

ORIGINAL ARTICLE

The Mental Health Benefits of Religion and Spirituality in People Living With Bipolar Disorder in Malaysia

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ABSTRACT

Introduction: The taxonomy of spirituality is fraught with complexities concerning mental health studies, due to contextual variables such as religion. While many studies on spirituality have reported positive mental health outcomes, little is known concerning spirituality's effects on bipolar disorder. This study aims to provide a contextual understanding of spirituality from the religious worldview of people with bipolar disorder. **Method:** This is a qualitative study involving semi-structured and one-to-one in-depth interviews. 25 participants diagnosed with bipolar disorder were recruited from two psychiatric outpatient clinics. All interviews were audio-taped and transcribed verbatim by the researcher. Thematic analysis is used to analyse the data and Bourdieu's concept of habitus is used to explore the findings in relation to participants' subjective account of their religious form of spirituality. **Results:** The theme 'Maintaining a positive sense of self' mainly comprises the religious element in the participants' everyday life: faith in God, religious practices and a sense of spiritual harmony (i.e. peacefulness and connectedness). The role of religion and social agency was inclusive in promoting spirituality among the study sample **Conclusion:** Through Bourdieu's lens of religious habitus, this study provides the understanding of religious-spirituality and a healthy mental state in such a way that it implies a relationship with God through religious beliefs and practices. This study invites others to pay attention to the dynamic roles of religious agency and society in promoting religious faith and practices among individuals diagnosed with bipolar disorder.

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INTRODUCTION

The notion of spirituality represents the idea of being a religious person for whom religion (i.e. practices in private or within religious organisations) can provide an avenue and context for spiritual experiences (1). In the Malaysian religious context, there is no nuanced understanding of religion and spirituality as separate concepts - both are often referred to interchangeably to help guide individuals' decisions concerning how they conduct their lives (2). Looking at the population, Malay Muslims are the majority (63.1%) which recognised Malaysia as a Muslim country (3). Despite this, the Malaysian population comprises not only most

Muslim Malays (63.1%) but also Chinese as followers of Buddhism (19.8%) or Christianity (9.2%), followed by Indians, who are Hindu (6.3%). Only 0.7% of Malaysians identify themselves as atheist (4). Under this, almost all Malaysian people have a religious identity and can practice their religions in Malaysia.

Little attention is paid to how service users maintain their spiritual aspects as studies in bipolar disorder employ religion as an indicator of mental health outcomes and managing bipolar symptoms which have solely been guided by a biomedical model conception (5-6). With that in mind, this study employs Bourdieu's concept of symbolic interpretation of benefit as appraised by individuals to explain the mental health benefits as the outcome of religious faith and practices. Bourdieu's basis understanding of being religious is under people's goals or interests, as recognised through symbolic interpretation of meaning concerning resources (i.e.,

religion) through his concept of habitus (7). Concerning mental health, Zembylas (2007) asserted that positive emotions are generated by the habitus (8).

Habitus is perception, disposition and action in the mind and body which is integral to culture (9). For Bourdieu (1977), social resources can have valued, and gain power when appraised by every individual, as captured by the habitus (9). To further explain the power of Bourdieu's insight, habitus acts to state that adopting position in which one obeys a social command can improve an individual's identity as a good person in order to be accepted by group members (10). Hence, people are bound to struggle for social command, regardless of their will (11). However, in benefit derived from social life, individuals are seen to invest in social relationships to create a good life in which they employ their resources (12).

With particular reference to validating spirituality from Bourdieu's insight, and in consideration of the context, this article aims to understand spirituality and its attribution to mental health within the context of being religious among people living with bipolar disorder. Therefore, this study uses the term religious-spirituality as one construct in considering the contextual view of the participants in Malaysia. The religious attributes of spirituality and their benefits for an individual's mental health will be presented in living with bipolar disorder.

MATERIALS AND METHODS

This is a qualitative study design using the purposive sampling approach and one-to-one in-depth interviews. The study sample included 25 people diagnosed with bipolar disorder, recruited from two psychiatric outpatients in Kuala Lumpur, Malaysia. The two study settings were located in the multi-ethnic and multi-religious states in Malaysia, and access to this group as participations were greatly achieved through their attendance at the outpatient clinic.

All participants were screened by their psychiatrist, and they met the inclusion criteria as follows: 1) adults over 18-year-old 2) diagnosed with bipolar disorder by the psychiatrist, 3) able to speak in Malay or English, 4) not presenting with severe symptoms, 5) and had a religious affiliation.

The interview guide covers coping and source of strength and view on community networking as recommended in the literature (13). Examples of questions asked include, *'How do you draw your strength'*, *'How does these affect your life'*, *'Tell me about your view on religion and God'*, and *'religious practices you do and why'*.

