

Journal of Research in Social Science and Humanities ISSN 2709-1910 www.pioneerpublisher.com/jrssh Volume 2 Number 4 April 2023

Role of Spirituality in the Mental Health

Dr. Vinod Kumar¹

¹ Sociology, Government Degree College Drang at Narla, District Mandi Himachal Pradesh, 175012 India

Correspondence: Dr. Vinod Kumar, Sociology, Government Degree College Drang at Narla, District Mandi Himachal Pradesh, 175012 India.

doi:10.56397/JRSSH.2023.04.01

Abstract

The paper strives to elucidate the complex yet intimate relation between spirituality and mental health from contemporary perspectives. The diverse and constantly evolving views that spiritualists and mental health professionals have held toward each other over last century are discussed with special accent on the transpersonal spiritual framework within psychology. The role of spirituality in promoting mental health and alleviating mental illness is highlighted. The paper is concluded with an increasing need to integrate spirituality within the mental health field albeit there are several impediments in achieving the same, which need to be worked through circumspectly.

Even though spirituality is different from religion it is often confused with the same. In fact, the historical negativism toward spirituality emanated from it being considered synonymous with religion. To put it succinctly, a person may be both religious and spiritual, or he may be religious and not spiritual, or he may be spiritual but not religious. Spirituality is more concerned with direct experience of latent higher consciousness within oneself, i.e., the internal space, whereas religion is an institutionalized set of beliefs, practices, and guidelines that an individual adopts and follows. Many spiritual movements arose as a rebellion against dominant religions of their times, for instance Buddhism and Jainism from Hinduism, Sufism as a critique against orthodox Islam. Historically, every religion has had its basis in direct spiritual experience of a spiritual master and only later after his teachings were consolidated and formulated in the form of a doctrine that people started following.

Keywords: integration, psychology, spirituality, physical maladies, depression, anxiety and frustration, stress and posttraumatic stress disorder, schizophrenia

1. Introduction

In recent times, it is evident that although science has amassed great knowledge, traversed and revealed the mysteries of universe, discovered and devised magnificent objects and technology, found cures for various life-threatening diseases, yet man is continuously battling against a hostile world. Though we have solutions for economic, technological, and political problems; emotional breakdowns, inner voids, and ethical and moral transgressions are challenging humanity. Amidst this, one of the hopeful developments in the world is a revival of interest in spirituality and mystical quest. People who have had spiritual experiences show distinct changes in their psyche, their approach toward fellow beings and life, representing a movement away from destructive personality characteristics and emergence of values fostering individual and collective survival. This holds potential for a major transformation of the hostile world that one is increasingly confronting.

2. Perception of Spirituality and Mental Health Field Toward Each other: From Historical to a Contemporary Perspective

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

In Europe, post the renaissance period 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 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, elusive, and irrational, and its practice was discouraged. Nineteenth century saw the emergence of disciplines imperious 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.

For instance, Freud the pioneering

psychoanalyst 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. The gods retain their threefold task: to hey must exorcize the terrors of nature, they must reconcile men to the cruelty of fate, particularly as it is shown in death, and they must compensate them for sufferings and privations which a civilized life in common had imposed on them."

In a similar vein, leading spiritualist of the twentieth century, Sri Aurobindo warned that "the exaggeration of the importance of complexes suppressed sexual (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 groupings will disappear and come to nothing."

Over the first half of twentieth century, psychology as an overt antagonism prevailed among psychiatrists, psychologists, and other mental health professionals 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. 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. 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 psychotherapists and have stopped pathologizing spiritual experiences and approach them with increasing sensitivity and empathy. This movement is also evident in diagnostic systems. Whereas, DSM-III was antagonized to religion viewing it as malicious to mental health, DSM-IV-has given a diagnostic category to include religious and spiritual

problems that can be a focus of clinical attention. Nevertheless, this is only a modest beginning restricted to few quarters and spirituality is awaiting absorption in mainstream psychology. **3. 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 and people who have had spiritual experiences report tremendous positive feelings as compared to others. 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. Individuals with imperious religious faith report higher levels of satisfaction, greater personal happiness, and fewer negative consequences of traumatic life events. People engaging in spiritual pursuits report being generally happy, cheerful, at peace most of the time, rarely depressed, have excellent physical health, and are satisfied with the meaning and purpose they find in their lives.

In recent past, 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, suggesting 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.

The most intriguing area of research has been perhaps the intercessory prayers, which involve praying for the benefit of others. 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.

4. Role of Spirituality in Alleviating Mental Illness

In the last few years, 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. Overwhelming suffering that accompanies almost all mental and physical illnesses is reinterpreted within a spiritual framework as a journey or pilgrimage that fosters hope and individuals are able to locate meaning within their suffering.

In modern societies where cohesive and supportive family structures are fast getting obliterated, spiritual and religious organizations provide much-needed social support which protects people from social isolation, bestows upon them a sense of belonging and self-esteem thereby equipping them to cope with stress and negative life events.

