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ABSTRACT

In this chapter, the relation between religion and mental health and vice versa has been described. From primitive times different religions have different beliefs and systems of worshipping. Every religion with their belief system has implications on mental health and illness. We described how Hindu system of beliefs and rituals may have an effect in causation of various mental illnesses. It is also described how religion can help an individual to sustain one's life in various domains. The relationship between different religion and symptomatology is described. The impact and outcome of religion on mental health have been highlighted.

Key words: *Dharma,* extrinsic and intrinsic orientation, religion, spirituality

INTRODUCTION

Religion is as old as mankind. Primitive man had primitive religions and he worshiped the elements of nature like sun, earth, air, cloud, water, etc., Advances in civilization led to institutionalized religions. The basic characteristics of all religions are similar. There is a firm belief in a higher, unseen controlling power. Religion appears to be a psychological necessity for mankind. Religion which evolved due to basic psychological need of mankind later metamorphosed. Gradually religious practices developed into dogmas and superstitions. Though most religions continued changing with time many became completely fossilized. From mental health perspective religion provides much -needed guidelines, which can help individuals to devise a course for their lives. Stresses and strains as well as uncertainties of life can be tolerated more easily by the believers. However, many outmoded rituals and belief systems might inhibit positive growth and may lead to mental ill-health.[1] In studying the relationship of spirituality with health, it is not necessary to assume any position about the ontological reality of God or the spiritual realm. We can test whether measures of religious beliefs or behaviors are associated with health outcomes, regardless if we believe in the beliefs under investigation. India is a country which is associated with spiritual traditions for thousands of years; which has been home of some of the greatest religions of the world like Hinduism, Buddhism, Jainism, Sikhism, Christianity, Zoroastrianism. It is a land where spirituality is almost a way of life; where an even illiterate farmer or housewife will surprise one with their philosophical issues of life.[2]

With the modern technology development, we noticed change in symptoms in psychiatric patients. Earlier patients used to say that people weer talking about him, but now it is changed and patients now say that the chip is implanted in brain, which is controlling the patient. Same is true with symptoms with religious connotations. Muslim patient will describe symptoms as possessed by "Peer" and a Hindu will describe symptoms as possessed by "Goddess".

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RELIGION AND SPIRITUALITY-IS THERE A DIFFERENCE?

The definitions of religiosity and spirituality have been a perennial source of controversy. These are not interchangeable words. According to Betson and Ventisas early as 1912, the psychologist James Leuba detected 48 distinct definitions of religion. We will adopt the definitions given by Koenig *et al*.[3]

Religion

Is an organized system of beliefs, practices, rituals, and symbols designed to facilitate closeness to the sacred or transcendent (God, higher power, or ultimate truth/reality)?.[3]

Spirituality

Is the personal quest for understanding answers to the ultimate questions about life, about meaning, and about relationship with the sacred or transcendent, which may (or may not) lead to or arise from the development of religious rituals and the formation of a community?[3]

Religion usually refers to socially based beliefs and traditions, often associated with ritual and ceremony, whereas spirituality generally refers to a deep-seated individual sense of connection through which each person's life is experienced as contributing to a valued and greater "whole," together with a sense of belonging and acceptance. Spirituality is expressed through art, poetry and myth, as well as religious practice. Both religion and spirituality typically emphasize the depth of meaning and purpose in life. One does not, of course, have to be religious for life to be deeply meaningful, as atheists will avow. However, although some atheists might not consider themselves spiritual, many do. Spirituality is thus a more inclusive concept than religion.[4]

It must be clarified at the outset that there is a wide diversity of cultures and philosophical systems in India and a historical mix with western modes of thinking in recent years has made it difficult to identify a uniform Indian paradigm of mind and mental illness.

There are obvious differences between Jewish-Christian-Islamic religion and religious traditions as evolved in Indian subcontinent. In Indian languages, there is no equivalent term to convey the meaning of the word Religion. The nearest term is *dharma* is not an equivalent of religion. It is a mixture of cosmic order, sacred law, and religious duty. In India's philosophy and mythology play an important role in religious teaching. In India, particularly in Hindu religion God also has a different meaning. In other religion God is the creator and he resides outside the world he has created. However in Hinduism, God lies within you and within everyone and not outside. This is beautifully expressed in opening invocation of the famous Upanishad "*That is whole. This is whole. From the whole emerges the whole. The whole is taken from the whole but the whole remains*." In other words, the ultimate reality or Brahman as we say in India is both transcendent and immanent. The creation of the universe does not in any manner affect the integrity of Brahman.[2]

