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Religion, spirituality, and coping among the psychiatric population: a narrative review

Abstract

Background and aims: The impact of religiosity and spirituality on mental health is still far to be adequately explored. Evidence-based data gathering papers that bring together various perspectives and facets of religion in the mentally ill population is needed. Therefore, we conducted this review to summarise evidence on the subject and raise awareness. **Methods:** We searched the literature using generic terms for 'mental health and psychiatry', 'beliefs', 'religion', 'religious involvement', 'religiosity', 'spiritual aspects', and 'spirituality', finally summarising all appropriate references. However, for this narrative revision, we collected papers addressing various perspectives, data, and facets of religion in the mentally ill population, a subject with theoretical and practical implications in mental health. **Results:** The initial literature search found 21,723 total results: 1,723 from PubMed/Medline and Scopus, and up to 20,000 from Google Scholar, Science Direct, and Web of Science. After removing repetitions and applying inclusion and exclusion criteria, only six studies were included in this review on religion as an adaptive resource, and nine studies on religion, spirituality, and mental health. **Conclusions:** Evidence-based studies on the topic are still challenging to develop while maintaining a high scientific value. Notwithstanding this, religion and spirituality can have positive/negative clinical implications depending on how they are managed. Indeed, it can reduce suicidal risk, relieve depressive and anxious symptoms, and improve patients' and caregivers' coping and resilience. Nevertheless, it can enhance guilt, worsen/generate obsessions, and compulsions in the obsessive-compulsive disorder and determine or associate with mystical-religious delusions in the maniacal phase of bipolar disorder.

Keywords: Beliefs, Mental health, Prayer.

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INTRODUCTION

Researchers, theorists, and philosophers have discussed religion and spirituality with mental health for centuries, and the debate continues.[1] The existing research had explored the association of religion with several mental illnesses, quality of life, coping strategies, stress resilience, and various other psychological constructs.[2,3] In many people, whether or not affected by major psychiatric disorders, a strong association between coping skills and religious beliefs exist.[4]

For millions of people, the meaning of life is essentially explained and experienced through religion and spirituality.[5] Evidence suggests that religion has a significant positive impact on mental health, interwoven with the socio-cultural support system.[6] Even with positive or

negative implications, depending on how they are managed, the impact of religiosity and spirituality on mental health is not adequately explored.[7]

Accordingly, this paper aims to review and collect the current existent evidence-based information and data available in the literature concerning this topic to summarise them, raise clinicians' and researchers' awareness, and inform patients about the subject. A particular emphasis is put on India as one of the largest multi-religious populations in the world.

METHODS

We searched PubMed/Medline, Scopus, Google Scholar, Science Direct, and Web of Science from inception to December 2020 according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Statement.[8] We used generic terms for 'mental health and psychiatry', 'beliefs', 'religion', 'religious involvement', 'religiosity', 'spiritual aspects', and 'spirituality', for English-language articles only, without considering publication time. Two reviewers, who are psychiatrists (SS and SD), searched autonomously and extracted data. A third author (AKG) was reached in case of disagreement to reach a consensus. Additional Google searches were made to identify possible grey literature. The reference lists of included studies were screened to find additional data. Only eligible publications that met the inclusion criteria have been included and cited in this review. The included studies were original based on mental health, religiosity, and spirituality. The exclusion criteria for the review are shown in Figure 1.

RESULTS

The initial literature search found 21,723 total results: 1,723 from PubMed/Medline and Scopus, and up to 20,000 from Google Scholar, Science Direct, and Web of Science. After removing repetitions and applying inclusion and exclusion criteria, only six studies were included in this review on religion as an adaptive resource, and nine studies on religion, spirituality, and mental health (Figure 1).

Many studies focusing on spirituality and religion in mental health have been identified. However, due to the lack of consistent data and sufficient evidence on the topic in the literature, it was not possible to conduct a comprehensive systematic review or any qualitative or quantitative secondary analysis on it. Therefore, this narrative review compiled and discussed all currently available data sources. The findings were systematised and divided into three paragraphs based on content, according to the following organisation: religion and

