



Impact Of Spirituality On Physical And Mental Health Of Family Person

¹ Chandrakant Manchare, ²Venkat Patil

¹Research Scholar, ²Vice Principal

¹ Manipur International University, Manipur, India

² Smt. Indira Gandhi College of Engineering, Navi Mumbai, India

Abstract: Humans are truly unique beings, distinguished by our intelligence, social nature, capacity for love and compassion, imagination, and self-reflection. These qualities set us apart from other species and have enabled us to accomplish incredible things and have a lasting impact on the world. Research shows that spirituality can benefit both the mind and the body. Whether someone is coping with cancer or clinical depression, spiritual exercises help them increase acceptance, decrease negative emotions, find meaning, and deepen their relationships with others. Spiritual well-being and physical health have a much deeper connection than most people would ever know. Spiritual well-being clears the path to better physical health. It removes the blockages that are working as impediments to your overall well-being. It acts as a guide to enhancing your mental and physical health.

The Proposed study has revealed significant relationships between spirituality, health-related behaviors, and physical and psychological well-being, in terms of the type of acquired education, Family background, Age, Gender etc. The results included both spirituality and health-related behaviors that are associated with psychological well-being. The relationship between spirituality and psychological well-being was stronger in the human mind and spirit group of participants.

Index Terms - Spirituality, Mental health, physical Health, family person.

I. INTRODUCTION

The word human originally comes from the word 'humus' and so, the word human refers to your body. Being is the energy controlling your body and so, the word human being refers to you. In general we are taking care of our body by nourishing it with quality food, by doing exercise, by wearing quality cloths and so many other things but in our daily routine there is no space for one being part of our body. But as per so many research conducted it shows that taking care of being is equally importance. Being is nothing but your soul and it has three part Mind, intellect and impression. Amongst this mind very important part which creates thought and each and every thought affects the function of every cell in our body.

1.1 How Can Spirituality Affect Your Mental and Physical Health?

Recent medical studies indicate that spiritual people are less prone to self-destructive behaviors (suicide, smoking, and drug and alcohol abuse, for example) and have less stress and greater total life satisfaction. Much of the research linking spiritual and physical health has involved elderly patients; however, the data offers a glimpse into a possible tie between a spiritual life and good health for people of all ages.

Although spirituality has been shown to reduce depression, improve blood pressure, and boost the immune system, religious beliefs should not interfere with the medical care kids receive.

1.2 Spirituality and Physical Health

Doctors and scientists once avoided the study of spirituality in connection to medicine, but more recent findings have made some take a second look. Studies show that religion and faith can help to promote good health and fight disease by offering additional social support, such as religious outreach groups improving coping skills through prayer and a philosophy that all things have a purpose. Although research on kids hasn't been done, many studies focusing on adults point to the positive effects of spirituality on medical outcomes.

Elderly people who regularly attended religious services had healthier immune systems than those who didn't. They were also more likely to have consistently lower blood pressure. Patients undergoing open-heart surgery who received strength and comfort from their religion were three times more likely to survive than those who had no religious ties.

1.3 Impact of Spirituality on Mental Health

Spirituality influences many decisions that people make. It encourages people to have better relationships with themselves, others, and the unknown. Spirituality can help you deal with stress by giving you a sense of peace, purpose, and forgiveness. It often becomes more important in times of emotional stress or illness.

II. LITERATURE OF REVIEW

Recent studies show that religious beliefs and practices are supportive of coping with stresses in life and are beneficial to mental health. Thomas Ashby Wills, Professor of Epidemiology and population health at Albert Einstein College of Medicine, developed a scale that determined how important religion is to people. This was administered to 1182 children in New York. It was found that religiosity kept children from smoking, drinking and drug abuse by buffering the impact of life stresses. Gene H. Brody, a research professor of child and family development at the University of Georgia, Athens, found that parents who were more involved in church activities were more likely to have harmonious marital relationships and better parenting skills. That in turn enhanced children's competence, self-regulation, psychosocial adjustment and school performance. Miller et al. made a 10-year follow up study on depressed mothers and their off springs and reported that maternal religiosity and mother-child concordance in religiosity were protective against depression in the offspring. They also reported that low level of religiosity was associated with substance abuse in the off springs. J. Scott Tonigan, a research professor of psychiatry at the University of New Mexico, followed up 226 patients of alcohol dependence and reported that spirituality predicts behavior such as honesty and responsibility which in turn promoted alcohol abstinence.

