

Original article

Spiritual perspectives of Thai psychiatrists on mental health

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Background: Although the positive impact of spirituality on mental health has become more widely accepted in the past decade, it is a challenging subject due to its distinctive nature between beliefs and cultures.

Objectives: This study aimed to define the term spirituality and its influence on mental health based on the viewpoint of Thai psychiatrists.

Methods: This qualitative research was conducted in 20 Thai psychiatrists recruited from all regions across Thailand using a semi-structured in-depth interview, based on literature reviews. The collected data were analyzed via content analysis.

Results: We found that Thai psychiatrists define spirituality as a belief, reliance, the meaning of life, transcendental, and believe that spirituality is not limited to religion. Thai psychiatrists have a positive attitude toward spirituality within the field of psychiatry and see both its positive and negative effects on mental health, depending on the individual and the contexts. They determine the effect of spirituality on mental health by the outcome, similarly to mental concepts including harmfulness and distress.

Conclusion: When approached wisely, spirituality provides valuable means to promote mental health and should be taken into consideration by mental health professionals.

Keywords: Spirituality, psychiatrists, mental health, Thailand.

Psychiatry, as a part of modern medicine, has a long history that could be dated back to ancient times when mental disorders, especially those with psychotic features, were associated with both physiological abnormalities and supernatural aspects that could not be scientifically explained.⁽¹⁾ At the beginning of modern Western psychiatry in the 19th century, religiosity and spirituality had a negative connotation and were often linked with neurosis and psychopathology. Moreover, religious beliefs were ignored in clinical settings, considered unscientific and bad for the health by psychiatrists even in the mid - 20th century.^(2,3) However, in recent years, new research on the relationship between spirituality and health has shed new light on mental

health care. Many papers suggest that religion and spirituality show a positive correlation between good health and well-being.^(3,4) Many psychiatric organizations have started to recognize the importance of spirituality and its effect on mental health.^(4,5)

In Thailand, spirituality is deeply rooted in culture and society by the combination of three belief systems: Buddhism (94.6% of the population), Hinduism, and Animism.⁽⁶⁾ Mental disorders were also explained through religious and spiritual contexts and used to be treated by traditional medicines before the introduction of modern Western psychiatry.⁽⁷⁾ Since spirituality is an integral part of Thai people's way of life and Buddhism has been used for health promotion, spiritual care is quite common in Thailand's clinical practice, especially in end-of-life care of terminally ill patients.⁽⁸⁾ However, due to the lack of practical guidelines, it is still challenging for both healthcare providers and the general public to assess and incorporate spiritual aspects into mental health care. Furthermore, there is no study in Thailand on the psychiatrist's view on spirituality and mental health. Hence, this study aimed

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Received: July 9, 2020

Revised: September 17, 2020

Accepted: October 5, 2020

to define the term spirituality in a psychiatric context and to decipher the spiritual views of Thai psychiatrists and how they affect mental health. This study intends to gain more insight into the subject and further advance the research in psychiatry and spirituality in Thailand. The specific hypothesis is that Thai psychiatrists define spirituality as a belief and meaning of life⁽⁵⁾, and they have a positive attitude toward the relationship between spirituality and psychiatry. Also, they see a meaningful association between spirituality and mental health.

Materials and methods

Subjects

There were 761 Thai psychiatrists actively working at the time of the study. In this qualitative study, 20 Thai psychiatrists were recruited proportionately from all 7 regions across Thailand, including pediatric, general, and geriatric psychiatrists. The inclusion criteria for psychiatrists were: 1) to be licensed and board-certified in Thailand; 2) at least 3 years of experience working as a psychiatrist; and, 3) at least 3 years of experience working in the specific regions. The exclusion criterion was unwillingness to participate in the study. The list of psychiatrists was obtained from The Psychiatric Association of Thailand, and purposive sampling was used to select subjects from each region.

