Investigating effects of faith-based spirituality on mental distress recovery of Vietnamese patients.

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Abstract

Using spirituality to resolve mental problems is prevalent in many countries, yet has not been properly studied and developed in Vietnam. Thus, the aim of this study is to examine influence of spirituality on mental distress recovery among Vietnamese people. A qualitative approach was selected to address this research objective. Specifically, 20 in-depth interviews were undertaken with Hanoian people having experienced mental distress. The findings indicate that spirituality has positive effect on Vietnamese people. Besides, people having encountered personal traumas or endured high rate of stress have the tendency to rely more on spiritual experiences. Additionally, it is found that most Vietnamese people subconsciously count on spirituality for mental relief, rather than using it as a mental therapy.

Keywords: *Mental distress, stress, spirituality, Vietnam*

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INTRODUCTION

Spirituality has been a crucial part of Eastern livelihood, especially in Vietnamese society. Crossing and endeavored in every aspects of Vietnamese culture, faith and its connection to physical and mental wellbeing have been examined and looked into through the eyes of social scientists for over 100 years (Zinnbauer & Pargament, 2005). From early inquiries (e.g *Handbook of the psychology of religion and spirituality*) within the field were conducted by eminent authors to modern upsurge (e.g Perceptions of Mental Health and Help-

Seeking Behavior in an Urban Community in Vietnam : An Explorative Study) in such interest in spirituality at the beginning of the 21st century, human have long had aspiration for finding a back-up plan for normal mental medication.

However, although there are multiple attempts to define the key construct as well as basic indicators and criteria of faith and spirituality effect upon mental health, an ultimate consensus in the definition has not yet been established. There, of course, have been establishment among the literature world on distinguishing between religiousness and spirituality; scholars have been using the terms in a very reliable and definitive case. But what remains here is the agreement among the field society on the consistency of these terms (Zinnbauer & Pargament, 2005). As an implication from this lack of consensus, the effects of these faiths upon mental distress are somewhat unclear, especially in countries such as Vietnam.

In addition, minority and underrepresented groups such as the Vietnamese are still somewhat excluded from the field literature (Vuong, Ginneken, Morris, Thai, & Busse, 2011).

Vietnam has progressed significantly in economics and social welfare, however, the *Doi Moi* policy has some negative aspects such as limited access to social and health services among geographical and income groups (Giewwe & Litvack, 1998) Application of the foretold findings is not significant on large scale, a small number of experiments and papers have been produced under the light of spirituality psychology in Vietnam. And ever since the dawn of spirituality psychology, new scholars interested in the field have been long for the guideline and basic groundwork to start their own journey.

Given these above issues, this study aims examine the current status of investigation into spirituality and health in Vietnam and provide a baseline for people who interest in the field. This paper is based on various authorized work inside and outside the boundaries of Vietnam. The author hopes to culminate the fruitful findings of the Giants and examine the actual situation of mental distress and mental healthcare service in Viet Nam.

LITERATURE REVIEW AND EXAMINATION

I review national and international academic literature regarding the issue of using faith and belief-based traditional and custom as a method of relieving mental distress among Vietnamese. I utilized tools such as Google Scholar Researchgate, National Universities Preprint data, Journalistic Data with keywords such as: spirituality and health (*tín ngưỡng/niềm tin và sức khỏe* in Vietnamese), spirituality in Vietnam (*tín ngưỡng ở Việt Nam* in Vietnamese), spirituality in Vietnamese mental rehabilitation (*tín ngưỡng và sự hồi phục sức khỏe tâm thần tại Việt Nam* in Vietnamese),...

The prevalence of Mental Disorder in Vietnam

Despite the fact that mental health disorders in Vietnam are common (15,7 million people in 2006 (Kim, 2006), this issue in Vietnam has been under-researched. Ten most

common mental disorders combined have a prevalence of approximately 14.9% of the Vietnamese population, according to a national representative epidemiological survey from 2001 to 2003. The most prevalence of these are alcohol abuse (5.3%), depression (2.8%) and anxiety (2.6%). (Vuong et al., 2011)

Vuong et al (2011) indicated the 10 most prevalent mental disorders as follow:

