



The Role of Religion and Spirituality in Managing Residual Schizophrenia: Article Review

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ARTICLE INFO

Keywords:
Spirituality,
Religion,
Residual
Schizophrenia,

Submission:
November 21st,
2021

Review:
December 8th,
2021

Publish: January
20th, 2022

ABSTRACT

Background: Residual Schizophrenia is a chronic condition of schizophrenia characterized by a history of leastwise one psychotic episode with more prominent negative symptoms. Schizophrenic patients who have persistent psychotic symptoms and patients with residual schizophrenia should receive adequate pharmacotherapy, and may consider additional cognitive therapy, as it has been shown to help reduce relapse rates, reduce psychotic symptoms, and improve or stabilize the patient's mental state.

Objective: To determine the role of religion and spirituality in the management of patients with residual schizophrenia.

Methods: The design of this research is a literature review or library review, which is a systematic, direct, and reproducible research method by identifying, evaluating, and synthesizing published research.

Result: Patients with a higher level of religion or spirituality or their strong personal belief system are more likely to use positive appraisal to deal with their illness or problem which includes giving positive meaning to the situation and being optimistic.

Conclusion: The presence of religion and spirituality help the coping mechanisms of residual Schizophrenia patients which also improves patient management, accelerate the healing process, and increases QOL of patients.

Introduction

Residual schizophrenia is a chronic form of schizophrenia with a history of at leastwise distinct psychotic episode and progressing to more foremost negative symptoms. Negative symptoms that appear include psychomotor decline, decreased activity, passivity, lack of initiative, buildup of affect, decreased non-verbal expression, and poor self-care and social

functioning. Reducial schizophrenia does not experience prominent positive psychotic symptoms (de Gracia Dominguez et al., 2009; Hurlock, 2011; Maramis, 2009).

Older residual schizophrenic patients are less likely able to complete their education, pursue their career or be in a long-term romantic relationship. Family support are very important for them, which

are a support system for their lives, but so far their parents are unable to provide care for them when the schizophrenic patient gets older. Residual schizophrenic patients also tend to be neither married nor have children, because these conditions are more likely to live alone. Schizophrenic patients who have persistent psychotic symptoms or residual schizophrenia in addition to receiving adequate pharmacotherapy, are also considered for additional cognitive therapy that has been shown to help reduce relapse rates, reduce psychotic symptoms, and improve the patient's mental state. Psychoeducation can empower patients to understand their illness, help them manage their illness independently, help them recognize symptoms of recurrence, and seek emergency help if they experience symptoms of recurrence (Khan et al., 2017).

Religion can be broadly defined as spirituality (related to the transcendent relationship to the meaning of everyone's life) and religiosity (related to certain behaviors, social and doctrines). Spirituality can be considered as the "Essence of Man", many theorists believe that spirituality understands the personal meaning of everyone. In addition, individual and community spirituality is defined based on values, experiences, beliefs and practices that emerge from the

individual cultures, families, and religious communities. Religion and spirituality proffer answers to various problems of human life. Therefore, it is common that people with schizophrenia believe that prayer and strengthening religious beliefs are beneficial in overcoming the symptoms and recovery process of schizophrenic patients (Shah et al., 2011a).

The purpose of this article is to determine the role of religion and spirituality in the management of patients with residual schizophrenia.

Methods

The design of this research is a literature review or library review, which is a systematic, direct, and reproducible research method by identifying, evaluating, and synthesizing published research. In this study, the authors searched for literature with the keywords "residual schizophrenia, spirituality" to obtain literature sources from journal database websites, including PubMed, Science Direct, and Google Scholar, and supported by various sources such as textbooks and other literature.

Results and Discussion

1. Coping Mechanisms in Residual Schizophrenia

Negative symptoms consist of psychomotor delay, decreased activity,

affective buildup, passiveness and lack of initiative, poverty of speech, decreased nonverbal expression, and poor self-care and social functioning (Maslim, 2013; Papilaya, 2019).

Coping mechanism is interpreted as a person's behavioral and cognitive efforts to maintain internal and external resources to the stressful environment. In order to deal with daily stressors and adapt to distressing symptoms, patients with schizophrenia use a variety of coping strategies. These individuals often use avoidance or distraction coping, use of alcohol or drugs, and social isolation to manage symptoms and reduce distress. Some studies have found that patients often use 'seek help' or 'seek social support' to subsist with psychotic and non-psychotic symptoms and everyday stress (Shah et al., 2011a, 2017).

