

Psychosocial Impact of Religion and Spirituality on Personality of Adolescents

Dr. Neeta Gupta

Department of Psychology D.A.V. (P.G.) College Dehradun

Date of Submission: 10-03-2012

Date of Acceptance: 25-03-2012

I. INTRODUCTION

Typically religion and otherworldliness are inseparable from one another. In any case, religion and otherworldliness are the two unique elements in the assurance of higher estimations of life. Otherworldliness is its individualistic character while religion is an individual set or regulated arrangement of strict mentalities, convictions and practices. The word 'Otherworldliness' comes from Latin word 'spirit us', signifies 'breath of life'. In this way, otherworldliness alludes to a special, by and by important experience of an extraordinary measurement that is related with a completeness and wellbeing. It is a functioning cycle that includes a mission for importance in one's life. Otherworldliness is an individual's perspective on life's importance, heading, reason, connectedness to different things and individuals. Mahatma Gandhi said that otherworldliness is a piece of you; it's something that can't be isolated from your reasoning, activity taking, self. It's what your identity is, your ethics, and your qualities, what bring you euphoria.

Otherworldliness is additionally characterized as practices, discernments and emotions that emerge as a component of a person's quest for association with a heavenly being, a higher force, or an extreme truth. Religion or strictness may likewise include a quest for the spiritual, as it is embraced inside a group (i.e., a congregation or some other kind of strict community) that gives direction, approval, and backing for the strategies with which that search is conducted (NIHR; George et al., 2000). Religion is an institution that has a set of organized practices and a structured belief system shared by and among those who are members of the institution. It is a personal or institutionalized system grounded in belief in and reverence for a supernatural power or powers regarded as creator and governor of the universe. It is a set of beliefs concerning the cause, nature and purpose of the universe, especially when considered as the creation of a super human agency or agencies, usually involving devotional and ritual observances and often containing a moral code governing the conduct of human affairs.

The word religion derived from Latin word 'religion' meaning 'restraint'. According to Cicero, the word religion comes from 'relegate', meaning 'to repeat, to read again or 'religion' meaning 'to show respect for what is sacred'. Religion is an organized system of beliefs and practices revolving around, or leading to, a transcendent spiritual experience. In ancient times, religion was indistinguishable from what is known as mythology in the present day and consisted of regular rituals based on a belief in higher supernatural entities that created and continued to maintain the world and surrounding cosmos. In India the diversity of religion is visible. The major religions of India are Hinduism, Islam, Sikhism, Christianity, Buddhism, Jainism etc. India is a land where people of different religions and cultures live in harmony. This harmony is seen in the celebration of festivals. This message of love and brotherhood is expressed by all the religions and cultures of India.

II. DEVELOPMENT OF SPIRITUALITY AND RELIGION IN CHILDHOOD AND ADOLESCENT STAGE OF LIFE:

Religious faith, beliefs and activities are important aspects of the lives of human being. Different studies found a decline in general age trend from childhood to adolescence for religiousness (Benson et al., 1989; King et al., 1997). The development of religious activities and spirituality in childhood and adolescents has as their foundation the cognitive development theory of Piaget. The focus of these theories is on the structure of religious thought as it changes across time, rather than on the content of religious beliefs. Religious thinking, in conjunction with other areas of thinking, moves from concrete imagery and literal beliefs in childhood to more abstract religious thinking in adolescence. Thus, it is only in adolescence that religious beliefs and values are expected to begin to take on the same meaning that they have in adulthood. In adolescence and adulthood, individuals understand that different religious religions and religious denominations have different foundational beliefs, including different beliefs about the nature of god and humankind, and the relationship between the two as expressed through worship, prayer, and the activities of daily life.

Elkin (1964; 1970) found that such understanding of religious beliefs and practices is not present in young children, but rather develops across childhood. Elkin proposed that there are three stages of religious development in childhood and adolescence that parallel the preoperational, concrete operational, and formal operational stages of cognitive development as described by Piaget.

Stage I thinking is characteristic of preschool-age children. In this stage, preoperational children are beginning to use signs and symbols to represent objects in their real lives. *They are* able to use categorical thinking, but they have little ability to understand what distinguish she's categories from each other, or that an individual or object can be classified into more than one category at the same time. Young children cannot, for example, understand that an individual can be Catholic and American at the same time. Children who are raised in a religion may know the name of their denomination, and that the name of the denomination represents something about individuals who belong to that denomination, but they have very little understanding of what distinguishes one denomination from another.