Mental disorders	Prevalence (%)
Alcohol abuse	5.3
Depression	2.8
Anxiety	2.6
Juvenile behavioral disorders	0.9
Old age amnesia	0.9
Slow mental development	0.6
Cerebrocranial trauma	0.5
Schizophrenia	0.5
Epilepsy	0.3
Drugs use	0.3

Apart from diagnostic illnesses, there was a community-based survey among 14-25 year-olds which showed that generally sad feelings are 32% prevalence, helplessness that cause inability to normally function is common among 25% adolescents, 21% reported they feel disappointed about the future. Worse yet, 3,3% claimed they have attempted to harm themselves or attempted suicide. (Vuong et al., 2011)

The prevalence of mental diseases in Vietnam, in particular depression, is rather below par compared to other developing countries. A large-scale survey in China shows that the mean prevalence rate of depression neurosis is 4% at most. Meanwhile, in Hong Kong, Malaysia and Taiwan, the prevalence rate of depression is respectively 3,7%, 15%, and 5,9%. (Chiu, 2004).

In brief, the data shows that mental distress is among the urgent problems that Vietnam sooner or later has to face. This unwelcomed trend is causing irritations for the Vietnamese in their daily life.

Causes of Mental disorder

These seemingly unrelated traits actually attribute a large part to mental distress population in Vietnam. For example, Childhood Maltreatment (usually referred to as “harsh parenting” including physical abuse (kicking, yelling, ...), emotional abuse (“make feeling guilty”, threats, ...), sexual abuse and neglect has relatively significant impact on children lifelong mental health, especially depression and anxiety. This study also shows that anxiety among Vietnamese male is considerably related to children neglect, child emotional abuse, self-rated poor physical health, dissatisfaction with body and frequent parental quarrelling; female-wise, anxiety and self-esteem are associated with fathers’ low-level occupation, older age, perceived unhappy parental relationship and academic performance, child emotional maltreatment and neglect. (Nguyen, Dunne, & Vu, 2009) Additionally, both female and male anxiety are related to rural area life (Nguyen et al., 2009) and illiteracy (Kim, 2006).

Another type of mental distress among Vietnam is perinatal associated. This type of mental disorder called common perinatal mental disorder (CPMD) partly resulted from intimate partner violence, fear for family member (often husbands and in-laws) or exposed to coincidental life adversity (such as constant worry about the household income-expenses balance; concerns about resuming income-generating work and taking care of their offsprings) (Fisher, Tran, Kriitmaa, & Tran, 2010)

Marital and occupational status also attribute to mental health issues (Kim, 2006). According to a survey by Kim Bao Giang in 2006, the prevalence of distress among men who had been employed for 1-3 months was 9,5%, while men who had previously worked for 3-6 months was 4,7% and men who had been employed for 7-12 months is 1,7%. This study also points out that about 19,2% adults in Vietnam has mental issues, which counts to 15,7 Vietnamese people, higher in comparison with China (13.2%) and Iran (14.9%) (Vuong et al., 2011)

All these count, mental health is definitely an issue in Vietnam, with mental problems appear in approximately one out of five Vietnamese people. This provides a background for people’s search for mental distress solutions.

Mental health policy and healthcare available in Vietnam

As mental disorder is the result of life distress and thus, results in distressing lives of people who suffer from it, the Vietnam government has, in fact, taken measures to go against this epidemic. Since 1998, policies on treating mental illnesses have been declared as one of the main targets of the National Health Target Program (NHTP). The goal of this program was to better mental health services by reiterating community-based mental health care. As part of the measures made to prevent and regulate non-communicable diseases for the period 2002–2010, anxiety and epilepsy have been added to the NHTP. According to the National Health Target Program, the Vietnamese government has introduced a strategy that funds provinces or towns to provide at least VND 65,000 (about US\$ 3.60) per month for mentally patients residing alone or in bad households. People with mental disorders who live in a home care

facility receive a minimum monthly assistance of VND 140,000 (US\$ 7.70). (Vuong et al., 2011).

Mental health care is supplied through a national scheme based on the fourth scheme of Vietnam (central, provincial, county and municipal) with two main kinds of facilities: both community- and hospital-based.

