Impact of Spiritual Beliefs on Mental Health and Personality

1Annapurna Maddukuri, 2Dr.Mamata Mahapatra,

1Post-Graduation Clinical Psychology, Student.
Affiliation: Amity Institute of Psychology and Allied Sciences, Amity University

2Doctorate, Professor
Affiliation: Amity Institute of Psychology and Allied Sciences, Amity University

Abstract-
Aim: The study's objective is to assess how spiritual beliefs affect mental health and personality. Methodology: The Spiritual Involvement and Belief Scale, the Quality of Life Inventory, and the Myers-Briggs Personality Test were used to assess 200 early adolescents. When examining the significance of the relationship between the chosen variables, correlation is used. Results: Quality of life is significant at the 0.01 level, whereas personality and spiritual beliefs are significant at the 0.05 and 0.01 levels, respectively.

Key Words: Spiritual beliefs, Personality, Quality of life, Spirituality, well-being

Introduction-
In today's world, Spirituality is a broad concept that can be visited differently from each individual’s perspective. A common understanding of the term spirituality can be noted as the process of self-discovery and finding a meaning in life while also having a sense of belief that there is something greater than themselves (all of humankind). Dr. Maya Spencer suggests, “Spirituality means knowing that our lives have significance in a context beyond a mundane everyday existence at the level of biological needs that drive selfishness and aggression. It means knowing that we are a significant part of a purposeful unfolding of Life in our universe.”

More research is being done on the relationship between mental and physical health and spirituality. However, the definition of spirituality has evolved. The term "spirituality" was once only used to describe the genuinely religious individual, but it has now come to refer to the superficially religious person as well as the religious seeker, the seeker of pleasure and well-being, and the wholly secular person. Spirituality is increasingly being measured via instruments. Questions on optimism, forgiving others, thankfulness, finding meaning and purpose in life, peace and harmony in relationships, and overall well-being greatly taint these metrics. It is discovered that spirituality and mental health are associated when examined by markers of mental health. (Koenig, H. G. 2008). An individual’s belief leads to their attitude formation and behaviour towards an object or situation. Belief can be defined as the mental acceptance or conviction in the truth or actuality of some idea. Spiritual beliefs are the ideas, principles and the concepts that a person adheres to throughout their spiritual journey.

Being spiritual is a natural part of being human; it is a subjective, ethereal, and multifaceted concept. Although the terms spirituality and religion are sometimes used synonymously, they are two separate notions. Religious practices and rituals are associated with organised bodies, whereas spirituality is concerned with people's search for meaning in life. For some people, such as agnostics, spirituality may be connected to religion, but not for others (Tanyi, R. A. 2002).

In day-to-day life, an individual's mental health plays an important role, mental health alludes to psychological, emotional and social well-being of a person. Being mentally healthy can beset a wide range of thoughts,
behaviours, feelings and also coping up with the tragedies of life. The influence of spirituality and spiritual beliefs on mental health may be profound. Many people find meaning, purpose, and support in their spirituality, which can improve their general well-being. Spiritual Beliefs frequently come with a set of moral principles. Living in accordance with these principles may provide one a sense of moral direction and help one make moral choices, which can improve one's feeling of integrity and mental health.

The distinct and persistent patterns of thoughts, feelings, and behaviours that define a person are referred to as their personality. It is a complicated construct with many facets that is influenced by a number of variables, such as genetics, environment, and personal experiences. The development of a person's personality may be significantly influenced by spirituality and spiritual beliefs. The effects of this influence, which affects one's values, attitudes, behaviours, and general view on life, can take many different forms.

What a person believes is essential to their psychological health since beliefs serve as the basis for their ideas. A person’s spiritual beliefs are an integral part of their way of living. It is believed that our relation to spirituality corresponds to a higher level of faith and determination and provides a meaning to our life. There is a strong link between mental health and spiritual well-being. The regression analysis findings demonstrated that existential and religious well-being strongly predicted mental health. There is strong evidence linking religion and spirituality to a number of mental health markers, including subjective well-being and personality traits. Additionally, religion and spirituality can be crucial in the process of recovery from mental illness and can act as a barrier against addictive or suicidal habits.