Stage 2, spanning the elementary school years, represents an increased level of understanding about religion and religious beliefs. In keeping with the concrete operational thought that characterizes children of this age, however, thinking about religion is also based on observable behavior, rather than on thoughts, feelings, and motivations. Children understand that denominations differ in their religious activities, but they have much less understanding about the differences in religious beliefs that underlie different activities. Similarly, when children at this age are asked to describe prayer, they focus on the activity of prayer, rather than on the inner feelings and beliefs that older individuals may explore and express in prayer.

Finally, Stage 3 religious thinking becomes possible with the advent of formal operational thought. Typically beginning in preadolescence or early adolescence, it is characterized by the capacity for understanding abstract concepts and for personal reflection and exploration of religious beliefs, values, and practices. Denominations are understood to differ because of underlying differences in beliefs, and prayer is understood as a private and personal experience of communion with God. Thus, it is with the advent of Stage 3 religious thinking that young adolescents' responses to questions about religion are likely to be similar in their meaning to those of adults.

According to Erikson's psychosocial theory of development (Erikson, 1968; 1980), the major tasks of adolescents are to explore the occupational and ideological identities that will form the foundation for continuing positive psychosocial development and functioning in adulthood. Religious dogma and tradition can prove particularly attractive to adolescents because they are searching for institutions and individuals that provide answers to questions regarding the ultimate meaning of life, and a sense of continuity and belonging to something that is greater than self. Although this search can create vulnerability to the influence of charismatic leaders and cults, the senses of history, tradition, and ties to higher beings and universal principles that religions provide can also provide positive connections to society.

III. RELIGION, SPIRITUALITY AND HEALTH

Religion and Spirituality both are rooted in trying to understand the meaning of life. And meaning of life depends on person's health. According to WHO four dimensions of health have - physical, social, mental and spiritual health. Different studies show that spirituality and religiosity are positively correlated with physical health. According to Seybold and Hill (2001) studies involved in the effect of religion on the person's physical health have revealed a positive attribution to their lifestyle. These studies have been carried out among all ages, genders and religions. There is rapidly growing evidence that stress and negative emotions have adverse effects on physiological systems vital for maintenance of physical health and healing (Segerstorm et al., 2004), increase susceptibility to or worse outcomes from a wide range of physical illness (Kohen et al., 1991; Brown et al., 2003; Kubzansky et al. 2007) and may shorten the life-span prematurely. Religiosity and spirituality have a positive impact on physical diseases and treatment by reducing stress and negative emotions, increasing social support and positively affecting health behaviors. A large number of studies revealed that religiosity and spirituality have a positive impact in reducing the severity of diseases like coronary heart diseases, hypertension, cerebrovascular disease, Alzheimer's, dementia, cancer, pain and somatic symptoms etc. In all these physical problems, religion and spirituality work as a healer.

Studies also show a stronger relationship between religion, spirituality and mental health. Religion and spirituality consists of psychological, social and behavioral aspects that are more 'proximally' related to mental health than to physical health. Religion and spirituality boost positive emotions and help to minimize negative emotions, hypothesizing that it serves as both a life-enhancing factor and as a coping resource. Religion and spirituality helps person to deal better with adversity, either external adversity (difficult environmental circumstances) or internal adversity. Positive emotions include well-being, happiness, hope, optimism, meaning and purpose, high self-esteem and a sense of control over life. Religion and spirituality have the ability to promote or damage mental health.

Some research shows that certain spiritual and religious activity can have an effect on the mental health of those experiencing depression, anxiety, post-traumatic stress disorder, schizophrenia etc. Depression is the most commonly experienced mental health problem worldwide. It manifests itself in different ways and to various degrees. It is characterized by number of symptoms including feeling of sadness, unexplained tiredness and fatigue, the feeling that even the smallest tasks are almost impossible, a loss of appetite for food, sex or company, excessive worry, feeling like a failure, unjustified feeling of guilt, feeling of worthlessness or hopelessness, sleep problems and physical symptoms such as back pain or stomach cramps, hopelessness and lack of purpose or meaning of life. One of the key contributions of spirituality in the lives of depressive people therefore may be the power it offers to restore meaning, purpose and hope to their lives. Spirituality in the lives of people with depression is through understanding and empathy. These are the core vehicles through which the distress of depression can be alleviated.

