

Outcome of Spiritual Practices on Patients Suffering from Depression

Devi Singh¹, Chaudhary Ranjeet Singh²

¹Associate Professor, Dept. of Psychiatry Krishna Mohan Medical College and Hospital, Pali Dungra, Sonkh Road, Mathura

²Assistant Professor, Dept. of Psychiatry Krishna Mohan Medical College and Hospital, Pali Dungra, Sonkh Road, Mathura

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Corresponding author: Dr. Chaudhary Ranjeet Singh

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Abstract

Depression is one of the most affected disorders all over the world. Studies have found that around 43% of Indians suffer from depression, out of which 11% suffer from moderate depression and 9% suffer from severe depression symptoms. Most youth of India show symptoms of depression because of various life changes, relationship issues, family issues, cyber bullying, etc. Some studies have shown that spirituality and religiosity can be a supplementary method to cure depression and lower the dosage of anti-depressant prescribed. The following study was carried out to check the outcomes of spiritual therapy given along with their medications.

Material and method: Following group of 100 people were chosen for study. They were called up for face-to-face interview to explain the study and detect their level of depression. They were given spiritual therapy along with the anti-depressant with provided dosage from the prescribed doctor for 4 weeks. At the end of every week the patients were monitored to check the level of depression.

Result: The patients were found responsive towards spiritual therapy but not all were found healthy at the end of sessions. As differed by depression level, those suffering from mild depression symptoms, were found helped by the end of therapy weeks but those suffering from severe depression did not respond well and anti-depressant medications were continued.

Conclusion: As the study came up to end, it was concluded that spirituality and religiosity can be affected in both positive and negative way to a patient suffering from depression.

Keywords: Depression, Disorders, Person's Capability and Anxious

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Introduction

In critically sick individuals, anxiety and depression are widespread, and they may be linked to spiritual concerns. Depression is a most common undiagnosed issue from which

most individuals are suffering all over the world. Counting on statistical data, India shows around 56 million of population suffering from depression and around 36

million of them from anxiety. India has one of the world's highest rates of mental illness. Depression has shown diminution in a person's capability of carrying out work at offices, handling relationship and living as a healthy normal lifestyle. Women are more likely than males to suffer from depression. Researchers in psychiatry have been examining the conditions and symptoms of depression proving it as mental illness and various publishers in last few decades have written over depression examining this widespread illness. [1]

Depression is left unidentified and undiagnosed as a person suffering seems to be normal and healthy in appearance and ill mentally inside. The healthy and normal appearance makes it unnoticed for other people to identify the illness. Some of the major signs and symptoms of depression are-

- Anxious, constant sadness.
- Negative feelings and hopelessness.
- Feeling of irritation and frustration.
- Loss of interest in social life and activities.
- Feeling of being slowed down, fatigue.
- Insomnia or hypersomnia.
- Change in appetite and unplanned health changes.
- Suicidal thoughts and attempts to end life.

In terms of socio-demographic characteristics, research has indicated that depression is more frequent in women, younger people, those from low-income families, and people who eat low-nutrition food. People who are divorced or widowed, those who live in nuclear family, and those who live in urban areas are more likely to suffer from depression. Depression is more prevalent in low socioeconomic class, widowed status, jobless condition, poor educational level, subjects living in nuclear family or those living independently.

Religious participation is also widespread today, with polls indicating that a sizable

fraction of the world's population possesses religious beliefs and practises that are vital in their everyday lives. Spiritual practises may be utilised to deal with or adapt to difficult life circumstances, according to a number of studies. Although various genetic, developmental, and environmental variables have a role in the genesis and maintenance of depression, failure to cope with life stress is frequently cited as a fundamental underlying component.

The link between religion, spirituality, and mental wellbeing has become an increasingly relevant area of scientific investigation during the last two decades. Researchers looked at whether religion and spirituality improve psychological resilience in the face of adversity, as well as if they guard against the emergence of mental diseases or help people recover from them.

Spirituality, according to Sullivan, is a distinctive and unique trait that connects oneself to the cosmos and others, and may or may not entail belief in a deity, where as Puchalski defined spirituality as a method of connecting the within with the divine in order to discover meaning and purpose in life. [2,3]

Several studies have found favourable links between religion and spirituality and illness prevention, including indications of enhanced quality of life and greater survival. [4] Some studies have found a direct link between psychological well-being, such as contentment, happiness, and moral ideals, and mental health and their spiritual belief differing person to person.

Despite the numerous good links, religion has also been linked to feelings of guilt, abandonment, or punishment possessing a negative impact on one's life. When these factors are present, the effects are usually poor, with higher rates of depression, anxiety, and death. [5]

The empirical data reveals that religion and spirituality have a strong cross-sectional

relationship with reduced levels of depression, and that these resources may also aid in depression rehabilitation. Surprisingly very few studies are being carried out about if and how religiosity and spirituality may alter antidepressant drug treatment response.