Schizophrenic patients tend to be more passive towards problem solving. They often use emotion-focused and passive strategies to deal with stressful situations. They may avoid confronting the stressor than considering possible courses of action or trying to solve a problem. Coping strategies differ from stressor to stressor and schizophrenic patients may encounter certain stressors that may be beyond their control. Several attempts have been made to explore

alternative frameworks for dealing with people with schizophrenia. Patients with higher religiosity or strong belief systems are more likely to use positive appraisal to cope with their illness, which is described as giving positive meaning to a situation or an optimistic attitude (Shah et al., 2011b, 2017).

2. The Role of Religion and Spirituality on Coping Mechanisms

Schizophrenia patients use various coping strategies to conform to their symptoms. Besides the personality structure that plays an important role, coping mechanisms are also influenced by one's religion and spirituality. Religion and spirituality are seen as useful in assisting coping mechanisms, solve a problem, a source of social support, and a sense of meaning when the patient is confused about the problem. Religion and spirituality provide examples in the holy verses that teach a positive, optimistic, and hopeful view of life towards a problem, teach that life is not alone, invites to establish good relationships with fellow humans and relation with God, and teaches that God has power over their life (Shah et al., 2011b).

For human life, religion and spirituality have an important role in obtaining the purpose and meaning of

life. In general, religion and spirituality are interrelated, but some consider them as two different concepts. Spirituality involves a person's way of fulfilling what they believe to be the principle of life, discovering the meaning of life and their connection to the universe that can extend across beliefs and cultures (Shah et al., 2011a).

Spirituality is apprehensive with direct experience with a higher latent awareness within a person, whereas religion is a set of guidelines, practice and beliefs adopted and followed by an individual and a group of religious communities. In another words, a person may be religious but not spiritual, may be spiritual but not religious, or may be do both spiritually and religious. Keep in mind that spirituality and religiosity are not always related. Religion and spirituality are vertical relationships to beliefs that are unique and personal to every person (Verghese, 2008).

3. The Role of Religion and Spirituality in the Management of Residual Schizophrenia

Spirituality and religion are highly individual and unique to each person. Spirituality supports and motivates individuals to seek meaning in life. In Eastern ideologies (example. Buddhism) in

four centuries past, people recognizing the relationship between mental health and spiritualit. Eventhough the, efforts to take a holistic oncoming to comprehend the individual found the way for research into the relationship of spirituality to mental health in recent decades. Several studies have identified a mechanism for the potential benefit of religious coping mechanisms that are thought to be important mediators (Shah et al., 2011b).

Research by Sari and Wijayanti (2014), examining the spiritual needs of schizophrenic patients living in Islamic boarding schools stated that schizophrenic patients still feel close to God through religious activities, such as carrying out obligations and worship according to their religion. The results of this study are consistent with other theories and research, that spirituality is a direct experience by individuals with a higher level of awareness within a person (internal factors) and closer to forces outside of themselves, namely God (external factors) (Sari & Wijayanti, 2014).

Participants in the study felt different things between them feeling close to God, feeling peace of mind, and being able to concentrate well in carrying out worship. Participants also revealed that there were influences in their lives such as more stable emotions (Sari & Wijayanti, 2014).

Shah (2011) in his research which aims to quantify spirituality/religiosity and its relationship with coping mechanisms in residual schizophrenia patients. The study states that good spiritual, religious, or personal beliefs are connecting with active and adaptive coping abilities. The participants consisted of 103 people with residual schizophrenia are assessed using the Positive and Negative Syndrome Scale (PANSS) and the Ways of Coping Checklist (WCC) to assess the ability of coping mechanisms. Then they were also tested using WHO Quality of Life-Spirituality, Religiousness and Personal Belief scale (WHOQOL-SRPB) to assess religiosity and spirituality. The study concluded that understanding and assessing spirituality and religiosity can help in better disorder management in schizophrenia patients (Shah et al., 2011a).

In the relationship between spirituality and religiosity with socio demographic and clinical variables, there are aspects of “wholeness and integration” and “meaning and purpose of life”. These aspects were significantly higher in patients with the experience of formal education more than 10 years, when compared to those with less time of formal education. Scores of the “inner peace” aspect were significantly higher in urban background patients than to those from a rural. There is no significant difference

regarding gender, marital status, religion, family, and occupation (working and not working). (Shah et al., 2011a).

