

The Influence of Religiosity/ Spirituality on Mental Health

OPINION

Arthur Fernandes da Silva¹,
Alberto Gorayeb de Carvalho
Ferreira²,
Rafaela de Macêdo Melo¹,
Hellen Lúcia Cruz Caldas Lins³,
Uilna Natércia Soares Feitosa³,
Emídio Antonio de Araújo Neto³,
Susanne dos Santos Rocha⁴,
Modesto Leite Rolim Neto¹

Abstract

Health care workers and researchers are increasingly recognizing the religiosity/spirituality (R/S) great dimension in health. It is important to note that investigations had pointed studies which found spirituality as a significant positive factor on physical health, subjective wellbeing and life satisfaction. Others also evidenced a negative burden of spirituality in mental health, through negative religious coping, negative beliefs and miscommunication. In 2008, The World Psychiatric Association (WPA) declared the spiritual wellbeing as an important health aspect, reinforcing the R/S valuation of the patients with mental disorders. Noticing the necessity of more knowledge about the subject the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) introduced a new category called "Religious and Spiritual Problems" to angle the diagnostic attention, justifying the evaluation of religious and spiritual experiences as a constituent part. Patients want the assistance team to demonstrate a holistic interest during interventions, including spiritual support during illness. Visualizing mental health assistance's future as a continuous path towards a better understanding of men's complexity and integrated health care, it seems appropriate to say that spirituality/religiosity will play a great role in this direction.

Health care workers and researchers are increasingly recognizing the importance of the religiosity/spirituality (R/S) dimension in health. Properly correlate and present the influence of R/S on mental health is a challenge due to the difficulty to establish the direction of that relationship and to the deep commitment that religion has with several dimensions of human structure, such as emotional, behavioral, cognitive and motivational what translate into multiple effects on health statuses and, notwithstanding, vary according to the definition of R/S used.

According to analysis [1], R/S was inversely correlated with the prevalence of any mental disorders. A narrative literature review by Agoorastos, Demiralay and Huber [2] pointed studies which found

- 1 Medicine School, Federal University of Cariri –UFCA, Barbalha, Ceará, Brazil.
- 2 Health School Pernambuco –FPS, Recife, Pernambuco, Brazil.
- 3 Postgraduate Program in Health Sciences, FMABC, Santo André, São Paulo, Brazil.
- 4 Medicine and Specialties Dr. Emidio, Cajazeiras, Paraíba, Brazil.

Contact information:

Modesto Leite Rolim Neto.

✉ modestorolim@yahoo.com.br

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spirituality as a significant positive factor on physical health, subjective well-being and life satisfaction. Stressful life situations, such as immune, endocrine and cardiovascular diseases, pain, cancer and terminal illness are some examples of circumstances in which religion and spirituality importance were emphasized [3]. However, it is important to note that investigations had also evidenced a negative burden of spirituality in mental health, for example, being associated with higher risk for most psychiatric disorders in general [4]. Weber and Pargament [5] listed positive beliefs, community, support and positive religious coping as ways in which religion and spirituality can increase mental health levels; they also noted that religion and spirituality can damage mental health through negative religious coping, negative beliefs and miscommunication.

A 30 year follow-up study [6] of 754 individuals, evaluating their religious frequency and depressive symptoms at four moments in time, evidenced that the religiosity contributed importantly for symptom reduction. Despite that, was also found an inverse correlation between the reduction of symptom scores and the religious participation (yearly, monthly or weekly). Evaluating depressive women and their offspring in a ten-year follow-up, Miller et al [7] were able to conclude that those women who referred religion or spirituality as greatly importance to them had less than one-tenth the risk of recurrence or incidence of major depression over the previous 10-year period in comparison to those who did not consider religion or spirituality as greatly importance. On the other hand, in a 10-year prospective study, Miller et al [8] found a longstanding protective effect of significant personal judgment of religion or spirituality against major depressive disorder. Comparing with other study participants, those with high personal importance of R/S had one-fourth the risk of having a depressive episode in the period. Greater spirituality is associated with less severe depression, as it is suggested by Peselow et al [9]. They also evidenced that the spirituality

