

Understanding the Relationship between Religiosity and Mental Health: A Sociological Study on the University students in Bangladesh

Md. Ferdaush Hossain

Assistant Professor, Department of Sociology, Jagannath University, Dhaka, Bangladesh

Abstract: The purpose of the study is to determine whether there is a connection between religiosity and mental health as well as the contribution of religion to safeguarding the mental health of Bangladeshi youths. The study consulted current, pertinent writing on religion and health-related concerns. Additionally, information was gathered from 150 respondents using a cluster sampling and purposive sampling technique. This study demonstrates how religious convictions, behaviors, and health problems are related. It suggests that religion and mental health have a beneficial association. Additionally, it implies that young people's mental health can be safeguarded by their religiosity. The study findings challenge the social belief that religion is not the only remedy of mental illness but an important one. However, while those who lack religious passion also have good mental health conditions, those who are religiously enthusiastic do not always have it. Therefore, a strong religious commitment is not required to be mentally healthy.

Keywords: Religion, Religiosity, Mental Health, Protect

I. INTRODUCTION

Religion is one of the oldest institutions in history. It has a great impact on human life. Some people are mentally satisfied by practicing religious activities while another group of people denies the necessity of religion. Strong faith in religious or secular meaning systems provides psychological safety and hope, according to research. The desire for religion in humanity appears to be psychological. A belief that developed due to humanity's primal psychological needs subsequently transformed. Perspective religion offers much-needed rules that people can use to chart their lives' destinies from the perspective of mental wellness. The believers can handle life's stresses and strains, as well as its uncertainties, more easily (Agarwal, 1989). Different religions have had distinctive beliefs and worship practices since the dawn of humanity. Every religion's belief system has effects on mental disease and health (Behere, Das, & Yadav, 2013). In general, religion and spirituality are helpful to people in coping, especially those with the fewest resources facing the most intractable of problems, according to empirical studies of many groups dealing with major life stressors like natural disasters, illness, the loss of loved ones, divorce, and serious mental illness. People have access to various religious and spiritual practices linked to improved crisis adjustment (Pargament, 2013).

It is crucial to understand that occasionally experiencing some of the various symptoms connected to mental illness is normal. However, if it's interfering with one's daily activities, preventing them from engaging in hobbies they enjoy, or hindering their academic progress, they might want to get help. There is a lot of scientific data that says theism is better for mental and physical health than atheism when it comes to atheism and health (Koenig, 2012). A psychogenic ailment develops from a mental disorder or the mind. Examples of psychogenic illnesses include psychosomatic disorders and mental illness that isn't brought on by a physical problem (Paul, David, & Teresa, 2001).

Numerous issues with one's physical and mental health have been associated with loneliness. It has also been demonstrated that loneliness causes anxiety. Having faith in the hereafter has a significant impact on lowering anxiety (Flannelly, 2006). Sigmund Freud, a psychologist, believed that theism was harmful to one's mental health. The fact that religion promotes unhealthy and dysfunctional outlooks on life was one of Sigmund Freud's most significant criticisms of it. The value of spirituality in healthcare is becoming more widely recognized, both as a contributing factor to wellbeing and as a subject to which patients have a right. According to experts, spiritual and religious practices like prayer and meditation have a significant positive impact on the healing process (McGrath, 2005).

So, this study tried to gather survey data to further the debate on the current problem of how best to protect the mental health of the youth, especially the university students in Bangladesh. Specifically, it tried to do this by answering the question of whether there is a relationship between religion and mental health or not. In this context, it is imperative to examine the status of religious practices and assess the nature and magnitude of the misuse of religion in Bangladesh to find ways and means for the protection of the mental health of the youth.

II. OBJECTIVES OF THE STUDY

The general objective of the study is to understand the relationship between religiosity and mental health.

The specific objectives of the study are as follows:

- a) To determine the role of religion in protecting the mental health of educated young people.