A number of quantitative studies found the relationship between certain aspects of spirituality and depression. Hodges (2002) describes four dimensions of spirituality- meaning of life, intrinsic values, belief in transcendence and spiritual community and argues that each of these dimensions has an inverse linear relationship with depression. Lot of the research concluded that many expressions and elements of spirituality are helpful in reducing depressive symptoms and/or increasing general wellbeing (Keening, 1999; Hasid, 2000).

A large number of researches have examined the relationship between spirituality and anxiety. The symptoms commonly associated with anxiety can be emotional, intellectual, physical and social. These include feelings of shame, grief or aloneness, difficulty in concentrating or an inability to learn new details, increased breathing and pulse rate, difficulty in sleeping and problem with eating, social apprehension, isolation or withdrawal and irritability or unusual level of aggression. Marge tic (2005) found that heart transplant patients that attended church frequently reported less anxiety and had higher self-esteem than those who attended less frequently. Yoga and meditation are also associated with improvements in mental health and reductions in anxiety. A recent systematic review by Kirkwood (2005) found eight studies that specifically explored the impact of yoga on anxiety and concluded that although the results were encouraging. Spirituality can play a vital role in helping to reduce symptoms and feelings of anxiety.

Post-traumatic stress disorder (PTSD) is a delayed reaction to an abnormal, traumatic life experience, such as war, terrorism, a car or aircraft accident, a natural disaster, or physical, sexual, emotional or psychological abuse (Niles, 1991). Anecdotal evidence suggests that religion and spirituality are highly valuable to people in times of crisis, trauma and grief, and a recent systematic review of articles in the Journal of Traumatic Stress reached similar conclusions (Weaver et al., 2003).

Shaw et al. (2005) reviewed the literature and found 11 studies that reported links between religion, spirituality, and trauma-based mental health problems. A review of these 11 studies produced three main findings. First, these studies show that religion and spirituality are usually, although not always, beneficial to people in dealing with the aftermath of trauma. Second, they show that traumatic experiences can lead to a deepening of religion or spirituality. Third, that positive religious coping, religious openness, readiness to face existential questions, religious participation, and intrinsic religiousness are typically associated with improved post-traumatic recovery.

Schizophrenia is a severe and enduring mental health problem. Religion and spirituality have an important and positive role in schizophrenic person. Mohr et al. (2004) looking at religious and spiritual coping amongst individuals with chronic schizophrenia concluded that “religion plays a central role in the processes of reconstructing a sense of self and recovery”. Another study by ukst-Margetic et al. (2005) found that individuals who share the same religious values as their family, religiosity can be a cohesive and supporting factor. Others have found that people with schizophrenia find hope, meaning and comfort in spiritual beliefs and practices (Kirkpatrick et al., 2001; Weisman, 2000). Religion and spirituality are relevant in the lives of many people with schizophrenia and in many cases seem to offer valuable benefits to living with and recovering from the illness.

IV. CONCLUSION:

We can say that spirituality is an offshoot of religion. For many centuries people professed religion. Religion and spirituality both have rituals and practices which deepen one’s religiosity or spirituality. Religion usually has sacred rites or sacraments while spirituality has meditation or yoga sessions. Religion differs from spirituality as it is an institution that was created by another person while spirituality is something find inside our self. Sometime people can be forced into religion but spirituality is something no one can decide. Spirituality is self-discovering that makes it great. Religiosity and spirituality have a positive impact on physical diseases and treatment by reducing stress and negative emotions, increasing social support and positively affecting health behaviors. Religious and spiritual beliefs and practices are commonly used by both medical and psychiatric patients to cope with illness and other stressful life changes. A large number of research shows that people who are more religious and spiritual have better mental health and adapt more quickly to health problems

compared to those who are less religious and spiritual. From the above description it is concluded that spirituality is the ultimate goal of life while religion is the way of goal.

