Casting all your Anxieties on Him (1 Peter 5:7): Assessing the Impact of Spirituality on Mental Health

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Abstract

Creating an environment where re-engineering of the future of work in the post- COVID-19 era will be possible is invaluable. As church members try to make meaning of heart-wrenching situations, their spirituality is fundamental. This study assessed the effect of spirituality on mental health. A theoretical approach was adopted, and related literature was employed to assess the impact of spirituality on mental well-being. It evaluates how one's connection to the divine can be soothing during troubling times. A brief theological analysis of 1 Peter 5:7, as it relates to cognitive and affective stability, forms an integral part. Re-engineering work in the post-COVID-19 era entails adopting therapies that depend on a higher power for sustenance to meet complex challenges, such as spiritually informed therapies including prayer. Mental health specialists and clergy can adopt flexible modern methods of care, integrating spirituality into mental health and harmonizing their activities.

Keywords: Mental health, emotional health, spirituality, spiritual practice, COVID-19, Post COVID era

Introduction

The COVID-19 pandemic has tested the level of spirituality of church members.

Faithfulness to one's espoused theology has been severely tried by unkind lived realities.

The disciples' response to difficult circumstances affecting their various facets of life revealed the breadth and depth of true discipleship. With ill health, loss of loved ones, job loss, and uninhabitable home environments created by the pandemic, parishioners' spirituality has either been regressive or progressive. An emotional and mental breakdown has been registered among members who fail to reconcile their faith with what is happening around them. The spiritual lenses they used to interpret their situations were harmful rather than helpful. In a crisis, "people . . . begin to do theology" (Dube, 2019, p. 54) in a regressive or progressive way. Ignoring the place of spirituality and religion (R/S) may be detrimental to those needing care. Maladjustment to the new landscape created by the pandemic may result in mental health

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challenges. Not so was the mental state of man at creation (White, 1892).

This article explores the correlation between mental health and spirituality. The benefits of spiritual practices on mental health and the deleterious nature of maladaptive beliefs are examined. The role of the clergy and mental health practitioners in bringing about emotional catharsis is explained. This article also explores spiritually informed therapies, including prayer, as mental health tools. The positive and negative effects of some religious practices are deliberated.

Mental Health

Mental health involves coping with day-to-day stressors and developmental stages displayed in acceptable behaviors, thinking, and attitudes. It also includes being fruitful or productive in daily tasks. Mental health indicators include loving relationships, joy, peace, optimism, self-control, productiveness, positive attitude, stable and appropriate emotions, resilience, trust, hope, acceptance, forgiveness, appropriate thinking, relaxation, and peaceful sleep. The reverse is true for mental health problems and disorders.

The Correlation Between Mental Health and Spirituality

In the past, there was a notion that religion and spirituality were unnecessary for mental wellbeing. Some labeled religiosity and/or spirituality (R/S) as the cause of psychological breakdown. For example, Sanau (1969) denied any scientific basis for arguing that religion is useful for psychological health. Furthermore, Freud condemned religion as "the universal obsessional neurosis of humanity [with] wishful illusions together with a disavowal of reality" (Freud, 1962). While Freudian ideology links religiosity and/or spirituality as a symptom of neurosis, there has been a recent shift in looking at it as a resource for mental wellbeing (Kao et al., 2020). However, Carl Jung disagreed with Freud's viewpoint on R/S. He argued that R/S was helpful for healing (Jung, 1933). A growing body of research has shown a correlation between mental health and spirituality (Swinton, 2003; Gubi & Swinton, 2016; Taghiabadi et al., 2017). While maladaptive religious practices may pose challenges, there are positive benefits.

The Benefits of Spirituality and Religiosity in Mental Wellness

Recent research shows that spirituality promotes and improves mental health. Examples include but are not limited to improved coping with psychological distress, better coping skills, improved quality of life, and improved cognition. These are discussed below.

Promote and Improve Mental Health

The practice of religion and spirituality has been helpful in the COVID-19 outbreak. Some studies have found that religiosity and spirituality are beneficial in coping with psychological distress (Castillo, 2021; Fardin,

2020; Ribeiro, 2020). They enable the effective management of negative stressors. In a cross-sectional study involving the general population in Indonesia during the COVID-19 era, Rias et al. (2020), through multiple linear regression analysis, found that the higher the spirituality, the lower the anxiety level. Another cross-sectional study of 485 participants from Brazil revealed that R/S yielded better mental health during the pandemic (Lucchetti et al., 2021). Because of the enhanced mental well-being that spirituality brings, studies indicate that it enables care seekers to age gracefully and have the resilience to cope with severe diseases and isolation (Le et al., 2019; MacKinlay, 2022; Sharma et al., 2017). In a study conducted among American Indians, even though their Midlife Development Inventory (MIDI) was not related to their mental health, cultural spirituality seemed to be enhanced (Bear et al., 2018).