HISTORICAL BACKGROUND

The idea that religion and psychiatry have always been in conflict is still very prevalent. Today, most people believe that in the medieval ages most mental disorders were considered as witchcraft or demonic possession. After all, one of the foundational myths of psychiatry is that brave and enlightened psychiatrists liberated mankind from this religious superstition. Many well-known psychiatric textbooks have taught that the Middle Ages were the Dark Ages, when the focus was on insanity as demonology, when people did not consider natural causes to mental disorders and the insane were tortured or burned at the stake. However, that point of view is far away from the truth. Natural causes to mental disorders were proposed and largely accepted during that period and the emphasis on demonology and witch-hunting occurred after the middle Ages. In the middle of nineteenth century, proselytizing scientists and secularizing psychiatrists created the myth of psychiatry's victory over demonology and other myths about the dark middle ages such as the flat Earth," celebrating the scientific and humanitarian innovation that had rescued mankind from the superstitious models of Christian jurisdiction. However, Vandermeersch states that medical psychiatry's birth at the time of Pinel did not conflict with religion. The alleged opposition between enlightened medicine and obscurantist theology as well as between the humanitarian physician and the cruel churchman are myths.[3]

From mental-health perspective religion provides much needed guidelines, which can help individuals to devise a course for their lives. Stresses and strains as well as uncertainties of life can be tolerated more easily by the believers. However, many outmoded rituals and belief systems might inhibit positive growth and may lead to mental ill-health. Excessive sexual activity is decried upon by most religions and therefore, it may arouse a strong sense of guilt or anxiety in many. Similarly, any violation of religious rituals, whether willingly or unwillingly can generate considerable anxiety. If religion has to fulfill the need for which it was generated it has to keep pace with modern times and technology. Only then it will serve the function of providing relief and succour to mankind.[1]

However, almost all statements about the impact of religiosity/spirituality in mental health were not based on empirical research, but mainly on clinical experience and personal opinions. One factor that may have contributed to this negative attitude is what Lukoff *et al*.[3] Noted as the religiosity gap" between mental health professionals and patients. Psychiatrists and psychologists tend to

be less religious than the general population, and do not receive adequate training to deal with religious questions in clinical practice. So, they usually have difficulties in understanding and empathizing with patients' religious beliefs and behavior. If the main source of psychiatrists' contact with religious experiences is through the report of their patients, naturally, those are biased sources. Although psychiatric patients many times use religious coping in a healthy way, they also may express a depressive, psychotic or anxious point of view of their religions. Those perspectives, farther than not reflecting in a fairly way the religious experiences of the general population, were seen as confirmations of the pathological nature of religiosity. Only in the last two decades have rigorous scientific research been done and published in mainstream medical and psychological journals. David B. Larson, Jeffrey S. Levin and Harold G. Koenig were some of the pioneers who opened a new stage for scientific investigation of religion/spirituality in the medical field.They have conducted a series of studies looking at the relationship between religious involvement and mental health in mature adults, either living in the community or hospitalized with medical illness. Since then, many other researchers have produced a large body of research that has usually, but not always, shown a positive association between religious involvement and mental health. Currently, there is a trend favoring a rapprochement of religion and psychiatry to help mental health professionals develop skills to understand better the religious factors influencing health and to provide a more compassionate and comprehensive mental health care.[3]

MENTAL HEALTH IN INDIAN TRADITION

One line definitions do not do justice to complex cultural concepts. There are many references in Indian philosophical texts as to what constitutes as an ideal person. Most often, quoted text is from Srimad Bhagavad Gita describing the balanced person as one who has a controlled mind, emotions and senses.

