The Positive Effects of Religious Beliefs on Mental Health

Religion has been around for centuries. It has produced a set of beliefs that bind people and affect their daily lives. The teachings of religious scriptures have shaped people’s attitudes and behaviors, culminating their practices. For instance, Muslim men can marry as many women as they want; while Christians, as their teachings say, can only marry once. Religion also takes most of its devotee’s time, depending on how high their devotions are. Some pray the whole day, or spend their whole day in the temple or church. Others just pray at home, alone or with the whole family. On the other hand, there are also those who balance both.

Religion can also affect people’s health practices. Some examples are that specific religions forbid people to consume meat, and forbid them to donate their blood or to receive blood transfusion. In other words, religion sinks into the thinking of an individual, telling that individual what he or she should or should not do. We can assume that religion is an authoritative figure, dictating either consciously or subconsciously, every move we make. For example, during the age of Christian Crusades, “Crusaders” kill ‘so called heretics’ in the name of religion. Their devotion to their religion changed their attitudes toward handling conflict, giving them the belief that ‘it is all right to kill if it would be for God’. Today, Muslim extremists also kill for religion. With those simple logics as examples, religion can affect both negative and positive mental states of people. There are those who go mad because of extreme devotion, while there are those
who found better living. Some question the beliefs and teachings, leading them to create their own sect, which at times, can develop into a new religion with sub-beliefs and sub-mind-sets. In other words, religion can either be good or bad.

Exploring religion from every side can be a complex task. Every side has a link with the actions of its members and the way they live their lives. For instance, religious members, through their beliefs, can ward off negative or pessimistic attitudes. They can also use beliefs as coping mechanisms or as means of coping with their problems. On the contrary, it can also be a tool to ward off optimism and positive disposition. However, most studies have proven that it promotes more positive mental dispositions than negative ones. This is what this paper explores. It will review and critically evaluate certain studies that suggest the positive effects of religious beliefs on mental health. This is to discover the impact of religion on people’s daily lives, specifically on their attitude and behavior development. However, given the complexity of religion in general, this investigation cannot guarantee that it can fully confirm the positive effect of religion to a person’s mental state. It will instead try to look on possible issues that relates with the topic of the study, discuss and analyze them, and look how researchers can explore them in the future. Although the paper cited only a handful of references because of research constraints, it seeks to expand the topic and look for ways to explain the problem theoretically. This paper hopes the investigation can give helpful insights on how religion affects the daily lives of its members and the out-group people they regularly or occasionally meet.
Defining Religion

Many subjects, including philosophy, theology, sociology, and psychology, define religion. In a philosophical sense, people often explain religion through the argument about the existence of God. Epicurus once stated there is a natural conception of god as a blessed and immortal anthropomorphic being. He is a conception shared by all human beings, even though in most, humans obscure him by a veneer of false beliefs. For example, people recognize that gods are vengeful or that they govern our lives, turn the heavens and so on (Sedley, 1998). Epicurus stated that people grant god with their own moral values, especially the competitive values of political society (Sedley, 1999). By the same means, the Epicurean reversion to the true conception of divinity as tranquil and detached is also a rediscovery of the natural human goal - tranquility (Sedley, 1999). This philosophical explanation shows the relation of religion to a person’s mental state. However, it discards the bias that religion can only influence positive attitude and behavior to a person. Based on Epicurus’ philosophy, when an evil man creates a god, the god will in turn be evil; while a good man creates a good god, where he can identify his own good values and beliefs. For Epicurus, all imagination consists in understanding images which enter us from outside (Sedley, 1998). Thus, a god or gods may only be ordinary inventions of humans, locally created in the likeness of their images (Sedley, 1998).

Kant also tried to explain the mysteries of religion. However, unlike Epicurus, Kant’s interpretation of God is not purely ethical, but also cosmological,
physico-theological and ontological (Rossi, 2004). With this belief, Kant argues that within every human, there is the potential of realizing the ‘highest good’. The highest good lies on the claims about the relation between people’s way of leading a virtuous moral life, and their satisfaction of need for happiness (Rossi, 2004). Thus, Kant also defends that religion or religious beliefs may produce positive results for the person depending on what the religion is teaching, or on how strong the faith of that person is.