Wagner and King conducted a study involving three groups, one group of patients who had psychotic illness, one group of formal care givers, and a third group of informal caregivers. The existential needs were the most important for the patient group, while the other groups considered material needs such as housing and work as more important. Neeleman and King surveyed the psychiatric practices of 231 psychiatrists in London. 73% had no religious affiliation, 28% had belief in God, 61% believed that religion can protect against mental illness, and 48% asked patients about their religious practices. Baetz et al. surveyed 1204 psychiatrists and 157 psychiatric patients in Canada. 54% of psychiatrists believed in God, 47% asked patients regarding their

religious beliefs, and 55% consulted clergy for the management of patients. Among the patients, 71% believed in God, and 24% preferred psychiatrists who were religious. In an Australian survey, a large majority of patients with psychiatric illness wanted their therapists to be aware of their spiritual beliefs and needs and believed that their spiritual practices helped them to cope better. Mathai and north constructed a questionnaire, consisting of 5 questions and gave it to 70 parents of children attending child and adolescent mental health clinic. They reported that majority of the parents believed that spiritual concerns were important and that therapists should consider their spiritual beliefs in the management of the problems of the children. In USA, Curlin et al. conducted a study of psychiatrists and compared them with physicians from other specialties in their religious affiliations and found that psychiatrists showed fewer religious affiliations. Several empirical studies on psychiatrists' religious characteristics have indicated that psychiatrists are significantly less religious than the general population, their patients and other physicians. In a 12-year follow up of all articles appearing in American Journal of Psychiatry and Archives of General Psychiatry, 72% of the religious commitment variables were beneficial to mental health; participation in religious services, social support, prayer and relationship with God were beneficial in 92% of citations. Similar findings were reported in a review of the Journal of Family Practice.

In a British epidemiological study, church going and active religion were found to be protective to vulnerability for depression by Brown and Prudo. In a detailed study on suicide in Netherlands, Kerkoff [quoted by Sims reported that there was a decline in suicidal rate, which was concurrent with a religious revival. A study on the factors in the course and outcome of schizophrenia was conducted in the Department of psychiatry, Christian Medical College, Vellore. It was a collaborative study among three centers—Vellore, Madras and Lucknow. A two-year and five-year follow up showed that those patients who spent more time in religious activities tended to have a better prognosis. The above reports strongly suggest that religious beliefs and practices of psychiatric patients should be given importance. The sense of hope and spiritual support that patients get by discussing religious matters helps them to cope better. They also suggest that the importance of religion and spirituality is not sufficiently recognized by the psychiatric community. One is the case of Jim who suffered from Korsakov's psychosis. He was so deteriorated that he mistook his wife for a hat. In the ward, others considered him as desolate individual. But his behavior in the chapel was normal. In absolute concentration and attention, he would take part in Holy Communion. He did not forget anything, nor did he show any signs of Korsakov's psychosis. The other patient had chronic schizophrenia. He used to hear a voice commanding him to jump out of the window. His simple devout mother had taught him to resist the voice by praying to God. His mind was destroyed, but the capacity for spiritual life was present. Unfortunately, on the final occasion, he was too late to pray, and he lost his life. Sims makes a comment, "It is unfortunate that we as psychiatrists can be so crass as to neglect this area of life which is clearly important to many of our patients." Andresen, in an editorial, has pointed out that our civilization's "loss of soul" may cause psychiatric symptoms such as depression, obsessions, addictions, and violence. She has suggested that it is the responsibility of psychiatrists to remind the medical fraternity of the necessity of putting back the soul in medical ethics and the fact that spirituality is of vital importance for the mental health of people.

