

Spirituality in Moroccan Psychiatric Context

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Abstract

Original Research Article

Objective: Assessing the place of spirituality in psychiatry seems interesting, since the spiritual life influences the psychological experience of patients, and sometimes a defense deal with life frustrations. Studies are rare in this field. **Methods:** We evaluate the role of spirituality in psychiatry in the moroccaon context: its palce in the lives of patients followed in psychiatry and its place in the practice of psychiatrists. We have evaluated patient socio-demographic and medical characteristics, the importance of spirituality in their life, its importance to deal with their disease. We have also evaluated the importance of spirituality in the psychiatrists practice, and if it has or not a paradox with their medical interventions. **Results:** The results showed that 56 % of patients were men. Patients with schizophrenia represented 37%, and 28% had a depression. Religious practices were present in 87% of patients. Religion had an important place in the life of 71% of patients and 61 % had mentioned their faith in God to deal with the disease. The majority of patients (83%) do not find a conflict between spirituality and the psychiatric cares. The majority of practitioners (90%) accept receiving a spiritual request from their patients. **Conclusion:** Spirituality has an important place in psychiatry in Moroccan context. Patients and practitioners consider it an important side of life, and do not find any paradox between it and psychiatric cares.

Keywords: Spirituality -psychiatry –morocco.

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INTRODUCTION

Psychiatry is a discipline that sees the human in its totality: biological, social, emotional and intellectual. The spiritual dimension, too, must be considered in the management because it can influence the psychic life [1].

Some authors have reported difficulty in establishing a definition that adequately expresses spiritual experience. The spiritual being considered as the non-material, hence the classical reluctance of the medical sciences in relation to all that concerns beliefs, religion and spirituality [2, 3].

Other authors have been able to develop measures of spirituality, after noticing the presence of spiritual needs in patients with severe illnesses or patients at the end of life [4].

Pathology is a mystery for the patients and those around them, an opportunity for questioning and searching for meaning. Spirituality then finds its place

in the search for meaning, especially if the spiritual dimension of existence was already present in the person [1].

The recommendations of the French health authority stated that: *The sick person and his relatives must be recognized in their convictions. Failure to respond to spiritual needs (religious, philosophical and other) can lead to real suffering*" [5].

Health professionals and members of volunteer associations can be asked for such support. They must meet them with respect and restraint without ever imposing their own value systems. Religious practices should be facilitated in the same way as cultural attachments [5].

Psychiatric illnesses are a source of disability and stress for patients, and in the Moroccan context, spirituality is often discussed in consultation, and is considered by patients as a means of alleviating their suffering, and a dimension that gives meaning to their disease.

We conducted this study to assess the place of religiosity and spirituality in the lives of patients and to see if they are related to the suffering associated with the disease, in terms of relief and meaning.

We also assessed the place of spirituality and religiosity among practitioners, and their attitude towards the spiritual demands of their patients.

The objective of this work is:

- To explore the hypothesis that spirituality could have an importance in the lives of Moroccan patients especially in relation to their disease.
- To assess the attitude of Moroccan psychiatrists towards the spiritual demands of patients, and to verify the hypothesis that they would prefer not to get involved in the spiritual field of their patients.

In Morocco, as in the rest of the Arab-Muslim world, there is a scarcity of work dealing with this issue. Our work is among the first attempts to assess the spiritual dimension in psychiatric settings.

MATERIAL AND METHOD

We conducted a descriptive cross-sectional study involving 100 psychiatric consultants and 23 psychiatric practitioners.

We used two anonymous questionnaires, the first for patients and the second for practitioners, containing socio-demographic, medical and spiritual data.

The study took place over an eleven-month period: from March 2015 to February 2016.

Table 1: Diagnoses in patient records

Diagnosis	schizophrenia	depression	Bipolar disorder	Brief psychotic episode	obsessive-compulsive disorder	Postpartum disorders	generalized anxiety disorder	Psychiatric disorders related to	Social anxiety	Addiction
Percentage	37	28	11	7	6	4	3	2	1	1

b- Place of Spirituality and Religion in Life and in the Face of Illness

The vast majority of patients (87%) had religious activity, and spirituality was of great importance in the lives of 71% of patients.

Spirituality is of great importance to give meaning to life according to 68% of patients, and it is of

The patients included were those who visited the consultation center during this period, who were 18 years of age or older, regardless of the psychiatric pathology concerned.

Patients enrolled in this study expressed verbal consent, kept informed of the anonymity of each questionnaire.

Patients excluded from the study were those who refused, those who were confused or relapsed from their disease.

Results were processed by SPSS 17.0

RESULTS

1- Patient Outcomes

a- Characteristics of the Sample

The average age was 37.55, and the most represented age group was between 31 and 40 years (29%). More than half of the population studied was men (56%).

Schizophrenia was the most common pathology in 37% of patients, followed by depression in 28%, and bipolar disorder 11% (Table 1).

Patients reported various difficulties in their lives; depression symptoms were at the top of the list in 30% of patients, followed by schizophrenia-related difficulties in 27% and family difficulties in 20%.

In order to cope with these difficulties, the use of care was the first strategy adopted by patients, reported by 70% of patients, followed by faith in GOD reported by 61%, and the entourage represented a face help according to 27% of patients.

the same importance to give meaning to the disease in 38% of them.

More than 1/3 of the patients (39%) consider spirituality as an important help in the face of disease (Table 2)

The vast majority of patients (83%) found no incompatibility between their beliefs and medical treatment.

