

## Mediating effects of religious/spiritual coping on mental health



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### **ABSTRACT**

The beneficial assets of religious/spiritual coping in mental health have been considered beneficial as

coping strategies for physical and mental illnesses for many individuals, playing a significant role in their lives and can help them cope with their problems. In this sense, the aim of this study is to highlight the mediating effects of religious/spiritual coping on mental health. The study was developed through a bibliographic research, with a qualitative approach, with a search in the Scielo and PubMed databases, available in Portuguese and English, without date delimitation. The descriptors used in the search were coping, mental health, spirituality, religiosity. In this review, it was found that R/E is positively related to coping, resilience, well-being, happiness, hope, self-control and self-esteem, suggesting that the higher the R/E, the better mental health. It was concluded that the effects of religious/spiritual coping on mental health are determined, at least partially, by the structures of orientation and meaning that are strongly embedded in individual internal schemes, serving to cushion the consequences and impact of negative events and increase subjective well-being.

**Keywords:** Coping, Religiousness, Spirituality, Mental health.

## **1 INTRODUCTION**

It is known that health is determined not only by physical, mental and social factors, but also by spiritual ones, which play an important role in the lives of human beings and influence many aspects of existence. They are also closely linked to mental health, including a wide variety of beliefs, emotions and behaviours, some of which are constructive to human functioning (KOENING, 2012).

According to Moreira-Almeida et al. (2014), religiosity/spirituality (R/E) is related to better overall health and longevity and lower frequency of use of health services. In mental health, it is related to a lower chance of faster development and recovery from cases involving depression, suicide attempt, and drug and alcohol abuse. There is also evidence that people with a well-developed spirituality tend to get sick less, have healthier lifestyle habits, and when they do get sick, develop less depression and recover faster.



R/E has a therapeutic effect on mental health, endowing individuals with valuable coping skills that are accessible regardless of financial, social, physical or mental circumstances. In addition, religion tends to prescribe healthy lifestyle practices, give social support to individuals (resulting in a sense of belonging and being cared for by their group) and help their adherents to develop cognitive structures that help them in the difficulties of life (PARGAMENT, 2001).

In addition, R/E reinforces individuals' internal locus of control, which allows them to respond to the same problem in a way that is beneficial to their well-being. Consequently, through the use of religious or spiritual strategies or practices such as prayer or meditation, they can counteract the harmful tendencies caused by their illness and can reduce stress and anxiety, decrease self-blame, stabilize emotional highs and lows, and improve self-esteem, self-awareness, as well as improve the management of obstacles such as panic attacks, generalized anxiety disorder, depression, insomnia, drug use, stress, chronic pain, and other health problems (ECCO; Lemos, 2016).

The beneficial assets of religious/spiritual coping (CRE) in mental health are considered beneficial regardless of age, race, gender, nationality, and socioeconomic status and appear to be higher for those in stressful circumstances, serving as a resource for individuals affected by mental illness, especially disadvantaged groups who experience substantial stress in daily life, higher rates of mental disorders, and who lack the social support and financial means to treat their disease (KOENING, 2007).

Religiosity and spirituality are prevalent coping strategies for both physical and mental illnesses for many individuals, playing a significant role in their lives and can help them cope with their problems. Thus, the religious/spiritual coping involves behaviors that help the human being to deal or adapt to difficult life situations, being fundamental to their sense of well-being and can help to deal with the negative aspects of existence (PARGAMENT, 2001).

In this sense, the aim of this study is to highlight the mediating effects of religious/spiritual coping on mental health.

## **2 MATERIAL AND METHOD**

The study was developed through a bibliographic research, with a qualitative approach, with a search in the Scielo and PubMed databases, available in Portuguese and English, without date delimitation. The descriptors used in the search were coping, mental health, spirituality, religiosity.

## **3 DEVELOPMENT**

### **3.1 RELIGION AND SPIRITUALITY**

It is considered necessary to make a distinction between religion and spirituality in order to contextualize the theoretical framework on which this study is based. Religion is considered by the American Psychological Association (APA, 2010) as a belief system with spiritual practices organized



around the worship of an all-powerful deity or deities and includes behaviors such as prayers, prayers, meditation, and participation in rituals. Thus, it has generally been defined in terms of behavior, which includes frequency and/or participation in activities and practices that find their basis in culture and social participation. On the other hand, spirituality is understood as an individual experience, which includes feelings or experiences of admiration, harmony, peace and connection with the universe or higher power, which may or may not be related to religion (KOENING, 2012).

Religion has become a system of belief practices observed by a community, sustained by rituals that recognize, worship, and communicate or address the sacred, the transcendental. This rests on a set of writings or teachings that reveal the meaning and purpose or place that individuals occupy in the world, the responsibilities of each other and the naturalness of the afterlife, usually around the worship of an all-powerful deity or deities (APA, 2010).