- b) To verify the positive relation between and mental wellness.
- c) To assess the magnitude of strong religious attachment to be mentally fit.

III. METHODOLOGY

This study utilizes both primary and secondary data. Opinions of youth have been collected through questionnaires. Structured and open-ended questionnaires have been administered and open discussions and interviews were taken to collect information. The key sources of secondary data were various published research materials on religion and mental health. The population of this study is made up of all of the students at Bangladesh's Jagannath University. The cluster sampling technique is used in this investigation. There are 150 respondents who were selected from three faculties; Faculty of Science, Faculty of Science Social Science and Faculty of Science Arts. For easier understanding, the respondents are divided into three categories. They are passionate, mediocre, and passionless. The religiously passionate are those who adhere to religious rules, the religiously mediocre are those who are indifferent with religious activities and the religiously passionless are those who do not adhere to religious rules. Data was gathered between April 16 and April 22, 2018. The preliminary data has been computerized through the data coding process like SPSS (Statistical Package for Social Sciences) and other software is being used thereafter for data analysis.

IV. CONCEPTUAL FRAMEWORK

Although it might be challenging to define, researchers have generally agreed that religiosity refers to one's involvement in and orientation toward religion. It encompasses communal, creedal, experiential, ritualistic, ideological, intellectual, consequential, moral, and cultural components (Holdcroft, 2006). Sociologists of religion have noted that because there are many different ways to practice religion or not, people's beliefs, sense of belonging, and conduct frequently conflict with their real religious convictions (Chaves, 2010). The various facets of human religiosity have been the subject of several researches. Most people have discovered that there are several dimensions (they often employ factor analysis).

For instance, Cornwall, Albrecht, Cunningham, and Pitcher (1986) propose six aspects of religiosity on the basis of the knowledge that religious conduct consists of at least three elements: knowing (cognition in the mind), feeling (impact on the spirit), and acting (behavior of the body). There are two cross categories for each of these elements of religiosity, yielding the six dimensions.

1. Cognition	2. Effect
Traditional orthodoxy Particularistic orthodoxy	Palpable Tangible
3. Behavior	
Religious Behavior Religious Participation	

Mental health is a state of balance between the individual and the surrounding world. It is a state of harmony between oneself and others. And it is a state of co-existence between the realities of the self and that of the other people and the environment. Karl Menninger (1947) defines mental health as “an adjustment of human beings to the world and to each other with a maximum of effectiveness and happiness”.

The American Psychiatric Association (APA) defines mental health as: “Simultaneous success at working, loving, and creating with the capacity for mature and flexible resolution of conflicts between instincts, conscience, other important people and reality”. Thus mental health would include not only the absence of diagnostic labels such as schizophrenia and obsessive-compulsive disorder but also the ability to cope with the stressors of daily living, freedom from anxieties, and generally a positive outlook towards life’s vicissitudes and to cope with those.

The notion of "Ideal Mental Health" was developed in 1958 by Austrian social psychologist Marie Jahoda, who proposed that there were 6 requirements that needed to be met. Following are six signs of mental health: 1. A positive attitude towards self. 2. Growth, development and the ability for self-actualization. 3. Integration. 4. Autonomy. 5. Perception of reality. 6. Environmental mastery.

There is still a strong belief that religion and psychiatry have historically clashed. Most people today think that in the medieval ages, the majority of mental illnesses were seen as witchcraft or demonic possession. After all, one of the fundamental myths of psychology is that courageous and wise psychiatrists freed humanity from this irrational religious dogma (Moreira, Lotufo & Koenig, 2006). Prayer rituals can be used as an effective clinical treatment for neuromusculoskeletal dysfunction. Prayer can help relieve physical tension and anxiety. If done correctly, the repetitive physical movements included in Muslim prayer routines can lessen the likelihood of lower back pain. Up to five times a day, over 1.6 billion Muslims worldwide bend, kneel, and place their foreheads on the ground facing Mecca. "The movements might be thought of as being akin to yoga poses or physical therapy intervention exercises used to address lower back pain," says the author (Aqlan, Ahmed, Wen & Mohammad, 2017).