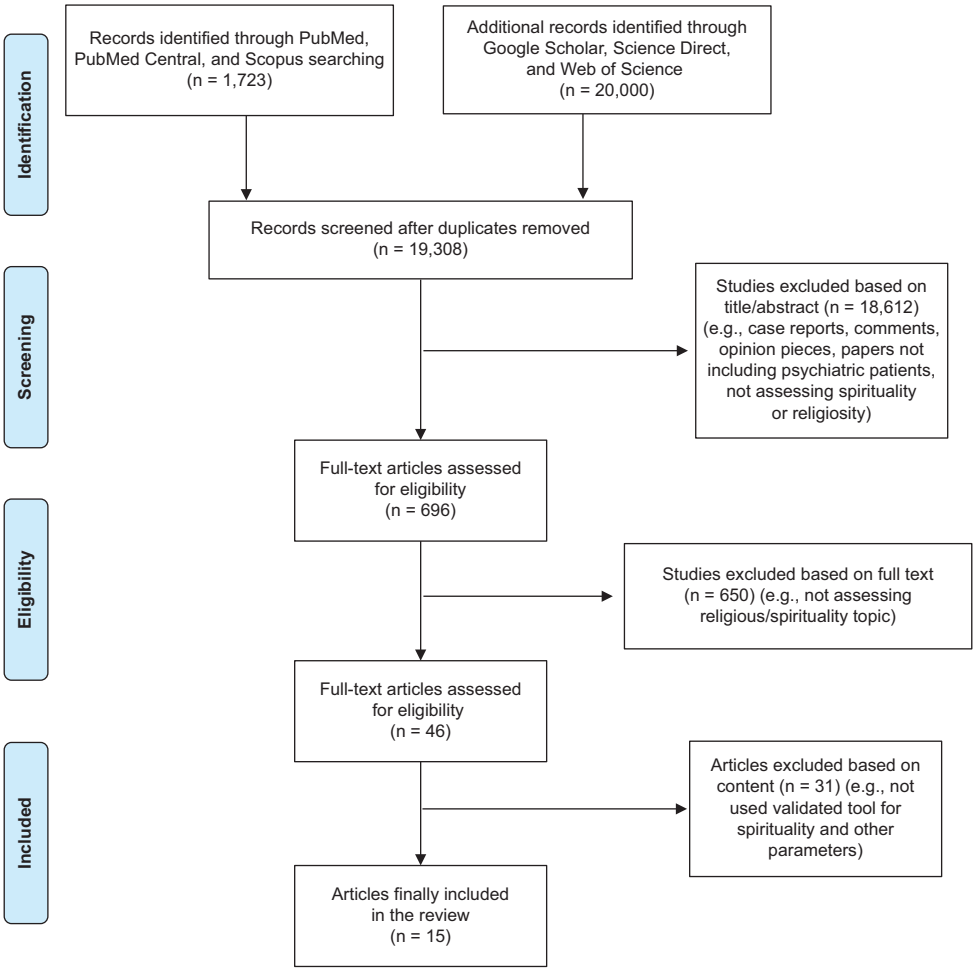

Figure 1: PRISMA flow-chart. PRISMA: Preferred Reporting Items for Systematic Reviews and Meta-Analyses

mental health; religion, misery, and prosperity; and religion as a resource for adaptation. Main results are reported in tables and discussed in the main text.

Religion and mental health

The otherworldly and rigorous impacts have been noted concerning stressors that require long-term acclimation to changed conditions, for example, need, incapacity, or ongoing illness. Consequently, in many upsetting circumstances, individuals can primarily recognise what is affecting them through religion.[9] Studies have reported that adaptability and resilience are linked to positive emotional well-being outcomes, such as improved mental efficiency, and decreased tension and trouble.[10] The idea of extraneous intrinsic rigour has been theorised with the chance for an ordinary person to connect deeply with religion. Intrinsic rigour has been linked to more restraint, lower levels of tension, and better overall change. Extraneous rigour, then again, has been connected to expanded degrees of characteristic tension and external locus of control.[11,12]

Even though all studies brought a positive connection between psychiatry, religion, and otherworldly, certain therapists have underestimated the salience of this connection to emotional well-being.[13] Some clinicians might have overlooked or pathologised religious beliefs, viewing them as related to wonder, guilt, melancholy, or reliance on supernatural powers that are troublesome.[14] Indeed, the therapist's past aversion to religion could be due to the deficient disposition or absence of time and information in that unique piece of human history.[15]

