



# Religiosity and Mental Health:

## A Case Study

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### Highlights

- Identify the stigma and challenges faced by survivors of mental health disorders (depression)
- Provide alternatives to reduce stigma and barriers to access to professionals

### Abstract

Depression is a mood disorder characterized by hopelessness then heartbreak, helplessness, excessive and unable to decide to start an activity, then unable to concentrate, not having the spirit of life, and in the final stage trying to commit suicide. Depressive symptoms are a collection of behaviors and feelings that can be specifically classified as depression. Symptoms of depression are at least seen from three aspects, namely physical symptoms, psychic symptoms, and social symptoms. Some people have a negative stigma about individuals affected by mental disorders such as depression, some studies show data on affected individuals exposed to negative stigma, one of which was shown by McLean Hospital in 2020 which showed that 75% of individuals with mental disorders had been stigmatized by society. The stigma given by society related to people who have a mental disorder is very diverse, ranging from so-called insane, people who do not have reason, and so on, but the highlight in this study is the stigma from society against people affected by mental disorders is the stigma that those who experience depression or other mental disorders that they lack faith, lack of prayer, lack of belief in God, and various other stigmas, this is then exacerbated by "religious figures" who sometimes give the same stigma and do not provide solutions to what is being felt by people who are affected by mental disorders. The results showed that faith can be a factor that can improve the mental health of an individual.

Keywords: Religious; Mental Health; Stigma; Faith

## **INTRODUCTION**

Indonesia with various programs launched by the government to be able to reduce various problems, one of the problems that the government focuses on is related to mental development with the tagline "mental revolution". Mental is something that controls various human actions, so that when the mentality of a society is not well developed, various development programs may not necessarily run as expected by both the government and society in a country, especially in Indonesia, and one that is often used as a benchmark for mental health is religiosity (Hamid, 2017).

Depression is one of the causes of suicide. America puts depression in the 6th position as the factor that causes the most suicides (Hawari, 2011). Some research results show that one in four people in the world will definitely experience a depressive phase in his life. Furthermore, the World Health Organization (WHO) estimates that overall depression in the world community is 3%.

Research conducted in America and Europe shows the results that from about 9-26% of women experience a severe depressive phase in their lives while about 5-12% of men also experience a severe depressive phase in their lives. Even WHO further said that in 2020 depression will be the second most common disease after cardiovascular disease (Hariyanto, 2010). Especially for Indonesia, a survey conducted by the association of psychiatric specialists in 2007 found that 94% of Indonesians experienced depression ranging from mild cases to severe cases. Other studies have revealed that depression ranks highest as the leading cause of disability worldwide and likely affects around 350 million people. Of all medical conditions, depression may have the most negative impact on a person's time management and productivity. In developed countries today it shows that many cases where many people taking time off work due to mental health problems such as depression have increased in recent years (Murray et al, 2012).

The term depression has been very popular in society and everyone will also know it, even by people who are laymen in the field of medicine and also in the field of psychology. However, the true meaning of depression is quite difficult to define precisely (Lubis, 2009). Simply put, depression can be defined as a painful experience, a feeling that has no hope in life. Depression can also be defined as a feeling disorder characterized by dysphoric affectation or loss of excitement which is then accompanied by other symptoms such as disturbances in sleep patterns and decreased harmony when consuming food.

Theoretically as defined by some experts such as (Atkinson, 1991) that depression is a mood disorder characterized by hopelessness then heartbreak, helplessness, excessive and unable to be able to make decisions to start an activity, then unable to concentrate, have no zest for life and in the final stage try to commit suicide. According to the American Psychiatric Association in 2000, a person will be able to be said to suffer from a depressive disorder if there are at least five or more symptoms of depression that he has experienced for two weeks.

Some of the effects caused by someone affected by depression, sometimes someone is unable or not eager to do something both related to his duties as an individual and other things, besides that people who experience mental disorders such as depression are often considered strange and also embarrassing so they should be avoided (Salsabila et al, 2023). Some people have a negative stigma about individuals affected by mental disorders such as depression, even data shown by McLean Hospital in 2020 which shows that 75% of individuals with mental disorders have been stigmatized by society.

