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**The Positive Effects of Gracious  
Christian Religion on Mental Health**

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**Introduction**

History shows that the relationship between religion and mental health has been debated for centuries (Yeung & Chan 2007). However, Christian religion and medicine, the long-separated traditions of mental health care, are now in increasing rapprochement. The gracious Christian optimism seeks hope and fulfillment in living according to scriptural obligations to selves and others whose lives

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<sup>1</sup> See <http://sydney.edu.au>.

people of faith are involved or could reach out to. Religion matters to people's mental health. As evidence of the increasing mutual influence of the Christian faith and medicine (Dein, 2010), was of the view that mental health professionals now recognize that religious involvement is generally conducive to better mental health as attested to in part by the 724 studies to suggest that people who frequently use religion cope better with their distress. Those who are more religious or spiritual, and use their spirituality to cope with life experience many benefits to their health and well-being (Donahue & Benson, 1995).

Further evidence of the central role of religion to mental health is the fact that two out of three individuals would like to address spiritual issues with their doctors and half would even like their doctors to pray with them (Matthews, 2001). The Americana Healthcare Corporation (AHC, 1980-81) urged clergy of all faiths to take a more active role in helping people with mental illness and to take a lead in challenging the stigma surrounding mental illness. Thus, there is a role for religion and spirituality in people's mental health than usually acknowledged by health care providers. Religious people are better prepared to weather the storms of life than others (Kelley-Moore & Ferraro, 2005).

This chapter briefly discusses the relationship between positive Christian living and mental health. Specifically, we reflect on the mental health resources from Christian living: coping, recovery, and religious practices in the context of positive living. We adopt the premise that the Christian belief aligns mental health to positive living, and that mental health conditions are amenable to religious/spiritual interventions to support recovery efforts. To the extent possible we cite both scientific Christian research and also from the scriptures to substantiate our observations. The medical effects of faith are not just as a matter of faith but also of science (Hannay, 2011).

#### **A. Foundations of Positive Mental Health with Gracious Christian Living**

Spiritual people or those who acknowledge a higher power in their personal level rather than adopting an organised religion, and who perceive reasons for things and their role within a wider universe appear less likely to suffer mental ill health, (Gartner,1996; George,

L. K. (2002; Maltby, Wood, Day, & Pinto 2012). Religious people or those who belong to organized religion are necessarily spiritual in their faith based practices. For the faithful, the positive effects of religious commitment has many health advantages. For instance, a cohesive, comforting set of beliefs and participation in sacred rituals may endow a sense of meaning, purpose, and hope (Schafer, Ferraro, & Mustillo. 2011).. Faith offers a “*peace that passeth understanding*” (Mickley, Carson & Soeken,1995:347) in times of pain, grief, and disability. As evidence of the positive effects of religion, healthy lifestyle choices (e.g., exercise, proper diet) are more common and unhealthy behaviors (e.g., nicotine, alcohol, and drug use; suicide attempts; high-risk sexual activity) less common among religious persons. Persons of faith usually cope effectively with stress and have strong social support and a high quality of life (e.g., well-being, self-esteem, job and marital satisfaction, altruism (Li, & Ferraro. 2006). A mentally ill patient’s strong religious beliefs can provide a solid platform for therapy (Kelley-Moore, 2003). There is at least one patron saint of mental illness and depression, St. Dymphna (Hathaway 2008).

There is growing empirical evidence in gerontological, medical, social psychological and psychiatric literature that support the positive effects of Christian religiousness on mental health in the older population, in that the elderly who are religious have lower levels of depression (Ayele et al., 1999; Braam et al., 2004; Strawbridge et al, 2001). According to Matthews (2001), more than 300 scientific studies demonstrate the medical value of religious commitment (including worship attendance, prayer, Scripture study, and active participation in a spiritual community). These benefits include enhanced good mental health and the prevention and treatment of mental disorders (e.g., depression, suicide, and anxiety); medical and surgical illnesses (e.g., heart disease, cancer, sexually transmitted diseases); and addictions, reduced pain and disability, and prolonged survival. Moreover, spiritual treatment (e.g., prayer, religiously based psychotherapy) is believed to enhance recovery. For example, Koenig (2004) and his research team, reported that people of faith frequently said that religion (faith in God, prayer, scripture reading, church) comforts and brings relief from anxiety and despair(see also Table 1).