4.1 Physical Maladies

Yogic treatments can effectively cure and prevent a gamut of diseases ranging from hypertension, asthma, heart disease, cancer, multiple sclerosis, diabetes, etc. thereby giving the individual relief from consequent mental and emotional suffering.

4.2 Depression

Spirituality helps depressive patients figure out a meaning or a purpose in their life, which they had lost due to their illness. 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.

4.3 Anxiety and Frustration

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, individuals recovering from spinal injury, and middle-aged people suffering from cardiac problems. 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 anxiety suffering from disorders who

participated in Iyengar Hatha Yoga training had imperious and significant improvements in perceived stress, state and trait anxiety, fatigue, and depression. Another study found that Preksha Meditation, a Jain technique of meditation was very effective in reducing frustration levels and consequent aggression in prisoners.

4.4 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 individuals among include collaborative, deferring, and self-directing styles out of which collaborative approach has been found to be most beneficial for mental health. 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. 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. 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.

4.5 Schizophrenia

Spiritual orientation helps people with chronic schizophrenia in processes of reconstructing a sense of self and recovery. It has been found that schizophrenic patients find hope, meaning, and comfort in spiritual beliefs and practices. 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.

4.6 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.

5. Spiritual Emergencies: Disorders of the Spirit

Spirituality as a path is not sans dangers. Spiritual emergency refers to the condition in becomes disorganized which self and overwhelmed by an infusion of new realms of consciousness, which it is not yet capable of integrating. Many a times people who are on a spiritual journey explicitly or implicitly experience non ordinary states of consciousness that are viewed and treated as psychosis, neurological disorders, or dissociative states through suppressive medication and therapies, as the western enterprise of psychiatry and psychology lacks a framework and expertise to comprehend these states. This is a fatal error as many patients if properly understood and treated would experience transformation and spiritual realization but given the present state of affairs they end up spending their lives in inpatient wards and rehabilitation homes trying to ground themselves in the very ignorance that they wished to emancipate from. At the same time, transpersonal psychology stresses that not all psychotic states are spiritual emergencies, but some surely are, and acumen must be developed to differentiate between the two. There are two broad types of spiritual emergencies.

5.1 Consciousness Alterations

There are various energy centers or 'chakras' in the body associated with particular levels of consciousness and as these open up there may be vehement and terrifying rush of energy leading to prolonged periods of forceful shaking, involuntary spasms, and repetitive movements. When one's identity is getting merged into unitary consciousness, it can become a profoundly disorienting and depersonalizing experience for the individual making it difficult for individual to function in the world and many a times manifesting as a catatonic stupor.

5.2 Opening to Psychic Realms

As a part of spiritual journey, the person may travel into the inner underworld where he experiences intense suffering, pain, and torture often leading to psychic death followed by rebirth and ascent to higher region. At times, the individual may experience 'possession states' where he feels controlled by an evil entity and reports being traumatized.

If given a proper framework and support to comprehend these states, the individual can make the leap from psychotic-like states into higher consciousness.

6. Integration of Spirituality in Psychotherapy

Many psychotherapists are of the opinion that psychotherapy by itself is a spiritual enterprise as it provides insight that human beings are interdependent and need each other. The warmth and acceptance by the therapist allows the patient to deal with and integrate the disavowed parts of the self. Still others feel that some traditional psychotherapies such as psychoanalysis even without making an explicit claim have the power to transform the individual by taking him on a journey from fully possessing to dispossessing and renouncing the loved other. However, transpersonal psychologists call for a more active integration between spirituality and psychotherapy and a sensitization of all mental health professionals toward transpersonal issues. There are two broad ways in which spirituality can be integrated within psychotherapy. An explicit integration occurs when therapeutic approach overtly, directly, and systematically deals with spiritual issues in therapy and utilizes spiritual methods including meditation, yoga, prayer, and teachings from sacred texts for the purpose of healing and transformation. However, others favor an indirect approach wherein the therapist is open to dealing with spiritual issues but does not initiate such discussion or use spiritual methods till the client comes up with such concerns on their own.

Also, various spiritually oriented people have started recognizing the potential of modern psychotherapy in sowing seeds for a spiritual journey. They feel that in case of people who are suffering from psychological disorders, modern psychotherapy can strengthen the ego and help in breaking troublesome defenses. In contrast to a neurotic or psychotic self, this mature self that evolves from psychotherapy has the capacity to let go off control and to surrender to deeper self and can therefore lay down foundations for a spiritual evolution of consciousness. Similarly, quite a few psychotherapists are of the view that psychotherapy should start by addressing personal emotional pain but should not remain confined to the same and rather strive to move to a spiritual quest. These dialogues between the two camps have led to the development of integrative psychotherapeutic approaches such as transpersonal psychoanalytic psychotherapy, existential transpersonal psychotherapy, rational-emotive spiritual therapy, and cognitive spiritual therapy.

