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ROLES OF SPIRITUALITY AND RELIGIOUS AFFILIATION IN MENTAL HEALTH AMONG PERSONS REMANDED IN PRISON CUSTODY

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Abstract

This study examined the roles of spirituality and religious affiliation in mental health of a sample of Nigerian adults remanded in prison custody. Participants were 182 men from Nsukka Prison, Enugu State, Nigeria. Age range was 18-50 years (Mean age = 27.70; SD = 7.66 years).Two instruments were administered for data collection, namely: the 14-item Mental Health Index, and the 12-item Spiritual Valence Scale (SVS). Participants indicated their religious affiliation as either Catholics or Protestants. The research utilized cross-sectional design and linear regression was used for data analysis for the role of spirituality in mental health, whereas one-way analysis of variance was used to compare the mental health of Catholics and Protestants. It was found that spirituality positively predicted mental health. Catholics and Protestants did not differ in their mental health. Implications of the findings highlighted the need for psychotherapists and counselors to facilitate mature spirituality among their clientele in order to enhance their mental health status.

Keywords: Mental health; Spirituality; Religious affiliation; Prison

Mental health is the functioning of an individual cognitively, affectively, behaviorally, occupationally, and vocationally in such a manner as to achieve psycho-social and spiritual integration. It is about living a life without disabling psychopathology and involves the actualization of one's purpose in life. According to the World Health Organization (WHO), mental health includes "subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence, and self-actualization of one's intellectual and emotional potential, among others" (WHO, 2001).

Mental ill-health is a global challenge in developed countries and the developing countries (Tomlinson, Grimsrud, Stein, Williams, & Myer, 2009). In Nigeria, for example, Amoran, Lawoyin, and Lasebikan (2007) found that the overall prevalence of depression was 5.2%. Among college students, prevalence of Major Depressive Disorders (MDD) in college students with alcohol dependence was 23.8% (Amoran et al., 2007). Over 25% of 12-month cases of MDD were rated as severely disabled in the performance of usual roles (Gureje, Uwakwe, Oladeji, Makanjuola, & Esan, 2010). Apart from depression, Omigbodun, Dogra, Esan and Adedokun (2008) reported that Nigerian students have one of the highest rates of suicidal ideation and attempts. These rates and attempts are comparable to those of other developing countries and higher than developed countries (Omigbodun, Dogra, Esan, & Adedokun, 2008). Richard and Bergin (2010) observed that maintaining good mental health is crucial to living a long and healthy life. Poor mental health can prevent one from living an enriching life. Proper identification of the predictors of mental health can help in preventive efforts and aid plans for therapy to help clients with mental health challenges. The aim of the present study is to examine the roles of spirituality and religious affiliation in mental health.

Spirituality, according to Pargament (2007), is the search for the sacred and is connected to a concept of and/or belief in a higher power greater than oneself as God. Spirituality refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the self, to others, to

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nature and to the sacred (Puchalski, Ferrell, Virani, Otis-Green, Baird, Bull, et. al., 2009).The sacred refers to what is holy, divine, eternal, or meaningful. Religiosity and spirituality tend to be used interchangeably. However, religion is usually considered to be part of an established and organized faith community. Religion is group and outward-oriented, whereas spirituality is inward, personal and relational in connection to the divine.

Spirituality, religion and mental health are strongly related. Studies have proved that religion and spirituality act as a shield to mental illness and provide positive coping for bearing the austerity of disease process and help remain compliant to treatment regimen (Weber & Pargament, 2014). Developing hope and providing meaning in life is the foremost function of religion, and being spiritual, and having faith in God provide strength for living and coping in the difficult ways of life (Wnuk, 2015). This research was conducted among persons remanded in prison custody. Prison, being a very distressful setting, mature spirituality is expected to facilitate prison inmates toward stronger mental health.

The American Psychological Association's (APA) ethics code now recognizes individual differences, and respects cultural, role differences, including religion/spirituality, among others, and emphasizes the need for professionals to consider these factors when working with clients (American Psychological Association, 2002).Within the 1990s, the American Psychological Association published a dozen books on psychology and spirituality integration, when previously they had none (APA, 2002).Today many clients want their health care professionals (including psychologists) to respect, acknowledge, and integrate spirituality and religious principles into their work (Frick, Riedner, Fegg, Hauf, & Borasio, 2006). However, only a small fraction of psychotherapy clients feel uncomfortable discussing spiritual issues in psychotherapy (Lindgren & Coursey, 1995).