The mechanisms by which spirituality may facilitate mental health and recovery are varied and complex (Fallot, Reference Fallot2007; Webb et al., Reference Webb, Charbonneau, McCann and Gayle2011). For example, spirituality may offer a way to cope with symptoms and difficulties (Corrigan et al., Reference Corrigan, McCorkle, Schell and Kidder2003; Pargament, Reference Pargament and Folkman2011) by serving as a stress-buffering function (Webb et al., Reference Webb, Charbonneau, McCann and Gayle2011), instilling a sense of hope (Bussema and Bussema, Reference Bussema and Bussema2000) or offering a perspective of oneself outside the 'sick role' (Wilding et al., Reference Wilding, May and Muir-Cochrane2005). Religion and spirituality can also have challenging effects and associations such as spiritual struggles in which conflict can arise in relation to spiritual matters, and which have been associated with poorer functioning (Exline, Reference Exline, Pargament, Exline and Jones2013). Additional negative effects include feelings of excessive guilt, abuse by religious advocates (Weaver and Koenig, Reference Weaver and Koenig2006), rejection or stigma

from religious communities (Fallot, Reference Fallot 2007) and religious content becoming intertwined with psychiatric symptoms (Clarke, Reference Clarke2010).

Lomax and Pargament (Reference Lomax, Pargament, Cook, Powell and Sims 2016) argue that because of the double-sided capacity of spirituality to both foster and impede mental health and wellbeing, there is a need for more knowledge and understanding of this concept's multi-dimensional, multi-functional and dynamic character.

III. NEED, JUSTIFICATION/SIGNIFICANCE, AND SCOPE OF THE STUDY

Spiritual wellness acknowledges our search for deeper meaning in life. When we're spiritually healthy, we feel more connected to not only a higher power, but to those around us. We have more clarity when it comes to making everyday choices, and our actions become more consistent with our beliefs and values. Positive beliefs, comfort, and strength gained from religion, meditation, and prayer can contribute to wellbeing. It may even promote healing. Improving your spiritual health may not cure an illness, but it may help you feel better. People who are spiritually well also enjoy better physical health. This may be because they have learned how to manage stress and anxiety more effectively or developed healthier lifestyle habits. Reduced stress and seeing improvements in your physical health can also be a great source of motivation.

3.1 What is the spiritual meaning of family?

The family is the foundational institution of society ordained by God. It is constituted by marriage and is composed of people related to one another by marriage, blood or adoption. The family is a fundamental institution of human society. Poor mental health is a risk factor for chronic physical conditions. People with serious mental health conditions are at high risk of experiencing chronic physical conditions. People with chronic physical conditions are at risk of developing poor mental health.

3.2 Spiritual needs as existential needs

Spirituality often provides a sense of security and social structure, and those beliefs can be a strong coping mechanism through trying times. Being an active member of a close-knit religious community can provide structure, support and sense of acceptance, all of which are beneficial to mental health. Spiritual needs as existential needs Spirituality is closely connected to existentialism, which essentially deals with the search for finding meaning in life (Koslander & Arvidsson, 2007).

One of the most prominent spiritual needs that keep coming up in the articles that I am reviewing here is the necessity to find meaning in life and suffering. A good example of this is presented in the articles by Koslander and Arvidsson (2007), which support the inclusion of fellowship needs in spiritual needs experienced by mental health care patients. The two articles agree on the idea that a spiritual need occurs when people need to establish good fellowship with other people - those who can understand the stress that comes about due to illness (Koslander & Arvidsson, 2007, p. 601). In one of their studies, the patient states the following about his spiritual need:

3.3 Spiritual needs seen from a holistic view of life

According to Koslander, Barbosa da Silva, and Roxberg (2009), the concentration on biomedicine in mental health care has led to a neglect of other aspects or dimensions that the human being encompasses (Koslander, Barbosa da Silva, & Roxberg, 2009, p. 34). According to their analysis, biomedicine has neglected the relational, existential, and religious needs of patients in the treatment process. Therefore, they state that there is a need of incorporating the humanistic concept of man in treatment (Koslander, Barbosa da Silva, & Roxberg, 2009, p. 36). They classify the humanistic concept of the human being in two groups. First, they state that the humanistic concept of the human being characterizes the human individual being as consisting of body, soul and spirit, all of which are integrated into one. Secondly, they state that the humanistic view of man considers

an approach to health care, which not only addresses the human biological aspect, but also the human psychosocial, existential and spiritual aspects (Koslander, Barbosa da Silva, & Roxberg, 2009, p. 36). Research on the role of spirituality in health care may offer a chance of filling the gaps between the satisfaction of patients' spiritual need and the overall wellbeing of patients, as well as reveal shortcomings that exist in the knowledge pool within this field (Hefti, 2011; Galek, Flannelly, and Galek, 2005; Baldacchino & Draper, 2001).

