

MENTAL HEALTH AND SPIRITUALITY

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SUMMARY

The paper deals with relation of spirituality and religion as well as its influence on mental and spiritual health. It analyzes how people use their beliefs and religion as help in restoring balance necessary for attaining mental health. The paper also points out the significance of spirituality and spiritual peace as the component of mental health and its preservation. The purpose of this paper is to show that religious people deal easier and better with dangers which can damage mental health. That is noticed through longer lifespan and rare illnesses. However, spirituality is not a guarantee that religious persons will not suffer from mental disorders which can result in mental illnesses and their consequences. Illness usually leads to distorted self-image and the environment which surrounds the patient. Being a religious person does not mean being exempt from illness, but religious persons deal easier with illness and going through the healing process.

Key words: health - mental health - spiritual health – belief - religion

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INTRODUCTION

This paper will deal with mental health, connection between mental health and spirituality as well as spiritual health.

The intention is first of all try to explain what is mental health, define the criteria of mental health and briefly cover spirituality and religiosity through different areas the paper is interwoven with.

It will be noticed through the paper that there are different definitions which try to explain and give the answer to the question: what is mental health, but none of these is not generally accepted definition. Spirituality, spiritual health and influence of illness on spirituality will explain us how religion teaches us that we were created healthy by God and that we were implanted with mechanisms which maintain our health if we obey God's laws. It will also clarify how spiritual health gives us the possibility to come out of ourselves, to enter into the right relationship with others as well as to communicate in the right way. We shall give a review of different pieces of research which are greatly significant to this area and which confirmed the influence of spirituality on mental health.

DEFINING MENTAL HEALTH

There is no generally accepted definition of mental health which could give a clear and precise answer to the question: what is mental health?

Brlas (2014, 26) defines mental health as "a part of general health characterized by the absence of psychopathological symptoms, prosocial behavior, absence of anxiety (especially chronic), self-control capability, personal competence feeling, self-criticism and self-realization capability, openness to new information and experiences, adaptability as well as positively integrated personality".

Today mental health is most often measured by structured questionnaires for self-evaluation of the mental health state, which represents the standard procedure in many epidemiological and population research (Vadla 2011). Nevertheless, mental health can be measured by different questionnaires that measure depression, anxiety, suicidal ideas, life satisfaction and similar (Liu & Koenig 2013).

Mental health criteria

As an average mental health is based on the static model in which by normal statistic norm is meant (Wakefield 1992). Or to be more concrete that is appearance of the certain phenomenon. According to him what is greatest or what is present the most can be considered normal, while what deviates from the norms is unacceptable. "Maybe the greatest objection to this model lies in its rigid dimensionality. If a great number of varieties in clinical psychology can be shown quantitatively, there is still a significant number of disorders whose "ill" determinants are mostly of quantitative and categorical nature. Since it could be very problematic to say that somebody is "a little schizophrenic" as she also cannot be "a little pregnant" (Biro 2003, 24).

Absence of disease as the mental health criterion is based on the medical model of the mental health concept, or medicine approach to health and disease. Mikenik (2005, 82) gives a precise opinion on the usage of this model by saying: "people are either ill or not". This model has received many different critics, especially by advocators of humanistic approach and anti-psychiatric movement.

Criterion for defining mental health as social acceptability starts from the level how much a certain individual has adjusted himself and integrated into society and generally accepted social norms. Normative elements and their application are different from society to society, from

regime to regime, but also cultural climate, what in total makes this model of defining mental health unacceptable. Mental health as ideal is taken from the humanistic approach to mental health. According to this criterion self-actualization is crucial in order to reach mental health, ideal, every human strives for. The term “self-actualization” encompasses the human ability to realize his own potentials and rational thinking, purposeful behavior and establishment of adequate interpersonal relations, authenticity, openness to changes, capability of taking over responsibility, etc. Although it sounds very optimistic, in reality this criterion of mental health stays at the level of idealistic for most of the population (Miković 2007).

SPIRITUALITY AND RELIGIOSITY

Miller and Thorensen (2003) state that presupposition, that spirituality cannot and should not be scientifically studied, had influence on scarce number of research in this area. They believe that these presuppositions are wrong and that this area is the main for development and conduct of qualitative research projects. Of course, researchers have to stay objective while involving themselves into one of the most important areas of life and human belief system.

