

ROLES OF SPRITUALITY AND RELIGIOUS AFFILIATION ON MENTAL HEALTH AMONG STUDENTS WITH DEVIANT BEHAVIOURS IN SECONDARY SCHOOL STUDENTS IN ANAMBRA STATE.

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Abstract.

Spiritual and religious factors have been linked to various mental health challenges like substances use/ abuse, hysteria, neurosis, and psychotic delusion. This study investigates the role of spirituality and religious affiliations in mental health among students with deviant behaviours. However, recent studies have identified another side of religion that may serve as psychological problems. This paper reviews research on the relationship between religion and spirituality on mental health among students with deviant behaviours focusing on depression, suicide, anxiety and substance use/ abuse etc. Religious and spiritual practices represent powerful source of comfort, hope and meaning. The research was anchored on Travis Hirsch's theory of social control. Findings from the study revealed that religious involvement together with different perspectives on spirituality, the hellfire notion and social bonds to parents, teachers, churches and schools can handle mental health challenges of students with deviant behaviours. Based on the findings, the researchers recommended among others that inculcating of religion and spirituality oriented habits in students for the overall development of their lives will go a long way in tackling deviant behaviours.

Keywords: Role, Spirituality, Religion, Mental Health, deviant behavior.

Introduction

Spirituality and religion often provide a sense of security and social structure and those beliefs can be a strong coping mechanisms through trying times. Being an active member of a close- knit religious community can provide structures, support and sense of acceptance all of which are beneficial to mental health. The connectedness of a group can make people feel welcomed and valued. There is also certain life circumstance or situation that can challenge faith connection and belief. This include chronic illness, loss of a loved one or even feeling of rejection during times of change. It is during this trying times that individual may look outside of their faith group or to trusted spiritual leaders for guidance on how to navigate the situation and maintain wellbeing among students.

The last 20 years have witnessed a sharp rise of scientific interest in the links between religions and psychological functioning (Koenig et al, 2012). This equally gave rise in the domain of religion that highlight the doubled – edge capacity of religion to enhance health and wellbeing, particularly among mental patients. It is pertinent to note that understanding of religion, one which is cognizant of its double – sided capacity to support and strengthen people grappling with serious mental health, illness or exacerbate their pain and suffering is now becoming too evident and noticeable. Religion has no doubt serves as a variety of adaptive functions for people including those with serious mental illness. Freud’s self – regulation theory believes that religion helps control undesirable sexual and aggressive urges. Hence, there is a strong tie between religiousness and greater behavioral restraints with respect to deviant behaviors such as substance use, crime, suicidality, sexually promiscuity and delinquency etc. People with serious mental illness may find the self- regulation afforded by religion particularly valuable.

It is evident that religion offers some compensation to these individuals through more secure attachment to sacred beings (example, God, Jesus, Higher powers) who are perceived as more available and more accessible than their mortal counterparts (Granqvist et al, 2013). Therefore, there is a link between individuals ‘perceptions of a secure relationship with God and lower levels of psychological distress. Soenke et al (2013) asserted that beliefs in an afterlife appear to play particularly key role in reducing basic existential anxieties which is among mental health. In the domain of terror management, it has been revealed that reminders of personal mortality increase beliefs in our afterlife and beliefs in an afterlife reduce the anxieties associated with dying.

There is no doubt that spirituality and religious factors play important roles in checkmating and curbing students’ abnormality. Students’ deviant behaviors are on the high increase in schools, colleges, homes, organizations and the likes. Deviant behaviours are rule- breaking behaviours of some kind which fails to conform to the norms and expectations of a particular society. Such as when a person accesses child porn or other illegal images, video etc.

ROLES OF SPIRITUALITY AND RELIGION ON MENTAL HEALTH

Spirituality is derived from Latin word ”spiritus” is the foundation of the word “spiritual”, meaning ‘to blow or breathe’ and to give life to the soul. Spirituality is a quality that goes beyond religious affiliations that strive for inspirations, reverence, awe, meaning and purpose even those that do not believe in God. The spirituality dimension tries to be in harmony with the universe, strives for answer about the infinite and comes essentially into focus in times of emotional stress, physical and mental illness, loss, bereavement and death. Religion is a set of belief and practices related to the issue of what exist beyond the visible world generally involving idea of the existence of a being, group of being, an external principle. Thus, value judgment plays a role in distinction between spirituality and religion; there are those who may see one as preferable to the other, thus, the use of both terms together. Religion can be seen as the manifestations of one’s spirituality, yet a person can be spiritual without being religious. A person can be outwardly religious in performing certain actions and yet not focus on the underlying principle of spirituality.