In all, 15 of the psychiatrists were male, and 5 were female, ages ranged between 32 - 58 years; 19 of them were Buddhists, and 1 of them was a Taoist. The number of subjects by regions were as follows: 9 from Bangkok, 3 from the Central region, 2 from the Northeastern region, 2 from the Southern region, 2 from the Northern region, 1 from the Eastern region, and 1 from the Western region. There were 13 general psychiatrists, 3 pediatric psychiatrists, 3 geriatric psychiatrists, and 1 was both pediatric and geriatric psychiatrist. The number of years of experience as a psychiatrist ranged from 3 - 29 years, and the work experience in the specific regions ranged from 3 - 29 years.

Ethical consideration

The study has been approved by the Institutional Review Board, Faculty of Medicine, Chulalongkorn University, in compliance with the International guidelines for human research protection as

Declaration of Helsinki, The Belmont Report, CIOMS Guideline and International Conference on Harmonization in Good Clinical Practice (ICH-GCP). All subjects were presented with an information sheet and a verbal explanation of the purpose of the study. They had signed consent forms and were informed that they have the right to resign from the study at any time. All identifiable information is confidential, and all data in this study will be destroyed after the study is published.

Measurements

The semi-structured in-depth interview questionnaire was developed by the investigators based on literature reviews. The questionnaire consisted of 5 main topics and 12 questions as in Table 1.

Two psychiatrists participated in a pilot study to test the reliability of the questionnaire and were asked to give feedback and reviews on clarity and relevance. They found it reliable, and they clearly understood the questions and the purpose of the study. The recorded pilot interview was transcribed by one of the investigators to re-examine the process to prepare for the actual study.

Procedures

The permission for conducting the study was given by the Head of the Department of Psychiatry, Faculty of Medicine, Chulalongkorn University, after the study protocol was approved by the Institutional Review Board. The subjects were selected according to the inclusion criteria and were given a written and verbal explanation for the study and ethical consideration. They agreed to participate in the study, and the investigators made an appointment with the participants. All interviews were conducted in-person in Thai by the same investigator (VK) at the place of subjects' choices and were audio-recorded for verbatim transcription. All interviews lasted, on average, 67.1 minutes (Standard deviation = 20.5 minutes). All transcriptions and data analysis were performed in Thai and were later translated into English by the investigator (VK) for the purpose of the presentation of this paper. The translation was discussed and proofread for accuracy by a native Thai translator and a native English speaker.

Table 1. Semi-structured in-depth interview questions categorized into 5 main themes.

Theme	Questions
<i>'Spirituality'?</i> <i>Spirituality and Mental Health</i>	1. In your perspective, how do you define the term 'spirituality'?
	2. How do you see spiritual affecting mental health?
	3. The relationship between psychiatry and spirituality 3.1. Do you see <i>conformity</i> between psychiatry and spirituality? If so, how? 3.2. Do you see <i>conflict</i> between psychiatry and spirituality? If so, how?
	4. Do you think spiritual practices have any effect on mental health? If so, how?
	5. Have you ever experienced any spiritual experiences (personal or others) that affect mental health?
<i>Spirituality and Social Aspect</i>	6. Do you think spiritual beliefs in Thai society today affect mental health? If so, how?
	7. Do you think beliefs/spiritual awareness of a person could affect behavior, thought, and life value as a society? If so, how?
<i>Spirituality and Professional Experience</i>	8. Do you think the awareness of spirituality of mental professionals affect mental health care in a clinical situation? If so, how?
	9. Personal spiritual beliefs and working as a psychiatrist 9.1. Do your spiritual beliefs <i>positively</i> affect your job as a psychiatrist? If so, how? 9.2. Do your spiritual beliefs <i>negatively</i> affect your job as a psychiatrist? If so, how?
	10. Patient's spiritual beliefs and psychiatric symptoms 10.1. Do patient's spiritual beliefs <i>positively</i> affect their psychiatric symptoms? If so, how? 10.2. Do patient's spiritual beliefs <i>negatively</i> affect their psychiatric symptoms? If so, How?
	11. Do mental health professionals work in association with any spiritual leaders in local communities? If so, how?
	12. Is training in the subject of spirituality (knowledge, understanding, and awareness) necessary and beneficial for developing mental health professionals? If so, how?

