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Extrinsic or Intrinsic Religious Orientation May Have an Impact on Mental Health

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Abstract: Religious doctrines invite individuals to patience and acceptance of God and endow believers with capability to cope with adversities. In intrinsic religiousness, religion is regarded as an objective based on which a person's life is formed. On the other hand in extrinsic religiousness, the aim is to gain such external rewards as social status. An increasing number of studies have shown positive relationships between spirituality/religiousness and physical and mental health. The results of such studies have suggested positive relationships between well-being and intrinsic religiousness, but negative or non-significant relationships between extrinsic religiousness and psychological well-being.

Key words: Intrinsic religious orientation, religious doctrines, mental health, God, Iran

INTRODUCTION

Religious orientation is involved with the manner, we orient to our religious beliefs and how these beliefs are applied (Brown, 2008). Allport and Ross (1967) described two types of religious orientation including intrinsic and extrinsic religiosity. Intrinsic religiosity includes seeing religion as an end and shaping one's life around religious beliefs. Extrinsic religiosity on the other hand, contains trying to achieve external rewards from religious participation. Furthermore, Batson and Ventis (1982) described the third type of religious orientation, i.e., the quest orientation, that seeks for the meaning of religion rather than agreeing with traditional religious doctrines or dogma.

Batson *et al*. (1993) described self-acceptance or self-actualization, appropriate social behavior, personal competence and control, personality unification and organization, freedom from worry and guilt, open-mindedness, flexibility and absence of mental illness as different forms of "mental health".

The findings of original studies and reviews in the past and recent centuries have shown a positive relationship between religious orientation and mental health. Religion could be beneficial for psychological well-being, especially when fully internalized as seen in intrinsic religiosity (Hackney and Sanders, 2003). For instance, Batson *et al*. (1993) concluded from 197 findings in this area that religion could be correlated to positive adjustment, specifically when religion was measured as an orientation to faith. Also, they established that intrinsic religiousness was related to freedom from fault and worry, while quest was linked to open-mindedness and flexibility. In the same line, Koenig *et al*. (2001) studied 630 researches and found relationships between religious orientation and positive psychological adjustment including greater life satisfaction, happiness, morale, hope, optimism, purpose in life and lower levels of depression and anxiety. Nonetheless, some studies have come to contradictory results. For instance, Batson *et al*. (1993) reported that religion had a positive relationship with appropriate social behavior and absence of mental illness, but a negative relationship with self-acceptance or self-actualization, personal competence and control and

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open-mindedness and flexibility. Furthermore, several studies have suggested that the relationship between religion and positive adjustment might be curvilinear, but not linear in nature (Ross, 1990; Shaver *et al*., 1980).

Objective: Considering what was mentioned above, religion could be beneficial for positive psychological adjustment, such as life satisfaction, happiness, purpose in life and lower levels of depression and anxiety. Due to the importance of religious orientation in psychological and mental health and the necessity to recognize the relationship between religion and the variables that can help prevent and treat these disorders, this review article aims to assess the role of religious orientation in some psychological variables discussed in the previous study. Yet, further studies are needed for better understanding of these relationships.

MATERIALS AND METHODS

This simple study reviewed more than 40 articles and book chapters on the impact of religious orientation on psychological and mental health. The related articles from 1990-2015 were investigated. Some articles published in the previous decades were also included due to their importance. The articles were selected from the scholarly journals indexed in accredited publications such as PubMed, Elsevier, Scopus, DOAJ and Google scholar databases as well as SID, Iran medex and Magiran Iranian journals. The primary focus of the study was on the positive relationships between religious orientation and mental health. To access the mentioned items, these keywords were used: religion, religious, spiritual, spirituality, mental health, anxiety and depression. Then, the reference lists of the articles were prepared.

RESULTS

Spirituality, religion and health: Various systematic reviews and meta-analyses demonstrated that religiosity or spirituality were positively associated with various indicators of health. For instance, Koenig *et al*. (2001) and Weaver *et al*. (2006) found that more than two-thirds of the studies in this area approved significant relations between religious activities and improved mental and physical health. Some mechanisms through which religiosity/spirituality influenced health were identified as well. Some of these mechanisms included practices such as meditation and prayer which might elicit a relaxation response, reduce the sympathetic nervous system activities, lower blood pressure and reduce muscle tension (Hussain, 2011). Religion might also contribute to reduction of unhealthy behaviors such as alcohol consumption, smoking and drug abuse (Strawbridge *et al*., 2001). It also led to a sense of coherence, meaningful experience of life and a hopeful outlook on life all of which being associated with better physical and mental health (Antonovsky, 1987; Forouhari *et al*., 2011). Moreover, religiosity was found to be a powerful coping mechanism which could well serve as a buffer against the deleterious effects of stress on the body (Pargament, 1997; Forouhari *et al*., 2014).

