

Role of Religion and Spirituality on Mental Health and Resilience: There is Enough Evidence

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Religion and Spirituality often involve core emotional and social experiences, attitudes, affective states (both positive –such as faith, hope, courage, compassion, love, forgiveness- and negative –e.g. anxiety, anger), beliefs, world views, values, life goals and practices, that shape the personal identity and existence of many human beings. Occasionally these experiences may influence states of consciousness (e. g. calming, peaceful), life-styles, significant relationships, the meaning is given to suffering and distress, coping strategies, and the motivation to receive different types of help and support, especially in case of acute or chronic distress.

Given Religion and Spirituality common and strict relationship to the psychosocial functioning, to the Quality of Life, and to those psychological constructs that are well studied in Positive Psychology (life meaning or purpose, hope, well-being, post-traumatic growth factors, forgiveness, character strengths), religious coping and religiousness-linked resilience should receive particular attention in Journals such as this.

We would like to update the readers on the state of art of this issue in general psychiatry, to encourage research in such direction.

First, prestigious Associations around the world (the American Psychiatric Association (2006), the American Psychological Association (2007), the American Academy of Child and Adolescent Psychiatry (2012), the Royal College of Psychiatrists (2011), the World Psychiatric Association (Verhagen & Cook, 2010)) have published documents that encourage research, theory, and practice which in turn may improve knowledge, skills and sensitive professional attitudes regarding this area of psychiatric practice. Despite a tendency to rely on the Evidence Based Medicine alone and to neglect the religious dimension and the existential components of health care in the more secular individualistic countries, many researchers and clinicians across the world are embracing with renewed vigour a holistic view of health and a client-centered, values-based, humanistic, comprehensive, sensitive approach. The literature tells us that user-groups and patients are asking for whole-person health services.

The scientific reference books are up to date *The Psychology of Religion and Coping: Theory, Research, Practice*, by Kenneth Pargament (2001), and the *Handbook of Religion and Health*, by Harold Koenig et al. (2012), head of the Center for Spirituality, Theology and Health at Duke University in the North Carolina. This Center releases a paper called *Crossroads* with a critical review of the most recent published articles on this topic. The Center is also a source of important research and reviews.

A great number of research is been published on such topic. We have now more than 3000 articles published on scientific journals (Moreira-Almeida, Neto & Koenig, 2006; Koenig et al., 2015). The available evidence underscores a generally positive effect between religion/spirituality (especially religious participation) and health variables, such as: minor depression, faster recovery from depressive episodes, lower rates of suicide, less use, abuse and substance

dependence, lower rate of coronary heart disease or hypertension, better functioning of the immune system, better functioning of the endocrine system, lower rates of cancer, better prognosis in cases of cancer, longevity, greater well-being and self-reported happiness (meaning of life, hope, optimism, forgiveness). A great evidence exists on the effectiveness of positive religious coping for many people, both those affected by an illness, a disability or a disaster, and their caregivers. Religion and Spirituality has consistently been identified as a factor that can promote healing and facilitate recovery.

Harris et al., (2008) felt that the more appropriate question is not whether religion's relationship to mental health is positive or negative, but which aspects of religion have a positive or negative relationship with which components of mental health.

Which are the psychologically functional dimensions of Religion and Spirituality commonly found in this type of research? Which religious variables usually relate to health indices? Importance ("I think my relationship with God is one of the most important things in my life"), Religious participation, Intrinsic religiousness (with moments of personal prayer in which I entrust my life and choices to God, and I incorporate the proposed moral norms), Religious positive emotions (elicited by religious readings, music and programs), Religious social life (time and resources spent for others and for religious reasons). Another well-studied topic is negative religious coping ("God's angry with me, God has abandoned me and betrayed me"), as correlated with additional psychological suffering.

We suggest that instruments evaluating the presence of these variables should be used in future research on Religion and Spirituality and resilience (Petee, Lu & Narrow, 2011).

A recent 2015 article by Whitley and Jarvis suggests the use of simple tools for a sensitive assessment in this area, and activities that can be supported by a religiously competent clinician.

We hope this issue will be soon become well-investigated and well-known so that interventions in emergency and resilience-related contexts will be more and more comprehensive and sensitive to the Religion and Spirituality of patients and clients.

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