

# Exploring Gaps in the Intersection of Religion and Mental Health: A Systematic Literature Review Using an Inductive Approach

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## ABSTRACT

*This paper undertakes a systematic literature review to identify research gaps and explore the future scope of research in the field. The objective is to pinpoint gaps in existing studies, offering insights into potential avenues for future research. An Inductive approach is employed to identify the themes and gap in the studies, highlighting the novelty and significance of this study. There is a scarcity of research such as the mediating effects of demographic factors between religion and mental health, role of constitutional laws in mitigating religious biasness. Additionally, social norms and cultural influences significantly intersect with religion and mental health, warranting further exploration as potential mediators in future studies. To conduct this review, the highest-cited articles from Google Scholar were considered. Articles are sourced from reputable platforms like Publish and Perish. Out of a total of 1000 research papers, including books, 980 were selected for in-depth review. After screening, only one hundred forty-one papers are taken for review. Inclusion and exclusion criteria were applied to filter the research papers, ensuring a comprehensive yet focused review.*

**Keywords:** Religion; Mental health; Religion; Social Stigma; Culture; Coping Strategy

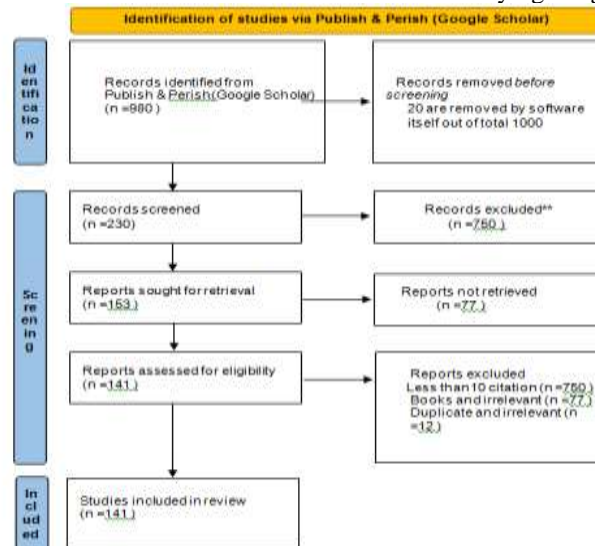
## 1. INTRODUCTION

Religion, as an embodiment of faith in spiritual power, is observed by the majority of the world's population through diverse belief systems like Buddhism, Hinduism, Jainism, Islam, Christianity, Taoism, and Confucianism. This adherence to different faiths inherently divides people based on their religious inclinations. Various theories posit different perspectives on the development of religion, with some suggesting its creation to foster cohesiveness and cooperation within specific communities. While all religions recognize a supernatural Power, Polytheism diverges by acknowledging multiple deities. Hindu worship involves idols; Islam steadfastly asserts that God cannot be worshipped in any tangible form. Islamic principles advocate the equality of all individuals in the eyes of God, urging assistance to the poor and discouraging harmful habits like alcohol consumption. The spectrum of mental health encompasses conditions such as depression, anxiety, and various mental disorders, significantly impacting individuals' thinking and behavior.