However, while there were those who tried to define religion, we cannot deny that all explanations still need improvement or growth, because it still cannot pinpoint what religion is and if God exists or not. As mentioned by an earlier writer, there is no word more difficult to define than religion (Clark, 1958). The three reasons for this are: people individualized religion; the strong feeling of the person for his or her religion; and the different purposes of the person defining religion. But with the effort to generalize the definition of religion, scholars brand and define it simply as a worldview that includes beliefs and experiences. They also link it with organized and nonorganized practices often related to a supernatural being or power (Levin and Vanderpool, 1991; Mickley et al, 1995). It is an organized set of beliefs, practices, and symbols designed to promote closeness to a higher power and include the understanding of one’s relationship with and responsibility to others (Larson et al, 1997). Similarly, Davis (2004, p.2) defined it as a formal way individuals in groups gather to worship God. People culturally influence its dimensions, which creates different beliefs and practices (Simpson and King, 1999) on different areas of human concern
such as health, for instance, whether mental or physical. We can see this as a fact, as we can notice the state of mind of people from different religion differs from one another. They differ in the way they see reality, and on handling, accepting or noting ideas. Often, religious beliefs can subject the person into a dogmatic disposition, whereas the person automatically rejects all ideas or beliefs outside the core of his or her religion. While there are some who are open to other ideas, the person usually defends his or her religion. Such actions show person’s attitude and behavior, thus, showing the influence of religion to that person’s way of thinking. Given these conditions, and because of the key fact that people base religion on their own view and understanding, researchers assume it to produce psychological implications, increasing the interests to find out the link between religion and psychology (Saroglou, 2003). The psychology of religion is the discipline that studies religion and religious phenomena using psychological theories, ideas, and methods (Saroglou, 2003). The focus of such discipline is on how religion interacts with personality, biology, and culture and with the multiple dimensions of human being and its development in society, for instance, on cognitive, affective-emotional, relational, social, and moral dimensions (Saroglou, 2003).

**Definition of Mental Health**

Mental health may not be as complex to define as religion. The Health and Welfare Canada (1988) define mental health as the capacity of the individual, the group and the environment to interact with one another. They engage in ways
that promote subjective well-being, the best development and use of mental
abilities (cognitive, affective and relational), individual achievement and collective
goals consistent with justice and conditions of fundamental equality attainment
and preservation.

Similarly, but more simple, the World Health Organization (2001, p.1)
define mental health as an individual’s state of well-being in which he or she
realizes his or her own abilities. Mental well-being means the individual can cope
with the normal stresses of life, can work productively and fruitfully, and is able to
contribute to his or her community (WHO, 2001). Thus, mental health is the
foundation for well-being and effective functioning for an individual and for a
community (WHO, 2004). WHO associates it with behavior at all stages of life
(WHO, 2004). Thus, they also associate it with physical health, with evidences
from studies that social problems associated with mental ill-health include alcohol
and drug use, crime, and dropout from school (WHO, 2004).

**Studies on the Relation between Religion and Mental Health**

Many studies have explored and confirmed the positive link between
religion and mental health. One study is Koenig, George and Titus’ (2004)
investigation on the effect of religion and spirituality on social support,
psychological functioning, and physical health in medically ill hospitalized older
adults. The participants subjected in the study were 838 consecutively admitted
patients aged 50 and older to a general medical service. Registered nurses who
were willing to help the researchers interviewed the participants. In the study, the
researchers measured both religion and spirituality. They measured the religions of the patients through organizational religious activity (ORA), nonorganizational religious activity, intrinsic religiosity (IR), self-rated religiousness, and observer-rated religiousness (ORR). They also looked into and measured the demographics of the patients with the use of regression models. Social support, depressive symptoms, cognitive status, cooperativeness, and physical health (self-rated and observer-rated) were the dependent variables. The results of the study showed and confirmed the positive link between religion and mental health. They found that religiousness and spirituality consistently predicted greater social support, fewer depressive symptoms, better cognitive function, and greater cooperativeness. They confirmed religion’s association with greater social support, better psychological health, and to some extent, better physical health.

