

## RELIGIOSITY AND SPIRITUALITY IN PATIENTS WITH CHRONIC PAIN SYNDROME- A CROSS SECTIONAL STUDY

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### ABSTRACT

#### BACKGROUND

Chronic pain is a distressing situation. Diverting life into more religious and spiritual sphere in order to cope with a distressing situation is practiced everywhere. But these are not studied in Indian scenario.

#### MATERIALS AND METHODS

Patients with chronic pain are recruited from pain clinic of Christian Medical Collage, Vellore. After getting informed consent, socio demographic information were collected. Visual analogue scale (VAS) was administered for assessment of pain severity. Royal free questionnaire for religiosity and spirituality was also administered. Data was statistically analysed.

#### RESULTS

62 patients with chronic pain syndrome were included in the study of which 71% are religious 24.2% were religious and spiritual and 4.2% were not religious or spiritual. We could not find significant co-relation between severity of pain and religious or spiritual scores.

#### CONCLUSION

Enquiring about religious and spiritual dimension was accepted and appreciated by majority and it seems that it is improving doctor patient relationship. Majority (95.2%) is holding significant religious or spiritual believes in a distressing situation like chronic pain. Effect of prescribing religious and spiritual dimension should be studied further.

#### KEYWORDS

Chronic Pain, Religiosity, Spirituality.

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#### BACKGROUND

Severe or persistent pain is one of the most challenging experiences that a person can face and it affects health.<sup>1</sup> In a state of chronic pain how people give meaning to spirituality and religion is an area relatively unexplored by research. Despite claim that religious or spiritual belief is conducive to better health.<sup>2</sup> Spiritual belief are rarely considered in psychological or medical publications.<sup>3</sup> Usually, only the presence or absence of religious practice is considered.<sup>4</sup> A narrow use of the term religious has led to a failure to appreciate the broader metaphysical understanding of the word spiritual and the presumption that, if someone does not profess a recognized religious faith, they have no spiritual discernment or need.<sup>5</sup> Religion pertains to the outward practice of a spiritual understanding and /or the framework for a system of belief, values, and codes of conducts or rituals.<sup>5</sup> The term spiritual can be taken broadly to mean a person's belief in a power outside of his

or her own existence. Some people may use the term god; others are less specific.<sup>6</sup>

Studies related to psychological effects of pain in an Indian context are scarce. Western studies show that chronic pain is a state of continuous distress that causes change in spiritual and religious attitudes. Evaluating the spiritual and religious beliefs will provide a wider understanding of the client's experience, and will help in devising coping strategies.

#### Aim

- To identify and assess the religious and spiritual beliefs of patients with chronic pain syndrome
- To examine the correlates between severity of pain and religious and spiritual beliefs.

#### MATERIALS AND METHODS

This study was conducted at the pain clinic of Christian Medical College, Vellore, where patients with chronic pain were recruited. Patients with chronic pain (pain more than 6 months) who are above 16 years and able to speak English, Hindi or Tamil were included in the study. The Patients with cognitive deficit or psychotic symptoms, suffering from terminal illness or awaiting surgery and unable to give informed consent or unwilling to participate were excluded from the study. After getting an informed consent, the following socio demographic information was

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collected from patients - age, gender, education, literacy, residence, religion, and employment status. Two scales were administered. The first one was Visual Analogue Scale (VAS). The pain clinic members administered the VAS and the score was unknown to the primary investigator when he collected the study data.

Royal Free Interview for religious and spiritual belief was administered by patients by themselves.

A Visual Analogue Scale (VAS) is a measurement instrument that tries to measure a characteristic or attitude that is believed to range across a continuum of values and cannot easily be directly measured. Operationally a VAS is usually a horizontal line, 100 mm in length, anchored by word descriptors at each end. The patient marks on the line the point that they feel represents their perception of their current state. The VAS score is determined by measuring in from the left-hand end of the line to the point that the patient marks.

The Royal Free Interview for Religious and Spiritual Belief was developed and validated by King et al.<sup>6</sup> It is self-administering scale. In the scale religion means "the actual practice of faith e.g.; going to temple, mosque or church and rituals associated with it. Some people do not follow a specific religion but do have spiritual believes and experiences for example may believe that there is some power or force other than themselves that might influence their life. Some people think this as god or gods, others do not. Some people make sense of their life without any religion or spiritual belief. The interview contains a religious and a spiritual scale that sums answers to visual analogue questions on the strength with which a spiritual belief is held. High scores indicate that respondents hold strongly to their belief and that these beliefs have a major role in their life. Two bilingual persons carried out the translation of Royal Free Interview for Religious and Spiritual Belief into Hindi and Tamil. The process included translation and back translation. A consensus was reached by discussing semantic, content, and technical equivalence. The English, Hindi and Tamil versions of Royal Free Interview for Religious and Spiritual Belief scale were used for this study.