This can be professed publicly through participation in a particular organization. This organizational affiliation entails attending religious services, gathering in a group to pray, or studying the scriptures, among other things. Religion is a form of spirituality, but not all spirituality is necessarily religious, although all religions claim to promote the spirituality of their followers through their beliefs (KOENING, 2012).

The term spirituality has been widely used in health care, the purpose of which has been applied to both people of various religious and non-religious confessions. This opens up a new category of spiritual but not religious people. According to Koenig (2007), religion and spirituality are traditional means of coping, because they promote a locus of internal control in stressful situations and help to re-signify stressful events, in order to intrinsically motivate the individual to deal with the stressors of life.

According to Ecco and Lemos (2016, p. 41):

The spiritual dimension depends on three components: the need to find meaning and fulfillment in life; the need to have hope and the will to live; need to have faith in yourself, others, or God. This holistic model of care, which validates the spiritual dimension and values biopsychosocio-spiritual integration, contributes to enhance the strengths of individuals and increase empowerment during the care process

Thus, in general, religion and spirituality do not necessarily correspond to the same phenomenon, however, religious and spiritual beliefs have the potential to influence the cognitive assessment of negative life events in a way that makes them less distressing (KONEING, 2012).

### 3.2 SPIRITUAL RELIGIOUS COPING

Lazarus and Folkman (1987, p. 141) defined coping as cognitive and behavioral efforts "to manage specific external and/or internal demands that are assessed as overloading or exceeding the



person's resources." This definition addresses the cognitive, affective and behavioral aspects of the coping process and also focuses on the effort associated with an individual's response.

Lazarus and Folkman (1987) developed the Transactional Model of Stress and Coping, which provides a framework for dealing with stressful events, where stress is considered as the effect that a challenging environment or situation has on an individual and coping is how that person responds and acts to manage, alter, or tolerate such stressful situations or events. The authors proposed two types of coping strategies: those aimed at alleviating negative emotions and those that include efforts to deal directly with stressful situations.

According to Helena and Polakiewicz (2015, p. 41):

There is an interconnection between religion and health, religion and disease and religion and healing; This relationship may be linked to a physical illness, but linked to an existence of numerous possibilities connected to mental health. Coping or coping refers to the union of cognitive and behavioral strategies, used by people as a way to face stressful situations. Its definition is described as the creation of a set of defense of people to circumvent adversity and stress in their work and personal environment; may be focused on both problems and emotions, that is, individuals can guide these thoughts and actions to the cause of the problem situation (focus on the problem) or to regulate distressing emotions (focus on emotions).

Subsequently, Pargament (2001) developed the concept of religious/spiritual coping, which proposes that R/E is one of the ways through which individuals can deal with life situations through the internal force that emerges from their religious and/or spiritual beliefs and practices, that is, they are the different forms, related to the sacred, to understand and deal with the negative events of life. Thus, R/E provides meaning and purpose to life in times of crisis.

According to Pargament (2001), religious/spiritual coping alludes to a search for meaning as a force that guides life and directs people to face difficult situations that may arise throughout life. Such a search does not have a universal goal, as it can be oriented towards the material, physical, psychological, social, as well as spiritual, which can be good or bad.

Faced with critical situations, people often deny and avoid confrontation with their own mortality and vulnerability, seeking to protect their values; so the conservation of meaning is an initial trend that manifests itself in the most threatening situations (PARGAMENT, 2001).

Pargament (2011) classified religious/spiritual coping into two constructs: positive and negative. Positive coping translates into a secure relationship with the sacred and involves assessing obstacles in the light of divine providence, while negative coping is maladaptive and interprets challenges as the result of divine punishment and dissent. Both positive and negative constructs of religious/spiritual coping are considered relevant to mental health outcomes.

Puchalski et al. (2009) highlight the following aspects of religious/spiritual coping: cognitive, which refer to the way the individual understands the world around him, including questions such as "Why do bad things happen to good people?" "What happens after death?"; experiential, which have



to do with connection and inner resilience, encompassing questions such as "Am I alone or am I connected to something bigger?" "Can I find hope in this difficult situation?"; and behavioral aspects, which concern the ways in which a person's spiritual beliefs and inner spiritual state affect their behavior and life choices.

Corrêa, Batista and Holanda (2016) report that positive coping patterns are associated with benevolent outcomes, including fewer symptoms of suffering, psychological and spiritual growth as a result of the stressor.

Ingersoll (1998) proposed that the spiritual dimension of meaning is expressed in the form of a sense of having a life worth living, with purpose and of being at peace. Meaninglessness in life can result in various psychopathologies and R/E restores its purpose and meaning, which in turn reduces mental distress and cases of anxiety and depression.

