

# CORRELATION OF RELIGIOUSNESS AND DEPRESSION

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## **Abstract**

*We reviewed data from approximately 80 published and unpublished studies that examined the association of religious affiliation or involvement with depressive symptoms or depressive disorder. In these studies, religion was measured as religious affiliation; general religious involvement; organizational religious involvement; prayer or private religious involvement; religious salience and motivation; or religious beliefs. People from some religious affiliations appear to have an elevated risk for depressive symptoms and depressive disorder, and people with no religious affiliation are at an elevated risk in comparison with people who are religiously affiliated. People with high levels of extrinsic religious motivation are at increased risk for depressive symptoms. Although these associations tend to be consistent, they are modest and are substantially reduced in multivariate research. Longitudinal research is sparse, but suggests that some forms of religious involvement might exert a protective effect against the incidence and persistence of depressive symptoms or disorders. The existing research is sufficient to encourage further investigation of the associations of religion with depressive symptoms and disorder.*

**Keywords:** *Correlation, Depression, Depressive Symptoms, Religiousness, Religious Motivation.*

## **I. INTRODUCTION**

Depression is one of the most common intellectual disorders. Within their lifetime, among 10 and 25% of ladies and 5–12% of guys will meet the criteria for principal depressive ailment, whilst at any given factor in time between 5 and 12% of girls and a couple of–3% of guys meet the criteria for major depressive ailment. depression is pricey financially and in terms of human lifestyles [1]. It appears that medical take care of despair is on the upward push. Proof indicating that visits to physicians for despair multiplied from 11 million in 1985 to twenty.4 million in 1993–1994, and visits that covered remedy with an antidepressant medicine

multiplied from five. Three million to twelve. Four million in the identical time body [2]. Similarly, humans with major depression have a significantly accelerated risk to be used of hospital and clinical offerings, suicide tries, and early death. faith is a variable that isn't usually discussed in well-known epidemiological conceptualizations of despair [3]. This isn't always extraordinarily sudden given the conventional problem of quantifying religious phenomena, and admittedly, the unsure epidemiological fee of such statistics these days. nonetheless, clinical observations and established investigations for the reason that at the least Kraeplin4 have cautioned that depression coincides with numerous factors of religion [4]. The cumulative weight of 100 years of dependent and unstructured appraisals of the religion–depression dating has yet to be absolutely summarized and reviewed. in the present paper, we strive to accomplish this assignment. Our dialogue is divided into three sections [5]. First, we evaluate the prevailing studies on the superiority of despair and depressive signs amongst people of various spiritual affiliations (e.g. Jews, Catholics, Protestants, and Pentecostals). Second, we look at the studies on the relationship between ordinal and c language-stage measurements of non-secular involvement (inclusive of measures of organizational religious involvement, spiritual salience and motivations, non-public religious pastime, and particular religious' beliefs). 0.33, we summarize what those findings may mean for the destiny take a look at of religion in psychiatric epidemiology.

## II. DISCUSSION

### Religious affiliation and depression:

For a century there have been epidemiological observations that members of some religious groups appear to be at elevated risk for certain mental disorders.<sup>5</sup> In such studies – at least those conducted in the United States – the incidence or prevalence of depression and depressive symptoms among members of particular religious' groups are typically compared with those of the general population [6].

### Depression and religion:

Being spiritual or religious meant different things to different people, including believing in a higher purpose, a higher intelligence, a reason for existing, or God. Some people also belonged to a religion and church. The spiritual and religious people we talked to in particular sought a deeper reason for their depression [7]. Religion and spirituality could either support people's wellbeing or undermine it, depending on how people thought about their spirituality. Those who felt supported and helped by their spirituality believed in a loving, forgiving, benevolent higher power. This could be a wonderful source of comfort in depression. The trouble is that just as it is hard to feel connected to other people while depressed, it is difficult to feel connected to God. A leap of trust and faith is frequently needed to be spiritual while depressed [8].

