

Study of Relationship between Religion and Mental Health

Dr. Amar Prakash

Associate Professor

Department of Psychology

S. R. K.(P.G) College, Firozabad

ABSTRACT

While spirituality typically refers to a deep-seated personal sense of connection through which each person's life is experienced as contributing to a valued and greater "whole," along with a sense of belonging and acceptance, religion typically refers to socially based beliefs and traditions, often associated with ritual and ceremony. The relationship between religion and mental health, as well as the reverse, has been discussed in this essay. Different religions have had distinctive beliefs and worship practises since the dawn of humanity. Every religion and its associated belief systems have an impact on mental disease and health. We discussed how Hindu rituals and beliefs may contribute to the development of various mental diseases. Additionally, how religion may support a person's life in numerous spheres is discussed. It describes the connection between symptomatology and various religions. Religion's effects and results on mental health have been recognised in this article.

KEYWORDS: Mental illness, religion, rituals, spirituality etc.

I. INTRODUCTION

As old as humanity itself is religion. Primitive man practised primitive religions and revered natural elements such as the sun, earth, air, clouds, and water. Institutionalized faiths are a result of civilizational advancements. All major aspects of religion are comparable. There is a steadfast conviction in a superior, invisible guiding force. Humanity's need for religion seems to be psychological in nature. Religion later underwent changes as a result of human psychology's basic needs. Religious customs evolved into dogmas and superstitions over time. Even while the majority of religions underwent gradual change over time, some were fully petrified. From the perspective of mental health, religion offers desperately needed rules that people can use to chart a course for their life. The believers can handle life's stresses and strains as well as its uncertainties more easily. However, a lot of antiquated practises and notions can stifle development and contribute to mental illness. It is not necessary to hold any beliefs on the ontological truth of God or the spiritual world in order to investigate the connection between spirituality and health. Regardless of whether we hold the investigated views, we can evaluate whether measures of religious beliefs or behaviours are related to health outcomes. India has a long history of spiritual traditions and has given birth to some of the world's biggest faiths, including Hinduism, Buddhism, Jainism, Sikhism, Christianity, and Zoroastrianism. It's a place where spirituality is virtually a way of life, and even a farmer or housewife who doesn't read will surprise you with their outlook on life. The vast diversity of Indian cultures and philosophical systems must be made clear right away, and in recent years, a historical blending with western ways of thinking has made it challenging to pinpoint a single Indian paradigm of the mind and mental disease.

Since religion is a multifaceted phenomena, it is impossible to understand its effects and behaviours in terms of a single fact. The combination of religiously supported attitudes, actions, and environments likely work together to determine how religion affects health. However, empirical research have had trouble explaining how the psychological underpinnings for the health-promoting effects of religious involvement indicated above work. It has been a tough undertaking from an intellectual and methodological one to explain how religion influences health.

II. HISTORY AND BACKGROUND

As modern technology advanced, we observed changes in psychiatric patients' symptoms. Patients used to claim that people were talking about them before, but this has changed, and they now claim that the patient is being controlled by a chip that has been placed in his or her brain. The same applies to symptoms with religious overtones. A Hindu patient will describe symptoms as being controlled by "Goddess," while a Muslim patient may describe symptoms as being controlled by "Peer." There is still a strong belief that religion and psychiatry have historically clashed. Most people today think that in the Middle Ages, the majority of mental illnesses were seen as witchcraft or demonic possession. After all, it is a fundamental myth of psychiatry that the human race was freed from this religious belief by courageous and wise psychiatrists. The Middle Ages were the Dark Ages,

according to many renowned psychiatric textbooks, when the focus was on insanity as demonology, when people did not examine natural causes for mental illnesses, and when the crazy were tortured or burned at the stake. That viewpoint, though, is a long way from the reality. During that time, natural explanations for mental diseases were advanced and largely accepted, and after the middle ages, the focus shifted to demonology and witch-hunting. The myth of psychiatry's victory over demonology and other myths about the dark middle ages, such as the flat Earth, was created in the middle of the nineteenth century by proselytising scientists and secularising psychiatrists, celebrating the scientific and humanitarian innovation that had freed humanity from the superstitious models of Christian jurisdiction. The development of medical psychiatry at the time of Pinel, according to Vandermeersch, did not conflict with religion. Myths exist regarding the supposed conflict between enlightened medicine and obscurantist theology, as well as between the compassionate doctor and the vengeful clergyman.

III. DISCUSSION

From the perspective of mental health, religion offers desperately needed rules that people can use to chart a course for their life. The believers can handle life's stresses and strains as well as its uncertainties more easily. However, a lot of antiquated practises and notions can stifle development and contribute to mental illness. Since most religions condemn excessive sexual behaviour, many people may feel intense guilt or worry as a result. Similar to this, breaking religious traditions, whether consciously or unconsciously, can cause a great deal of distress. Religion must adapt to contemporary culture and technological advancements if it is to achieve the purpose for which it was created. Only then will it fulfil its purpose of helping humanity by offering relief and support.

