The Need to Particularise the Concept of Spirituality within Mental Health Services in Malaysia

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ABSTRACT

People with mental health problem in Malaysia require access to spiritual care from their mental health services. However, the literature, which is dominated by Western scholars, brings the broad conception of spirituality into debate, which does not fit the paradigm of the religious worldview in countries such as Malaysia. This paper provides a narrative overview of the tensions inherent in the concept of spirituality as delivered in the literature. It begins a discussion on the place of spirituality in mental health care while highlighting the problematic concept of spirituality currently seen in the literature. This paper thus provides recommendations for future research on the need for particularising the concept of spirituality within mental healthcare in Malaysia.

KEYWORDS: Spiritual, Mental Health Service, Malaysia

INTRODUCTION

Healthcare service users (referred to as patients in Malaysia) should be able to have their demands heard with respect to support and care beyond sheer physical medical care. One major concern for people with mental health problem is spiritual issues, which have been reported as issues at times of increasing symptoms or crisis (1). Spiritual issues are indirectly included as part of the World Health Organisation's (WHO) Mental Health Action Plan 2013-2020. In this plan, WHO envisions that users with mental health problems have access to appropriate health and social care that incorporates their cultural values (2). In this regard, mental health practitioners should be concerned with spirituality, including the ways patients' responses are shaped by religion and culture, in order for them to cater to the needs of service users in Malaysia.

Malaysia has a multi-ethnic population mainly comprised of Malays, Chinese, and Indians (3), and thus portrays the multi-religious presentation, with mainly Muslim Malays (63.1%), Chinese followers of Buddhism (19.8%) or Christianity (9.2%), and Indians who are mainly Hindu (6.3%). Only 0.7% of Malaysians identify themselves as atheist (4). In the Malaysian context, the concept of religion thus defines many individuals' values, belief systems, and senses of wellbeing, and it is also seen as an integral part of community life (5).

In light of this, religion in Malaysia flourishes in the lives of service users individually; they mostly have a religious identity and are therefore free to practice their religion in Malaysia. As there is no nuanced understanding of religion and spirituality as separate concepts in Malaysia, both are often referred to interchangeably (6).

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With this in mind, this paper operationalises an understanding of spirituality within the religious frame. The definition of spirituality is thus taken from Koenig (7): "A subset of deeply religious people who have dedicated their lives to the service of their religion and to their fellow human, and whose lives exemplify the teachings of their faith traditions" (p.349). From this definition, religion (that is, practices in private or within religious organisations) may offer an avenue or context for spiritual experiences (8–10).

The Malaysian mental health service (MHS) must be aware of the need to provide access to spiritual support for Malaysian users. Thus, the aim of this paper is to review the literature on spirituality, including both conceptual and empirical data, and thus to highlight the need for a spiritual model of care that is contextualised within the Malaysian cultural view. To address the aim of this paper, this report is in three parts, as follows:

Part 1: Overview of the place of spirituality within mental health services.
Part 2: Review of literature on the problematic conception of spirituality.
Part 3: Recommendations on particularising the conception of spirituality.

Search strategies

A literature search was done with the keywords: Spirit* OR religio* AND psychiat* OR mental health OR mental disorder Spirit* OR religio* and recovery. The databases used were Web of Science, SCOPUS, MEDLINE (Proquest), CINAHL, PsycINFO (Ovid), and Google scholar, with articles limited to those in English or Malay.

Part 1: Overview of the place of spirituality in mental health care

The concept of spirituality for people with mental health problem is inter-related with recovery (11,12). Recovery, as a concept incorporated in mental health care, is described as a self-directed transformative process in the development of a new sense of self (13). Similarly, spirituality refers to the individual's value of their worth as a human being (14). In this regard, Deegan (2002) asserted that spirituality provides an avenue for a transformative process towards self-development (13). The relevance of spirituality is that it can be a source of coping, strength, determination, and

resilience in the face of adversity (8,11,15,16).

A concern about the relevance of spirituality or spiritual care highlights several critiques of the long-term practice of the medical model of care. These criticisms reflect the failure of the medical model to offer holistic care if it does not incorporate with spirituality or a spiritual model, where such beliefs and practices are recognised as part of a person's wholeness (17,18). In addition, MHS have also received criticism for a lack of wisdom in the approaches to care that makes life meaningful (19).

In contrast, the current focus on recovery suggests that psychosocial and spiritual needs should be recognised as equally important in promoting the mental health and well-being of service users in the community (11). Hence, MHS have been seen as capable of including the discourse on spirituality as part of care (20). As part of the current focus, MHS in Western countries have begun to offer access to spiritual services including the chaplaincy services (21) and the multi-faith centres for religious practices (22).

An important consideration must be the controversy of religion in people with mental health problems. The controversy in MHS revolves around whether discussing religious or spiritual issues may produce adverse effects for people with mental health problems. This issue is often referred to with reference to the incidence of religious delusion, which is one of the positive psychotic symptoms of mental disorder (23). In such instances, religious belief may adversely affect a person's mental health (24).

