



Does religiousness contribute to wellbeing?

Liton Mallick^{1*}, Sarjana Mukhopadhyay²

^{1,2} Research Scholars, Department of Education, Jadavpur University, Kolkata, India

* Corresponding author: litonm.education.rs@jadavpuruniversity.in

Abstract: Pioneers from the area of science have been attempting to comprehend the effect of religion on human existence, and it is ordinarily presumed that religion, alongside otherworldliness, has a critical impact upon the way of life, society and practices of individuals. Besides, religion has been a significant factor in organising and giving significance to human ways of behaving, values and encounters. Tradition practices have a direct effect; thus, science neglects its force upon human well-being from the point of view of physics and the psyche. This paper ponders the historical significance of the claim of how religion and well-being, perhaps psychic understanding, have been intertwined from time immemorial. In addition, specific credential influences and the impact of religiosity upon our mental health with other health aspects have been substantiated here. The paper has tried to blend the concept with an emerging idea of positive psychology to understand where subjective well-being is delivered with holy living. To our surprise, the result and impacts have a salient affinity as positive psychology works towards the assurance of the well-being of individuals. Spiritual discipline also ensures a visible enhancement of wellbeing.

Index Terms - religiousness, religious practice, wellbeing, mental health, spirituality

INTRODUCTION

Researchers from the scientific community have been trying to understand the impact of religion on human life. It is commonly concluded that religion, along with spirituality, has a significant effect on the culture (Eckersley, 2007), society (Höllinger, 2020) and practices of human beings (Villani et al., 2019). Moreover, religion has been a fundamental factor in shaping, structuring and bestowing meaning to human behaviour, values and experiences. Religious faith and the associated practices drive man's conduct (Hare, 2019); hence, science has also failed to ignore the power of religion on human health (Koenig, 2012) from the perspective of physics and mind. In this paper, we have tried to decipher how and to what extent religious practices and spiritual involvement impact mental health and subjective well-being. A recorded decline in depression, anxiety, suicidal tendencies and enhanced coping skills along with recovery from illness (Unützer & Park, 2012) has been observed in people who regard themselves as religious and spiritual. Surveys and research have found clear evidence for the claim that almost 84% of Hindus are associated with their respective religious practices (Evans & Sahgal, 2021). There is no relevant doubt to consider religion the most ancient human association drafted and forged for and by humans (Peoples et al., 2016). Yet, there remains a dichotic opinion in all regions. Their associated practices can be regarded as ascendant to human mental and physical health (Koenig, 2012).

THE LOST GLORY OF RELIGIOUSNESS - HEALTH BOND

The present study has focused on religiousness and mental health, keeping in mind the remedial efficacy of both in escalating people's subjective well-being. Withstanding the heavy blows from the opponents who slither with grievances to manifest the pessimistic and dismissive observations which require equal ponderance, this study has tried to reach an impartial and equilibrium-inflicted conclusion.

From time immemorial, religion and spirituality were closely entangled with society, people's health, and specifically mental health. The religious functionaries, accompanied by the aspects of spirituality, have always

bestowed strength to human beings in the form of power to cope with adversities (Puchalski, 2001), positive emotions (Vaillant, 2008), enhancement of well-being (Božek et al., 2020) and optimism (Villani et al., 2019). A spirit of altruism, hope, generosity, forgiveness, high self-esteem and compassion has been presented to human life, giving significant authority to human values, which in turn has drastically shaped the coping mechanism to exceed the barriers of stress, anxiety, and depression and several other obstructions to happiness.

HISTORICAL IMPLICATIONS

To strengthen this proposition which tries to connect religion with wellbeing, the study has tried to bring to light the perspective that religion, health and medicine have always been intertwined (Koenig, 2000), as mental health or health problems of sick people were always taken care of by religious institutions (Rumun, 2014) or organisations maintained and ran by them like monasteries or Churches. The first mental asylum, built in London in 1247 on the banks of the Thames River, was called the Priory of St. Mary of Bethlehem. It was established as a safe space for “Distracted people”. Although it didn’t perform as expected as reports of torture, mistreatment and inhuman conditions of the asylum started horrifying people in the surrounding. Hence it was named “Bedlam”. But the inception of William Takes, who introduced the ‘Moral Treatment’ (Kibria & Metcalfe, 2016), soon established his asylum called York Treatment. The long functional amity and harmony between religion and mental health were hindered by Sigmund Freud (Cohen & Koenig, 2013), who was not appeased with bonds and claimed an antagonistic relationship between them. The feud was so fatal that a natural yet rational amalgamation was snatched off his deserved glory. Yet it is immensely overwhelming to see a flood of research from all the fields of study tracing the historic bond.