According to a Pew Research Center study (2012), almost 80% of Americans claim to practice some form of religion, while 20%, primarily younger people, claim they do not. The religious observances of Passover and Easter will highlight the significant impact religion has on American culture over the coming days, regardless of whether a person is religious, spiritual, or neither (Pargament, 2013). Mantra-based meditation to a spiritual phrase is superior to meditation to a secular phrase for relieving physical discomfort. Similar to this, additional research have demonstrated that the effects of spiritual support, meaning-making, and coping outweigh those

of secular support, meaning-making, and coping in predicting health and well-being.

Religion and spirituality don't seem to be completely reducible to or fully explained by other psychological and social phenomena. Koenig (2012) also thought about the notion that religious or spiritual people might be "born healthy," but he thought this was unlikely. He stated that when it comes to funds and access to healthcare resources, religious and spiritual persons "are often those with the least resources (minority groups, the poor, and the illiterate)

V. FINDINGS AND ANALYSIS

Determining a person's true mental makeup is exceedingly difficult. It is a sociological investigation rather than a medical, clinical, or simply psychological one. As a result, it has certain obstacles to determining a person's true mental state. Evidence suggests that religiosity can be a pathway to both mental health and mental disorder. For instance, religiosity has a positive correlation with mental diseases involving excessive self-control and a negative correlation with mental disorders involving insufficient self-control (Gartner, Larson & Allen, 1991).

The guiding framework or social support that religion provides to people may be the cause of the association between it and mental health. Through these channels, religion has the capacity to provide stability and meaning in life, as well as meaningful interpersonal connections that support mental health. According to some thinkers, the social support provided by belonging to a religious organization explains the advantages of religion and religiosity. Additionally, religion may teach coping mechanisms for handling strains or obligations that are viewed as stressful.

Who are mentally fit?

Having a good sense of how we feel, think, and act improves our capacity to enjoy life. Mental fitness is a condition of psychosocial well-being. It supports our innate capacity for independence. According to the Self-determination theory, achieving and maintaining a healthier lifestyle while also enhancing our psychological well-being are made possible by meeting the fundamental psychological demands of Competence, Autonomy, and Relatedness (CAR) (Deci & Ryan, 2000).

Giving our minds a decent, healthier diet is fundamental to meeting their needs, just as we do with our bodies. Having and maintaining a level of wellbeing as well as cultivating awareness of our thoughts, behaviors, and feelings are examples of what is meant by mental fitness. Mental fitness aids in the same way that physical fitness does in enhancing our capacity to respond to life in all of its complexity. It gives us more leeway to decide how to react to a circumstance, whether that circumstance is the result of foresight, an outside stimulus, or a sensation. We are therefore less prone to suffer (or bring about) emotional and relationship harm. How does fitness assist

mental health? Our interactions with the world change when we are mentally well.

Criteria and Indicators of Mental Health:

The following indicators ensure the level of mental health conditions in general. If we get a positive result on these indicators, we can easily say that he/she is mentally fit.

A positive attitude towards self:

Having a positive attitude towards self means being optimistic about situations, interactions, and own self. People with positive attitudes remain hopeful and maintain the best even in difficult situations.