Religion plays a pivotal role in alleviating mental suffering by offering solace and guidance. Studies from Islamic countries indicate that Muslims exhibit lower rates of suicide, attributed to the influence of their religious beliefs (Hajiyousouf & Bulut, 2022). Collaborative religious practices mediate the relationship between religion and distress, suggesting a potential buffer against mental health issues (Fabricatore et al., 2009). Affiliation with religious groups positively impacts mental health, especially during economic crises (Ness et al., 2015; Meyer & Lobao, 2003). Religious beliefs are linked to overall development and healthier relationships, as well as a reduction in anxiety and depression, albeit with variations among individuals (Hodges, 2002; Ness et al., 2015). Sociological factors influenced by various religious aspects contribute to improved mental health outcomes (J.S. Levin, 1998). The orientation towards life shows a positive relationship between religion and mental health, with the quest dimension displaying both positive and negative associations (Moore & Leach, 2016; Ventis, 1995b). Both atheistic and theistic groups demonstrate positive relationships with mental health, as do individuals with existential dogmatism and religiousness (Moore & Leach, 2016). Religious individuals often find purpose in life and can relate their beliefs to mental well-being (Galek et al., 2015). LGBTQ individuals with religious orientations receive more support compared to those without (Miller, 2020). Mid-life women experience satisfaction when they perceive a personal relationship with God (Kamm-steigelman et al., 2006). Religious individuals report feeling more connectedness to the world, greater life satisfaction, and (Eugene B., 2002). The teachings of the church are linked to improved psychological well-being, social support systems including reduced level of sadness and worry (Dyer et al., 2023a; Lake, 2012). However, religion may not necessarily protect physical health and can also play a role in psychopathology (Sevensky, 1984; Schnabel & Schieman, 2022). Mental health professionals face challenges when dealing with ultra-Orthodox individuals due to the comprehensive nature of their religious beliefs (Devi, 2005). Some argue that religion may have no role in interventions for mental distress (Heffernan et al., 2014), leaving service users feeling their religious beliefs are not understood or supported, highlighting a gap in care (Hollins, 2008).

## 2. DATA COLLECTION

The study utilized Publish & Perish software to extract research papers on religion and mental health, drawing from Google Scholar based on the citation strength of the papers. Initially, 980 papers were retrieved and queried through the software from the year 1937 to 2024. To ensure quality, papers with fewer than 10 citations were excluded from the study. The query included a mix of books, articles, and research papers. However, books and irrelevant papers were systematically excluded. Additionally, research papers and articles that did not enhance the insight into the connection of mental health and religions were removed from consideration. After manual filtration 141 research articles were selected for review and identifying the gap.



**Figure 1: Documents Search**

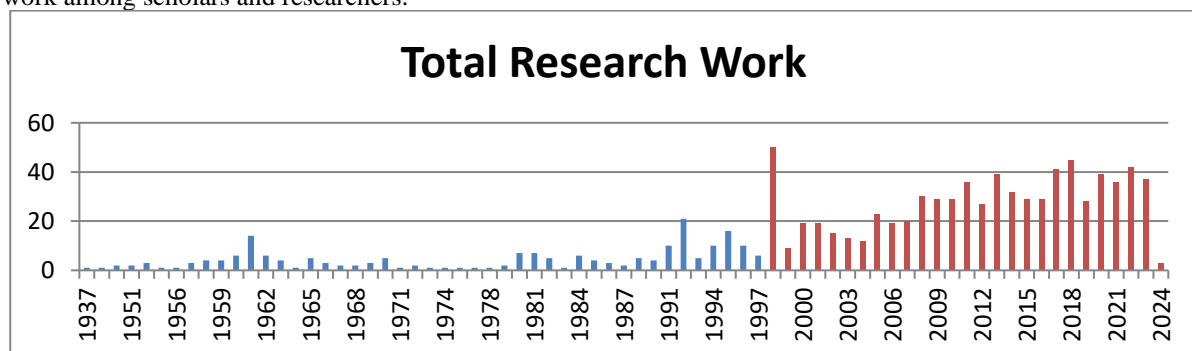
Source: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. 2020

## 3. DATA ANALYSIS & INTERPRETATION

A study of 141 research papers includes the research work of all the scholars from different countries. Three studies are from Africa continents, which include Nigeria and North part of Ghana. A total of eighteen research studies were conducted in Asian countries, including three from China, three from India, and the rest from Iran, Malaysia, Tehran, and Zanjan. Ten research studies are from Europe, including three from England, one from Malta, three from the Netherlands, and one each from Sweden, Switzerland, and Somerset, with the rest from the UK. Nine studies involve work from multiple countries simultaneously, such as the Netherlands, the UK, and the USA. Thirty-six research studies are from the USA, and the countries for 64 studies are not specified in the existing research. The records span from 1937 to 2024.