Coping and adjustment in the psychological stress of aging is one of the main concerns in mental health issues. A survey conducted by the American Healthcare Corporation (1980-1981) on the community-dwelling adults age sixty and over in the United States found that most of their respondents believe that religion helps them in times of stress and unhappiness. Similarly, the Princeton Religion Research Center (1982), found that 58 percent of their sample reported that religion comforts and supports their everyday lives, with adding 29 percent who confirms that their attitude on religion is most true.

On the other hand, Koenig et al (1988) conducted a negative approach by asking respondents to comment on the statement, “I rely very little on religious
beliefs when dealing with stress and difficulties”. As expected, most of the respondents or 73 percent of them, disagreed on the statement.

In mental care, mental practitioners also use spirituality as a tool. Greasley, Chiu, and Gartland (2001) conducted a study that explores the issue of spiritual care on mental health nursing. They conducted a series of focus groups, with the aim to gain the views of service users, carers and mental health nursing professionals about spirituality and spiritual care provision in mental health nursing. The study found that spiritual care associates with the person's way of recognizing sense of meaning and purpose to life which he or she may, or may not, express through formal religious beliefs and practices. Also, the study found that religion associates with the quality of interpersonal care in terms of the expression of love and compassion towards patients. It showed that religion is a sensitive issue in performing mental health care, thus stressing the great role that religion’s play the patient’s well-being and recovery.

Similarly, Fawcett and Noble (2004) explored the potential tension between the nature of spiritual care and evidence-based professionalism. However, based on the literatures cited, they found there is no clear description or guidelines on what spiritual care is. It also found there are still many challenges that researchers should address such as exploring religion’s relation with nursing care.

Gartner (1996) found similar positive results. Through an extensive and intensive review of literatures, Gartner (1996) found positive associations
between religion-spirituality and well-being, marital satisfaction, and general psychological functioning. Similarly, Sethi and Seligman (1993) confirmed that people who hold fundamentalist religious beliefs are typically more optimistic, hopeful, and religiously involved than those who hold moderate religious beliefs. On the other hand, moderates are more optimistic, hopeful, and religiously involved than those who hold liberal. However, on the contrary, Gartner (1996) also confirmed negative associations with suicide, delinquency, criminal behavior, and drug and alcohol use. In addition, they found that religion associates with several psychopathological issues such as authoritarianism, rigidity, dogmatism, suggestibility, and dependence (Gartner, 1996). Religion can also develop discontentment or anger towards God, which can result in a negative mental state (Gartner, 1996).

Ohm (2003) conducted a systematic assessment of the Islamic faith, with emphasis on the African-American Muslim. Several of the Muslims interviewed confirmed how Islam influences them to live a positive way of life. For them, spiritual dictates cause health protection. They referred to “self-actualization” as a goal consistent with their faith. Muslims also put emphasis on cleanliness of the body, mind, spirit, and environment, which should help prevent disease and emotional or mental confusion, verifying the influence of religion on a positive mental state.

Religion produces or promotes a sense of faith and hope to an individual. Both are two positive human contexts that can be helpful in promoting a positive
mental health. For instance, Gangdev (1998) conducted a study to test the positive effect of religious belief in treating obsession disorders. The subject of the study was a 25-year old female with an obsessive-compulsive disorder. The researcher used a Christian style cognitive therapy as the treatment for her condition. After the treatment, the female subject counters her doubts with the conviction that Christ will help her on her every move. The study found that her approach works, at least as long as the researcher can check her progress. Gangdev (1998) concluded that religion or religious faith can have a healing effect and can be compatible with cognitive treatment, thus rapid progress in treating obsession can be possible.