REFERENCES:

- [1]. Benson, P.L., Donahue, M.J., & Erickson, J.A. (1989). Adolescence and religion: A review of the literature from 1970 to 1986. *Research in the Social Scientific Study of Religion*, 1, 153-181.
- [2]. Brown, K.W. Levy, A.R. Rosberger, Z. and Edgar, L. (2003). "Psychological distress and cancer survival: a follow-up 10 years after diagnosis". *Psychosomatic Medicine*, 65(4), 636-643.
- [3]. Cohen, S. Tyrrell, D.A.J. and Smith, A.P. (1991) "Psychological stress and susceptibility to the common cold". *New England Journal of Medicine*, 325(9), 606-612.
- [4]. Elkind, D. (1964). "Age change and religious identity". *Review of Religious Research*, d, 36-40.
- [5]. Elkind, D. (1970). The origins of religion in the child. *Review of Religious Research*, 12, 35-42.
- [6]. Erikson, E. (1968). *Identity: Youth and Crisis*. New York: Norton.
- [7]. Erikson, E. (1980). *Identity and the Life Cycle*. New York: Norton.
- [8]. George, L.K., Larson, D .B., Koenig, H.G., & McCullough, M.E. (2000) . *Spirituality and health: What we know, what we need to know*. *Journal of Social and Clinical Psychology*, 19,102-116.
- [9]. Hased, C.S. (2000). "Depression: dispirited or spirituality deprived?", *Med. J. Aust.* 173(10), 545-547.
- [10]. Hodges, S. (2002). "Mental health, depression and dimensions of spirituality and religion", *Journal of Adult Development*. 9(2), 109-115.
- [11]. King, V., Elder, G.H., &Whitbeck, L .B. (1997). Religious involvement among rural youth: An ecological and life-course perspective. *Journal of Research on Adolescence*, 7, 431-456.
- [12]. Kirkpatrick, H., Landeen, J. Woodside, H. and Byrne, C. (2001). "How people with schizophrenia build their hope" *J.Psychosoc.Nurs.Ment. Health Serv.*, 39(1), 46-53.
- [13]. Koenig, H.G. (1999). "How does religious faith contribute to recovery from depression?",*Harv. Ment. Health Lett.* 15(8), 8.
- [14]. Kirkwood, G. Rampes, H. Tuffrey, V. Richardson, J. and Pilkington, K. (2005). "Yoga for anxiety: a systematic review of the research evidence", *Br.J.Sports Med.*, 39(12), 884-891.
- [15]. Kubzansky, L.D. and Thurston, R.C. (2007). "Emotional vitality and incident coronary heart disease: benefits of healthy psychological functioning", *Archives of General Psychiatry*, 64(12), 1393-1401.
- [16]. Mohr, S., and Huguélet, P. (2004). "The relationship between schizophrenia and religion and its implications for care" *Swiss. Med. Wkly.*, 134(25-26), 369-376.
- [17]. Niles, D. P., (1991). "War trauma and post-traumatic stress disorder". *Am. Fam. Physician*, 44(5), 1663-1669.
- [18]. Segerstrom, S.C. and Miller, G.E. (2004). "Psychological stress and the human immune system: a meta-analytic study of 30 years of inquiry," *Psychological Bulletin*, 130(4) 601-630.
- [19]. Seybold, K.S and Hill, P.C. (2001). "The role of religion and spirituality in mental and physical health". *Current Direction in Psychological Science*. 10(1), 21-24.
- [20]. Shaw, A. Joseph, S. and Linley, P.A. (2005). "Religion, spirituality, and posttraumatic growth: a systematic review", *Mental Health, Religion & Culture*, 8(1), 1-11.
- [21]. ukst-Margetic, B., and Margetic, B. (2005). "Religiosity and health outcomes: review of literature", *Coll.Antropol.*, 29(1), 365-371.
- [22]. Weaver, A.J., Flannelly, L.T. Garbarino, J. Figley, C.R. and Flannelly, K.J. (2003). "A systematic review of research on religion and spirituality in the *Journal of Traumatic Stress*", *Mental Health, Religion & Culture*, 6(3), 215-228.
- [23]. Weisman, A.G. (2000). "Religion: a mediator of Anglo-American and Mexican attributional differences toward symptoms of schizophrenia?",*J.Nerv.Ment.Dis.*, 188(9), 616-621.