

Influence of Culture and Religion on Anxiety Patients: A Qualitative Study in Sabah

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Abstract

Introduction: Anxiety is a common mental health disorder that significantly impacts the individual and socioeconomic. Sabah has the highest prevalence of mental health disorders among Malaysian states. The people of Sabah are varying in ethnicities with vast cultural beliefs embedded in the society, therefore understanding cultural and religious factors is essential for the implementation of effective approaches to mental health care.

Objectives: To explore the influence of cultural and religious practice on the respondents' anxiety levels.

Methods: A total of 15 multiethnic participants residing in Sabah were recruited and interviewed for this study, in which participants were either patients with panic disorder or generalize anxiety disorder. Interpretative phenomenological perspective was employed through learning about the subjective experience and meaning-making of the participants interviewed. Primary data obtained from the qualitative study were then thematically analysed using Nvivo software

Results: Results showed that religious practices helped anxiety patients cope with their disorder, increase resilience, and give them strength and motivation; while cultural practices did not.

Conclusions: Anxiety is chosen as a focus because of its high prevalence, especially during the COVID-19 pandemic. This study emphasized the importance of understanding the role of culture and religion in helping the respondents cope with their disorders. The findings of this study could help define more effective ways in raising awareness and encouraging health-promoting behaviour such as treatment-seeking among the community in Sabah.

Keywords: Culture, religion, anxiety, panic attack, mental illness

1. Introduction

Mental illness is a major public health concern around the world as one of the most important contributors to the global burden of disease and disability (World Health Organization, 2017). Nevertheless, mental health is still considered a neglected area in developing countries (Choudhry et al., 2016). A recent review of global mental health issues among the general population showed that the prevalence of depression was at 28.0 percent; anxiety was 26.9%; post-traumatic stress symptoms were 24.1 percent; stress was 36.5 percent; psychological distress was 50.0 percent; and sleep problems were 27.6 percent (Nochaiwong et al., 2021).

Anxiety is among the common mental disorder with high prevalence and significantly impacts the individual as well as the socioeconomic of the nation. In the general population, the highest prevalence of anxiety was in Africa 61.8%, followed by America 34.9%, Europe 30.7%, and Asia at concerning 24.5% (Kan et al., 2021). The level of anxiety was becoming worse during the COVID-19 pandemic, mainly attributed due to uncertainty and continuous containment measures. In a study conducted in Malaysia, there were high percentages of depressive (59.2%) and anxiety (55.1%) symptoms reported two months after the first implementation of the nationwide movement control order (MCO) (Wong et al., 2021).

The National Health and Morbidity Survey (NHMS) 2015 reported that 29.2% of Malaysians aged 16 and above suffer from mental illness. Interestingly, Sabah and Labuan lead with the highest percentage (42.9%),

followed by Selangor (39.8%), and Kelantan (third highest) (39.1 percent). Although there are several quantitative studies looking at illness experiences and mental illness treatment seeking in Malaysia, there are very few qualitative studies looking into the subject, particularly in Sabah, despite the concerning high prevalence of mental illness in Sabah. Furthermore, the available qualitative study on the above topic did not focus on anxiety disorders but rather on general mental illness. Recently there are also a few quantitative studies on anxiety disorders in Sabah, particularly during the COVID-19 pandemic, however, most of the studies focus on the student population and healthcare workers.

Mental health and mental health disorders are still poorly understood in Malaysia. A past study conducted in Sabah by Shoesmith et al. (2017) indicates that spiritual explanations are generally preferred over biomedical explanations, and seeking help from psychiatric services is the last resort. In addition, Sabah is a state of multi ethnicities and has vast cultural beliefs, thus understanding individual and cultural beliefs about mental illness and the extent of cultural and religious practices that might influence the patients' coping with the disorders is crucial for the implementation of effective approaches to mental health care. Therefore, the objective of this qualitative study is focusing to explore the influence of cultural and religious practices on the respondents' anxiety levels.

Mental health is seen and interpreted differently due to the vast differences among cultures. Southeast Asian cultures believe that mental health issues are caused by supernatural forces/phenomena, such as "witchcraft", spells by third parties, possession by spirits, or "test of God" (Garcia Mantilla & Vasquez Rojas, 2018; Razali et al., 1996). The way people seek help is influenced by their views about the origins of mental illness. Different cultures have different cultural and religious practices which also might-and-might-not help the patients cope with the disorders.