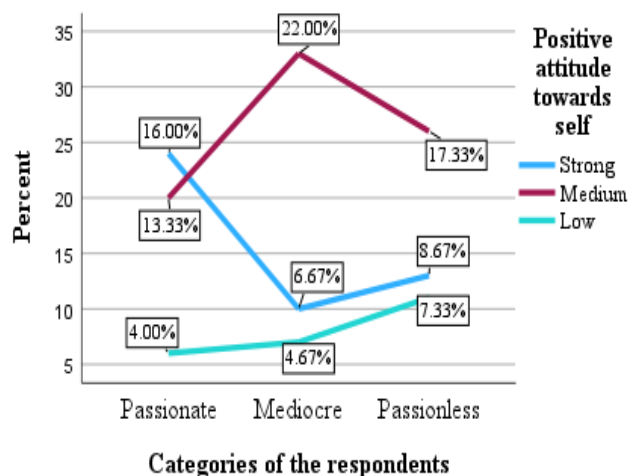


Fig-1: A positive attitude towards self

The above data in Fig-1 demonstrates that the passionate have 16 percent strong, 13.33 percent medium, and 4 percent low positive attitude towards self. And the moderate have 6.67 percent strong, 22 percent medium, and 4.67 percent low positive attitude towards self. On the other hand, the passionless have 8.67 percent strong, 17.33 percent medium, and 7.33 percent low positive attitude towards self. In total 31.34 percent have strong, 52.66 percent medium, and 16 percent low positive attitude towards self.

It is evident that from all three groups of student the passionate have more strong sense of positive attitudes towards self than others. It means they are hopeful and maintain the best even in difficult situations. And those who have not a strong attachment with religious activities are also hopeful but less than the passionate.

Growth, development and the ability for self-actualization:

Self-actualization is a concept regarding the process by which an individual reaches his or her full potential. It is the complete realization of one's potential, and the full development of one's abilities and appreciation for life. This concept is at the top of the Maslow hierarchy of needs, so not every human being reaches it.

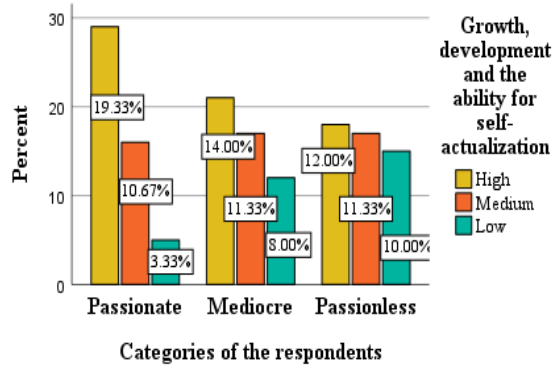


Fig-2: Growth, development and the ability for self-actualization

The Fig-2 indicates that the passionate have 19.33 percent high, 10.67 percent medium, and 3.33 percent low self-actualization. And the moderate have 14 percent high, 11.33 percent medium, and 8 percent low self-actualization. On the other hand, the passionless have 12 percent high, 11.33 percent medium, and 10 percent low self-actualization. In total, 45.33 percent have high, 33.33 percent medium, and 21.33 percent low self-actualization.

The religiously passionate have high level of self-actualization and the religiously passionless also have high level of self-actualization close to passionate. It denotes that there is no need to be highly passionate to religious activities to reach his or her full potential.

Integration:

Integration is the process or action of integrating or the process of joining into a whole, into a single entity. It is a positive psychological development that indicates psychological maturity and may help an individual move past negative habits. The integration of personality denotes the progressive blending of individual qualities, patterns of behavior, motivations, and other factors into a cohesive personality that operates efficiently with little effort or conflict.

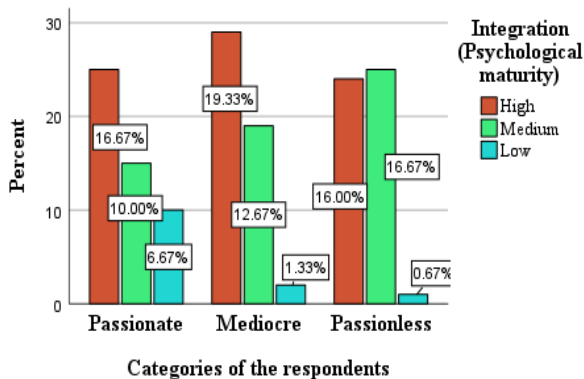


Fig-3: Integration

The Fig-3 shows that the passionate have 16.67 percent high, 10 percent medium, and 6.67 percent low integration. And the moderate have 19.33 percent high, 12.67 percent medium, and 1.33 percent low integration. On the other hand, the passionless

have 16 percent high, 16.67 percent medium, and 0.67 percent low integration. In total 52 percent have high, 39.3 percent medium, and 8.7 percent low integration.

