



THE EFFECT OF RELIGIOSITY AND DEVOTION ON MENTAL HEALTH

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Abstract: Religiosity and devotion perform a crucial part in many human's life and can have a number of consequences on their mental health. Religious and spiritual activities, such as prayer and attendance at religious services, have indeed been shown in studies to help people manage with stress and anxiety, resulting in improved mental health. Furthermore, religious and spiritual views can provide people a feeling of mission, meaning, and confidence, which can lead to greater psychological health. However, religious views and practices can be stressful for some people, especially if they cause emotions of regret or shame. Ultimately, the connection among religion and spirituality and mental health is multifaceted and differs widely depending on one's background and beliefs. More work is required to better comprehend the connection among religiosity and devotion and mental health, in addition to find appropriate treatments for people who struggle with this issue. Religion and spirituality have indeed been proven to perform a part in the therapy and control of a various of mental health issues, such as depression, bipolar disorder, and addictions, in addition to stress and anxiety. Some people with depression, for example, find some comfort and consolation in their religiosity or devotional beliefs, which can assist to reduce depression symptoms. Moreover, several research studies have shown that religiosity and devotional practices, such as mindfulness meditating and praying, can enhance brain function, resulting in increased mood and reduced symptoms of despair and anxiety. It is crucial to emphasize, however, that religiosity and devotion can have an adverse effect on mental health in some people. Religious views that emphasize guilt and shame, for example, it might leads to feelings of worthlessness and low self-esteem, which can contribute to the development of melancholy and anxiety. Likewise, religious and spiritual activities utilized for dominance or manipulation can be detrimental to mental health.

Keywords- religion, spirituality, mental health

I. INTRODUCTION

Religiosity and devotion play a prime role in the lives of many individuals, and might have a major impact on mental health. Devotion also referred as Spirituality can refer to a sense of connection to something greater than oneself, while religion typically involves the faith in a supreme power and the practice of religious rituals and traditions. Studies have shown that spirituality and religious involvement can have both beneficial and adverse effects on mental health. On the one side, spiritual and religious practises can give people a feeling of significance and purpose, as well as feelings of optimism, comfort, and inner calm. Religious ideas and practises, on the other side, can be a source of stress and unhappiness for certain people, especially when they contradict with personal values and beliefs. Religion and spirituality, despite its possible benefits and cons for mental health, are frequently overlooked in mental health therapy and study. The significance of religiosity and devotion in mental health is multifaceted, and more research is needed to establish effective and culturally relevant therapies.

Devotion and religiosity, in addition to their potential good and bad effects on mental health, can have an influence on other parts of a person's experience, such as connections, health practises, and coping techniques. Persons who are very spiritual or religious, for example, may turn to their faith as a source of assistance during difficult or stressful times, which can aid in stress management and resilience. Strict commitment to specific religious ideas and practises, on the other hand, can lead to emotions of guilt and shame, which can be affect mental health either in positive or adverse outcome. Furthermore, cultural and demographic factors have a vital role. Distinct cultures and religious groups may have various perspectives on mental health and may approach therapy in different ways. To summarise, the role of religiosity and devotion in mental health is complicated and multidimensional, necessitating a nuanced and culturally sensitive approach to research and therapy. More research is needed to understand the possible advantages and disadvantages of spirituality and religion for mental health, as well as to create effective treatments that take individual and cultural differences into consideration. It is crucial to recognise that spirituality and religion do not apply to everyone and may signify various things to different people. Spirituality may relate to a connection to nature for some people, while it may refer to a specific religious belief for others. The relationship among spirituality and mental health can also vary widely based on a person's unique experiences, beliefs, and cultural background. Moreover, Devotion and religiosity may interact in complex and unanticipated ways with other elements such as personality, support networks, and mental health issues. Individuals with high levels of neuroticism, for example, may be more prone to the negative consequences of religious stress, whereas people with great levels of assertiveness are likely to benefit from religious involvement. In the field of mental health,