CONCEPT: RELIGIOUSNESS AND SPIRITUALITY

To regain the union's confidence, it’s essential to understand both concepts' fundamental ideas. A comprehensive cognition and awareness of the concepts of religion and spirituality will shower us with a better discernment (Burton & Bainbridge, 2019) of this whole endeavour. Hence, the general creativity of religion can be forwarded as a multidimensional construct, including beliefs and behaviour. Rituals, practices, and ceremonies tend to be derived from established traditions that develop with time in a community which again facilitates closeness (Nelson-Becker & Sangster, 2019) to the transcendent and fosters relationships and responsibility towards others (Koole et al., 2017), directing a culture of co-living.

Spirituality is a concept not only abstract but also remains an enigma to several. But profoundly, it is in no way associated with the occult. But religiousness, on the other hand, is difficult to define and exemplify as a concept as no consensus can be reached regarding it in the literature or general public opinion and understanding. A partial agreement has been reached regarding the same, which defines it as an “extension to which an individual believes, follows, and practices a religion and usually these beliefs influence how people seek to live out their lives and treat others”. Koenig et al. describe spirituality as an endeavour to seek meaning and connectedness with the supreme power transcending and providing direction (Koenig et al. 2012). But Puchalski et al. gave a broader conception which defines spirituality as the journey of seeking meaning, purpose and relationship with nature, self, others, the Sacred and the moment (Puchalski et al. 2009).

SUBJECTIVE WELLBEING AND ITS COMPONENTS

Subjective well-being is the other word for happiness as maintained by Martin E.P Seligman, who asserts that well-being need not be measured in terms of eradication of diseases in mind and health (Machado et al., 2019); instead, he is the proponent of Positive Psychology which tries to navigate happiness and understands how that be achieved (Fredrickson, 2001). Happiness is subjective and hence well-being too; he thus discusses certain concepts which help us gaze at psychology as a positive study of well-being enhancement (Trudel-Fitzgerald et al., 2019) not illness eradication (Park et al., 2014). The theory put forward three essential elements which help determine happiness- positive emotion: engagement, and meaning (Duckworth et al., 2005). Life infused with positive feelings of love, comfort, warmth, ecstasy and pleasure helps us live a pleasant life. Engaged life is a key to a successful life; he better explains this element with the concept of Flow (Csikszentmihalyi et al., 2014), i.e., when we feel engrossed or consumed with something. We are absorbed with an engagement, and that brings overwhelming happiness. But is it enough for a person to lead

a life of fulfilment with only pleasure, comfort and engagement? This brings us to the ultimate prerequisite to a happy life, i.e. meaning. A meaningful life where the purpose is ascertained has the aesthetics to contribute to a wholesome pursuit of happiness (Ura, 2015).

According to this theory, the concept of flourish has also been emphasised. When exactly can we claim that we are flourishing? To some, it can be when they have financial gains (Laguna & Razmus, 2019); others might associate that with professional (Ho & Chan, 2022) or educational uplift (Volstad et al., n.d.), while for others, it can come with self-enhancement (Keyes, 2002); hence flourishing is as dynamic a concept as wellbeing or happiness. In his work *Authentic Happiness*, Seligman proposed a model to understand and analyse the parameters of Flourishing, which is called the PERMA model (Seligman, 2002). It consists of all the elements essential for human flourishing: Positive emotions, Engagement, Relationships, Meaning and Accomplishment. This paper tries to trace where the aspects of well-being effectuating it are also churned with the practice of religion and spirituality. How efficient religion is in addressing subjective well-being is the area of our endeavour, which we will comprehend by discovering the impact of religiosity on mental health.

