

Impact of Karma Belief on Psychological Well-being of Hemodialysis Patients

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Abstract: *This study assesses the beliefs in karma and psychological issues among hemodialysis patients. A survey of 60 respondents revealed that women experience more fatigue but cope better than men. Religious belief positively impacts illness acceptance, reducing feelings of hopelessness and depression. Those who view their illness as a punishment report more restlessness and depression. Younger patients are more likely to feel maybe punished by their illness. The findings suggest that karma beliefs contribute to mental well-being by enhancing social support and reducing feelings of dissatisfaction and hopelessness. The study highlights the need to consider mental health in hemodialysis patients' care plans.*

Keywords: Hemodialysis, Karma, Psychology, Coping behavior, Health, Mental Health

1. Introduction

When the researcher started working with hemodialysis patients, he became intrigued by the fact that some patients were more accepting of their situation and had a more pleasant attitude than others. Conversations with both groups of patients gave the researcher the impression that believing in karma influenced their perception and attitude. This subjective assumption initiated this research, does Karma belief influence some psychological issues of hemodialysis patients? Incorporating routine symptom assessment into the care of people receiving hemodialysis may be an important means of improving their quality of life. (Weisbord SD et al, 2005) Physical and emotional symptoms can be widespread and can be directly associated with depression and reduced quality of life of persons receiving hemodialysis. Hemodialysis is the process of filtering out waste products and cleaning blood through a dialysis machine when the kidneys are no longer able to adequately do this. Living with a kidney disease is however not only a physical issue, it also impacts the patient emotionally and mentally. Health-related quality of life is closely associated with chronic kidney disease but is often underestimated as a component of the disease, especially for patients who need indefinite dialysis maintenance therapy. (Weisbord SD et al, 2007) Having kidney failure and receiving dialysis is associated with a higher prevalence of mental health problems and poor quality of life (McKeaveney C, et al. 1, 2021). The stress of taking medications, deciding what to eat, and enduring dialysis can be overwhelming. Patients with kidney failure can experience increased social isolation and difficulties with support due to the intensive and long-term nature of dialysis treatment and lack of time for work, hobbies, and other social activities. Although many medical advances have been made in the treatment of kidney diseases, the emotional impact kidney failure has on patients and their families causes core changes in many areas of daily life. Almost all patients and their families experience fear before starting treatment. Family members may worry about how patients feel, whether the treatment will cause harm, what staff and other patients will think, how long they can survive the disease and live well, and the impact on their life expectancy. Just as with other chronic illnesses, a significant problem for persons on

hemodialysis may be the desire for sexual activity. This varies from patient to patient, but in some cases, interest in social activities, including sex, may decrease. Patients need energy for physical and emotional adaptation to the disease.

Erectile dysfunction, or a man's inability to get or maintain an erection, can occur with kidney failure. It may be due to medical reasons such as medications, anemia, or a buildup of toxic waste in the blood that is not completely removed by dialysis. (Burnett AL 2008) Emotional reasons such as depression, fear of disability or death, earlier negative experiences, or family problems can also affect the sexual function of persons on hemodialysis. (DaVita Kidney Care) Human beings are always body, mind, and soul, including social. If kidney failure has changed a patient's life, it's important to discuss the problem and find treatment options taking into account the holistic approach. Holistic approaches consider the whole person in assessment, diagnosis, and treatment because health and well-being, including thoughts, and emotions are influenced by social relationships, cultural context, and environmental factors. Diagnosis is needed, also based on the patient's coping behaviors, relationships, and perspectives. A differential diagnosis by mental health professionals is necessary to decide what kind of psychotherapy, counseling, and treatment is needed. To decide about a psychological intervention, or support for patients with kidney failure the individual's mental state, emotions, thoughts and behavior, enjoyment of life, and ability to cope with the illness need to be assessed. In kidney dialysis outpatient clinics, psychologists play two roles: one is to do an anamnesis or assess the psychological history of incoming patients, and the second role is to be a counselor for patients with emotional and psychological problems. The anamnesis, or person history recollection, determines how the patient accepts and overcomes their position or situation. Cultural diversity and sensitivity, religion, belief in karma, and dealing with guilt have been experienced as important psychological issues. Persons on hemodialysis at the kidney dialysis at Surrenal are screened using questions retrieved, adapted shortlist from the Beck Depression Inventory (BDI), and the Short Form Health Survey (SF-36), which provides indicators of possible anxiety problems. The counselor's functions include addressing emotional and relational issues,