Community-based services are provided by approximately 700 outpatient mental health facilities. About 6278 commune health stations (equal to 64% of 10,750 communes) list mental healthcare into its healthcare categories provided. In 64% of municipalities and 100% of counties and towns, this service was in operation. The community-based mental health program currently provides roughly 60–70% of the population with free access to important psychotropic medications for certain mental illnesses that are prioritized, such as schizophrenia, anxiety and epilepsy. (GSO, 2009)

The hospital facilities are supplied by 2 main hospitals for mental health, 3 day care clinics (1 for children and adolescents), 23 psychiatric departments in general provincial hospitals, and 31 provincial mental health hospitals. The number of beds for patients with mental health is 5,000, or 6.08 beds per 100,000 population, compared with 151.3 total hospital beds per 100,000 population. In 2004, the occupancy rate of hospital beds in mental health clinics stood at 122.9%. Although the amount of hospital mental health beds rose by 6% (300 beds) in 2000–2004 and by 16% in 2004–2008, the occupancy rate stayed at 122.6%. (MOH, 2004a, 2008) In comparison with neighbor countries, both mental health beds in particular and mental health beds in Vietnam are comparatively small compared to Thailand (13.8 beds/100,000 inhabitants ; 9% of complete mental health beds) and China (6.79/100,000 ; 5%) but greater than in the Philippines (5.57/100,000 ; 2%) (Vuong et al., 2011).

This reflects the government's thorough interest in making medical mental healthcare available to Vietnamese population. This focus definitely plays an important role in the prevention and treatment of mental diseases in Vietnam.

Community perception of Mental Disorders in Vietnam

The overall attitude of Vietnamese people towards patients with mental disorders and the mental illness itself varied among different types of people. (Ham & Wright, 2011) Heavily affected by the tenet of Buddhism, Vietnamese people believe in reincarnation and karma. Karmic conception stated that if a person commit a crime in their past life they would reborn into lower hierarchy and their descendants will suffer. (Song, Whittaker, Whittaker, & Rodger, 2014) This effects Viet community perception of mental illnesses and people who suffer from them. Common perception of the situation surrounding family and relatives of the patients is boiled down to karmic demerit of the family and the patient previous life (Song et al., 2014), while the illness itself is often associated with moral and ambiguous terms such as “mad” or “insane” (Fisher et al., 2010) For example, associations Autism Disorder Syndrome with eating dirty food madly or transgressing social norms are compounded by stereotypes of

danger.(Song et al., 2014) Symptoms and Causes of some mental illnesses often be reduced to “thinking or studying too much”, or “unconscious behavior” (Ham & Wright, 2011) Patients are often conceived as family and social burden, unworthy, this leads to emotional destruction for the ill themselves and their caretakers.(Song et al., 2014) People’s attitude is most negative towards socially disruptive behaviors such as alcoholism and schizophrenia.(Ham & Wright, 2011) An common answer for this situation is mild mental ill symptoms are not easy to detected, therefore mental disorders usually be generalized into violence and mental instability. (Ng, 1997) Surprisingly, more positive attitudes come from people with low education than from people with high level literacy. People who claim to be Buddhism respond more positively than non-Buddhism. Overall, community perception of mental illnesses effects patients’ help-seeking behaviors (e.g. Nguyen, Ho, Nguyen & Vuong, 2019). Indeed, people seldom mention any treatments other than family’s care and support. (Ham & Wright, 2011) Community support is limited in many cases of mental disorders. (Song et al., 2014)

Due to this heavy perception toward mental disorder, stress recovery methods that are non-medical related are now prevalent.

THE APPLICATION OF SPIRITUALITY IN THE RECOVERY OF MENTAL HEALTH

Introduction of the study

Heavily influenced by the concept of spirituality, the Vietnamese has long apply some components of it onto the recovery of their states of mind. The method and extent of application vary from individuals to individuals. Intrigued by the nature of this variation, the author has spent over 2 months to conduct deep interviews with 20 samples; the result will be presented following, with the consent of all the samples. All names and personal information are changed to protect the confidentiality of the interviewees.

Some clarification of concept, according to the Vietnam Law of religion and belief 2016:

- Spirituality: the belief shown by practicing cultural rituals in order to bring personal and social tranquility and calmness.
- Spiritual Practice: the activity of honoring spiritual symbols, cultural and traditional rituals.

Method and participants

The first author called for voluntary participation, thus received the interest and support of 20 different volunteers of all background. All participants are chosen randomly for the sack of this research’s credibility.

