non-significant factors affecting spirituality levels. Similarly, <sup>4</sup> showed that gender was non-significant impact factors affecting the differences in spirituality score levels. In contrast to the results of this study <sup>15</sup> identified that the gender as a factor effecting spirituality levels.

Suicidal attempt also is non-significant factors effecting the differences in spirituality levels ( $p>0.05$ ).<sup>14</sup> found that no support for spiritual mobilization hypothesis during illness or that spirituality/ religious served as protective factor, and also found that distress increases over time and proposed that the strength of religion/ spirituality beliefs prior to the illness and the mobilization of these beliefs in absence of illness a strong base during the crises promoted distress Instead.

### Conclusion

Most of patients were male, unemployed, living in urban areas, practicing religious activities and their mean of age 37.5 years. They were less admitting to hospital although the long duration of illness ranged from 1-25 years. The patients experience high level spirituality value. The level of spirituality value affected by age, marital status, level of education, residential area, religious status and duration of illness.

Patient religious status is significant factors effecting the variation of studied variable spirituality, but patient suicide attempt and number of attempts are not associated with the spirituality value.

High spirituality value on its own the strongest significant factors may represent emotional source and possibly used to handle or self-cope with depressed mood by the patients.

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**Conflict of Interest:** None to declare.

**Ethical Clearance:** All experimental protocols were approved under the College of Nursing/University of Sulaimani, Iraq and all experiments were carried out in accordance with approved guidelines.

### References

1. ACA. American Counseling Association. Code of ethics. Alexandria, VA: Author. 2005.
2. Ahmad A, Altaf M , Jan K. Loneliness, self-esteem and depression among people of Kashmir. The international journal of Indian psychology. 2016;3(4).
3. Ali S , Liu M , Humedian M . Islam 101: understanding the religion and therapy implications. Professional Psychology: Research and Practice 2004;35 (6): 635–642.
4. Avila, Fernando M . “Self-Esteem, Spirituality, and Acculturation and the Relationship with Depression in Latinos” Electronic Theses and Dissertations. 2014; 39.
5. Bonelli RM , Koeing HG . Mental disorders, religion and spirituality 1990 to 2010: A systematic evidence-based review. Journal of Religion and Health, 2013; 52(2): 657-673.
6. Bussema KE , Bussema E F. Is there a balm in Gilead? The implications of faith in coping with a psychiatric disability. Psychosocial Rehabilitation Journal, 2000;24 (2): 117–124.
7. Christmas C, Stacy M. SPARC Groups: A Model for incorporating Spiritual Psychoeducation Into Group Work., The journal for Specialists in Group Work, 2012;37(3): 170-201.
8. Chirban JT. What is the spirit? Leaving Space for the Spirit in Clinical Treatment. psychologytoday. 2013.
9. Cohen M Z , Holley L M , Wengel S P , Katzman M. A platform for nursing research on spirituality and religiosity: Definitions and measures. Western Journal of Nursing Psychology, 2012;34(6):795-817.
10. Doolittle BR, Farrell M. The Association Between Spirituality and Depression in an Urban Clinic. Prim Care Companion J Clin Psychiatry. 2004;6(3):114-118.
11. D’Souza RF. Do patients expect psychiatrists to be interested in spiritual issues? Australasian Psychiatry. 2002;10:44-47
12. Ellison CW. Spiritual well-being: Conceptualization and measurement. Journal of Psychology and Theology, 1983; 11(4):330-340.
13. Fortinash K M, Worret P A., (Eds). Psychiatric Mental Health Nursing (5th ed.). St. Louis, MO: Elsevier/ Mosby. 2012.
14. Gall T L, Kristjansson E , Charbonneau C , Florack P. A longitudinal study of the role of spirituality in response to the diagnosis and treatment of breast cancer. Journal of Behavioral Medicine, 2009;32: 174-186.
15. Joshanloo M, Daemi F. Self-esteem mediates the the relationship between spirituality and subjective well-being in Iran, International Journal of Psychology, 2015; 50( 2): 115-120.
16. Koenig HG , McCullough M E , Larson D B. .

- Handbook of religion and health. New York, NY US: Oxford University Press. 2001.
17. Koenig H G . Religious attitudes and practices of hospitalized medically ill older adults. *International Journal of Geriatric Psychiatry*, 1998.13(4):213-224.
  18. Moritz S , Kelly M T , Xu T J , Toews J , Rickhi B. Aspirituality teaching program for depression: Qualitative finding on cognitive and emotional change. *Complementary Therapies in Medicine* 2011;19: 201-207.
  19. Nelson JM. *Psychology, religion, and spirituality*. New York: Springer. 2009
  20. Perrin KM, Mc Dermott RJ . The spiritual dimension of health: a review, *Am J Health Stud* 1997;13(2):90.
  21. Phillips RE , Lakin R, Pargament KI. Brief report: development and implementation of spiritual issues; psychoeducational group for those with serious mental illness. *Community mental health journal*, December 2002;38(6) .
  22. Schutte PJ. Post-modern Spirituality: Experience, rather than explain', *HTS Theologiese studies/Theological Studies* 2011;67(1).
  23. Tepper L , Rogers S A , Coleman E M. The prevalence of religious coping among those with persistent mental illness. *Psychiatric Services*, 2001;52 (5): 660–665.
  24. Valdez C E, Brenda E Bailey, Alecia M Santuzzi , Michelle M Lilly. Trajectories of Depressive Symptoms in Foster Youth Transitioning Into Adulthood: The Roles of Emotion Dysregulation and PTSD. *Child Maltreat*. 2014.
  25. Verghese A. Spirituality and mental health. *Indian Journal of Psychiatry*. 2008; 50 (4):233-237.