With the development of psychiatry and neurosciences, religion should no longer be seen only in psychoanalytical perspectives.[16,17] Spirituality is essential for people with mental illnesses for their adaptation, and an Irish study found that individuals with dysphoria found comfort in their beliefs, especially when they felt helpless.[18,19] Strictness and otherworldliness function as coping mechanisms in distressful states, such as suffering from a mental or physical ailment.[20-22] Religion and otherworldliness have a beneficial effect in various psychological maladjustments such as depression,[22,23] suicidality,[24,25] substance dependence,[26,27] anxiety disorders,[28] posttraumatic stress disorder,[29-31] and schizophrenia spectrum disorders.[32] It is found that spirituality buffered the adverse consequences of stress on adjustment by the use of various coping strategies.[33] Thus, there is global interest in religion, spirituality, and rigour in the treatment of psychiatric patients.[34-36]

Although religion and otherworldliness significantly affect individuals' ideas and conduct, specialists at times hesitate to involve these beliefs in a deeper discussion of their psychological conflicts. One possible explanation for this circumvent might be the impact of Sigmund Freud's view on religion as a "general obsessional mental issue" and a shelter for the powerless in the context of overpowering tension.[37] Further, in the 20th century, religion was considered cautiously in mental healthcare as it was believed to signify an inactive retreat from problems, and a through and through disavowal of agony and enduring. The most frequently cited barriers were professional impartiality (54.5%) and lack of time (34.3%), followed by evaluation of spirituality not being a requirement (22.2%). Therefore, for decades, psychotherapists have thought little about the unique nature of religion in their clinical practice.[38,39]

In religion, as in psychiatry, the goal is to advance the prosperity and change the individual for better quality of life. The World Health Organization has merged otherworldly prosperity into its meaning of well-being.

Religion, misery, and prosperity

Rigorous beliefs and practices are related to better well-being, lower levels of substance abuse, self-destruction, pain, and marital fulfilment. Further, relationships with God, petition, and social help have been found to have a positive impact on mental health.[40,41] People who grow up with elevated levels of strict duty have been found to be happier with their lives and report more significant bliss and adjustment.[42]

Two close examinations have been made to test the direct impact of relentless adaptation pressure on Catholic and Protestant students' misery and qualitative distress.[43] In the primary investigation, the sample involved 83 college students assessed on intrinsic and outward strictness, sadness, and tension. At a low degree of controllable life stress, strict adaptation, and innate rigour were found to have a pressure-buffering impact. In the follow-up examination, 83 Catholic and Protestant understudies finished measures similar to those in the primary investigation. For the two Catholics and Protestants, strict adaptation was emphatically related to intrinsic severity and internal locus of control.

Ellison[40] examined the impacts of four particular parts of strictness on abstract prosperity: strict category, social reconciliation, divine relations, and existential assurance. Results showed that the rigour factors accounted for between five to seven per cent of the difference in life fulfilment. Existential conviction or feeling of strict rationality arose as the most remarkable indicator. Individuals with rigorous belief revealed higher life fulfilment levels, more prominent individual bliss, and less pessimistic outcomes.[40] Williams *et al*.[42] inspired the impact of strict participation and connectedness on mental misery. The investigation was longitudinal, completed on a network test of 720 grown-ups. Results showed that religion did not directly improve the prosperity of its disciples; however, it assumed a pressure-buffering job: people with low degrees of strict participation experience more prominent mental trouble notwithstanding pressure.[42]

Religion as adapting assets

Strict spiritual convictions and rigid religious practices represent the most commonly used practices to cope during emergencies, and this is often the case, especially after life conditions have changed due to pressure and continued acclimation.[44] Pargament[45] indicated that religion presents itself as a situational framework, a comprehensive method of seeing and managing the world. Further, it functions as an edge of reference for deciphering and evaluating occasions. Also, it is a resource to fall back on

during an emergency. It likewise helps provide a feeling of comfort and closeness with God.[45] Pleading is regularly considered the most unmistakable trademark or conduct associated with religion and is the most frequently referenced adaptation technique.[46] Although some analysts have seen strict adapting as a feeling-centred adaptation procedure, others, similar to Pargament,[45] see strict adapting as both committed issues and feeling focused. Pargament *et al*.[47] distinguished three strict critical thinking styles in adapting to pressure: personal coordinating shared and conceding styles. Oneself coordinating style emphasizes one's duty and the person's dynamic role in dealing with problems. The conceding style places the obligation of caring on God, with the individual assuming a detached job, and the community-oriented style includes a shared duty of caring for God and the person. Oneself coordinating and community styles have been linked to higher levels of mental capacity, while the opposite holds for the conceding style.[46,47] Not all types of strict adaptation are beneficial to the person. However, some of them can be detrimental and lead to negative results.[31,48-52] An examination of the profound views of 17 spouses of people with dementia compared to those of 23 uncared-for wives of a healthy individual was completed by Kaye and Robinson.[51] Selected studies highlighting religion as an adapting asset is shown in Table 1.

