CHAPTER - II
LITERATURE REVIEW
2. LITERATURE REVIEW:

Religious and spiritual dimensions of culture are amongst the most important factors that structure human experience beliefs-values, behaviour and illness pattern (Lukoff et al – 1992). Religion and spirituality have always had an influence on the form and content of mental illness. The need to reassess the place of religion and spirituality in psychiatry has been, in recent times increasingly brought to clinical consciousness by proliferation of alternative and holistic approaches of healing.

Jung (1961) maintained that religious are psycho therapeutic systems in the truest sense of the word, they express the whole range of psychic problems in powerful images. He believes that individual and social peace and happiness rests on cultivation of religiosity.

Dunn (1965) found that religious persons are more perfectionist withdrawn, insecure and depressed in comparison to non religious individuals. Robert (1965) suggested that religious persons score high on neuroticism scale.

Similarly certain studies have shown that religiosity correlates positively with anxiety (Brown 1966, Dele and Jones – 1970, Dutt – 1970). But contrary to these findings certain other studies suggest that religious persons carry less anxiety and have lesser degree of insecurity than non religious persons (Bhushan et al 1973). Willaims & Cole (1968), Mayo etal (1979) found that religious men are significantly less depressed, less schizophrenic less psychopathic deviant than non religious men. Wilson & Kawamura (1967) found that adjustment and social responsibility are
possible correlates of religiousness. Tiwari et al (1975) found that high religious oriented subjects have better pattern of adjustment than low value oriented subjects.

Glenn, Christina L, (1997) found that there is an association between religious commitment and good mental health, but that it can be masked by the inverse dependencies of religion and mental health on economic, health and demographic factors. Her results also support many other studies Kaldestad et al (1996) linked the religiosity to greater life satisfaction and improved psychological health. Coke (1992) and Ho el al (1995) found a higher life satisfaction in those of higher religiosity. Koeing et al (1994) found greater psychiatric disorders in those with a low church attendance. Kendler et al (1997) observed religiosity to be inversely related to depression.

According to Krause (1995) self esteem was lowest on average in subjects that were some what religious. It was highest in subjects that were some what religious. It was highest in subjects that were either highly religious or non religious. Jensen et. al (1993) conducted a similar study with different results than Krause. Self esteem was simply proportional to the degree of religiosity. Jenson also found that those with high religiosity had lower levels of depression and a higher emotional maturity score. The above investigators were not able to statistically determine whether good mental health led to greater religiosity & whether religiosity promoted good mental health although it is expected that later is true. Sorri et al (1996) found against the findings of Krause.

Alan C. TJELTVEIT at el (1996) correlated various mental health dimensions to religious dimensions. Mental Health values were
measured with the mental Health values Questionnaires. Religiousness was measured with four published psychometrically adequate tests. Several relationship among religiousness and mental health values were found. Some values were significantly correlated and also some were not correlated. 8 Mental Health values taken were:

   Achievement, Affective control, Self acceptance, Negative Traits, Good Interpersonal Relations, Untrustworthiness, Religious, Unconventional Reality.

12 religious value studied were

Go (response to 'Do you go to church)

Pray (response to 'Do you pray')

Import response to 'religion is important to me'

FATCS — Francis Attitude toward Christianity scale

SWB — Spiritual Well — Being scale

EWB — Existential well-Being scale

RWB — Religious well-Being scale

I — Intrinsic religious scale

E — Extrinsic religiousness

Ep — Personal Extrinsic sub scale

Es — Social Extrinsic sub scale
Quest – Revised quest scale

Subjects of his study were less Christian less Protestant, more Lutheran and more Jewish than the U.S. population as a whole. They were not homogeneous on the measure of religiousness.

Gartner J. et al (1991) have reviewed relation between religious commitment and psychopathy. Mixed findings were given. In a recent meta analysis Bergin (1983) found that 23% of the studies reported a negative relationship, 43% reported a positive relationship and 30% reported no relationship. Much of the credibility established by the field in the recent years can be attributed to the literature showing the relationship of religion and spirituality with mental health (Gartner, 1996, ventis 1995) and physical health (Mc cullough, 1999, Dull & Skokan, 1995, Hill & Butter, 1995) which substantially established the link. Though the relationship is complex, with religion and spirituality correlating both positively and negatively with mental and physical health, the positive benefits of religion and spirituality seen to outweigh the negative (Bergin 1983, Payne et al, 1991).

A study conducted by Naidu and Panda (1990) on 465 Hindus aged 30-50 years, revealed that those low on Hindu spiritual concept of non-attachment (anasakti) obtained higher scores on tests measuring stress and strain indicating that non attachment reduces stress by eliminating negative emotions.

A review by worthington et al (1996) offers some tentative answers as to why ? Religion may some time have positive effects on individual.
A study by Hand way (1978) on religiosity concluded that religion is our potential resource in peoples lives. More recently Myers and Diener (1995) in their survey of related studies observe that links between religion and mental health are impressive and that culture and religiosity may provide better clues to understanding the nature of well-being.

Although most reviews have concluded that religion and mental health are positively associated, they often disguise the fact that research findings are frequently mixed and contradictory. Some studies have shown a positive relationship between religiosity and mental health. (Batson & ventis, 1982 ; Bergin, 1983 ; Chamberlain & Zika, 1992 ; Donalue 1985 ; Lea, 1982, Stark, 1971 ; witter, stock, okun & Haring 1985) , and some have shown a negative relationship (Batson & Ventis, 1982) while others have shown almost no relationship (Bergin, 1983) ; Sanua, 1969 ; spilka, Hood & Goruch ; 1985, Witter et al, 1985. A favoured interpretation of these findings is that this relationship is not robust and is sensitive to the definitions adopted, measures employed, and samples studies (Yinger, 1967).

In a study christopher Alan Lewis (2001) found that religious condition provided significantly higher scores for the obsessional symptom scale and obsessional personality Test scale and significantly lower Psychotricism scale scores than the non religious condition.

According to him these results suggested that the religious are viewed paradoxically as having both aspects of better (i.e. lower psychotricism scores) and poorer mental health (i.e. higher obsessional scroes) than the non religious. As such, this finding provides some support for the existence of a powerful cultural stereotype of religious.
Alan C, TJELTVET et al have suggested that the research on this relationship needs to be extended various religious groups. Researchers, Clinicians and theoreticians need to be sensitive to the relationship between mental health values and religiosity of Buddhist (Growth- Marnat, 1992) Islamic (Rahman, 1987) Jewish (Meier, 1988, & spero, 1986). christian, deeply private (Greer & RooF, 1992 ) and other religious groups. For instance, when working with or studying Muslim Clients, it is important to know that Muslim doctors and philosophers believe that ethical health is par excellence mental health just as is true of their opposites – (Rahman, P-88).