

The Development of Islamic Psychospiritual Therapy for Post Traumatic Stress Disorder: Translating Research into Practice

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ABSTRACT

Introduction: Natural disasters, physical assaults and motor vehicle accidents are traumatic events which may consequently lead to psychological distress and post-traumatic stress disorder (PTSD). It had been estimated that 7.4% of Malaysians involved in motor vehicle accidents suffer from PTSD. However, lack of resources and socio-cultural barriers to psychiatry makes uptake and adherence to the recommended psychological interventions difficult. Hence, a different approach is needed. An explorative qualitative study was conducted between May and September 2015 to uncover the elements necessary in developing a tailored intervention for the Malaysian PTSD patients. This resulted in the production of a novel intervention called the Islamic Psychospiritual Therapy for PTSD (IPSP). **Objective:** To describe how the findings from a qualitative study was translated into and used to form the basis of a novel psychospiritual intervention for Malaysian PTSD patients. **Method:** Results from the above study was analyzed and the findings translated into a structured therapy which integrates psychological, social and spiritual approaches. Feedback from psychiatrists, psychologist and Islamic Medicine practitioners on the concept of the intervention was sought from and incorporated into the finalized version of the IPSP. **Conclusion:** This paper described how the findings from research can be used to develop a new intervention tailored to the needs of Malaysian PTSD patients and incorporating spiritual, psychological and social elements. The next step would be to determine the feasibility of such interventions for target population through research before conducting a rando.

KEYWORDS: PTSD, interventions, spirituality, religion, accident

INTRODUCTION

It has been estimated that nearly 20-50 million injuries and about 1.2 million deaths occur on the world's roads every year [1]. In Malaysia, motor vehicle accidents (MVA) is a daily occurrence and it is predicted that by the year 2020, there will be almost 11 thousand road deaths per year [2]. The consequences of MVAs extends beyond the loss of life, damage to vehicles and physical injuries. It is also one of the main cause of psychological trauma outside of combat situations, at par with other causes such as assaults and natural disasters [3] [4] [5]. For example, about 7.4% of victims of MVA in Malaysia suffer from post-traumatic stress disorder (PTSD), which is a more serious and debilitating form of illness in the post-traumatic stress spectrum [6].

When intrusive memory, avoidance, alteration in mood or cognition, hyperarousal and reactivity symptoms persist in a MVA victim for more than one month, a diagnosis of PTSD can be made [6]. These psychological symptoms will often lead to physical, social and occupational impairment, which may come at a high economic cost [7]. This condition is best identified and treated at the early stages since it can be extremely difficult to treat if allowed to become chronic [8]. Current evidences recommend exposure-based psychological interventions such as trauma-focused cognitive behavior therapy (TF-CBT), prolonged exposure therapy (PET) as well as eye movement desensitization and reprocessing (EMDR) [9]. Medications such as serotonin selective reuptake inhibitor (SSRI) antidepressants were found to be slightly less efficacious and are normally reserved as second line treatment for PTSD [10]. There is insufficient evidence that combination of psychotherapy and SSRI yields better outcome [10].

Despite the availability of effective psychotherapies, deep-seated stigma against mental illness prevents patients from presenting themselves for treatment [11]. Patients in Malaysia and many other Asian countries perceive psychological approaches for treating mental illness stigmatizing and hence prefers social and spiritual

or religious approaches [12] [13]. Hence, at least for Malaysian and patients of Asian origin, there is a need to develop interventions which integrates these socio-spiritual approaches into the usual psychotherapies. With this idea in mind, a qualitative study among Malaysian Muslim MVA victims was conducted in order to provide the foundations for a new intervention named the Islamic Psychospiritual Therapy for PTSD (IPSP) [14]. The aim of this paper is to describe the process by which findings from the above research was translated into the new intervention. The description of this new intervention, the IPSP, is beyond the scope of this paper.

METHODOLOGY

A qualitative study involving 9 MVA victims and 4 experts was carried out between May to September 2015. The research design chosen was exploratory qualitative design because it was believed to be the best method for the purpose [15]. The objective of the study was to discover the meaning of symptoms in the subjects' view, risk factors influencing the development of PTSD following MVA and coping techniques used to manage their symptoms. Findings from the study was analyzed and relevant information extracted. These information were then organized and finally translated into a novel intervention which incorporated psychological, social and spiritual approaches.