Over the span of two months (từ khi nào đến khi nào), the author conducts in-depth interviews with 20 sample regardless of background: economic status, sex, age, intellectual status. The interviews are conduct with a dear manner, between 30 to 120 minutes, so that the volunteers are encouraged to speak their minds.

Participants aged from 15 to 80, are students, unemployed, employed or retired. Among the participants, nine people self reported to have high level of stress or experienced stress-induced mental disorders. Five participants reportedly had personal trauma, one answered to have no anxiety at all. Three participants claims to have anxiety-induced mental illnesses. The extent of their belief in spirituality of all kinds varied, from ones who firmly believe and practices their belief in spiritual settings frequently, to ones who reported to only practices these rituals to fulfil the wishes of their families. The insights of these participant are of utmost need, as they provide researchers with the in-depth and insiders' perspective regarding the issue.

All interviews are transcribed, recorded, compared and analyzed. Co-authors are consulted, recording are discussed, and thus, we developed a codebook as a guideline for further study. This study surrounds the motivations and insights of people who practices belief as a method of stress recovery.

This research was conduct under the permission of all participants.

FINDINGS

The motivation behind spiritual help-seeking behavior

The root of belief

The Vietnamese are heavily influenced by the culture: traditions, religion, customs,... and spirituality is a part of that. They believes in rituals such as ancestor honoring, *theo thầy* (a practice to follow a religious authority),... and concepts of Taoism, Confucianism, Buddhism such as harmony, karma and other core values. All of the participant have beliefs of their own, mostly follow this perception of values. Some reported directly to belief in Buddhist ở the concept of *phù hộ đội trì* (higher protection) or *có thờ có thiêng có kiêng có lành* (recommended honoring), this does not limit surrounding the culture of Eastern nations, in some cases, participant reported to follow different sets of beliefs such as the one of the Hawaiian. Others reported to believe different forms of Higher Entity such as Miracles, the Creator, the Pattern,...

The tendency points out that older people have a stronger belief toward these beliefs. It seems that when people moving towards their destination, the belief grew stronger and their reference to ancestors become tighter. One sample said that he wanted the protection from his ancestors as soon as he passes, and practicing honoring his ancestors reassure as well as give him a mean to pursue his aim. One 65 years old woman self-reported her stress level 6/10 said:

“The responsibility to consult and take care of a family, children, grandchildren, moves me toward praying every day. (I) hope for the welfare of my children and their families because I cannot support them all the times. Praying granted me ease, that even though I’m not there with them, the ancestors will be there for them”

Not only elderly people tend to have a stronger belief, people who have past emotional trauma are more highly induced to belief. 6 participants report to have experienced emotional

trauma such as over-stressed, family loss,... In one case, a 53 years-old man whose wife passes away 5 years ago started to *theo thầy* (following a prophet). According to the volunteer, practicing this saves him from premature death and other misfortune in the future.

People who have themselves witnessed supernatural incurrences have a higher tendency to belief. In the case of a 16 years old girl, who has witnessed her mother being possessed by a family member's spirit, she stated that:

“Ever since seeing such occurrences, I moved to believe that there is a Higher Power, another world to consult and protect me”

A significant number of participant said that they at first practice rituals such as ancestor honoring or visiting temples and pagodas only as an indicator of influences by Oriental Cultures. Apart from that, a participant who report to have no stress at all said he only practices spiritual rituals to fulfil the wishes of their family members.

Overall, all sample admitted to believe some same concept of spirituality, for example, karma, past lives, *có thờ có thiêng, có kiêng có lành*. None of the participants shown any signs of superstition, they stated their decisions are independent from these beliefs. For this being said, their faith only plays as a life supporting factor. The reasons for these beliefs boiled down to the following motivations:

- The influences of Vietnamese and Oriental Cultures
- Fulfilling the wishes of family members
- Personal experiences

The application of spirituality on mental health

All the stress sufferers utilized spirituality as a psychological resources for recovering. Although only 2 participants directly admitted to actively seek help from different forms of spirituality to recover from stress, the rest of the participants affirmed to use their beliefs as a mental support only.

A participant who stated her level of stress is 8 out of 10 seeks tranquility and mental stability in the setting of religious institutions. She said:

“In the time of crisis, when consulting anyone proved ineffective and I was left in a desperate state, all I can think about is a Higher Force who can protect and guide me through this all [...] So I started to go to pagodas, alone. And the first thing I found is the soul soothing vibes here, I cried a good deal...”