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joys in life, coping with personal difficulties, and self-esteem issues. Counseling interventions vary depending on the patient's development and personality and are based on aspects of motivational counseling. This counseling style consistently focuses on stimulating and using the language of change as well as motivating behavior change based on the patient's stated options and desires. To make life changes, motivational counseling helps people resolve ambivalent feelings and insecurities and promotes the internal motivation to change their behavior strongly based on empathy. Used are also aspects of cognitive-behavioral therapy, which involves carrying out cognitive adaptations based on the analysis of the patient's personal behavioral history, environmental factors, dominant emotions, reasoning, and expected consequences of certain actions.

2. Literature Review

Interviews with hemodialysis patients showed that belief in karma had a positive effect on their thoughts and behavior. This is an important principle of many world religions that influences social evaluations of believers and non-believers in various cultures. Karma has many different meanings. Some follow traditional concepts based on Eastern beliefs, while others are based on Western definitions of good and evil. Hinduism and Buddhism say that karma is the relationship between a person's mental and physical actions and the results of those actions. Karma is a chain of causes and effects that result in the consequences of a person's actions in this life and past lives. In Buddhism, karma also refers to the principle of cause and effect. It is the result of your words, thoughts, and body, and is determined by your thoughts and actions. Karma is considered a form of justice when an individual commits a crime during his or her lifetime. Despite its richness, the concept of karma has rarely been explored in studies of the psychology of religion, morality, and justice. (White J.M. and Norenzayan A., 2019). Psychologist Dr. Jennifer Rhodes defines karma as conditions or interactions that help us achieve our highest goals. All thoughts and energies, good or bad, will come back to you according to karma. Karma humbles you because you are the co-creator of what happens to you according to your will. (Rhodes JB, 2020) Forces you to accept that your current reality is a result of your past actions. This method does not try to control people or things around you. You are a product of your actions, thoughts, and decisions. The results of your current actions determine what you will experience and who you will become tomorrow. Using karma as life leadership can encourage you to pay more attention to your thoughts, actions, and emotions before making decisions. A person's karma is created by his or her thoughts, words, and actions. However, karma can be personal or collective. Unity is achieved when we form groups, such as a military group using weapons or a group of Christians praying or meditating. It is important to understand that karma can be good or bad. Good karma arises from doing good things, and bad karma arises from intentionally harming others. If your behavior causes long-term pain and suffering, it is considered problematic and destructive. If your action brings happiness, it is considered constructive, good, and moral. Karma cannot be changed. You cannot control karma the way you can control it with your mind. You may rationalize your actions and consciously feel less guilty or not at all.

However, you are still responsible for your experience of abuse. No one can control your karma for you, and no one can remove your karma for you.

Crime doesn't go away on its own. Positive or negative results must be experienced or purified through practice. You can start by being grateful for all your experiences, whether good or bad. Study your desires and make sure they come from love for yourself and others. Belief in an afterlife and belief in karma can influence social behavior and encourage cooperation, leading to generosity toward strangers. (Ayana K. 2020) Be careful with your actions. However, satisfaction and forgiveness are most important in creating good karma. Now karma affects not only your present life but also the nature and quality of your future life. It is a common concept in some Western cultures. Similar events can lead to similar outcomes, positive outcomes can lead to positive outcomes, and negative outcomes can lead to negative outcomes, which can lead to positive outcomes, moral and emotional problems, and poverty. The effects of karma do not always appear immediately. According to religions that believe in reincarnation, the effects of karma manifest themselves later in this life or carry over into the next life. Karma is often misunderstood as fate or fate. However, the principle of karma is cause and effect. Every action has consequences in this life and the next. If your actions are moral, they will have good consequences, and if your actions are immoral, they will have bad consequences. Good thoughts and kindness lead to happiness and more happiness, while bad thoughts and actions lead to bad karma and bad karma.

