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Spiritual and Psychological Distress in Patients with Depression

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ABSTRACT

Objectives: The study aimed to assess spiritual distress in patients with major depressive disorder and to identify the relationship between spiritual distress and mental distress.

Methods: Spiritual distress was evaluated using The Meaning in Life Scale and Existential Well-Being, a subscale of the Spiritual Well-Being Scale. Mental distress was assessed with the SCL 90 questionnaire.

Results: The study established that patients with depression are at a risk of experiencing spiritual distress. We found numerous negative significant relationships between the variables of spiritual distress and the dimensions of psychological distress. Increased spiritual anguish was associated with increased mental distress.

Conclusion: Despite its absence from nursing plans, spiritual distress is a serious problem, which, for instance, intensifies mental problems in patients with depression. The inadequate diagnostics and approach to the diagnosis reduce the quality of nursing care.

KEY WORDS

spiritual distress, depression, psychological distress

INTRODUCTION

Major depressive disorder is one of the most serious psychiatric diseases. Apart from the adverse somatic, psychological, and social impacts it also affects the spiritual well-being. It is often associated with feelings of loss of control, hopelessness, guilt, lack of life meaning. As stated by Roberts (2000, p 435), mental disorder represents a "crisis of a sense of meaning and purpose." Individuals with mental problems experience feelings and thoughts that are troubling for themselves as well as their surroundings. They struggle to find a sense and meaning in their unusual experience, which are essential for reaching their mental balance (Smale, 2000). All these problems are included in NANDA-I diagnosis Spiritual Distress, which defines SD as a reduced ability of an individual to experience and integrate the meaning and purpose of life through a connection with oneself, others, art, nature and/or a higher force that transcends the person (NANDA, 2009, p 208). The diagnosis is missing from nursing documentation despite the consequences that spiritual distress has. As Nemčeková (2004, p 672) states: "An existential crisis, even a temporary one, is the most serious form of degradation of the quality of life; other problems as partial and relatively more easy to solve."

OBJECTIVES

The study focuses on assessment of spiritual distress in patients with depression. Another objective was to identify the connection between the perception of spiritual distress and mental distress.

PARTICIPANTS

The research sample consisted of 109 patients with major depressive disorder (mean age: 43.4 ± 11.8), of whom 48 were men and 61 were women. The inclusion criteria were: a diagnosed and treated mental disorder of the depressive type, informed consent, patient cooperation, aged 18 and older. The exclusion criteria included a medium-severe to severe cognitive impairment (based on a psychiatric assessment), communication disorder, acute mental disorder, acute somatic disease, severe chronic somatic disease.

The participants were patients hospitalized at the Psychiatric Clinic, Jessenius Faculty of Medicine in Martin, Comenius University, recovering from an acute stage of the disease.

METHODS

a) Spiritual/Existential Distress

The selection of methods was based on the fact that although NANDA I defines spiritual distress, it does not mention any specific tools for its assessment. As the core of the definition is the meaning and purpose of life, we decided to measure them with an instrument that measures the sense of purpose in life and with Existential Well-Being, a subscale of the Spiritual Well-Being Scale. A low sense of purpose in life and low rates of existential well-being are symptoms of spiritual distress.

The Meaning in Life Scale – MLS (Halama, 2002, p 265). The scale is based on a three-component understanding of life's meaning. The cognitive dimension (MLSC) includes items concerning the overall life philosophy, direction, understanding or mission in life. The motivation dimension (MLSM) consists of items relating to goals, plans, and the strength and endurance the individual exerts to realize them. The affective dimension (MLSA) of the meaning of life comprises items relating to life satisfaction, fulfilment, optimism, or, on the negative level, feelings of disgust, monotony, etc. The scale features 18 statements, with 6 on each subscale. The items are rated on a 5-point Likert scale from 1 – strongly disagree to 5 – strongly agree, based on the participant's agreement with the statements. Scores evaluated include the subscale score that ranges from 6 to 30 and the total score, which ranges from 18 to 90. Higher scores indicate a higher sense of purpose in life of the respondent.