For understanding the concept of mental-health, perhaps more important than any one quote is the broad Hindu view of life as summed up in the well-known four ends or broad aims of life (*Purushartha*). These are *Dharma, Kama, Artha and Moksha*. *Dharma* is righteousness, virtue or religious duty. *Kama* refers to fulfilment of our biological needs or sensual pleasures. *Artha* refers to fulfilment of our social needs including material gains, acquisition of wealth and social recognition. *Moksha* means liberation from worldly bondage and union with ultimate reality.[2]

These four aims highlight harmony of different dimensions in life: *Kama* as the biological dimension, *Artha* as social dimension and *Moksha* as spiritual dimension. *Dharma* is the central axis around which life rotates. If one pursues *Kama* and *Artha* without *Dharma* the long term result is suffering for the individual and others around them.[2]

EVIDENCE OF THE IMPACT OF RELIGIOSITY ON MENTAL HEALTH

A large part of the research involving religion and health did not have religion as the focus of the study. Because of that, frequently, the measurement of religiosity involved only a single question, often simply religious denomination. However, the religious affiliation tells us little about what is religiosity and how important it is in someone's life. On account of that, studies using only a subject's religious affiliation have provided, with few exceptions, many inconsistent and contradictory findings. The strongest and most consistent results have not been found between different religious denominations, but by comparing different degrees of religious involvement (from a non-religious to a deeply religious person). Church attendance, i.e., how often someone attends religious meetings, is one of the most widely used questions to investigate the level of religious involvement. Other questions are non-organizational religiosity (time spent in private religious activities such as prayer, meditation, and reading religious texts) and subjective religiosity (the importance of the religion in someone's life). However, caution is necessary in interpreting the relationship between private religious practices and health in cross-sectional studies. People may pray more while they are sick or under stressful situations. Turning to religion when sick may result in a spurious positive association between religiousness and poor health. Conversely, a poor health status could decrease the capacity to attend a religious meeting, in that way creating another bias on the association between religiousness and health. Finally, a very important dimension of religiosity is *religious commitment*, which reflects the influence that religious beliefs have on a person's decisions and lifestyle. According to the Harvard psychologist Gordon Allport a persons' religious orientation may be intrinsic and/or extrinsic:[3]

Extrinsic orientation

Persons with this orientation are disposed to use religion for their own ends. Many find religion useful in a variety of ways – to provide security and solace, sociability and distraction, status and self-justification. The embraced creed is lightly held or else selectively shaped to fit more primary needs.[3]

Intrinsic orientation

Persons with this orientation find their master motive in religion. Other needs, strong as they may be, are regarded as of less ultimate significance, and they are, so far as possible, brought in harmony with the religious beliefs and prescriptions. Having embraced a creed the individual endeavors to internalize it and follow it fully.[3]

Usually, the intrinsic orientation is associated with healthier personality and mental status, while the extrinsic orientation is associated with the opposite. Extrinsic religiosity is associated with dogmatism, prejudice, fear of death, and anxiety, it "does a good job of measuring the sort of religion that gives religion a bad name. This very important and consistent finding totally contradicts Ellis, who argued that one way that religiosity sabotaged" mental-health was a lack of self-interest rather than be primarily self-interested, devout deity-oriented religionists put their hypothesized god(s) first and themselves second – or last. It is exactly this behavior that has been most consistently associated with better mental-health.[3]

Positive outcomes of religion and health

Gartner, Larson and Allen reviewed the literature and found numerous variables, which had positive correlations with religiousness. Of physical health, religiousness was related to decreased smoking and alcohol consumption, as well as positively effecting heart disease and blood pressure. A confound was that, at least in the elderly, physical health supported religious activities, more than the other way around. Religious commitment and participation seemed to affect longevity, as well, especially in men.[5] Suicide rates were consistently found to have a negative correlation with religiosity. Suicide ideology was also lowered, as well as, more disapproving attitudes towards suicidal behavior. An interesting finding was that church attendance was a major predictor in suicide prevention, even more than employment. In Hindu, religious beliefs if you take your life prematurely than you have to suffer in the next birth. Hence in this religion there is a strong believe in rebirths. There is a negative correlation between drug use and religiousness. Church attendance was found to be more of an indicator of drug abstinence than parents' religiosity or feelings about religion.[5] Use of alcohol: Most research findings support that religious affiliation, especially participation, lowers the rate of alcohol consumption. The best defense against overuse of alcohol was modeling disciplined drinking habits by the religion. This was found because different denominations had different rates of alcoholism (Jews the lowest, Catholics the highest, and Protestants somewhere in-between), and that even in conservative Protestant homes, there were found some higher rates of alcoholism, so some concluded that the religious tradition had more impact than the home.[5] Many alcoholics who drink on a regular basis, in Hindu religion most of them abstain from alcoholism during "Navratra." These days are auspicious so the patient does not drink.