Several studies have concluded that there is a positive relationship between religiosity and various aspects related to mental health. As aspects of life satisfaction become more

meaningful, a low prevalence of depression (Paine & Sandage, 2017), dimensions of suicide and reinforcement of cognitive is getting better. Some research results also conclude that religiosity is an important dimension in the health of the human body, but not a few studies later report the results that religiosity has an impact on human mental health (Malinakova, et al, 2023) one of the negative impacts of religiosity on mental health is the labeling of negative stigma related to faith in depression survivors.

The phenomenon in Indonesia of people affected by depression or other mental health disorders is often stigmatized by society. The stigma given by society related to people who have a mental disorder is very diverse, ranging from so-called crazy people, people who do not have reason and so on, but the highlight in this study is the stigma from society against people affected by mental disorders is the stigma that those who experience depression or other mental disorders that they lack faith, lack of prayer, lack of belief in God, and various other stigmas. This is then exacerbated by "religious leaders" who sometimes give the same stigma and do not provide solutions to what is being felt by people who are affected by mental disorders, even they are given the stigma of "big sin" and others, so they look for various other communities who are able to listen to their stories and are able to give advice or be given direction to experts in the field of psychology (Raditya, 2020).

Stigma is a negative view that is given by individuals or society to individuals affected by depression or other mental disorders (salsabila, dkk, 2023). The stigma that occurs in society, namely between faith and mental health, is not a new thing, because there have been many cases that occur in the community, and even those who provide stigma are the closest people to people who experience depression or other mental disorders. The existence of this negative stigma is caused by several factors including low public knowledge about mental health. In addition, culture is also able to exert an influence on the formation of this stigma. Beliefs that are still strong and developed in a community allow the group to become closed to scientific explanations and instead associate mental problems with the beliefs of the group. The impact of this problem becomes diverse such as will cause negative feelings in individuals with mental problems and will further worsen the individual's situation. It will also then trigger the fear of individuals with mental problems to seek help.

Based on the various results of these studies, it can be concluded that religiosity affects various aspects of mental health, such as getting better aspects of life, then reducing the impact of suicide when receiving a good and appropriate religiosity therapy. However, some studies have shown that religiosity has a negative relationship with mental health. This can be because many people are religious in terms of daily life, but when they see mental health survivors, they are given a negative stigma.

Based on the background that has been described, there are several objectives of this study to map the stigma and various needs that will later be able to provide education or reduce stigma to mental health survivors and with the need to be able to provide easy access to mental health survivors. This research focuses on students with Muslim backgrounds, this is because there is no universal view of the Muslim community.

## **METHOD**

### *Design*

This research uses a qualitative approach with case studies. This approach is carried out to obtain various information or data related to various stigmas received by students or the community at large when they are affected by depression. Then the selection of this study is to

explore the various challenges of individuals who experience depression to get assistance from professional psychologists. This research focuses on students from the Muslim community in Indonesia.

### *Participants & Data Collection*

Participants in this study came from various Muslim communities in Indonesia, a total of five participants in this study. Prospective participants in this case were given an explanation of the purpose of the entire study and asked questions related to their willingness to be participants in this study. The inclusion criteria of this study were students aged 20-23 years and had also been diagnosed with clinical depression.

Data collection in the study was carried out with Forum Group Discussion (FGD) and carried out with discussion on WhatsApp group and carried out for about thirty minutes. This discussion includes several questions such as about the stigma obtained both in terms of culture and also when getting religious stigma and how their expectations are related to these things. The interviews in this study were semi-structured with at least three broad themes such as whether they were stigmatized when facing depression, whether they received support to access clinical psychologists, and what their hopes for the future were. Prior to the FGD, participants were given informed consent related to their willingness to participate in this study.

#### Inform Consent (Affidavit of Approval)

I am the undersigned:

Name:

Gender:

Address:

Expressing AGREE and WILLINGNESS to be involved and actively participate in interviews conducted by researchers, I understand that this assignment is used for research on the theme of religiosity and mental health.

