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REVIEW ARTICLE

IMPACT OF SPIRITUALITY ON MENTAL HEALTH

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ABSTRACT

A growing body of scientific research suggests connection between spirituality and mental health. So researchers across a range of disciplines have started to explore and acknowledge the positive contribution of spirituality can make mental health. Spirituality is more individualistic and recent studies indicate that spiritual practices benefits the patients very positively. The role of spirituality in promoting mental health and alleviating mental illness is highlighted. This paper reviews the evidences and explores the impact that some expressions of spirituality can have as part of integrative approach to understanding mental health and wellbeing.

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INTRODUCTION

For over a century, the benefits of spiritual activity for physical health have been recognized and documented. In the past decade theologians have started to write at length about association between spirituality and mental health. This interest in relationship between spirituality and mental health is being explored in a number of ways. Researchers in a range of discipline, including psychology, psychiatry, theology, nursing and gerontology are exploring the connections between various elements of these two areas of human existence. (Shaw *et al.*, 2005) In some researches it is argued that spirituality is an intra, inter and trans personal experience that is shaped and directed by the experiences of individuals and of the communities in which they live out their lives. (Weaver *et al.*, 2003) Thus spiritual interaction with person's mental health is likely to be complex, interactive and dynamic.

Inevitably, though this report is limited by the nature of the research so far on spirituality and mental health so it reflects to some extent the content and tone of a research base which is largely quantitative and almost entirely based on the assumption that what is work is a mediating factor between spirituality and mental health rather than a direct spiritual phenomenon.

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What is Spirituality?

Spirituality is a word used in an abundance of context that means different things for different peoples at different cultures. Some of the more common themes in the literature describes it using –

- A sense of purpose
- A sense of connectedness- to self, others, nature, God
- A search for hope or harmony

Those activities that give meaning and value to people's live.

Underlying many of those themes is an assumption that an intrinsic (often sub conscious) human activity is one of trying to make sense of the world around us and of our meaning and place within it (Hodges *et al.*, 2009). Spirituality produces in man qualities such as love, honesty, patience, tolerance, compassion, a sense of detachment, faith, and hope. Of late, there are some reports which suggest that some areas of the brain, mainly the nondominant one, are involved in the appreciation and fulfillment of spiritual values and experiences. (Abraham, 2004; Timble, 2008; Saver and Rabin, 1997)

Mental Health

A presence of a well adjusted personality that is effectively coping with daily activities and absence of mental illness are two dimensions of a mental health. Ability to take responsibility for one's own actions, flexibility, high frustration tolerance, acceptance of uncertainty, involvement in activities

of social interest, courage to take risks, serenity to accept the things which we cannot change, courage to change the things which we can change, the wisdom to know the difference between the above, acceptance of handicaps, tempered self-control, harmonious relationships to self, others, including Nature and God, are the essential features of mental health. Spirituality is an important aspect of mental health. St. Augustine prayed "O God, thou created us in thy image and our hearts will be restless until they find their rest in Thee." Though Sigmund Freud looked upon religion as an illusion and neurosis, Carl Jung considered the psyche as a carrier of truth, powerfully rooted in the unconscious mind. Lack of spirituality can interfere with interpersonal relationships, which can contribute to the genesis of psychiatric disturbance. So many times psychiatric symptoms can have a religious content. For example, the loss of interest in religious activities is a common symptom of depression. Too much and distorted religious practices are common in schizophrenia. It is well recognized that some religious states and experiences are misdiagnosed as symptoms of psychiatric illness. Visions and possession states are examples. The spiritual background of the patient will help in the diagnosis of psychiatric disturbance. They are important in the treatment of psychiatric disturbance because spiritual matters can be profitably incorporated in psychotherapy. Spirituality is important in the prognosis of psychiatric conditions. In the spiritual perspective, a differentiation must be made between cure and healing. Cure is the removal of symptoms. Healing is the healing of the mind thoughts of the whole person. (Turbott, 1996; Lukoff *et al.*, 1992).

Spirituality and Mental Health

Mental Health and Spirituality have one common major goal, i.e. to alleviate emotional suffering, to liberate and blossom the self. A major goal of mankind has been to seek liberation from physical and mental suffering. Every civilization, culture came out with their unique solutions to deal with suffering. Almost all ancient civilizations in world wide had a strong belief in God, soul, and spirituality and well laid-down means and methods through which spiritual enlightenment could be attained.