Existential Well-Being (SWSE) – a subscale of the Spiritual Well-Being Scale (Ellison, 1983). Existential well-being constitutes a "horizontal" dimension of spirituality, which focuses on how well the person is adjusted to self, community, and surroundings. This subscale includes the existential notions of life purpose, life satisfaction, and positive and negative life experiences. The subscale has 10 items rated on a 6-point Likert scale, where respondents express to what degree they agree with the statement, from 1 – strongly agree to 6 – strongly disagree. Scores range from 10 to 60. The higher the spiritual well-being is, the higher the score.

b) Psychological Distress

Psychological distress was assessed using the tool **Symptom Checklist 90** (SCL-90) (Baštecký, Šavlík, Šimek, 1990). This self-report assessment scale targeted at monitoring the intensity of the occurrence of subjective psychological and behavioural symptoms. SCL-90 measures the current (point-in-time) mental condition, and not the permanent features of personality. SCL-90 contains 90 items that are grouped into nine dimensions: somatization (So), obsessive-compulsive (OC), interpersonal sensitivity (IS), depression (De), anxiety (An), hostility (Ho), phobic anxiety (PA), paranoid ideation (Pa), psychoticism (Ps) + unclassified items (UI) – with the view to covering the full symptomatic behaviour in patients. In addition to the dimensions, the GSI (General Symptomatic Index) – the total index of symptoms, and the PSDI (Positive Symptom Distress Index) – the average intensity of symptoms, were evaluated.

The generated data were processed in the programme Statistica v.7. Relationships between variables were identified with the help of descriptive statistics and a nonparametric test (Spearman's rank correlation coefficient).

RESULTS

Patients attributed the highest score to the cognitive dimension of the meaning (Table 1).

The highest number of mental problems in patients with depression was found in the dimensions of depression and obsessive compulsion and the lowest number in psychoticism and hostility (Table 2).

Every spiritual variable correlated with at least 5 dimensions of psychological distress and all correlated significantly with the General Symptomatic Index (GSI), as well as the intensity of symptoms (PSDI) (Table 3).

DISCUSSION

The sense of purpose in life in patients with depression scored about 60% and existential well-being 52% of the maximum score. Farský (2011, p 60) argued that in his sample of 249 adult respondents without any mental disorders, the sense of purpose in life was at 75% of the possible maximum and existential well-being at 66% on average.

Similar results in a healthy population are also reported by Halama et al. (2010, p 50), where the meaning of life was at about 74% and existential well-being at 67%. The study established that patients with depression are at a risk of experiencing spiritual distress. Our findings are only confirmed by the results of other studies (Mascaro, Rosen, 2005, p 1003; Ondrejka, 2006; Farský, 2008; Halama et al., 2010).

The assessment of the relationship between the variables of spiritual distress showed multiple negative significant correlations. The cognitive dimension of life meaning was the highest correlated variable (except the general sense of purpose). As mentioned in the results,

this dimension was rated the highest by the patients. The cognitive dimension expresses how oriented the person feels in the world and in life. This understanding of life, overall direction, may help patients give a meaning to life even despite unfavourable conditions and reduce their spiritual distress. While the correlation analysis by itself can not accurately determine which of the variables is primary and which secondary in terms of its effects, selected characteristics of the variables provide some insight. Despite their dynamic character, constructs such as purpose in life and existential well-being may be considered more permanent characteristics. In terms of the meaning of life relationships are likely reciprocal. With deteriorating orientation to the sense of purpose, general mental hygiene, the number of frustration symptoms and the tendency to noogenic depression increases (Frankl, 1997, p 21). Measurements taken by Mascara and Rosena (2005) over two periods of time showed that although depression at the first period was the strongest predictor of depression at the second period, the purpose of life at the first measurement was another factor which can explain to a certain degree the residual variance. The level of life's meaning may thus be seen as a rather independent clinical phenomenon. Likewise, it is possible that high rates of psychopathology decrease the rate of life-meaning, as already indicated by Yalom (2006). He pointed out that the purpose in life rises with the decrease in levels of psychopathology, even in the case of a biologically-based intervention. In contrast, SCL-90 measures the current (point-in-time) mental condition, a less permanent variable in terms of time. Consequently, experiencing a spiritual distress or well-being is likely to affect psychological distress, and not vice versa. The use of spirituality as a coping mechanism belongs to the described effects of spirituality on mental health. Yi et al. (2006, p 24) note that higher levels of spiritual well-being may enhance positive and "healthier" personal and social behaviours, provide an umbrella and unifying framework that helps the person solve unexpected and problematic situations, and may give a greater sense of coherence between the person and their environment; all this may provide protection against depression and other mental health problems. The relationship between spiritual variables and psychological distress may then theoretically function as follows (Fig. 1):