Coping Mechanisms

Coping mechanisms are intentional behaviors and skills designed to avoid stress or unpleasant emotions and overcome life difficulties. They can be positive and adaptive or negative and maladaptive. Problem-focused coping aims to eliminate or change the cause of stress, while emotion-focused coping helps change how you respond to stressors. This helps you tolerate, minimize, and cope with stressful situations in your life. Defense mechanisms are unconscious psychological protections that shield people from things that they don't want to think about or deal with, e.g., blocking unpleasant thoughts moving to the conscious level, feelings of anxiety, and threats to one's self-esteem. Properly managing stress does not only make you feel better physically and mentally, but it can also affect your ability to perform at your best. Praying, talking to God, and developing or improving your relationship with God can be thanking Him, praising Him, confessing what you have done wrong, and expressing your needs. Prayer is a supernatural activity that embraces God's character and attributes. Common reasons people pray are to tell God how much they love Him, to say "I'm so sorry" for certain behaviors or attitudes, to thank God, to tell God about their concerns, as well as health issues, and to tell God how much they love Him and ask for help. When people are sick, they suffer not only physically but also mentally. Some patients become more religious because they assume that God's presence and intervention can provide additional strength and recovery of one need, and a commitment to prayer will accelerate recovery and comfort pain, illness, and deliverance. According to Koenig, to cope with illness and other stressful life situations, patients resort to religious/spiritual beliefs and practices to adjust better and

quicker to health problems and these patients have better mental health (Koenig H.G. et.al. 2012). Social support is a great resource when dealing with health issues. Family and friends can be key supporters who help alleviate pain and grief. Research shows that adequate sleep is an important survival mechanism. Feeling sleepy is not only a natural response to the energy the body expends to fight disease, but it also has a protective effect. It can neutralize fatigue, exhaustion, and illness. Fatigue is a vague word that covers a wide range of fatigue levels. Fatigue can feel like an intense desire to sleep, but it can also be an inability to rest or feel rested after sleep. You feel like you lack the desire to do things you once enjoyed. You may have difficulty concentrating or paying attention, have very low energy and motivation levels, feel nervous, anxious, and irritable, and can feel muscle pain and weakness. Sleep, including insomnia or too much sleep, fatigue and lack of energy requiring extra effort for even small tasks, decreased appetite and weight loss or cravings for food and weight gain, Anxiety, agitation or restlessness, and slowed thinking, speech, or body problems. One may have difficulty performing normal daily activities and sometimes feel that Life is not worth living. Episodes of depression may include sadness, tearfulness, feelings of emptiness or hopelessness, outbursts of anger, irritability or frustration even over minor problems, and loss of interest or pleasure such as sex, hobbies, or sports. People can feel hopeless because they might have tunnel vision, a narrow view of what is essential or possible. Unexplained physical symptoms such as loss of mobility, feelings of worthlessness or guilt, preoccupation with past failures or self-blame, problems with thinking, concentration, decision-making, and memory, and frequent or recurrent suicidal thoughts can be present, suicide attempts, or even suicide. The mood disorder depression can also cause persistent sadness and loss of interest. Depression is not just sadness, nor is it simply a weakness that you cannot escape, never take it lightly, and seek treatment. (Remes, O. et al. 2021) Many persons with depression benefit from medication, psychotherapy, or both. It is important to use coping skills, either problem-based

or emotion-based coping. Problem-based coping will help by where possible changing the situation and removing the stress associated with it and emotion-based coping can help by changing the emotions if the situation cannot be changed or if you do not want to change it.