The goal of this study is to see if spirituality and/or religion are linked to antidepressant treatment response. [6,7]

Material and method

Following study was conducted at in psychiatry department of tertiary north hospital. Present study uses the sub-sample of people with non-psychotic major depressive disorder. The present study used the patients who were already on the medication given in the clinic. Some of the participants were self enrolled in the clinical study trial as a response to advertisement.

The main clinical trial goal was to see if there was any significant difference in ongoing medication treatment response when the subjects were given additional spiritual activities to follow.

A sample size of 100 people was chosen for the study out of which 58 were female and 42 were male. Before these participants were shifted to spiritual treatment along with antidepressant these patients were assessed to check the level of depression in them. The patients were called up for face to face interview.

Written informed permission was acquired once the participants were told about the study. At screening, demographic data, medical and psychiatric histories, as well as a physical examination and laboratory tests (full blood counts, ECG, thyroid and liver function tests, pregnancy test (if suitable), and urine toxicology screen) were acquired.

After the finalization of reports, each patient was shifted to a spiritual session, where peace of mind, meditations and other mind activities were performed. The regular dose of anti-

depressant was continued for 4 weeks. Regular monitoring was done in order to detect the stage of depression.

Inclusion and exclusion

All of the patients who were suffering from mild- depression disorder, self enrolled and were ready to take the treatments were included. Patients who were already suffering from a current or lifetime diagnosis of schizophrenia, schizophrenic form or schizoaffective disorder, psychotic depression or bipolar disorder were excluded from the study.

Result

All of the 100 patients were tested at the end of session after 4 weeks for the depression level and doses of medication. The patients were again interviewed personally at the end of the session. The summary of study revealed that patients suffering from serious depression disorder did not have much effect of spirituality in them, while those suffering from mild depression felt helped and better after 4 weeks. Patients were also separated while analysis, depending on their age factor. Age was seen as also an important factor because age group between 40- 60 yrs were more likely to believe in spiritual and religion than that of age group between 20-30 yrs.

Discussion

In the above study out of total 100, 60% of the individuals were into the age group of 20-35 suffering from mild-depression with a reason of personal life, love affairs, job issues and were supplemented with 20mg/day of medication. Other 40% of age group were found to be depressed because of various other reasons out of which loneliness and old age came out to a main reason.

Studies have revealed that, belief in religion, a sense of life purpose, or the power of faith can help people avoid depression. On contrary, although religious views may be a source of comfort for persons who are

suffering from a serious illness, some studies have found a link between religious beliefs and poor health outcomes. Negative religious coping has been linked to an increased risk of anxiety, sadness, and poor quality of life (i.e., feeling abandoned or punished by God).

When compared to alternative treatments or controls, the majority of research (61%) show that people who are more spiritual have less depression or a faster recovery from depression, or have a better response to a religious and spiritual intervention.

According to the findings of this study, engaging in a moderate level of religious behaviour may be linked to a better therapeutic response to antidepressant medication.

Conclusion-

Spirituality and religious engagement may lessen the chance of stresses occurring in the first place, in addition to helping people cope better with life pressures. Finally, significant religiosity appears to be associated with improved therapeutic response to antidepressant medicines. The current study's findings highlight the importance of religious awareness in the context of depression therapy. If these findings are replicated, they might have substantial implications for therapeutic therapy. There are many certain factors that may influence the symptoms of depression in one's life but genetic, life style, family commitments and environmental factors may also contribute to increase depression in youth. Certainly, studies have shown that spirituality is related to less depressed feeling and for lessen the chances of life stress but contrary; some of the researchers have found that religiosity and spirituality may also put a negative influence in depression. Finding patient's intrinsic belief in spirituality can help recovering depression and help care workers to find a cope up mechanism. To an excitement, more studies are required to find out a common ground between spirituality, religiosity,

mental health and medicine to find out new modality in depressed patients.

References

1. Grover, S., Dutt, A., & Avasthi, A. An overview of Indian research in depression. *Indian journal of psychiatry*, 2010:52(Suppl 1), S178–S188.
2. Sullivan, WP. It helps me to be the whole person: the role of spirituality among the mentally challenged. *Psychosocial Rehabilitation Journal* 1993:16:125–134.
3. Puchalski, CM (2012). Spirituality in the cancer trajectory. *Annals of Oncology* 23, 49–55. [CrossRefGoogle ScholarPubMed](#)
4. Sawatzky, R, Ratner, PA, Chiu, L. A meta-analysis of the relationship between spirituality and quality of life. *Social Indicators Research* 2005:72, 153–188.
5. Pargament, KI, Koenig, HG, Tarakeshwar, N, Hahn, J. Religious struggle as a predictor of mortality among medically ill elderly patients. *Archives of Internal Medicine* 2001:161, 1881–1885.
6. Schettino, J. R., Olmos, N. T., Myers, H. F., Joseph, N. T., Poland, R. E., & Lesser, I. M. Religiosity and treatment response to antidepressant medication: A prospective multi-site clinical trial. *Mental health, religion & culture*, 2011:14(8), 805–818.
7. Hays, P. Evidence Basis for Pharmacogenetic Testing in Psychiatry. *Journal of Medical Research and Health Sciences*, 2022:5(3), 1838–1859.