

The Relation between Physical, Mental and Spiritual Health

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Health is a crucial element of life, thereby all the supporting factors of health assumed as crucial element as important as health it self. This study was focused on relation between physical, mental and spiritual health. Since, they have a strong correlation between each other. Number of person died because of suicide and depression and other mental disease whereas they have a healthy physical state, and vice versa. Number of person suffering illness caused by their unhealthy mental condition. And most startling fact, many researchers found that spiritual well-being involved in both physical and mental health. Spiritual well-being give the feeling of acceptance, satisfaction, happiness, self-control, and long term of hope. These feelings support mental health and more over mental health enhance physical health. Physical, mental and spiritual health work as harmony to achieve high quality of life and bring us health and happiness.

Impact of Physical Health on Mental Health

A review of studies on the relationship between physical activity and mental health by Richardson, Faulkner, McDevitt, Skrinar, Hutchinson, & Piette on 2005 is compelling on the relationship between physical health and mental health. A number of studies cited in their review found a strong relationship between physical and mental health in the general population. People who have serious mental illness, including major depression, schizophrenia, and bipolar disorder, often have poor physical health and experience significant psychiatric, social, and cognitive disability. Physical activity has the potential to improve the quality of life of people with serious mental illness through two routes, by improving physical health and by allevi-

ating psychiatric and social disability. People living with chronic physical health conditions experience depression and anxiety at twice the rate of the general population. Co-existing mental and physical conditions can diminish quality of life and lead to longer illness duration and worse health outcomes. People with any chronic physical disease tend to feel more psychological distress than do healthy people.

Poor physical health is a risk factor in depression like the social and relationship problems that are very common among chronically ill patients. The rationale for the impact of physical activity on both mental and physical health among individuals with serious mental illness is provided by Erickson, Voss, Prakash, Basak, Szabo, Chaddock, Kim, Heo, et al in 2011, this study was discovered the relationship between the size of one's hippocampus and the physical fitness. The more physically fit the subjects were the larger their hippocampus. The shrinking of the hippocampus occurs with age and affects cognitive functioning, such as spatial memory and retention. Staying physically fit may be a way to slow down the shrinkage of hippocampus. Another study was found in Ontario that people living with the most common physical conditions in Ontario face worse mental health than general population. This study found elevated rates of mood disorders in Ontarians with diabetes, heart disease, cancer, arthritis and asthma. Another identical study by Goldberg in 2010 of the Institute of Psychiatry, London found that the rate of depression in patients with a chronic disease was three times higher than normal. Studies have shown that exercise can act as a mood enhancer. Another benefit, exercise also seems to affect long-term mental health.

A study by Melville in 2011 showed that just six weeks of bicycling or weight training eased the symptoms of women suffering from anxiety disorder. Weight training also reduced feelings of irritability in the subjects. These studies provide ample evidence that chronic illnesses can cause higher rates of psychological and mental disorders such as depression. Similarly, depression may be an antecedent for many chronic physical illnesses. This means that relationship between chronic physical illness and depression is reciprocal with one another.

Impact of Mental Health on Physical Health

Mental and physical health are linked. People living with a serious mental illness are at risk of experiencing a variety of physical symptoms. Furthermore, the way that people experience their mental illness can increase their susceptibility of developing poor physical health. For example, mental illnesses can alter hormonal balances and sleep cycles conditions. Making the person vulnerable to a range of physical A mental illness may impact social and cognitive functions and decrease energy levels, which in turn, negatively impact the adoption of healthy behaviors. People may lack motivation to take care of their health such as adopting

unhealthy eating and sleeping habits. They may resort to smoking or abusing substances as a consequence or response to their symptoms leading to worse health consequences.

The psychological or mental state of an individual can influence the physiological process of the body. For example, stress related to hypertension and specific headaches. The prolonged of physical symptoms may cause stress making the body weak and less resistant to fight off disease. The stress immune-system vulnerability link in through the brain appraisal of stress by the cerebral cortex along the HPA-axis. The hypothalamus activates the pituitary gland which stimulates the adrenal cortex to secrete the stress hormones, especially cortisol. High level of cortisol in the blood over a longer period of time suppress the disease fighting lymphocytes weakening the immune system of the body.

