Religiosity and Mental Illnesses
The Effects of Religiosity on Mental Illnesses

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Abstract
Although mental health and its effects on society has been the center of focus for many scholarly articles, the region of religiosity or spirituality and its effects on mental health remains unexplored. This study works to highlight the gaps of research that has been left in this field and aims to elucidate the relationships between religiosity and depression. My research and analysis of General Social Survey data show that religiosity and depressiveness do in fact share an inverse relationship. In other words, as religiosity increases, the prevalence of diagnosed depression decreases. My findings lay the groundwork for future use of spiritual techniques in therapeutic interventions that hopefully promote the creation of more effective treatment techniques that ameliorate the symptoms of depression.

Keywords: Mental Health, Religion, Treatment, Spirituality

Introduction

There are obvious pressures that are placed upon the shoulders of the emerging adults of our time. Adolescent depression is an intriguing direction of study for a multitude of reasons. The unique stressors of our century such as constant academic validation, comparison and competition, early pregnancies, over sexualization, cyber-bullying, easy access to drugs and alcohol, and constant fear of not fitting in are only a few of the challenges the youth of today face. According to the Forbes Health magazine, "3.7 million people ages 12 to 17 experience major depression and 2.5 million people ages 12 to 17 experience severe depression" (Archer, 2017). Furthermore, they report that an egregious sum of 1 trillion dollars are lost in productivity globally because of depression and anxiety each year (Archer, 2017).

Considering this information, it is imperative to fight against mental illnesses and discover more efficient treatment methods. Due to an ineffable number of varieties in mental illnesses, all of them cannot be discussed in a singular article. According to the Pan American Health Organization, depression is the most common mental illness that also is the world's leading cause of mental disorders (Mitchell, 2012). Thus, in this article, I use depression as a proxy for other mental disorders due to its prevalence in society.

Religious belonging and its effects can have varying impacts when it comes to a person's relationship with their mental health. Most religions provide a sense of hope and comfort and encourage self care, good decision making, and community (Archer, 2017). It is important to note that while religious devotion in the right way can promote positive relations between people and their mind, though more uncommon, there are examples of a more negative impact from religion even for those who do not identify with a certain religion. Religious people could find themselves bound to always follow their religions' rules, and think severely negatively about themselves if they sin no matter how little (Pieper & van Uden, 1997).

In this paper, I use General Social Survey data to ask: how does religiosity affect mental illness? Cross-tabulations show that there is an inverse relationship between religiosity and mental illness. My results have implications on how depression and mental illness are treated.

Methods

The General Social Survey (GSS) is a project of the independent research organization NORC at the University of Chicago, with principal funding from the National Science Foundation. GSS collects data on a

wide range of variables that are compiled by randomly chosen households in the United States. The GSS collects data biannually and has been providing researchers data to conduct social comparisons for over 80 years. For this specific study, data from the years 2014, 2018, and 2022 will be used.

Variables

In this research paper the relationship between depression and religiosity is carefully examined. Our independent variable, religiosity, asks the respondent whether or not they consider themselves a religious person. Responses include: very religious, moderately religious, slightly religious, and not religious at all. This question has been asked by GSS since 1998 but I use years 2014, 2018, and 2022 data to estimate the most recent relationships between religiosity and spirituality. As for the dependent variable which is depression, the respondent is asked if they have ever been told to have depression allowing a yes or no answer choice. The same years of 2014, 2018, and 2022 were used for the depression variable.

Analysis

In order to address the research question, I conducted a specific statistical method known as a cross-tabulation. At their core, cross-tabulations are used to compare and present the results of two variables together. These cross-tabulations use data on religiosity and depression from GSS and were formatted into diagrams by excel. Microsoft Excel is a commercial spreadsheet application that is produced and distributed by Microsoft for Microsoft Windows and Mac OS operating systems.