Spirituality and religiosity have also benefited pregnant mothers' mental wellbeing. Despite evidence from other studies, one study among pregnant women revealed a statistically insignificant (0.215) connection between depression and spiritual health (Hosseini Akhgar et al., 2020). In contrast, Piccinini et al.'s study of pregnant women found that damaging R/S coping was linked to heightened signs of depression, anxiety, and poor psychosomatic Quality of Life (QOL). On the contrary, while spirituality alone gave rise to a better QOL, a combination of optimistic R/S coping, intrinsic religiosity, and spirituality correlated with improved cognitive QOL (2021).

Burden Transference

Spirituality is helpful to church members because it facilitates the transfer of burden to the divine. The text under consideration (1 Peter 5:7) communicates the need to surrender anxiety to the Lord. The word translated as anxieties is μέριμναν (merimnan). It appears in Matt 13:22, Mark 4:19, Luke 8:14, Luke 21:34, 2 Cor 11:28, and 1 Pet 5:7 denoting "a feeling of apprehension or distress in view of possible danger or misfortune—' anxiety, worry, anxious concern'" (Louw & Nida, 1996, p. 312). The act of "casting all the anxieties" is a spiritual practice that taps into the individual's spirituality and religiosity. It takes faith to know that all the burdens have been surrendered. It is "not every anxiety as it arises, for none will arise if this transference has been effectually made" (Vincent, 2013, p. 711). Furthermore, a Christian who places all his/her problems under the care of God has found a perfect solution to life's daunting challenges that incapacitate many Christians (Nichol, 1980).

Fostering a Positive Mind

When one is connected to their spirituality through religious practices, he or she may find that they are not

only emotionally cathartic but also foster positivity. Koenig explained that:

> Religious beliefs and practices may evoke positive emotions—joy, wonder, awe, and thankfulness—during deep meditation, prayer, or communal worship. These positive emotions may counteract or provide relief from the stresses of daily life and provide alternative sources of pleasure that rival habits and activities destructive to self or human relationships (2001, p. 105).

The connection between spirituality and positivity is very strong. A bidirectional link between these two elements is implied. However, the addition of the cognitive aspect amplifies this effect (Chirico et al., 2022). Furthermore, recent research has shown that spirituality significantly contributes to building resilience (Roberto et al., 2020) and enhances positivity.

Fostering Healthy Psychological Qualities

Spirituality fosters the following attributes in individuals; love, patience, honesty, faith, hope, and compassion. Studies indicate that specific parts of the brain, particularly the non-dominant cerebral hemisphere, are responsible for the awareness and implementation of spiritual values and experiences (Verghese, 2008). These spiritual attributes are vital indicators of mental health. Moreover, spiritual therapy reduces cognitive dissonance (Dinarvand et al., 2021). Hasavovic and Pajevic (2010) investigated faith persuasion among ex-combatants and discovered that it prevents post-traumatic stress disorder (PTSD), depression, and anxiety.

Impact of Maladaptive Beliefs Affecting Mental Health

One's spiritual interpretation of a crisis may be helpful or hurtful. In Zimbabwe and some other countries, some Christians reject the biomedical intervention model and prefer emotional liberation from either traditional healers or deliverance pastors. They perceive their mental challenges as "supernatural" (Patel et al. 1995, p. 221). The holistic approach adopted by traditional healers lures African people (Kajawu, 2018). Unfortunately, some resort to maladaptive practices that are detrimental to their mental wellbeing.

Depression can be exacerbated by perception of the situation. In this regard, a negative R/S ratio can be counterproductive. A case in point is when research participants with social anxiety disorder (SAD) who presented with increased depressive symptoms were linked to their metacognitive beliefs (Nordahl et al. 2018). Furthermore, when coupled with perfectionism, they may lead to major depressive disorder (Kannis-Dymand, 2020).