Ambiguous outcomes of religion and mental health

Gartner's findings demonstrated mixed result in regard to anxiety. Some research showed greater anxiety with religiosity, while other research showed less anxiety. Some people were less anxious and showed less somatic symptoms with public religious activities, yet more so with private devotions. Intrinsic religion was associated with lower anxiety, while higher levels were found with extrinsic religion. There was also mixed results on death anxiety and religiosity. Of the controversial findings on self-esteem, one study found that loving portrayals of God were positively correlated with higher self-esteem, and negatively correlated with God portrayed as vindictive and punitive.[5] The death in Hindu religion is taken lightly in some parts of India. If a Hindu dies in Kashi (Varanasi) then it is believed that he goes directly to heaven. The mixed results may be from confusion between humans as sinful, as held by conservative Christians, which might result in a misdefinition of what self-esteem is. The literature on sexual disorders showed that more male clients in sex therapy were from religious homes. A replication failed to find this. Some research has looked at denomination and sex, but little research has included the variable religion or religious commitment. Several studies have found a weak positive correlation with education, others found a negative correlation. "It seems, therefore, that religious participation is positively associated with education, but religious conservatism, possibly because of its association with lower social class, is negatively associated with measures of intellectual achievement." There seems to be some consensus on a negative correlation between intelligence and religious conservatism; and possibly a positive correlation between intelligence and church participation. Early findings found that there was more prejudice from religious people. More recent studies have suggested a curvilinear relationship between prejudice and church attendance; so that those who attended church often and those who never attended were less prejudiced than those who attended infrequently. Intrinsic religiosity was negatively correlated with prejudice, as was religious commitment. Extrinsic religiosity has been found to have a positive correlation with prejudice.[5]

HOW RELIGION COULD INFLUENCE MENTAL HEALTH

Although there are plethora of studies reporting relationships between religious involvement and mental health, they rarely investigated the potential mediators of this relationship. Several mechanisms have been proposed to explain the influence of religion on human health.

Healthy behaviors and lifestyle

Several illnesses are related to behavior and lifestyle. The way we eat, drink, drive our automobile, have sex, smoke, use drugs, follow medical prescriptions, exam ourselves for prevention have important influences in our health.

Most religions prescribe or prohibit behaviors that may impact health. The biblical teachings, 3000 years ago, about diet, ways to handle food, cleaning and purity, circumcision, sexual behavior were important for preventing disease.

Today other illnesses are more relevant. Prescriptions about keeping a day of rest, the body as a sacred temple, monogamous sex, moderation on eating and drinking, peaceful relationships are doctrines that might be also helpful for contemporary health problems (related to stress, competition, individualism, narcissism, anger, shame etc.).

A good clinical example trying to apply those teachings was the research of Thoresen *et al*.[3] Who successfully tried to modify Type A behavior in coronary patients through a program that included spiritual practices.

Certain religious practices are responsible for health hazards and risks. Visits to a holy shrine on specific times can enhance the risk of accidents. Prohibition of vaccines, medication or blood transfusion, endogamous marriages, violence against unbelievers, handling of poisonous snakes, the way dead bodies are handled are other examples of behaviors that can bring health problems.[3]

Social support

Belonging to a group brings psychosocial support that can promote health. Religion might provide social cohesion, the sense of belonging to a caring group, continuity in relationships with friends and family and other support groups.

Social support can influence health by facilitating adherence to health promotion programs, offering fellowship in times of stress, suffering and sorrow, diminishing the impact of anxiety and other emotions and anomie.

Social support, although important, is not the only mechanism by which religion influences health. Religion still has beneficial effects even when social support is a controlled variable.[3]

Belief systems, cognitive framework

Beliefs and cognitive processes influence how people deal with stress, suffering and life problems.

Religious beliefs can provide support through the following ways: Enhancing acceptance, endurance and resilience. They generate peace, self-confidence, purpose, forgiveness to the individuals own failures, self-giving and positive self-image. On the other hand, they can bring guilt, doubts, anxiety and depression through an enhanced self-criticism.[3]

Locus of control is an expression that arises from the social learning theory and tries to understand why people deal in different ways even when facing the same problem. Why some actively act and others stay in despondency. An internal *locus of control* is usually associated with well-being, and an external one with depression and anxiety. A religious belief can favor an internal*locus of control* with impact on mental-health.[3]