Critical exploration bodies have said that religion is a source of solidarity and strength in people experiencing severe dysfunctional behaviours.[53] According to a survey of outpatients with true psychological maladjustment in Los Angeles, over 80% revealed that they used religion to adjust to their disease, and 65% showed that religion decreased the severity of their manifestations. Strict action can confer a feeling of control and importance, bearing the strain of a past point of view. When challenged by severe, enduring, and individual impediments, people with dysfunctional behaviour may have exhausted several resources and subsequently discover comfort in looking beyond themselves for expectation, power, and possibly a non-reductive comprehension of their weakness.[54] In an investigation pitting European patients with psychosis against a non-mental reference group, individuals with an impaired mental health condition revealed disparate strict convictions and practices that offered comfort during seasons of pressure.[55] In another investigation of Hindu parental figures of patients with schizophrenia in a public medical clinic in India, 90% supposedly adapted by petitions to God, and half specified that religion was a wellspring of comfort, strength, and direction.[12] An analysis of semi-organised encounters with Swiss patients with real psychological maladjustment found some elements of religion: comfort, dignity, self-assurance, empathy, expectation, love, and acceptance.[56]

DISCUSSION

Self-guideline

Expanding on Freud's viewpoint that religion helps to control unwanted force and sexual impulses, later scholars have stressed the circumstances of strictly based components as encouraging guidelines of human motivations and desires.[57] Plural examinations have indicated strong ties

Table 1: Studies on religion as an adapting asset

Reference	Sample type	Measuring variables	Results
Pargament *et al*.[48]	586 from chapels	Relationship between adverse events and religious practices (strict and non-strict)	Adoring God, the experience of God as a steady accomplice in the adapting cycle, looking for otherworldly help through religion, and inclusion in strict ceremonies was identified with positive outcomes.
Koenig *et al*.[49]	Men above 65 years	"Strict adapting list", which contains three things, each appraised on a simple visual scale from zero to ten	Twenty per cent of patients detailed that strict adapting was the main adapting procedure. Persons of darker complexity, more established in age, had a background marked by mental issues, lower liquor utilisation, better psychological working, and lower social help levels were bound to utilise strict adapting.
Koenig *et al*.[50]	832 inpatients	The unexpected relationship between strict adapting and burdensome side effects	Weariness, loss of interest, social withdrawal, feeling downcast, feeling sad, and that, others were lucky to be more uncommon in people who utilised strict coping.
McIntosh *et al*.[31]	One hundred and twenty-four parents of sudden infant death syndrome (SIDS)	Impact of religion on coping	Religion identified with change through its relationship with social help, psychological preparing of the occasion, and discovering significance. Within weeks following the misfortune, psychological handling prompted upgraded prosperity at the 18-month stage.
Kaye and Robinson[51]	Seventeen spouses of people affected by dementia	N/A	The providing care spouses utilised confidence in God supplication and pardoning to deal with stress. Parental figures likewise occupied with the private petition and looked for otherworldly direction in the creation of everyday life choices more often than non-caregivers.
Shuler *et al*.[52]	N/A	The connection between strict practices, substance misuse, and emotional wellness in downtown ladies was analysed	They found that 92% of their example of 80 ladies detailed the utilisation of at least one strict adapting practice like imploring God or going to chapel.

N/A: Not applicable

between strictness, restraint of conduct, and most prominent about substance use, illicit, and misconduct, suicidality, and sexual indiscrimination. In a survey of Swiss patients with schizophrenia or schizoaffective problem, more meaningful use of strict adaptation was prescient of less harmful indications, and better social functioning and personal satisfaction three years after the episode.[58]

Connection and connectedness

Humanist Durkheim[58] confirmed that religion empowers individuals with relationships and personhood in their social lives. Religion may offer some comfort to these individuals through safer connections with spiritual entities that are seen as more accessible and available than their human partners.[59,60] In light of his extensive contemplations in anthropology, Geertz[61,62] presumed that the most basic capacity of religion is to make it clear what are the priorities in life.