Results

Demographic data

Twenty psychiatrists participated in this study from all regions across Thailand. Eight psychiatrists had been working in their regions less than ten years, 8 of them have at least 10 years of work experience, and 4 psychiatrists who had been working in the region for more than 20 years. More than half of the research subjects acquired additional practices. For instance, 2 general psychiatrists focused on addiction, another 2 were proficient in Psychodynamic Therapy, and one general psychiatrist addressed the Electroconvulsive Therapy. There was one pediatric expert on the Satir Model, and another focused on Family Therapy. There is one general and one pediatric psychiatrist who practiced mindfulness-based therapy. Further, one geriatric psychiatrist specialized in dementia, and one pediatric geriatric psychiatrist primarily worked on Cognitive Behavioral Therapy.

The gender ratio of male and female is 3:1. There are 5 female and 15 male subjects whose age ranges between 32 - 58 years old. The age mean is 41.8 years old. 95.0% of them are Buddhists, and there is only one male psychiatrist who regards himself as a Taoist (5.0%); 45.0% of them are based in Bangkok, 15.0% from central Thailand, 10.0% each from the North, the Northeast, and the South. Another 5.0% of them were working each in Western and Eastern Thailand. The psychiatrists' subspecialties were general psychiatry (65.0%), pediatric psychiatry (20.0%), geriatric psychiatry (10.0%), and one of them was both pediatric and geriatric psychiatrist (5.0%). (Refer to ESF. Table 1 and ESF. Table 2 in the electronic supplementary file for more details).

Table 2 shows the summarized data analysis of the interview divided into each questions and subcategories.

Table 2. Summarized result of the study by themes and keywords.

Result summarization	
“Spirituality?”	
Question	Keyword and quotation
1. In your perspective, how do you define the term ‘spirituality’?	Not limited to religion (90.0%), belief (65.0%), reliance (55.0%), meaning of life (50.0%), transcendental (50.0%), value (45.0%), faith (40.0%), philosophy of life (35.0%), universality (35.0%), life principle (30.0%), life purpose (25.0%), self (25.0%), virtue (25.0%), and socio-cultural (25.0%) ID17 : <i>“It gives something for people to rely on. A stable ground to help them feel calm and secure when they have to face problems and obstacles in life.”</i>
Spirituality and mental health	
Question	Keyword and quotation
2. How do you see spiritual affecting mental health?	Positively (100.0%), negatively (100.0%), depend on the individual (100.0%), and coping (50.0%). ID13 : <i>“When we properly use spirituality, it will promote good mental health, such as a life resource or mental strength. However, if it was unbalanced, it might cause harm to self and others.”</i>
3. The relationship between psychiatry and spirituality?	Conformity (100.0%), and psychotherapy (100.0%). ID16 : <i>“Spirituality has been integrated into different kinds of psychotherapy, such as compassion therapy or mindfulness-based therapy. In positive psychology, having strong faith in religion may strengthen resilience. However, some spiritual beliefs might also make patients avoid getting the needed treatment.”</i>
4. Do you think spiritual practices have any effect on mental health? If so, how?	Beneficial (100.0%), and harmful (100.0%). ID17 : <i>“I think spiritual practice is good because the purpose of it is to develop mindfulness. Whether praying, chanting, singing in church, or meditation, they all focus the mind on one object. When the mind is calm and stable, mental health is good. However, if one keeps doing it all day and does not work or eat or becomes irresponsible, then that is bad.”</i>
5. Have you ever experienced any spiritual experiences (personal or others) that affect mental health?	Yes (80.0%), and positive (80.0%). ID15 : <i>“In my mindfulness practice, I had the experience that emotions, such as anger, could be observed without identifying myself with them. One time, I felt the anger inside of me, but I was not angry. It was like I was surrounded by a firestorm, but there was a pool of cooling water right at the center. I was very amazed, and that was the turning point for me to take the practice seriously.”</i>
Spirituality and social aspect	
Question	Keyword and quotation
6. Do you think spiritual beliefs in Thai society today affect mental health? If so, how?	Yes (100.0%), and socio-cultural (70.0%). ID14 : <i>“I think many traditions are good for mental health. Many of them promote family values and improve relationships. In some cases, however, in certain societies that allow men to have many wives, this does not mean that the women are happy with the custom. I have a Muslim patient that is pretty upset about this.”</i>
7. Do you think beliefs/spiritual awareness of a person could affect behavior, thought, and life value as a society? If so, how?	Yes (100.0%), and social status : [spiritual leader (90.0%), and social influencer (50.0%)]. ID10 : <i>“I think of a certain celebrity who has a passion for helping people. He created a funding campaign and also helped to promote exercise. His beliefs and faith in what he is doing have influenced so many people to do the same.”</i>

Table 2. (Con) Summarized result of the study by themes and keywords.