All interviews were audio-taped and transcribed verbatim by the researcher. Ethical approval was obtained from National Medical Research Registration (NMRR),

Malaysia prior to data collection. The researcher used thematic analysis approach for coding the data and grouped into themes. Saturation of data was reached when no new categories emerged, and the analysis has achieved the depth and richness of understanding of the themes. Bourdieu's concept of religious habitus was explored by considering a shared belief, disposition and ways of seeing the world, and habitus in exercising religio-cultural norms and practices that might typify the individuals included in this study.

This study adopts the researcher's reflexive account for credibility issues and English translation of the Malay transcript was verified by two bilingual reviewers to address the trustworthiness issues. Direct quotations are used throughout all the themes to illustrate the presented findings. After a direct quotation, the participants are identified by their number (i.e. P1 - 25) and religious orientation; "I" for Islam, "H" for Hindu, "C" for Christian, followed by page and line numbers.

RESULT

The 25 participants with BD varied in age from their 20s to their 60s, with a balanced gender distribution (48% males, 52% females). The ethnic representation in this study was dominated by Malays (n=16, 64%); this would be expected in Malaysian society. The other participants were Chinese (n=4) and Indian (n=5) Malaysians. The duration of the illness also varied in the sample; all of the participants had been diagnosed with bipolar disorder for at least two years, and 14 out of the 25 people had lived with BD for more than 10 years.

Theme of 'Maintaining a positive sense of self'

This theme through three sub-themes, captures the subjective accounts of religious faith in God and practices, with the perceived spiritual effects with regard to the positive sense of self. For the sense of spiritual harmony, "peacefulness" and "connectedness" corresponding to religious devotion were felt to be close to religious devotion to God in these subjective accounts of people with BD.

Subtheme 1: Keeping faith in God

The finding recognises that the habitus of religion in the dispositions of religious faith is bound to their religion within Malaysian society. The majority of the participants (19 out of 25) related having faith in God in the ongoing pursuit of a spiritual journey. The narratives showed their expression of reliance, trust and submission to God that may be clear as a foundational core in the participants' spiritual journey. The need for remembrance and dependence on God is expressed in the following narrative:

We are born as human beings. Without God, we cannot live. That is why every person (i.e. with a religion) must remember God from time to time. (P18, H, 15: 9-10)

A participant states that without religion, people with bipolar disorder could have delusions of grandeur and egoistic self-absorption:

If you do not have religion, you think you are the greatest. You think you are the only one in this world. You can do whatever you want. (P14; C; 23: 15-17)

Other participant describes the dynamic of faith as essential within a personal quest for spirituality:

Having a spiritual soul [i.e. Rohani] is very important. As a normal human being, our faith [i.e. iman] may fluctuate. Sometimes we are only good at talking [theory], but never practicing what we preach. Most of us do things because of our norms or as an obligatory thing to do, without proper understanding. We may not seek for it [i.e. Rohani]. (P21; I; 15: 3-9)

Subtheme 2: Devoting oneself to God

Devotion to God is understood as their narrative accounts to perform various rites such as prayer, dhikr, reciting mantras and meditation- all the exercise of religio-cultural norms and practices professed by most of the participants in this study (23 out of 25). It is even possible to perform religious practices during episodes of illness, as suggested in the following narrative:

I had never skipped prayers. So, even when I was sick, I still wanted to perform my prayers. (P7; I; 7: 17-18)

Some believers express a sense of improvement in religiosity in terms of their relationships with co-religionists, including meeting clerics, joining communal gatherings, and worshipping as part of a congregation. Added to this, there is a relative prevalence of spiritual guidance in Malaysian society. The participants have access to religious figures in pursuing knowledge within religious institutions in Malaysia, i.e. to 'imams' and 'ustaz/ustazah' as teachers, Christian priests, and Hindu clerics. In this study, some the participants (6 out of 25) suggested that their interactions with fellow believers were conducted for religious information and participation. Moreover, the religious institution as a cultural artefact, as a mosque, temple or church (as mentioned by them), is made available to them as a member of a religious group for religious assembly and worship as part of a wider congregation. Spiritual fellowship could support the spiritual devotion of people with bipolar disorder, as described in the following excerpt:

So I prayed God sent me friends that could guide me on the straight path. Then God allowed me to meet friends that were religious. They encouraged me to understand the religion by visiting the mosque and learning the religion via talks and lectures. (P20; I; 8:16-19)

One of the participants suggests that Malaysian society is not literate when it comes to bipolar disorder, highlighting the need for people living with bipolar

disorder to have stronger self-esteem, which could overrule the feeling of "embarrassment":

I don't feel ashamed. I just tell people I have bipolar disorder; they don't know what it is. I told you earlier: mission is a must, dreams, religion, spiritual fulfilment. (P19; I; 26: 1-3)

Religion is valued by the participants as providing a good way of life besides a positive sense of self-betterment. People with bipolar disorder are concerned with maintaining a sense of self-control over their bipolar disorder or emotions. This participant strongly accounts for the benefit of spiritual approaches for gaining emotional control in dealing with bipolar symptoms:

Alhamdulillah. I feel very happy this month. I can handle all that [i.e. control emotional outbursts]. This results from performing dhuha prayer, tahajjud prayer. I pray five times a day. These are my weapons. People with bipolar disorder have to remember Allah and the Prophet Muhammad a lot. (P6; I; 6: 8-11)