Despite this, the religious beliefs are now becoming more respected within psychiatry and may be seen as helpful and adaptive where not associated with adverse effects such as religious delusion (25). Additionally, religion and spirituality have been reported as among the most salient sources of help for many people with mental health problems (8). In short, approaches for incorporating spirituality into care are relevant to MHS.

Based on empirical evidence, spirituality has consistently and progressively been seen to be of benefit for promoting well-being among people with mental health problems. For instance, over 100 quantitative studies were carried out to examine the relationship between religion and unipolar depression prior to 2000 (26). The vast majority of research on spirituality concluded that spirituality has positive effect on sample groups with depression (26). Aside from its influence on depression, numerous studies have reported the positive effects of religion and spirituality across other types of mental health problems including psychosis (27), anxiety (28), and substance disorders. Some of the instances of positive effects of religion and spirituality in people with mental health problems include improved mental health recovery, along with having a sense of meaning and purpose and a sense of control over circumstances (29,30).

Sullivan (2009) suggested that there is still much to learn about the role of religion and spirituality in the recovery and treatment of people with mental health problems, both in its negative and positive aspects (31). Similarly, Deegan (2002) urged MH practitioners to help people with mental health problems to build skills to achieve recovery (13). Thus, this paper focuses on the debate around the conceptions of spirituality that may be useful to inform for the spiritual model of care in MHS.

Part 2: Overview of literature on the problematic conception of spirituality tensions in the conception of spirituality

Scholars generally agree that it is very challenging to develop a universal concept of spirituality (20,32–35). Draper and McSherry (2002) asserted that universalising the concept of spirituality may only contribute to a paradoxical effect in spiritual care (36) due to the conflicting perspectives in the conception of spirituality that are prevalent in globalised societies (37).

From a historical view, traditional spirituality is synonymously viewed with religion (23,31,38,39). This traditional construct originated from the essence of the Christian worldview in the 19th century (40). The traditional construct is based on the premise that religious characteristics are common constructs in spirituality (41–43). In this line of thought, some scholars have identified that the core concepts of spirituality and religion are different, yet may not be completely separated (15,44–46). The traditional conception of spirituality, however, evolved into a more contemporary version during the last quarter of the 20th century. The evolution of this concept reflected a decline in the level of religious activity and affiliations in Western society, particularly among Christian believers (33,47,48). This latter version of spirituality thus attempted to accommodate all views, to embrace the secular, sacred, and religious views (49,50).

Following this, the concept of spirituality reflects this expansion and multifaceted inclusion (25,51,52). It refers to more personal appraisals including finding meaning, purpose and hope (39,53), and ultimate value (9). The concept may also entail multidimensional mechanisms for appraisal, such as personal experiences and perspectives (54); religious beliefs, practices and social connections (55); and culture (56).

The argument for this broad conception is that the concept can be manipulated for the purposes of re-inventing spiritual care to fit the secular mainstream (33). In this vein, Paley (2008) claimed that spirituality is only a psychological issue and can thus be reduced to pure psychological care (57). The counter argument to this is that the concept should not be relegated to only the psychological, as there is ample evidence that emotional states and experiences are part of spirituality (58,59).

Tension in this current conception also occurs between its applicability in healthcare and the contextual characteristics of society. For instance, the new concept of spirituality has an advantage in terms of function in spiritual care to secular societies, especially those taking the Western contextual view (52,60–63). The expansion is believed to provide a neutral ground for mental health practitioners to understand the complex nature of spirituality, with or without a religious context (25,33). On the other hand, the broad and multifaceted conception of spirituality is a problematic concept due its ambiguity, and it is not always appropriate in other contexts such as among those with religious worldviews (37,50,64).

Moreover, the claims regarding the decline of religious activity or attendance may not be relevant in modern Western society. Western scholars such as Marianski and Wargacki (2012), Swinton (2010), and Taylor (2007) have highlighted a possible resurgence of religion in their societies that does not take the form of churchgoing, but rather manifests in various

areas of life such as television, advertisements, music, politics, and personal religion (48,65). Thus, people in the West have the tendency to draw on various forms of spiritual practices, such as meditation, charitable works, or special forms of prayers (65).

The problematic measurement of spirituality in quantitative studies

It has been highlighted by some scholars that the measures of religion/spirituality and mental well-being involve overlapping constructs (37,64,66,67). A lack of precision in the concept of spirituality has also hindered researchers in terms of developing measurements of spirituality (26). Hence, it is evident in many related previous studies that only 'religion' is examined per se, with only a salutary consideration of the nebulous concept of 'spirituality' and its impact on recovery (68).