The effect of spirituality in mental health care can be either direct or indirect. Koslander, Barbosa da Silva, and Roxberg state that "it is likely that religious activities may have a direct effect on the activity of natural killer cells, as well as on resistance to cancer progression" (Koslander, Barbosa da Silva, & Roxberg, 2009, p. 37), which is a direct impact of using spiritual activities for bio-psycho-social wellbeing. Thus, spirituality can have a positive effect on human immunology and in this way influence health positively, including mental health. (For the connection between religious experience and immunology, see Koenig, H. G. (2002, p. 11f).

Regarding the indirect effect of spirituality, their article claims that there is a need to take into consideration all human rights in the treatment process. It is according to their understanding that health is internationally recognized as an ethical value that needs to be defended and protected as well as promoted by all United Nations member states. For this to be possible, the above-mentioned scholars argue that there should be a holistic approach to the treatment process, which has the possibility to incorporate the biological and spiritual aspect in treatment (Koslander, Barbosa da Silva, & Roxberg, 2009, p. 37). This might make it possible for the patients to get adequate help in satisfying all their needs, including spiritual ones. Hence by considering all above facts if the human is mentally and physically fit then ultimate his family get peace, happiness, prosperity and overall family becomes healthy.

IV. STATEMENT OF THE PROBLEM /BACKGROUND OF THIS RESEARCH STUDY

According to the World Health Organization (WHO), mental health is "a state of prosperity where individuals realize their abilities, can overcome the pressures of ordinary life, can work productively and happily, and be able to contribute to their community (World Health Organization, 2004). The WHO definition represents a substantial improvement in the definition of mental health that was previously understood as a state of absence of mental illness (Galderisi, Heinz, Kastrup, Beezhold, & Sartorius, 2015). Thus, the definition of mental health according to World Health Organization (2004) emphasizes more on the meaning of mental health as a condition that is not only the absence of mental illness, but more than those individuals have positive emotions and function positively so that they can cope with life pressures that make individuals productive in contributing to society.

Furthermore, according to Keyes (2007), a good mentality includes three components are emotional well-being, psychological well-being, and social well-being. Emotional well-being includes happiness, interest in life, and satisfaction. Psychological wellbeing generally feels happy with self, being able to manage the responsibilities of everyday life, having good relationships with others, and being satisfied with their own lives. Social well-being refers to positive functions and involving themselves and having something to contribute to society (social contribution), feeling part of the community (social integration), believing that society is a better place for everyone (social actualization), and that the way it works society makes sense to them (social coherence).

Likewise in families who are unhealthy and at risk of open conflict and stress (usually manifested in episodes of repeated anger and aggression, lack of care, family relationships that are not harmonious, not supportive, and negligent) will make vulnerable children experience various kinds of mental and physical health disorders (Repetti et al., 2002). This view emphasizes that family has a significant role in developing a healthy mentality

in individuals. Family, both long and short term, can have an impact on the mental health of young people positively or negatively. When families face tough situations, including health problems, their religious beliefs and practices can help them fight feelings of helplessness, restore meaning and order to life situations, and help them regain a sense of control. For some families, spirituality can be a powerful and important source of strength.

Whether you're a devout observer of a specific religion, or just dipping your toes into the world of spirituality, these quotes will help you reflect on your journey thus far, and provide inspiration to dive further in. If you enjoy them, you can also share quotes with family, to get the conversation going amongst your loved ones too.