Fundamental elements of who we are as humans include our spirituality and religiosity. The fact that these conceptions are common in all cultures throughout history and have an influence on every aspect of society shows how valuable and significant these factors are. These elements, according to one argument, make up characteristics that are particular to the human experience. The importance of the spiritual component was emphasised by Sperry (2001), who said that it "reflects the beliefs, effects, and behaviours associated with the basic spiritual hunger or desire for self-transcendence that all individuals experience." The rising understanding among scientists that any model of human functioning must take into account spiritual and religious constructions is one of the book's main themes. Science can look at spiritual and religious constructs from three different angles: as a demographic variable (a descriptive, actuarial index of what people do and the kinds of life outcomes they experience); as a cultural variable (reflecting particular patterns, styles, and philosophies of living that characterise different spiritual and religious groups); and as an organismic variable, an intrinsic quality of an individual that influences the direction and content of their lives.

Spiritual Well-Being is substantially correlated with different aspects of Psychological Well-Being and personality. Spiritual beliefs represent important aspects of human personality. People with lower levels of neuroticism and higher levels of religiosity reported more positive assessments of God's purpose in the fight, greater meaning discovered in the effort, and better spiritual progress and less possible spiritual degradation as a result of the struggle. Some of the associations between higher levels of spirituality and well-being (positive affect, a sense of purpose in life, good relationships with others, personal growth, self-acceptance, environmental mastery, and autonomy) were stronger among women than men.

Even after adjusting for personality and religiosity, these more favourable assessments of the religious and spiritual struggle continued to predict a small amount of distinctive variation in well-being (better life satisfaction and self-esteem, lower despair and anxiety). In order to forecast psychological wellness, adaptation to certain religious and spiritual challenges may play a special role.

The outcomes of some studies show that social support and optimism acted as a mediating factor in the association between life happiness and both intrinsic religiousness and the fulfilment of prayers. Additionally, the association between religiosity and adjustment differed according to the way it was operationalized and whether positive or negative adjustment markers were utilised. In other words, greater life happiness was linked to inner religiousness and prayer fulfilment, while extrinsic religiousness was not. Even when variables (age, gender, ethnicity, and social desirability) were taken into account, these results remained significant. According
to the findings, religiosity and spirituality are connected but separate categories that are linked to adjustment via elements like optimism and social support.

A combination of aspects of a typical personality can "predict" or "explain" a sizable portion of spiritual inclination. It is still not apparent if personality drives the development of spiritual orientation, whether personality influences spirituality, or whether these two constructs are mainly independent of one another. Religious and Spiritual Well Being was discovered to be significantly lower in individuals with drug use problems than in the normal population. The components of Religious and Spiritual Well Being that most clearly separated the groups, according to discriminant functional analysis, were Experiences of Sense and Meaning, General Religiosity, and Forgiveness. The personality traits of conscientiousness, agreeableness, and openness as well as sense of coherence and helpful coping mechanisms were all significantly positively correlated with Religious and Spiritual Well Being in the group of individuals with drug use disorders. According to the study, therapeutic intervention programmes that concentrate on creating a positive and significant personal framework, similar to a religious or spiritual orientation, may help those who are through addiction treatment achieve favourable results.

Numerous research have confirmed the beneficial association between religious and spiritual well-being and mental health. This review of recent research has found emerging patterns that indicate the dimensions of religious and spiritual well-being are not as diminished in people with personality disorders as they are in people who exhibit schizotypy and borderline personality traits and remain high for them. Despite the fact that there is still much to learn about people with personality disorders, spirituality seems like an intriguing topic to research in therapeutic settings.

Even though studies examining religion, spirituality, and mental health generally show positive associations, there is a need for more advanced methodology, greater discrimination between various cultures and traditions, more focus on situated experiences of people belonging to particular traditions, and, in particular, greater integration of theological contributions to this area.

As evident from the above studies, there have been researches conducted on mostly spirituality, spiritual well-being along with religion, mental health and personality in general. The present study is entirely on spiritual beliefs and quality of life in specific. And also the effect of spiritual beliefs on quality of life and personality. The aim is to assess the impact of spiritual beliefs on mental health and personality.

Methodology of the Study-

Objective-The present study was conducted to know the relation between spiritual beliefs hold on mental health and personality formation among young adolescents.

Hypothesis- There is a significant relationship among an individual’s spiritual beliefs and their mental health and personality.

Source of population and selection criteria-Young adolescents, ageing from 18 to 30 were selected for the study. In the current study, 200 people from different backgrounds (both geographical and cultural). The sample taken for the study are students and working individuals. Out of 200 samples, 100 are male and 100 are female.

Research Design-Quantitative research design is selected for the study. Surveys and questionnaires, which are typical types of quantitative research, were the kind selected for this study. Data was collected adequately with the help of the questionnaires. The instructions were given and explained to them clearly. The study was conducted with the consent of the samples.