Most research on the psychological variables and mental health suggest that spirituality is good for health and well-being (Hirsch, Nsamenang, Chang, & Kaslow, 2014; Plante & Sharman, 2001; Statistics Canadian, 2004; Tonigan, 2003). Studies (e.g., Koenig, Larson & Larson, 2001; Plante, & Thoresen 2007) reveal that those who are engaged and active with spiritual matters tend to be healthier, happier, have better habits, and more social support than those who are not. Richard and Bergin (2005) found that those who are engaged and active with spiritual matters tend to be healthier, happier, have better habits, than those who are not. However, research finding also suggests that even though religion and spirituality can promote mental health, it can be damaging to mental health by means of negative religious coping, misunderstanding and miscommunication, and negative beliefs (Weber & Pargament, 2014). Available literature have not considered the contributions of spirituality in mental health status of persons remanded in prison custody in Nigeria. Hence, the current research is to fill the gap.

The next variable of interest in this study in relation to health status is religious affiliation. According to some estimates, there are roughly 4, 200 religions in the world (Fuller, 2001). Religious affiliation means being a member of a particular religion. Turbott (2004) found that religious affiliation and practices are supportive to coping with stresses in life and are beneficial to mental health. Lea (1985) studied religious affiliation and mental health - a comparison between religious affiliation and non-religious affiliation, among - Catholic, protestant, and Jewish religious. The result indicated that Catholics were hospitalized in mental institutions more frequently than the Protestants and Jews. The basic question is spirituality will predict mental health in a Nigerian sample; and whether there will be a significant difference between Catholics and Protestants in their mental health. It is expected that spirituality will positively predict mental health. It is further hypothesized that there will be no significant difference in mental health status of Catholics and non-Catholics.

Method

Participants

One hundred and eighty four (184) men remanded in prison custody participated in the study. They were drawn from Nsukka prison in Enugu State, Nigeria. Participation was on voluntary bases (those who agreed to fill the questionnaire forms). Only those that are literate filled the questionnaire forms. Participants' age ranged from 18 – 50years (Mean age = 27.70; *SD* = 7.66).Of all the respondents, 123(66.8%) persons were single, while 61(33.2%) were married. By religious affiliation, 103(56%) were Catholics while 81(44%) were Protestants. By education, 4 (2.2%) had primary education, 105 (57.1%) had secondary education, whereas 75 (40.8%) had tertiary education. As for ethnic groups, 141 (76.6%) of the participants were of Igbo ethnic group, 23 (12.5%) were Hausa, 11 (6%) were Yourba, whereas 9 (4.9%) belong to other ethnic groups.

Instruments

Two psychological instruments were used for the study, namely: the Mental Health Index (MHI), and the Spiritual Valence Scale (SVS).

Mental Health Index (MHI)

The Mental Health Index (MHI) was developed by Immanuel (2015). MHI is a 14-item scale with 5 response options ranging from Not true (1) to Very true (5). MHI was designed to measure one's psychological adjustment, emotional stability, and mental health in a positive dimension (as opposed to focusing on psychopathology). Sample items in the MHI include: "I wake up feeling refreshed", "I feel good". Higher scores suggest stronger/better mental health. The Cronbach alpha reported by Immanuel (2015) was .81. The MHI was administered together with the WHO-5 which is a measure of psychological wellbeing, resulting in correlation coefficient of r = .30, $p<.001$. This suggests that the MHI is a reliable and valid measure of mental health.

Spiritual Valence Scale

The Spiritual Valence Scale (SVS) was developed by Immanuel (2014). The 12-item SVS assesses an individual's spirituality – personal convictions, one's closeness to God, commitment, dedication, power/ability to influence spiritual outcomes, and connectedness to the Divine as opposed to mere religiosity/affiliation/ church attendance. Examples of items in it include: "I worship the Almighty God in spirit and truth"; "I have a personal relationship with God". The SVS has five (5) response options – Absolutely False (1) – Absolutely True (5). High scores suggest deep as well as healthy and mature spiritual conviction and commitment. The SVS has Cronbach's alpha of.87 (Immanuel, 2014).

Participants indicated their religious affiliation – whether they were Catholic or protestant (non-Catholics).