The concept of the intervention was then presented for discussion among psychologists, psychiatrists and Islamic Medicine practitioners. The feedback obtained were used to refine and improve the intervention. The final product was an intervention called Islamic Psychospiritual Therapy for PTSD (IPSP). Figure 1 below illustrates the process by which the IPSP was developed.

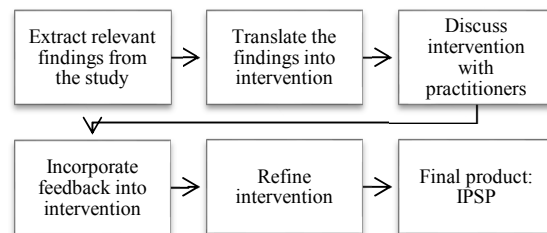


Figure 1: The process of developing the Islamic Psychospiritual Intervention for Post-Traumatic Stress Disorder (IPSP)

RESULTS AND DISCUSSION

The above study identified that the new intervention must comprise of four essential components;

- dealing with stigma and lack of information,
- control of distressing symptoms,
- processing of traumatic memory,
- and maintaining wellness and building resilience.

While all subjects in the study admitted to experiencing symptoms of post-traumatic stress, only a few correctly identified them. Many dismissed them and a few considered them as signs of spiritual or mental weakness. Those who identified the symptoms stated that their information came from family, friends or popular media, not from anyone from the health service. This lack of knowledge about PTSD, together with deep-rooted stigma towards mental illness and mental health services deterred subjects from presenting themselves for assessment and treatment. Hence, for an intervention aimed for the Malaysian public to work, members of the public first need to be educated on psychological trauma and its symptoms. Only through better understanding of the condition, they will be more accepting towards undergoing treatment.

The study also provided some suggestions from subjects on biological, psychological, social and spiritual approaches which were effective in controlling their symptoms. Coping through acceptance, praying, cognitive restructuring and utilizing social support were the most common ways, and they are seemingly universal since research in different populations across the globe found the same [16] [17] [18]. Some subjects had temporary relief from short courses of benzodiazepines for their insomnia and hyperarousal symptoms. Many employed cognitive restructuring with religious themes without them realizing that it in itself is a psychological intervention. In terms of religious and spiritual approaches, other than prayers, religious acceptance and cognitive restructuring using religious and spiritual themes, repeating the “dhikr” or remembrance of Allah (God) was fairly prevalent. This is consistent with recent studies which showed that repeating useful phrases

which may be religious/spiritual or not, were effective in reducing PTSD symptoms [19] [20]. Moreover, the above qualitative study also found good evidence for the use of Quranic verses to effectively cope with general distress, as well as intrusion and avoidance symptoms [14]. All subjects also relied on social support, which ranges from small intimate network of immediate families to extremely extensive network including offspring's teachers (Figure 2).

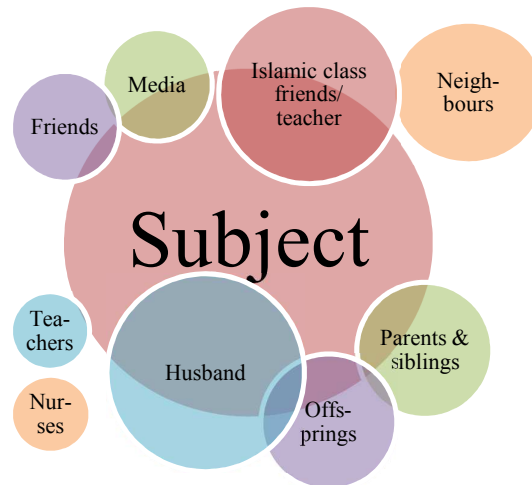


Figure 2: A diagram demonstrating one subject with an extensive social network. The distance from the subject denotes how beneficial they were and the size represent how important they were.