Purpose of the study

The purpose of this study is to explore the impact of karma beliefs on the psychological well-being and coping mechanisms of hemodialysis patients. This study is significant because it sheds light on the often-overlooked psychological aspects of hemodialysis treatment, highlighting the role of cultural and religious beliefs in patients' mental health and coping strategies.

3. Materials and Methodology

The number of respondents was N=60, 60% men N=36, and 40% women N=24, The respondents were selected from the patients of the certified Surrenal hemodialysis policlinic. A questionnaire was used to determine indicators of the respondent's belief in Karma and their feeling regarding some psychological issues; anxiety, feelings of hopelessness, depression, and praying. The questions were selected from the Becks questionnaires; the Anxiety Inventory (BAI), the Hopelessness Scale (BHS), and the Depression Inventory (BDI), The Cronbach's alpha of the questionnaire was $\alpha=0.8$, which approves its validity. The respondents participated after consenting to the survey. Half of them completed the questionnaire by themselves, the other half needed assistance with filling out the questionnaire. The data was collected from mid-January 2024 till the end of February 2024. SPSS was used to analyze the data; the nonparametric Mann-Whitney U test, T-test, and one-way ANOVA to determine significant differences between variables.

4. Results

Table 1: Significant Results

	Mean rank men	Mean rank women	U	Z	p
Coping	26.61	36.33	292	-2.16	0.03
Fatigue	27.17	35.5	312	-2.04	0.04
	Mean rank Karma believer	Mean rank Non-Karma believer			
Social support	26.56	37.81	256	-2.42	0.02
	Mean rank accepting illness	Mean rank do not accept illness			
Religious	18.17	26.58	53.5	-1.94	0.05
Hopelessness	19.11	24.07	83.5	-2.26	0.02
Depression	18.05	25.93	63.5	-1.97	0.05
	Mean rank punishment	Mean rank no punishment			
Restlessness	38.94	26.14	100.5	-2.3	0.02
Depression	36.81	25.88	109.5	-2.05	0.04

Differences between men and women,

Women on hemodialysis significantly feel more fatigued than men and they do cope better with the disease compared to men. The Mann-Whitney U test showed that. women scored higher than men in coping, $U = 292$ ($z = -2.16$, $p = .03$). Furthermore, women also scored significantly higher on feeling fatigued compared to men, $U = 312$ ($z = -2.04$, $p = .04$).

Believing in Karma

Significant differences were also found between karma believers and non-believers Thirty-nine (39) of the sixty (60) respondents believe in Karma. Persons on hemodialysis who believe in karma experience significantly more social support and have fewer feelings of hopelessness compared to persons who do not believe in karma. Comparing believers and non-believers with receiving social support, $U = 256$ ($z = -2.42$, $p = 0.02$). Comparing believers in Karma and nonbelievers regarding hopeless feelings $U = 83.50$ ($z = -2.26$, $p = .02$).

Accepting the Illness

This survey showed that those who accepted their illness were significantly more religious and less depressed. Comparing religiousness and those who do not accept their illness, $U = 53.50$ ($z = -1.94$, $p = .05$). Comparing accepting the illness and those who did not accept the illness and depression, $U = 63.50$ ($z = -1.97$, $p = .05$).

Belief being punished

Feeling punished for illness harms anxiety and depression because patients who believe that they are being punished by the illness significantly have more feelings of restlessness and depression. Those patients who think that they might be punished are significantly younger. Respondents who do not feel that they are being punished by the illness compared to those who do feel punished regarding restless feelings, $U = 100.50$ ($z = -2.30$, $p = .02$). Respondents who do not feel punished by the disease also feel less depressed $U = 109.50$ ($z = -2.05$, $p = .04$). The Tukey post hoc test, part of ANOVA, was run to investigate age and the feeling of might be punished. Hemodialysis patients who believed they might be punished by the disease were significantly younger at 44 ± 10.10 years old ($p=0.009$), compared to patients who did not believe they could be punished for their disease (58.94 ± 10.25 years), $p = 0.009$.