When religion or spirituality worked against wellbeing, it contributed to negative thinking patterns, anxiety and depression. As children, some people had picked up the religious message that 'good behaviour leads to heaven, and bad behaviour leads to hell.' This idea had been frightening and unhelpful when they were children. Nevertheless, such early messages

could be challenged as part of becoming an adult, and recovering from depression. For instance, one young man in his thirties decided to turn away from Christianity because of his difficulties with the notion of 'sin,' as well as the fact that he never actually felt a personal connection to Jesus. One believed that prayer could have a healing effect [9]. Through prayer, one woman gained a sense of comfort and a feeling that God would always 'sustain' her and not prolong her suffering, even though she had experienced severe and long episodes of depression. While people could say formal prayers, they did not have to know particular prayers. Some people simply talk to a higher power/God as if they were talking to another person or an absent therapist. Some asked others to pray for them, such as when they were too unwell to pray themselves. While depressed people did not necessarily feel there was any benefit to praying at the time, they felt it was helpful in the long term. One woman used a metaphor of an iceberg melting in the sun to explain how she thought prayer helped people.

### **How Religion is Good (And Bad) For Mental Health:**

This week millions of Americans are navigating crushing crowds and spending hours traveling in order to catch a glimpse of Pope Francis on his first visit to this country. To those who are devoutly religious, the pope's U.S. trip presents a unique opportunity to get papal blessings, receive mercy and feel closer to God.

But even those devoted Catholics who aren't in the front row seat for Francis' visit may see benefits to their belief. A slew of research has tied being religious with better well-being and overall mental health. A number of studies have found that devout people have fewer symptoms of depression and anxiety, as well as a better ability to cope with stress. Certain religious practices may even change the brain in a way that boosts mental health, studies suggest [10].

However, religion could also be a double-edged sword: Negative religious beliefs — for example, that God is punishing or abandoning you — have been linked with harmful outcomes, including higher rates of depression and lower quality of life.

"If people have a loving, kind perception of God," and feel God is supportive, they seem to experience benefits, said Kenneth Pargament, a professor of psychology and an expert on religion and health at Bowling Green State University in Ohio. But "we know that there's a darker side to spirituality," Pargament said. "If you tend to see God as punitive, threatening or unreliable, then that's not very helpful" to your health, he said.

### **Religion's mental health benefits:**

A large body of research — particularly among people in the United States — has tied religious beliefs with positive outcomes for mental health. For example, a 2005 study of older adults in the San Francisco Bay area found that being religious served as a buffer against depression among people in poorer health, with the highest levels of depression among those who were in poor health and not religious. In addition, a 2013 study found that patients who are being treated for mental-health issues such as depression or anxiety responded better to treatment if they believed in God [11].

In another review of 93 studies on religion and health, Dr. Harold G. Koenig, director of the Center for Spirituality, Theology and Health at Duke University Medical Center, found that more religious people had fewer depressive symptoms. "People who are more involved in religious practices and who are more religiously committed seem to cope better with stress," Koenig said. "One of the reasons is because [religion] gives people a sense of purpose and meaning in life, and that helps them to make sense of negative things that happen to them," Koenig said. A person's religious community can also provide support and encouragement through hard times, he said.

### Religion and the brain:

Studies on the brains of religious people may also provide an explanation for the link between religion and mental-health benefits, said Dr. Andrew Newberg, a neuroscientist at Thomas Jefferson University and Hospital in Philadelphia. Studies suggest that meditation, and meditative prayer (such as prayer that repeats a particular phrase), activate areas of the brain involved in regulating emotional responses, including the frontal lobes, Newberg said. A 2010 study by Newberg and colleagues that included brain scans of Tibetan Buddhist and Franciscan nuns found that these long-term meditators had more activity in frontal-lobe areas such as the prefrontal cortex, compared with people who were not long-term meditators. Strengthening these areas of the brain may help people be "more calm, less reactionary, better able to deal with stressors," Newberg said. However, these studies can't say that prayer changed the brain — it's possible that these differences existed before the meditators took up their prayer practice.

## III. CONCLUSION

This review of the existing research on religion and depression supports a few conclusions that should be of import for researchers examining religion from the perspective of psychiatric epidemiology. People with high levels of general religious involvement, organizational religious involvement, religious salience, and intrinsic religious motivation are at reduced risk for depressive symptoms and depressive disorders. Private religious activity and particular religious' beliefs appear to bear no reliable relationship with depression. People with high levels of extrinsic religious motivation are at increased risk for depressive symptoms.

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