Results

Figure 1. The effect of religiosity on depression.
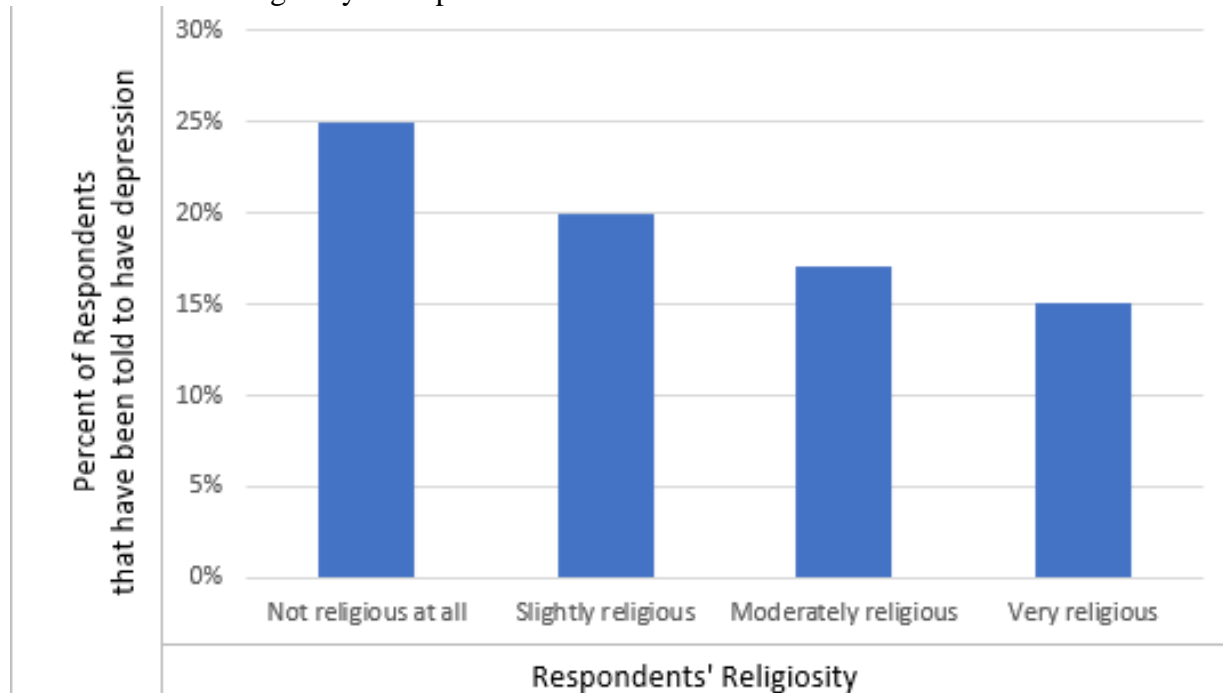
Notes: Figure 1 reports cross-tabulation results between religiosity and depression.
Source: 2014, 2018, and 2022 General Social Survey data. All respondents are included in the sample.

The investigation into the potential positive impact of religion on depression revealed intriguing insights that shed light on the intricate relationship between religiosity and mental well-being. In a comprehensive analysis of existing literature and secondary data from the General Social Survey, this study explored the relationship between religiosity and depression. The findings below present a nuanced understanding of the potential role religion plays in mitigating depressive symptoms.

As shown in figure 1, the relationship between religiosity and depression is examined and intriguingly, shows a relation: as religiosity decreases, the percentage of people who indicate that they have been told by a medical professional to have depression increases. For example, 25% of respondents who are not religious at all have been told to have depression while only 15% of respondents who are very religious

have been told to have depression. This shows that depression and religiosity share an inverse relationship and thus religiosity or spiritually may have an impact on whether a person shows symptoms of depression or not.

My findings are consistent with prior research that shows religion in many cases positively impacts mental health. Religion and spirituality may provide guidance and community to people with depression.

Discussion
I hypothesized that religiosity/spirituality and low mental health may share an inverse relationship. Figure 1 supports my hypothesis. For this reason, mental health and religiosity must be further examined to create new treatment options that could possibly utilize spirituality in order to increase mental health. More time and resources should be used for research that explores this deep relationship which my study highlights the importance of. By including spirituality in a person's treatment plan, regardless of if they are religious or not, by meditating or reciting affirmations, a person can likely decrease their mental illnesses' strength.

Limitations
This study is not without limitations. I was unable to account for other factors that may impact the depression variable such as socio-economic status, race, ethnicity. and the religion of the respondent. Between 2020 and 2021, depression and anxiety was reportedly 25% higher than national standards according to the World Health Organization (2022). This may have impacted how many people report having depression and thus could have changed the relationship between the religiosity and depression variable. Although we must consider these limitations, my study still highlights that a relationship between mental health and religiosity exists and more research and time should be invested in thoroughly analyzing depression and religiosity as it might prove to be a protective factor against mental illnesses.

Directions for Further Research
There are several directions for future research. Effort should be taken to understand how other factors affecting depression may impact the relationship I saw between religiosity and mental health. Studies should test whether adding spirituality to a mental health treatment regime impacts a person's depression or anxiety. In conclusion, this study shows that adults with higher religiosity are less likely to have been diagnosed with depression. The applications of my findings in clinical settings need to be considered. It is possible that religion or spirituality exposure could be a worthwhile treatment option for people with mental illnesses.

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