There is a notion that those who are ill are cursed, bewitched, or frowned upon by God. This maladaptive belief is destructive to people experiencing mental pain. Olson and Marshall pointed out, "connecting a disease of

the mind to sins from the past or present to the will of God or some internalized demonic presence can alter the person's relationship to self, God, family, and community" (2012, p. 68). Improper beliefs may cause caregivers, society, and care seekers to attribute mental illness to the wrong etiology (Daniel et al., 2018). Weber and Pargarment (2014) identified three maladaptive religious coping mechanisms that negatively impact mental health. These include "divine/difficulties and anger with God, interpersonal/negative encounters with other believers, intra-psychic/internal religious guilt and doubt."

Other studies have revealed that maladaptive religious coping mechanisms are associated with higher chances of depression, greater incidence and force of suicidal ideation, lesser sense of well-being, additional grief, intensified distress, and heightened alcohol addiction challenges (Fiese & Tomcho, 2001; Raab, 2007; Hayes & Wade, 2007; Lee et al. 2013; Lee et al. 2013). Individuals who hold negative or castigatory concepts about God demonstrate greater symptoms of anxiety, depression, paranoia, and obsessive-compulsive disorder. Delusions (false beliefs) and hallucinations (false perceptions) about religious content increase suicidal behavior (Weber & Pargarment, 2014). For example, extreme and distorted religious beliefs are common among patients with schizophrenia (Verghese, 2008).

The Role of the Clergy in Mental Health

Pastors also play a significant role in mental health. Since they are generally the first responders when members present with mental health issues (Weaver et al. 1997), they need a skill set to help their troubled members. However, they are not equipped with the proficiencies to handle them. In his study on Zimbabwean chaplains' conceptualization of mental health, Dube (2020b) found that seminary training was insufficient to provide adequate support for members with psychological challenges. Chaplains express the need for education in this regard. This does not mean that pastors can do nothing when faced with parishioners' mental health challenges. What then is the role of pastors in mental health?

Facilitative and not Prescriptive

The aim of pastors is to prescribe solutions to those in need of care. However, ministers act as facilitators in "burden transference" by helping their members to utilize their spirituality to enable them to "cast all their anxieties" to the Lord (1 Pet 5:8). They should create an environment that facilitates healing from their brokenness. Beck's (1976) cognitive triad has the environment as a core element that makes it difficult for people to cope with "prescriptive" situations. A member was very active but is now "depressed

and reluctant to go to church because of perceived slights by the ministers and church members" (Boyd, 2011, p. 375). Sometimes, parishioners' spirituality becomes negative in the face of untoward circumstances, thus inhibiting an improved psychosomatic QOL. In such an instance, ministers should practice what Doehring (2015) calls "theological empathy,"—which is understanding the care seeker's differing theological worldview and facilitating that it brings solace in painful moments.

Educative and not Instructive

The taboo around mental health makes it difficult for members to find refuge in the church. Its stigma is so deep that one researcher discovered that it was difficult for pastors to mention it in prayer (van Ommen, 2019). Children with mental health problems and their families are less likely to attend church (Grcevich & Grcevich, 2021). Help-seeking patterns are affected by the presence of stigma in the church community. Therefore, church pastors must adopt an educational approach to create awareness.

An educational approach will destigmatize mental illnesses. Kansiewicz and Smith argued that "a church's culture around mental health can have a potentially direct and positive impact on the help-seeking patterns and stigma levels of its congregants" (2021, p. 74). A Ghanaian study by Kpobi and Swartz (2018) revealed that schooled pastors could easily relate to biomedical models of depression and education seem to be the foundation for mental health knowledge. Kpobi and Swartz (2018) opined that pastors are better placed to spearhead public mental health education. This requires a collaborative approach.

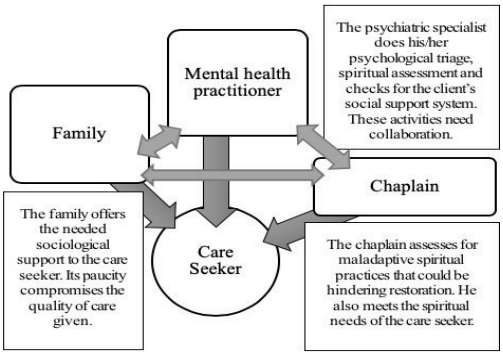
Collaborative and not Dissociative

Approaching mental health issues requires joint effort. While pastors are not trained mental health clinicians, they are preferred by members. On the other hand, while mental health practitioners (MHPs) have the needed skills, there is an apathetic, skewed, and deleterious help-seeking attitude among members. Furthermore, there is a professional divide between pastors and MHPs (Dube, 2020b) and a dissociative force that inhibits referrals. One study discovered that "85% of the clergy had never or rarely received a referral from a healthcare professional"(Heseltine-Carp & Hoskins, 2020, p. 8). This is because many MHPs are skeptical about the benefits of spirituality on mental health.