level of a patient may indicate his or her capacity to improve measures of depressive symptom severity, hopelessness, and cognitive distortions after a selective serotonin reuptake inhibitors treatment for eight weeks. Another study [10], this time using data from the Canadian National Population Health Survey, examined the effect of religious attendance, self-declared importance of spiritual values, and self identification as a spiritual person on major depression in a 14 year follow-up (1994-2008). After the control for confounding factors, the investigators found a 22% lower risk of major depression among the monthly attenders (mostly female, older and married at baseline) compared with non-attenders. In fighting depression resulting from death of beloved ones, some strategies that also hold spirituality can be used. The Bereavement Life Review, for example [11], has been put as an effective resource to support and reduce depression among bereaved relatives of individuals who died in non-palliative care settings, improving their spirituality at the same time.

A research [12] which aimed to determine if the attendance to religious services influenced the mortality by suicide of an American population analyzed data from a USA nationally representative sample ($n = 20,014$) and found, even after accounting for the effects of other relevant risk factors, that highest frequencies to religious services contributed to the mortality reduction in that population. According to Koenig et al [13], that is one of the two only prospective or longitudinal studies which evaluated the relationship between religion and suicide to date. Nevertheless much is discussed about [14] the boundaries of the physician intervention using spirituality with the patient, the Royal College of Psychiatrists suggests [15] some generic strategies to assure a good quality caregiving.

Most of the data from epidemiologic studies indicate a positive association between the relation R/S and health indicators. Although, the patients beliefs may influence the medical decision and induce spi-

ritual conflicts that creates stress, interfering at the resolution of pathologies [16]. Accordingly to this, the World Psychiatric Association (WPA) declared [17], in 2008, the spiritual wellbeing as an important health aspect, reinforcing the importance of the R/S evaluation of the patients with mental disorders. Despite the evidences and recommendations about the relevance of this approach, still there is no correct adequacy of the mental health assistance to this reality [18]. A Brazilian cross-sectional study, developed by Lucchetti [19] aimed to evaluate the relation between R/S and elderly mental health in outpatient rehabilitation, it evidenced that 87% of them would like their doctors to approach their religiosity and spirituality during their clinical treatment, but only 8% referred already had been questioned about this aspects.

From the clinical point of view, more knowledge about the subject is necessary. Due to this facts the Diagnostic and Statistical Manual of Mental Disorders, fourth Edition (DSM-IV), introduced a new category called "Religious and Spiritual Problems" to angle the diagnostic attention, justifying the evaluation of religious and spiritual experiences as a constituent part.

In the United Kingdom, a clinical sample of patients with psychotic disorder was compared to a non-clinical population of people with a history of psychotic experiences and it was evidenced that, despite both groups had the same score of psychotic perceptions, the clinical sample had greater index of cognitive impairment, depressive and anxious. About the psychotic experiences, the clinical population had a higher propensity regard them as dangerous, negative and anxiogenic. The non-clinical sample, moreover, tended to understand these experiments as positive and normal [20]. Other authors evidenced that diagnosed patients with different mental disorders are different to subjects with a history of variable psychotic experiences, such as controlling the experience and absence of psychological suffer [21]. Reckon this experience

as normal part of human experiences, therefore, appears to be an adaptive measure [22].

Considering spirituality as a universal phenomenon, representing a very personal dimension of a subject's life, it is possible to comprehend how patients want their health assistance team to treat it: not necessarily giving them a spiritual guidance, but demonstrating a holistic interest during their relationship and interventions, what includes spiritual support during illness [23]. Today it is possible to evaluate and recognize the positive effects of spirituality from a private perspective [24] to its workplace dimension [25] i.e., spirituality has been proved as a resource widely available for individuals to cope with negative life events [26], such as mental illnesses.

Visualizing mental health assistance's future as a continuous path towards a better understanding of men's complexity and integrated health care, it seems appropriate to say that R/E ill play a great role in this direction, especially with a growing evidence basis [27] of its impact in mental health study focuses like depression, substance abuse, suicide, stress-related disorders and dementia.

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