Although, most studies have shown positive effects, religion and spirituality might adversely affect health. Religious groups may directly oppose certain healthcare interventions such as transfusions or contraception and convince patients that their ailments are due to noncompliance with religious doctrines rather than organic diseases (Donahue, 1985).

On the other hand, some investigations indicated no associations between religiosity and mental health (Lupo and Strous, 2011). Payne *et al*. (1991) conducted a meta-analysis on religion and mental health and reported a positive relationship between the two in 47%, a negative correlation in 23% and no significant relationships in 30% of the studies.

Religious orientation and psychological well-being: Alandete and Valero (2013) analyzed the relationship between intrinsic/extrinsic/quest religious orientation and psychological well-being in a sample of 180 Spanish undergraduates. They showed that psychological well-being was positively related to intrinsic orientation and negatively correlated to extrinsic and quest orientations. The results of that study Alandete and Valero (2013) supported the hypothesis and coincided with the studies that reported positive relationships between intrinsic religiosity and well-being and negative or non-significant relationships between psychological well-being and extrinsic religiosity from decades ago (Amer *et al*., 2008; Butt, 2014; Ismail and Desmukh, 2012; Lewis *et al*., 2005; Momtaz *et al*., 2010; Ventis, 1995; Worthington *et al*., 1996).

Religious orientation and suicidal thoughts: Suicide is one of the main reasons for death among teenagers within the age range of 15-24 years. It is one of the aspects of social deviance and the main problem of general health faced by all developing and developed communities (Aghili, 2012). Eskin (2004) found that suicidal thoughts were significantly higher among the teenagers under secular education in comparison to those with religious education.

The main findings of several studies showed significant negative relationships between religious orientation and suicidal thoughts (Aghili, 2012; Goldston *et al*., 2008; Zhang and Jin, 1996). This implies that as religious orientation increased, suicidal thoughts decreased and vice versa.

Religious orientation and stress, anxiety, depression and psychological distress: The studies also indicated the influence of religion on reduction of anxiety**,** stress and depression (Ventis, 1995; Ehteshamzadeh *et al*., 2011; Eslami *et al*., 2001; Mann *et al*., 2008; Seybold and Hill, 2001; Vasegh and Mohammadi, 2007; Watlington and Murphy, 2006; Amrai *et al*., 2011; Bayani *et al*., 2008). The impact of religion on factors such as self-esteem that caused depression was found as well (Ehsan, 2003). Moreover, spirituality affected psychological coping strategies and spiritual individuals were typically more optimistic and able to cope with life stressors (Ai AL *et al*., 2007; Corrigan *et al*., 2003; Hasson-Ohayon *et al*., 2009; Sternberg and Gold, 1997). Moreover, several researchers found that intrinsic religious orientation served as a buffer and was negatively correlated to a depressive reaction to negative life events (Hettler and Cohen, 1998; Kendler *et al*., 1997).

On the other hand, some studies demonstrated that extrinsic religious orientation was clearly associated with psychological distress. Accordingly, more extrinsic religious oriented individuals were more likely to report higher levels of depression, distress and anxiety (Davis *et al*., 2003; Kawa and Shafi, 2015; Abedi and Rostami, 2012; Abedi *et al*., 2012, 2011).

DISCUSSION

There is good evidence that religious involvement is correlated to better mental health including increased personal well-being, better general psychological function, higher life satisfaction increased sense of hope and lower incidence of anxiety, depression, distress and suicidal behaviors. It is important to consider religion as a complex, multifaceted construct. In addition, curvilinear relationships between religious orientations and other variables should be explored since linear modeling might not be well suited to religious behaviors, beliefs, or orientation. However, further studies are needed for better understanding of the relationships between religious orientations and other variables in different religious groups and subgroups.

CONCLUSION

Moreover, the results of various studies have indicated a negative relationship between stress, anxiety, depression, psychological distress and suicide and religious orientation, especially intrinsic religiousness.

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