Table 2: Place of spirituality in life and in relation to illness

	great importance	medium importance	low importance	no importance	no response
The Importance of Spirituality in Patients' Lives	71%	13%	8%	8%	0%
The Importance of Spirituality in Giving Meaning to Life	68%	16%	7%	9%	0%
The Importance of Spirituality in Making Sense of Illness	38%	31%	15%	7%	9%
The Importance of Spirituality in Coping with Illness	39%	26%	21%	5%	9%

2- Results among Practitioners

Almost all practitioners defined themselves as believers 95.83% and 58.2% said that spirituality had a place in their medical practice.

The majority of practitioners (90%) agreed that patients should approach subjects of a spiritual nature: 70% found no problem in receiving a question of a spiritual nature from their patients, and 20% agreed that the issue should be addressed by the patient and use it as a resource to be included in the overall management project if it is compatible with the patient's condition.

DISCUSSION

Spirituality is the inner space that is interested in the search for meaning and beliefs. It concerns the relationship of the individual with transcendence, and with what gives meaning to his life [2].

For WHO, "*Aspects of human life related to experiences that transcend sensory phenomena are described as "spiritual". This is not the same as the -religious -, although for many people the spiritual dimension of their life has a religious element. The spiritual aspect of human life is often perceived as having a connection with the meaning and purpose of existence*" [6].

As for religion, it refers to the specific elements of a community of believers: dogmas, sacred books, rites, cults, moral obligations, prohibitions, organization, etc [1].

Authors express that the integration of a spiritual dimension in psychiatry takes into account man in his existential totality, that is, physical, psychic and spiritual, especially that this dimension can play an important role in reducing the vulnerability of subjects to stress and increasing their adaptability [1, 7].

In our study, the majority of patients defined themselves as practitioners (87%), and nearly 2/3 of them (61%) expressed the use of their faith in God as a means of coping with life's difficulties.

Almost ¾ of patients (71%) considered religion to be of great importance in their lives. A similar study carried out at the University of Nancy in France in 2011 by Djaber *et al.*, to assess the place of spirituality and religiosity in the lives of patients and psychiatrists; the study found that religion was important in life according to 57% of patients [1].

Another study, conducted in Geneva in 2006 by Huguelet *et al.*, which aimed to evaluate religious and spiritual practice in patients followed for schizophrenia as well as their doctors; the study objected that 59% of patients gave importance to spirituality and religion in their lives [8].

According to the 39% of patients in our study, spirituality is an important help in coping with the disease, and an average help in 26%. This result is close to those found by Djaber and Mohr. The first found that 77% of patients consider spirituality to be an important help in coping with the disease [1] and the second reported that religion was a means of positive coping in 71% of patients [9].

The involvement of religiosity in this context is then considered as an adaptation strategy to cope with health difficulties [10].

Regarding the synergy between psychiatric care and spiritual life, half of the patients in our study had no problem talking to their doctors about their beliefs. The same observation was reported in the work of Huguelet, where 56% of patients were comfortable talking about their beliefs with their doctors, and at Djaber 76% [1, 8].

In our study, 83% of patients found no incompatibility between their beliefs and the use of drug therapy, which is consistent with the results of Djaber (100%) and Huguelet (81%) [1, 8].

Regarding practitioners, the vast majority defined themselves as believers 95.83%, and 58.2% said that spirituality has a place in their medical practice.

Almost all doctors (90%) said that they accept that a question of spiritual dimension occurs during the interview, a result close to that of Djaber 84% [1].

In Djaber, 47% of practitioners defined themselves as a person with a form of spirituality, and 41% found that spirituality has a place in medical practice [1]. In Huguelet 46% of practitioners found no incompatibility between spiritual beliefs and psychiatric care [8].

Other studies have dealt with this topic, such as the 2007 study by Curlin *et al.*, which aimed to assess the attitude of physicians to patients' spiritual

demands. The study showed that 91% of physicians consider it appropriate to discuss religion and spirituality with the patient if the patient raises the issue [11].

The same study reported that physicians, who defined themselves as more spiritual or religious, were more able to handle matters of a spiritual or religious nature in the consultation [11].

A pilot study of a course on the relationship between spirituality, religion and psychiatry, conducted in 2008 at the University of British Columbia. The course was made to increase the understanding of spiritual and religious issues by psychiatric residents and to facilitate them first to these issues in their practice.

The results of the study showed that the physicians who benefited from this course had more knowledge of religiosity and spirituality, and more ability to discuss these aspects with their patients and to respond appropriately to the spiritual demands of their patients [12].

At the end of this work, and after its discussion in the light of the literature, it seems that spirituality would be of interest in patients followed in psychiatry, insofar as it helps them to find a meaning to life, a meaning to illness, and help them to reduce the pain they feel because of their troubles.

It is also noted that the majority of patients do not feel any contradiction between the use of their spirituality and the use of psychiatric care.

On the part of practitioners, the majority has no difficulty in receiving a request of a spiritual nature, but on the contrary, some professionals consider it essential to take this dimension into consideration by respecting it and discussing it if the patient expresses his need.

CONCLUSION

Several authors have begun to give interest to study the place of spirituality in the psychiatric field, since it is a dimension that allows to give meaning to suffering, and in some patients it represents a means of relief.

We have seen the importance dedicated to spirituality on the part of both patients and their doctors, without any contradiction with medical care.

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