Culture can be significant in mental illness in a number of ways. Firstly, in terms of stigma. In some cultures, mental illness is stigmatized and seen as a sign of weakness or personal failure. It can be discouraging for individuals to seek help as it may lead to embarrassment and isolation. Secondly, in the form of beliefs about the cause of mental illness. Different cultures may have different beliefs about the causes of mental illness, either biological or psychosocial causes, or alternative directions such as spiritual or supernatural causes. These beliefs can impact how mental illness is perceived and treated within a culture. For instance, Italian and Israelian believe the causes of schizophrenia are due to biological and psychosocial factors (Mannarini et al., 2018). Thirdly, cultural differences may influence treatment preferences. Different cultures may have different preferences for types of treatment for mental illness. As an example, some cultures may prefer traditional healing practices over Western medicine.

Cultures are shaping human behaviours flexibly which are likely to change by coming into direct or indirect contact with other cultures. Social determinants undoubtedly may influence one's health, as well as cultural determinants which may also have a significant impact on mental health. According to Bhugra et al. (2021), cultures can impact and contribute to the cause of mental diseases and mould symptoms, make specific sub-groups more vulnerable, and change beliefs and explanations of sickness. It is clear cultural attitudes and values have an important role in mental disease.

In Malaysia, some cultures believe supernatural forces are to blame for mental health problems. A study by Razali et al. (1996) discovered that 53% of Malay patients blamed their illnesses on supernatural agents. They are much more likely to see *Bomoh* (traditional healer), have poor prescription enforcement, and have a lower follow-up rate. Another study conducted in Malaysia revealed that family caregivers of mentally ill patients of Chinese, Malay, and Indian descent believe in mystical and magical causes. Due to a lack of mental health resources in their society, they hence used religious and cultural coping mechanisms as key tools for resolving cultural issues associated with mental illness (Mohamad et al., 2013). This justified the objective of this study that religious and cultural practices could be used as a coping mechanism in managing the respondents' anxiety levels.

In a cultural comparison of citizens from the United Kingdom, Hong Kong, and Malaysia, British participants have a higher level of awareness of mental illness and support for getting professional treatment, whereas Hong Kong Chinese and Malaysians prefer social support and self-help (Loo et al., 2012). Research by Picco (2016) revealed that in Asian culture patients prefer to seek help from less formal sources for mental illness. In a study conducted in Sabah Malaysia, Swami et al. (2010) found that rural people in Sabah were more likely to believe in fate, God, and supernatural causes of depression, and as a result, they were prone to religious and traditional treatment. While urban individuals were more open to believing in biological causes of sadness and traditional lifestyles, rural participants were less likely to believe in either. This is in line with this study which attempts to understand the role of informal self-help of religious and cultural practices such as prayer and meditation, in managing their disorders.

Culture and religion may significantly influence anxiety levels in individuals. It often provides individuals with a set of beliefs and values which can influence perceptions of stressors, coping mechanisms, and the meaning individuals attach to their experiences. Some religious beliefs may provide comfort and a sense of purpose, reducing anxiety by offering explanations for life's challenges or promoting trust in a higher power, or God.

Religious practice can provide strength and motivation, especially in the assurance of an afterlife or the belief in a greater purpose which gives individuals hope during challenging times, fostering resilience and the ability to navigate anxiety with greater optimism, as confirmed by some of the respondents in this study. It is supported by previous research which showed that positive religious coping has a positive impact on mental health. Past research found that higher worship frequency (Himle et al., 2012), prayer, and scripture reading (Boelens et.al, 2012) are associated with better mental health.

Religious practice also can be a coping mechanism by surrendering control (Kaur et al., 2022). Many religious traditions encourage surrendering control to a higher power or trusting in divine providence. By surrendering, individuals can alleviate anxiety by reducing the need to bear the burden of all responsibilities and outcomes. Letting go and trusting in a higher power or God can provide a sense of relief, peace, and acceptance; allowing individuals to find solace in the belief that they are not alone in their struggles. This is supported in a longitudinal study with a 14-year follow-up in Canada involving 12583 participants, it was found that religious believers who attended prayer services consistently every month had a 22% lower risk of depression compared to those who did not attend (Bowen et al., 2013). Meanwhile, a study of a representative sample from South Africa found that involvement in religion was associated with fewer depressive symptoms after 4 years of follow-up (Tomita & Ramlall, 2018).