Tools and Techniques-The following tools were used for assessment:

Spiritual Involvement and Beliefs Scale (SIBS)-

The Spiritual Involvement and Beliefs Scale (SIBS; Hatch et al., 1998) was created with the goals of being broadly adaptable across religious traditions, evaluating both actions and beliefs, addressing critical factors not covered by other measures, and being simple to administer and score. A questionnaire with 26 items in a
modified likert-type style makes up the instrument. After thorough pre-testing, the instrument was given to 33 family practise educators and 50 patients in family practice. It seems to have strong validity and dependability.

Very good internal consistency (Cronbach's alpha = .92), great test-retest reliability (r = .92), a distinct four-factor structure, and a high correlation (r = .80) with the Spiritual Well-Being Scale, another widely used indicator of spirituality.

*Myers- Briggs Personality Test*

Isabel Briggs Myers and Katharine Briggs developed the personality categories. They suggested that four main characteristics that may be used to classify persons include:

- Introversion vs. Extraversion
- Sensing vs. Intuition
- Thinking vs. Feeling
- Judging vs. Perceiving

Internal consistency reliabilities for the major scales, which were based on a sample of 10,261 people, ranging from 0.68 to 0.87 on average. For all scales, the test reliability results over a two-week period ranged from 0.69 to 0.87, while results over a two-month period ranged from 0.56-0.79. Construct validity, assessments that are valid measure bounded and defined psychological preferences that manifest in people's behaviours, patterns, attitudes, choices, and descriptions. These tests are reliable because they measure personality preference ideas that have been statistically proven in a variety of real-world contexts.

*Quality of Life*

A quality of life questionnaire is a set of survey questions that can be used to gather information about a person in particular and society in general on various factors that affect their overall quality of life, including their community, natural environment, health, and living conditions. This questionnaire was created with the main aims of being simple to use, reflecting consumer values and goals, and gathering accurate data.

Reliability- Internal consistency reliability

The reliability of the WHO quality of life as measured by Cronbach's alpha coefficient (value = 0.91) was satisfactory (0.83, 0.72, 0.67, and 0.76, respectively).

Validity - Convergent validity

Using Pearson's correlation coefficients to determine the convergent validity for the WHO quality of life domains. All domains had modest correlation coefficient values, which were statistically significant (p 0.01).

*Statistical tool used-IBM SPSS Statistics 29.0.1.0*

*Results*

For the present study, 200 individuals (students and working class) ageing from 18-30 years old were selected. All the three questionnaires were clubbed together into one set. The set was given individually to each sample. Hundred are male and hundred are female among the total samples. The individuals selected for the research are from different parts of India, 57.7% of participants were South Indians, and 32.8 are from North India, 5.5 from North East India, 2.5 from Central India and 1.5 from North West India. The relationship of spiritual beliefs, mental health and personality were analysed with correlation. Interpretation of statistical results was done to assess the effectiveness of spiritual beliefs on mental health and personality formation.

As shown in table 1, the Pearson correlation of spiritual beliefs is 1 and quality of life is.181 with 2 tailed significance of .010. Their correlation is significant at 0.05 level (2-tailed). An individual's spiritual beliefs have a significant impact on the quality of their life and well-being.
Table 1: Significant findings between Spiritual Beliefs and Quality of life

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<thead>
<tr>
<th></th>
<th>SIBS</th>
<th>QOL</th>
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<td>Pearson Correlation</td>
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<tr>
<td>Sig.(2-tailed)</td>
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<td>N</td>
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*Correlation is significant at 0.05 level (2-tailed).

Personality type in the study is evaluated by Myers-Briggs Personality Test. The extraversion (E) and introversion (I) are significant (2-tailed) is .455 with correlation of -.053. The sensing (S) and intuition (I) are significant at .144 with correlation of -.104. Thinking (T) and feeling (F) significant at .113 with correlation of -.112. Finally, Judging and perceiving are significant at .023 with correlation value -.160. (Table 2)

The values -.160, .147 and .150 are significant with 0.5 level and the value .182 is significant at 0.01 level. (Table 2)

Table 2: Significance findings between Spiritual Beliefs and Myers-Briggs Personality Test

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<tr>
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<th>SIBS</th>
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<tr>
<td>Pearson Correlation</td>
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<td>-.053</td>
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<td>Sig.(2-tailed)</td>
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<tr>
<td>Pearson Correlation</td>
<td>-.053</td>
<td>1</td>
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<td>.182**</td>
<td>.147*</td>
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<tr>
<td>Sig.(2-tailed)</td>
<td>.455</td>
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<td>.427</td>
<td>.010</td>
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</table>
Spiritual beliefs of a person have both positive and negative correlation on an individual’s mental health and personality.

