

Honors 2000 Research Proposal

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Abstract (200 words)

The overlap between religion and health, and more specifically religious practice and mental health, has been explored repeatedly by researchers. The aim of this paper will be to provide a concise yet exhaustive review of the research regarding the relationship between religiosity and mental health. More specifically, this systematic review, compiled using a number of sources, is meant to investigate the correlation between religious practice and displays of depression within young adults. Search databases such as PsychNet, PubMed, and Google Scholar, used heavily within the field of psychology, will be used to hone in on the literature surrounding this topic. A collection of articles, studies, books, and media sources will be employed to result in a comprehensive review of the topics. The expected result of this systematic review is that religious practice is negatively correlated to symptoms of depression. This means that one's religiosity is connected to fewer symptoms of depression or that practicing religion is related to lower displays of depression. Knowing this information will allow future researchers an easier process when attempting to find information related to the connection between the practice of religion and mental health.

Narrative

Introduction: Background/Related Work and Motivation

Researchers have attempted throughout history to investigate the correlation between religious practice and mental health to provide an in-depth analysis of how the two connect. Historically, there has been an immense amount of overlap between religion and mental health, which began with the study of the intersection between religion/spirituality and physical health. Researchers and medical professionals thought that by educating themselves on the connection between these two topics, their newfound knowledge would help patients receive better care.

Approximately 80% of research on religion/spirituality and physical health involves studies on mental health (Koenig, 2012).

Religion is defined by Harold G. Koenig and his team as a set of “beliefs, practices, and rituals related to the *transcendent*, where the transcendent is God, Allah, HaShem, or a Higher Power in Western religious traditions, or to Brahman, manifestations of Brahman, Buddha, Dao, or ultimate truth/reality in Eastern traditions” (Koenig, 2012). Religion can be practiced within a community or alone and in private. However, most religious beliefs and traditions often arise out of a community. Harold G. Koenig, a professor of psychiatry and behavioral sciences at universities such as Duke University and King Abdulaziz University in Saudi Arabia, focuses much of his research on religion and its intersection with health. While he tends to focus on physical health, certain aspects of his work focus on mental health as well.

Depression is seen within the field of psychology as a mood disorder with varying levels of severity. Depression is also known as major depressive disorder, clinical depression, and even unipolar depression. Mark Zimmerman, a professor of psychiatry and human behavior at Brown University explains that levels of severity for this disorder affect how a person will receive treatment and the type or intensity of treatment that they undergo (Zimmerman et al., 2018). Severity is determined by ratings of “health-related quality of life, functional impairment, suicidality, longitudinal course, and various biological variables” (Zimmerman et al., 2018). Symptoms often associated with depression are seen physically, cognitively, emotionally, and must be present for at least two weeks to be characterized as a disorder. Manifestations of these symptoms include persistent sadness, loss of interest or pleasure in hobbies and activities, and an increase in anxiousness (*Depression*, n.d.). These descriptors and others are discussed more thoroughly within the *Diagnostic and Statistical Manual (DSM-V)* which is the tool created by

the American Psychiatric Association and used by psychologists to assess a person's potential mental disorder.

There have been multiple studies done in the past to establish not only the relationship between the religion and displays of depression, but explanations for why the connection exists. However, while many have examined the nature of the connection between these two topics, the proposed systematic review would push these discussions further by investigating each of these sources extensively and then combining all of them into an overall comprehensive paper.

Methods

To investigate my research question I will be conducting a systematic review to find what literature has been published about the association between the practice of religion and symptoms of depression. A systematic review is a compilation of "synthesized evidence on a given topic" that provides an explanation of data from relevant studies (Centeno, 2021). This method is different from a literature review because it provides a more specific and concise analysis based on a focused question and can be incorporated into journal publications (Centeno, 2021). It is also different from a meta-analysis, which utilizes statistical methods to provide a summary of various studies. However, a systematic review can contain a meta-analysis. Because this topic has been extensively studied in different cultures and time periods, a systematic review gives the most cohesive, unified view of this topic. Within the systematic review, a multitude of sources will be incorporated to provide evidence for the chosen research question. These sources will hopefully provide the expected results and help conclude that the practice of religion correlates to lower rates of depression.

Within this systematic review, articles and sources containing background and definitions of religion and depression will be read and analyzed in order to provide a complete background

and evidence for the proposed question. This ensures a comprehensive framework of the topics and helps provide a direction for the remainder of the review. Incorporating the definitions into the systematic review also allows readers to become acquainted with the background and meaning of the topics that will be further discussed within the paper. Through this investigation I would also potentially look at the differences between eastern and western traditions of religion. Analyzing the literature that compares these two different types of traditions and the difference in their practices and methods will allow a deeper examination of how religious practice relates to symptoms of depression. Studying various sources that explore the physical, cognitive, and emotional symptoms of depression will also provide a deeper understanding of their relation to religious practice. Anxiety as a symptom of depression will also be addressed as a broader form of depression but the paper will predominantly focus on depression. After inputting the definitions, the remainder of the systematic review will be dedicated to gathering multiple sources together that have researched the intersection of religious practice and depression, and organizing an exhaustive overview of the conclusions found.