Another study by Walsh (2020) concluded that religion and spirituality may offer a unique source of strength during difficult times, thereby enhancing coping and, consequently, mental health. This finding is supported by Sen et al. (2021) who stated that during times of societal upheaval, religion and spirituality naturally promote mental health, which may be a crucial area for clinical and public health promotion.

On the other hand, religious practice might have a contrary effect on mental illness. Some people may start questioning and doubting their religious beliefs after experiencing mental disorders. In some cases, anxiety may raise existential concerns and cause individuals to question the existence of a higher power, the fairness of the world, or the effectiveness of their religious practices. These appearing doubts can create a struggle within individuals and challenge their previously held convictions. A previous study by Shiah et al. (2015) revealed that in a non-clinical population, they found that religious attendance and spirituality were not associated with anxiety disorders.

2. Objectives

Sabah, the east Malaysian state on northern Borneo, is renowned for its rich cultural and environmental diversity, with over fifty main ethnic groups with their own languages (Pugh-Kitingan, J. 2015). With the multicultural and multireligious population, it is interesting to learn how this diversity factor affects their health practises. Therefore, the main aim of this study is to explore the influence of cultural and religious practises of diverse ethnicities on the respondents' anxiety levels.

3. Methods

This study employed purposive sampling by choosing convenient sampling due to the researcher's limitations. A total of 15 multiethnic respondents were drawn from Hospital Universiti Malaysia Sabah (HUMS) health services with a diagnosis of either generalized anxiety disorders (GAD), or panic disorders (PD). A structured and semi-structured interviews were conducted, in which the data was collected through in-depth interviews and participant behaviour observation during the interviews. Interpretative phenomenological perspective was employed through learning about the subjective experience and meaning-making of the participants interviewed. Primary data obtained from the qualitative study were then thematically analysed using Nvivo software.

4. Results

The analysis was done by using Nvivo software. To analyse, the influence of culture and religious practice can be divided into two categories; 1). Religious practice; and 2). Cultural practice. Under religious practice, it can be subdivided into three categories: type of religious practices, effect of religious practices on the respondent's anxiety level, and effect of anxiety on the respondent's faith. There are various types of religious practices in this study, such as prayer, *zikir* (holy recitation), reading religious books, and listening to religious talks. This study found from the respondents that their most frequent or regular religious practice is to read religious books such as the Bible and the Quran. Respondents did find that prayer distracted them from their anxiety and stress, *zikir* helped them get rid of mental disturbance, listening to religious talk calmed them, and reading verses from religious books guided them to overcome their anxiety.

In exploring the effects of religious practices on respondent's anxiety levels, it is divided into two categories; coping mechanisms, and strength and motivation. One respondent revealed that the worship practice calmed him and thinking about the afterlife made him capable to cope with their anxiety to face death. Another respondent confirmed that praying gives her strength. Meanwhile, in investigating the effect of anxiety on the respondent's anxiety, it is divided into two subcategories; reliance on faith, and doubt and questioning. One respondent reported increased reliance on faith, turning from alcohol to surrendering herself to the Creator and feeling closer to God by praying religiously. On the contrary, another respondent reported increased doubt and questioning of God's fairness.

Under the category of cultural practices, it is divided into two categories; traditional medicine and view of cultural practices. One respondent did try traditional remedies upon taking others' advice, however, another respondent debunked the idea of cultural practices, as she believed more in modern treatment.

5. Discussion

Cultural and religious rituals and practices often have calming and soothing effects. Engaging in rituals such as prayer, meditation, or mindfulness exercises, may promote relaxation, reduce stress, and provide a sense of control over anxiety-provoking situations. These practices may be deeply rooted in cultural or religious traditions and provide individuals with guidelines for managing anxiety. Religious practice can give strength and motivation as it promotes hope and increases resilience especially the assurance of an afterlife. As shown in this study, one respondent had a feeling of fear of death related to COVID-19; therefore, he increased his religious practices as a preparation for the afterlife. This finding is consistent with findings from past research, which emphasized that a higher frequency of religious practices was associated with a lower risk of depression in follow-up studies (Bowen et al., 2013; Tomita & Ramlall, 2018).

