

Religiosity, Spirituality, and Mental Health: A Review

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Abstract

This review aims to explore the complex relationship between religiosity, spirituality (R/S), and mental health, drawing upon a broad range of empirical studies published over the last three decades. While R/S has historically been perceived with skepticism in psychiatric discourse, contemporary research increasingly recognizes its significant implications for psychological well-being. The review synthesizes findings from clinical and non-clinical populations regarding the influence of R/S on depression, suicide, anxiety disorders, substance use, and negative religious coping. Most studies demonstrate a protective effect of R/S against depressive symptoms, suicidal ideation, and substance abuse, particularly in individuals under high stress. Conversely, maladaptive religious coping—such as feelings of spiritual abandonment or divine punishment—is associated with increased psychological distress. The paper also addresses the bidirectional nature of these relationships, emphasizing that R/S can function both as a resource and a risk factor depending on the context and individual differences. While substantial evidence supports the integration of spiritual assessment into clinical settings, the review also identifies gaps in the literature, notably concerning conditions like OCD and eating disorders. It concludes by recommending that mental health professionals incorporate R/S into patient care to enhance therapeutic outcomes and foster holistic well-being.

Keywords: Religiosity, Spirituality, Mental Health, Depression, Suicide, Substance Use.

INTRODUCTION

Religiosity refers to the set of principles, experiences, and behaviors that individuals display based on faith and practice. This concept, which reflects adherence to the commands and prohibitions of one's religious tradition, also encompasses dimensions such as belief, knowledge, and experience [1]. Spirituality, on the other hand, can be defined as a personal experience characterized by an individual's search for meaning in life and efforts to connect with the sacred or the transcendent [2]. Religiosity is generally considered a narrower construct, encompassing beliefs, rituals, and practices related to the transcendent. In contrast, spirituality is regarded as a broader concept, encompassing the personal quest to address questions related to life, its meaning, and one's relationship with the transcendent. According to these definitions, it is possible for individuals to exhibit high levels of spirituality even while demonstrating low levels of religiosity.

The relationship between religiosity, spirituality, and mental and physical health dates back to antiquity. During the 19th and 20th centuries, however, religion and spirituality were often blamed for adverse outcomes in psychiatry, such as hysteria and neurosis, leading to predominantly negative attitudes [3]. This perspective contributed to a separation between religion and psychiatry, fostering a negative stance toward incorporating religious and spiritual issues into clinical practice [4]. Over time, this viewpoint shifted; research has shown that both R/S are associated with a range of psychological and physical health outcomes [5]. Most studies focusing on physical health suggest that R/S are linked to reduced hospitalizations, lower levels of pain, longer life expectancy, better functional status, and fewer cardiovascular problems [6; 7]. However, it is notable that at least 80% of research in this field has focused on mental health outcomes [8]. In 2016, the World Psychiatric Association released a statement emphasizing the importance of addressing religion and spirituality in psychiatry and recommended their inclusion in both educational curricula and clinical consultations [9].

The aim of this article is to examine the findings of studies investigating the relationship between religiosity/spirituality(R/S) and mental health and to highlight key contributions within this domain.

METHOD

In this review, we examined studies about the relationship between religiosity, spirituality, and mental health. We searched for articles in online databases such as PubMed, Google Scholar, and PsycINFO. We included studies that focused on how religiosity or spirituality affects mental health outcomes like depression, anxiety, suicide and substance use disorders.

We chose studies from the last thirty years and included both clinical and non-clinical populations. Studies were excluded if they focused only on physical health or were not available as full-text articles.

After selecting the studies, we reviewed their methods, results, and key findings. We compared the studies to understand the overall patterns, similarities, and differences. We also looked for gaps and limitations to suggest areas for future research.

RESULTS

Depressive Disorders

In recent years, there has been a growing body of research investigating the relationship between R/S and depressive disorders, as well as the potential contributions of R/S to the treatment of depression. A review of 178 of the most rigorous studies revealed that 67% reported a negative association between R/S and depression, while 7% reported a positive association [10]. In a comprehensive review conducted by Koenig and colleagues in 2012, 443 studies published before 2012 examining the relationship between R/S and depression were identified. These studies were rated on a quality scale from 1 to 10, with an average score of 6.4. Notably, 47% of the studies received a score of 7 or above and were classified as high-quality. Overall, higher religious involvement was associated with lower levels of depression in 58% of the studies, higher depression in 7%, mixed results in 11%, and no association in 22%. When focusing only on the 148 highest-quality studies, 68% found that greater religiosity was linked to less depression [8].