Stress prevent immune system's function which make body more vulnerable to viruses and infections. The research studies suggest that the link between stress and sickness is rather indirect. Prolonged stress weakens the body's immunes system which cannot fight viruses and bacteria making the person vulnerable to diseases. The thoughts and feelings (psycho) influence the brain which influences the endocrine hormones that affect disease-fighting immune system. A number of studies have shown the influence of nervous and endocrine systems on the immune system. In other side, mental health has a relationship with some debilitating physical illnesses such as diabetes and cancer.

Diabetes rates were found to be significantly elevated among people with mental illnesses. Both depression and schizophrenia are risk factors for the development of diabetes type II due to their impact on the body's resistance to insulin. People with mental illnesses also experience many other risk factors for diabetes such as obesity and cholesterol levels. Serious mental illness also relate with high blood These physical changes interfere with cardiovascular function and significantly elevate the risk of developing heart disease among people with mental illnesses. People with serious mental illnesses also experience higher rates of many other risk factors for heart disease, such as poor nutrition, lack of access to preventive health screenings and obesity. People with mental illnesses have up to a three times greater likelihood of having a stroke. These researches have shown that serious mental illnesses have a strong relation with physiological state, which in case may leading to lowering immune system and weakening the body, or it may cause many debilitating diseases such as diabetes or cancer, and it may also leading to increase heart rate and heart disease.

Therefore, mental health is really important factor to increase body health and quality of life. As psychological or mental state and physiological condition is reciprocal with one another.

Role of Spirituality on Physical and Mental Health

Spirituality have a role on human health, since it increase life quality and life satisfaction A large number of studies have revealed a correlation between religiosity and health. Religiously active people tend to live longer than those who are not religiously active. A research review of more than 1500 studies has revealed connections between spirituality and health and healing. Some of these studies have found positive impact of religion on a number of determinants of physical health suggesting that religion can positively influence physical health.

A WHO study found less likelihood of suicidal thought and suicidal attempts among people having a religious belongingness. A number of studies had shown that religious and spiritual engagement influences life satisfaction which in turn impacts physical and mental health.

A research by Powell, Shahabi and Thoresen in 2003 has examined association between religion or spirituality and mortality, morbidity, disability or recovery from illness. The outcomes of the research indicated a consistent, prospective and often graded reduction in risk of mortality in healthy participants who were religiously active. The researchers believe that religion and spirituality pressure and elevated levels of stress hormones and epinephrine (adrenaline) which increase heart rate. protect against cardiovascular disease because they encourage a healthy lifestyle. However, there was no evidence that religion or spirituality slows the advancement of cancer or improves recovery from acute illness.

Other researchers have also examined some other variables are assumed to safeguard religiously active people from stress and enhance their well-being. These benefits may flow from a stable, coherent worldview, a sense of hope for long term future, feelings ultimate acceptance and the relaxed meditation of prayer. These variables might also help to explain some other findings among the religiously active, such as a healthier immune functioning, fewer hospital admissions and for AIDS patients, fewer stress hormones and longer survival. These researches have discovered that spirituality have a correlation with physical health and even promote high quality of life. But, how can one make sense of relationship between religious belongingness and physical health and mental health? There may be multitude of explanation for this relationship.

First, religion promotes self-control. Religiously active people therefore, tend to have healthier lifestyles; they smoke and drink much less. between believers. Second, the existence of social support. In the three major Middle Eastern religions such as Judaism, Christianity and Islam, religious involvement is a communal experience. Religious belongingness provides ample opportunity to the social support network. Religiously active people are there for one another when misfortune strikes. Moreover, religions encourages marriage, another predictor of health and longevity. The research review by Koenig in 2009 has analyzed between

religion, spirituality and mental health focusing on depression, suicide, anxiety, psychosis and substance abuse.

While the review consistently identified religious beliefs and practices as strong sources of comfort, hope, and meaning, they were also, in some cases found to be intricately interlinked with neurotic and psychotic disorders. Spirituality or religious beliefs relate with physical and mental health in the way that spiritual can promote self-control which may keep human to behave a good lifestyle whereas healthy lifestyle contribute on maintaining physical health. Religious beliefs also have long term hope, ultimate acceptance and relaxed meditation of prayer. These feelings can avoid human from depression or lowering sense of guilty when they was depressed. Another feeling that they have is self- acceptance and self-satisfaction, by this feeling, human may see the world from bright side than looking to the dark side. Spiritual or religious beliefs impact and promote human health with its ability to create a meaningful life.