physicians and researchers must take an integrated strategy that considers everyone's unique needs and viewpoints, as well as design therapies. This could mean adding spiritual and religious rituals into treatment or looking into alternate approaches to care that are more in line with a person's religion and cultural beliefs. Overall, the function of religiosity and devotion in mental wellbeing is a complicated and dynamic topic that requires further research to better understand the possible advantages and drawbacks of these activities, as well as to develop effective and culturally relevant therapeutic approaches. It is critical to underline that the connection between religion and spirituality and mental wellbeing is not one-size-fits-all, and that it can shift over time and across different life stages. Religious or spiritual beliefs and practices, for example, may alter in reaction to life circumstances such as illness, grief, or trauma. Likewise, a person's mental health can have an impact on their religious or spiritual views and practices, resulting in changes in faith or beliefs over time. While spirituality and religion can have a substantial influence on mental health, they are not the only variables that contribute to total well-being. Other elements that promote mental health and resilience include social support, exercise, a nutritious diet, and excellent sleep hygiene. To summarize, the function of spirituality and religion in mental wellbeing is complex and multifaceted, necessitating a nuanced and personalized approach in research and therapy. More work is needed to better recognize the possible benefits and drawbacks of religious and spiritual activities for mental health, as well as to design culturally sensitive and effective therapies that enhance well-being and perseverance in all people.

2. LITERATURE REVIEW

Religiosity did not constitute the core concern of the majority of work involving religion and health. As a result, evaluating religiosity traditionally meant only one inquiry, usually merely religious denomination. Nevertheless, religious affiliation offers little knowledge on what religion is and how essential it is in somebody else's life. As a result, studies based solely on the patient's religious affiliation have shown many conflicting and counterintuitive, with few exclusions (Koenig, 2009). Given the prevalence of religiousness and its links to mental wellbeing, it should be taken into account in diagnostics and therapy. A practitioner who legitimately desires to consider a person's life science elements must examine, comprehend, and understand a person's devotional faith, as with any other psychosocial dimension. Improving our understanding of the devotional aspects of human beings would strengthen our ability to carry out our responsibilities as mental health professionals and/or researchers in alleviating suffering and assisting people in living more fulfilled lives. Religious techniques of treatment have frequently been applied to treat the chronically sick. Originally, the monk served as the most significant advisor because he had religious power. Trust and cultural beliefs are critical components of psychological health and could be useful in psychotherapy. Their application must be carefully considered. As a result, therapists should conduct more research on devotion and mental health, as it has the capability to improve the efficiency and acceptance of psychiatry among the general public. Finally, religion has a significant impact on psychotherapy in terms of symptoms, phenomenological, and result (Behere, et al., 2013). The greatest and also most reliable outcomes were discovered when evaluating multiple aspects of religious involvement (as nonreligious to extremely religious). Church membership, or how frequently person goes religious events, is among the most commonly utilized inquiries to assess religious participation. Quasi religiosity (time being spent in individual religious practices such as worship, mindfulness, and religious reading books) and subjective religion (the significance of religion inside someone's life) are also concerns. Nevertheless, when assessing the association among personal religious practices and health in cross-sectional research, caution should be exercised. When people are sick or even in tense events, individuals may meditate more. Connecting to religion while ill could lead in a false strong relation between religiosity and health.

2.1 As a soothing behavior

Religiosity resilience is found to be prevalent in so many areas of the world, according to systematic research. According to study published in The New England Journal of Medicine, 90% of Americans coped with the stress of September 11th (2001) by "turning to religion" (Schuster et al., 2001). Previous until the year 2000, and over 60 studies have revealed high levels of religious coping in individuals with such a variety of illnesses spanning from arthritis to diabetes to cancer. According to one comprehensive poll of hospitalized medical users, 90% said they utilized spirituality to manage, at most to a modest amount, and more than 40% said religion constituted the most significant aspect which retained them (Koenig, 1998). Spirituality is also commonly used by people with mental health problems. More than 80% of patients suffering from ongoing mental condition at a Los Angeles State mental wellbeing hospital employed spirituality to manage, according to a poll. In contrast, religious practices including such meditation accounted for approximately half of all patients' overall dealing time. Spirituality, the study discovered, is a "prevalent and possibly helpful strategy of coping for individuals suffering from mental illness, sufficient to warrant its implementation into psychology and psychiatric practice (Tepper et al., 2001)."