5. Discussion and Recommendations

The respondents were selected from the certified polyclinic Surrenal and provided insight into psychological issues and the Karma belief of people receiving hemodialysis. This study endorses the survey results of Kyungm who concluded that in a clinical setting, psychosocial influences of hematology patients should also be considered when assessing their quality of Life (Kyungmin K. 2018). Follow-up qualitative research is needed to enhance the main concepts of the influence of patients who believe in Karma and how it impacts psychological coping or defense mechanisms. Qualitative research is also needed to determine in-depth insights into the relationship between believing in Karma and other influences; social support and accepting the illness, which significantly results in reducing feelings of hopelessness. Although no significant correlation was found between having children and partners of hemodialysis patients, it can be anticipated that they might induce feelings of social support in their parent or partner dealing with hemodialysis. There is a need to inform and educate partners of hematology patients about the positive impact they can have on their partners. In 2014 a study found that psychosocial interventions have positive impacts on depression and the quality of life of persons who need hemodialysis. (Cukor D, et. al. 2014) A positive, acceptance, and support from the patient's children and partners will probably have a supportive influence on accepting the illness and the coping mechanisms of the patient. Promoting a positive association between social support and hemodialysis patients' quality of life healthcare providers can play an important role. (Alshraifeen A et.al. 2020)

6. Conclusion

This study endorses several studies done about patients' well-being and factors that contribute to the current perceptions of health including mental health. Believing in karma seems to

significantly elect social support and weakens feelings of hopelessness. Neumann showed that the inclusion of persons providing social support, especially family networks may have a positive effect on different aspects of their care and quality of life. (Neumann, D et.al. 2018) Alshraifeen showed that social support has a positive association with the quality of life and healthcare providers should offer training and guidance, to healthcare workers, employees of social services, and family members of patients, about the importance of social support. (Alshraifeen, A et al. 2020) Being religious causes less depression and importantly induces better acceptance of the illness by the patients. This is important because endorsing acceptance by hemodialysis patients is a major contribution or attitude to the health of the patients including their mental health. Women feel more fatigued than men but cope better with being a hemodialysis patient. When anxiety feelings and depression are lowered or subdued, it opens up options for more social support and better relationships. This study found that more respondents who are younger have the perception that they might be punished by the illness, but at any age, becoming ill should not be seen as a punishment but as a challenge to continue to behave well in your conduct and relationships. In assessing the well-being of hemodialysis patients, not only physical and biological factors, should be considered, but also their ability to emotionally and mentally cope with the impact of relationship issues, and how they emotionally and socially manage the situation. It is important to consider all these factors because they determine how the patient accepts the disease and how the disease affects their health, their well-being. The concept of health is complex, first determined by focusing on biomedical perspectives which concentrate on the body's ability to function. But holding on to this viewpoint defines people with chronic diseases or disabilities as being unhealthy while they can be excellent performers in daily life, sports, mentally, socially, and spiritually. Currently, health is more determined by assessing the overall physical, mental, and social performance including spiritual, and religious because all have a major impact on health and a person's mental health and well-being. Health definitions nowadays consider to what extent a person can realize his or her life aspirations and meet the needs of his or her environment whereby health is not viewed as a life goal but as a social, personal, and physical resource for a satisfying everyday life. Having kidney failure which requires regular dialysis, accepting and dealing positively with it sustains your overall health and well-being, allowing you to realize your potential and ability to cope with the normal stresses of life, work productively, and contribute to the community. (Congruent with the Health definition of WHO, 2022)

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