Resilience involves the ability to recover after a disruption in life; In other words, it's the ability to get back to normal or even thrive in the face of hardship. Therefore, it is fundamentally linked to coping, which involves the various ways in which people respond to adversity in their efforts to recover. Thus, having a diversity of coping options is particularly useful to be resilient and religious/spiritual coping methods can expand this repertoire (PANZINI; FLAG, 2007).

According to Pargament (2011) the crises that individuals face often raise deep existential questions about their place and purpose in the world, the limits of their control and their finitude. In this sense, religious/spiritual forms of coping may be able to address the deeper dimensions of a crisis, responsible for a unique variation in relation to secular ways of coping, when it comes to adjusting to stressors.

Thus, religious/spiritual coping is a form of emotional coping and, to achieve this balance, it is possible to turn to this source of coping, developing a sense of positivity and resilience (NASR et al., 2012).

### 3.3 RELIGIOUS/SPIRITUAL COPING IN MENTAL HEALTH

According to the World Health Organization (WHO, 2001), mental health is defined as a state of well-being in which the individual is aware of his own resources, can cope with the normal stress of life, work productively and fruitfully and is able to make contributions to his community. From this approach, mental health encompasses not only as the absence of psychopathological symptoms (e.g., depression, anxiety, psychotic symptoms), but also by the presence of feelings of well-being.

R/E and mental health have generally been seen as allies, with positive religious/spiritual coping providing the necessary solace in times of distress. Religious/spiritual coping, as described by Pargament (2001), consists of the use of religious beliefs, attitudes or practices to reduce the emotional



suffering caused by stressful life events, such as losses or changes, giving meaning to suffering and making it more bearable.

Religious/spiritual beliefs and practices are used to regulate emotion during circumstances that are outside of individuals' personal control and provide a source of comfort and wisdom to help understand what otherwise seems meaningless and prescribes a ritual path to address basic spiritual questions of meaning, value and relationship (MOREIRA-ALMEIDA et al., 2014).

Religious/spiritual coping is considered a factor related to mental health during disasters, due to the ability of religious and spiritual beliefs to provide a powerful lens through which individuals and families can make sense of the events that occur in their lives (CORRÊA; BAPTIST; HOLLAND, 2016).

For Puchalski et al. (2009), adverse events take away the sense of normality and disrupt the daily routine and, in these moments, coping, through the beliefs and practices associated with R/E can provide an internal structure and help frame negative events in a positive light, helping to overcome these types of stressors that directly interfere with mental health.

Pargament (2011) points out that coping strategies determine the state of the individual in mental health and the proper application of this strategy results in a true assessment of the situation, sense of security, gain of support, flexibility, growth and achievement of an identity (PARGAMENT, 2011).

Religious/spiritual coping has been recognized as an important adaptive resource when people go through intense critical situations in their lives, as the individual tends to turn more often to God or to certain spiritual behaviors such as meditation and prayer, and apparently these resources are effective. In this conception Dalgalarondo (2007, p. 32) states that this relationship has been observed in different studies, emphasizing that:

The presence of the religious in the way of constructing and experiencing mental suffering has been observed by many of the researchers. This is the case both in studies with more qualitative and ethnographic contours, as well as in the most quantitative and epidemiological ones. This is also noticeable both for milder mental disorders, such as anxiety and depression, and for severe conditions, such as psychoses. The search for some relief from suffering, for some meaning to the despair that is established in the life of those who fall ill, seems to be something markedly recurrent in the experience, especially for the popular classes.

According to Koenig (2012), R/E has shown a low association with depression, but its resilient value among these individuals is important to get out of depressive conditions more quickly. Thus, there is a direct relationship between R/E and the improvement of mental disorders, acting as a mediating variable in the path between depressive states and quality of life.

According to Lucchetti et al. (2021), people suffering from depressive symptoms tend to seek refuge in religion, religious faith, and spirituality, which can positively influence mental health, producing positive effects through emotions and affective states that promote attitudes of hope,



forgiveness, increased self-esteem, peace, well-being, love, and companionship. In addition, R/E offers a powerful way to address existential questions that arise before extreme situations and they allow us to create new meanings in the face of an experience of loss.

According to Lucchetti et al. (2021), there is consistent evidence on R/E as a protective factor against depression, suicide, problematic substance use, and other diagnoses such as post-traumatic stress. Thus, it is associated with lower mortality, initiative to smoke, use of illicit drugs, satisfaction with life, meaning and purpose of life, and social commitment.

For Koenig (2012), there is a strong association between R/E and mental health, suggesting a protective effect on health. However, Monteiro et al. (2020) note that when people believe in a punitive god, anxiety and depression can increase, pointing out that negative religious coping is associated with depressive symptoms, anxiety, and increased pain sensation in patients with chronic diseases and even suicidal behaviors.