It is evident that organized religion has traditionally served as a method of binding individuals with their families, communities and societies conveying societal goals and instilling morals in students. The religious bond not only holds families and communities together through communion and rituals but provides a moral compass which act as an international social control preventing individual from engaging in antisocial behavior like crime. Hence, Mahmoud (2013) opined that religion helps to teach values, morals, disciplines, and about cultures.

Spirituality is psychological with numerous expectations. It is an interconnection of something beyond and connecting something within ourselves and individuals understand their spirituality in different ways through the practice of a certain religion (Fowler, 2017). More so, spiritual people love others and unite with others and the complex power of God. Health and wellbeing are attained by maintaining a sound spiritual and a healthy spirit is achieved through a healthy lifestyle and connectedness with the higher power or God (Lovorato Neto et al, 2018). Spirituality requires personal experience and changes in the heart while religion involves coding and conceptualizing that experience. Religious identification requires that members of the group are driven to follow a certain set of rules which control and enable group behavior (Tomass, 2012).

There are some kinds of intervention that can have positive effects in alleviating some core symptoms associated with mental illness such as alcohol/ substance use. A commonly existing intervention for alcohol use disorders is alcohol anonymous(AA), which can be seen as a spirituality – based intervention (Beraldo et al, 2019).

Weber et al (2014) asserted that literature abounding in studies have demonstrated undeniable role of spirituality and religiosity in achieving and maintaining good physical and mental health.

The idea of religious involvement as a factor that encourage social bonds and control which prevents crime fits nicely into Hirsch's (1969) Theory of social control where social institutions like the family, religious bodies and educations act to build individual attachment, commitment and involvement with society whereby attachment refers to the emotional bonds one has with pro social individuals like teachers, parents and friends. Individuals would not want to engage in crimes, because to do so would risk this emotional bond. Involvement refers to the individual's level of engagement with pro social pursuits, they will not have time to engage in anti-social behaviours like crime. Belief is the notion that if an individual believes in conventional society (like Laws), they will be less likely to engage in behaviour that goes against convention, commitment, the idea that an individual will fear the consequences of committing crime that could involve punishment since in such case, the Individual could lose social control and face sanctions. Thus, this social control theory of Hirsch posited that by so doing individuals would always act to prevent crime, as the individual would not want to risk endangering these attachments. As such, we would expect an individual with higher level of engagement with religious institutions (example, going to religious services more often, participating in religious oriented community service events) to be less likely to commit crime. Hence, studies have shown that adults who attend religious services more frequently and hold more salient religious beliefs were noted to exhibit lower rates of medical and deviant behaviors like marijuana use etc (Burdette et al, 2018).

The idea of hellfire is in pari pasu with divine ordinances. Hence, several biblical passages and other holy books direct adherents to submit to various authorities and ordinances. For example, Romans 13: 1-2 admonishes “Let every soul be subject to the governing authorities”. For there is no authority except by God. Therefore, whoever resists the authority resists the ordinances of God and those who resist will bring judgment on themselves. Thus, if students engage in a crime such as substance taking, murder thus breaking the rules of divinity, they will be subject to punishment in hell. On the other hand, if an individual does not commit crime, he will be rewarded with eternity in the paradise of heaven.

VARIOUS PERSPECTIVES THAT ACT AS AGENTS OF SOCIAL CONTROL ON HEALTH AMONG STUDENTS WITH DEVIANT BEHAVIOURS

- 1) Socialization Perspective
- 2) Authority Perspective
- 3) Control Perspective

The Socialization Perspective: Involvement in religious institutions exposes adherent to specific moral directives and general religious doctrines that are recommended by the authority of religious traditions and sacred texts. Continuous exposure may then induce the internationalization of specific religious messages that essentially discourage substance use and abuse (Pearce et al, 2019). In addition, there are many religious ideologies that sanctify the body and emphasize the importance of physical health as a means of religious commitment. For instance, the scriptures suggesting that the “body” is the temple of the Holy spirit may be invoked to discourage adherents from certain health- relevant behaviors such as tobacco smoking, alcohol consumption, illicit drug use, as well as risky sexual behaviors (Nicholson, 2020).