But almost all claims regarding how religion or spirituality affects mental health were not supported by empirical study, but rather mostly by clinical practise and individual viewpoints. The "religiosity gap" between mental health practitioners and patients, as described by Lukoff et al., is one factor that may have led to this negative attitude. Because they are typically less religious than the general public, psychiatrists and psychologists are not adequately prepared to address religious issues in clinical practise. As a result, they frequently find it difficult to comprehend and empathise with patients' religious practises and beliefs. If patients' reports are how psychiatrists typically come into contact with religious experiences, then it stands to reason that they are biased sources. Although religious coping mechanisms are frequently used by mental patients in a healthy manner, they can also exhibit a depressed, psychotic, or anxious perspective on their religions. These viewpoints were viewed as indications of the pathological character of religiosity, in addition to not accurately reflecting the religious experiences of the broader public. Rigid scientific studies have just recently been conducted and published in reputable publications of medicine and psychology. The association between religious participation and mental health among mature individuals who are either living in the community or being treated in a hospital for a medical condition has been the subject of a number of research. Since then, a sizable amount of research has been created by numerous additional researchers, most of which, though not always, has indicated a favourable correlation between religious activity and mental health. There is currently a tendency in favour of a closer relationship between religion and psychiatry, which will aid mental health practitioners in better understanding the religious influences on health and in providing more compassionate and thorough mental health care.

IV. RELIGION'S EFFECT ON MENTAL HEALTH

Religion was not the primary focus of a significant portion of the studies on religion and health. Because of this, measuring religiosity typically involved just one question, frequently just religious denomination. However, the person's religious affiliation doesn't really tell us anything about their religiosity or how significant it is in their lives. Because of this, research that have just looked at a subject's religious affiliation have, with few exceptions, produced a lot of conflicting and contradictory results. The comparison of various levels of religious involvement yielded the strongest and most reliable results, not between different religious denominations (from a non-religious to a deeply religious person). One of the most frequently used questions to assess the degree of religious commitment is church attendance, or how frequently a person attends religious gatherings.

Positive outcomes of religion and health

In terms of physical health, religiousness was linked to less smoking and drinking, as well as having a good impact on blood pressure and heart disease. Confoundingly, religious activities were more strongly supported by physical health than the other way around, at least in the elderly. Participation in and dedication to religion appeared to have an impact on longevity as well, particularly in men. Religiosity has been found to consistently be inversely correlated with suicide rates. Additionally, there was a decrease in suicide ideology and an increase in opinions that were critical of suicidal behaviour. An intriguing discovery was that, even more

so than work, church attendance was a significant predictor of suicide prevention. According to Hindu religious doctrine, if you end your life too soon, you will suffer during your subsequent births. Consequently, there is a significant belief in rebirths in this faith. Drug usage and religiosity have a negative relationship. It was discovered that church attendance, rather than parents' religiosity or religious attitudes, was a better predictor of drug abstinence.

Ambiguous outcomes of religion and mental health

In terms of anxiousness, Gartner's study showed conflicting results. While some studies revealed lower anxiety, some research associated greater anxiety with religiosity. With public religious activities, some persons were less worried and displayed fewer physical symptoms, although they did so more with private devotions. Extrinsic religion was linked to higher levels of anxiety, whereas intrinsic religion was linked to lower levels. Results on death anxiety and religiosity were likewise inconsistent. One study that produced contentious conclusions about self-esteem discovered that depictions of God as loving were positively correlated with increased self-esteem and negatively correlated with God as spiteful and punitive.

V. RELIGION'S IMPACT ON MENTAL HEALTH

Numerous research have found links between religious participation and mental health, but very few have looked at the factors that might be mediating this connection. There are a number of theories put up to explain how religion affects people's health.

Healthy lifestyle and actions

Numerous diseases have links to actions and way of life. Our health is significantly influenced by what we eat, drink, use in our vehicles, engage in sexual activity, smoke, take medications, adhere to medical recommendations, and conduct self-examinations for prevention. The majority of religions encourage or forbid actions that could harm one's health. Three thousand years ago, the biblical instructions on nutrition, handling food, cleanliness and purity, circumcision, and sexual activity were crucial for illness prevention. Health risks and hazards are caused by specific religious activities. Accident risk may increase when people visit a sacred site at particular times. Other examples of activities that can cause health issues include the prohibition of vaccinations, drugs, or blood transfusions, endogamous marriages, violence against atheists, handling of dangerous snakes, and how dead bodies are handled.

Social assistance

Being a part of a group provides psychosocial support, which can improve health. Religion may promote social cohesiveness, a sense of community, continuity in friendships and family ties, and participation in other support systems. Social support can affect health by promoting adherence to health promotion programmes, providing companionship through stressful, painful, and sombre moments, and reducing the negative effects of anxiety and other emotions as well as anomie. Although significant, social support is not the only way that religion affects health. Despite the fact that social support is a controlled variable, religion still has positive impacts.