Spirituality and professional experience	
Question	Keyword and quotation
8. Do you think the awareness of spirituality of mental professionals affect mental health care in a clinical situation? If so, how?	Yes (100.0%), and beneficial (90.0%). ID16 : <i>"I think it is really important nowadays. Spirituality has become a part of holistic care and also a part of the psychotherapy process. If all mental health professionals have knowledge and understanding, they can form good relationships with patients and bring them to proper treatment."</i>
9. Personal spiritual beliefs and working as a psychiatrist?	Positively (75.0%), negatively (25.0%), and no effect (20.0%). ID3 : <i>"I respect others' spirituality, but I also think that we need to evaluate patients' spirituality, whether it is appropriate or not. It does not need to be the same as mine, but If they believe in doing bad things, then it might need to be fixed."</i>
10. Patient's spiritual beliefs and psychiatric symptoms?	Positively (85.0%), and negatively (80.0%). ID20 : <i>"There was a Muslim patient who was terminally ill and unable to move. He had some degree of depression, and I was consulted. He told me he used to be able to pray to calm himself, but he could not do it then. I talked with him, and then he remembered that he could move only his fingers as a way to make a prayer. That helped with his mental health a lot during his last moments."</i>
Mental health care development	
Question	Keyword and example
11. Do mental health professionals work in association with any spiritual leaders in local communities? If so, how?	Yes (55.0%), and no direct experience (55.0%). ID7 : <i>"There is one community that the lead monk educates people in the community not to neglect mental disorder patients. They would avoid selling alcohol to the patients. They are also in association with the local hospital, and they would bring all the patients to the hospital at once and are supported by the local temples."</i>
12. Is training in the subject of spirituality (knowledge, understanding, and awareness) necessary and beneficial for developing mental health professionals? If so, how?	Beneficial (80.0%), necessary (50.0%), optional (35.0%), and unnecessary (15.0%). ID9 : <i>"Personally, I think it is necessary, but I am not sure how it should be done. There was already the idea of holistic care with the bio-psycho-social-spiritual model when I was in training. I think everyone has their beliefs, and the training should be somewhat flexible and is suited for everyone."</i>

(Refer to ESF. Table 3 - 7 and in the electronics supplementary file for more detail).

Discussion

Despite the dichotomy of spirituality and psychiatric studies in the past, mental health care in the 21st Century has recognized the crucial functionality of the spiritual dimension. According to the collected data in this study, 20 Thai psychiatrists conceptualized “spirituality” as an abstract notion dealing with religious, cultural, and societal practices or beliefs ingrained within the communities. In this research, the term spirituality might be tailored and influenced by Buddhism because 95.0% of the subjects were Buddhists. However, their explanations of this concept still corresponded with several studies on spirituality. For example, the Royal College of Psychiatrists (UK) defined the term in four aspects: 1) spiritual experiences are universally accessible; 2) spirituality provides the meaning and purpose of what an individual valued; 3) spiritual concept contributes hope and healing during the time of loss and grief; and, 4) spiritual dimension implements healthy relationship with one’s self, the others’ and the higher beings.⁽⁵⁾ Anandarajah G, *et al.* also stated in their study that spirituality includes the theme of life meaning, life purpose, beliefs, values, the connection between self and others, and the transcendental aspect.⁽⁹⁾ Lastly, Buck HG defined spirituality as transcendental and the search for meaning and purpose through connection with others, which may or may not be related to religions or cultures.⁽¹⁰⁾ Despite the differences between religious beliefs and cultures in various countries, the definitions of spirituality in this study share common themes, which could be due to the universal aspect of spirituality or the similar structures of major religions. Spirituality can be examined as a metaphysical phenomenon in which an individual can either perceive and process within religious context or without any religiosity. The definition of spirituality, in this study, is researched through the lens of psychiatric studies under Thai-Buddhist context. Therefore, the definitions gathered from the subjects might be influenced by religious practice and beliefs in Thailand.

