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# **Religious practices and spirituality as predictors of mental health wellbeing among religious preachers**

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**Abstract**--Religion, faith and spirituality have proven to be important components of human civilization. Numerous researches and surveys have stated that religious practices and spirituality can have a significant impact on intellectual health, including subjective well-being and personal aspects. In addition, religiosity / spirituality plays an important role in the path to recovery from intellectual pollution, as well as providing a protective feature in competition for addictive or suicidal behaviors. However, more research is needed to examine the mechanisms by which religiosity / spirituality affects health conditions. This test provides a brief but complete assessment of research on faith and its impact on spirituality and mental health. It's miles based on quantitative studies accomplished with the aid of the usage of statistical analysis with descriptive records evaluation. The tools used to assess the variables have high reliability and validity and have been used in various researches, articles and dissertations. The study contained data collected from 100 adults which is 50 males and 50 females between the ages 20-30 years . The tools used were a spiritual well being scale(SWB) by Dr. Craig W. Ellison and Dr. Raymond F. Paloutizan and Religiosity scale by Joseph and Diduca. Complete statistical data analysis of the obtained data was performed using SPSS. T-Testing and correlation of techniques used in the current study.

**Keywords**---spirituality, religion, mental health well-being, religious practices.

## Introduction

Spirituality and faith commonly provide protection and social shape and those beliefs are normally a powerful coping mechanism through making an try at instances. Being an energetic member of a near-knit non-secular network can provide shape, guide and a sense of recognition, all of which are useful to an intellectual nation . The connectedness of a bunch can make humans experience welcomed and valued. There are also sure life circumstances or conditions which may additionally mission faith connections and ideals. This could encompass continual contamination, loss of a cherished , or perhaps feelings of rejection in the course of instances of exchange. It's at some stage in those attempting instances that individuals might also appear outside in their faith organization or to trusted religious leaders for guidance on the because of navigate matters and hold intellectual well-being. no one definitely knows, unnecessary to mention, how spirituality is alleged to be wholesome. however, it appears the body, mind, and spirit are related. The fitness of all and sundry of these factors appears to have an effect on the others. Some evaluation suggests a connection among your beliefs and your experience of well being. tremendous beliefs, consolation, and electricity won from religion, meditation, and prayer can contribute to a nice being. it's making plans to even sell recovery. enhancing your religious health won't treat contamination, however it is progressing to assist you feel higher. It also may prevent some fitness troubles and help you cope higher with infection, pressure, or dying. Religions usually have specific ideas about survival after death and rules about behavior in a social organization. Religion is a multifaceted meeting in which beliefs, practices, rituals, and ceremonies are well organized or practiced in private or public settings, although they are derived from traditions that have developed over the years over the network. Faith is a ready-made gadget of ideals, practices, and symbols designed to (a) stay close to the transcendent and (b) to cultivate the uniqueness of 1's relationship and responsibility. Network. Designed to promote. Spirituality is separated from everything else - humanism, values, morality and intellectual health - by relating to its sacred, transcendent ones. The exalted person is outside the gate of the self, and is still within himself — and in Western traditions he is called God, Allah, Hashem, or the supreme power, and in the Eastern traditions he is also called the Brahman of the manifestations of Brahma, the Buddha. , Claim, or conclusion truth / truth. Spirituality is closely related to the supernatural, the occult, and the organized religion, although it extends beyond the organized faith (and begins to develop before it). "Spirituality involves every search for the supernatural and the supernatural, and therefore every heresy travels in a way that is not interested in non-motion or understanding, and if there is faith, it is Thus, our definition of spirituality could be very much like faith and there may be honestly overlap." Religion today has largely assumed an institutionalized form. Its origins have always been debated and debated by various scholars even today. From a sociological perspective, "religion is a system of physical beliefs and practices, both physical and immaterial." Religion and spirituality as an organization play a dual role of ideology. Today religion adopts a more narrow perspective. However, understanding faith and Spirituality in the huge feel highlights the next important points about it in society: Religion plays a fundamental role for people with a cultural identity. Every religion has its festivals, traditions and myths, and those fairs, traditions and myths are a part of the tangible and intangible history of a