### 3.1 Annual Scientific Publication of Research Work

Figure no. 2 shows 1998 year is the year in which there is maximum publication of research work on religion and mental health followed by year 2018 which shows 45 publications. 42 research papers were published in the year 2022. 41 research papers were published in the year 2017. Thirty nine research papers were published in the year 2020. Figure no. shows very less work from the year 1937 to 1960, but there was increase in research work in the year 1961. But before 1998, there was not much work in the area of religion and mental health. From the year 1998, there is increase in the research work, which shows the growing awareness of research work among scholars and researchers.



**Figure 2: Annual publication of research work**

Source: Created by the Author

### 3.2 Document and Citation Analysis

Peter C. Hill's article has received 4094 citations since 2008. Religion and spirituality both affect mental health positively and negatively. Religious support can foster well-being, but negative experience or struggle with religious and spirituality can create guilt and doubt and contribute to physical stress. The author differentiated between religious and spirituality. Author Herald received 2129 citations for his articles since 2009, which indicate religious involvement lowers depression, suicide, and anxiety. Religious beliefs of people remove the isolation and fear feeling among individuals. Authors Harold & David received 1060 citations for their articles since 2001. The author discussed the importance of religion in reducing depression and substance abuse. Religions promote positive traits like forgiveness and altruism, which can enhance mental health. David H. Rosmarin & Harold G. Koenig received 1039 citations for their book on religion and mental health since 1998, which emphasizes that religion can be used in psychotherapy to reduce stress, depression, and it is used as a coping behavior. Kevin S. Seybold, Peter C. Hill has received 974 citations for their research papers since 2001. The authors explained that religion in the past was studied as one that negatively impacted health, but this research emphasized the positive aspect of religion on mental health.

Table 3: Author & Citation Analysis

Sr. No.	Author Name	Citation	Document Name
1	Peter C. Hill, Kenneth L. Pargament	4094	Advances in the conceptualization and measurement of religion and spirituality: Implications for physical and mental health research.
2	Harold G Koenig	2276	Research on religion, spirituality, and mental health: A review
3	Harold G. Koenig & David B. Larson	1130	Religion and mental health: Evidence for an association
4	David H. Rosmarin & Harold G Koenig	1039	Handbook of religion and mental health
5	Kevin S. Seybold, Peter C. Hill	974	The role of religion and spirituality in mental and physical health
6	Harold G Koenig	737	Is religion good for your health?: The effects of religion on physical and mental health
7	A. Elizabeth Rippentrop, Elizabeth M. Altmeyer	711	The relationship between religion/spirituality and physical health, mental health, and pain in a chronic pain population
8	Samuel R. Weber, Kenneth I. Pargament	663	The role of religion and spirituality in mental health
9	Harold G Koenig	449	Religion and medicine II: Religion, mental health, and related behaviors
10	W. Larry Ventis	437	The relationships between religion and mental health

Source: Created by the Author

### 3.3 Key-Word Analysis

The most important keywords used by all the research articles are mental health, social, and religion. Most authors have considered religion as a coping strategy for emotional well-being. The authors have discussed the religion as a healing and resilience strategy. Key-word analysis helps to establish the pattern in research, which shows the topics that are discussed in the research by most authors. Figure 3 presents the most used keyword in the theme of this paper.



Figure 3 Key Words

### 3.4 Gap Identification-Inductive Approach

An Inductive approach is employed to discern patterns within the existing literature regarding the relationship between religion and mental health. Codes are generated from each research paper, with a focus on capturing key concepts and ideas. These codes are then organized into categories based on their thematic similarities. All 141 selected research papers are manually coded and categorized under themes and gap was identified. Figure 4 shows the four themes identified through inductive approach.