Since somebody feels that his life is really worth, he will do everything to keep his life include his health.

References

- Ai, A. L., Park, C.L., Huang, B., Rodgers W., & Tice, T.N. Psychosocial mediation of religious copying styles: A study of short-term psychological distress following cardiac surgery. *Personality and Social Psychology Bulletin*. 2007.
- Biddle, S.J.H., Fox, KR., & Boutcher, S.H. *Physical Activity and Psychological Well-Being*. London: Routledge. 2000.
- Brown, L.C., Svenson, L.W., & C.A. Beck, C.A. Diabetes and Mental Health Disorders in Alberta. Institute of Health Economics. 2007. Canadian Institute for Health Information, CIHI. *A Framework for Health Outcomes Analysis: Diabetes and Depression Case Studies*. Ottawa. 2008.
- Childs, S., Griffiths, C. Severe and enduring mental illness, in *Physiotherapy and Occupational Therapy in Mental Health: An Evidence Based Approach*. In T. Everett, M. Donaghy, & S. Fever S (Eds). Oxford: Butterworth Heinemann. 2003.
- Dixon, L., Weiden, P., Delahanty, J., Goldberg, R., Postrado, L., Lucksted, A., Lehman, A. Prevalence and Correlates of Diabetes in National Schizophrenia Samples. *Schizophrenia Bulletin*. 2000.

- Evans, D.L., Charney, D.S., Lewis, L., Golden, R.N., Gorman, J.M., Krishnan, K.R.M., Nemeroff, C.B., Bremner, J.D., Carney, R.M., & Coyne, J.C. Mood Disorders in the Medically Ill: Scientific Review and Recommendations. *Biological Psychiatry*. 2005.
- Hackett, M. L., Anderson, C. S. Predictors of Depression after Stroke: A Systematic Review of Observational Studies. *Stroke, Journal of the American Heart Association*. 2005.
- Ironson, G., Solomon, G. F., Balbin, E. G., O’Cleirigh, C., George, A., Kumar, M., Larson, D., & Woods, T. E. The Ironson-Woods spiritual/religiousness index is associated with long survival, health behaviors, less distress, and low cortisol in people with HIV/AIDS. *Annals of Behavioral Medicine*. 2002.
- Koenig, H. G., King, D. E., & Carson, V. B. *Handbook of religion and health*. New York: Oxford University Press. 2011.
- Larson, S.L., Owens, P.L., Ford, D., & Eaton, W. Depressive Disorder, Dysthymia, and Risk of Stroke: Thirteen-Year Follow-Up from the Baltimore Epidemiologic Catchment Area Study. *Stroke, Journal of the American Heart Association*, N.A. A Resistance Training Improves Generalized Anxiety Disorder, Paper presented at 58th Annual Meeting of American College of Sports Medicine. Denver. Colorado. 2011.
- Park, C. L. Religiousness/spirituality and health: A meaning systems perspective. *Journal of Behavioral Medicine*. 2007. Patten, S.B. Long-Term Medical Conditions and Major Depression in the Canadian Population. *Canadian Journal of Psychiatry*. 1999.
- Powell, L. H., Shahabi, L., Thoresen, C. E. Religion and spirituality: Linkages to physical health. *American Psychologist*. 2003.
- Richardson, C.R., Faulkner, G., McDevitt, J., Skrinar, G.S., Hutchinson, D.S., & Piette, J.D. Integrating Physical Activity into Mental Health Services for Persons with Serious Mental Illness. 2005.
- Sisask, M., V rnik, A., Kolves, K., Bertolote, J.M., Bolhari, J., Botega, N.J., Fleischmann, A., Vijayakumar, L., & Wassermann, D. Is religiosity a protective factor against attempted suicide: A cross-cultural case-control study. *Archives of Suicide Research*. 2010.
- Sternberg, E.M. Neural regulation of innate immunity: A coordinated nonspecific host response to pathogens. *Nature Reviews Immunology*. 2006.
- Wallace, J. M., Jr., & Forman, T. A. Religion’s role in promoting health and reducing risk

among American youth. *Health Education & Behavior*. 1998.

Association. 2001. McCullough, M. E., & Willoughby, B. L. B. Religion, self-regulation, and self control: Associations, explanations, and implications. *Psychological Bulletin*. 2009.