rustic. In this manner, religion allows us to guard this history and increase the diversity of the United States of America. Religion helps establish ethical frameworks and regulate values in everyday life. It's a way to help shape a person's character. In other words, religion is a social means. Religion thus helps to form values such as love and compassion, respect and harmony. In modern society, people are always looking for the satisfaction of economic and material goals. It is faith that plays an important role in establishing a connection with God and developing the idea that there are higher energies that act as regulators in our daily lives. Thus, some prayers, hymns, etc. form a non-secular connection. Each faith promotes its philosophy, and its essence is invariably concerned with the well-being and wellbeing of people. Sanatana Dharma, for example, has ideas such as VasudaivaKutumbakam (where the whole world can be a family) and SarveSukhinaBhavantu (hope everyone is happy), which foster love and compassion in society.

Harold G. Koenig (2016), in her study *Religion, Spirituality, Health: Research and Clinical Implications*, shows not only human health and well-being, but also the satisfaction that health care providers experience in helping the entire human body, mind and spirit. Dr. Deborah Cornajo (2006), in a study titled "The Impact of Spirituality on Mental Health," states that spirituality is a concept that avoids over-simplified definitions, categorizations, or measures, but nevertheless measures the social, emotional, psychological, and psychological aspects of our lives. Said to have an effect on highbrow affect. Kevin Saybolt and Peter S. Hill (2001) observed that the effects of religion and spirituality on bodily and intellectual fitness is typically useful inside the function of faith and spirituality in intellectual and bodily fitness. K. Singh, M. Junnarkar, P. Dayal (2020), in a study titled "The Relationship Between Religious and Spiritual Practices and Well-being of Rural Women in Elderly Indian," reported that participants were .. Care; There was no change in other measures of well-being after the intervention. Practitioners of traditional R/S practices have been found to differ significantly from non-practitioners in some aspects of health, nice lifestyles, and well-being. Qualitative measures indicate the significance of R/S, circle of relatives, and interpersonal relationships among rural elderly women.

Ajit Singh Negi, Ashu Khanna, and Rajat Agarwal (2019), in a study titled *Spirituality as a Predictor of Depression, Anxiety, and Stress in Engineering Students*, "The most important aspect of spirituality is our relationship with ourselves and with others. Girls have a stronger sense of spirituality than boys. Simon Dein (2020), in his research *Religious Healing and Mental Health*, finds that religious attendance, the growing literature on faith and overcoming hardship, empirical research on religious experience and healing, and a significant decline in academic interest in mental health effects are said to be there. This special issue of *Mental Health, Religion and Culture* explores these gaps and focuses on the psychological impact of "religious healing" observed via Alexander Moreira Almeida, Harold G. Koenig, and Giancarlo Lucchetti (2014), clinical implications of spirituality for intellectual fitness: despite empirical evidence of a religious/spiritual relationship in a review of evidence and practice guidelines (R/S), in spite of tips from mental health and professional associations to contain the findings of those studies into medical exercise, the utility of this knowledge in the sanatorium remains elaborate. John Gartner, Dave B. Larson,

and George D. Allen (1991) discovered that during a take a look at titled religious dedication and mental health: A overview of Empirical Literature, they reviewed more than 2 hundred research and located 4 complementary styles: (a) Many studies linking religious fidelity to psychopathology use a mental health practice we call "soft flexibility." Paper and pencil test that attempts to measure theoretical construction. In contrast, many studies linking religion to good mental health are "complex variables," ie, "real-life" behavioral events that can be viewed and measured reliably and indefinitely. (b) A low level of religion is often associated with a violation out of control and a high level of religion is often associated with a violation of control. (c) Behaviors related to religious participation are strongly related to mental health, not reasoning. (d) A similar distinction between internal and external religions constitutes another conflicting conclusion.

### **Significance of the study**

In the present study, there are people who believe in religious rituals to find a solution to their problems and some people use spirituality to manage their stress as religion and spirituality provide stress management resources that can affect the frequency of positive emotions and reduce the risk of depression leading to emotional disturbances. There are numerous studies concerning religion and spirituality. Both religion and spirituality may have a nice impact on intellectual health in each ways. for instance, religion and spirituality can help a person to endure oppression by pursuing peace, purpose, and forgiveness. This study will be very helpful as it will also explain how religious secretaries maintain their mental health with the help of religious and spiritual practices.