7. Current Trends, Future Directions, and Conclusion

There is little doubt that spirituality is being increasingly recognized and accepted in the mental health field as having a huge potential for transformation of individual and society, however, the following issues merit attention.

7.1 Conceptual Confusion Between Religion and Spirituality and Lack of Sensitization Toward Spirituality

A majority of mental health professionals 'religion' continue to understand 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 kinds of negative impact. On one hand, it discourages the use of a spiritual framework in psychotherapy and healing and on the other hand patients with spiritual issues feel dissatisfied and agitated due to an unemphatic attitude on part of these mental health professionals.

7.2 Lack of Training in Transpersonal Issues and Practices Within Mainstream Psychology

A majority of mainstream psychology training programs rarely have training in transpersonal issues and practices as part of their curriculum. Thus, psychologists and other mental health professionals do not get an opportunity to sensitize to the spiritual domain and even when they are, they are ill-equipped to deal with such issues in clinical practice. Most of the mental health professionals tend to misdiagnose and treat spiritual emergencies as psychotic states. They do not know how best to further a client's spiritual progress.

7.3 Paucity of Spirituality and Mental Health Research The pervasive tendency of mental health field to remain obsessed with pathology has crept into the spirituality researches as well. We have far more researches to appreciate the role of spirituality in alleviating mental disorders and illness as compared to the promotion of mental health by spirituality.

7.4 A Reductionist Paradigm of Our Times

The current paradigm of science that has been adopted by medical and psychological sciences is a reductionist one based on an atomic and materialistic view of reality. Though, attempts have been made to comprehend spirituality from this perspective they suffer from serious flaws as spirituality defies a materialistic interpretation. Within the current paradigm, 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. However, the scope and potential of spirituality is far beyond this. It is the nascent vehement storehouse for a revolution in consciousness; the way individual sees his self, world, and others and relates to them. This potential source is still in its nascent stage of utilization by the modern science.

Henceforth, 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.

References

- American Psychiatric Association. (1987). Diagnostic and Statistical Manual of Mental Disorders (3rd ed., Revised). Washington, DC: Author.
- Decker LR. (1993). The role of trauma in spiritual development. *J Hum Psychol., 33,* 33–46.
- Fabricatore AN, Handal PJ, Rubio DM, Gilner FH. (2004). Stress, religion, and mental health: Religious coping in mediating and moderating roles. *International Journal for the Psychology of Religion, 14*, 91-108.
- Ganje-Fling MA, McCarthy P. (1996). Impact of childhood social abuse on client spiritual development: Counseling implications.

Journal of Counseling and Development, 74, 253-258.

- Grof C, Grof S. (Eds.). (1989). Spiritual emergency. Los Angeles: Tarcher.
- Grof C, Grof S. (1986). Spiritual emergency: The understanding and treatment of transpersonal crisis. *Revision*, *8*, 7-20.
- Kennedy JE, Kanthamani H, Palmer K. (1994). Psychic and spiritual experiences, health, well-being, and meaning in life. *Journal of Parapsychology*, *58*, 353-383.
- King M, Speck P, Thomas A. (1995). The Royal Free Interview for religious and spiritual beliefs: Development and standardization. Psychological Medicine, 25, 1125-1134.
- Roland A. (1988). In search of self in India and Japan: Toward a cross-cultural psychology. Princeton, NJ: Princeton University Press.
- Sharma P. (2004). On the seashore: Dialogues between Indian psychology and modern psychotherapy. Paper presented at the National Conference on Indian Psychology, Yoga and Consciousness, Pondicherry, India.
- Sharma P. (2006). Science and spirituality: From impasse to innovation. *Psychological Studies*, *51*, 313-316.
- Shaw A, Joseph S, Linley PA. (2005). Religion, spirituality, and posttraumatic growth: A systematic review. *Mental Health, Religion & Culture, 8,* 1-11.
- Swinton J. (2001). *Spirituality and mental health care: Rediscovering a forgotten dimension*. London: Jessica Kingsley Publishers.
- Vrunda JP, Sundaram C, Jaisri G, Das S. (2002). Self-healing (Pranic Healing Meditation Activity) for Behavioral Problems and School Performance in Juvenile Home Inmates. In J. P. Balodhi (Ed.), Application of Oriental philosophical thoughts in mental health (pp. 125-134). Bangalore: NIMHANS.
- Weisman AG. (2000). Religion: A mediator of Anglo-American and Mexican attributional differences toward symptoms of schizophrenia. *Journal of Nervous and Mental Disease, 188,* 616-621.
- Wulff DM. (1996). The psychology of religion: An overview. In E. P. Shafranske (Ed.), *Religion and the clinical practice of psychology* (pp. 19-38). Washington, DC: American Psychological Association.