The Authority Perspective: This suggests that religiosity may deter substance use by promoting general obedience to authority, compliance with societal norms and deference to societal laws. There is a tendency that people who are active within religious institutions may favour conformity based on the fear of divine retribution, guilt avoidance and internalized moral codes. This may be further reinforced in the social context of obedient peer networks (Rocheleau, 2021). However, people with a high level of religiosity may be more likely to conform to laws prohibiting the use of illicit substances, as well as the use of prescription drugs in non- prescribed manners.

The Control Perspective: It postulates that religious involvement may potentially minimize the risk of substance use and other deviant behaviors through processes related to social control and social support. In the context of frequent religious attendance, there is an increase in opportunities for regular contact with adherents, which could expose the potentials for behavioral monitoring, detection of counter- normative behavior, as well as possible social consequences either directly or indirectly(Enstedt,2020). For example, ostracism, gossip and formal punishments. This serves to elevate the costs associated with substance use which then presumably prohibits access and use.

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Burdette et al (2018) opined that there is a real possibility that religious involvement reduces substance use by placing individuals in reference groups that tend to espouse anti-substance use norms and exhibits low levels of substance use and high rates of abstinence.

Oman et al (2020) asserted that religious involvement may also induce reduced levels of substance use among members through supportive relationships with other members of the group.

Rote et al (2013) stated that religious involvement exposes members to a wider and more diverse social network, with more contact with other members more extensively family ties and more types of social support. In support, Rote et al (2013) believed that larger social networks, most importantly those consisting of adherents of similar religious learning may discourage marijuana use by the provision of informational, emotional and instrumental support.

Dewall et al (2014) argued that self-regulation perspective proposes the religious involvement any predispose people to lower levels of substance use by promoting self-control and generic self-regulatory capacities.

Spirituality is a construct that has recently gained currency among clinicians because of the perceived role in the provision of meaningfulness in recovery from addiction (Kelly et al, 2020).

More so, it makes one to have higher level of empathy and compassion. It enables one to find purpose in life, doing good to increase one's mental strength. It can help one to overcome traumatic events, gives ability to handle pressure and enables individual to have a positive environment.

It is pertinent to note that an individual who grows up in a poor neighborhood with high rate of drug use, violence, teenage delinquency and deprived parenting is more likely to become a criminal than an individual from a wealthy neighbourhood with a good school system and families who are involved positively in the community. It is therefore evident that those who attend church more frequently with the aid of their families and those who viewed their religion as providing meanings to their lives have lower mental cases than those with less religious engagements.

The consistent influence of religion on drug and alcohol abuse in conjunction with the fact that a larger majority of youths report some level of ongoing involvement with a religious institution supports the view that religious communities have an important contribution to make in drug and alcohol abuse prevention efforts, as well as in treatment of drug and alcohol dependency. However, it should also be noted that findings indicate that religion is one path to wellbeing and handling deviant behaviour.

Religious activity involves attendance at religious services and social activities. Religious salience concerning the extent to which the students felt that religious belief impacts his daily

behaviour. Hellfire involving beliefs in and fear of hell and God's punishment for wrong doing. Spiritual and religious factors are sufficient in improving health.

The researchers reinstate that religion and spirituality can play important roles not only in enhancing mental health of students but also in the overall development as a good human being/ civilized citizen of a responsible society and nation.

Conclusion

The view that religion serves as a source of moral guidance and social support can function as a viable tool for controlling and handling individuals with deviant behaviours. Both, religion and spirituality can have a positive impact on mental health. In some ways, they provide the same impact, for example, religion and spirituality can help a person tolerate stress by generating peace, purpose and forgiveness. Again, spiritual practices can help build the strength and alleviate the effects of depression or other mental illness which in turn affects physical well-being. Dealing with a chronic illness, pain or disability is stressful and often leads to depression. Spirituality can help in coping with stress of illness. Again, religious and spiritual training should be incorporated into the academic curriculum and drug rehabilitation programmes.

Based on the findings, the following recommendations are made:

1. There is need for adequate promotion of religious and spiritual environment in individual's life and schools/ colleges.
2. There should be freedom of expression of religion and spirituality concerns in the lives of students.
3. Inclusion of religion and spirituality generated from values, ethics, morals among students is necessary.
4. Allowing religion and spirituality development among students is recommended.
5. Inculcating religion and spirituality oriented habits in students for the overall development of their lives.