The term spirituality has had a long and diverse career. William James (1902/1961 as cited in Miller and Thorensen 2003) defined religion through feelings, procedures and experiences of certain people in their loneliness... in relation to what they can consider as divine. Therefore, he basically equaled religion with spirituality and neglected institutional religion (Hauerwas 2001). Simpson and Weiner (1991, as cited in Miller and Thorensen 2003) focus themselves on two dominantly connected topics:

- Phenomenon of dealing with the liveliest and vital life principle or quality, often described as giving life or energy to material human elements of a person. During the 20th century William James and others connected spiritual with the character, personality and mood of a person, often with the emphasis on social and emotional style as well as the person's way of life (e.g. chronic rage or internal piece). It is clear that human experience is crucial in understanding spirituality.
- Spirituality involves wide orientation to intangible features of life, which are considered physical senses (e.g. vision and hearing) used for understanding material world as usual. Main religions used the spiritual terminology in a similar way in order to refer to the one which is experienced and considered transcendent, holy or divine (e.g. Holy Spirit).

For spiritual it is generally understood that it goes beyond physical borders of time and space, substance and energy. However, some spirituality features are pretty obvious (e.g. spiritual practice, spiritually motivated behavior of taking care of others). Some see spirituality

primarily as relation – transcendent relationship with what is sacred in life (Walsh 2000) or with something divine outside ourselves (Emmons 1999).

What is then religion? In one sense religion is institutional (and thus primarily material) phenomenon. Although religions are often worried about spirituality, they are social entities or institutions, and opposite to spirituality, they are defined by their limits. Religions vary according to certain beliefs and practices, demands of membership and ways of social organization. The one that is spiritual or transcendent can be the central interest or focus, but religions are also characterized by other unspiritual problems and goals (e.g. cultural, economic, political, social, etc.). Therefore, religion can be basically considered as social phenomenon, while spirituality (such as health and personality) is usually understood at the level of individual in certain contexts (Thorensen, 1989). Observed in this way, the area of religion refers to spirituality as the area of medicine to health.

Religiosity is, of course, somehow defined in relation to religion, while spirituality – at least at the level of a person – can or does not have to be rooted in religion. This language difference allows concepts which could sometimes seem pretty strange: unspiritual religiosity (attending the faith because of your own practical-social benefits) or unreligious spirituality (mystic experience of individuals, which can be transformed or transcendent without religious context) (May 1982 as cited in Miller and Thorensen 2003). Further on, for some persons, religiosity can crucially overlap with spirituality, while for the others, even within same religion, it can overlap only a little. It can be imagined that religion and its practices facilitate or inhibit human spiritual development. Thus, spirituality and religiosity can be the best described as overlapping constructs, which share some features, but also keep some undivided characteristics (Miller & Thorensen 2003).

STUDYING HUMAN SPIRITUAL DIMENSION

German philosophers published the first out of three planned volumes on human consciousness as the result of studying human spiritual dimension.

Studying the relation of psychosomatic diseases and theological anthropology, doctor of theology and medicine Matthias Beck came to a conclusion that somatic diseases cannot be wholly or correctly diagnosed and treated without involving spiritual dimension into medicine. He says that every cell of the human body is revived by spirit or spiritual soul. That is why knowing human spiritual dimension is of crucial significance for diagnosis and therapy. He analyzes the relation: soul – body and spirit – brain. The body is an expression of the soul. There is an information: soul – gene, that is not only informing, but also forming and such forming depends on kindness, hope, truth, love, trust and beauty (Beck 2004).

German medicine anthropologist Arthur Jones says that specifically human disease appears in psychophysical area when the human cannot fulfill requests of his consciousness and come to the sense. That is primarily spiritual illness which can be then somatized. He provides data that almost 70% of somatic illnesses have their cause in the soul. As such he calls them specifically human diseases and only 30% of them are caused by viruses, bacteria, parasites, weakened immune system, genetic and carcinogen substances (Jones 1998).

In their book "Spiritual Intelligence" Danah Zohar and Ian Marshall think that spiritual soul can be ill when the person cannot establish relationship with the deep center in himself. The person may be cut from his supplying roots of personality in the foundation of the person and his existence. Despair, evil and obsession, as spiritual illnesses are caused by the lack of spiritual intelligence according to the authors. They show us that setting apart from ourselves, the others and God creates the feeling of helplessness to get in touch with the integrative center in ourselves and causes schizophrenia (Zohar & Marshall 2002).