These findings support the view that R/S is a multidimensional construct, encompassing various facets beyond a single measure or structure, and that its relationship with depression is complex [11]. A meta-analysis of 147 studies involving 98,975 individuals found an overall inverse relationship between religiosity and depression, with this association remaining consistent across age, gender, and ethnic background. Importantly, the protective effect appeared stronger among individuals experiencing higher levels of stress (e.g., crime victims or those undergoing divorce). However, negative religious coping and extrinsic religiosity were more strongly linked to depressive symptoms [12]. Furthermore, a longitudinal study following individuals at high risk for depression over a ten-year period found that those with higher levels of R/S had a lower likelihood of experiencing depressive episodes compared to their counterparts [13].

While the concepts of R/S are generally highlighted for their positive effects, the number of studies demonstrating their negative impact on health has been rapidly increasing, suggesting that R/S may serve as a source of stress for many individuals. A detailed review found that in 11% of studies examining the relationship between depression and R/S, religiosity was associated with higher levels of depression [10]. The concept of spiritual struggle, defined as maladaptive religious or spiritual beliefs that can generate or exacerbate suffering [14], encompasses three primary domains: conflict with supernatural entities, conflicts with religious or spiritual institutions, and internal struggles involving doubts about religion and spirituality or perceptions of loss of meaning in life [15]. Spiritual struggle often emerges in response to psychosocial stressors and represents a risk factor for depression, suicide, and other mental disorders. The concept of religious struggle, which has been positively associated with depression [14], has also been shown to have a negative association with happiness (Pargament & Krause, 2015).

The bidirectional nature of religion's impact on mental health underscores the need for mental health professionals to be aware of religious issues and highlights the importance of conducting further psychiatric research in this area [16].

Identifying the religious and spiritual factors that mitigate the effects of spiritual struggle may facilitate the development of programs designed to assist individuals experiencing spiritual crises [17].

Suicide

Suicide remains a public health problem on a global scale. According to the reports of the World Health Organization, suicide-related interventions are prioritized in global health planning [18]. Although suicides are preventable, several factors such as previous suicide attempts, physical and mental health problems, unemployment, loss, or relational difficulties increase suicide risk [19]. Most suicide prevention efforts have predominantly focused on individuals with mental illnesses. However, a significant proportion of suicidal behaviors occur among individuals without any diagnosed mental health condition [20]. For this reason, a more inclusive public health approach that focuses on promoting protective factors suitable for all individuals is crucial [21].

Most major world religions, which view life as a sacred gift, also impose serious sanctions against suicide. One of the earliest experimental studies in this field, conducted by Durkheim in the 19th century, concluded that suicide rates were lower in Catholic countries compared to Protestant regions. Since then, numerous studies have examined the relationship between various aspects of religion and suicide. The majority of these studies have concluded that religion serves as a protective factor against suicide [8].

Several mechanisms have been proposed to explain the inverse relationship between religion and suicide. Among these are religion's moral condemnation of suicide, its role in integrating individuals into society, its promotion of healthy living, and its provision of a sense of meaning, purpose, and hope [22; 23]. Religious prohibitions against suicide are often rooted in beliefs and moral arguments such as the idea that life is a gift from God, that suicide is contrary to the natural order, that it causes harm to society, and that it may encourage others to follow suit.

Although numerous experimental studies have examined the relationship between religion and suicide, the number of high-quality studies remains limited. Koenig and colleagues (2012) conducted a detailed review of studies on the relationship between religion and suicide published before 2010. According to the results of the reviewed studies, 67% reported that religious involvement serves as a protective factor against suicidal ideation, 6% suggested that religion might have negative effects, and 24% found no significant connection between religion and suicide. However, it was noted that there were methodological differences across these studies.

Anxiety Disorders

When examining anxiety disorders, it is found that 18.1% of people experience a clinically significant anxiety disorder each year, and the lifetime prevalence can reach up to 41% [24]. This shows that nearly one in two individuals will be diagnosed with an anxiety disorder at some point in their life.

Over 100 studies have explored the relationship between spirituality/religion and anxiety disorders. While research on mental health and R/S generally shows consistent results, suggesting that the positive aspects of R/S reduce the frequency and severity of symptoms and that negative aspects may increase the risk for psychological problems, the findings specifically related to anxiety disorders are more complex [25]. The relationship between spirituality/religion and anxiety can be divided into two main categories.

1. Observable Behaviors:

Participating in religious services (such as attending church or mosque), praying, or engaging in religious rituals can be included in this category. Overall, these behaviors tend to have a weak effect on anxiety. Studies examining the link between anxiety and such behaviors have found mixed results, reporting positive, negative, or no significant associations.

