The mental health benefits of religion and spirituality in people living with bipolar disorder in Malaysia

ABSTRACT

Introduction: The taxonomy of spirituality is fraught with complexities in relation to mental health studies, due to contextual variables such as religion. While positive mental health outcomes have been reported by many studies in relation to spirituality, little is known concerning spirituality's effects in the context of 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. A total of 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 analyze the data and Bourdieu's concept of habitus is used to explore the findings in relation to participants' subjective account on their religious form of spirituality. **Finding:** The theme 'Maintaining a positive sense of self' mainly consists of 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 were 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 other to pay attention to the dynamic roles of religious agency and society in promoting religious faith and practices among individuals diagnosed with bipolar disorder.

KEYWORDS: bipolar disorder, bourdieu, mental health, religion, spirituality

INTRODUCTION

The notion of spirituality represents the idea of being a religious person for whom religion (i.e. practices in private or within religious organizations) can provide an avenue and context for spiritual experiences (1–3). The understanding of religious-

spirituality referred to by this article is taken from the example of Koenig (2008a, p.349): A subset of deeply religious people who have dedicated their lives to the service of their religion and to their fellow humans, and whose lives exemplify the teachings of their faith traditions (4). From this notion of spirituality as a subset of religion, both religion and spirituality are closely associated with each other. In the Malaysian religious context, there is no nuanced understanding of religion and spirituality as separate concepts - both are often referred to interchangeably as a means of helping to guide individuals' decisions concerning how they conduct their lives (5). Looking at the population, Malay Muslims are the majority (63.1%) which recognized Malaysia as a Muslim country (6). Despite this, Malaysian population comprises not only the majority of Muslim Malays (63.1%), but also Chinese as followers of Buddhism (19.8%) or Christianity (9.2%), followed by Indians, who are mainly Hindu (6.3%). Only 0.7% of Malaysians identify themselves as atheist (7), while other minority religions in the country include Taoism (among the Chinese) and Sikhism (among Indians) (8). In accordance with this, almost all Malaysian people have a religious identity and are free to practice their religions in Malaysia.

Conroy (2004), a service user diagnosed with bipolar disorder, shed light on the way in which religious/spiritual resources may help individuals to cope and recover (9). This is because religion entails people forming an attachment to a spiritual figure, e.g. God, as a secure base (10). In addition, Cassibba et al. (2014) refer to the 'God attachment' as a functional strategy for coping with disease (11), whereas Granqvist (2014) refers to it more generally in terms of emotional regulation (10). Furthermore, the belief in a God who gives a sense of security is associated with lower levels of psychiatric symptoms and thus is a functional strategy for coping (11–13). Some

studies in the context of bipolar disorder employ religion as an indicator of mental health outcomes and managing bipolar symptoms (14,15). However, research of bipolar disorder has been guided by a biomedical model conception, with little attention paid to how service users maintain their spiritual aspects (16) Granqvist (2014) offered a critique of the methodological limitations among those studies attempting to provide evidence of the interplay between religion and mental health, as it is difficult to draw any real conclusions (10).

With that in mind, this study employs Bourdieu's concept of symbolic interpretation of benefit as appraised by individuals is useful to explain the mental health benefits as the outcome of religious faith and practices. Bourdieu's basis understanding of being religious is in accordance with people's goals or interests, as recognized through symbolic interpretation of meaning concerning resources (i.e., religion) through his concept of habitus (17–19). Habitus is a form of perception, disposition and action in the mind and body which is integral to culture (20,21). For Bourdieu (1977), social resources can have symbolically value, and gain power when continuously appraised by every individual, as captured by the habitus (20). To further explain the power of Bourdieu's insight, habitus acts to state that adopting position in which one obeys a social command that can improve an individual's identity as a good person in order to be socially accepted by group members (22,23). Hence, people are bound to struggle for social command, regardless of their will (24). However, in the context of benefit derived from social life, individuals are seen to invest in social relationships as a way of creating a good life in which they employ their resources accordingly (25).

In relation to mental health, Zembylas (2007) asserted that positive emotions are generated by the habitus (26). In the context of psychological characteristics,

spiritual intelligence, also known as spiritual quotient (SQ), helps people discover life values (essentially the value of existence) (27), therefore, is fundamental to the understanding of spirituality subjected to conscious mind. However, the context is seen as an important element in relation to the consideration of spirituality as it is a culturally bound phenomenon (28). With particular reference to validating spirituality from Bourdieu's insight, and in consideration to the context, this article aims to provide the understanding of 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 the context of living with bipolar disorder.