Belief structures, cognitive architecture

How people respond to stress, hardship, and issues in life is influenced by their beliefs and cognitive processes. The following ways that religious beliefs can offer assistance: improving tolerance, tenacity, and resilience. They produce contentment, self-assurance, a sense of purpose, forgiveness of one's own shortcomings, self-giving, and a positive self-perception. On the other hand, they might increase self-criticism, which can lead to guilt, doubts, worry, and despair.

In order to deal with both medical and non-medical issues, many patients turn to religion. A promising area of inquiry is the analysis of religious coping, which can be either beneficial or detrimental. Positive religious coping has been linked to positive health outcomes, while negative religious coping has been linked to negative health outcomes. Religious patients frequently employ beneficial religious coping strategies over negative ones.

Religious observances

Religious activities, both public and private, can support mental health and assist prevent mental illnesses. They aid in overcoming feelings of inferiority, anomie, worry, fear, frustration, rage, and isolation. Meditation is the religious practise that is most frequently examined. According to reports, it can alter personality, ease stress and anxiety, lessen self-blame, balance emotional ups and downs, and increase self-awareness. There have been reports of improvements in panic attacks, generalised anxiety disorder, melancholy, sleeplessness, drug use, stress, chronic pain, and other medical issues. Studies done afterward have proven how

successful these methods are. More research is required, but other religious practises (such as private prayer, confession, forgiveness, exorcism, liturgy, blessings, and altered states of consciousness); may also be useful.

Spiritual guidance

A specific bond between two people that promotes the growth of the spiritual self is referred to as spiritual direction. Its objectives are to establish a relationship with God, to discover life's purpose, and to encourage personal development. Numerous psychological and theological procedures may be employed, and as the same issues are covered in both, there are many similarities to psychotherapy. In another essay, the topic of psychotherapy and its Indian application is covered.

VI. RESULTS AND CONCLUSIONS

It is acknowledged that there is a significant connection between religion and mental health. Although psychiatrists and other mental health professionals should recognise and meet patients' spiritual needs, they do not feel comfortable doing so. Integrating spirituality into clinical practise requires adequate training. The professional should be well-versed in the religious and cultural milieu in which his or her job is being done.

Research and clinical practise should take religiousness into account because it is widespread and has links to mental health. A physician must evaluate, comprehend, and respect a patient's religious views just like any other psychosocial factor if they are to really take into account the patient's bio-psycho-social requirements. We shall be better able to fulfil our responsibility as mental health professionals and/or scientists to relieve suffering and assist people in leading more satisfying lives by increasing our understanding of the religious aspect of human beings. Religious practises are frequently utilised to cure mental illness. The priest was first the most crucial counsellor because he combined psychological knowledge with religious authority. The use of faith and belief systems in psychotherapy is beneficial since they are significant contributors to psychological well-being. Their use needs to be carefully considered. Therefore, psychiatrists should thoroughly research the relationship between religion and mental health because doing so will likely improve psychiatry's effectiveness and public acceptance. Finally, religion has a significant impact on the symptoms, phenomenology, and outcome of psychiatry.

REFERENCES

- [1]. Agarwal AK. Religion and mental health. Editorial. *Indian J Psychiatry*. 1989;31:185–6.
- [2]. Wig NN. Mental health and spiritual values. A view from the east. *Int Rev Psychiatry*. 1999;11:92–6.
- [3]. Moreira-Almeida A, LotufoNeto F, Koenig Harold G. Religiousness and mental health: A review. *Rev. Bras. Psiquiatr*. 2006;28 São Paulo 2006 Epub Aug 10.
- [4]. Simon D, Cook Christopher CH, Powell Andrew, Eagger Sarah. Religion, spirituality and mental health. *The Psychiatrist Online*. 2010;34:63–4.
- [5]. Bailey CM. The effects of religion on mental health: Implications for seventh-day Adventists. 20th International Faith and Learning Seminar held at Loma Linda University Loma Linda, California, USA-June 15-26, 1997 .
- [6]. Wig NN. Influence of religion on mental illness in India. *International Congress of Social Psychiatry, Yugoslavia 1970*, 21st-27th September 1970 .
- [7]. Behere PB, Natraj GM. Dhat syndrome: The phenomenology of a culture bound sex neurosis of the orient. *Indian J Psychiatry*. 1984;26:76–8.
- [8]. Wig NN. Hanuman Complex And its Resolution: An Illustration of Psychotherapy from Indian mythology. *Indian J Psychiatry*. 2004;46:25–8.
- [9]. Avasthi A, Anthony R. Psychotherapy in Indian Context. *J Clin Psychiatry*. 1998;99(3):26–8.
- [10]. Shukla GD, Katiyar BC. Religious conversion in temporal lobe epilepsy. *Indian J Psychiatry*. 1978;20:343–4.