CASE REPORT

Religion and Spirituality as Intervention for Post Traumatic Stress Disorder Following Motor Vehicle Accidents

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Abstract

This case series reports four patients who used religion and spirituality to relieve symptoms of post traumatic stress disorder (PTSD) following motor vehicle accidents. Their symptoms subsided after a few weeks and the recovery is sustained after one month. This demonstrates that in a country where psychological help is still scarce and religion is central to its culture, intervention based on spirituality and religion can be used as an alternative early intervention to relieve symptoms of PTSD and hence protects them from developing the condition.

Keywords: PTSD, Religion and Spirituality, Motor Vehicle Accidents

Introduction

Post traumatic stress disorder or PTSD was first described during the First World War1. At the time, it was known as “shell shock”, to describe the strange physical and mental effects soldiers experienced following exposure to shell explosions. The condition has since been diagnosed following exposure to other traumatic experiences, hence the name change2. The consequence of PTSD is not something to be taken lightly. Sufferers experience high levels of physical, social and occupational disability, which comes at a high economic cost3. In a study involving the Lebanon War veterans, soldiers who received treatment at the frontline for trauma reported less psychiatric symptoms and better social functioning 20 years on than those who did not4. Drugs and alcohol use is also common in people with PTSD, to block the memories of trauma and cope with the distress5. Those with PTSD are also more likely to succumb to physical illnesses such as diabetes mellitus, hypertension, hypercholesterolaemia and stomach ulcers years after the event6.

Motor Vehicle Accidents (MVA) are a common occurrence in Malaysia. In 2010, there were almost 6,500 fatalities on Malaysian roads and it is estimated that by the year 2015, the number will rise to about 9,0007. Approximately 10-15% of those involved in an MVA will go on to develop PTSD8. Fortunately, despite the high numbers of MVAs in the country, PTSD is not a common consequence. Why? Interviews with some of these patients revealed a recurring theme, the use of
religion and spirituality to cope with the symptoms. In a country such as Malaysia, where psychological interventions are hard to come by and stigma about mental illness is still strong, religion and spirituality can be a more acceptable alternative. We describe four such patients who used this approach to alleviate PTSD symptoms.

Case Presentation

Case 1

A 60-year-old Malay Muslim pensioner was riding his motorcycle when he was struck by a taxi. He sustained fracture of the left clavicle and cuts on his left knee. On presentation to the emergency department he scored 43 on the Post Traumatic Checklist (PCL), only one score shy of being positive for PTSD.

The patient admitted that the days following the accident were difficult, but the tables were turned when he was able to accept the event as fated by God, and if it is God’s will, it must be good for him. Subsequently, his views on the event became more positive. He also believes it had made him a better person by increasing his faith and obedience to God. After one month, his PCL score reduced to 36.

Case 2

A 54-year-old Malay Muslim housewife was riding a motorcycle behind her husband when they met with an accident. She sustained minor injuries. At presentation to the emergency department he scored 34 on the Post Traumatic Checklist (PCL), only one score shy of being positive for PTSD.

She talked at length about the Islamic concept of “redha” or accepting God’s will and believing in it. She felt that helped her go through the initial distress having symptoms of PTSD. She also consulted an “ustaz” who taught her some prayers that she used to deal with her symptoms.

Case 3

A 44-year-old female Chinese Buddhist telephone operator presented with minor cuts following an accident involving a car and a motorcycle. Interestingly, she had low PCL scores both at presentation and one month later. Both scores were not significantly different.

The patient disclosed that she has always been a religious person. When she experiences stress, she copes by praying, watching religious television shows, going to temple and giving money to charity. She would also talk to other people who had similar experiences or go out with her friends.

Case 4

A 76-year-old Chinese Christian housewife was walking by the roadside when she was hit by a passing motorcycle, fracturing her right femur. At presentation, her PCL score was 47, which reduced to 20 after a month. The patient claimed she experienced a lot of the PTSD symptoms initially, but felt better after 2 weeks. She found strength through prayers, going to church and accepting what has happened. In her own words; “surrender to God, knowing that God must have a reason for the accident to happen”. She received good support from her family and friends from church.

Outcome and Follow-Up

All of the above cases had reductions of symptoms after a month. They were able to
move on and have since able to continue with their lives.

Discussion

Despite the large number of MVAs around the world, it is only in the last decade or so that the psychological consequence is recognized. Three out of the four cases illustrated above met the criteria for PTSD at presentation, which was further confirmed through the PTSD Checklist (PCL). The symptoms persisted almost daily for at least two weeks after their accidents, with the associated physical and social limitations. Reports of similar cases have been published confirming that exposure to MVAs may lead to PTSD.

What is interesting is that although psychological symptoms following a traumatic event are predictable, they are not an inevitable consequence. In one of the cases, the victim had minimal symptoms at presentation as well as after one month. Furthermore, the patient admitted to being religious even prior to the accident. There is evidence to support that involvement in religious activities results in better mental health. It is possible to conclude that, in this case, the patient’s religiosity helped protect her from developing PTSD.

On the other hand, many who were not religious in the first place turn to religion when faced with stressful situations. They find that religion provides strength and comfort through accepting God’s will and discovering the ‘silver lining’ behind every unfavourable event. This practice is already widely used in the world of psychology, although more familiarly known as positive reappraisals. All the cases described above made reference to this. In particular the gentleman who believes such experience increased his faith.

Patients generally believe that spirituality is important and spiritual support is beneficial. It is found that Asians are more ready to integrate spirituality and religious practice into the treatment of their mental illness, mainly due to the lack of resources in mental health care, financial issues, reduced mobility and the stigma surrounding mental illness. This rings true in Malaysia. By disregarding patients’ needs for spiritual support, health care professionals are potentially ignoring a key aspect in patients’ coping and support system which may in turn play a vital role in their well being.

The main limitation in this study is the small number of cases. The experience of four cases may hardly be generalizable to other patients. Also the duration of follow-up may not be long enough to determine true remission of symptoms. Nevertheless, these cases illustrated the use of religion and spirituality to effectively relieve symptoms of PTSD. This is a possible but unexplored alternative for an overburdened mental health service. However, further research is needed before it can be used in mainstream psychiatric practice, as an adjunct to the current established interventions.

References


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