### **Objective of the study**

1. To assess the relationship between religious practices and spirituality among religious preachers.
2. To assess the difference between males and females on religious practices and spirituality with the mental well being of religious preachers.

### **Hypothesis**

H01: There will be no significant positive correlation between Religious practices and spirituality among religious preachers.

H02: There will be no significant difference between male and female on the religious practices among religious preachers.

H03: There will be no significant difference between male and female on the spirituality among religious preachers.

### **Methodology of the study**

#### **Research Design**

The Research Design used in this study is Correlational Research Design.

## **Participants**

The participants consisted of 100 young adults between the age ranges 20-30 years of which 50 are Males and 50 are Females.

## **Variable**

Psychological variables:

1. Religious practices
2. Spirituality

## **Tools**

1. Spiritual well being scale (SWB) by Dr. Craig W. Ellison and Dr. Raymond F. Paloutizan.
2. The dimensions of Religiosity scale by Joseph and Diduca, 2007.

## **Tools Description**

### **Spiritual well being scale**

The Health Wellness Scale (SWBS) was introduced in 1982 as a lower standard of living. It has been used in about 300 lectures, explanations and 200 dissertations, as well as 35 professional presentations. It contributes to the research of psychology and health care worldwide, and has been translated into more than 10 languages. The scale is made up of 20 objects. Ten items assess religious wellbeing and the other 10 evaluate existing welfare. SWB provides a comprehensive assessment of minimal religious and conventional items and quality of spiritual life. The existential well-being subscale provides reflection on the human mind with the goal of achieving life goals and satisfying overall health. The Religious Well-Being subscale confirms self-exploration of our relationship with God. The Healthy Living Scale (SWB) is a paper and pencil sharpener that is currently only available in English and Spanish and takes 1015 minutes to complete.

### **Religiosity scale**

To better understand the relationship between beliefs and mental health, a religious dimension that transcends thought and motivation helps us to find the root cause of our religious emotional system. Diduca and Joseph (1997) discuss religiosity using constructions based on literature or false assumptions. There are four groups of six points, each reflecting four suggested dimensions of religiosity: interest, leadership, persuasion, and emotional engagement. Each question is scored on a 5-point Likert scoring system and ranges from strongly agree (5) to strongly disagree (1) for negative feedback.

### Procedure of the study

The methods for examining the variables were finished and google form including those questions was sent to a group of 200 young adults from 100 replies were gathered, 50 of which were males and the rest were from females. Their willingness, confidentiality and comfort was assured and the subjects were thanked for their time and cooperation when the form was completed. Proper instructions were given to them about how to conduct the questionnaire that needed to be filled. All the respondents completed the spiritual well-being scale and Religiosity scale . I have used varied participants to develop this study. The subjects include males and females which belong to different backgrounds and professions. I have included people who are believers and non believers in religion and spirituality. I used primary data for my research . The arithmetic mean and standard deviation were utilized as descriptive statistical approaches in this investigation. The t-test and correlation were utilized as inferential statistical approaches in this investigation. The T-test is a statistical test of attribute relevance for small samples (n=30) with uncertain demographic standard deviation. Under the premise of a normally distributed population, the t-distribution was calculated theoretically. Correlation is a statistical tool that aids in the analysis of two or more variables covariation.

### Statistical analysis

The Correlation and T-test statistical techniques were utilized in this investigation.

### Results

This chapter is devoted to the presentation of the results and their explanation. Data were analyzed by using the relevant statistical techniques through software (SPSS 20.0) in order to get the appropriate results. Before presenting the data in tabulated form, it is important to mention that the results have been presented in line with the objectives of the study. Section A shows comparison of mean scores of religious Practices and Spirituality with respect to gender.

Table 1:Correlation between Religious practices and Spirituality (N=100)

Variables	Religious Practices	Spirituality
Religious Practices	r=1	r=0.264
Spirituality		r=1

Correlation is significant at the 0.05 level (2-tailed)

The researchers employed Correlational analysis to discover significant association between Religious practices and spirituality.