RELIGIOUS FOOTPRINTS ON MENTAL HEALTH OR SUBJECTIVE WELLBEING

The traditional religious association has proven to have a positive impression on mental health (Dein, 2013), aiding the maintenance of wellbeing. According to GSS (General Social Survey), 34% of adolescents attend regular Church services, in contrast to 28.9 % who don't claim to be very happy. Children affected with ADHD are also observed to be recovering with religious inclination. Learning disability also fades with spiritual practice; Church attendance has been ascertained as one of the significant determiners of religiousness (Buchtova et al., 2020). Still, the most comprehensive has been religious commitment (Cornwall, 1989). According to the PEW research centre, religious faith helps with the coping mechanisms against adversities (Thomas & Barbato, 2020), positive emotions, hope and an appreciable amount of optimistic attitude and self-esteem (Homaei et al., 2016). Improved stress management capacity and life satisfaction are more in people who are engaged with religious practices (Adriani & Yustari, 2020); it also aids in the building up of moral and positive aspirations (Evans & Sehgal, 2021). Religious involvement has led to societies with better social support systems, familial happiness and generosity. Remarkable changes have been observed in parental values and stress reduction accompanied by strain handling.

Altruistic etiquettes have been noted; a relatively forgiving, compassionate and hope-driven people and environment have resulted from people's religious affiliation. A notable drop in depression, anxiety, suicidal tendency, substance abuse, violence, alcoholism and smoking habits determines the predominance of religiosity on wellbeing. But the added advantage of religiosity on personality development (Stronge et al., 2021) and traits is undeniable: extraversion, neuroticism, conscientiousness, agreeableness, openness and experience, which are the major significant ponents of personality, are all decided and modified by the religiousness of a person. Miraculously, regular depletion practice has governed a drastic depletion in delinquency, crime, marital instability, improved social capital, and familial bonds. The benefits of religiosity don't end or constrain mental health regulations infant. Its extent of gratification has seeped into physical health benefits. Many ailments and diseases have improved recovery and control rates when religious practices are part of regular discipline. Coronary heart disease (Abu et al., 2019), hypertension (Levin & Vanderpool, 1989), cerebrovascular disease (Giaquinto et al., 2010), Alzheimer's (Beuscher & Grando, 2009), and dementia (Agli et al., 2015) have a better healing rate when patients practice spiritual practices like prayers, meditation, reading religious books, etc. cancer, cholesterol, and endocrine functions have also witnessed significant redemption (Trepanowski & Bloomer, 2010). A holistic improvement in the longevity of human life (Page et al., 2020) has undeniably been associated with individuals' religious affinity; the relation is stimulating as it provides them with security, sociability and strength.

Although there remains mixed evidence regarding the positive relationship between religiousness and subjective well-being, research has proclaimed a profound weight towards a substantial affinity between them. Research has confirmed that a comparatively higher level of well-being has been observed in people who are more inclined toward religious practices or lead a more spiritual life. A plethora of positive consequences has been observed in human behaviour, attitude, and actions which tend to abide by religious dictums and follows a spiritual pattern. Better life satisfaction, positive appraisal of life, and better connectedness with the divine or the higher realm have been observed in people.

People have been successful in making a positive evaluation of one's own life. Perhaps, a trend of empowered social resources has been cognised. To be precise, religiousness provides subjective certainty in the absence of which tension and chaos are triggered. This belief in confidence offers strength and protection against emotional anomaly, which significantly fosters wellbeing.

Even though several counter-examples can make this establishment unsafe, and thus we are referring to it as mixed evidence, some practices undoubtedly improve a harmonious side in men, who are decipherable with the enhanced gratitude, awe, hope, love, forgiveness, positive emotions. Emotional regulation and modulation of emotional states occur with religiousness.

CONCLUSION

Facets of this religious wellbeing tie can be observed with the study of several research findings spread across a diverse domain claiming exclusive positive penetration to our conclusions. Remarkable influence has been addressed on personality traits combined with religious and spiritual effects. Furthermore, an abundance of constructive and beneficial sides has been observed in physical health recovery from Coronary Heart Disease, Cerebrovascular diseases, Alzheimer's, Dementia, Endocrine Functions, Cholesterol, Somatic symptoms and even Cancer. Amid positives, we can't ignore the uglier arenas where religion has acted as an instrument to justify hatred, aggression, prejudice, isolation, fear, seclusion and guilt. Yet with immense resources to stress and vouch on the constructive path.