Religious beliefs provide us with a meaningful life all through tough life events, which aids in understanding the effects; they generally propagate a positive, hopeful, and optimistic worldview; they offer mentors in scriptural texts that enable acknowledgement of hardship; and they offer individuals with a feeling of oblique significance.

2.2 Self-harm/Suicide

Suicide and religion, as per Lawrence, Oquendo, and Stanley (2016), also are multidimensional aspects. Becoming a participant of a dominant religious society was shown to be more defensive towards suicide than being a member of a minority religious society, however visiting religious events was not as essential as possessing social benefits. Thus according Norko et al. (2017), all main religious societies (including Islam, Hinduism, Sikhism, Buddhism, and Christianity) have moral objections to suicide, as well as a research by Lawrence et al. (2016) discovered that a specimen of medically depressed sick people in a healthcare setting had a higher percentage of suicidal behavior if those who recognized a religious association, the further they started attending religious assistance, and the larger they participated in religious activities. Some other research that analysed over 5000 individuals from numerous large topics discovered three factors to be accountable for the protective role of suicide: as someone of Western culture, having older, and residing in a religiously homogeneous location (Wu, Wang, and Jia, 2015). Devotion can be evaluated differently than institutionalized religion. While religious ideology may include specific dogma, spirituality focuses on one's connection with "self, others, and 'God,'" of whichever shape it may take. Mandhoui et al. (2016) conducted a study of people in the institution for suicidal

ideation. Persons with lesser religiosity were much more inclined to commit suicide after 18 months, while the "worth of life" reduced the likelihood of re-commits. Divinity, according to Amato et al. (2016), can be included into suicide control programmers' such as casework, counselling, and suicide evaluation to identify the effect for that person. "A few persons at rising chance of suicide may find friendship in a validating public of trust; some might be assisted by ritual practices that bestow forgiveness or a condition of glory; yet everyone else may gain knowledge, via awareness relaxation, to revoke their tendency to evaluate oneself rudely," he summarizes the effect of spiritual practice.

2.3 Depression

A recently published comprehensive evaluation and meta-analysis pooled the findings of 147 studies conducted comprising 98,975 people on the relationship among devoutness and depression indicators. The scientists discovered that religiosity is slightly but significantly linked with a decreased degree of mood disorders. However small, the magnitude of this link is comparable to that between us race and depressed indicators. The relationship among religiosity and depression didn't differ by age, gender, or ethnic origin. However, the research was using a variety of religious metrics and participants with varying degrees of stress. As a result, analyzing all of these research collectively might just have reduced the intensity of the connection which may occur in more particular contexts. The report found that the connection among religiosity and depressed signs is stronger in those suffering serious stressful events than in people experiencing modest life stress, validating this theory. The link was notably higher in populations with chronic depression rather than minor depression. These results are consistent with those mentioned above for the well, with religiosity seeming to have a higher protective impact for persons experiencing stressors (Smith et Al., 2004). The same meta-analysis noted above found that the relationship among religiosity and depressed symptoms varied based on the form of religiosity assessed. In contrast, inherent religious inclination was linked to lower levels of depression. The one and only ongoing investigation on the effect of religiosity on the progress of depressive illnesses was undertaken by Koenig et al. They discovered that among 87 depressed older persons hospitalized for medical sickness, intrinsic religious motive was related with quicker recovery from depression over a 47-week median follow-up period. After accounting for cognitive level, psychological benefits, and familial psychiatric diagnosis, there was a 70% rise in the rate of recovery for each and every 10-point rise in internal spirituality levels (result range 10-50).