1. My participation in this research was of my own volition and without coercion. I can resign and cannot proceed at any time without sanctions
2. If I feel uncomfortable, I reserve the right not to answer questions
3. I understand that the interviewer will keep my identity confidential through the interview
4. I have read and understood the explanation given to me and I voluntarily participated in this interview

### *Analysis*

The discussion in this study was carried out with a WhatsApp group, so the answers from participants were different, answers could be in the form of chat and in the form of voice messages. The results of the interview are then transcribed verbatim manually without the help of software. Based on the literature that has been done, in this hypothesis there will be negative views and positive views related to the Muslim community related to family and community support for mental health survivors. Using qualitative methods, we identified themes related to themes of stigma and need, and the role of the Muslim community in supporting survivors of mental health survivors.

## RESULT

### *Definition of Term*

According to Winurini (2019), religiosity comes from the word religion which comes from Greek, Religare which means a binding thing. Religion is defined as a system of beliefs, worship, and adherence to a principle. Religiosity is defined as a diversity caused by the internalization of religion contained in a human being. Mangunwijaya in Ahmad (2020) religiosity is something that can then show aspects that are always related to human depth, such as appreciation of various aspects of religion that have been lived by someone in their hearts.

According to the Great Dictionary Indonesian, religiosity means a devotion to religion or piety. Meanwhile, according to the American Psychological Association in Suryadi & Hayat (2021) defines religiosity as a quality or a level of religious experience of an individual. Religiosity in general is defined as a very comprehensive unity of elements and then makes an individual referred to as someone who is religious, and not just to admit that he has faith in religion, but religiosity has a broad scope such as knowledge of the religion adhered to, then religious experience, behavior in religion, and also religiosity related to religious social attitudes, this definition was put forward by Basuni, et al (2021).

According to Glorck & Stark in Winurini (2019), there are several dimensions of religiosity as follows:

Ideological dimension, related to the level of belief of an individual in religious teachings, especially dogmatic ones.

The ritualistic dimension is related to the level of obedience of an individual to be able to carry out various rituals contained in his religion as a form of commitment.

The exprefacial dimension, which is related to the religious experience felt by an individual and each individual has a different experience.

Intellectual dimension, this dimension is related to the extent to which an individual is able to know various knowledge related to knowledge from the scriptures of the religion he adheres to.

Consequential dimension, this dimension is related to the extent to which an individual is able to behave in his daily life driven by the teachings of the religion he adheres to.

Indonesian Muslim society has several sects that are adhered to such as there are Sunni sects and others scattered in various religious organizations. The large number of streams greatly influences the views of the Indonesian Muslim community towards mental health disorders. Religiosity can have both positive and negative impacts on an individual or a community. Positive impact when an individual or community has high religiosity, a person or a community can have a variety of positive views of someone affected by depression or other mental disorders. Then provide support to individuals who are affected by depression, then a positive impact that is quite influential is when a community and individuals are able to provide access to information to people who are depressed or affected by mental health disorders to professionals.

In addition to having a positive impact, religiosity also has a negative impact, especially on survivors of depression or other mental disorders. Religiosity will at least have the impact of exclusivism, so that when you know someone is affected by depression or other mental health disorders, the view that will arise is the stigma against these survivors, and will make survivors will be farther from healing and may even experience the worst effects of depression, namely suicide.

The negative impact also occurs when a depression survivor receives treatment, but the survivor's family feels doubtful about the care that has been obtained from the professional and

has a negative impact on the treatment process that has been obtained. After having these doubts, the parents of the depression survivor believed that the survivor was possessed by a demon and chose to only use spiritual healing (exorcism) as a way of treatment (Mauricio & Albuquerque, 2021).

### *Stigma*

Results of Focus Group Discussion (FGD) among five students who participated in this study and all participants were male. About the role of their community both in terms of religiosity and the general community to support survivors affected by depression, as well as the various barriers that are found when those affected by depression seek support and access to treatment from professionals and how their responses relate to their community regarding views and efforts for mental health promotion.

In Focus Group Discussion (FGD), stigma is a discussion that is quite widely discussed as the main problem that prevents survivors from overcoming depression or other mental health disorders. In the view of FGD participants, the stigma obtained is judgment and also becomes a conversation in their social environment, and of course this stigma becomes a fear and an obstacle when they try to recover from depression or other mental disorders. Here are some results from the Focus Group Discussion (FGD) related to the theme of stigma obtained when depressed.

