

Religious Psychotherapy for Depressive and Anxiety Disorder: A Systematic Review

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Abstract

This study aims to determine the effect of religious accommodation on psychotherapy in anxiety and depression disorders. This review systematically examines clinical trials of the integration of religion and psychotherapy for treating patients with depression or anxiety. The results of the studies review shown that psychotherapy using religious alternatives effective for treating depression and anxiety as other types of psychotherapy. Integrating religion into psychotherapy has shown a variety of results. But some studies shown that religious can support mental illness, and prayer can be alternative to meditation in psychotherapy. Religion and psychotherapy can affect anxiety, depression, suicide, and bipolar in the psychotherapy practice. Religion and psychotherapy can build self-control in people, and religion and psychotherapy can drive people to their well-being. But in the studies shown that in the practice of psychotherapy, the use of religion and spirituality as alternatives to meditation is still separated. This results in many variations of results in studies of religion and spirituality in psychotherapy practice.

Keywords: Meditation, Mental Illness, Psychotherapy, Religion, Spirituality.

Abstrak

Penelitian ini bertujuan untuk mengetahui pengaruh akomodasi keagamaan terhadap psikoterapi pada gangguan

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kecemasan dan depresi. Tinjauan ini secara sistematis mengkaji uji klinis integrasi agama dan psikoterapi untuk mengobati pasien dengan depresi atau kecemasan. Hasil beberapa kajian terdahulu menunjukkan bahwa psikoterapi menggunakan alternatif agama efektif untuk mengobati depresi dan kecemasan seperti jenis psikoterapi lainnya. Mengintegrasikan agama ke dalam psikoterapi telah menunjukkan berbagai hasil. Namun beberapa penelitian menunjukkan agama dapat mendukung penyembuhan penyakit mental, sementara doa dapat menjadi alternatif meditasi dalam psikoterapi. Agama dan psikoterapi dapat memengaruhi kecemasan, depresi, bunuh diri, dan bipolar dalam praktik psikoterapi. Agama dan psikoterapi dapat membangun pengendalian diri pada seseorang, dapat mendorong seseorang untuk mendapatkan kesejahteraannya. Namun dalam penelitian menunjukkan bahwa praktik psikoterapi dengan agama dan spiritualitas sebagai alternatif meditasi masih dipisahkan. Hal ini mengakibatkan banyak variasi hasil kajian agama dan spiritualitas dalam praktik psikoterapi.

Kata Kunci: Meditasi, Gangguan Jiwa, Psikoterapi, Agama, Spiritualitas.

Introduction

Spirituality is individual features linking to the universe and others, and maybe a faith about humans believing in God's existence. Koenig¹ defines spirituality as something distinguished from humanism, norm, morals, worth, and mental health with sacred relationships like our relationship with our god. Spirituality has been the subject of discussion over many years, yet understanding its nature, and usefulness during illness, can be elusive. Nurses and other healthcare practitioners can often be in the position to help patients discuss spiritual matters because of their direct contact on a frequent basis, but might not feel confident to do so because the subject can appear to be overly complex.² Defining complex and

¹ Koenig, *Review Article Religion, Spirituality, and Health: The Research and Clinical Implications*, International Scholarly Research Network, (2012), 278-730.

² Laurence Lephherd, "Spirituality: Everyone has it, but what is it?" in *International Journal of Nursing Practice*, (2015), 566-574.

interconnected concepts between spirituality and religiosity is not easy, because there is no universal definition.³

Many people do not consciously consider their spirituality and often confuse spirituality with religion, sometimes an even casual mention of the word "spirituality" will bring a hasty "I am not religious" reaction. Frequently, neither spirituality nor religion figures in people's consciousness until there is a major event in their life that causes them to reflect. Illness generally is a time for such reflection, when lives are turned upside-down by a significant challenge. Holistic health care is broadly described as body mind spirit, mind can be broken down into psychological and social constructs. The juxtaposition of these two positions leads to the acknowledgment that holistic health care consists of four domains: physical, social, psychological, and spiritual. These domains cannot be regarded as being discrete, there is overlap between them Spirituality is an important part of the care of an ill person's well-being as it concerns the integrity or the wholeness of a person.⁴

The history of psychotherapy practice using spiritual and religious approaches is very important. This shows how the practice is implemented in the media world because it is related to the perception and success of the practice in the media world. Although the interconnection between religion, spirituality, and medical practice has existed throughout history, only in the last decade has the scientific literature demonstrating the important role of religiosity/spirituality in the physical and mental health of patients.⁵ This lack of consensus makes it difficult to compare outcomes between studies.⁶ However, some research has shown a positive correlation between religion and spirituality and the prevention of various diseases with evidence of improved quality of life and improved survival.⁷

³ Christopher C.H. Cook, *Addiction and spirituality*, (2004).