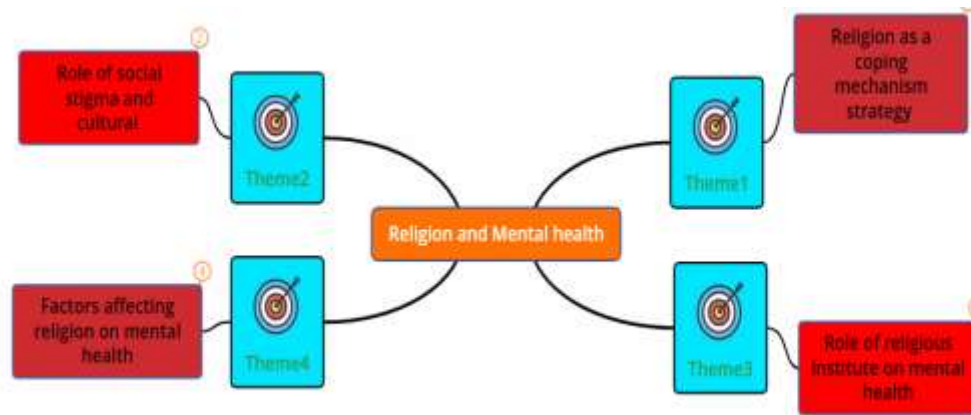


Figure 4: Theme categorization

#### 4. REVIEW OF THEMES

##### ***Religion as a coping mechanism strategy to handle mental health challenges***

The relationship between religiosity, moral behaviour, and social deviancy is complex and multifaceted. Some studies suggest no significant link between religiosity and moral behavior or social deviancy. Research on the relationship between mental health, spirituality, and religion indicates a multifaceted interplay with both positive and negative aspects. Unhealthy religion, marked by obsession with sin, guilt, rigidity regarding sexual and emotional functioning, and literal interpretations of religious symbols (Lea, 1982). Religious individuals tend to experience lower levels of depression and anxiety compared to non-religious individuals (Haque, 2000). Therapists are encouraged to incorporate clients' faith into therapy (Dyer et al., 2023a; Agarwal, 1989). The integration of religious and spiritual values in therapy can promote mental health by providing meaning to life events, feelings of being loved and cared for (Koenig & Larson, 2001; Coker, 2014). Regular participation in religious activities offers emotional support and enhances self-confidence during stressful times, contributing to general emotional well-being (Lake, 2012; Lin et al., 1990). Religion often provides comfort rather than directly causing poor mental health, as noted by (Tan et al., 2021) among Central Asian Muslim immigrants, religion mediates stress by offering a sense of attachment (Natalia Zotova, 2018). People who are motivated by their inherent religious beliefs, religion is their main source of fulfilment and purpose in life (Ghorbani et al., 2000). Western counsellors could benefit from Iranian practices that integrate religious elements into therapy to better support clients (Priester, 2008). However, (Granqvist, 2014) points out that insecure attachment to God and negative religious coping can exacerbate mental health issues, while a secure attachment can be beneficial. Religion's impact on mental health is beneficial but modest in strength (Ness et al., 2015). Every religion's belief system uniquely impacts mental health and illness (Behere et al., 2013). Congregational support and organizational participation are significant factors in mental health, providing a sense of ultimate meaning, purpose, and values (Fallot, 2001; Hayward et al., 2014). Individuals who are actively involved in religious practices reported higher level of satisfaction in life (Deangelis & Ellison, 2018). Spirituality and religion in mental health treatment helps strengthen emotional resiliency and maintain a feeling of meaning and purpose in life. (Hefti, 2011b; R. Williams & Faulconer, 2017) argues that excluding moral considerations from psychology, whether explicitly religious or not, will hinder healing processes. The religion and mental health can have a beneficial or adverse effect, depending on the context and components involved (Lassi & Mugnaini, 2015; Weber & Pargament, 2014). Religion can mitigate the detrimental effects of stress on mental health. Healthcare professionals should respond to the religious needs of patients without imposing their beliefs (Post, 1998). Attitudes of patients and psychiatrists towards religion and spirituality in treatment are important considerations (T. P. Ng et al., 2011). Studies on U.S. military veterans show that religious and spiritual beliefs can positively impact psychosocial characteristics, quality of life, and mental health (Sharma et al., 2017). Proponents of recovery and strengths-based practice argue that people with serious mental illness can utilize their spiritual and religious beliefs as resources for recovery (Starnino, 2016). Rehabilitation agencies should encourage identification with patients' cultural or religious groups to enhance recovery outcomes (Ventis, 1995a). Including religious content in therapy for those with high intrinsic religiosity can improve treatment outcomes for depression (Ventis, 1995a). In Chinese society, religiosity is associated with better mental health by providing meaning, social resources, and encouraging a healthy lifestyle (Shiah et al., 2015). Figure 3 highlight most important words such as religion, mental health, psychopathology, depression, healing, belief, attitude, social support, personality, resilience and anxiety etc.