### *Social/Community Stigma*

Stigma from the social environment is closely related to judgment to survivors of depression or other mental health disorders, this stigma makes survivors more closed from others and difficult to get access to professionals to get healing, with this judgment survivors are likely to get extreme effects from depression, namely suicide.

*"The stigma that I get the most from society is insults and gossip, I am said to be anti-social and others"*

One of the FGD participants said that the stigma she got was not only from the adult community but also from the environmental organizations she participated in.

*"When I was depressed I closed myself off from others, but when I started to open up and wanted to get support from the youth organization in the neighborhood where I lived, I came when there was an activity, the head of the neighborhood youth organization that I joined bullied me, saying 'It's just that I'm already depressed so weak to be a guy'".* With the stigma obtained, survivors will experience increasingly severe psychological pressure, and this will make it more difficult for survivors to get access to various assistance or access to professionals in the field of mental health in an effort to get healing.

### *Stigma of faith*

According to (Mathison, 2016) feeling guilty and also feeling different related to depression or mental health disorders experienced makes some people do not seek therapeutic help from their community. However, some others make religion the only explanation and treatment related to depression or other mental health disorders, this can also be quite good from a practical point of view, but making the only therapy will have a stigmatizing impact when people who are depressed but seek access to treatment to professionals such as psychologists and also to religious experts who can integrate the two things. FGD participants identified several stigmas

associated with faith when seeking access to professionals. The majority of FGD participants had almost the same answer related to this stigma as follows:

*"When I was depressed, one of the people said that I was frown and far from God so I was easily depressed"*

Another participant said when seeking access to a psychologist someone forbids it.

*"One of the people told me, 'What do you do to a psychologist, and use a verse from the Qur'an when it forbids me to seek the way to healing)."*

The participants said the men advised them that the only way to cure depression was with religious therapy and ruled out other factors that lead to depression or other mental health disorders. In fact, if you use both religious propositions, someone who is affected by both physical and mental illness, the thing that must be done is to try to find a way to heal, such as to a doctor or psychologist as well as experts and professionals in dealing with the disease being experienced.

### *Stigma depression due to mystical/supernatural*

The diversity of Muslim communities in Indonesia makes views related to mental health very diverse from one another. One of the participants in this FGD came from a Muslim community background in a rural area, when a person's mental health disorder occurs, the suspicion is caused by mystical things, such as being considered exposed to magic and others, so the treatment is done with a shaman instead of being taken to a mental health professional.

*"When I was depressed, my family thought I was affected by witchcraft or other mystical things, so the treatment that my family did was to bring in shamans or called spiritual practitioners. When I was treated with a shaman for a year I had no cure at all but I was getting depressed, but when one of my family who understood took me to a psychologist to treat my depression, my depression healed in about 3-4 months."*

The practice of using quacks in the process of someone affected by a mental health disorder greatly hinders a survivor from gaining access to medication or better care to professionals. So that with the use of this practice, the therapeutic process will be more intense, and this will further worsen the condition of mental health survivors, so that what should be done is to direct survivors to professionals both in psychology and who integrate with other scientists.

### *Necessity*

Survivors of depression really need a variety of support to be able to speed up the healing process and also easy access to professionals such as psychologists and others, there are several needs of survivors as follows:

#### 1. Family support

Someone who is depressed will experience a difficulty in maintaining friendship or other relationships. This response sometimes makes it difficult for a family with a depressed child to provide support to help them. Although it feels difficult, you still have to provide support to family members who are experiencing depression, so that the possibility of recovery is faster (Hodginson, dkk, 2017). This family support will be very important even if there is some bias because the survivor is dissatisfied, so that continuous support will provide a sense of security to the survivor.



One of the recommendations for families who have family members who are experiencing depression is to continue to provide support for them by not judging them either by religious or other reasons. Because if you refer to the life history of the Prophet (PBUH) when he was facing various problems, the place of return is the family who always provide support to the Prophet (PBUH).