In his book "Emotional Intelligence" Daniel Goleman emphasizes that there is unconscious knowledge and that human uses it not only for recognizing moral values but also for making unconscious decisions. That means that spiritual cognition is above rational and that the category "subconsciousness" and "unconscious" is only physical, but not spiritual (Goleman 1997).

Therapeutic spirituality

Human life is multilayered and complex. Humanistic sciences managed to develop useful theories regarding deeper understanding of biological, psychological and sociological realities of human life. Eminent psychotherapists such as Freud, Jung, Rogers and many others recognized in their work with patients many unhealthy aspects of modern civilization and tried to point out the way out of crisis for individuals and society. Although areas of theology and psychology are interconnected, each of them has to keep its specificity. That relation could be maybe shown visually as two circles which are partially intersected, but whom the third circle belongs to and that is spiritual dimension, which harmonizes those two areas and makes them complete. The third dimension may be called "power of Spirit" or "healing by Holy". Jesus's mission was also to show people what is possible to achieve through the power of God's Spirit in us. It follows that healing is conducted from inside to outside – by the power of God in us. Thus, illness is connected to disorder which is developed in the center of human creature and from there goes to the external level. That is why internal healing is the fundamental healing. Christ regenerates a human and returns him to genuine harmony, healing his spiritual wounds and injuries (Domazet 2003).

Therapy without ethics is worse than no therapy. Therapy without spirituality does not make any perma-

nent success and thus makes the patient dependent on his therapist. A good doctor connects medical and spiritual therapy. But mistake of the many so called spiritual therapists is that they think that a couple of "well presented" prayers can easily replace fundamental psychological education. They completely misinterpret what is meant by saying "God's instrument". Somebody can become God's instrument only by improving his vocation and professional knowledge and connecting it with deep faith. Salvation, recovery and healing make an inseparable whole. Unfortunately, salvation has often been discussed through theological history in the abstract way. Human health was not seen as spiritual task. Spirituality must primarily be liberating and not restrictive in order to become therapy and contribute to complete healing and consecration of the person. Many Christians live their Christianity in the wrong way. Jesus never spoke about suppression of one's own feelings and needs, slavish demeanor, that one can lose his health, suffer mentally, destroy interpersonal relations because of devotion to God. Humanity that Jesus lived as the role model for us does not make people ill. If the image of God or spirituality does that, it is then distorted. In assessing "quality" of spirituality, it is crucial to see what influence it makes on the psyche of the individual, interpersonal relationships, work and commitment every day (Domazet 2003).

OVERVIEW OF RESEARCH IN THIS AREA

Research implemented by Joelle and Coelho (2017) "*The impact of spirituality at work on workers' attitudes and individual performance*" showed positive connections with spirituality at work. Two hypotheses, important for us, are: "There is a positive relationship between spirituality at work and job resourcefulness" and "There is a positive relationship between spirituality at work and organizational affective commitment". Results showed that organizations appreciate spirituality at work and that it has significant impact on both job resourcefulness and affective commitment. These results were expected and spirituality plays a significant role for the benefit of the individual and working environment in the organizations. This research also found significant relationships between spirituality at work and different organizational outcomes, such as job resourcefulness and affective commitment. Role of job resourcefulness in mediating impact of spirituality at work and individual performances seem especially interesting. Affective commitment becomes especially important when it stimulates workers to overcome their limitations and be ready to do their best for the organization, increasing the job resourcefulness in realization of their goals connected to the job.

Research by Chaar and associates (2008) on the impact of spirituality on the quality of life, anxiety and depression among cancer patients showed that spirituality can influence on how patients deal with the cancer "experience", how they find their peace and a sort of

wellness during the cancer treatment and surviving despite tiredness or pain and how it eventually helps patients in finding the feeling of health in the midst of disease. Better emotional and cognitive functioning is noticed in the patients with greater peace, belief and total functional evaluation of the chronic disease therapy. Peace and complete functional evaluation of the chronic diseases therapy were also higher among patients with better global health status and life quality. Anxiety as well as depression were significantly connected with all factors of spiritual welfare. Spirituality can improve life quality and decrease frequency of anxiety and depression of cancer patients. These results point out the necessity of including spiritual care in the health systems.