The moderate religious groups have high rate of integration. On the other hand, the other two groups have also almost same percentage of integration. All the groups have the ability to integrate. They have psychological maturity. Rather the moderate and the passionless have fewer low level of integration. It is clear from the findings that everybody has a progressive blending of individual qualities.

Autonomy:

Autonomy refers to self-government and responsible control for one's life. Relatedness refers to the social nature of human beings and the connectedness with others. Both can be considered as being part of the panhuman psychology and both are intrinsically intertwined.

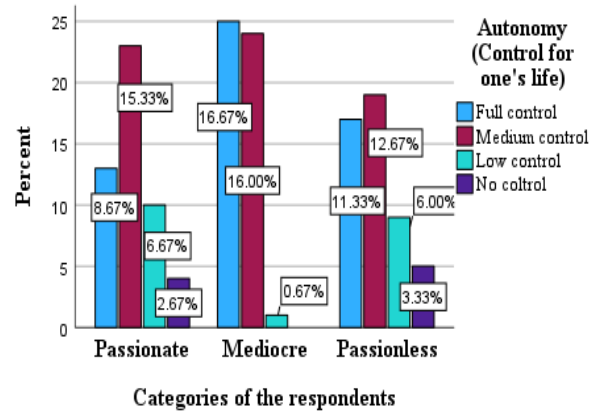


Fig-4: Autonomy

The Fig-4 reveals that the passionate have 8.67 percent full control, 15.33 percent medium control, 6.67 percent low control, and 2.67 percent have no control over their lives. And the moderate have 16.67 percent full control, 16 percent medium control, and 2.67 percent low control. On the other hand, the passionless have 11.33 percent full control, 12.67 percent medium control, 6 percent low control, and 3.33 percent have no control. In total 36.67 percent have full control, 44 percent medium control, 13.34 percent low control, and 6 percent have no control.

The religiously moderate has the high level of full control to their life. So religion may have a role to control one's life but being not religiously passionate people can control their life also.

Perception of reality:

Perception is merely a lens or mindset from which we view people, events, and things. In other words, we believe what we perceive to be accurate, and we create our own realities based on those perceptions. And although our perceptions feel very real, that doesn't mean they are necessarily factual.

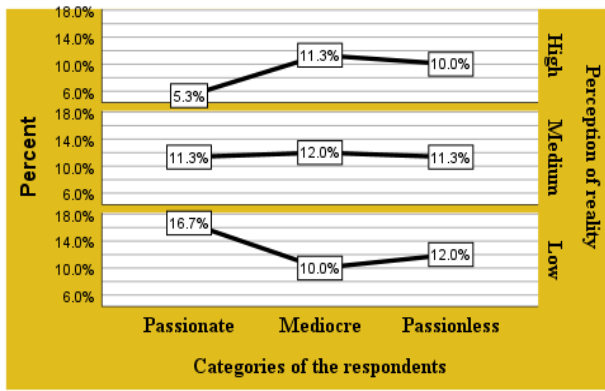


Fig-5: Perception of reality

The Fig-5 exhibits that the passionate have 5.3 percent high, 11.3 percent medium, and 16.7 percent low perception of reality. And the moderate have 11.3 percent high, 12 percent medium, and 10 percent low perception of reality. On the other hand, the passionless have 10 percent high, 11.3 percent medium, and 12 percent low perception of reality. In total, 26.6 percent have high, 34.6 percent medium, and 38.7 percent low perception of reality.