Subtheme 3: Having a sense of spiritual harmony: connectedness and peacefulness

A majority of the participants expressed the subjective benefits associated with religious practice in daily life and regularly include a sense of connectedness and peacefulness (19 out of 25). This kind of tranquillity arises from religious ideation and cannot be found in recreational activities associated with taking one away from spirituality:

Only if we remember Allah, our heart will be at peace. There is no other way. For someone to only go to any karaoke centre to find his peace, that would not help as well. Allah has stated that 'only Him', and when He says 'only Him', then there are no other sources that could make you seek and find solace. There is no other solution. (P22; I; 18: 19-22; 19: 1)

Over half of the participants (13 out of 25) expressed feeling a sense of "connectedness" with God. A "spiritual connection" could be the aspect of maintaining spiritual recovery in people with bipolar disorder, as indicated in the following excerpt:

When I was into negative things, I was spiritually sick. So, how do we treat our sick soul? We need to return to God's path of righteousness. This is as the soul acts as our connection with God. (P15; I; 8: 28-30; 9: 1)

To sum up, the narratives suggest that developing self-efficacy by taking spiritual approaches enables the participants to handle emotions, suggesting the symbolic value of religion as the attribute to spirituality and a healthy mental state. The findings thus call for a more inclusive role of religion and social agency that empowers people with bipolar disorder to seek help for religious-faith matters and to improve their religious practices.

DISCUSSION

The religious practices in the study participants raise the interpreted commitment to faith in God as expressed by a large majority of the participants in this study (23 out of 25). The religious-spirituality specific to the participants with bipolar disorder is highlighted in their habits, rendering their religious and social values promotive to their mental health recovery. This is captured from the habitus which highlights the supportive role played by religious members in reinforcing their religious faith in God through a sharing of their ideas of God.

Radford (2012) explained that the context of faith helps to expound on the dialectic relationship between one's faith in God and an individual's religious practices (14). Braam (2009) asserted that many spiritual activities facilitate a fundamental sense of connectedness to oneself, God and others (15). From a psychological perspective, people learn to expect emotional outcomes and behave to pursue the emotions they prefer (16). Further supporting this, Levin (2010) recognised the positive emotions resulting from the psychodynamic play of religion (17). In this respect, this study has merit in its application of the habitus which leads to the participants viewing religion as the attribute of their psychological coping strategy. In addition, the subjective feelings associated with religious practice apply to Bourdieu's symbolic benefit of attributed by the religious habitus and practices of this study that helps this study to understand the trajectory of religious-spirituality through daily religious practices.

This study sets out to suggest that participants' faith in God should be highlighted with the social influences in Malaysia that reinforce faith in God for this study sample with bipolar disorder. This claim is parallel to the Western literature that social capital is one of the resources of faith in God (18). Many modern societies have experienced a decline in their levels of institutional religious participation and influence (19). This study also acknowledges the views of Iannaccone and Klick (2003) by drawing their observations from U.S. society, which highlighted that religion is an individual choice rather than socially reinforced (20).

However, this study moderates the claim on the social influences, since according to the participants' accounts of their relational religiousness in this theme, only a few the participants (6 out of 25) suggested that their interactions with fellow believers were conducted for religious information and participation. This low level of positive response could serve to identify those who will socialise despite how it may open them up to the possibility of being discriminated against by the religious community. In bipolar disorder (based on the small number among the study participants), it is conceivable that the participants could have faced self-discrimination or been disregarded by other religious members, thus

limiting their access to the religious community.

Implications and limitation

This study reinstates the element of the social construct in perceiving the symbolic meanings of religious practice attributing to spirituality in this study sample with bipolar disorder. Within the Bourdieu's lens, the current study emphasises that the concept of religious faith should always be viewed as a social element of reinforcement through interactions. This study invites others to focus on the dynamic role played by religious society, especially in the population's case with religion. This study acknowledges the need to consider the non-religious spirituality in this study sample with bipolar disorder regarding the expression of positive emotions and emotional regulation.

This study cannot make a strong claim as to the demographic representativeness of the participants to the actual group of people with bipolar disorder in Malaysia as a whole. There is a potential bias in the selection of the sample, owing to the fact that the inclusion criteria for participation in this study were initially screened by the participants' psychiatrists. Moreover, the overall vision of mental health benefits derived from the understanding of religious-spirituality is not going to prove that the participants have recovered or indeed can recover from bipolar disorder. Within the frame of being religious, the current study limits the attributes of religion to spirituality to religious population, and thus not suited to the secularist and atheist population elsewhere.

CONCLUSION

To conclude, this study highlights the benefits of mental health through a religious lens, and the role of religious agency as well as society which can promote religion based on the participants' narrative. Thus, this study adds to the body of knowledge in the contextual understanding of spirituality from the example of living with bipolar disorder and with religion, derived from the empirical evidence in the Malaysian context.

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