*Data Analysis*

The data was entered in MS EXCEL and the following analysis was done.

1. The prevalence of religious and spiritual beliefs in patients with chronic pain syndrome.
2. Correlation between pain, spiritual and religious beliefs.

Mean standard deviation and range was employed to describe continuous variables, while frequency distributions were obtained for di/ polychotomous variables. The chi-square was used to assess the significant of association for categorical data. Student's t test was used to test the association of continuous variables. Spearman's Rank correlation was used to assess the relationship between continuous variables. The statistical software SPSS for Windows Release 12 was employed for the analysis of the data.

**RESULTS**

The total sample of patients with chronic pain syndrome was 62 of which 38.7% were males and 61.3% were females. In the sample about 54.8% had secondary education, 14.5% had higher education. 12.9% were graduates, 9.7% had primary education, 3.2% were postgraduates, and 4.8% were illiterate. In the sample 90.3% were able to read and write, 3.2% could read only and 6.5% were illiterate. In the sample 72.6% were urban and 27.4% were rural, 12.9% were married and 87.1 % were unmarried.

Religion	Frequency	Percentage
Hindu	56	90.3
Muslim	2	3.2
Christian	4	6.5
<b>Total</b>	<b>62</b>	<b>100.0</b>

**Table 1. Religion Status**

Among the sample 90.3% were Hindu, 6.5% were Christian, and 3.2% were Muslims.

Regarding employment status, 38.7% were employed, 44.4% were housewives, 14.4% were unemployed and 1.6% were students.

VAS score	Frequency	Percentage
0 -2	3	4.8
3-5	26	41.9
6-8	30	48.38
9-10	3	4.8
Total	62	100.0

**Table 2. VAS Pain Score Status**

4.8% people scored below 2, 41.9% scored 3 to 5, 48.4% scored 6 to 8 and 4.8% scored 9 to 10.

*The Royal Free Questionnaire for Spiritual and Religious Belief*

Of the sample 71% described themselves as religious, 24.2% as religious and spiritual, and 4.8% as neither religious nor spiritual.

Of the people who said they were either religious, or religious and spiritual, the major expression of their faith was through visiting a place of worship, either occasionally, or every day.

Of this group 30.6% said they did some pooja, 24.2% read or studied religious texts, 4.8% had contact with religious leaders, and 3.2% did meditation.

One person experienced the sense of communication with a spiritual power or god during meditation and 11 people experienced it during prayer.

Only 4 people responded to the question regarding the belief in existence after birth. Three believed in rebirth. One said, laughingly, that it would be as dust after death.

Two people had intense experiences, one had experienced it during prayer "as if I am with God", and another described it as a sense of blissfulness or a sense of infinity which occurred suddenly and lasted for a few seconds.

There was a range of affective responses seen when the investigator began administering the RFQ.

Most, after initial surprise, appeared enthusiastic about discussing their religious and spiritual beliefs. Indeed, they appeared more animated than when giving information related to their problem.

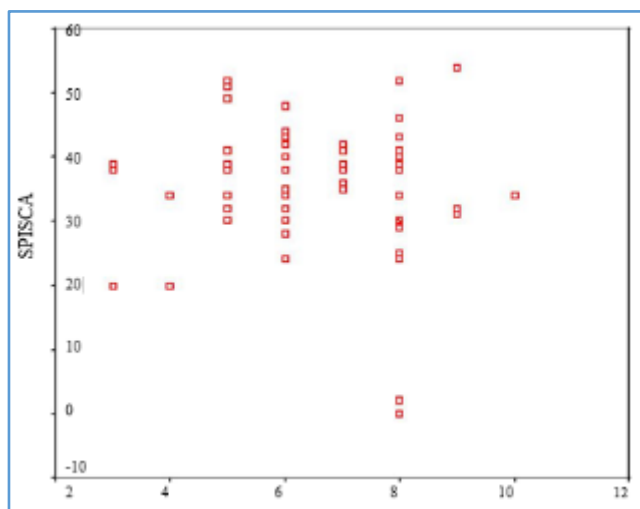
A few seemed surprised and wary. They commented that these were unusual or strange questions. They asked the investigator why these were being asked.