Many patients use religion to cope with medical and non-medical problems. The study of religious coping, which can be positive or negative, has emerged as a promising research field. Positive religious coping has been associated with good health outcomes, and negative religious coping with the opposite. Religious patients tend to use more positive than negative religious coping. Positive religious coping involves behaviors such as: Trying to find a lesson from God in the stressing event, doing what one can do and leave the rest in God's hands, seeking support from clergy/church members, thinking about how one's life is part of a larger spiritual force, looking to religion for assistance to find a new direction for living when the old one may no longer be viable, and attempting to provide spiritual support and comfort to others. Negative religious coping includes passive waiting for God to control the situation, redefining the stressor as a punishment from God or as an act of the devil and questioning God's love.[3]

Religious practices

Public and private religious practices can help to maintain mental health and prevent mental diseases. They help to cope with anxiety, fears, frustration, anger, anomie, inferiority feelings, despondency and isolation.[3]

The most commonly studied religious practice is meditation. It has been reported that it can produce changes in personality, reduce tension and anxiety, diminish self-blame, stabilize emotional ups and downs, and improve self-knowledge. Improvement in panic attacks, generalized anxiety disorder, depression, insomnia, drug use, stress, chronic pain and other health problems have been reported. Follow-up studies have documented the effectiveness of these techniques. Other religious practices (such as personal prayer, confession, forgiveness, exorcism, liturgy, blessings and altered states of consciousness); may also be effective, but more studies are necessary. In Muslim patients during days of fasting (Roza) they have to readjust the dose of medications so that it will prevent relapse.

Spiritual direction

Spiritual direction is described as a special relationship between two human beings to help the development of the spiritual-self. Its aims are to develop a relationship with God, to find meaning in life, and to promote personal growth. Several religious and psychological techniques may be used, and great similarities with psychotherapy can be found, as the same themes are discussed. The psychotherapy and its Indian adaptation are discussed in different article elsewhere.[3]

Idiom to express stress

In times of stress and social disorganization certain religious rituals by means of techniques that elicit altered states of consciousness, can produce catharsis, dissociative states and a special milieu to express problems and suffering.[3]

Multifactorial explanation

Religion is a multidimensional phenomenon and no single fact can explain its actions and consequences. The combination

of beliefs, behaviors and environment promoted by the religious involvement probably act altogether to determine the religious effects on health. However, empirical studies have had limited success in accounting for the psychosocial mechanisms described above for the health-promoting effects of the religious involvement. The explanation of the mechanisms by which religion affects health has been an intellectually and methodologically challenging enterprise.[3]

CLINICAL IMPLICATIONS

The importance of the relationship between religion and mental health is recognized exists. Patients do have spiritual needs that should be identified and addressed, but psychiatrists and other mental health professionals do not feel comfortable tackling these issues. Adequate training is necessary to integrate spirituality into clinical practice. The professional should have in-depth knowledge of the cultural and religion environment where his/her work is being done.

In the presence of psychopathology, religion may be part of it, contributing to the symptoms (obsessions or delusions for example). Sometimes, religion may become rigid and inflexible, and be associated with magical thinking and resistance. It may be helpful to integrate the patient into society, or motivate him/her to seek treatment (promoting guilt that motivates treatment in a pedophilic for instance). It may hinder treatment if it forbids psychotherapy or the use of medication.[3]

It has been described the elements of a functional theology, present in all religions, which may promote good mental health. They are: Awareness of God, acceptance of the grace and love of God, repentance and social responsibility, faith and trust, involvement in organized religion, fellowship, ethic, and tolerance and openness to the experiences of others.[3]

During assessment, the psychiatrist should be able to determine whether the religion in the life of his patient is important, has a special meaning, is active or inactive, involves values in accordance to his main tradition, is useful or harmful, and promotes autonomy, personal growth, good self-image and interpersonal relationships. Koenig recommendations go beyond listening and respect, appropriate referral, and support of spiritual needs. A brief spiritual history is necessary to become familiar to the patients religious beliefs as they relate to decisions about medical care, understanding the role religion plays in coping with illness or causing stress, and identifying spiritual needs that may require assistance.[3]

Four basic areas should be remembered when taking a spiritual history:[3]

1) Does the patient use religion or spirituality to help cope with illness or is it a source of stress, and how?
2) Is the patient a member of a supportive spiritual community?
3) Does the patient have any troubling spiritual question or concerns?
4) Does the patient have any spiritual beliefs that might influence medical care?