**Table 1: Effects of Religious Beliefs and Activities on Mental Health**

<p><b>Scientific studies indicate that ...</b> Frequent church or synagogue attendance is associated with</p> <p><b>Lower</b></p> <ul style="list-style-type: none"><li>• risk of depression (40-50% lower)</li><li>• rates of suicide</li><li>• rates of anxiety disorder</li><li>• rates of alcoholism and drug use</li></ul> <p><b>Higher</b></p> <ul style="list-style-type: none"><li>• social support, self-esteem, life satisfaction</li></ul> <p><b>Greater</b></p> <ul style="list-style-type: none"><li>• well-being, happiness, adjustment, usefulness</li><li>• positive affect and mood 12 years later among young adults</li></ul> <p><b>Scientific studies also indicate that ...</b> Private religious activities, such as prayer and scripture reading, are associated with</p> <ul style="list-style-type: none"><li>• greater well-being and satisfaction</li><li>• less death anxiety</li><li>• lower rates of alcoholism and drug use</li></ul> <p>Interventions for depression and anxiety disorder that integrate religion with psychotherapy induce recovery quicker than secular techniques alone (Koenig, 1997). Adapted from (Koenig, 1997, cited in Carey 1999, p.3)</p>
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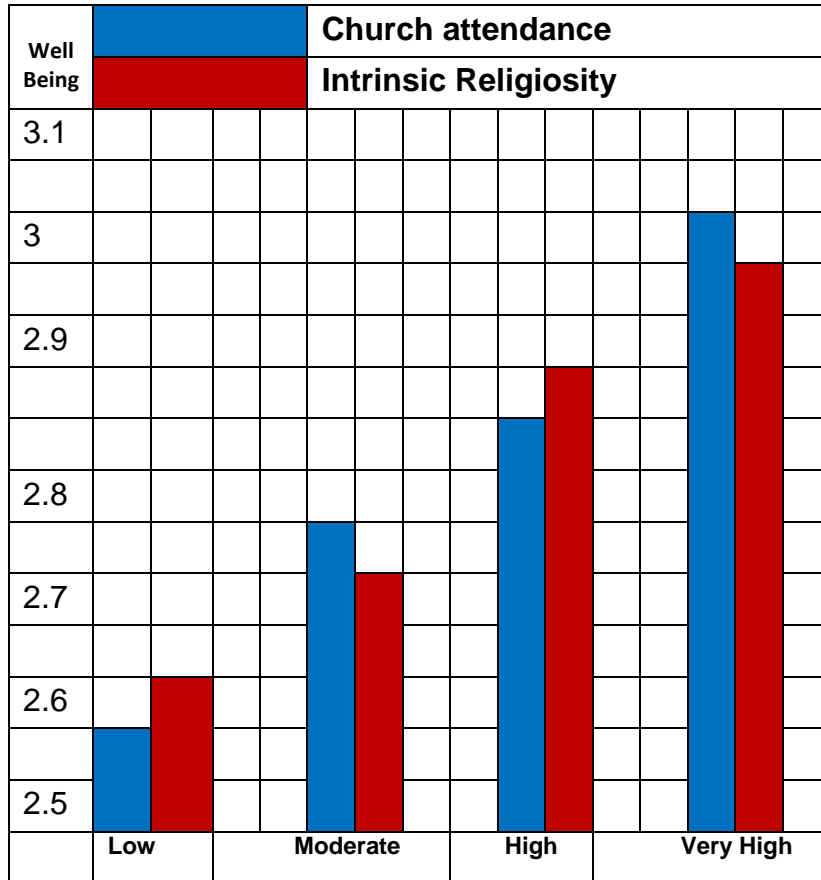
### **B. Resources for Positive Living and Recovery**

Religious beliefs can provide a solid platform for sustainable mental health and also for success with therapy. According to Dowshen, (2008), spiritual people exhibit fewer self-destructive behaviors (suicide, smoking, and drug and alcohol abuse, for example), less stress, and a greater total life satisfaction. For instance, Christian religious members, through their faith, can ward off negative or pessimistic attitudes through reading the following Christian messages: 1 Peter 5:7, “Throw all your worry on him, because he cares for you” (International Standard Version Bible, 2008), Proverbs 16:3, “Show your works to Lord Jehovah and he will

establish your thoughts” (Aramaic Bible in Plain English, 2010); and Proverbs 15:3, “The Lord sees what happens everywhere; he is watching us, whether we do good or evil” (Good News Bible, 2001).