It is not surprising that people experiencing dysfunctional behaviour use religion to adapt. Those affected by schizophrenia have similar deep needs as some other patients. In London, 61% of mentally ill patients used religion among their adjustment systems, and 30% expanded their strict trust after their illness. Strict adapting was related to better understanding and consistency with medication.[63] In a correlation of procedures to adapt to audible fantasies, Saudi patients were more prone to adopt religion-related techniques than British patients (43% versus three per cent).[14] In North America, 80% of the patients used religion to adapt to their side effects and daily problems, but just 35% went to a chapel.[58] Proceeding with a meta-examination of the supportive, unsafe, and mixed types of strict adaptation, the estimation of rigorous adaptation in various life conditions are still undetermined.[54] Mohr *et al*.[56] in their study, portrayed that most outpatients use otherness to an enormous extent to adapt to schizophrenia. Self-coordinating adaptation emphasises the person's moral duty and dynamic function in critical thinking; some patients may grant the obligation of critical thinking to God or a God figure; in a community-oriented style, both God and the individual are answerable for trouble solving.[56]

Pargament *et al*.[47] endeavoured to distinguish whether religion is essential for the arrangement or a contributing factor in coping with upsetting life moments. Drawing from the combination of adaptation model possible, three broad types of rigorous 'warnings' or cautioning signs were distinguished: "misguided course" (strict association between goals or qualities to the debasement of others), "wrong street" (strict adaptation techniques that were improper at the time), and "against the breeze" methodologies (rigorous confrontations with others because of the person's rigorousness, with God, or with self). Eleven sub-scales were created on a sub-study example to detect individuals' indications of rigorous notice in emergency circumstances, relating explicit components of dangerous rigour in adaptation to proportions of psychological well-being and adverse outcomes. They found that severe lack of care, outrage against God, rigid uncertainty, and harsh confrontation identified poor emotional well-being.[47]

Surveys have shown that rigorous beliefs and practices are significant parts of the adaptation cycle for most people facing many stressors. Not all strict adapting is positive, and some types of maladaptive strictness have additionally been distinguished. Strict convictions and practices help give a feeling of control, expectation, and better change, and basic practices such as supplication and asking God for help and consolation have arisen as the most frequently used rigorous adaptation methodologies.

Indian investigations

The utilisation of reflection rehearsal, independently or in addition to different treatment methods, has gotten some consideration in the Indian environment. Some investigations in India have announced that the utilisation of contemplation methods, for example, vipassana, decreased degrees of tension and discouragement, and improved prosperity and profound development in extreme mental illness.[63] This part of the audit is restricted to care-based contemplation methods, for example, vipassana and yoga-nidra. Studies on the viability of yoga-based methods like asanas, mudras, and pranayama, and reflection in different physical and mental issues have been done in India over the past few years.[64] The impact of vipassana on the devotee has shown a decrease in the inclination to nervousness, impulsiveness, tie, and different types of animosity in the contemplation group.[65] Selected Indian studies on religion, spirituality, and mental health is shown in Table 2.

Outline of a survey of writing

Religion has emerged as a well-known adaptive technique for people facing various aggravations, such as persistent illness, disasters, unemployment, and consideration of people who have a prolonged illness. Religion has emerged particularly in those countries where suffering is an essential supporter of prosperity and maintenance of positive disposition states. A relationship between religion and psychological well-being is available, as is evident from observational work in the region. Regardless of sundry philosophies, tests, and settings utilised, rigorous customs and practices, and physiological records of arousal during prayers and love are accepted to relate to well-being, recovery, and prosperity. The pathways are immediate, just as a roundabout. The advantages of severity have been clarified regarding coordination in a strict network, giving a feeling of control and buffering the negative impacts of pressure.

The work of religion could be successful or damaging, with a couple of studies indicating that strictness can lead to trouble. Religion is a multifaceted idea, and the kinds of impacts have identified the level of belief or adaptive methodology used. The idea of inborn extraneous strict inspiration, or how an individual uses his religion, seems to give one potential clarification as to whether strict convictions and practices have positive or negative impacts. Inherent strictness has all the earmarks to be identified with positive moods and prosperity. This measurement likewise corresponds to different proportions of emotional well-being, for example, lower characteristic tension and internal locus of control.[14] Although scientists have detailed practical and