A symbiotic relationship is required if things are to be done differently and efficiently in the post-COVID-19 era. "Pastors and clinicians can work together to facilitate open dialogue and targeting programs that seek to improve these outcomes and shift the culture around mental health topics" (Kansiewicz & Smith, 2021, p. 74). Furthermore, the family of mental patients is an important element. Dube (2020b) proposed a Psycho-So-

cio-Spiritual Wellness Triadic Support System, a human-resourced collaborative structure involving mental health practitioners, the family, and pastors and/or chaplains in addressing the needs of care seekers. Figure 1 illustrates this system.

Figure 1



A Psycho-Socio-Spiritual Wellness Triadic Support System (adapted from Dube, 2020)

Spiritually Informed Therapies and Innovative Strategies

Worldwide, depression is rated as the chief source of disability, and anxiety is the leading cause of annual suicides, accounting for over 800 000 deaths (World Health Organization, 2017). This calls for effective and holistic measures to promote, prevent, and manage mental health symptoms. Thus, re-engineering work in the post-COVID-19 era entails adopting therapies and strategies that will depend on a higher power for sustenance and meeting complex challenges, such as the use of spiritually informed therapies. These include:

Prayer and Meditation

Prayers and meditation have mental health benefits. Mahatma Gandhi said, "Prayer is the key in the morning and the bolt in the evening." It is prudent to understand the neuroscience underlying prayer. Research has shown that prayer directly influences brain neurons to release serotonin, a happy neurotransmitter. When it is released, it elevates mood, reduces stress, and promotes a sense of well-being. Thus, prayers can make people happier and promote mental health (Davies 2020). Prayers and religious observances play a considerable role in people suffering from trauma, mental health problems, and disorders. It can be used as a daily strategy to cope with everyday challenges. Prayer offers survivors a haven in which individuals feel protected and ready for any disaster or trauma.

COVID-19 brought religious awakening and devotion to prayer. Bentzen (2021) observed that during a crisis, people are more inclined to pray and become more religious as they seek consolation and meaning. She added that COVID-19 brought about a substantial intensification of prayer, evidenced by a 30% increase in Google quests for prayer. The increased demand for religion was the primary motivation for the considerable increase in prayer, since individuals pray to cope with adversity. Furthermore, Szalachowski

and Tuszynska-Bogucka (2021) analyzed the relationship between prayer and fear during the COVID-19 crisis. They found that prayers enhanced mental wellbeing. Sandguash (2020) also affirmed that prayer can cultivate a bond between the individual and the higher power and decrease feelings of abandonment, anxiety, and fear.

In the face of the COVID era with its complications (physical and mental health disorders and socio-economic challenges) of the COVID-19 era, more persistent prayers are vital to promote, prevent, and manage mental health problems and disorders. Hence, prayers must become a lifestyle.

Fostering and Reinforcing Resilient Values

Resilience is a positive adaptation to adversity (Flemming & Ledogar, 2010). It is a protective component against mental illnesses. Recent studies have revealed that individuals who adopt positive coping skills have fewer symptoms of stress and anxiety. Researchers have confirmed that being religious and spiritual is correlated with withstanding negativity (Roberto et al., 2020). These factors influence affective and cognitive catharsis and adapt oneself to challenging situations (Roberto et al., 2020). Furthermore, Khosla (2017) states that research has identified positive psychological well-being resulting from resilience.

Neuroscience of Resilience. The COVID-19 pandemic has brought about traumatic life experiences, which can generate triggers, trauma, depression, and anxiety (Chamaa et al., 2021). If these symptoms persist and remain untreated, they may lead to mental health disorders with time. Nonetheless, it has been proven that resilience is one of the protective components that aid the parts of the brain to heal (Roberto et al., 2020). The post-COVID era requires resilient, mentally stable beings, healing from past traumas, and hence more productive than ever before.

Concepts related to Resilience, Thriving, Recovery, and Survival. The genocide experience in Rwanda gave the Rwandans some resilience to the traumatic experiences that came with the pandemic. Louis et al. (2022) pointed out that Rwandans tapped into their past traumatic encounters to handle challenges ushered in by the pandemic.