The teachings of religious scriptures have shaped people’s attitudes and behaviours, culminating their practices. For example, Christian religious people strongly use faith as a coping mechanism or as a means of coping with their problems (Koenig, 2005). Spirituality and faith are major contributors to human well-being, mental health, and indeed general happiness, (Dein, 2006; Hannay, 2011). As an example of the positive effects of gracious Christian religion, Koenig (1986) in the following a study reported that people who frequently attended church, prayed, read the Bible, or were more deeply committed to their faith, experienced significantly higher well-being than those who were less religiously involved (Koenig, 1997, see Figure 1). These findings were true regardless of sex, age, race, physical health, financial status, or level of social support. Investigators also found out that persons who were more religious had greater well-being.

**Table 2: Religion and Well-being**



Adapted from (Koenig 1997, p. 54)

Church Attendance or Intrinsic Religiosity Well-being Measured by Philadelphia Geriatric Centre Morale scale, religious categories based on quartiles (i.e. low is first quartile, very high is fourth quartile).

**C. Faith Healing an Recovery: Effects on Mental Health**

Faith healing involves the idea that faith alone – normally religious faith - is sufficient to cure physical and mental illnesses (Gangdev, 1998; [Koenig 2008](#); [Koenig, Lawson & McConnell 2004](#); [Koenig & McConnel2001](#); Levin 2001, Levin & Levin 2002;). Recent research findings on health-faith connection indicate the link between health and religious beliefs have become stronger and more deeply intertwined than previously thought. Generally the ability to

heal is attributed to God, Ephesians 2:8-9 “For by grace you have been saved through faith. And this is not your own doing; it is the gift of God, not a result of works, so that no one may boast” (Good News Bible, 2001).

Kelley-Moore & Ferraro (2005) carried out a study which showed that 82 percent of all participants reported seeking spiritual comfort and support for health-related issues. The same study also reported that religious consolation is most likely to be sought by people who practice and identify with a faith, and that mental health conditions are associated with increased religious seeking over time. By implication, even for those who are not currently religiously active but perhaps have Christian experiences from can use their ingrained faith to help them through hard times.

Levin (2001) considered healthy behaviours and supportive relationships important for both spiritual and bodily healing. Christian religion understands that mental illness and depression are very real. In that regard, the use of pharmaceutical products with mental health issues is compatible with positive Christian living. For instance, treatment for anxiety disorder can include psychological and pharmacological interventions, but to people of faith, psychological treatment which involves Christian counsellors, or any spiritual leaders remains the most effective healing process ([Koenig, McCullough & Larson 2001](#); [Yeung & Chan 2007](#)).

Faith healing is possible (Davis, 2004; Hathaway 2008; Scott 2007; Koenig, 2004). Others believe in the use of intercessors to interpret individuals’ lives in the context of their faith and growth as Christians. Faith can actually heal (Davis, 2004; Gangdev, 1998). As an example, the Bible describes a healing event by Jesus: Matthew 9:22, “Jesus turned, and seeing her he said, “Take heart, daughter; your faith has made you well.” And instantly the woman was made well; Matthew 15:28, “Then Jesus answered her, “O woman, great is your faith! Be it done for you as you desire.” And her daughter was healed instantly (Good News Bible, 2001); James 5:15-16, “And the prayer offered in faith will make the sick person well; the Lord will raise him up. If he has sinned, he will be forgiven. Therefore confess your sins to each other and pray for each other so that you may be healed. The prayer of a righteous man is powerful and effective” (Aramaic Bible in Plain English, 2010).



Spontaneous healing remains a contentious subject, and has been attributed by some people of faith to patron saints. For instance, The Cathedral of St. Anne de Beaupre, outside Quebec, in Canada, offers visual testimony to the many miraculous cures that have taken place there (Hathaway, 2008).