This study further revealed that while religious practice has a positive impact on an individual's anxiety level, anxiety can also have various effects on an individual's faith. It may increase reliance on faith, as for some individuals, anxiety can lead to a deepening of their faith. When individuals were faced with uncertainty, fear, or distress, they may turn to their religious or spiritual beliefs for comfort, guidance, and strength. Anxiety can motivate individuals to seek solace in prayer, meditation, or religious rituals in order to find inner peace and a sense of control during anxiety episodes. This situation happened to a few respondents in this study, for example, one of them mentioned that anxiety made her feel closer to God, and as she increased her religious practice, it gives her strength to face the daily challenges of anxiety disorder. This finding is supported by past research which found that associating positive religious coping strategies with lower anxiety scores has been often replicated in the results (Shreve-Neiger & Edelstein, 2004).

As had been mentioned in the previous section, anxiety may have a contrary effect on faith. People might start to doubt their religious beliefs and question the existence of a higher power, the fairness of the world, or the effectiveness of their religious practices. This is proven by this study, as one of the respondents mentioned that she lost trust in God and perceived God as unfair due to her bitter experience in the past. This finding is similar to the previous study, in which, in a non-clinical population, they found that religious attendance and spirituality were not associated with anxiety disorders (Shiah et al., 2015).

Therefore, the finding of this study that religious practices can have a positive impact on coping with the disorders, and may also adversely affect an individual's faith, is aligned with the finding of Kendler et al. (2003), which suggests that different aspects of religion/spirituality can have both positive and negative influences on the individual. According to Agorastos et al. (2014), positive religious coping (higher worship frequency, general

religious involvement, and prayer and scripture reading) is associated with better mental health. On the other hand, negative religious coping (wondering whether God has abandoned an individual or believing in a punishing, vengeful, or simply indifferent God), is found in close association with negative psychological adjustment, higher psychopathology scores, and worse mental health status and treatment outcome.

This study attempts to understand the role of culture and religion in helping the respondents cope with their disorders. The implication that can be drawn from this study is that religious practices mostly helped the anxiety patient cope with their disorder, increase resilience, and give them strength and motivation; but cultural practices did not. Nevertheless, it must be acknowledged that this study does have some limitations. Firstly, the purposive sampling might not represent all of Sabahans' experiences because it only focuses on the respondent who stays in the city. This leaves out many anxiety patients who stay in rural areas, whose experiences might differ from those of the participants in this study, with additional barriers to change. This was majorly attributed to the difficulty of recruiting participants from rural areas because they seldom come for help.

As for the directions for future research, more qualitative and quantitative research is apparently required in Sabah to explore further beyond the roles of cultural and religious practices in coping with the disorders. Studies should be expanded on the cultural influence on the causal beliefs about mental illness and help-seeking behaviour as it will certainly help the clinician to understand the patients better and extend appropriate help. Cultural and religious factors can influence the therapeutic relationship between mental health professionals and individuals seeking treatment. If professionals lack understanding or respect for a person's cultural or religious background, individuals may feel misunderstood or alienated, leading to decreased treatment-seeking behaviour. Therefore, mental health professionals shall be equipped with cultural competence.

To conclude, the aim of this study is to understand the role of culture and religion in helping the respondents to cope with their disorders. It was done by learning about the subjective experience and meaning-making of the participants interviewed for this study (interpretative phenomenological perspective). Between these two, the religious practices have a more positive impact on the respondent's anxiety level, such as giving strength and motivation and acting as a coping mechanism. On the other hand, religious practice only covers three religions: Islam, Christianity, and Buddhism. The most frequent religious practice is reading religious books. Anxiety was able to increase reliance on the respondent's faith, but on the other hand, it also created doubt and questioning. Based on the results and discussion, it is evident that religion plays an important role in helping the patient cope with their mental illness while culture did not. However, cultural factors did shape the way patients perceived the causes and beliefs of mental illness and it could have an influence on the respondent's treatment-seeking behaviour.

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