Table 2: Indian studies on religion, spirituality, and mental health

Reference	Sample	Variables	Conclusion
Dalal and Singh[66]	Seventy Hindu males affected by tuberculosis	N/A	Patients ascribed the reasons for the infection to God's will and karma. Recuperation from ailment was credited to God and because of the specialist. Attribution to external causes and convictions in inestimable recuperation factors.
Sarma *et al*.[67]	Fifty patients	N/A	About 76% were accepting magico-strict treatment. The reasons given for visiting the sanctuary were the absence of progress with medicine (58%), help experienced with sanctuary mending by somebody known to them (56%), and individual conviction and confidence (26%).
Campion and Bhugra[68]	One hundred and ninety-eight patients	N/A	Forty-five per cent had introduced themselves to a strict healer before visiting the clinic. The number of meetings fluctuated from one to 15, and 30% announced having gotten some advantage.
Mehta[69]	Thirty elderly people	N/A	Expanded strictness was connected with more elevated levels of prosperity and upgraded social coordination, paying little mind to a strict denomination.
Ghufran[70]	One hundred and seventeen above 60 years	Levels of strictness and its relationship with sentiments of uncertainty according to widowhood	Bereft people announced more grounded strictness and more significant levels of frailty. Widows reported more significant levels of strictness than single men, and they likewise experienced lower levels of insecurity.
Raguram[71]	Thirty-one patients affected by mental illness	N/A	There was a 20% drop in BPRS scores toward the end of the stay in the sanctuary. Parental figures likewise announced fulfilment with the improvement that appeared by the patient just as their involvement with the temple.
Rammohan *et al*.[12]	N/A	Strict convictions, practices, and adapting were evaluated utilising a semi-organised meeting plan	Ninety-seven per cent of the parental figures detailed faith in God, and that their rigid beliefs and practices helped them manage the pressure of the circumstance.
Shah *et al*.[72]	One hundred and three patients	N/A	Planful critical thinking had a positive connection with encounters of amazement and miracle, completeness, and incorporation aspect. Confronting and adapting are positively connected with stunningness, marvel, completeness, and confidence. Self-controlling had a positive relationship with otherworldliness features.

N/A: Not applicable, BPRS: Brief Psychiatric Rating Scale

methodological issues with this approach, brain research on religion has not had the option to "either relinquish it or rise above it".[73] Nevertheless, as this measurement speaks to one of the potential pathways through which strict convictions apply consequences for psychological wellness, it has the right to be assessed in more prominent detail.

As undergraduates, much of the work on severity has been completed on network-based examples. There are relatively fewer investigations on clinical examples and assessing sadness or emotional prosperity and misery may contrast. Using rigorous beliefs in treatment is a technique suggested by some analysts, especially those who have demonstrated the gainful impacts of rigour. Exploratory writings on rigid beliefs in treatment focus on clients' and counsellors' rigid mindsets rather than their use in treatment. Theirs must be separated from the various methodologies that use a strict system, for example, peaceful consideration and rigorous guidance. The last two methodologies accentuate severe or otherworldly issues, and the strategies utilised are predominantly based on Judea-Christian severe ideas, for example, the use of sacred writings and forgiveness. From the perspective of psychological well-being, it would be helpful to investigate clients' strict beliefs and practices, decide on versatile ones, and reinforce them in a mediating system.

The positive capacities served by rigorous beliefs, particularly the context in which they exist, should be assessed by therapists.[73] Religion can emphatically contribute or adversely to refreshing change. Inflexible adherence to strict convictions and practices can meddle with change, as they are impervious.[74] Nonetheless, strict practices, such as supplication, reflection, and pardoning, have been valuable to strict customers when added to helpful bundles.

Conclusions

Religion and spirituality are part of human history in every age and latitude. For this reason, the debate about faithlessness increases its appeal. As expressed in our study, the intersections between spiritual life and mental health are numerous, and psychiatry is not excluded from this logic. Religion may inherently influence psychiatric disorders: it can decrease suicide risk, alleviate symptoms of depression and anxiety, and improve patient and caregiver coping and resilience. On the other hand, it may increase guilt and worsen or create obsessions and compulsions in the obsessive-compulsive

disorder, and in the maniacal phase of bipolar disorder, it can lead to or associate mystically religious delusions. Evidence-based studies on the topic are still challenging to develop while maintaining a high scientific value. However, for this narrative revision, we gathered papers that bring together various perspectives, data, and facets of religion in the mentally ill population, a topic with both theoretical and practical implications in mental health.

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