Table 1 Spiritual distress

109	tSZZ	SZZK	SZZM	SZZA	SWSE
x	60,61	21,02	19,99	19,61	36,39
sd	12,38	4,26	4,56	5,23	7,78

Table 2 Psychological distress

n 109	So	OK	IS	De	Uz	Ho	Fo	Pa	Ps	NP	GSI	PSDI
x	0,95	1,25	1,12	1,37	0,99	0,6	0,75	0,85	0,68	1,11	1	1,75
sd	0,9	0,73	0,77	0,93	0,8	0,61	0,8	0,67	0,66	0,76	0,66	0,66

Table 3 Relationships between spiritual distress and psychological distress

n	*tSZZ*	*SZZK*	*SZZM*	*SZZA*	*SWSE*
So	*–0,093*	*–0,021*	*–0,131*	*–0,064*	*–0,028*
OK	***–0,346***	***–0,317***	***–0,294***	***–0,288***	***–0,279***
IS	***–0,382***	***–0,378***	***–0,332***	***–0,278***	***–0,335***
De	***–0,525***	***–0,51***	***–0,408***	***–0,445***	***–0,487***
Uz	***–0,266***	***–0,234***	*–0,185*	***–0,244***	***–0,19***
Ho	***–0,226***	***–0,195***	*–0,173*	***–0,196***	*–0,132*
Fo	***–0,23***	***–0,284***	*–0,144*	*–0,168*	***–0,206***
Pa	***–0,247***	***–0,274***	***–0,241***	*–0,129*	*–0,109*
Ps	***–0,254***	***–0,244***	*–0,182*	***–0,215***	***–0,21***
NP	***–0,354***	***–0,303***	***–0,269***	***–0,325***	***–0,279***
GSI	***–0,399***	***–0,375***	***–0,319***	***–0,33***	***–0,303***
PSDI	***–0,293***	***–0,259***	***–0,267***	***–0,223***	***–0,26***

P ≤ 0,05

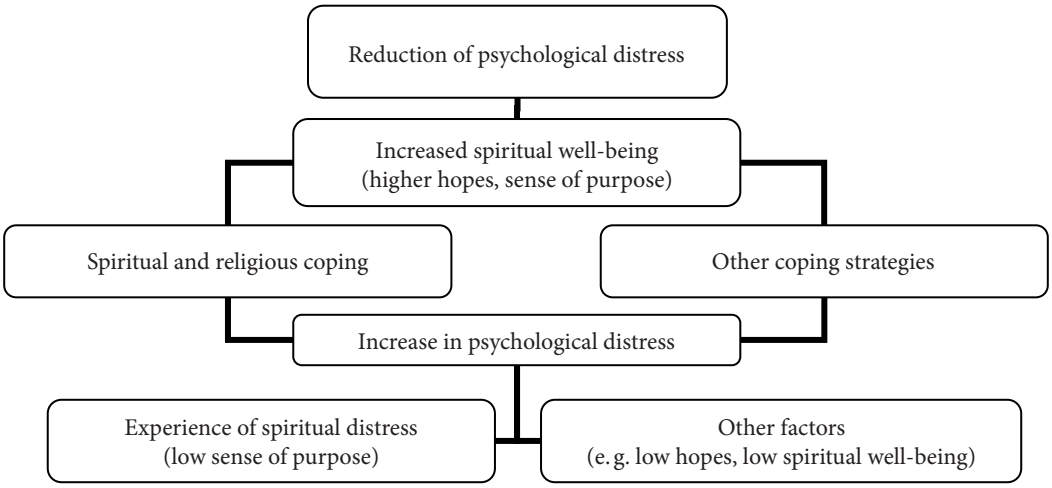

Fig. 1 Relationship between spiritual distress and mental distress

Although the sense of meaning in life, including existential well-being, correlated with mental distress, the correlations were moderately strong. Likewise, although spirituality reduces psychological distress, it cannot eliminate it. Symptoms of obsession-compulsion, depression, and interpersonal sensitivity were among dimensions that had the highest response rates to the monitored spiritual variables. Moomal (1999, p 42) and Tsang et al. (2003, p 180) report similar results. Moomal found that the meaning of life correlated negatively with the majority of these tendencies (depression, paranoia, anxiety, psychasthenia, hypochondria, schizophrenia, social introversion). Tsang reported negative correlations of meaning of life and depression, anxiety, somatic problems, and general psychopathology.

CONCLUSION

The absence of the diagnosis Spiritual Distress from nursing records is not due to the fact that it would be in practice non-existent in patients. Our study established that patients with depression are at a risk of experiencing spiritual distress. Furthermore, our research verified that solving spiritual problems helps not only in terms of "spiritual health" but also contributes to reducing psychological distress. Conversely, neglecting these issues and leaving the patient in spiritual distress may ultimately lead to an increase in the psychiatric symptoms.

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