Procedure

The measures were prepared in questionnaire format and administered to the participants at the Nsukka Prison common room. Earlier, permission was obtained from the prison administrators to administer the questionnaire forms to the prison inmates. The Prison staff informed the inmates about the research and encouraged them to cooperate with the researchers. The participants who indicated interest were informed that they were required to participate in the study only on voluntary basis. Only those who were literate, and volunteered to fill the forms, participated in the study. The scales were collected, scored and used for data analysis using IBM SPSS, version 20.

Design/Statistics

This study adopted a cross-sectional design. Linear regression was used for data analysis for the role of spirituality in mental health, while one-way analysis of variance was used to compare the mental health of Catholics and Protestants.

Results

Descriptive statistics showed that mean MHI scores of the students was 36.80 (SD = 6.00), and mean of spirituality scores was 55.91(SD=7.39).

Table 1: Regression result for predicting mental health status by spirituality

Model	*B*	*SE*	Beta	*t*	Sig	95%*CI*
	.41	.08	.35	5.04	.000	[.25, .57]

Note: SE = Standard Error; CI = Confidence interval.

Table 1 showed that spirituality was positively a significant predictor of mental health status (B=.41, t = 5.04, p=.000). Since higher scores in MHI indicates positive psychological health, the B showed that a unit rise in spirituality was associated with .41increase in mental health. The R^2 (.12) showed that spirituality contributed 12% to explaining the variance in mental health. The F, statistics was significant, F(1,182)=25.36, p = .000.

Table 2: One-way ANOVA for effect of religious denomination on mental health

GHQ	Sum of Squares	df	Mean Square	*F*	Sig.
Between Groups	5.77	1	5.77	.07	.795
Within Groups	15501.97	182	85.176		
Total	15507.74	183			

Table 2 showed that there was no significant difference in mental health status between Catholics (Mean = 52.50; *SD* = 9.32) and Protestants (Mean = 52.15, *SD* = 9.11), $F(1, 182) = .07$, $p = .80$.

Discussion

This study examined the roles of spirituality and religious affiliation in mental health among persons remanded in prison custody. It was found that spirituality positively predicted mental health. This finding is consistent with some existing literature (e.g., Hirsch, Nsamenang, Chang, & Kaslow, 2014; Plante & Sharma, 2001; Richard & Bergin, 2005; Statistics Canadian, 2004; Tonigan, 2003) which reported the gains of spiritual beliefs in enhancing mental health. Spirituality is about personal conviction. It is about one's relationship with God, which also touches one's relationship with others. It is about forgiveness, detachment from inordinate attachments, and aligning with the eternal values of trust, faith, and love of God as well as love for others. These elements of spirituality are values which facilitate a person's psychological well-being.

Psychotherapy, being an educative process, is a forum for facilitating clients toward psycho-spiritual maturity. Immature, naive spirituality is antithetical to mental health; in fact, it portends need for psychological intervention. Researchers from the west are already exploring the benefits of spirituality. For instance, D'Souza (2002) describes a new psychotherapeutic method called Spiritual Augmented Cognitive Behaviour Therapy (SACBT), in order to promote the treatment of mental disorders. In Nigeria, where many people endorse all forms of worship, with varying religious totems, with the attendant socio-political instability and violence in the name of religion, psychologists need to step out of their comfort zone to begin to navigate the people toward psycho-spiritual integration.

It was also found that religious affiliation did not influence mental health status, given that Catholics did not differ from Protestants in their mental health status. Thus, the hypothesis which stated that there will be no significant difference in mental health status of Catholics and non-Catholics was supported. Whether an individual is a Catholic, Anglican, Methodist, Pentecostal, etc. did not really make a difference with regard to mental health. This finding is contrary to Lea (1985) who reported that Catholics differed from non-Catholics in their mental health status. This is probably because what may make the difference is the extent to which one lives out the teaching of one's religion, regardless of where one worships. Besides, the study by Lea (1985) was not conducted in Nigeria.

The major limitation of the research is the sample size. Subsequent research should consider widening the scope of the work to involve larger sample size to include persons remanded in prison custody in other prisons in the country. It is also important to include respondents from varied backgrounds such as women, adolescents, older people, and the like. These will provide stronger support for the varying roles of spirituality and religiosity in mental health.

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