RELIGION AND MENTAL ILLNESS: INDIAN PERSPECTIVE

Religious beliefs and practices are often contributory to the development of certain psychiatric disorders more so as regards to obsessions, anxiety and depression. Somehow, this aspect of psychopathology has not been given due consideration. For instance, Freud observed remarkable similarity between obsessive behavior patterns and religious practices in view of their fixed, stereotyped and rigid character, their being meaningless and the anxiety that follows when specific action is not properly performed. Religion provides mechanisms for both intensifying guilt as well as alleviating it. Religion often creates guilt by setting high moral standards while, on the other hand, it also provides a number of methods of alleviating guilt such as confession, prayer, charity etc.[1]

In spite of the presence of almost all religions in India for centuries, Hinduism continues to be the predominant religion. To an outsider Hinduism continues to present bewildering arrays of beliefs, customs, and code of conduct, which are often mutually contradictory. To understand Hinduism is to understand India because in Hinduism lies the history of this subcontinent for the last 4000 years. In early Aryan religion, there is mention of many natural deities like sun, fire and lightning and perhaps there were no idols and worship was in open. Rig Veda also gives some account of religious hymns. Present Hinduism is a queer mix of various influences of past and present. No religion exists with such open contraindications and also so openly accepted. Every Hindu accepts this paradox easily and quite happily. He believes in one God and is ready to worship as many as the occasion demands. However, in spite of this wide diversity there is still a fair degree of unanimity on essentials of life.[6]

Dhat syndrome

An average Hindu grows in an environment where sex outside marriage is identical to sin. The guilt is overpowering and becomes an integral part of his psychological development. We see the repercussion in the form of sexual hypochondriasis. Sexual hypochondriasis Dhat *(*WIG 1958) is common in India. There is multiple neurasthenic symptoms associated with passage of semen in urine. It occurs in young Indian males. A history of masturbation and night emissions are present.[6] Behere *et al*. described its phenomenology and its origin.[7]

Obsessive compulsive disorder

It was found that obsessive neurosis was only about 2% of all psychiatric cases. The explanation might be obsessive

compulsive symptoms particularly related to cleanliness are socially accepted to family than other neurotic illness. Hindus excessive preoccupation with cleanliness, on the other hand, may give rise to gastro intestinal hypochondriasis.[6]

Depression

It is quite common in India. There is often a guilt feeling in Indian depressed patients. If asked whether his present symptoms are due to some past misdeeds a Hindu is quick to admit the relationship with some unknown sin in past life. The concept of original sin and repentance which is common in Christianity is foreign to Hindu religion where every individual is a part of the cosmic soul and has to eventually merge with it.[6]

Acute psychogenic psychosis

Due to rigid conformism and suppression of aggressive impulses sudden outbursts in form of acute psychosis are common.[6]

Possession spells

It is widely common in India and has its root in religious beliefs. Like any other illness, Hindu also believed mental illness as a state of being possessed by someone. Such beliefs are still common, especially in rural populations. It occurs mostly in hysterical background but sometimes is reported in association with functional psychosis.[6]

Similarly, in many psychotic states religious hallucinations and delusions are common.[6]

Reincarnation beliefs

As already pointed out belief in continuity of soul in past and future births are deeply rooted in Hindu psyche. Psychotic symptoms are associated with references to past life.[6]

Hanuman complex

Hanuman was always considered wise and brave, but he did not fully realize his potential to fly and do other great deeds till much later when he was on a mission to search for Queen Sita who was kidnapped by Ravana and was taken to Lanka. Hanuman did not know his full power until he was reminded by Jambavan. N.N.Wig named this part of Ramayana as Hanuman Complex. He has used this idea many times as a psychiatrist in treating patients, basically in psychotherapy. He uses this mythological tale to make two points: (1) To a patient who has lost confidence and who feels unable to meet life's challenges, I relate this story. Most of the patients have already known it. I point out that the power to change his life rests within him. He has temporarily lost the knowledge of his own powers due to his illness, due to this veil of ignorance. Like Hanuman, he has to shake off this diffidence and realize his true potential. The golden Lanka lies across the sea and he has the power to reach there. (2) To the doctors in training I narrate this story to emphasize that "when you do psychotherapy, do not assume that power to change the life of the patient lies with you. In fact, the potential to change rests with the patient who has temporarily like Hanuman, lost it. It is your job as a therapist (like Jambavan) to restore this power back to the patient.[8]"

Gita and psychotherapy

The essence of psychotherapy has been present in all traditional societies all along. In India, it has existed in a submerged form, interwoven with social structures, social norms, in religious practices, in customs, myths and rituals. It has been included in mysticism, in yoga, in Buddhism, in Ayurveda, in Unani tradition and in allopathic tradition.[9] Mahabharata is a great textbook of psychopathology and Gita a great treatise in psychotherapy. Bhagavad Gita describes various aspects of psychotherapeutic techniques through 18 chapters of self-knowledge. Gita frees person form guilt sense in its own frame work, resolves repression, supplies energy and morale by making person dig deeper still in his own self and develop insight in to its working. Model of psychotherapy which will widely be accepted in Indian patients could be found in traditional concept of relationship between a Guru and Chela.