Nevertheless, symptomatic control are only temporary measures. The condition will not resolve completely until traumatic memories have been fully processed and ultimately stored as facts, devoid of negative emotions and distortions [21]. In our study, subjects believed that thinking about the event were not completely negative since it allowed them to process the event and eventually reaching an understanding of the wisdom behind it. When this insight was achieved, relief was almost instantaneous and symptoms will reduce until they completely disappeared. Processing of traumatic memory formed the basic principle behind exposure based interventions such as trauma-focused cognitive behavior therapy (TF-CBT), eye movement desensitization and reprocessing (EMDR) and prolonged exposure therapy (PET) [22]. These interventions have strong evidences for them and should be offered for those with PTSD [23].

Subjects in the above study obtained the most symptomatic relief when they were consistent with their basic Islamic practices such praying, reading the Quran and others, something that were also recommended by the experts. Hence, the new intervention must incorporate regular basic Islamic practices as 'homework' to be carried out between sessions. At the end of sessions, it is vital that the therapist instill positivity and hope. Subjects also reported that when they were able to fully process the traumatic event, they underwent post-traumatic growth, not just in terms of maturity and wisdom, but also in spirituality and religiosity. This is consistent with recent research [24]. In patients undergoing this therapy, it indicates that these patients are ready to be discharged. Prior to discharge, focus must be on building resilience and support network to protect against relapse in the event of future adversities [25] [26].

All these findings were then translated into a new intervention called the Islamic Psychospiritual therapy for post-traumatic stress disorder (IPSP). It is a structured individual therapy that is to be applied flexibly, tailored to the needs of each patient. The IPSP is summarized in Figure 3.

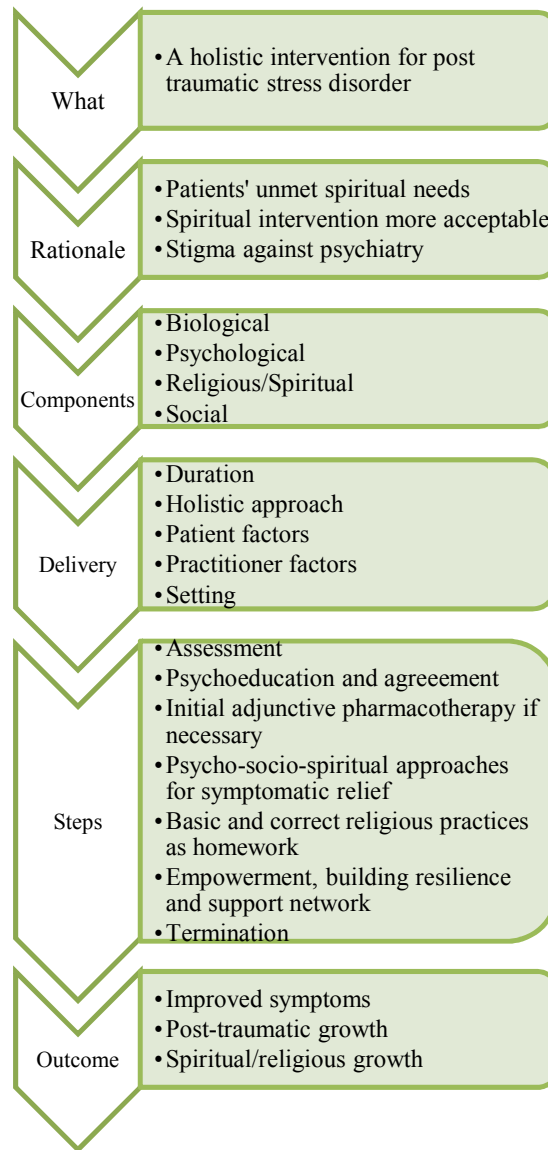


Figure 3: The IPSP

CONCLUSION AND RECOMMENDATIONS

To our knowledge, this is the first attempt to translate findings of research in the field of religious psychotherapy into intervention that can be applied in clinical practice. Furthermore, by presenting the draft of the intervention and discussing it with practitioners proves that the new intervention at least have face validity. However, since our study only included Muslim patients, the religious content of intervention are only limited to the Muslim population and somewhat restricts its applicability. Nevertheless, some spiritual practices are universal and may be applicable to anyone regardless of religious beliefs. The next step is to develop a prototype manual of IPSP and conduct a study to assess the feasibility of the intervention in real patients. Later on, it is hoped that a randomized control trial can be carried out to determine the effectiveness of the IPSP.

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