

A Religious Patient and Her Sleep Problems: Reflections on an Experience in which Sleeping Pills were not Prescribed

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Abstract

The spirituality, cultural beliefs and religion of any patient are likely to have an impact on his/her health, and well-being. Health professionals, mainly young physicians and medical students, often fail to consider this type of background when taking care of their patients. This experience is a report of an interesting encounter, in the field of mental health, in which the spiritual beliefs and socioeconomic needs of a patient were considered during her treatment. Consequently, sleeping pills were not prescribed in her case.

Keywords: Spirituality, Mental Health, Beliefs (Source: MeSH-NLM).

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The Experience

Values, doctrines, and the beliefs that permeate any faith have an impact on the believer's mental health; usually, this impact tends to be positive for health and well-being.¹⁻² However, in some cases, religion and spirituality represent a very difficult aspect of the patient's life, contributing to anxieties, worries, and sense of despair.³ In addition, in several cases, mental health patients consider important to receive the support of a spiritual advisor, while trying to overcome the difficulties they are going through.⁴ Even though spirituality and religion have such a relevant impact, mental health professionals rarely consider this type of background when treating their patients.⁵

Some months ago, I was working in a public primary care clinic located in the city of Curitiba, Brazil. Unfortunately, considerable percentages of the patients of the clinic were vulnerable in socioeconomic terms.

The patient was a seventy-seven-year-old woman, who was asking for sleeping pills in order to sleep better. She mentioned that she was able to fall asleep every night around 9 PM; however, frequently, she would wake up two to three hours after going to bed, remaining awake until the day rises. Sometimes, she would wake up after a very bad dream. Usually, this nightmare was about her death and one-way trip to hell, to suffer for her eternity, all by herself.

During the medical interview, she told me her husband had left her for a much younger girl, when she was only forty-four years old. Abandoned, she had to raise her twelve children all by herself. Out of the twelve, only one remained with her, a forty-two-year-old male, with a diagnosis of paranoid schizophrenia. All the others had either died, or forgotten her with the busy ordinary activities of their daily lives. She was also financially broken, and on a delicate social situation, not having friends, or relatives she could count on.

As the interview went on, I tried to investigate her fear of going to hell, which seemed to be important for her, taking place in her mind and thoughts constantly, and appearing as recurring nightmares. She mentioned that she used to attend a Pentecostal church every week, but lately, she was feeling guilty for being so sinful, blaming herself for committing what she described as an unforgivable sin. She never read the bible, because she was illiterate; therefore, in her interpretation, she would never be able to enter the gates of heaven in the afterlife. She was always crying at night, thinking about how miserable she was for not being capable of reading the bible. Now, that she was an elder woman, she was fearing death and the possibility of not going to heaven, which for her was much worse than death.

Her illiteracy was not only a problem for her spirituality; she was also having troubles to control her blood pressure and glucose levels, as well to take her medicines correctly.

After a long talk to my supervisor, I convinced him that we should try a different approach for her treatment. With the help of other professionals of the clinic we enrolled her in a public elderly literacy program. We also taught her how to visually differentiate her pills, and the correct time for taking each one. I, myself, told her that illiteracy was not a sin, but a consequence of her difficult life history. For that consultation, we did not prescribe any medication.

In the city of Curitiba, there is a specific literacy program aimed for adults, run by the local Secretary of Health since 2002, which consists of literacy classes taking place in the primary care clinics. Usually, the teachers are volunteers, and the content of the classes are based on the daily lives and cultural values of the students. However, not all public clinics offer such a program (Available from: http://www.imap.curitiba.pr.gov.br/wp-content/uploads/2014/03/Revista_Gestao_Publica_em_

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Curtiba_Agos_2011.pdf, updated 2011, cited 2017 May 28). In this case, she was enrolled in an existing literacy class for adults, located on a public school near her home, which is part of a Brazilian educational program for adults' literacy (Available from: http://portal.mec.gov.br/index.php?option=com_docman&view=download&alias=8463-orientacoes-programa-brasil-alfabetizado-final-2011-pdf&category_slug=julho-2011-pdf&Itemid=30192 updated 2011, cited 2017 May 28).

Some weeks after, a colleague told me the follow up of that case. She, at that moment, was reading the first verses of her old bible. According to him, she was no longer suffering with nightmares, and having a much better sleep. At that moment she was much more hopeful about her future.

In conclusion, illiteracy is still a major problem for patients, mainly in low- and middle-income countries, representing important factor associated to mental health problems in such places. 6 Therefore, it is advisable for health professionals to be watchful about such a problem, and try to address it whenever possible. In addition, it is important to acknowledge and understand the religious and cultural background of the patients when taking care of them, because it may represent an important part of the treatment.

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