REFERENCES

- Beraldo, L.; Gil, F.; Ventriglio, A.; De Andrade, A.G; Silva, A.G, Torales, J.; Gonclaves, P.D.; Bhugra, D, & Castaldelli-Maia, J.M.(2019) Spirituality, religiosity and addiction recovery: Current perspectives. *Current Drug Research Reviews Formerly: Current Drug Abuse Reviews*11,(1) 26-32. <http://doi.org/10.2174/187447371166618061207594>
- Burdette, A.M.; Webb, N.S, Hill, T.D, Hayes, S.H, & Ford, J.A, (2018) Religious involvement and marijuana use for medical and recreational purpose. *Journal of Drug Issues*, 48,(3)421-434. <http://doi.org/10.1177/0022042618770393>
- Dewall, C.N; Pond Jr, R.S.; Carter, E.C.; Mc Cullough, M.E.; Lambert, N.M.; Fincham, F.D, & Nezlek, J.B.; (2014) Explaining the relationship between religiousness and substance use: self- control matters. *Journal of Personality and Social Psychology*, 107,(2), 339. <http://doi.org/10.1037/a0036853>
- Enstedt, D., (2020) Sociological approaches to leaving religion. *In Handbook of Leaving Religion, Brill*; pp 292-306.http://doi.org/10.1163/9789004331471_025
- Fowler, J., (2017) From staff nurse to nurse consultant: Spiritual care part 6: Hinduism. *British Journal of Nursing*, 26(17), 996-996.<http://doi.org/10.12968/bjon.2017.26.17.996>
- Granqvist, P, & Kirkpatrick, L. A.(2013). Religion, spirituality and attachment. In: Pargament, K.I, Exline, J.E, Jones, J. editors. *APA handbook of psychology, religion and spirituality*.Vol. 1. Washington: APA Press ; pp. 139-56.
- Kelly, J.F., & Eddie, .D.,(2020) The role of Spirituality and religiousness in aiding recovery from alcohol and other drug problems: An investigation in a national US sample. *Psychology of Religion and Spirituality* , 12(1), 116. <http://doi.org/10.1037/re1000295>
- Koenig, H., King, D., & Carson, V.B., (2012). *Definitions in Handbook of religion and health*.Oxford University Press.
- Lavorato Neto, G., Rodrigues, L., Silva, D. A., R. D, Turato, E.R; & Campos, C.J.G.(2018) Spirituality review on mental health and psychiatric nursing. *Revista Brasileira de Enfermagem*.71, 2323-2333. <https://doi.org/10.1590/0034-7167-2016-0429>
- Mahmoud, Tarek(2013). Interview with Author Rubin on Life in Pakistan Tribal Areas.
- Nicholson, B.,(2020) Father-child religious transmission from adolescence to young adult: The moderating effect of father- child relationship quality. Kansas State University. URL:<https://hdl.handle.net/2097/40664>
- Oman, D., Bormann, J.E., & Kane, J.J., (2020) Mantram repetition as a portable mindfulness practice: Applications during the CVID-19 pandemic. *mindfulness* 1-2. <https://doi.org/10.1007/s12671-020-01545-w>
- Pearce, L. D., Uecker, J.E., &Denton., M. L.,(2019) Religion and adolescent outcomes: How and under what conditions religion matters. *Annual Review of Sociology*. 45, 201-222 <https://doi.org/10.1146/annurev-soc-073117-041317>
- Rocheleau, G.C.,(2021) Religious bonds, low self-control and deviant behavior: A fixed-effects approach. *Criminal Justice Studies*.34(2). 235-250. <https://doi.org/10.1080/1478601x.2020.1867984>
- Rote, S., Hill, T. D., & Ellison, C. G., (2013) Religious attendance and loneliness in later life. *The Gerontologist*. 53(1), 39-50. <https://doi.org/10.1093/geront/gns063>
- Soenke, M., Landau, M .J.,& Greenberg, J.(2013). Sacred-armour: religion's role as a buffer against the anxieties of life and the fear of death. In:Pargament, KI, Exline, J.E, Jones,

- J. editors. *APA handbook of psychology, religion and spirituality*. Vol. 1. Washington: APA Press; pp. 105-22
- Tomass, M. K(2012) Religious identity, informal institutions and the nation- states of the near east. *Journal of Economic Issues*. 46(3), 705-728. <https://doi.org/10.2753/jei0021-3624460306>
- Weber, S. R & Pargament, K .I(2014). The role of religion and spirituality in mental health. *Current opinion in psychiatry*. 27(5), 358-363. <https://doi.org/10.1097/ycp.000000000000008>