As shown in table 1, a significant relationship was found between Religious Practices and Spirituality . The correlation coefficient obtained between religious practices and spirituality is  $r(100) = .264$ ,  $p = 0.014$ . These are significant at 0.05 and are interpreted as low positive correlation. Therefore, hypothesis H01 stating that there will be no significant correlation between Religious practices and Spirituality among adults is rejected.

Table 2: Comparison of mean scores of male and females adults on religious practices and spirituality. N=100

Variables	Gender	N	Mean	SD	T-value	p
Religious Practices	Males	50	42.08	5.81	2.46	0.01
	Females	50	41.06	5.61	2.36	0.02
Spirituality	Males	50	45.42	7.61	2.33	0.04
	Females	50	41.08	8.71	2.43	0.01

To compare the scores of males and females on Religious practices an independent sample t-test was used. Table 2 shows that there will be a significant difference in scores between males ( $M=42.08$   $SD=5.81$ ) , $t(2.46)$  , $p= 0,01$  and females ( $M=41.06$ ,  $SD=5.61$ ), $t(2.36)$ ,  $p = 0.02$ . Thus our hypothesis H02 which states there will be no significant difference between male and female on the religious practices among adults is rejected.

To compare the scores of males and females on Spirituality an independent sample t-test was used. Table no 2 shows that there will be a significant difference in scores between males ( $M=45.42$   $SD=7.61$ )  $t(2.33)$ ,  $p= 0.04$  and females ( $M=41.08$   $SD=8.71$ ),  $t(2.43)$  , $p= 0.01$ . Thus our hypothesis H03 which states there will be no significant difference between male and female on Spirituality among religious preachers is rejected.

### Major findings

The present study focused on Religious practices and Spirituality in relation to mental health well-being among adults. A total of 100 people were gathered for this study. After analyzing the data, main study obtained from the present study are as follows:

1. Significant positive relationship was found between Spirituality and religious practices among religious preachers.
2. Significant gender differences have been found between male and female on religious practices and spirituality among religious preachers.

### Limitations

1. The study had a sample size of 100 individuals and was confined to the Jalandhar City area of Punjab.
2. The research was confined to the variables of religious practices and spirituality.
3. Gender was the only demographic predictor taken into account.

### Conclusion

To conclude, this research reports results on the religious beliefs and spirituality play a key role with mental health bliss of individuals. Certain inferences may be reached based on the findings of the preceding investigation. According to the Pearson correlation, there is a non-significant but minor positive association between the two variables. Moreover, the results depicted that young adults believe in religion and spirituality. Hence, they often tend to exercise non secular practices while faced with stressors. Moreover, these psychological variables are considered vital predictive elements for the better satisfaction of existence. It has been seen that spiritual and non secular beliefs are normally utilized by each clinical and psychiatric sufferer to cope with infection and other stressful lifestyle modifications. This suggests that people want faith and spirituality as a good way to live a healthy and strain unfastened lifestyles.

### References

- Adam, Z., & Ward, C. (2016). Stress, Religious Coping and Wellbeing in Acculturating Muslims. *Journal of Muslim Mental Health*, 10(2). <https://doi.org/10.3998/jmmh.10381607.0010.201>
- Ano, G. and Vasconcelles, E., 2005. Religious coping and psychological adjustment to stress: A meta-analysis. *Journal of Clinical Psychology*, 61(4), 461-480.
- Bathla, M., Chandna, S., Bathla, J., & Kaloiya, G. S. (2015). Religion healers in modern psychiatry exercise: results of four years take a look at. *Delhi Psychiatry journal*, 18(1), 48– 53.
- Breslin, M. J., & Lewis, C. A. (2015). Dissociation and Religiosity: The Role of Religious Experience. *Journal of Spirituality in Mental Health*, 17(1), 26–33. <https://doi.org/10.1080/19349637.2015.957606>
- Burns, J. okay., & Tomita, A. (2015). Conventional and religious healers in the pathway to care for human beings with intellectual issues in Africa: a scientific evaluation and metaanalysis. *Social Psychiatry and Psychiatric Epidemiology*, 50(6), 867– 877
- Counted, V. (2018). Domains of religious coping behavior among African Christians in NSW Australia: An exploratory qualitative study. *Journal of Spirituality in Mental Health*, 21(3), 215–236. <https://doi.org/10.1080/19349637.2018.1476948>
- Curtis, C., Morgan, J., & Laird, L. (2018). Mothers' gardens in arid soil: A study of religious and spiritual coping among marginalized U.S. mothers with depression. *Journal of Spirituality in Mental Health*, 20(4), 293–320. <https://doi.org/10.1080/19349637.2018.1428139>