#### **D. Christian Practices for Positive Gracious Living**

The Christian faith recommends religious practices including prayer, to help manage or combat mental illness. Prayer aids mental health (Fawcett, & Noble, 2004; Scott, 2007; Strawbridge, *et al.* 1997). Having personal time and space and prayer may give people enough time to focus on themselves and can contribute to mental healing. (Pargament & Koenig 2004; Sandberg, 2001). People who pray frequently are less likely to suffer from depression and anxiety (Carey, & Cohen, 2008; Ai, Peterson, Bolling & Koenig, 2002). Saying prayers regularly can be as effective as taking medicine, also prayer and medicine together are such a potent combination (Koenig & Malcolm McConnell, 2001; Moreira-Almeida, Neto & Koenig, 2006; Plante, Saucedo & Rice, 2001). Patients who were prayed for by strangers fared better than patients who did not receive prayer (Hill & Pargament, 2008; Ryan & Scott, 1993). Frequency of prayer was strongly associated with fewer symptoms of depression and anxiety (Ai, Peterson, Bolling & Koenig, 2002; Donahue, M.J., and Benson, P.L. 1995). Personal prayer was much more likely to have a positive effect than going to church for social reasons (Godin, 2011; Koenig, 1998; 1997; Maltby, Wood, Day, & Pinto, 2012).

Monthly religious attendance more than halved the risk of death due to suicide, and some other related health issues (Levin, 2001; Sandberg, 2001; Ferraro, & Shippee, 2008). People who attended church for social reasons were likely to be more depressed and the mental health of those who were religious, but constantly questioned their beliefs was unaffected by their beliefs and practices (Nooney & Woodruff 2002; Bergin, A. E. 1983; Sternberg, 2002). People who saw religion as being present in every aspect of their lives were less likely to be mentally ill than others, only those who also prayed frequently had noticeably higher self-esteem (Sorenson, 2004; Wartmann & Park, 2009; Watters, 1992).

In a study by Sandberg (2008), thirty-seven patients who received intercessory prayer (experimental group) were compared to the level

of self-reported symptoms of mental illness with thirty-seven patients others who had not received intercessory prayer (control group). The participants in the experimental group attended their regular therapy sessions and also received intercessory prayer from a group of individuals who identified themselves as Christians. Thus, intercessory prayer had a positive effect on reducing the participants' self-reported distress related to their mental illness.

The practice of forgiveness allows positive growth in self and others through grace (Fox & Thomas, 2008). A chronic state of anger and resentment interferes with life, Hartman points out. Countless studies also show stress and anger can cause or worsen diseases, such as [cancer](#), [heart disease](#), and various autoimmune disorders.

A person's heart and [mental health](#) may depend on own ability to reduce hurt and anger, even at one-self (Macaskills, 2007). Self-healing helps overall mental health.

#### **E. Implications for Gracious Christian-Oriented Health and Pastoral Care**

A religious coping model is integral to the understanding of the relationship between religiosity and psychological well-being (Joseph, Maltby, Stockton, Hunt, Regel & Wood, in press; Koenig, 2004). Christian religious belief and faith have a central place in many people's lives. Understanding the significance of the gracious Christian religions could be helpful to doctors and other mental health care professionals when dealing with patients (Clark, 1958; Kelley-Moore & Ferraro, 2005; Lee & Ferraro, 2009). Mental health professionals should recognise and acknowledge the religious and spiritual beliefs of their clients as an important alternative source of help and support (Koenig, 1998; Greasley, Chiu & Gartland, 2001). This is because the teachings of religious scriptures will and has shaped people's attitudes and behaviours, culminating their practices. For instance, religious members, through their beliefs, can ward off negative or pessimistic attitudes. They can also use beliefs as coping mechanisms or as means of coping with their problems. Spirituality in its widest sense has a positive effect on mental health (Elifson, Petersen & Hadaway, 1983; Sandberg, 2001). Health professionals should take a holistic approach to mental health, rather than just dealing with a person's symptoms.

## Summary and Conclusion

This chapter outlined well-known healing or positive effects of Gracious Christian Religion towards on mental health. Christian religious life coping is a major benefit to mental health. Church attendance, a measure of participation in gracious Christian living is mediated by church-based social support. Prayer is important to life coping.

The role of the Christian faith and associated gracious practices in the health self-management of mental health is significant. Faith and religious activities provide strong anchors for positive living and mental health.

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