India has a majority of the population who are by default religious. Hence there remains a relevant scope for further research in this field from an Indian demographic angle. But to our surprise, most research has been conducted and concluded in this domain from the western perspective despite the array of concrete possibilities and implementing research extraordinary claims which remain dubious. Further empirical studies will give us the estimated conclusions with relatively firm evidence.

REFERENCES

- Abu, H. O., McManus, D. D., Lessard, D. M., Kiefe, C. I., & Goldberg, R. J. (2019). Religious practices and changes in health-related quality of life after hospital discharge for an acute coronary syndrome. *Health and Quality of Life Outcomes*, 17, 149. <https://doi.org/10.1186/s12955-019-1218-6>
- Adriani, Y., & Yustari, D. (2020). Religious Practices as Stress Management Among Young Muslims in Indonesia. *Proceedings of the 1st International Conference on Religion and Mental Health, ICRMH 2019, 18 - 19 September 2019, Jakarta, Indonesia*. Proceedings of the 1st International Conference on Religion and Mental Health, ICRMH 2019, 18 - 19 September 2019, Jakarta, Indonesia, Jakarta, Indonesia. <https://doi.org/10.4108/eai.18-9-2019.2293455>
- Agli, O., Bailly, N., & Ferrand, C. (2015). Spirituality and religion in older adults with dementia: A systematic review. *International Psychogeriatrics*, 27(5), 715–725. <https://doi.org/10.1017/S1041610214001665>
- Beuscher, L., & Grando, V. T. (2009). Using Spirituality to Cope with Early-Stage Alzheimer's disease. *Western Journal of Nursing Research*, 31(5), 583–598. <https://doi.org/10.1177/0193945909332776>
- Bożek, A., Nowak, P. F., & Blukacz, M. (2020). The Relationship Between Spirituality, Health-Related Behavior, and Psychological Well-Being. *Frontiers in Psychology*, 11. <https://www.frontiersin.org/articles/10.3389/fpsyg.2020.01997>
- Buchtova, M., Malinakova, K., Kosarkova, A., Husek, V., van Dijk, J. P., & Tavel, P. (2020). Religious Attendance in a Secular Country Protects Adolescents from Health-Risk Behavior Only in Combination with Participation in Church Activities. *International Journal of Environmental Research and Public Health*, 17(24), 9372. <https://doi.org/10.3390/ijerph17249372>
- Burton, N., & Bainbridge, J. (2019). Spiritual Discernment, the Incorporated Organization, and Corporate Law: The Case of Quaker Business Method. *Religions*, 10(1), 35. <https://doi.org/10.3390/re110010035>
- Cohen, A. B., & Koenig, H. G. (2013). *Religion and Mental Health*. 3. <https://doi.org/DOI: 10.4103/0019-5545.105526>

Cornwall, M. (1989). The Determinants of Religious Behavior: A Theoretical Model and Empirical Test. *Social Forces*, 68(2), 572–592. <https://doi.org/10.2307/2579261>

Csikszentmihalyi, M., Abuhamdeh, S., & Nakamura, J. (2014). Flow. In M. Csikszentmihalyi (Ed.), *Flow and the Foundations of Positive Psychology: The Collected Works of Mihaly Csikszentmihalyi* (pp. 227–238). Springer Netherlands. https://doi.org/10.1007/978-94-017-9088-8_15

Dein, D. S. (2013). Religion and Mental Health: Current Findings. *Royal College of Psychiatrists*.

Duckworth, A. L., Steen, T. A., & Seligman, M. E. P. (2005). Positive psychology in clinical practice. *Annual Review of Clinical Psychology*, 1, 629–651. <https://doi.org/10.1146/annurev.clinpsy.1.102803.144154>

Eckersley, R. M. (2007). Culture, spirituality, religion and health: Looking at the big picture. *Medical Journal of Australia*, 186(10). <https://www.mja.com.au/journal/2007/186/10/culture-spirituality-religion-and-health-looking-big-picture>

Effects of Religious Practice on Health. (n.d.). *Married*. <https://tinyurl.com/y3ucbytj>

Evans, J., & Sahgal, N. (2021). *Key findings about religion in India*. <https://www.pewresearch.org/fact-tank/2021/06/29/key-findings-about-religion-in-india/>

Fredrickson, B. L. (2001). The Role of Positive Emotions in Positive Psychology. *The American Psychologist*, 56(3), 218–226.

