Religiosity and Mental Health: An Exploration

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Introduction

- There have been many studies on the association between physical health and religion. One study concluded that 45% of HIV patients became more religious after their diagnoses (Mishra, 2017).
- The studies that have been done on the association between mental health and religion are inconsistent, and most consider depression to be the only factor in mental health.
- There is a lack of research between mental health and different types of religions. One study found that the relationship can depend on a person's interpretation of God as being loving or punishing (Dixon, 2016).
- Many religions involve the recognition of a greater power, gratitude, and trust. These characteristics of religion resemble the methods taught to cope with mental illness, such as mediation and gratitude.
- If there is an association between mental health and religion, psychologists and psychiatrists may be more willing to steer their patients towards religion to cope.

Research Questions

- **Is there an association between religiosity and mental health status?**
- Does the type of religion change this potential association?
- Do gender or age change this potential association?

Methods

Sample

- Respondents (n=2,348), who are 18 years or older, were drawn from the 2018 General Social Survey (GSS).
- GSS is a nationally representative sample of non-institutionalized English or Spanish speaking people in the U.S.

Measures

- **Mental health status** was assessed using the sum of four questions. These questions were general happiness level, happiness with life that day, diagnosed depression, and the recipient's mood, ability to think, and mental health. Each response was coded to be 0 (positive mental health) and 1 (negative mental health). Borderline cases such as good are 0 and not very happy are 1. These scores were summed to create a new variable which ranged from **0 (positive mental health) to 4 (negative mental health).**
- **Religion** was recoded so that 0 is no religious affiliation, 1 is Protestant, 2 is Catholic, 3 is Jewish, and 4 is other religions. **Sex** was coded dichotomously (1 is male, 2 is female). **Age** was also recoded to represent age groups. (2 is ages 18-29, 3 is 30-39, …, and 9 is 89 or older).

Results

Univariate

- 10.3% of respondents are not religious, 53.04% are Protestant, 31.39% are Catholic, 1.80% are Jewish, and 3.43% practice other religions.
- 70.62% of respondents have a positive mental health status, and 1.41% have a negative mental health status. 27.96% are in the middle.

Bivariate

- A Chi-Square test showed that **religiosity** was not significantly associated with **mental health status** ($X2= 22.63$, $p=0.123$).

Figure 1. Mental Health Levels For Each Religion Category
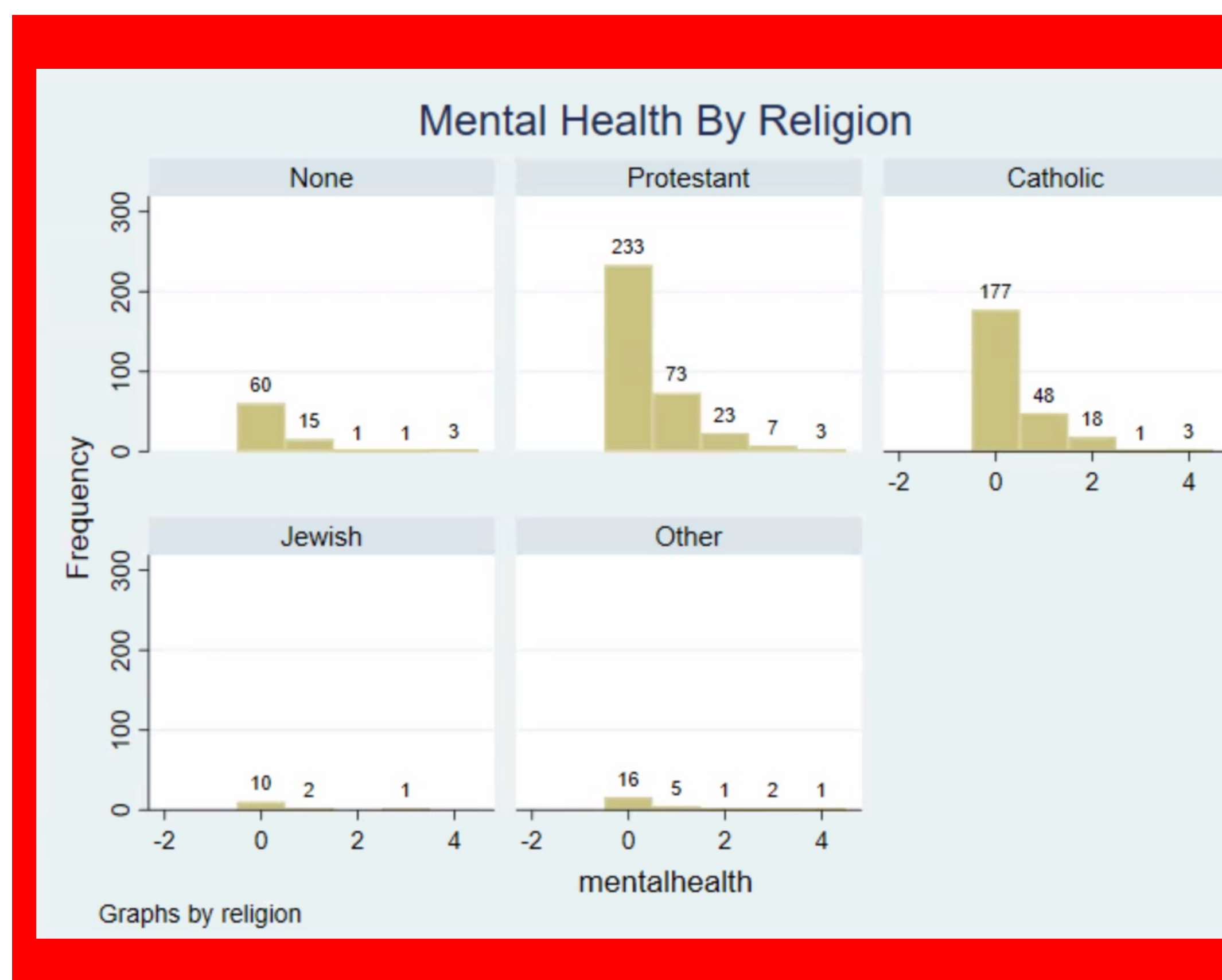
- Within each religion, the majority of the respondents had a score of 0 for mental health, which represents the most positive mental health status (Figure 1).