Expected Results

Through the usage of a systematic review, I am hoping to reach several objectives. I anticipate being able to learn more about the topic of religion and the factors that go into religious practice. I also wish to understand more about the mental disorder of depression, its symptoms, and the causes that create the disorder. Taking this newfound information, I should be able to combine it with findings about the intersection between the two. Based on preliminary reading,, the result I expect to see is that religious practice is negatively correlated to symptoms of depression. Through analyzing the sources I have found and compiling them into an organized review, I hope to uncover that those who belong to religious groups and engage in religious

practices such as prayer or meditation are less likely to display symptoms of depression such as anxiety, fatigue, hopelessness, and general discontent.

Conclusion

The goal of this paper is to produce a systematic review of a collection of sources discussing the relationship between the practice of religion and symptoms of depression. While the link between religion and mental health has been studied extensively, this paper will utilize different resources to provide an overarching synopsis of what researchers have found in relation to the topic. The expected results of this systematic review are that the practice of religion and symptoms of depression are negatively correlated, or that the practice of religion is related to lower displays of depression. Knowing this information illuminates a more holistic view of mental health and depression for future researchers, psychologists, and doctors. Having multiple resources compiled into a singular review also equips medical professionals with a place to be able to easily locate information on the subjects of religion and health. Religious practice and mental health may be intertwined. This systematic review seeks to provide clarity on the relationship between these two factors that can be so central to a person's well-being. Future researchers and those curious to further their knowledge about both subjects may find this research useful in informing future practices and undertakings.

References

- Archer, M. (2017). *The Positive Effects of Religion on Mental Illness*. Institute for Family Studies. Retrieved October 14, 2021, from <https://ifstudies.org/blog/the-positive-effects-of-religion-on-mental-illness>
- Centeno, K. (2021). *Libguides: Literature review research: systematic vs meta-analysis*. Retrieved November 6, 2021, from <https://guides.lib.odu.edu/c.php?g=966167&p=7021863>
- Clark, A. E., & Olson, C. E. (2018). *Catholicism and Buddhism: The Contrasting Lives and Teachings of Jesus and Buddha*. Cascade Books.
- Depression*. (n.d.). National Institute of Mental Health (NIMH). Retrieved 7 December 2021, from <https://www.nimh.nih.gov/health/topics/depression>
- Greenstein, L. (2016). *The Mental Health Benefits of Religion & Spirituality | Nami: National Alliance on Mental Illness*. Retrieved October 14, 2021, from <https://www.nami.org/Blogs/NAMI-Blog/December-2016/The-Mental-Health-Benefits-of-Religion-Spiritual>
- Hughes, B. *Why Do Buddhists Meditate?* (n.d.). BBC Teach. Retrieved October 14, 2021, from <https://www.bbc.co.uk/teach/why-do-buddhists-meditate/zdt9f4j>
- Koenig H. G. (2012). Religion, spirituality, and health: the research and clinical implications. *ISRN psychiatry*, 2012, 278730. <https://doi.org/10.5402/2012/278730>
- Koenig, H., Koenig, H. G., King, D., & Carson, V. B. (2012). *Handbook of Religion and Health*. Oxford University Press, USA.
- Koszycki, D., Benger, M., Shilk, J., & Bradwejn, J. (2007a). Randomized Trial of a

- Meditation-based Stress Reduction Program and Cognitive Behavior Therapy in Generalized Social Anxiety Disorder. *Behavior Research and Therapy*, 45(10),2518-2526. <https://doi.org/10.1016/j.brat.2007.04.011>
- McCullough, M., & Larson, D. (1999). Religion and depression: A review of the literature. *Twin Research*,2(2), 126-136. doi:10.1375/twin.2.2.126
- Miles, J. (2020). *Religion As We Know It: An Origin Story* (First Edition). W.W. Norton & Company, Inc.
- Mosqueiro, B. P., Rezende Pinto, A. de, & Moreira-Almeida, A. (2020). Chapter 1-Spirituality, Religion, and Mood Disorders. In D.H. Rosmarin & H. G. Koenig (Eds.), *Handbook of Spirituality, Religion, and Mental Health (Second Edition)*(pp. 1-25). Academic Press. <https://doi.org/10.1016/B978-0-12-816766-3.00001-X>
- Rettner, R. (2015, September 23). *God Help Us? How Religion is Good (And Bad) for Mental Healthy*. Livescience.com. <https://www.livescience.com/52197-religion-mental-health-brain.html>
- Shreve-Neiger, A.K., & Edelstein, B.A. (004). Religion and Anxiety: A Critical Review of the Literature. *Clinical Psychology Review*, 24(4), 379-397. <https://doi.org/10.1016/j.cpr.2004.02.003>
- Zimmerman, M., Balling, C., Chelminski, I., & Dalrymple, K. (2018). Understanding the severity of depression: Which symptoms of depression are the best indicators of depression severity? *Comprehensive Psychiatry*, 87, 84–88. <https://doi.org/10.1016/j.comppsy.2018.09.006>

Budget

The literature used for this systematic review can be found online and within the library. Therefore, the only necessary expense is for time which is based on the amount paid to a typical research assistant who makes \$15.00 per hour.

$\$15.00 * 50 \text{ estimated hours} = \750

The 50 hours can be further broken down in the following way over a three week timeframe:

- 10 hours gathering data
- 15 hours comparing data and organizing findings
- 15 hours compiling findings into systematic review format
- 10 hours revising and reviewing final paper