MATERIALS AND METHODS

This study used a qualitative study design with one-to-one in-depth interviews. The study sample included 25 people diagnosed with bipolar disorder, recruited from two psychiatric outpatients in Malaysia. All participants met the inclusion criteria as follows: 1) adults over 18 year old who were 2) diagnosed with bipolar disorder by 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 the topic on coping and source of strength, and view on community networking. Examples of question 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 that you do and why'*.

All interviews were audiotaped 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. Bourdieu's concept of religious habitus was explored in considering a shared belief, disposition and ways of seeing the world, and habitus in the exercise of religio-cultural norms and practices that might typify the individuals included in this study.

Direct quotations are used throughout all of the themes to illustrate the findings being presented. After a direct quotation, the participant are identified by their alias and religious orientation; "I" for Islam, "H" for Hindu, "C" for Christian, followed by page and line numbers.

RESULTS

Theme of 'Maintaining a positive sense of self'

The finding recognize that the habitus of religion in the dispositions of religious faith being contextually 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 indicated 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. (Shimala, H, 15: 9-10)

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Ah Chong 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 that you are the greatest. You think you are the only one in this world. You can do whatever you want. (Ah Chong; C; 23: 15-17)

Mahmud 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*]. (Mahmud; I; 15: 3-9)

Devotion to God is understood as their narrative accounts in terms of performing various rites such as prayer, zikr, reciting mantras and meditation- all the exercise of religio-cultural norms and practices professed by the majority 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. (Zakaria; I; 7: 17-18)

According to Mahmud, his intention of becoming "a good person" is centered on his religion:

It's more about us wanting to be a good person. We can do it if we want to be good even though we have done bad things in the past. One day, we must feel that we need to become good. The important thing is that we follow what we are ordered to do, the straight path. Follow the five pillars of Islam, the six pillars of *iman*, as ordered. (Mahmud; I; 25: 15-19)

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. This includes that they have taken a position of religious membership in a practicing religious institution. As part of being a member, they are able to seek support from their religious leaders and other members for religious guidance within society. Specific to the interests of this study sample with bipolar disorder, they seek improvement in religiosity via the above interactions.

Added to this, there is a relative prevalence of spiritual guidance in Malaysian society. The participants have access to religious figures in the pursuit of knowledge within religious institutions in Malaysia, i.e. to 'imams' and 'ustaz/ustazah' as teachers, Christian priests and Hindu clerics. In this study, a small number of the participants (6 out of 25) suggested that their interactions with fellow believers were conducted for the purpose of religious information and participation. Moreover, the religious institution as a cultural artefact, in the form of 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 by Aminah in the following excerpt:

So I prayed that God sent me friends that could guide me to 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. (Aminah; I; 8:16-19)

Dollah 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. (Dollah; I; 26: 1-3)

Religion is valued by the participants as providing a good way of life in general, in addition to a positive sense of self-betterment:

I pray five times a day. These are my weapons. People with bipolar disorder have to remember Allah and the Prophet Muhammad a lot. Then, only then, can they be better. I can feel that. (Asiah; I; 6: 8-11)

The subjective benefits associated with religious practice in daily life and on a regular basis include a sense of connectedness and peacefulness was expressed by a majority of the participants (19 out of 25). Jamal states that this kind of tranquility 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 also. 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. (Jamal; 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 one of the aspects of maintaining spiritual recovery in people with bipolar disorder, as indicated by Umar:

Previously, 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. (Umar; I; 8: 28-30; 9: 1)

People with bipolar disorder are concerned with maintaining a sense of self-control over their bipolar disorder or emotions. Asiah strongly accounts for the benefit of spiritual approaches for gaining emotional control in dealing with conflict with her husband:

Alhamdulillah. I feel very happy this month. I can handle all that [i.e. control emotional outbursts]. This is the result of 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. (Asiah; I; 6: 8-11)

Mahmud places emphasis on controlling emotions in a general sense:

The emotions must be under control. Any ordinary person too must be able to control his emotions. Of course, this also includes controlling your spiritual being. I am not trying to offer any advice here as I don't consider myself as

being a pious man. However, it is still important to have balanced emotions. (Mahmud; I; 7: 19-20; 8: 1-2)

To sum up, the narratives suggest that developing self-efficacy by taking spiritual approaches enables the participants to handle emotions, ultimately suggesting the symbolic value of religion as the attribute to spirituality and 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.