2. Cognitive or Emotional States:

These refer to a person's thoughts and feelings, such as attachment to God, gratitude, beliefs, and motivations. Reviews suggest that the cognitive and emotional aspects of spirituality/religion can be divided into two parts. Positive thoughts, such as trust and attachment to God, are generally associated with lower levels of anxiety. For example, affirmations like peace, trust, and hope can help reduce individual anxiety. On the other hand, negative thoughts, such as viewing God as unjust or punishing, are linked to higher levels of anxiety. For instance, the belief that God will punish one for misbehavior can increase anxiety. Overall, there is typically a negative relationship between positive spiritual/religious thoughts and anxiety, while negative spiritual/religious thoughts tend to show a positive relationship with anxiety [25].

Substance Use and Addiction

In recent years, the impact of spirituality and religion on substance use and addiction has been examined in detail. Studies have found that spirituality and religion can serve as protective factors in the development of substance use disorders and may also help support recovery. For example, among 105 comprehensive studies examining the relationship between spirituality/religion and substance use, 99 reported that R/S was associated with reduced substance use.

Additionally, a more recent meta-analysis evaluating 26 articles found an inverse relationship between religiosity ($r = -0.16$), religious participation ($r = -0.19$), and alcohol use [26]. A 2020 meta-analysis focusing on adolescents, which reviewed 16 studies, found a protective effect of religiosity on alcohol use

among adolescents ($z = -0.21$) [27]. Furthermore, a 2013 review examining the healing effects of spirituality/religion on substance addiction reported a weak but significant positive effect.

In a representative study conducted on 676 adolescents in the United States, belief in the transcendent and strong adherence to Protestantism were found to be associated with lower levels of substance use (such as cocaine, marijuana, or other illicit drugs) [28]. Similarly, a national study conducted in Brazil with 3,007 adults found that greater religious participation was linked to fewer alcohol-related problems, and individuals who identified themselves as religious reported fewer negative effects related to alcohol use [29]. In Switzerland, research on a representative sample of 5,387 men also confirmed the inverse relationship between spirituality/religion and substance use [30].

There is strong evidence supporting the relationship between spirituality/religion and substance use, with many studies consistently showing an inverse association. In summary, higher levels of R/S are negatively associated with substance use.

Negative Religious Coping

The relationship between spirituality/religion and mental health is generally seen as positive. However, patients who engage in negative religious coping should not be overlooked. Research has found that between 7% and 15% of individuals report using negative religious coping strategies [31]. While positive religious coping (e.g., religious forgiveness, gratitude) is generally associated with better outcomes, negative religious coping (e.g., feeling punished by God) has been shown to negatively impact mental health.

Fitchett and colleagues examined individuals with three different conditions (cardiovascular disease, diabetes, and cancer) and found that 15% of patients reported experiencing religious struggles [31]. The study concluded that, across all patient groups, religious conflicts were associated with higher levels of depressive symptoms.

Negative religious coping has also been linked to various negative outcomes, including higher anxiety and depression symptoms in hemodialysis patients [32], greater anxiety, depression, and sleep disturbances among those with acute coronary syndrome [33], more depressive symptoms and lower life satisfaction in heart failure patients [34], and higher levels of suicidal ideation among individuals with psychiatric diagnoses [35].

CONCLUSION

In recent years, interest in the R/S mental health connection has significantly expanded, forming a robust and diverse body of literature. Most studies have focused on topics such as suicide, depression, and substance addiction, while promising findings have also emerged regarding psychosis, anxiety, and post-traumatic stress disorder (PTSD). Fewer studies, however, have examined the connection between spirituality/religion and conditions like obsessive-compulsive disorder (OCD) or eating disorders.

It is possible that the effects of spirituality and religion on mental health are bidirectional, and whether individuals use their R/S in a positive or negative way to cope with stress can influence research outcomes. Therefore, the processes explaining how spirituality and religion affect mental health are not yet fully understood. More studies are needed to explore these effects and to conduct clinical research on interventions that incorporate R/S. As a result, there are still many gaps in the existing literature that need to be addressed.

Nonetheless, the current findings can offer practical guidance to mental health professionals. It is recommended that clinicians take a spiritual/religious history from each patient and consider incorporating spirituality- and religiosity-based interventions when they may be beneficial. Such an approach is thought to have a positive impact on the patient's well-being.

Author Contributions

Nurhayat Soylu: Conceptualization, Methodology, Investigation, Data Curation, Writing - Original Draft, Writing - Review & Editing .

Declaration of competing interest

The authors report there are no competing interests to declare.

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