⁴ Ibid.

⁵ Koenig, *Review Article Religion...*, 278-730.

⁶ G. Lucetti, "Taking Spiritual History in Clinical Practice: A Systematic Review of Instruments," In *The Journal of Science and Healing*, Vol. 9, No. 3, (2013).

⁷ A. Jumal, "Intervensi Agama dan Spiritual dalam Perawatan Kesehatan," in *Psychological Medicine*, (2018), 1550-8307.

This research aims to understand religion and spirituality towards mental illness issues, and how they impact psychotherapy practice. This study uses a systematic review method.⁸ The method is carried out in four stages, namely review identification, initial articles screening, further article screening, and article evaluation.

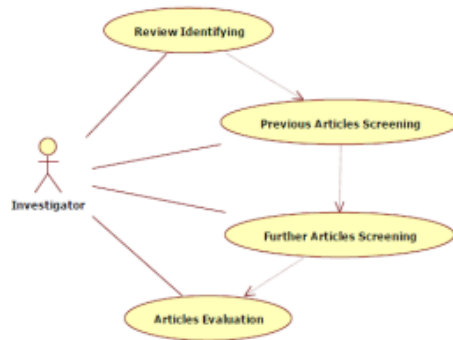


Figure 1. Systematic Review Process

The data used in this article are from Scindirect, Pubmed, Researchgate, Wiley Online Library, and Google Scholar. The terms used are “Spirituality and Religiosity in the Psychotherapy practice”, “Religious the Psychotherapy Practice in Anxiety and Depression”, and “Spirituality Psychotherapy in Anxiety and Depression”. Field (database) considered in search related to three types of the field; abstract, title, and keywords. The journals sought issues from 2000 to 2021 by considering the method used, the correlation between the method and the results, and the quality of the journal content. In this study, the statistical method is preferred, the publisher is considered, and the correlation between the method used and the explanation of the results will be analyzed. Because of the limitations, review journals are identified.

Religion and Spirituality

A distinction is sometimes made between the terms where religion can be regarded as a formal and organized part of a person’s

⁸ Fitroh, & D. N Utama, *Synthesizing a Soft System Methodology Use in*, Fifth International Conference on Information and Communication Technology (ICoICT), (Kuala Lumpur: 2017), 489-482.

inner being, whereas spirituality relates to a broader state of mind that might not necessarily involve expression through the formal organization. A number of authors attest to the organizational implications of religion as distinct from the very personal nature of spirituality.⁹ Based on the literature, it can be explained that spirituality is a form of existence, while religion is the essence. People have different ways to show their existence. This is a reason why there are different results in all studies. Because every people have a different capability to accept religion's essence. Spirituality has an association with how people's capability as personal to accept their religion and also their knowledge about the religion.

According to the literature, religion and spirituality have a variety of results for some mental illnesses, like anxiety, depression, bipolar disorder, and people's motivation. All studies have shown that religion and spirituality may increase anxiety, depression, and bipolar disorder, because of their fear of punishment, and life after. People have anxiety and fear because of their sin, and this situation will increase mental illness potential in their life. But for some studies (in the psychotherapy practice) have shown that religion and anxiety can cope with mental illness problems.

People who have a high level of religiosity or spirituality get a better result to cope with their problems. Prayer can be used as meditation in the psychotherapy practice. People who have better spirituality and religiosity have better self-control and their life to guide them into better activity and decisions. So, religion and spirituality can drive people to well-being. Furthermore, it will explain how the impact of religion and spirituality on anxiety, depression, bipolar disorder, suicide, and motivation.

Fear and anxiety often drive people toward religion as a way to cope with anxiety. In the research religion and spirituality may increase anxiety and fear by its threats of punishment for evil deeds or life after. On another side, a number of clinical trials have also examined the effects of spiritual and religious interventions on anxiety levels. Overall, at least 299 studies reported an inverse association between religion and anxiety disorder. Among these 299 studies were 239 cross-sectional studies, 19 prospective cohort

⁹ Laurence Lephed, "Spirituality: Everyone has it...", 566–574.

studies, 9 single-group experimental studies, and 32 randomized clinical trials. Of the 19 longitudinal studies, 9 studies reported that spirituality and anxiety predicted a lower level of anxiety over time, one study found an increase in anxiety (among women undergoing abortion for a fetal anomaly), 7 reported no association, and 2 reported mixed or complex results. Of the 9 experimental studies, 7 studies found a reduction in anxiety following a spiritual and religious intervention. Of the 32 randomized clinical trials, 22 studies reported that a spiritual and anxiety intervention reduced anxiety more than a standard intervention or control condition.