In the post renaissance period of Europe there was a rebellion by science against the church, which claimed to be a supreme power due to the assumed sanction of God and had been indulging in oppression and exploitation of common man. The Cartesian dictum (Curlin *et al.*, 2007) asserted the notion of individuality and consequent rationality, which has been the center of all activities of science and modern world. The field of science was successful in overthrowing the church and due to this, spirituality was condemned as unscientific, and irrational, and its practice was discouraged. Nineteenth century, the emergence of imperious disciplines of mental health, psychiatry and psychology, which strived to cater to the disorders of mind, and associated suffering. However, these disciplines were developed within the prevalent paradigm of science and in order to be accepted into the mainstream, they complied with the confines of paradigm and chose to ignore insights from spirituality. Both spirituality and contemporary mental health field became rivals as their goal was somewhere common but paths and theoretical frameworks totally divergent

and this led to a lack of understanding and empathy of the other field resulting in conflicts, and mutual denigration. (Sharma, 2004; Sharma, 2006)

Sigmund Freud (Freud, 1927), believed that religion derived from "man's need to make his helplessness tolerable, and built up from material of memories of his own childhood and the childhood of the human race. Man's helplessness remains and along with it, his longing for his father, and the gods". In a similar vein, leading spiritualist of the twentieth century of India, Sri Aurobindo (Dalal, 2001) warned that "the exaggeration of the importance of suppressed sexual complexes (by psychoanalysis) is a dangerous falsehood and it can have a nasty influence and tend to make the mind more fundamentally impure than before. The self-chosen field of these psychologists is besides poor, dark and limited. That is the promise of the greater psychology awaiting its hour before these poor gropings will disappear and come to nothing."

Over the first half of twentieth century, psychology as an overt antagonism prevailed among psychiatrists, psychologists, in addressing spirituality. However, the emergence of humanism as a movement in psychology shifted the perspective from an exclusive focus on pathology toward higher values, positive mental health, and self-realization. (Rogers, 1961) This provided a conducive environment for emergence of what is now regarded as the fourth force in psychology, that is transpersonal psychology. Transpersonal psychology emerged in late 1960s and it broadened the vision of positive mental health to include spiritual aspects, man's need for transcendence and for union with the greater whole. (Rowan, 1993) In recent times, both spiritualists and mental health professionals have been open to recognition of each other's role in allaying human suffering and evolution of consciousness. Unlike their predecessors, modern psychologists and psychotherapists have stopped pathologizing spiritual experiences and approach them with increasing sensitivity and empathy. (Kakar, 1991; Roland, 1988; Roland, 1996; Sarin, 2002) This movement is also evident in diagnostic systems. Whereas, DSM-III-R (3rd ed, Revised, 1987) was antagonized to religion viewing it as malicious to mental health, (Post, 1992) DSM-IV-TR (4th ed, 2000) has given a diagnostic category to include religious and spiritual problems that can be a focus of clinical attention.

Spirituality and Well Being

Since ancient times it is relentlessly believed that spiritual engagements further a sense of well-being. Researches in the contemporary psychology though in their nascent state have reached a similar conclusion. It has been found that life satisfaction correlates positively with mystical experiences (Kass *et al.*, 1991) and people who have had spiritual experiences report tremendous positive feelings as compared to others. (Kennedy *et al.*, 1994; Kennedy and Kanthamani, 1995) Although religious and nonreligious people tend to experience equal amounts of stress, it has been observed that religion may help people deal better with negative life events and their attendant stress due to spirituality. (Schafer and King, 1990) Individuals with imperious religious faith report higher levels of satisfaction, greater personal happiness, and fewer negative

consequences of traumatic life events. (Ellison *et al.*, 1991) People engaging in spiritual pursuits report being generally happy, cheerful, at peace most of the time, rarely depressed, have excellent physical health. (Krishna, 1999)

In recent years several neurocognitive researches have been attempted to comprehend the impact of spiritual activities on human brain. It has been found that prefrontal lobes of monks are lit even when they are not meditating and this area is responsible for positive emotions, (Davidson *et al.*, 2003) It suggests that meditation leads to a metamorphosis of brain structure to emit positive emotions. The EEG records indicate that meditation can even tame amygdala enabling the individual to be less shocked, flustered, or angry. Transcendental meditation promotes increasing degrees of orderliness, integration, and coherence in the brain leading to a unique style of brain functioning. While a relative excitement is continuously present in the brains of non-enlightened subjects, the enlightened people maintain a low level of excitation, which has a pervasive calming effect on the mind. (Travis, 2001). Some researches are carried out to find out the effect of prayers. It has been found that even when the subjects and researchers were unaware that someone was praying for them, the physical and mental health of experimental group subjects improved significantly than the control group. (Byrd, 1988)

Role of Spirituality and Mental Illness

In the present era, researchers coming from a range of disciplines including psychology, psychiatry, medicine, neuroscience, theology, gerontology, and nursing have found evidence using modern scientific methods that spirituality helps in allaying various mental and physical illnesses. (Barker and Buchanan-Barker, 2005) In modern societies increase in single parenting, destroy of cohesive family structure, spiritual and religious organizations provide much-needed social support which protects people from social isolation, thereby equipping them to cope with stress and negative life events. (Cohen and Wills 1985; Hill and Pargament, 2003; Loewenthal 1995)

Physical maladies

Yogic treatments can effectively cure and prevent a gamut of diseases ranging from hypertension, (Datey *et al.*, 1969) asthma, (Bhole *et al.*, 1970) heart disease, (Ornish, 1990) cancer, multiple sclerosis, etc. thereby giving the individual relief from consequent mental and emotional suffering.