GALLAGHER, E. B., WADSWORTH, A. L., & STRATTON, T. D. (2002). *Commentary Religion, Spirituality, and Mental Health*. 190(10). <https://doi.org/10.1097/01.NMD.0000034746.99430.99>

Giaquinto, S., Sarno, S., Dall'Armi, V., & Spiridigliozzi, C. (2010). Religious and spiritual beliefs in stroke rehabilitation. *Clinical and Experimental Hypertension (New York, N.Y.: 1993)*, 32(6), 329–334. <https://doi.org/10.3109/10641960903443566>

Hare, J. (2019). Religion and Morality. In E. N. Zalta (Ed.), *The Stanford Encyclopedia of Philosophy* (Fall 2019). Metaphysics Research Lab, Stanford University. <https://plato.stanford.edu/archives/fall2019/entries/religion-morality/>

Ho, H. C. Y., & Chan, Y. C. (2022). Flourishing in the Workplace: A One-Year Prospective Study on the Effects of Perceived Organizational Support and Psychological Capital. *International Journal of Environmental Research and Public Health*, 19(2), 922. <https://doi.org/10.3390/ijerph19020922>

Höllinger, F. (2020). The impact of religiousness on attitudes towards religious others. *ÖsterreichischeZeitschrift Für Soziologie*, 45(2), 165–181. <https://doi.org/10.1007/s11614-020-00400-5>

Homaei, R., Bozorgi, Z. D., Ghahfarokhi, M. S. M., & Hosseinpour, S. (2016). Relationship between Optimism, Religiosity and Self-Esteem with Marital Satisfaction and Life Satisfaction. *International Education Studies*, 9(6), 53. <https://doi.org/10.5539/ies.v9n6p53>

Keyes, C. L. M. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behavior*, 43(2), 207–222.

Kibria, A. A., & Metcalfe, N. H. (2016). A biography of William Tuke (1732-1822): Founder of the modern mental asylum. *Journal of Medical Biography*, 24(3), 384–388. <https://doi.org/10.1177/0967772014533059>

Koenig, H. G. (2000). Religion and Medicine I: Historical Background and Reasons for Separation. *The International Journal of Psychiatry in Medicine*, 30(4), 385–398. <https://doi.org/10.2190/2RWB-3AE1-M1E5-TVHK>

Koenig, H. G. (2012). Religion, Spirituality, and Health: The Research and Clinical Implications. *ISRN Psychiatry*, 2012, 1–33. <https://doi.org/10.5402/2012/278730>

Koole, S. L., Meijer, M., & Remmers, C. (2017). Religious rituals as tools for adaptive self-regulation. *Religion, Brain & Behavior*, 7(3), 250–253. <https://doi.org/10.1080/2153599X.2016.1156562>

Laguna, M., & Razmus, W. (2019). When I Feel My Business Succeeds, I Flourish: Reciprocal Relationships Between Positive Orientation, Work Engagement, and Entrepreneurial Success. *Journal of Happiness Studies*, 20(8), 2711–2731. <https://doi.org/10.1007/s10902-018-0065-1>

LEVIN, J. (2010). Religion and Mental Health: Theory and Research. *International Journal of Applied Psychoanalytic Studies*. <https://doi.org/10.1002/aps.240>

Levin, J. S., & Vanderpool, H. Y. (1989). Is religion therapeutically significant for hypertension? *Social Science & Medicine*, 29(1), 69–78. [https://doi.org/10.1016/0277-9536\(89\)90129-9](https://doi.org/10.1016/0277-9536(89)90129-9)

Machado, L., de Oliveira, I. R., Peregrino, A., & Cantilino, A. (2019). Common mental disorders and subjective well-being: Emotional training among medical students based on positive psychology. *PLoS ONE*, 14(2), e0211926. <https://doi.org/10.1371/journal.pone.0211926>