Meanwhile about depression, at least 444 studies have examined the relationship between spirituality and religion toward depression, since the early 1960s. Of these, 272 (61%) reported a significant inverse relationship with depression, and 28 (6%) found a greater association between R/S and depression. Of the 178 studies with the highest methodological accuracy, 119 (67%) reported an inverse relationship, and 13 (7%) found a positive relationship with depression. All of these studies relate to the effect of spiritual level and religious teachings in increasing guilt for sin. Every human being must have "Ego-Involvement," namely the ego to develop, in some cases ego-involvement could cause people to make a mistake, like cheating and stealing. The instinct to maintain self-esteem is a natural thing in humans. Spirituality and religion can increase guilt by focusing on sin, thereby causing depression.

While several other studies have shown a positive impact on the practice of psychotherapy for people with depression,¹⁰ 70 prospective cohort studies have shown that 39 (56%) reported that greater spirituality and religion predict lower rates of depression or faster depression remission. Whereas 7 (10%) predicted worse future depression and 7 (10%) reported mixed outcomes. Of 30 clinical trials, 19 (63%) found that spiritual and religious interventions yielded better outcomes than standard treatment or control groups. Several studies on self-help interventions in mental health have shown promising results, especially for patients with depression, the population that appears to benefit most from these interventions. The impact of the type of intervention on patients with depression using

¹⁰ Koenig, *Review Article Religion...*, 278-730.

different lengths of follow-up, and found statistical differences between 1 and 3 months post-intervention.

Next, bipolar disorder. There are two positive results between spirituality and religion on bipolar disorder. In the first study of 334 US veterans with bipolar disorder, the study showed a higher frequency of prayer or meditation was associated with mixed states and lower rates of euthymia. The second study examined a randomized national sample of 37,000 Canadians and found that those who attribute greater importance to higher spiritual values were more likely to have bipolar disorder, whereas a higher frequency of religious attendance was associated with a lower risk of the disorder. Based on this research, the level of spirituality and religion shows a positive or negative impact. At a higher spiritual level, the potential of bipolar disorder is higher (second study), this may be related to fear and anxiety about mistakes being made, but in one study it was shown that prayer can be used as a means of meditation for patients with bipolar disorder. In the second study, it can be concluded that the presence of religion has a positive effect on bipolar disorder patients. This is because religion can be used as a guide for people in their activities. So the motivation to do good is higher.

While the correlations between spiritual and religion toward suicide are consistent with those found for depression, self-esteem, and hope. Those who are depressed, without hope, and with low self-esteem are at greater risk for committing suicide. According 49 studies with the highest methodological rigor, 39 studies reported less suicide, fewer suicide attempts, or more negative attitudes toward suicide among the more spiritual and religion.

The last is motivation. According to Koenig's research,¹¹ religion and spirituality improve internal control, so it's better for well-being. From 256 studies found only significant positive associations between research and religion to well-being, only three finds a positive correlation with an internal not an external sense of control. Of 21 studies that have examined these relationships, 13 found that religion was related to a greater sense of personal control in challenging life circumstances. Of the nine best studies, four

¹¹ Koenig, *Review Article Religion...*, 278-730.

reported significant positive relationships, and three reported significant negative relationships, whereas the two remaining studies reported complex or mixed results. Faith may provide an indirect sense of control over stressful situations, by believing that God is in control and that prayer to God can change things, the person feels a greater sense of internal control.

Religion and Therapy

These activities can be a significant component of a person's spirituality. They can be evident internally or externally in relation to any of the dimensions that make up spirituality. For example, inner or external connectedness with a higher being, a god or God, can include personal meditation outside of a religious ritual, or it can be as a participant in a religious ritual, or both. Meditation can have a clearly defined technique and be an experience of thoughtful awareness that can be reduced to awareness of just one stimulus for a specific period. It facilitates focus on a specific object that can assist in the development of spiritual insight and can assist in bringing mental processes under control. Prayer is a form of communication-connectedness and can include reflection and meditation.¹²

Islamic spiritual therapy has been proven to be effective in influencing depression and other psychological disorders. Several research results have provided evidence of this. Mansyur has also conducted experimental-qualitative research showing that there is a decrease in stress levels after following dhikr therapy. This research results support James' view that the best therapy for anxiety is faith in God. Faith in God is a strength that must not be fulfilled to sustain a person in this life. He further said: "Between God and us there is an unbroken relationship. When we submit ourselves to His direction, all our dreams and hopes will be fulfilled. Meanwhile, the research results of Hook et.al stated that spiritual and religious therapy was effective in overcoming the problems of mental disorders such as anxiety, schizophrenia, and depression.