##### ***Role of social stigma and cultural as a mediator between religion and mental health***

Adherence to established beliefs and practices within a particular religion is generally associated with increased discrimination, except among a small subset of religious supporters who are deeply engage in their religious



communities (Lea, 1982). This involvement can mitigate the prejudicial attitudes typically observed. Conventional biomedicine often overlooks the direct influence of spirituality in health, yet many cultural practices and traditions, such as Ayurveda and Chinese medicine, emphasize its importance (Lake, 2012). The benefits of prayer, worship, religious belief, and belonging to a religious community are often attributed to the social inclusion and support these practices provide (Raeburn, 2000).

Religious beliefs are perpetuated through cultural transmission, relying on each generation to adopt and internalize these beliefs and practices to ensure their continuity and functional value (Rhi, 2001). This process of internalization is essential for the survival and efficacy of religions, which aim to actualize wholeness or the Oneness of the individual (Rhi, 2001).

In specific religious contexts, such as Islam, mental illness is sometimes viewed as a punishment or test from Allah, encouraging tolerance and endurance among those affected (Al-Krenawi & Graham, 2011) inequality. This is evident in studies examining the relationships among discrimination, prejudice, and mental health in various socio-economic contexts, such as India (Gupta, 2020).

Religious labels often provide social identity, as noted by Israeli psychologist (Benjamin Beit-Hallahmi, 1986). This social identity can help individuals buffer against stressful situations (Ntal, 1998; Steglitz et al., 2012). Social support is a crucial mechanism through which religion may positively affect mental health (Baetz & Toews, 2009). Indeed; religious belief is positively related to psychosocial well-being (Vilchinsky & Kravetz, 2005). Moreover, religion serves as a socio-political system offering comprehensive solutions to mental health (Husain, 1998).

#### ***Role of religious institute on mental health***

Mediating religious conflict is most effective when conducted within an inclusive environment and aligned with the individual's religious frame. This approach involves addressing the individual's concerns through the established beliefs of the broader religious community and highlighting scriptural references that promote healthier ways of relating to one's religion and environment (Lea, 1982). Members of the Latter-day Saints (LDS) typically exhibit better mental health outcomes compared to those of other faiths or non-religious individuals (Dyer et al., 2023b).

In contexts like community mental health in Egypt, charitable service provision often reflects and reinforces social and religious divisions (Coker, 2014). Religious practices, such as watching televangelists and frequent prayer, are commonly used to combat "impure thoughts," demonstrating the significant role of religious activities in managing mental health (Hartz & Everett, 1989). However, profound religious experiences within typical congregations may lead to psychiatric referrals (A. H. Ng & Shek, 2012).

Historically, spiritual practitioners and priests were seen as healers, with exceptional individuals being honoured as priest or shaman. Religion, as an organized system of customs, ceremonies, doctrines and emblems, facilitates closeness to the divine or transcendent (Lake, 2012). Numerous studies highlight the significance of religious attitudes and the assistance from religious organizations for mental well-being. These communities often provide counselling and pastoral visits (Raeburn, 2000).