Some asked about the investigator's religion and views, after the RFQ was completed. It was as if the discussion on this topic had removed the social restraint in the doctor patient interaction, and they felt free to interact at a personal level.

A few of the non-Christians claimed a belief in Christianity too; it was as if they feared a discrepancy in the care for Christians and non-Christians. This aspect was clarified, and the investigator reassured them that this was not so.

None refused to answer, nor did any express any sense of offence at being asked about such matters.

Some expressed satisfaction about their spiritual and religious beliefs being assessed. Some said that this was the first time any doctor had explored this aspect and that the experience was pleasant.



**Table 3. Relationship between VAS Score and Spiritual Score**

**Vas**

Spearman's rank correlation coefficient was used to assess the relationship between Visual Analogue Scale score and Spiritual score. No significant relationship was found between the two.

**DISCUSSION**

*Sociodemographic Profile*

The socio demographic profile of this group with chronic pain is in some ways similar to a general population; but in some variables it is different. Our sample contains 61.3% of females and 38.7% of the males; which is not comparable with Indian census data 2001(number of females for 1000 males is less than 1000). The reason for

this discrepancy could be the high prevalence of chronic pain syndrome in females.<sup>7</sup>

Our sample represents 72.6% of urban and 27.4% of rural population, which is the reverse of general population data (70% rural and 30% urban). This could be a reflection of the fact that hospital facilities are more used by the urban population.<sup>8</sup> (WHO, World Health Statistics 2007).

Hindus were predominant in the sample (90.3%) with 6.5% of the Christians and 3.2% Of Muslims; but our general population data is, 80% Hindu, 13% Muslims, and 1.8% Christians. The higher proportion of Christians in our data may be due to this being a Christian institution.

The literacy rate (the ability to read and write) of the sample was 90.3%; which is more than the National literacy rate (65.38%), this may be because literate people use hospital facilities more.<sup>8</sup> (WHO, World Health Statistics 2007).

The total unemployment in the sample was 9%, which is similar to national data (7.8%).

In conclusion our sample is not fully representative of the general population; but is a mostly urban, more literate, and predominantly female population. This is possibly more representative of a population in a specialty clinic of a hospital.

*Spirituality and Religiosity*

The Spirituality Questionnaire evoked mixed feelings in people. Prayer is the mostly used mode of religious expression along with visiting temples, churches or mosques. Available literature on religiosity and spirituality in chronic pain populations showed that prayer was either the primary or second most frequently used coping strategy used to deal with physical pain.<sup>9,10,11.</sup>

Whether religiosity or spirituality is helpful in coping is beyond the scope of this study; but we found that less than 5% of the group described themselves as neither religious, nor spiritual. This is similar to the surveys done in the US and Brazil.<sup>12,13,14</sup> This implies that religion and spirituality is an integral aspect of people's lives, and must be acknowledged in holistic care. Indeed, there is growing awareness and debate in literature about the need for and methods to bring about integration.<sup>15</sup>

However, severity of pain is not related with spirituality scores.

The cross-sectional nature of the study makes it impossible to comment on the directionality of effect, if any. It is possible that the experience of pain results in an increased tendency to shift to religion and spirituality. Conversely, having a deeper spiritual and religious sense makes people vulnerable to pain. The possible mechanisms of these have been discussed in the review of literature.

*Limitations of the Study*

1. The cross-sectional design of the study does not allow us to trace the sequence and pattern of changes in belief systems in relation with pain.
2. The cross-sectional study does not allow us to see the changes in pain in relation to changes in belief system.

3. Although the study shows that religiosity and spirituality are important aspects of cognitive framework, how they impact on the experience of illness and treatment response are unclear, because of the single point assessment.

### CONCLUSION

This study shows that 95.2% are having either religious or spiritual belief, which means majority of this study group is religious or spiritual. Enquiring about the religiosity and spirituality was accepted and appreciated by majority and it seems that it is improving doctor patient relationship. We could not find any correlation between severities of pain and religious or spiritual believes. Enquiring this aspect and prescribing appropriate religious or practices could be prospective and fruitful. Effect of addressing and prescribing religiosity and spirituality to be studied further with appropriate study designs.

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