In the cases of family loss, participants refer to spirituality as a communicative means to connect with their passed family members, to receive a guidance and *phù hộ đội trì* (spiritual protection) from the dead.

In cases of personal experience, spiritual serves as a support, a resources to refer to in case of hardship, thus reassure them in making decisions in life. A 45 years old mother whose uncle passed away 4 years ago said that spirituality help her to find the point of life, which later

on serves as a mental assurances that affords her to be happy.

Some reasons of application are mentioned, such as the suitability for their daily lives, convenient to practice and for some methods, they are low-cost.

The outcome using belief as a stress recovery

19 out of 20 interviewees admits that spirituality influences their mental health in any extent. The outcome of these aforementioned applications are shortlisted to the following:

- Retrieve mental stability
- Recall relationship connections with lost family member
- Assured and easier decisions making
- Become more calm and proactive while facing life hardships

In cases of participants who have previously encounter personal crises, the effect of spirituality proves to be stronger. Volunteers reported that practicing spirituality “provide them with knowledge sufficient to cope with their daily crisis” or “just enjoying the settings spiritual institutions has a calming effect on their mental state”.

The participants whose family members passed away admitted that spirituality makes them feel more connected with their dead family members. A participant whose father died 2 years ago said:

“Spirituality gives me the sense that my father is still here and is still guiding me. I made my decisions easier and be stronger in life.” (Hung, 54 years old)

In the case of a 60 years old woman who claimed her strong belief in Buddhism, she stated that her beliefs gives her the sense of satisfaction while doing anything that follow her spiritual set of principles. That sense of satisfaction comply with 6 other cases, all participants in these cases admitted to enjoy this kind of satisfaction after accomplish a certain spiritual ritual such as honoring family member or morning chanting.

External stimuli also plays an important role here. 5 participants claimed that religious settings have a calming effect thank to their peaceful and tranquil scenario. Three interviewees admitted they visit these places frequently to enjoy the setting especially.

This finding comply with the finding of Brigid Waldon in 2011, which stated that people who have traumatic brain injuries can recover with the company of spirituality (Waldron-perrine et al., 2011). This finding supports that spirituality plays an undeniable role in the recovery of mental health.

Participants who reported to have little or none stress at all tend to rely less on the support of spirituality specifically and in any psychological support in general. This may due to their efficient stress coping mechanism, and referring to another mental support may just be a minor resort.

Overall, all participants admitted that their beliefs (in any forms) help coping with

minor daily stress easier, additionally help them make big decisions regarding important issues such as marriages, funerals, et cetera more confidently.

Spirituality support for mental illnesses

There has not yet any claims upon using this method as an official therapy for curing any mental illnesses. Although participants who claimed to have experienced such disorders shown improvements using this method, the correlation is just considered to be a hypothesis by the author.

Other volunteers encourage the usage of spirituality in therapy, but not as a replacement for medical or any other official mental treatment.

CONCLUSION AND LIMITATIONS

As mental patients in Vietnam have been suffering from several stigmas and discrimination (Ng, 1997), combined with Vietnamese developing mental healthcare system (Vuong et al., 2011), heavily influenced by the Oriental culture, mental support from spirituality is now prevalent. Spiritual mental support has, indeed, already proved to be effective in certain cases in Vietnam. The hypothesis is that this kind of mental support addressed tactfully some core roots of stress, at the same time fit well into the culture and customs of Vietnamese people, thus being a suitable way to release stress.

Although this method does not apply to curing mental illnesses, yet it is a promising method to be considered and developed further into an official mental therapy in Oriental countries.

This finding complies with other research from different countries, proving that Vietnam is not the sole country which practice this kind of method.

This study has its own limitations. a significant gap is that it was conducted in Hanoi where the living condition was better than most of other areas in Vietnam. The viewpoint toward mental illnesses here is somewhat more open than in rural areas. This study is conducted case by case, therefore, it cannot provide an overview of the situation, rather than an in-deep study of the issue.

The author hopes to further exploration of the issue as well as to provide a suitable proposal for the future. This research gap is hopefully temporary, and wishes for further elaboration.

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