¹² Laurence Lepherd, "Spirituality: Everyone has it...", 566–574.

Spirituality in the Psychotherapy Practice

Spirituality is considered an irrational form by many researchers, so the assumptions that most want to put forward actually point to spirituality as the cause of psychological disorders. Many researchers think that schizophrenia is caused by spirituality, such as a study conducted by Wilson which found that 21.3% of respondents with schizophrenia had symptoms of religious delusions. Similar to the research results of Wilson, Siddle, Haddock, TARRIER, and Faragher also said that 24% of respondents who suffered from schizophrenia showed religious hallucinations. More clearly said by Greenberg and Witztum said that people who have a strong spirituality will show symptoms of obsessive-compulsive disorder. As is known that obsessive-compulsive disorder is a form of anxiety disorder that experiences sudden disturbances in consciousness that he does not really want, then the individual performs actions repeatedly.¹³

This is can be proven by how many studies that explain religion can't be a basic alternative to psychotherapy practice. As Scioli said¹⁴ that religion and spirituality can provide unlimited hope, so spirituality can be a cure for anxiety. The author also assumes that modern psychology has lost hope and spirituality so to eliminate psychological disorders individuals are only given drugs (neurological approach), given suggestions (psychoanalysis), and changed their mindset (cognitive approach). Of course, such an approach will not permanently solve psychological problems if the soul is not strengthened (psyche), even though the soul itself is spiritual. So that what appears is psychological problems that increase from time to time because psychology has lost its spirituality. Psychoreligious or psychospiritual therapy will generate self-confidence and a sense of optimism. These two things (confidence and a sense of optimism) are important for healing from a disease in addition to drug therapy and other medical actions.¹⁵

¹³ A Rusydi, *Psikoterapi Spiritual dalam Islam*, (Yogyakarta: Istana Publishing, 2015).

¹⁴ *Ibid.*

¹⁵ Laurence Lepherd, "Spirituality: Everyone has it...", 566–574.

Conclusion

Based on the results and discussion, it can be concluded that in the practice of psychotherapy, the use of religion and spirituality as an alternative to meditation is still separated. This results in many variations of results in studies of religion and spirituality in psychotherapy practice. And the number of studies that show the results of in-service, because it considers spirituality as a form of hallucination. In practice, many psychotherapy methods have not used a religious approach. In the practice of psychotherapy, psychiatry only provides mindset change therapy, and psychoanalysis, even though the soul is spiritual. But for some studies (in the psychotherapy practice) have shown that religion and anxiety can cope with mental illness problem. Some studies have shown that prayer can be a meditation alternative in the psychotherapy practice.

References

- Cook, Christopher C.H. 2004. *Addiction and spirituality*. John Wiley & Sons.UK.
- Fitroh, & Utama, D. N. 2017. *Synthesizing a Soft System Methodology Use in*. 2017 Fifth International Conference on Information and Communication Technology (ICoICT), (pp. 489 - 482). Kuala Lumpur.
- Ingersoll, H. 2020. *Predictors of Children's Religiosity and Relationship with God*. Christian Education Journal: Research on Educational Ministry 2020, Vol. 17(1) 52–70.
- Jumal, A. 2018. *Intervensi Agama dan Spiritual dalam Perawatan Kesehatan* Psychological medicine 1550-8307.
- Koenig. 2012. *Review Article Religion, Spirituality, and Health: The Research and Clinical Implications*. International Scholarly Research Network, pp. 278-730.
- Lephard, L. 2015. *Spirituality: Everyone has it, but what is it?*. International Journal of Nursing Practice 2015; 21: 566–574.
- Lucetti, G. 2013. *Taking Spiritual History in Clinical Practice: A Systematic Review of Instruments*. The Journal of Science and Healing 9(3):159-70.

- Razak, A. *Terapi Islami Suatu Model Penaggulang Gangguan Depresi*.
Jurnal Dakwah Tabligh, Vol. 14, No. 1, Juni 2013 : 141 –
151.
- Rusydi, A. 2015. *Psikoterapi Spiritual dalam Islam*. Istana Publishing,
Yogyakarta.