Furthermore, there is almost no distinction made between spirituality and mental well-being when the indicators of both include psychological traits; therefore, it is not convincing to predict such well-being (7,64). Jordan et al. (2014) and Park (2007) critique this problematic conception, arguing that little attention is paid to the similarities and differences among these measurements, and that this thus produces complicated interpretations of findings (69,70). Thus, Dein et al., (2012) argued that this area of study remains in its infancy (64).

In addition, quantitative measures for spirituality, such as Expressions of Spirituality Inventory-Revised (ESI-R) from MacDonald et al., (2015) and Hall and Edwards's (1996, 2002) Spiritual Assessment Inventory, are not always relevant to non-Western societies (22, 71, 72). This is due to the fact that they reflect a Western secular context, assuming the spiritual in material terms and the psychological in expansive terms (73). For instance, Ho and Ho (2007) expressed serious doubts as to whether such measures are capable of reflecting the richness and complexity of spirituality. Moreover, scarce literature was found on other religious worldviews, such as Middle Eastern and Eastern (74).

Concerns on the subjective nature of spirituality

Spirituality is subjective in nature (42) and associated with personalised meaning (75), referring to the personal side of a religious experience (72). Seen this way, spirituality may have different meanings to particular religious-faith groups (63). This may be due to the way the community, including religious and ethnic groups, plays a role in shaping the meaning of spirituality (76).

Studies focusing on an understanding of spirituality from the perspective of service users are scarce despite claims about its subjective nature. A study was carried out by McSherry (2006) that employed grounded theory (GT) that enabled participants to develop principal components related to their experience: individuality, inclusivity, integrated, inter/intra-disciplinary, innate, and institution were identified from interviews with 53 service users. It is noteworthy that this study only identified the components to be considered in the formulation of spiritual care services within the healthcare system; thus, the understanding of spirituality developed in McSherry's (2006) study is limited in the context of recovery outside the healthcare system (77).

Another study carried out by Klingemann, Schï, and Steiner (2013) explored the meaning of spirituality from service users' perspectives by asking the participants to visualise this through drawings (78). The participants in this study included samples with addiction problems in Switzerland and the United States (78). However, although this type of qualitative approach offers an exploration of rich data pertaining to spirituality from the context of users in the sample study, such conceptions have limited applicability to other contexts with different worldviews.

Tension between individualistic and community spirituality

Concerns about individualised spirituality naturally align well with healthcare notions focussing on person-centred care (30). Taking literature from within the Western frame of spirituality, Huss (2014) asserts that individualism is its essential characteristic (40), while Taylor (2007) expounds on the idea that spirituality focuses on the individual's subjective expressions of feelings and intrinsic motivation (65). Tacey (2005) also notes that spirituality may not include the involvement of religious constitution (79). Seen this way, spirituality seems to be an individual phenomenon, as it is a deeply personal experience, whether or not it is religious. Nevertheless, the critique of the individual approach is that MHS tends to offer such spiritual care while overlooking the role of the community in supporting the spiritual needs of service users (76). Moreover, scholars such as Fallot (2007) and Tew et al., (2011), point out that an individual approach (including with regard to the focus on spirituality) for recovery may isolate service users from society and render them less empowered to seek spiritual help (8,80). In this sense, the idea of individualistic spirituality does not fit with the empowerment of service users to seek help over spiritual matters in their particular communities.

Part 3: Recommendations on particulariszing the concept of spirituality FOR mental health services in Malaysia

Based on the literature review, this paper highlights its implications to inform future empirical works in Malaysia for a spiritual model of care as follows:

1. Future studies should focus on people with mental health problems in Malaysia. In support of this, Pesut et al., (2008) proposed narrowing down the conception of spirituality to one that matches applicability in health care practices (76).
2. Studies in Malaysia can provide an understanding of spirituality with religion as practiced heavily within the society. This aims to achieve conceptual clarity by contextualising it to a particular worldview (52,81).
3. The conception of spirituality should reflect the cultural dimensions of the particular group of interest, such as Malaysia in this case. Several spiritual scholars have affirmed that spirituality is a culturally bounded phenomenon, and any conception of it should be congruent to this (31,35,82).
4. There is a need for culturally sensitive constructs for Malaysia that consider different approaches to individualistic and community spirituality. This is because ethnic groups or cultures and other environmental influences affect the depth and intensity of spirituality (75).
5. The study of spirituality clearly fits with qualitative investigations. Qualitative enquiries can

provide rich content, together with the detailed contextual explanations (63) that may contribute to more sensitive and socio-culturally contextualised approaches and conceptual understanding (83).

CONCLUSION

This paper highlights the implications of the literature review for future study of spirituality in a Malaysian context, which is deemed necessary to inform the MHS in that country. Additionally, the role of religious involvement in spirituality in Malaysia, and elsewhere, in the Western worldview should be clarified with respect to its influence on the lives of service users. In addition, particularising the concept to the cultural context of Malaysian society will make it more appropriate for the country's MHS.

CONFLICT OF INTEREST

The author declares that there was no conflict of interest in this study.

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