V. PROPOSED STUDY

The main aim of this study will be to examine the relationship between spirituality, health-related behavior, type of acquired education, and psychological well-being. To achieve this goal, a path analysis will be conducted. It is considered one of a few possible statistical approaches addressing the problem of spirituality and health, recommended by Miller and Thoresen (2003). The path model helps to verify assumed relationships between a set of variables represented as a structure of the tested model, which is based on theoretical associations between the variables. It also provides a framework for the analysis of the direct, indirect, and total effects, whose form provides an analytical basis for interpreting moderation effects (Alwin and Hausner, 1975; Miller and Thoresen, 2003). Direct effects are regression coefficients representing the structural components of the model; indirect effects are parts of causal influence transmitted by intervening moderator and mediator variables; and total effects are the totals of direct and indirect effects (Alwin and Hausner, 1975; Pearl, 2012). It must be highlighted that although path analysis implies causality, it cannot be inferred from the gathered data since it is cross-sectional. The directions of the relations in the model were based on the mentioned literature, yet the model itself was not aimed at testing causal effects. The path analysis will be used to disaggregate, quantify, and compare the magnitude of associations between the variables (Miller and Thoresen, 2003; Bollen and Pearl, 2013). The focus of this model will be to estimate a hypothetical structure of associations of psychological well-being, health-related behaviors, spirituality, and type of acquired education, with age and sex being two control variables.

VI. MATERIALS AND METHODS AND FINDINGS

6.1 GENERAL HYPOTHESIS

1. Hypothesis-1: Spirituality and health-related behaviors are factors which could be positively associated with physical and psychological well-being.

2. Hypothesis-2: We may experience better confidence, better immunity, self-esteem, and self-control. We also suppose that both factors had a positive relationship with subjective well-being. Moreover, since spirituality has been proven to reduce the odds of health-risk behavior and is associated with a higher level of health-behavior; we hypothesized that spirituality would also be associated with health-related behavior.

6.2 Participants

The study conducted with people from local regions with different educational and family backgrounds. After collecting the questionnaires, the collected data will be statistically analyzed.

6.3 Measures

The questionnaire is having different scales like: Self-Acceptance, Personal Growth, Purpose in Life, Positive Relations with Others, uniqueness in relation thought pattern of every soul, Environmental Mastery, and Autonomy. The items assessed on a 7-point Likert scale (from 1 – strongly disagree to 7 – strongly agree). It will be also possible to calculate the general factor of psychological well-being as a mean value of six subscales.

6.4 Inventory of Health-Related Behavior

This questionnaire is intended to measure health behaviors and contains five scales: a general health behaviors rate and its indicators: prophylaxis, positive attitude, and pro-health practices. It contains statements describing various types of health-related behaviors.

6.5 Analytical Strategy

Path analysis was used to model the potential moderating role of education type, age, and gender in the relationship between the variables included in the model. The type of acquired education as representing groups primarily focused on either spirituality or health-related behavior. A linear regression analysis was conducted to further examine the noted relationships between both types of education.

6.6 Other suggestions to start your family's spiritual journey

Explore your roots. In examining your shared past, you and your kids may connect with values of earlier times and places and gain a sense of your extended family's history and values. Examine your involvement in the community- If you're already involved in a group, maybe you will want to take on a larger role — first for you, then as a role model for your kids. If you haven't joined a community group, consider investigating those in your area. Recall the feelings you had at the birth or adoption of your child. Try to get back to that moment in your mind, remembering the hopes and dreams you had. It can be the start of a search for similar or related feelings in your everyday life. Share some silence with your kids- Take a few minutes for silent meditation alone or together. Think about parenthood, your life as an individual, and your place in the larger scheme of things. Spend time discussing these thoughts with your kids and listen to their ideas on what spirituality means.

VII. CONCLUSION

The Proposed study has revealed significant relationships between spirituality, health-related behaviors, and physical and psychological well-being, in terms of the type of acquired education, Family background, Age, Gender etc. The results included both spirituality and health-related behaviors that are associated with psychological well-being. The relationship between spirituality and psychological well-being was stronger in the human mind and spirit group of participants. As longitudinal study among adolescents. It will also be fundamental character strength and a crucial factor of positive development. Thus, proposed research study of spirituality may reveal as well strengthen psychological well-being and in the family.

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