- Davison S. N, Jhangri G. S. (2010). Existential and non secular dimensions of spirituality and their courting with fitness-associated quality of life in persistent kidney sickness. *Medical journal of the yankee Society of Nephrology*. 1969–1976
- De JagerMeezenbroek E, Garssen B, Van Den Berg M, Van Dierendonck D, Visser A, Schaufeli W. B. (2012). Measuring spirituality as a usual human enjoy: An overview of spirituality questionnaires. *Journal of faith and fitness*.336–354.
- Ferrari, J. R., & Guerrero, M. (2017). Children, Careers, and Clergy Life: Predictors of Religious Commitment From Stressors Among Catholic Deacons. *Journal of Spirituality in Mental Health*, 19(4), 287–294. <https://doi.org/10.1080/19349637.2016.1276421>
- Foskett, J., Marriott, J., & Wilson-Rudd, F. (2004). Mental health, religion and spirituality: Attitudes, experience and expertise among mental health professionals and religious leaders in Somerset. *Mental Health, Religion & Culture*, 7(1), 5–22. <https://doi.org/10.1080/13674670310001602490>
- Fry, P., 2000. Religious involvement, spirituality and personal meaning for life: Existential predictors of psychological wellbeing in community-residing and institutional care elders. *Aging & Mental Health*, 4(4), 375–387.
- Guillory, M. S. (2010). Creativity, Spirituality, and Mental Health: Exploring Connections - By Kelley Raab Mayo. *Religious Studies Review*, 36(4), 267–268. [https://doi.org/10.1111/j.1748-0922.2010.01459\\_2.x](https://doi.org/10.1111/j.1748-0922.2010.01459_2.x)
- Healy, J. P. (2011). Involvement in a New Religious Movement: From Discovery to Disenchantment. *Journal of Spirituality in Mental Health*, 13(1), 2–21. <https://doi.org/10.1080/19349637.2011.547125>
- HG, King DE, Carson VB. (2012). *Handbook of religion and health. second version*. Big Apple, New York, usa: Oxford University Press.
- Kane, M. N., & Jacobs, R. J. (2012). Perceptions of the Humanness of Religious Leaders Among University Students. *Journal of Spirituality in Mental Health*, 14(1), 59–81. <https://doi.org/10.1080/19349637.2012.642672>
- Kim, P. Y. (2017). Religious support mediates the racial microaggressions–mental health relation among Christian ethnic minority students. *Psychology of Religion and Spirituality*, 9(2), 148–157. <https://doi.org/10.1037/rel0000076>
- Koenig HG. (2005). *Religion and intellectual fitness: religious sources For healing*. Conshohocken, Pa, United states: Templeton Press.
- Koenig HG. (2008) *Religion and intellectual health: what are psychiatrists doing and ought to do?* *Psychiatric Bulletin*. 32(6):201–203.
- Kreis, S. M. C., & Bardwell, R. (2011). Motivational Factors of Women Committed to Religious Life. *Journal of Spirituality in Mental Health*, 13(3), 193–206. <https://doi.org/10.1080/19349637.2011.593407>
- MacKinlay, E. (2001). Mental Health and Spirituality in Later Life: *Journal of Religious Gerontology*, 13(3/4), 129–147. [https://doi.org/10.1300/j078v13n03\\_10](https://doi.org/10.1300/j078v13n03_10)
- Parks, C. P. (1998). Spirituality and Religious Practices among African Americans: Neglected Health Promotion and Disease Prevention Variables. *Journal of Health Education*, 29(2), 126–129. <https://doi.org/10.1080/10556699.1998.10603319>
- Ruffing, E. G., Devor, N. G., & Sandage, S. J. (2018). Humility challenges and facilitating factors among religious leaders: A qualitative study. *Journal of Spirituality in Mental Health*, 22(2), 111–133. <https://doi.org/10.1080/19349637.2018.1520184>