In 2019 Salomão de Campos and associates conducted the study on “impact of spirituality and religiosity on mental health and quality of life of patients with active Crohn’s disease”. They analyzed connection of religious/spiritual coping, quality of life and mental health of patients with active Crohn’s disease. The study included 102 patients. Religious and spiritual beliefs were more often in the patients with positive religious/spiritual coping than in the patients with negative religious/spiritual coping. Negative coping was associated with mood disorders (symptoms of depression or anxiety) through the Hospital Anxiety and Depression Scale, but not with quality of life after adjustments. Positive coping and other religious/spiritual beliefs and behavior were not associated either with the quality of life or mental health. This study suggests that negative religious/spiritual coping is associated with worse mental health outcomes. This may detrimentally impact adaptations to deal with Crohn’s disease in the active phase, although patients generally tend to use more common positive strategies. In the conclusion we may say that these findings may increase the awareness of the health professionals while dealing with spiritual beliefs in patients with Crohn’s disease.

Studies which analyze greater data sets show positive connections between religion/spirituality and mental health. Analysis of the sub-sample composed of 17,727 adolescents in the American National research on usage of drugs and health showed that adolescents’ religiosity is inversely related to depression. After the control of depression and attitudes of examinees and peers to the usage of substances, religiosity stayed in the inverse correlation with the measures for the substances usage. (Ford & Hill 2012 as cited in Kao, Peteet and Cook 2020).

Data analysis of the National survey on health and nutrition tests revealed that among almost 90,000 women aged from 30 to 55 years, attending religious ceremonies at least once a week is connected to almost five times lower suicide rate in comparison to those who have never attended religious services (VanderWeele et al. 2016). Although these findings show correlation and not causality, they slow down earlier anecdotic statements that religion/spirituality contributes to mental illnesses (as cited in Kao, Peteet and Cook 2020).

In his book “Suicide” from 1987 Durkheim noticed lower suicide rates in Catholic religions than in Protestant religions of Europe, and ascribed that to social cohesion connected with Catholicism (Durkheim, 2006 as cited in Kao, Peteet and Cook, 2020). Although ecological methods of this study were criticized, different studies with improved methods, have showed that social aspects of religious inclusion can protect mental illnesses, especially depression. Although it is hard to eliminate confusion, it seems that social aspects of religious inclusion improve mental health both directly and indirectly, through health behavior which influences other medical conditions (Chatters et al. 2015, Hovey et al. 2014, Morton et al. 2017 as cited in Kao, Peteet and Cook, 2020).

In Baylor Religion Survey on 1,511 adults, pray was associated with less anxiety symptoms for those who have a secure relationship with God, and opposite correlation was present for those with insecure relationship (Ellison et al. 2015 as cited in Kao, Peteet and Cook 2020).

One famous testimony is the testimony of psychologist Marsha Linehan who experienced transformative spiritual moment in the midst of her personal fight with borderline personality. She described how she had understood the concept of radical acceptance through the pray, enabling her to cope with her illness (Carey 2011 as cited in Kao, Peteet and Cook 2020).

CONCLUSION

It may primarily be concluded that health and healthy life represent crucial component in the life of a human. In order to make the society capable to achieve the highest health level it is necessary to make achievements and instruments offered in the area of medicine, psychological and related sciences available to individuals.

According to the above mentioned it is concluded that mental health represents well-being state in which every individual realizes his potential, copes with everyday stress in order to be productive and capable to contribute to his community. In order to reach such mental health completely, it is necessary that every individual aspires to self-actualization, term defined as capability of human to realize his own potential and rational thinking, purposeful behavior and establishment of adequate interpersonal relationships, authenticity, openness to changes, capability to take over responsibility, etc. Such image of achieving mental health seems pretty idealistic, if we make a difference between theory and practice. In order to preserve mental health, a man has to admit himself that in the case there is a problem, that the problem really exists and that we should work on it. Without recognizing problem as the existing “brake” for preserving health and mental health, improvement is not possible. Religiosity has appeared to be crucial factor in the extension of man’s life and better resistance to some diseases.

In this whole process we come to the connection between mental health and spirituality as well as implementation of one area in the other. Different approaches regarding spirituality with mental health were observed in the paper. Spirituality does not protect individuals from illness, but greatly influences positively on psycho-physical state of the individual, as it was showed by the mentioned studies.

Finally, it is impossible to deny the need of protecting mental health in the time when bustle, stress, tension, struggle for survival, etc. dominate. Preserving own mental health, it is possible to demonstrate and set the example to others to do the same. Further on, spirituality, religiosity and faith are crucial components in preserving the health. Need for God, pray, meditation mostly appears in the moments when there is a certain problem in people's lives. Balance should be found everywhere and we should approach problems and solving them through different branches, but never extremely or offensively, without imposing own attitudes and beliefs.

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