Religious conversion

During recent years, some case reports have described religious conversion in temporal lobe epilepsy.[10]

RELIGION AND WELL-BEING

Well-being can be defined in many ways and may be found in many ways. Religion appears to be one important way of having a sense of well-being. There may be three means to which mental health and well-being could be affected by religiousness: First, religion could provide a resource for explaining and resolving problematic situations. Second, religion may operate to enhance a sense of self as empowered or efficacious. Third, religion may provide the basis for a sense of meaning, direction and personal identity, and invest potentially alienating events with meaning.[5]

CONCLUSION

Ideas about the relationship between religiousness and mental health have changed over the past few centuries. During much of the 20th century, mental health professionals tended to deny the religious aspects of human life and often considered this dimension as either old-fashioned or pathological, predicting that it would disappear as mankind matured and developed. However, hundreds of epidemiological studies performed during the last decades have shown a different picture. Religiousness remains an important aspect of human life and it usually has a positive association with good mental health. Even though most studies have been conducted in the United States in Christian populations, in the last few years several of the main findings

have been replicated in samples from different countries and religions. Two lines of investigation that need to be expanded are cross-cultural studies and application of these findings to clinical practice in different areas of the world.[3]

Considering that religiousness is frequent and has associations with mental health, it should be considered in research and clinical practice. The clinician who truly wishes to consider the bio-psycho-social aspects of a patient needs to assess, understand, and respect his/her religious beliefs, like any other psychosocial dimension. Increasing our knowledge of the religious aspect of human beings will increase our capacity to honor our duty as mental health providers and/or scientists in relieving suffering and helping people to live more fulfilling lives.[3]

Religious methods have often been used to treat the mentally ill. Initially, the priest was the most important counselor because he had the authority of religion along with psychological expertise. Faith and belief systems are very important constituents of psychological well-being and could be fruitfully utilized in psychotherapy. Their usage must be carefully evaluated. Hence, psychiatrists need to study religion *vis-a-vis* mental health more carefully as it is likely to increase the efficiency and acceptability of psychiatry to the masses. Finally, religion has a great influence in psychiatry including symptoms, phenomenology, and outcome.[1]

REFERENCES

1. Agarwal AK. Religion and mental health. Editorial. Indian J Psychiatry 1989;31:185-6.
2. Wig NN. Mental health and spiritual values. A view from the east. Int Rev Psychiatry 1999;11:92-6.
3. Moreira-Almeida A, LotufoNeto F, Harold G Koenig. Religiousness and mental health: A review. Rev. Bras. Psiquiatr 2006;28. São Paulo 2006 Epub Aug 10.
4. Simon D, Christopher CH. Cook, Andrew Powell, Sarah Eagger. Religion, spirituality and mental health. The Psychiatrist Online. 2010;34:63-4.
5. Bailey CM. The effects of religion on mental health: Implications for seventh-day Adventists. In: 20th International Faith and Learning Seminar held at Loma Linda University Loma Linda, California, USA-June 15-26, 1997.
6. Wig NN. Influence of religion on mental illness in India. In: International Congress of Social Psychiatry, Yoguslavia 1970, 21st-27th September 1970.
7. Behere PB, Natraj GM. Dhat syndrome: The phenomenology of a culture bound sex neurosis of the orient. Indian J Psychiatry 1984;26:76-8.
8. Wig NN. Hanuman Complex And its Resolution: An Illustration of Psychotherapy from Indian mythology. Indian J Psychiatry 2004;46:25-8.
9. Avasthi A, Anthony R. Psychotherapy in Indian Context. J Clin Psychiatry 1998-99;3:26-8.
10. Shukla GD, Katiyar BC. Religious conversion in temporal lobe epilepsy. Indian J Psychiatry 1978;20:343-4.

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