The moderate group has high level of perception of reality. The religiously passionate also have the more low level of perception of reality. At the same time, the passionate and passionless have the same medium level of perception of reality.

Environmental mastery:

Environmental mastery is the capacity to manage effectively one's life and surrounding world. It emphasizes the ability to choose or change the surrounding context using physical or mental actions as well as being able to control events (Ryff, 1989). Environmental mastery refers to the capability of a person to convert or shape the environment by using his physical and mental strength. It is the intellect that we are able to have an impact on the events in our lives and are capable of acting on our own behalf. It is associated with the individual's ability to choose or create environments suitable to his or her psychic conditions. Maturity is seen to require participation in a significant sphere of activity.

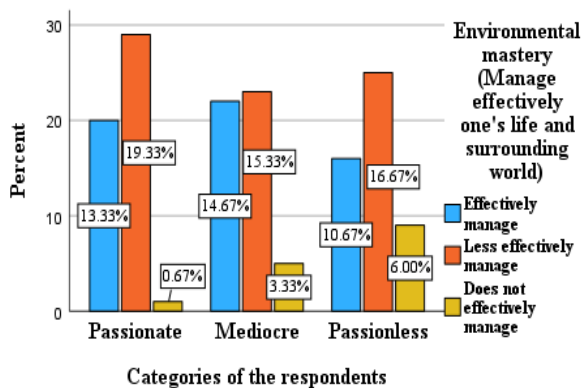


Fig: Environmental mastery

The above cross tabulated bar chart shows that 13.33 percent passionate people effectively manage, 19.33 percent less effectively manage, and 0.67 percent does not effectively manage their life and surrounding world. And 14.67 percent moderate people effectively manage, 15.33 percent less effectively manage, and 3.33 percent does not effectively manage their life and surrounding world. On the other hand, 10.67 percent passionless people effectively manage, 16.67 percent less effectively manage, and 6 percent does not effectively manage their life and surrounding world. In total, 38.67 percent people can effectively manage, 51.33 percent can less effectively manage, and 10 percent people can't effectively manage their lives and surroundings.

Religiously moderate people have the highest level of environmental mastery. All the groups can less effectively manage their life and surrounding world. The passionate can effectively manage the surrounding world but less than the moderate. So, it shows environmental mastery does not need more religious attachment.

From the above discussion it is clear that, the study does not attest the high level of positive relation between religiosity and mental health though religion plays a vital role to protect mental health. Since all the religious peoples are not mentally fit, it can't be said that religiously passionless will have mental disorder due to the lack of religious attachment.

VI. CONCLUSION

The study's findings show that, similar to other research findings, religiosity has a significant impact on mental health. Lower levels of psychological discomfort, better acclimatization and enjoyment, less concern, and less psychological impairment were all linked to religiosity. In a related study, Ross (1990) looked into whether people who have strong religious views experience less discomfort than those who hold weak beliefs. This research suggests that a person is healthier if more of these requirements are met. It is practically impossible for any individual to achieve all of the ideal characteristics all of the time. For example, a person might not be the 'master of his environment but be happy with his situation. The absence of this criterion of ideal mental health hardly indicates he is suffering from a mental disorder. According to researchers like Koenig, Larson, and Larson (2001), many people who become physically ill heavily rely on religious beliefs and practices to reduce stress, maintain a sense of control, maintain hope, and maintain a sense of meaning and purpose in life. The findings of this study support this claim. It is necessary to formally validate the data that suggests a link between religiosity and mental health. The study findings challenge the social belief that religion is not the only remedy of mental illness but an important one. There is no proof in the data set of three groups of people (students) as passionate, moderate and passionless that they have absolute mental fitness or illness. So religious practices may have a connection with mental satisfaction but it can't be said that religiously passionless people have mental illness due to the absence of

religious practices. But to safeguard young people's mental health, the government and legislators should create youth-friendly regulations that incorporate religious practices. At the same time, the government should also take the necessary action to reduce religious practices that deceive young people.

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