Rwandans have been subjected to and endured adversities. Thus, their cultural forms of resilience serve as a mental health protective component to overcome COVID-19 (Cénat et al., 2021; Louis et al., 2022). The post-COVID era calls for resilient human beings to effectively and continuously cope, recover, and thrive to survive to increase productivity in these unending chaotic life events.

Spirituality Impact. Roberto et al. (2020) underscored the undeniable relationship. They emphasized that spirituality was essential in assisting people in coping with and maintaining mental stability during the COVID-19

pandemic. In a study of people living with HIV, it was observed that spirituality plays a pivotal role in maintaining an optimistic outlook in the face of stigma (Brown et al., 2014).

Spiritually Augmented Cognitive Behavior Therapy (SACBT)

Randomized controlled trials have revealed that SACBT results in considerable recovery from mental health problems and disorders. Verghese (2008) suggested a therapy that incorporates spiritual values in cognitive behavior therapy: acceptance, hope, achieving meaning and purpose, and forgiveness. This harmonizes the concepts related to resilience used in Rwanda to prevent and manage mental health. The five stages of the SACBT have great psychological merits. Hodge and Lietz (2014) confirmed these benefits. Thus, the post-COVID-19 era requires cognitive behavioral therapies and SACBT to meet society's needs.

Technology and Digital Platforms

One of the lessons that is critical in the re-engineering of work in the post-COVID era is the use of technology to provide mental healthcare. In a study conducted by Roberto et al. (2020), women preserved their spirituality with other congregates through online prayer and Bible study connections.

The COVID-19 era saw the adaptation of services to online delivery platforms to prevent, promote, and treat mental health problems and disorders. These included online counseling, online psychological first aid, smartphone applications, TV-based platforms, video calls, telemedicine/telepsychiatry, and internet-based integration intervention programs. The smartphone has applications for social interactions, facilitating telemedicine, prescription management, and connecting individuals with psychiatrists, chaplains, pastors, church leaders, and psychologists via videos or phones. Telemedicine involves the use of information and communications technology to deliver healthcare services by healthcare professionals (Singarimbun, 2021; Békés et al., 2020).

The Roles of Mental Health Specialists

In re-engineering work in the post-COVID-19 era, health specialists play a pivotal role in preventing and effectively managing mental health problems and disorders.

According to Verghese (2008), mental health professionals play the following roles:

- Respect and support the client's faith persuasion if it is helpful for their mental well-being.
- Allow the client to use spiritual practices.
- Engage in cognitive restructuring when negative cognition is displayed by the client
- Foster resilience
- Engage in research to develop theoretical models to understand the

relationship between spirituality and mental health in practice.

There should be a partnership with the clergy. While pastors must equip themselves with psychological knowledge, MHPs must have spiritual orientation. This will reduce misdiagnosis of spiritual or mental health issues (Bledsoe et al., 2013; Dempsey, Butler et al., 2016).

Conclusion

A correlation between mental health and spirituality exists. Spirituality prevents mental disorders, promotes and improves mental health, such as improved coping with psychological distress, lower anxiety-related disorders, depression, suicidal tendencies, and fostering resilience. The effects of maladaptive beliefs on mental health include depression, social anxiety disorder, suicidal tendencies, lesser sense of well-being, additional grief, intensified distress, heightened alcohol addiction challenges, paranoia, delusions, and hallucinations. The role of the clergy in mental health includes being facilitative and not prescriptive, educative and not instructive, and collaborative and not dissociative. Spiritually informed therapies encompass prayer and meditation, fostering and reinforcing resilient values, SACBT, technology, and digital platforms. The main roles of mental health practitioners are to promote resilience and allow the use of meditation, prayer, and bible reading. Monitor maladaptive beliefs and engage in cognitive restructuring.

Re-engineering the work entails adopting therapies that will depend on a higher power for sustenance and meet complex challenges, such as spiritually informed therapies, including prayer. The mental health specialist and clergy can adopt the flexible modern methods of care highlighted in the article, integrating spirituality into mental health and harmonizing their activities. Moreover, mental health specialists can be spiritually oriented, and the clergy can be adequately educated about mental health and illness. When religions shake off their spirituality, rather than being instruments of benevolence, peace tranquility, they turn into bodies that brew mental health problems and disorders. Post-COVID 19-era offers essential opportunities for religious institutions to re-evaluate whether their models of ministry are spiritually empowering and mental health preventive.

Embracing "Casting all your anxieties on Him" (1 Pet 5:7) promotes mental health. Understanding the impact of spirituality and mental well-being is critical for both clergy and MHPs. This will enhance collaboration and reduce maladaptive religious practices.

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