

BELIEF IN RESURRECTION: DYSTHYMICS VERSUS NORMALS

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SUMMARY: Dysthymia is one of the subgroups of mood disorders characterized by chronicity which persists throughout the day in almost all days of the week. A sizeable number of patients visiting psychiatric clinics are affected by this illness. The theme of this study was to assess the extent of the dysthymic patients' belief in 'resurrection'.

The sample of study comprised 74 patients who were suffering from dysthymia and received treatment at Noor Medical Centre in Esfahan, in 1996 from October to December. The subjects were matched with a non-dysthymic group while controlling for age, sex, education and religion. A self-developed index containing 22 items evaluating the subjects' belief in 'resurrection' was administered on them and they responded voluntarily.

Comparing the mean score of the subjects, the patient group with 34.38 and the control group with 58.19, differed from each other significantly. This observation is explained in the text.

This promising observation can widen our understanding about the problem of dysthymic patients. Therapists' knowledge of the clients' belief system can facilitate intervention strategies designed to ameliorate the illness condition.

Key Words: Dysthymia, Resurrection.

INTRODUCTION

Dysthymia is one of the subgroups of mood disorders with distinct features, including depressive mood, sadness, sense of nihilism, dejection, lack of interest in daily activities, fluctuation in one's appetite and sleep, low self confidence, feeling of lethargy, psychomotor retardation, reduction of sexual urges, melancholic preoccupation with issues concerning one's health, impairment of concentration, pessimism, hopelessness, and

poor educational and occupational performance. These symptoms generally persist throughout the day and repeat for almost every day in the week (1). Point prevalence of this disorder in some of the epidemiological studies is estimated as 3-5 per cent (2). It is also noted that nearly one third of the patients from out-patient-departments (O.P.D) suffer from this affliction (3).

Resurrection or '*mead*' is the second basic principle of Islamic ideology and '*shariat*' which refers to the philosophy of eternity and a new life after death. This

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Table 1: Mean differences of dysthymics versus normals' belief on the principle of resurrection.

Group	Number	Mean	S.D	t value	P
Patients	74	34.36	4.37	34.49	< .001 significant
Normals	74	58.15	2.39		

ideological and religious belief not only regulates and consolidates man's deeds in his day to day life but also provides him with new meanings and values to be self directed and enjoy the sense of well being. Faith in this principle protects the believer from committing sins and immoral acts (4). Apparently this belief system can build up adequate immunity for individual to combat psychosocial harms which endanger one's state of equilibrium and mental health.

Studies pertaining to dysthymia have primarily focussed on its epidemiology and etiology. Some scholars have dealt with the prognosis of this disease vis-a-vis treatment modalities (5-8). However, there is a dearth of literature pertaining to the role of religious beliefs in the causation or perpetuation of this commonly found affliction. On the basis of their experiences, the present researchers have felt the need to study the relationship between belief in 'resurrection' and the phenomenon of dysthymia. It is postulated that individuals suffering from dysthymia can vary from their normal counterparts as far as their belief in the principle of resurrection is concerned. It is also hoped that the results of such a study can help mental health professionals to better understand and manage their dysthymic patients with certain religious background.

Objectives of the study

This study was designed to determine and compare the extent of dysthymic patients' and non-dysthymic individuals' belief in resurrection. The specific objectives of the study are as follows:

- (1) To determine the extent of the dysthymic patients' belief in the principle of resurrection,
- (2) To determine the extent of the non-dysthymic individuals' (normals) belief in the same principle,

(3) To compare the difference, if any, among the subjects' belief in the principle of resurrection.

Subjects

The study was carried out on a sample selected randomly from the psychiatric patients visiting the out-patient-department at Noor Medical Centre in Esfahan in 1996 from October to December. The sample of the study comprised 74 psychiatric patients with definite diagnosis of dysthymia. Their ages were within 20-45 and followers of Islam and with primary, secondary school graduation background. They were matched with a group of non-dysthymic normal individuals while controlling for age, sex, education and religion. A self-developed index, namely, Belief in Resurrection Principle Questionnaire (BRPQ), containing 22 items was administered on the subjects at the time of clinical investigation by the psychiatrist. The validity of the instrument was established by means of content analysis and consensus of religious experts and psychiatrists. For the purpose of determining its reliability it was administered on a group of 25 individuals who were not included in the sample thereof. The Alpha gained from the test-retest method was 0.71.

Patients' versus normals' belief pattern

Majority of the dysthymic patients (59.4%) expressed very poor belief in the principle of resurrection while 39.3% were weak in such a belief and only a negligible percentage of them (1.3%) turned out to have strong belief in this principle. As shown in Table 1, the mean scores of the dysthymic patients and their normal counterparts turned out to be 34.36 and 58.15 respectively. Statistically the observed differences appeared to be significant (t value = 43.49 and $p < .001$).

DISCUSSION

Analysis of data clearly indicates significant differences between the dysthymics and their normal counterparts in terms of their belief in resurrection. This observation, however, cannot lead us to the conclusion as to which of the two phenomena, i.e., depression or belief in the principle of resurrection has been the principal factor for this difference. Nonetheless, those who suffer from depression possess typical cognitive patterns, which make them more vulnerable to dysthymia.

Several attempts have been made to establish a meaningful relationship between mental health characteristics and religious commitment (5,8). Alvarado, for instance, has found that depressive symptoms of depressed religious patients are less as compared to that of the irreligious depressed ones (5). In particular, Koenig and Cohen have observed that religious depressed patients as compared to their irreligious counterparts tend to exhibit less frequently psychological symptoms such as loss of interest in life, sadness, inferiority complex, restlessness, sense of failure in life, hopelessness and seclusion (6). Some researchers have argued that contradiction between one's belief and acts can be result in presence of negative feelings, which are commonly found among depressed patients (8). Cognitive therapy with its potential, is one of the most useful intervention modality for treatment of this disease. An overview of the Holly Quran shows numerous examples and indicators pertaining to the importance of the principle of 'Resurrection' in moulding the believer's behavior and personality. To mention some of them in Quranic versus, the 'hearts' of those who deny the day of punishment' or resurrection will be 'locked' (9).

The proverbial concept of 'locking the hearts' is a mental status in which the individual become adamant and adheres to his impulse rather than truth (9). Interpersonal conflict concerning the acceptance and denial of this principle is clearly mentioned in the Holly Quran by stating, "*And some men there are who say we believe in God and the day of Punishment' ... in their hearts is a sickness ... for that they have cried lies.*" (10). Imam Ali (peace be upon him) in one of his state-

ments says, "he, who falls short in matters of eternal life will be afflicted with grief" (11).

Conclusively, further exploration of Islamic literature pertaining to mental health can be of great help for professionals working with psychiatric patients. Moreover, for Muslim mental health professionals knowledge of religious concepts can enable them to use their skills to benefit of their clients.

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