DISCUSSIONS

The religious habitus of this study sample recognises the value and benefits of religious faith in coping to live with bipolar disorder. Levin (2009) briefly outlined how keeping faith in God is a type of psychological act (29). Montemaggi (2010) attempted to relate religious faith as being psychological in nature that reflects the individual's intra-subjective process of his religious identity (30). Emmons (2000) asserts that spiritual intelligence (SQ) offers psychological benefits (salutary effects) both to and from religion (31). In this respect, this study has merit in its application of the habitus which lead to the participants viewing religion as one of the attributes of their psychological coping strategy.

The religious practices in the study participants raises the religiously interpreted commitment to faith in God as expressed by a large majority of the participants in this study (23 out of 25). This reflects Radford's (2012) explanation that the context of faith helps to expound the dialectic relationship between one's faith in God and an individual's religious practices (32). Karimipour et al. (2015), in their review of the existing literature, concluded that religious practices produce SQ with emotional

recognition, where the feeling of peacefulness is a form of emotional quotient (EQ) (33). Further supporting this, Levin (2010; 2009) recognized the positive emotions resulting from the psychodynamic play of religion (29,34). As such, SQ was fundamental in recognizing the symbolic meaning behind religious practices in the study sample. This may clarify why certain spiritual scholars, e.g. Swinton (2010), have strongly suggested that rituals, prayers and worship in religion are forms of spirituality (35). Hence, the concept of religious habitus helps this study to understand the possible trajectory of religious-spirituality through daily religious practices.

The subjective feelings associated with religious practice applies to Bourdieu's symbolic benefit of attributed by the religious habitus and practices of this study sample. Despite this, this study asserts the reflection of religious habitus within the religious-social framework in Malaysia. In the literature on spirituality, many scholars include notions of 'connectedness' and 'inner peace' as the common constructs of spirituality (35–38). Accordingly, Braam (2009) asserted that many spiritual activities facilitate a fundamental sense of connectedness to oneself, God and others (39). Moreover, scholars such as Carson and Stoll (2008) and Culliford (2007) have suggested that spirituality derives from its connections to religious activities such as prayer, meditation or contemplation (40,41). From a psychological perspective, people learn to anticipate emotional outcomes and behave so as to pursue the emotions they prefer (42,43). With particular reference to validating the symbolic meaning or subjective feelings of religiousness, this study reveals the contextualized nature of spirituality associated with being religious as conveyed by the Malaysian study sample who is mostly Muslim, with minority of Hindus and Christian. In taking this view, this

study emphasizes the constructions which situate the religio-social world view of the study sample in Malaysia.

Additionally, 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. This claim is parallel to the Western literature that social capital is one of the resources of faith in God (44,45). However, many modern societies have experienced a decline in their levels of institutional religious participation and influence (46). 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 (47). In contrast to this, this study sets out to suggest that participants' faith in God should be highlighted in conjunction with the social influences in Malaysia that reinforce faith in God for this study sample with bipolar disorder. This study may bring additional insight of social reinforcement of religion from Southeast Asia through the understanding of the religious habitus of the study sample.

Nevertheless, this study moderates the claim on the social influences, since according to the participants' accounts of their relational religiousness in this theme, only a small number of the participants (6 out of 25) suggested that their interactions with fellow believers were conducted for the purpose of religious information and participation. This low level of positive response could serve to identify those who are willing to socialise in spite of how it may open them up to the possibility of being discriminated against by the religious community. In this regard, Pesut et al. (2008)

pointed out that scholars tend to overlook the role of the community in supporting the spiritual needs of service users (48). Nonetheless, in the context of bipolar disorder (based on the relatively 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 emphasizes 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 case of the population with religion. Nonetheless, this study acknowledges the need to consider the non-religious spirituality in this study sample with bipolar disorder with regard to the expression of positive emotions and emotional regulation.

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. However, scholars can still confidently use the term spirituality, as long as they focus on the interpretation of the habitus according to the social construct of the population of interest.

CONCLUSION

To conclude, this study favorably 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 from 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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