2.4 Anxiety

Although religious doctrines do have ability to aggravate regret and terror, lowering one's life satisfaction or interfering with working, the anxiety engendered by religious ideas could avoid destructive behaviors and promote pro-social behaviors. Religious thoughts and practices can also help individuals who are afraid or nervous to feel more in control, promote thoughts of stability, and improve self (or faith in Heavenly creatures). Several recent research have looked at the link among religious engagement and anxiety. There were 69 experimental studies. Amongst experimental studies, 35 discovered considerably reduced anxiety or dread in the more devout, 24 discovered no relationship, and 10 revealed increased anxiety. Nevertheless, all ten of the subsequent investigations were cross-sectional, because worry and (or) fear are powerful motivators. Individuals' prayer better when they are terrified, anxious, or feel out of their element (Koenig et al., 2001). Religious involvement may indeed combine with some psychotherapy techniques to improve reaction to treatments. Researchers at the University of Saskatchewan investigated coping and motivated characteristics associated to treatment response in individuals with panic disorder who were enrolled in a clinical study. Participants were given with group behavioral therapy and afterwards updated with at 6 and 12 months just after initial examination. At the 12-month follow-up, identity significance of religion was an important predictors of anxiety symptom control and lower experienced stress. While positive types of religious response may lessen anxiety in high-stress situations, negative kinds of religious dispute may worsen it (Bowen et al., 2006).

2.5 Intoxication/Drug use

Religious ideas and practices offer behavioral instructions that limit self-destructive impulses and unhealthy forms of healing. This is especially clear in studies that look at the links among religious activity and drug misuse. Most major religious faiths oppose the use and misuse of drugs that harm the bodily or mind as a kind of communal control. Koenig et al discovered that had researched the religious ideology abuse relationship before to 2000, 90% of which reported much reduced drug use and misuse among the most religious. The majority of these research were performed on secondary school or university students who were just beginning to develop habits of beverage and drug use. Dunn, M. S. (2005) conducted research to offer a comprehensive portrait of teenage alcohol, cigarette, marijuana, and cocaine use practices and to investigate the association between jobs, political views, religious belief systems, and drug use behaviors among high school graduates. Males and females who thought faith had been very essential have been less prone to have started drinking, being a regular user, and to drink alcohol. All alcohol consumption characteristics were shown to be significantly associated with those who employed moderately at a post-school employment. Political views were found to be connected with alcohol usage beginning and ongoing use in contrast to alcohol consumption. Political views, religion, and job were all found to be strongly related to cigarette and cocaine use. Teenagers with authoritarian families have been less inclined to drink excessively than those with the other three parenting types, and they were less prone to have good friends who drank. Furthermore, after adjusting for other important variables, spirituality was found to be inversely linked with excessive drinking. Parent involvement appears to have both immediate and indirectly links with the incidence of adolescent binge drinking. Authoritarian parenting, with above-average supervision and care, may effectively discourage teenagers from extensive liquor use, even if the teenagers have drinking buddies. Furthermore, the data imply that the individual's selection of friends may be an interrupting element that contributes to the negative relationship between parental control and teenage boozing (Bahr and Hoffmann, 2010)

3. CONCLUSION

Religiosity, in conclusion, can have both beneficial and harmful effects on mental health. It can give many people a feeling of community, purpose, and optimism, leading to improved well-being and coping skills. Others, on the other hand, can suffer from anxiety, depression, and other mental health issues as a result of stringent religious beliefs or traumatic events within a religious framework. Finally, the impact of religion on mental health is multifaceted and relies on a variety of circumstances, including personal beliefs and experiences, as well as community and leadership support. It is also crucial to highlight that while religion can provide comfort and support, it is not a substitute for competent mental health care. Seeking care from a mental health expert in addition to religious activities can lead to more successful therapy and increased well-being for persons suffering from mental health concerns. Religious leaders and communities must also be supportive and understanding of those seeking mental health care. Overall, religion's impact on mental health is multifaceted and should be treated holistically and individually. To summarize, the impact of religion on mental health is complex and varies widely amongst individuals. Religion can bring comfort, hope, and a sense of community for certain people, which can improve their mental health. Others, on the other hand, may experience negative mental health consequences as a result of stringent religious beliefs, traumatic events within a religious setting, or a lack of support from community and leaders.

Individuals must therefore reflect on their own personal ideas and experiences and seek help from mental health specialists when necessary. It is also important to emphasize the role of religious leaders and communities in supporting excellent mental health outcomes and understanding of mental health challenges.

4. REFERENCES

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