Religion, which brings strength and comfort through belief in a deity, plays a protective role, particularly among the elderly by alleviating fear of death (Rhi, 2001; Kamm-steigelman et al., 2006). Regular attendance at religious services is strongly associated with better mental health (Nguyen, 2020). Religious gatherings significantly influence perspectives on psychological well-being within ethnic and racial marginalized communities (Bolger & Prickett, 2021).

The positive effects of religious communities, particularly in fostering interpersonal relationships, underscore the value of community life emphasized by Christian and other religious traditions (Papaleontiou - Louca, 2021). Additionally, the frequency of attendance, religious affiliation, and religious salience has been shown to reduce suicidal ideation (Nooney, 2005). These findings highlight the crucial role of religious institutions in promoting mental health and providing social and psychological support to their members.

#### ***Factors affecting Religion on mental health***

People's spiritual beliefs and religious practices are influenced by a variety of demographic, social, and psychological factors, all of which have an effect on people's mental health (Lake, 2012). Individuals who are aged are more likely to maintain religious beliefs, engage in personal and corporate spiritual rituals, conduct daily spiritual practices, and experience forgiveness (Rippentrop et al., 2005). Black and older rural dwellers engage in religious traditions as a coping mechanism for stress. Black people have more positivity than White people due to their religious outlook on life (Nguyen, 2020).

Religion as an exoteric phenomenon brings people together around a shared faith perspective, fostering social cohesion (Faiver et al., 2000). Beliefs, cognitive processes, and social support are crucial in shaping how individuals handle stress, suffering, and life problems (Behere et al., 2013). Religion seems to hinder personal adjustment among students but enhances adjustments in the adults, especially the elderly (Lea, 1982). These findings underscore the complex interplay of various factors in determining the impact of religion on mental health.

## 5. LIMITATION OF THE STUDY

The study faced several limitations in its approach and execution. Firstly, the data collection process relied on Publish & Perish software and Google Scholar as the primary database. While Google Scholar is a widely used platform, this choice might have excluded relevant papers from other databases, potentially limiting the comprehensiveness of the study. Additionally, the quality assessment and screening of papers presented challenges. Conducting these tasks manually introduced the possibility of bias and inconsistencies in the selection process. Moreover, the extraction of papers from open sources proved to be a cumbersome task, requiring significant time and effort. Another notable limitation was the compatibility issues encountered with certain systematic literature review software.

## 6. CONCLUSION AND FUTURE SCOPE

This systematic literature review sheds light on the intricate relationship between mental health and religion, identifying key research gaps and suggesting avenues for future inquiry. Research on the relationship between mental health, spirituality, and religion indicates a multifaceted interplay with both positive and negative aspects. (King et al., 2013). Thematic analysis reveals a scarcity of studies exploring themes such as the mediating effects of demographic factors between religion and mental health. Less than 10% of the research incorporates age and biological factors as mediators in relationship between mental health and religion. Future research opportunities exist in investigating impact of religious bias on mental health, as well as the role of constitutional laws in mitigating such bias among populations. There is a noticeable gap in research concerning legal interventions in managing the influence of religion on mental health. Additionally, social norms and cultural influences significantly intersect with religion and mental health, warranting further exploration as potential mediators in future studies. While existing research examines how religious practices impact mental health, there is a notable lack of consideration for other contributing factors .

Looking ahead, there is a clear need for more robust quantitative studies to explore the mediating effects of socio demographic variables such as culture and ethnicity, on the relationship between religion and mental health. Research on the impact of religious bias and the role of constitutional laws in mitigating such biases also remains underexplored. Additionally, the interplay between social norms, cultural influences, and religion warrants further investigation as potential mediators.

In conclusion, while this review provides important perspectives on the intersection of religion and mental health, it also highlights significant gaps that future research must address. By broadening the scope of methodologies and exploring under-researched areas, future studies can contribute to a more comprehensive understanding of the ways in which religious and spiritual dimensions impact mental well-being in various demographic groups.

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