**Discussion**

The current study aimed to evaluate the impact of spiritual beliefs on mental health and personality. From the results it is clear that there is a significant effect of spiritual beliefs on mental health and personality. A person’s mental well-being can be affected by what they believe, their personality might be also altered with their beliefs.

For evaluating spiritual beliefs, the sample was assessed on Spiritual Involvement and Belief scale. The scale has both positively and negatively itemed words. As few studies report that the individual’s formalised spiritual belief system should be identified as a broad orientation. In developed civilizations, affiliation with a formal religion is frequent. In addition, the majority will name one of faiths, such as Buddhism, Christianity, Hinduism, Islam, or Judaism. Every religion adheres to a common core of doctrines and rituals. In patients treated to two acute services of a London hospital, a stronger spiritual conviction is an independent predictor of poor prognosis.
at nine months. Neither the self-reported psychological condition upon admission nor the physical state as determined are as predictive of the outcome. In the present study spiritual beliefs are assessed based on spiritual involvement and beliefs scale, although many studies were conducted, it can be said that this study attempted to overcome the limitations of the scale.

In recent years, there has been a rise in interest in the connection between spirituality, religion, and mental health. Spirituality and religion have the power to improve or harm mental health. This potential necessitates continued attention in psychiatric research as well as increasing religious awareness on the part of mental health professionals.

Over the past two decades, religious/spiritual topics have received more attention in medical research. Despite the rise in studies that have been published, no comprehensive evidence-based evaluation of the data that is now accessible in the field of psychiatry has been conducted in the past 20 years. In contrast to the 43 studies that indicated a positive correlation between a person's level of religious or spiritual practice and a reduced risk of mental illness, eight of them (18.6%) found mixed (positive and negative) findings, and just two (4.7%) found a negative correlation.

According to several clinical and neurological results, people with posttraumatic stress disorder have trouble putting the traumatic event into a coherent story. Religiousness and spirituality are mostly found on an individual's search for answers to existential and metaphysical issues. Creating narratives based on healthy viewpoints may make it easier for painful sensory pieces to be incorporated into fresh cognitive synthesis, hence reducing post-traumatic symptoms. The study of how spirituality fosters resilience in trauma survivors may increase our understanding of how people adapt to trauma, given the possible implications of spiritual and religious beliefs on dealing with traumatic situations.

Spiritual health and finding purpose in life both seem to have the potential to be protective factors against mental suffering. There is a need for the creation of meaning-oriented and spiritual care treatments since nonphysical factors have a significant impact on QOL at the end of life. Daily spiritual practices have been shown to have possible protective effects against mental health issues and exhaustion.

According to studies, every personality trait substantially predicted at least one level of spirituality or religion. In late adulthood, religiousness was positively correlated with conscientiousness and agreeableness, and spiritual searching was correlated with openness to experience, according to a small number of studies. Conscientiousness in adolescence strongly predicted religiousness in late adulthood, above and beyond teenage religiousness, according to longitudinal models. In a similar way, adolescent openness predicted late-life spiritual desire. In neither model was the inverse relationship between teenage religiosity and personality in late adulthood statistically significant. Teenage agreeableness and late-life religiosity were both predicted by teenage agreeableness in women, whereas none of these relationships existed in males. Independent of early religious socialisation, adolescent personality seems to influence late-life religiosity and spiritual desire.

Few studies mentioned that in adolescents and emerging adults, spirituality has a favourable impact on psychological outcomes. According to studies, religion and spirituality can improve mental health by fostering constructive religious coping, a sense of belonging and support, and constructive beliefs. Research has also shown that bad religious coping, misunderstanding and miscommunication, and unfavourable views can all have a detrimental impact on one's mental health.
Conclusion-
To conclude with, the study suggests that spiritual beliefs have both positive and negative impact on mental health and personality. These findings suggest that an individual’s mental health can be improved through their spiritual beliefs, they also suggest that an individual’s personality type can be impacted by their spiritual beliefs.

Conflicts of interest-
- There is no conflict of interest.

Acknowledgement-
We are really grateful for everyone’s assistance in getting this research project done. We would particularly want to thank our mentors for their invaluable guidance and expertise. Last but not least, we would like to thank the participants whose cooperation made this study possible.

References-