However, religious/spiritual coping, when compared to other forms of coping, seems to be especially useful in situations such as bereavement or severe illness, where little direct control is possible. During extreme and uncontrollable stressors, such as disasters, an individual's perceived support by their deities or members of their religious congregation can reduce the deleterious outcomes of these events, and may provide the psychological underpinnings that promote mental health in the midst of an event that is largely out of their control (KOENING, 2012).

#### 4 FINAL CONSIDERATIONS

R/E does not prevent stressful or distressing situations, as these are inscribed in the equation of life, however, it can help the individual to cushion stress and increase their level of well-being, leading to better mental health.

Thus, religious/spiritual coping allows individuals to find meaning in stressful and traumatic life events that would otherwise be difficult, if not impossible, to explain, such as death, terminal illness, accidents, situations that put mental health at risk.

Therefore, religious/spiritual coping is based on a system of meanings that empower the individual to make sense of stressful life events, and can function as a mediator between the dimensions of mental health.

In this context, it is understood that the effects of religious/spiritual coping on mental health are determined, at least partially, by the structures of orientation and meaning that are strongly embedded in individual internal schemes, serving to cushion the consequences and impact of negative events and increase subjective well-being.



In this review, it was found that R/E is positively related to coping, resilience, well-being, happiness, hope, self-control and self-esteem, suggesting that the higher the R/E, the better mental health.





## REFERENCES

- CORRÊA, C. V.; BATISTA, J. S.; HOLANDA, A. F. Coping religioso/espiritual em processos de saúde e doença: revisão da produção em periódicos brasileiros (2000-2013). *PsicoFAE*, v. 5, n. 1, p. 61-78, 2016.
- DALGALARRONDO, P. Estudos sobre religião e saúde mental no Brasil: histórico e perspectivas atuais. *Revista Psiquiatria Clínica*, v. 34, n. 1, p. 25-33, 2007.
- ECCO, C.; LEMOS, C. T. Religião e saúde: o medo como elemento constituinte das representações de doença. In: ECCO, C.; QUICENO, J. M.; QUADROS, E. G.; SIGNAYES, L. (Orgs.). *Religião, saúde e terapias integrativas*. Goiânia: Espaço Acadêmico, 2016.
- HELENA, L. S. M., POLAKIEWICZ, R. R. Coping religioso-espiritual e profissionais da saúde que atuam na área de saúde mental e psiquiatria. *Perspectiva Online: Biologia e Saúde*, v. 18, n. 5, p. 41-42, 2015.
- INGERSOLL, R. E. Refining dimensions of spiritual wellness: A cross-traditional approach. *Counseling and Values*, v. 42, n. 3, p. 156-165, 1998.
- KOENIG, H. G. Religião, espiritualidade e psiquiatria: uma nova era na atenção à saúde mental. *Revista de Psiquiatria Clínica*, v. 34, supl. 1, p. 5-7, 2007.
- KOENING, H. G. *Medicina, religião e saúde: o encontro da ciência e da espiritualidade*. São Paulo: L&PM, 2012.
- LAZARUS, R. S.; FOLKMAN, S. Transactional Theory and research on emotions and coping. *European Journal of Personality*, v. 1, n. 3, p. 141-169, 1987.
- LUCCHETTI, G. et al. Spirituality, religiousness and mental health: A review of the current scientific evidence. *World J Clin Cases*, v. 16, n. 9, p. 7620-7631, 2021.
- MONTEIRO, D. D. et al. Espiritualidade/religiosidade e saúde mental no Brasil: uma revisão. *Bol. Acad. Paul. Psicol*, v. 40, n. 98, p. 129-139, 2020.
- MOREIRA-ALMEIDA, A. et al. Implicações clínicas da espiritualidade para a saúde mental: revisão de evidências e diretrizes práticas. *Revista Brasileira de Psiquiatria*, v. 36, n. 2, p. 176-182, 2014.
- NASR, N. et al. Redefinition of life experience following total hip replacement: A qualitative study. *Disability and Rehabilitation Journal*, v. 34, n. 10, p. 802-810, 2012.
- ORGANIZAÇÃO MUNDIAL DA SAÚDE – OMS. *International Classification of Functioning, Disability and Health: ICDH-2*. Genebra: OMS, 2001.
- PANZINI, R. G.; BANDEIRA, D. R. Coping (enfrentamento) religioso/espiritual. *Revista de Psiquiatria Clínica*, v. 34, supl 1, p. 126-135, 2007.
- PARGAMENT, K. I. *The Psychology of Religion and Coping: Theory, Research, Practice*. New York: The Guilford Press, 2001.
- PARGAMENT, K. I. *Spiritually integrated psychotherapy: Understanding and addressing the sacred*. New York: The Guilford Press, 2011.



PUCHALSKI, M. et al. Improving the quality of spiritual care as a dimension of palliative care: The Report of the Consensus Conference. *J Palliat Med*, v. 12, n. 10, p. 885-904, 2009.