Moreover, the subjects’ remarks revealed that the concept of spirituality had substantial impacts on mental health in Thailand, depending on the context and background of the practitioners. Even though this research implied that Thai psychiatrists had the awareness and recognized the notion of spirituality as it was ingrained within Thai culture and beliefs, the results illustrated that the impacts of spirituality on

mental health were two-sided: positive and negative. Healthy mental health resulted from a healthy spiritual self. Spirituality, thus, should be examined as a crucial factor that could improve an individual’s mental health, or, on the contrary, worsen the condition. Necessarily, spiritual practices could not be primarily evaluated as either beneficial or damaging; instead, the final outcome must be taken into consideration and investigated. Symptom diagnoses were the approach to measure the outcome of how the spiritual dimension has affected the patients. The results could be analyzed through mental indications, such as self-harm, harming others, and activities of daily living. The psychiatrists would, later, be able to identify the positive or negative effects of the patients’ spiritual practice. According to Curlin FA, *et al.*, psychiatrists are more aware and are more open to the idea of spirituality in their practices than physicians in other fields.⁽¹¹⁾ With reassuring result from this research, it could be explained by the nature of psychiatric practices which deals with the psychosocial aspects of the patients, primarily through psychotherapy. There were no significant differences in the general views of Thai psychiatrists when comparing their differences in workplaces, working experiences, or sub-specialties. However, their personal spiritual practices, such as mindfulness meditation, or their knowledge in spirituality could influence how they incorporate these aspects in their psychotherapy practices.

The result in this study was correlated to other studies on how spirituality had significant effects on mental health. For instance, Galanter M, *et al.* conducted weekly group talks with the patients and their Family Medicine. They proposed that the spiritual dimension was an essential component of the coping process towards the hardships.⁽¹²⁾ Further, Lee E, *et al.* study on German psychiatrists and the concept of spirituality illustrated that religious and spiritual beliefs had beneficial impacts on the patients’ mental health.⁽¹³⁾

Due to the format of the semi-structured interview questionnaire, direct conversations with the psychiatrists contributed more in-depth data, and also actual and personal experiences of the professionals that enriched this study with Thai mental health care details. Moreover, the researcher interviewed twenty psychiatrists from all regions across Thailand; the research result could provide the development and trajectory of Thai mental health care on a larger scale. However, the immediate conversation might limit

the time for the research participants to provide proper answers. The psychiatrists' personal remarks might create subjectivity in the way that the collected data could be slightly biased from both researcher and research participants. Further, due to the sensitiveness of cultural diversity in Thailand, the comments on religious and spiritual beliefs tended to be, instead, positive because negative commentary might be regarded as political incorrectness.

Even though the conceptualization of spirituality could be vague and, perhaps, indefinite, this research, partially, clarified its definition within the scope of psychiatric studies and demonstrated how Thai psychiatrists interpreted and worked on the spiritual dimension concerning with socio-cultural features in different regions in the country. Thus, this research might be used as a model for further studies on spirituality and Thai mental health care. Lastly, this qualitative study might be applied as trajecting material to initiate spiritual programs or training for mental health professionals in the near future.

Conclusion

Thai psychiatrists perceive spirituality as beliefs, personal reliance, the meaning of life, transcendental, and the concept is not limited to religious conceptualization. The research participants have experienced spirituality in their clinical practices and personal lives, which, they propose, could positively and negatively affect mental health, depending on the individual and social context. They consider the notion of spirituality as a part of the psychosocial aspect within the biopsychosocial model that was prominent during the psychotherapy process. With awareness and understanding, the spiritual dimension is a valuable resource for mental health care practice and development for mental health professionals and other individuals.

Acknowledgements

The authors would like to thank Professor Dr. Michael Maes for his advice and guidance on writing this paper.

Conflict of interest

The authors, hereby, declare no conflict of interest.

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