Depression

Spirituality helps depressive patients figure out a meaning or a purpose in their life, which they had lost due to their illness. (Swinton, 2001) The resurrection of meaning and purpose brings back the hope and vigor to face the difficulties of life. A research study found that for every 10-point increase in a person's intrinsic religiosity, there was a 70% increase in recovery from depressive symptoms post physical illness. (Koenig *et al.*, 1998)

Anxiety

Relationship between anxiety and spirituality has been explored amongst individuals who have chronic illnesses. Reduced levels of anxiety associated with spiritual activity have been found in various populations such as women with cervical cancer, (Boscaglia *et al.*, 2005) individuals recovering from spinal injury, (Hodges *et al.*, 2002) and middle-aged people suffering from cardiac problems. (Ai *et al.*, 2004) There is also evidence that engaging in spiritual practices leads to a reduction in anxiety in patients with anxiety disorders. One study found that women suffering from anxiety disorders who participated in Iyengar Hatha Yoga training had imperious and significant improvements in perceived stress, state and trait anxiety, fatigue, and depression. (Michalsen *et al.*, 2005)

Stress and posttraumatic stress disorder

Religious coping is a ubiquitous mediator that accounts for the relationship between spirituality and mental health in times of stress. Commonly seen styles of religious coping among individuals include collaborative, deferring, and self-directing styles out of which collaborative approach has been found to be most beneficial for mental health. (Pargament *et al.*, 2000; Pargament *et al.*, 2001; Pargament *et al.*, 2004) In collaborative style, the individual considers himself and God as partners in problem-solving and responsibility for the solution is perceived by the individual to be a shared process. (Fabricatore *et al.*, 2004)

It has been found that spiritual orientation aids people in dealing with aftermath of trauma; typically, positive religious coping, religious openness, readiness to face existential questions, religious participation, and intrinsic religiousness are correlated with improved posttraumatic recovery. (Shaw *et al.*, 2005) Meditation focusing on a mantra (word with spiritual significance) has proven to be effective in significantly reducing symptoms of stress, anxiety, and anger and in improving quality of life and spiritual well-being in war survivors. (Bormann *et al.*, 2005)

Schizophrenia

Spiritual orientation helps people with chronic schizophrenia in processes of reconstructing a sense of self and recovery. (Mohr and Huguélet, 2004) It has been found that schizophrenic patients find hope, meaning, and comfort in spiritual beliefs and practices. (Kirpatrick *et al.*, 2001; Weisman, 2000) Some transpersonal therapists tend to view psychosis as an attempt by the psyche to renew itself and enter new realms of consciousness by first attempting to breakdown the existing psychic structures and then activating archetypal and spiritual energies of the self. In this process there are consequent themes: to the person experiences psychic death, regresses to his beginnings, feels chosen for a special mission to save mankind and to bring about a special revolution, finally it becomes apparent that this entire process has occurred inside the person rather than in outer reality as the individual returns to ordinary consciousness.

Behavior problems in childhood and adolescence

It has been observed that engaging children and adolescents in Pranic Healing Meditation activity leads to a marked reduction in their behavior problems including aggression, nail biting, lying, absenteeism from school, tics, bullying, and enhances their scholastic performance. (Vrunda *et al.*, 2002)

Conclusion

A majority of mental health professionals continue to understand 'religion' and 'spirituality' as synonymous. As a result some of them regard spirituality as unscientific, archaic, neurotic, and oppressive and having little value for mental health. Many of them site harmful effects of religion to rebuke spiritual endeavors and treat them as psychiatric conditions. This has two negative impact. One, it discourages the use of a spiritual framework in psychotherapy and healing and the other is patients with spiritual issues feel dissatisfied and agitated due to an unempathic attitude on part of these mental health professionals. Yoga and meditation would best be seen as exercises of body and mind enabling stress management, changing brain chemical and neurotransmitter structures to live longer and happier, and as an effective alternative medicine.

A majority of mainstream psychology training programs rarely have training in transpersonal issues and practices as part of their curriculum. Hence, training and sensitization toward spirituality should be included in academic programs of mental health. We should develop more insight into the role of spirituality in enhancing mental health. A movement away from the prevalent paradigm is needed to appreciate the full gamut and potential of spiritual transformations.

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