Nelson-Becker, H., & Sangster, K. (2019). Recapturing the power of ritual to enhance the community in ageing. *Journal of Religion, Spirituality & Aging*, 31(2), 153–167. <https://doi.org/10.1080/15528030.2018.1532858>

Page, R. L., Peltzer, J. N., Burdette, A. M., & Hill, T. D. (2020). Religiosity and Health: A Holistic Biopsychosocial Perspective. *Journal of Holistic Nursing*, 38(1), 89–101. <https://doi.org/10.1177/0898010118783502>

Park, N., Peterson, C., Szvarca, D., Vander Molen, R. J., Kim, E. S., & Collon, K. (2014). Positive Psychology and Physical Health. *American Journal of Lifestyle Medicine*, 10(3), 200–206. <https://doi.org/10.1177/1559827614550277>

Peoples, H. C., Duda, P., & Marlowe, F. W. (2016). Hunter-Gatherers and the Origins of Religion. *Human Nature (Hawthorne, N.y.)*, 27, 261–282. <https://doi.org/10.1007/s12110-016-9260-0>

Puchalski, C. M. (2001). The role of spirituality in health care. *Proceedings (Baylor University. Medical Center)*, 14(4), 352–357.

Rumun, A. J. (2014). *INFLUENCE OF RELIGIOUS BELIEFS ON HEALTHCARE PRACTICE*. 2(4), 12.

Seligman, M. E. P. (2002). *Authentic happiness: Using the new positive psychology to realise your potential for lasting fulfilment*. New York: Free Press.

Stronge, S., Bulbulia, J., Davis, D. E., & Sibley, C. G. (2021). Religion and the Development of Character: Personality Changes Before and After Religious Conversion and Deconversion. *Social Psychological and Personality Science*, 12(5), 801–811. <https://doi.org/10.1177/1948550620942381>

Thomas, J., & Barbato, M. (2020). Positive Religious Coping and Mental Health among Christians and Muslims in Response to the COVID-19 Pandemic. *Religions*, 11(10), 498. <https://doi.org/10.3390/rel11100498>

Trepanowski, J. F., & Bloomer, R. J. (2010). The impact of religious fasting on human health. *Nutrition Journal*, 9(1), 57. <https://doi.org/10.1186/1475-2891-9-57>

Trudel-Fitzgerald, C., Millstein, R. A., von Hippel, C., Howe, C. J., Tomasso, L. P., Wagner, G. R., & VanderWeele, T. J. (2019). Psychological well-being as part of the public health debate? Insight into dimensions, interventions, and policy. *BMC Public Health*, 19(1), 1712. <https://doi.org/10.1186/s12889-019-8029-x>

Unützer, J., & Park, M. (2012). Strategies to Improve the Management of Depression in Primary Care. *Primary Care*, 39(2), 415–431. <https://doi.org/10.1016/j.pop.2012.03.010>

Ura, K. (2015). The Experience of Gross National Happiness As Development Framework. *SSRN Electronic Journal*. <https://doi.org/10.2139/ssrn.2941860>

Vaillant, G. E. (2008). Positive Emotions, Spirituality and the Practice of Psychiatry. *Men's Sana Monographs*, 6(1), 48–62. <https://doi.org/10.4103/0973-1229.36504>

Verghese, A. (2008). Spirituality and mental health. *Indian J Psychiatry*, 50(4).

Villani, D., Sorgente, A., Iannello, P., & Antonietti, A. (2019). The Role of Spirituality and Religiosity in Subjective Well-Being of Individuals With Different Religious Status. *Frontiers in Psychology*, 10. <https://www.frontiersin.org/articles/10.3389/fpsyg.2019.01525>

Volstad, C., Hughes, J., Jakubec, S. L., Flessati, S., Jackson, L., & Martin-Misener, R. (n.d.). “You have to be okay with okay”: Experiences of flourishing among university students transitioning directly from high school. *International Journal of Qualitative Studies on Health and Well-Being*, 15(1), 1834259. <https://doi.org/10.1080/17482631.2020.1834259>

You, S., Yoo, J. E., & Koh, Y. (2019). *Religious practices and mental health outcomes among Korean adults*. 142, 7–12.