Multivariate

- Multiple Linear Regression showed that sex and age group do not have an association with religiosity and mental health ($p>0.05$). Mental health and religion still do not have a significant association.
- Therefore, mental health status had similar distributions within each religion for both females and males (Figure 2).

Figure 2. Mental Health Levels Based On Religiosity In Females vs. Males
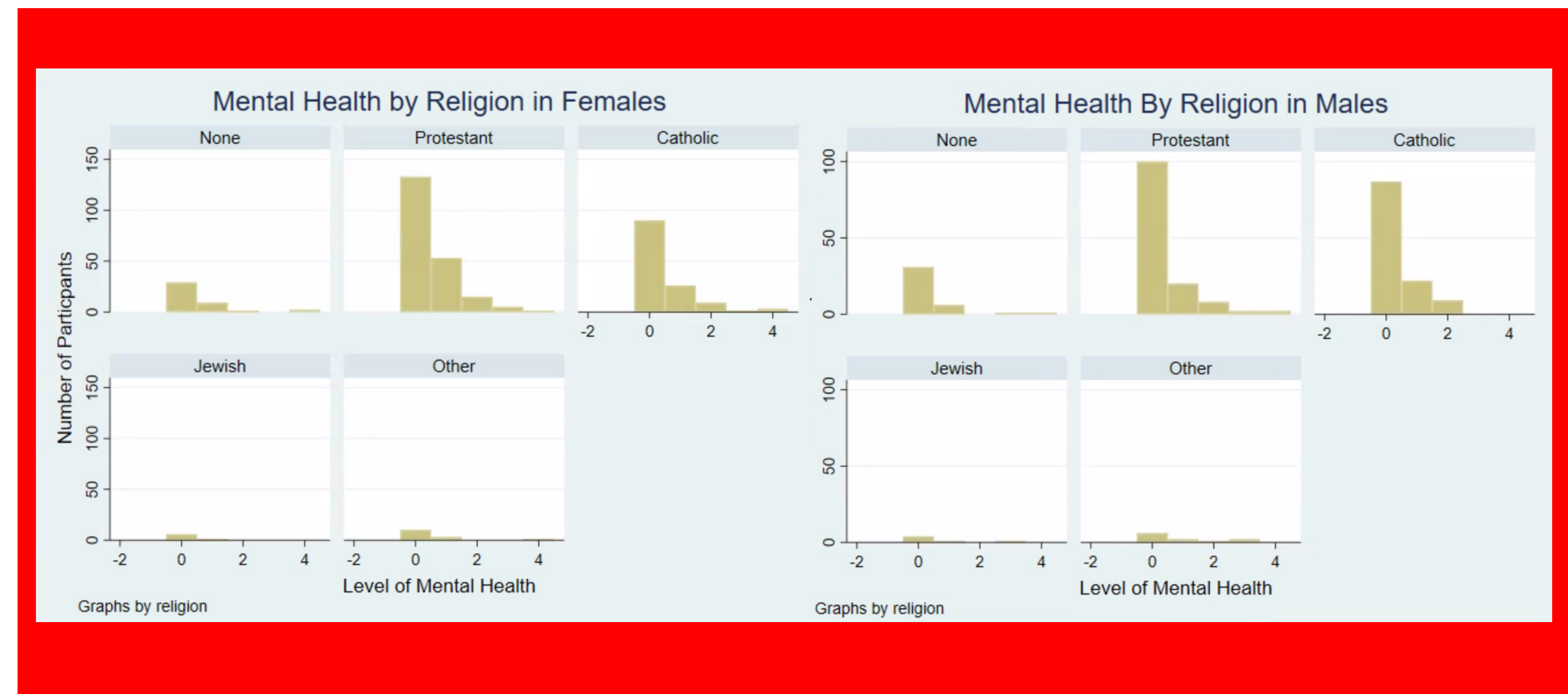
Discussion

- **Mental health status and religiosity do not have a significant association.**
- Mental health can be described in many ways, such as depression, anxiety, happiness, etc. Perhaps, the mental health variable created did not capture all characteristics of mental health. For example, anxiety levels were not included in this variable.
- The mental health variable was created from three questions that asked the respondent how they felt and one factual, yes or no question. Perhaps, the respondents' answers to the questions were not an accurate representation of their mental health.
- Many claim to be religious or believe in a religion but do not actually practice that religion. Perhaps, the religion variable provided an unrealistic perspective of the respondents.
- Mental health is related to socioeconomic status, whereas religion is often related to childhood and how one was raised. Therefore, it makes sense that they do not have an association.

Dixon, S., & Wilcox, G. (2016). The Counseling Implications of Neurotheology: A Critical Review. *Journal of Spirituality in Mental Health*, 18(2), 91-107.   doi:10.1080/19349637.2015.1064804
Mishra, S. K., Togneri, E., Tripathi, B., & Trikamji, B. (2017). Spirituality and Religiosity and Its Role in Health and Diseases. *Journal of Religion & Health*, 56(4), 1282-1301. doi:10.1007/s10943-015-0100-z