2. Friend support or social support

Social support is defined as a support that exists for an individual through his relationship with other people, groups, or communities to which he originates or the larger community than before (Yang, 2022). In this case The FGD participants identified that environmental factors are very influential in their healing process, this is related to when survivors do not get support from their families, people around them can help to provide a good understanding of what the survivor is going through and provide access to mental health professionals. One of the participants in this FGD said that the support from friends really helped him to overcome the depression he was experiencing (Xiao, dkk, 2017)

*"Support from friends really helps me, because advice and delivery in terms of language is easier to understand."*

3. Psychoeducation

Along with the development of technology and the massive use of social media, almost all Indonesians can access social media, there is so much content related to mental health, but even though there is a lot of content related to mental health, this does not have a significant impact on society, because in fact when finding cases such as depression people judge more survivors and even not understand what is happening to the survivor. There are several psychoeducational models that can be done such as a study conducted by Jorm in Francis et al (2016) there are two psychoeducational models to improve mental health literacy. The first is for all communities, consisting of campaign programs in the mass media, educational campaigns and others. The program is for specific communities such as nurses, families and others.

4. Knowledge to professionals/integrated care

The overall purpose of the above support is to provide survivors with easy access to professionals, and to avoid stigma directed at survivors of depression or other mental health disorders. As explained earlier, FGD participants on average experience stigma about faith, so the purpose of integrated care is to unite mental health therapy with faith therapy, so this effort is one way to reduce stigma associated with faith. According to Awaad (2023), seeking help or access to professionals when in need is a sign of strength, further Awaad (2023) provides several access professionals who can be contacted when you need professional care, namely psychologists or psychiatrists and mental health counselors, Islamic psychologists, and religious scholars, especially for religious scholars looking for who are able to provide access to psychologists.



## DISCUSSION

This research with Focus Group Discussion (FGD) seeks to obtain various information from individuals who experience mental health disorders (depression) and is also related to various stigmas, challenges and barriers to gain access to professionals when they experience mental health disorders. The answers from the FGD participants will help researchers to get an idea of what they need, and this will help researchers to formulate programs to overcome various stigmas and obstacles they get during mental health disorders (Bagasra, 2014). Participants in this FGD highlighted their needs, such as family support and others, and the need to remove stigmas associated with faith and others so that they will be able to access professionals for better care without fear of being judged by their surroundings (US. Department of Education, 2021)

When discussing the theme of health, in the Muslim world in general and also especially in Indonesia there are still many colored by misunderstandings about the concept of the theme and also stigma from both social and religious environments. So it is very important to provide various education to improve mental health especially in the Indonesian Muslim community. Mental health in this case includes emotional, psychological, and social well-being. This part is very influential on decision making (US. Department of Health and Human Services, 2022)

Most Muslim communities in Indonesia today consider mental health to be a disorder caused by the individual's distance from God or the spiritual dimension, but this assumption is a misconception that will make someone affected by mental disorders will suffer more because they will get stigmatized from their environment, and this assumption ignores the importance of support or care from professionals in the field of mental health (Institute for Mental Health, 2020).

The Muslim community today intersects with each other, so there is no universal view when dealing with people who are experiencing mental disorders (depression). Although in Islam itself has a universal view of mental health. So that promotion related to the importance of mental health is something that must be done to overcome various stigmas and also differences in views. Suggestions from participants reflect how someone should care for people who are sick such as visiting and also providing support (Padela Al, 2012). The results of this study are still in line with several other studies that have previously discussed this theme where there are various kinds of stigma obtained by survivors of mental health disorders. The impact of this stigma is felt by survivors such as loss of self-esteem and even having a negative view of the community (Ali, et al, 2022).

Participants suggested that depression could be a test from God to bring people closer to it, and that depression was such a complex symptom that she thought professional treatment should be served. However, various views, such as simply advocating prayer when depressed and then associating it with supernatural things, strongly hinder the healing process of survivors of mental health disorders (depression), and the religiosity of the Muslim community should not prevent survivors from supporting access to mental health professionals (Ciftci & Corrigan, 2013).

## CONCLUSION

The findings in this study show that religiosity can have a positive impact as well as a negative impact, and depends on the background of the Muslim community of participants, the results of this study also show the need for mental health survivors (depression) in helping the healing process, and this study will be able to show the need to increase literacy to the community related to reducing stigma to survivors of mental health disorders.

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