Shah, et al in another study that examined the role of spirituality to quality of life in residual schizophrenia patients which aimed to determine the relationship between spirituality and quality of life (QOL), and to identify whether spirituality contributed to other QOL domains (both physical and psycho-social status) in subjects with residual schizophrenia. Shah et al stated that spirituality and religiosity were beneficial in increasing the QOL of all their participants with schizophrenia. Therefore, in addition to the pharmacotherapy of schizophrenic patients, clinicians should also focus on spiritual and religious aspects, and encourage their patients to follow their spiritual beliefs and religious practices (Shah et al., 2011b).

Research by Fikriyah (2019) which examined the Case Study of Religious Behavior of Residual Schizophrenia Patients at the Mental Rehabilitation Foundation in Sidoarjo concluded that the management of Residual Schizophrenia requires comprehensive management. In addition to providing pharmacotherapy, religious therapy support is useful in helping the treatment of Residual Schizophrenia patients (Fikriyah, 2019).

Conclusion

Residual schizophrenia is a chronic condition that requires comprehensive management. In addition, while receiving pharmacotherapy to reduce psychotic symptoms, religion and spirituality support has also been shown to play a role in the coping mechanisms of residual Schizophrenia patients which contribute to improving patient management, accelerating healing, and increasing QOL of residual schizophrenic patients.

References

- de Gracia Dominguez, M., Viechtbauer, W., Simons, C. J. P., van Os, J. & Krabbendam, L. 2009. Are Psychotic Psychopathology and Neurocognition Orthogonal? A Systematic Review of Their Associations. *Psychological Bulletin*, 135(1), 157–171. <https://doi.org/10.1037/a0014415>
- Fikriyah, E. 2019. *Perilaku Keagamaan Skizofrenia Residual: (Studi kasus" HT") di Yayasan Panti Rehabilitas Mental Al Hafizh Sidoarjo*. Universitas Islam Negeri Sunan Ampel Surabaya.
- Hurlock, E. B. 2011. *Psikologi Perkembangan: Suatu Pendekatan Sepanjang Rentang Kehidupan*. Erlangga.
- Khan, A. Y., Kalia, R., Ide, G. D. & Ghavami, M. 2017. Residual symptoms of schizophrenia: What are realistic treatment goals? *Current Psychiatry*, 16(3), 34–40.
- Maramis, W. F. 2009. *Catatan Ilmu Kedokteran Jiwa* (Edisi 2). Airlangga University Press.
- Maslim, R. 2013. *Buku Saku Diagnosis Gangguan Jiwa Rujukan Ringkas dari PPDGJ-III dan DSM-5*. FK Unika Atmajaya.
- Papilaya, J. O. 2019. Laporan Kasus Dinamika Psikologis Pasien Skizofrenia Residual: Laporan Kasus. *Molucca Medica*, 12, 25–33.
- Sari, S. P. & Wijayanti, D. Y. 2014. Keperawatan spiritualitas pada pasien skizofrenia. *Jurnal Ners*, 9, 126–132.
- Shah, R., Grover, S. & Kulhara, P. 2017. Coping in residual schizophrenia: Re-analysis of Ways of Coping Checklist. *The Indian Journal of Medical Research*, 145(6), 786. https://doi.org/10.4103/IJMR.IJMR_1927_14
- Shah, R., Kulhara, P., Grover, S., Kumar, S., Malhotra, R. & Tyagi, S. 2011a. Contribution of spirituality to quality of life in patients with residual schizophrenia. *Psychiatry Research*, 190(2–3), 200–205. <https://doi.org/10.1016/J.PSYCHRES.2011.07.034>
- Shah, R., Kulhara, P., Grover, S., Kumar, S., Malhotra, R. & Tyagi, S. 2011b. Relationship between spirituality/religiousness and coping in patients with residual schizophrenia. *Quality of Life Research: An International Journal of Quality of Life Aspects of Treatment, Care and Rehabilitation*, 20(7), 1053–1060. <https://doi.org/10.1007/S11136-010-9839-6>
- Vergheese, A. 2008. Spirituality and mental health. *Indian Journal of Psychiatry*, 50(4), 233. <https://doi.org/10.4103/0019-5545.44742>