As cited previously, religious beliefs can prevent the substance abuse and other negative practices that may harm both mental and physical health. Wallace Jr et al (2003) explored the relation between religiosity and abstinence. It also explored the extent to which race differences in religiosity may help to explain the consistent finding of race differences in adolescent substance use (Wallace Jr., et al, 2003). The samples used in the study were large nationally representative samples of 8th, 10th, and 12th graders from the “Monitoring the Future” project. The main objective was to examine the relations between religion, race, and abstinence from alcohol, tobacco, marijuana, and illicit drugs other than marijuana. The study found that African-American adolescents are more likely to abstain from substance use and to be religious. They also found religion as a strong predictor of abstinence on White Americans. Wallace Jr et al (2003) concluded that we can use religion as a shield against the thoughts of taking
illegal drugs or its abuse. Similarly, the National Survey on Drug Use and Health (2002) in the US reported in 2002 that youths aged 12 to 17 who base their decisions on their religious beliefs were less likely to use cigarettes, alcohol, or illicit drugs. They are above youths who reported that religious beliefs do not influence how they decide. The same positive results reflect on youth who attend religious services and those who give importance to their religion.

Apart from substance abuse, several studies also report the positive impact of religiosity on teens. For instance, there were reports about the high levels of religiosity link with avoidance of low levels of delinquency, such as theft or vandalism (Elifson et al, 1983; Donahue and Benson, 1995). Also, being religious or having a strong religious belief can also prevent teens from engaging from sexual activities (Donahue and Benson, 1995; Moore et al, 1995; Shekrat and Ellison, 1999). Researchers also found links between religiosity and preventing antisocial act of teenagers and promoting of positive moral value (Donahue and Benson, 1995; King and Furrow, 2001).

Van Olpen et al (2003) similarly examined the direct effects of different forms of religious involvement on health. Through random sampling, they surveyed 679 African-American women. Findings show that those who pray less often show greater number of depressive symptoms. On the contrary, those who give importance to prayer have more positive mental disposition, which help in decreasing difficulty of coping with chronic conditions such as asthma or arthritis.
However, as mentioned, religiosity or religious beliefs can also affect one’s mental health negatively. Apart from those mentioned above such as psychopathological issues, suicides, and criminal acts, a religious individual is also vulnerable to depression, anxiety and low self-esteem (Watters, 1992). Studies still fail to explore this area but such links are personally observable. For instance, there are those who preach in the street about their religious beliefs, but are noticeably depressed or anxious. They are not credible because the way they talk shows that there is something wrong with them psychologically, overtly obsessed with their belief.

**Discussion**

Based from the studies cited, this paper confirms the positive link between religious beliefs and mental health. In relating the findings of the studies with mental health definitions, religious belief or the activities and rules associated with it fits well with the former’s meaning. Experts see mental health as a condition in which an individual can interact and promote well-being normally. Religious practices favor those ways; making people with high religious beliefs and participation gain a healthy mental state. The studies also show that religion applies with, or promotes morality among member. Morality is a strong ingredient in promoting a positive mental health, with emphasis on the successful functioning in families, peer groups, and other environments (Kochanska, 1994; Ryan et al, 1995). Although morality is not fully explained or explored in this paper, morality is a common notion of avoiding things that are perceived sinful.
Religion or religious beliefs have always been associated with categorizing actions – if they are bad or good. The problem however is that most of the times, religions that are explored are those religions that are popular. The importance of studying minority religions can be attributed to the fact that some have unique beliefs and understanding contrary to the Christian way, which can be linked with negative effects on mental health. Because it is individualized, religion may have different effects depending on the scripture that that particular religion preaches. For instance, the tolerance of sex in Hinduism or on some of its factions might be explored and linked with behavioral problems such as anxiety or low self-esteem. Furthermore, the Jews or Muslims, which are currently discriminated, should be investigated in terms of the link between their oppressive state, religious loyalty and mental health. This is because while religion is something that preaches and teaches goodwill, it can also be considered or can be subjected to rivalry or conflict among its members. The exploration on its psychopathological implications should also be pursued, and research should vary on different approaches to make the relationship between religious beliefs and mental health valid. In addition, the claim of such relationship cannot still be fully verified because there are many mental health problems that are not yet being linked with religious beliefs. For instance, mental health problems such as phobia, eating disorder, autism, dementia, and many more, should be explored and linked specifically with religious beliefs. While there is already an idea and some proof on their positive relationship, the evidences are still not concrete enough to
close the issues. Further research should be conducted. Even researchers were
honest about the limited measures and hypotheses on the topic.
References:


