

Türkiye’de Dindarlık, Ruh ve Beden Sağlığı İlişkisi ile İlgili Yapılmış Çalışmaların Değerlendirilmesi¹

An Evaluation of the Studies Done in Turkey on the Relationship Between Religiosity and Mental and Physical Health

Mehmet Emin KALGI

Doç. Dr., Ardahan Üniversitesi, İlahiyat Fakültesi, Din Psikolojisi Anabilim Dalı
Assoc. Prof. Dr., Ardahan University, Faculty of Theology, Department of Psychology of Religion

mehmet.emin.63.21@gmail.com

ORCID ID: 0000-0001-6999-5059

Makale Geliş Tarihi: 04.03.2024

Makale Kabul Tarihi: 01.06.2024

Sayfa: 11-20

ÖZET

Dinin ruh ve beden sağlığı üzerinde ne denli etkili olduğu ile ilgili çalışmalar günümüzde giderek yaygınlaşmaktadır. Bu sahada yapılan çalışmalar din psikolojisi başta olmak üzere, psikoloji, psikiyatri ve sosyal psikoloji gibi bilim dalları alanında yoğunlaşmaktadır. Bu çalışmaların bazıları teorik bazıları da ampirik şekilde yapılmıştır. Alanda bu iki yöntemin araştırmacılar tarafından kullanılması, konunun anlaşılması ve detaya inilmesi bakımından son derece önem arz etmektedir. Nitekim araştırmacılar bu yöntemlerle konuyu daha anlaşılır kılmaktadır. Bu iki yöntem konunun zenginleştirilmesi adına önemli bir gelişme olarak değerlendirilebilir. Biz de çalışmamızda konu ile ilgili yapılmış çalışmaların genel bir değerlendirilmesini hedefledik. Bu bağlamda geniş bir literatür taraması yaptık. Yaptığımız inceleme sonucunda yukarıda zikrettiğimiz gibi çalışmaları teorik ve ampirik olarak iki kategoride değerlendirdik. Şimdiye kadar yapılan ampirik çalışmalarda dindarlığın ruh ve beden sağlığı üzerinde ne gibi etkilerinin olduğunu irdelerken aynı zamanda bu yöntemin yapılan çalışma ile ilgili işlevselliğine de değindik. Ayrıca, teorik olarak yapılan çalışmalarda ise konu ile ilgili detayları ve kullanılan kavramların sıklığını belirlemeye çalıştık. Yaptığımız araştırma sonucuna göre konunun değişkenleri arasında çok yönlü bir ilişki ağının olduğunu belirledik. Ampirik çalışmalarda bu ilişki ağı şu şekilde ortaya konulmuştur: Dindarlık olgusu ile özsaygı, anksiyete, depresyon, ölüm duygusu gibi değişkenler arasında ilişkilere bakılmıştır. Teknik olarak da genelde korelasyon kullanılmıştır. Bununla birlikte çalışmalarda

¹ Bu çalışma, 9-11 Aralık 2022 Tarihinde Tiflis/Gürcistan’da düzenlenen “Uluslararası Tıp ve Sağlık Bilimleri Kongresi”nde bildiri olarak sunulmuş ve ilgili kongrenin kitabında tam metin olarak yayınlanmıştır.

genelde dindarlık olgusu bağımsız değişken olarak ele alınmış ve dindarlığın bu değişkenler üzerindeki etkisi tespit edilmeye çalışılmıştır. Teorik çalışmalarda ise en çok vurgulanan unsur birinci derecede dindarlık olgusu olmuştur. Dindarlık olgusundan sonra ikinci derecede değinilen unsurlar ise olumsuz diye nitelendirilen psikolojik kavramlar olmuştur. Üçüncü derecede ise olumlu olarak nitelendirilen psikolojik kavramların etkili olduğu ortaya çıkmıştır.

Anahtar Kelimeler: Din Psikolojisi, Dindarlık, Ruh Sağlığı, Beden Sağlığı.

ABSTRACT

Studies on the effect of religion on mental and physical health are becoming more common nowadays. Studies in this field focus on disciplines such as psychology, psychiatry, and social psychology, especially the psychology of religion. Some of these studies have been done theoretically and some empirically. The use of these two methods by researchers in this field is extremely important in terms of understanding the subject and delve more into detail. As a matter of fact, researchers can make the subject more understandable through these methods. These two methods can be considered as an important development in terms of enriching the subject. In our study, we aimed at making a general evaluation of the studies done on this subject area. In this sense, we conducted an extensive literature review. As a result of our analysis, as mentioned above, we evaluated the studies in two categories as theoretical and empirical. While examining the effects of religiosity on mental and physical health in the empirical studies conducted so far, we also tried to touch on the functionality of this method in relation to the study. Additionally, in theoretical studies, we tried to determine the details about the subject and the frequency of the concepts used. According to the results of our research, we came to the conclusion that there is a multi-directional relationship network among the variables of the subject. In empirical studies, this relationship network has been revealed as follows: Relationships between the phenomenon of religiosity and variables such as self-esteem, anxiety, depression, and death have been examined. And technically, correlation is generally used in examining these relationships. Further, in these studies, the phenomenon of religiosity was generally considered as an independent variable and the effect of religiosity on these variables was tried to be found out. Considering the theoretical studies, the most emphasized element was religiosity with the highest degree of effect. After the phenomenon of religiosity, the elements mentioned in the second degree were psychological concepts that were described as negative. As for the third degree, it was revealed that psychological concepts described as positive were the most effective ones.

Keywords: Psychology of Religion, Religiosity, Mental Health, Physical Health.

1. Introduction

The relationship between religion and mental health has been a significant focus for early psychologists. For instance, William James dedicated a chapter of his work, “The Varieties of Religious Experience: A Study in Human Nature,” to this topic (James, 2017). In addition to James, many other researchers such as Jung, Freud, Adler, Fromm, and Allport have also delved into this subject and produced academic studies related to it (Ayten, 2018, p. 7). While some of these researchers have demonstrated that religion has a positive effect on mental health, others have argued the opposite, suggesting that religion can contribute to mental health deterioration (Yılmaz, 2022b, 2022a, 2022c, 2022d). One of the best examples of this can be seen in the works of Freud and Jung. Freud claimed that religion is the cause of neuroses (Freud, 2014), whereas Jung argued that a life devoid of religion could be the source of illness (Ayten, 2012).

Since the period when the initial studies on this subject were conducted, there has been an exponential increase in research. As Ayten states, the studies that were predominantly theoretical before the 1960s shifted towards empirical research with changes in methods and techniques after the 1960s. These studies aimed to demonstrate how religion affects mental health. These studies, initially led by the United States, have now become widespread globally and continue to progress rapidly. For instance, Koenig et al. found that by 2001, 850 studies had been conducted across the United States on this topic (Koenig et al., 2001).

When examining the subject within the context of Turkey, it is observed that the theoretical studies initially conducted gained momentum after the 2000s through field studies. Particularly in terms of interest and research on the subject, it is noted that religious psychologists in Turkey have embraced this field, and religious psychology is the discipline with the most research conducted. Examples of religious psychologists in Turkey who have contributed to this field include Mustafa Koç, Asım Yapıcı, Ali Ayten, Mustafa Naci Kula, Hayati Hökelekli, and Ali Köse. In fact, this does not mean that only religious psychologists have studied or can study this subject in Turkey. The works of psychiatry specialists such as Kemal Sayar and Mustafa Merter on this topic are also noteworthy.

In the literature review, three different sets of data were found regarding the relationship between religiosity and mental health. The first set of data indicates that religion has a positive effect on human health. The second set of data suggests that religion is harmful to human health. According to this data, some religious beliefs and practices can make a healthy person ill. The third set of data shows that human health is affected by different forms of religiosity (Kurt, 2017, p. 152).

Studies conducted in the United States have found that religion contributes more positively to mental health compared to studies conducted in the West (Yılmaz, 2021, 2022b). These findings are reported to be even more prevalent in Islamic countries (Ayten, 2018, p.

12). Since there is a higher concentration of data indicating the positive effects of religion on mental and physical health, it is beneficial to critically examine the relationship between religiosity and measurement scales (Yapıcı, 2004; Yılmaz, 2022e). Especially in hypotheses developed for correlational studies, the statement is often made, "Religiosity is the cause, and the situation resulting from the effect of religiosity on mental health is the effect." Hypotheses generally propose that religiosity has a positive effect on mental health, and methods and techniques used in line with these hypotheses often produce results parallel to the hypothesis. One of the critical points Yapıcı emphasizes is the relationship between scale and phenomenon. He notes: "When only the phenomenon is considered, how the scale will be shaped and, beyond that, the degree to which the difficulties encountered in creating a scale are independent of the phenomenon is an important problem." (Yapıcı, 2004, p. 87).

2. Methodology

Many theoretical and empirical studies on mental health and religiosity have been identified in Turkey. Since it is not possible to analyze all of these studies, studies conducted in different years and of different types were selected, and a general conclusion was aimed to be drawn from these studies. For this purpose, data from 2 books, 2 articles, and 3 book chapters focusing on empirical data were analyzed in our study. Additionally, among these studies, 3 are theoretical, and 4 are empirical. The characteristics of the empirical study group are presented in Table-1.

Table 1. Characteristics of Analyzed Empirical Studies and Study Group

Researchers and Year of Publication	Characteristics of the Study Group			
	The Field in Which the Sample was Selected	Age Range	Number	Type
1 Kaplan & İşbilen Esendir, 2017	Students of Çanakkale Onsekiz Mart University Faculty of Medicine, Doctors serving in Çanakkale and its surroundings	-	398	Book Chapter
2 Kurt, 2017	Female patients diagnosed with breast cancer who applied to Bursa Ali Osman Sönmez Oncology Hospital within one year (2013)	Age range from 30 to over 80	360	Book Chapter
3 Gürsu, 2017	Young substance abusers	22-28	8	Book Chapter
4 Yapıcı, 2013	Çukurova University	17-32	634	Book

To demonstrate the relationship between religiosity and mental and physical health, data from four studies were analyzed. These studies included 3 quantitative and 1 qualitative method. The empirical studies analyzed covered 1400 participants residing in various cities across Turkey. Quantitative data were analyzed using correlation, independent t-test, and one-

way analysis of variance (ANOVA), while qualitative data were analyzed using descriptive and content analysis techniques.

Questions Addressed in the Research: In empirical research conducted in Turkey, results generally indicate that religiosity predicts mental and physical health positively. Furthermore, the relationship between religiosity and fundamental concepts of psychology concerning mental and physical health is often examined. In this context, our research sought answers to the following questions:

1. Is there a relationship between religiosity and mental and physical health?
2. In theoretical studies, which topics or concepts regarding religiosity and mental health are emphasized the most?

3. Findings

Under this title, both empirical and theoretical data on mental health and religiosity will be analyzed. Four studies have been reviewed for empirical data, consisting of one (1) book and three (3) book chapters. Findings related to empirical data are presented in Table 2.

3.1. Findings Related to Empirical Data

Table 2. Summary of Findings from Analyzed Empirical Studies

Researchers and Year of Publication	Data Collection Method	Subject of the Research	Findings on the Relationship Between Religiosity and Mental and Physical Health
1 Kaplan & İşbilen Esendir, 2017	Survey Technique	Health professionals' views on faith-based healing	<ul style="list-style-type: none"> - Most often, belief in God or a supreme being is held. - The majority of participants do not believe in miraculous healing based on faith. - However, a large majority are open to the idea that religious beliefs can play a positive role in patients' recovery.
2 Kurt, 2017	Scale Technique	The relationship between religious attitudes and variables such as depression and quality of life in breast cancer patients	Religiosity is an influential factor in physical health, mental health, adaptation to illness, and coping with the disease process in breast cancer patients.
3 Gürsu, 2017	Interview Technique	Faith-based approach in combating substance addiction	Religious education and practices are effective factors in combating substance addiction.
4 Yapıcı, 2013	Scale Technique	The relationship between religiosity and mental health	<ul style="list-style-type: none"> - There is no relationship between religiosity and self-esteem. - Depression decreases as religiosity increases - Hopelessness decreases as religiosity increases. - Belief in God reduces the likelihood of suicide..

Based on the findings in Table 2, it is evident that religiosity has an impact on mental and physical health. In their study, Kaplan and İşbilen Esendir suggest that a significant

majority of medical students and doctors believe that religious beliefs can play an important role in patients' recovery. However, most participants do not believe in miraculous healing. Despite this, many identify with a belief in God, with only a few categorizing themselves as highly religious. The majority describe themselves as somewhat religious (Kaplan & İşbilen Esendir, 2017, pp. 163-165).

Kurt, in a quantitative study involving 360 breast cancer patients, aimed to determine the relationship between religious attitudes and variables such as depression and quality of life. The study found that religious attitudes significantly influence depression and quality of life variables. Additionally, the research indicated that religiosity could be a significant factor in physical health, mental health, adaptation to illness, and coping with the disease process (Kurt, 2017, pp. 201-202).

In a qualitative study aimed at exploring the impact of faith on combating substance addiction, Gürsu highlighted the significant influence of religious education and practices in addiction recovery. The study also found that religious education and practices, along with the social support generated by group dynamics, contribute to improvement in recovery processes (Gürsu, 2017, pp. 218-224).

Yapıcı conducted a comprehensive study to determine whether there is a relationship between religiosity and mental health. Additionally, Yapıcı explored the relationship between religiosity and indicators of mental health such as self-esteem, depression, hopelessness, and suicide. The researcher found that as religiosity increases, individuals are less likely to experience depression, suicidal thoughts, and feelings of hopelessness. In general, the study concluded that religiosity has a positive impact on mental health (Yapıcı, 2013).

3.2. Findings Regarding Theoretical Data

A literature review was conducted to explore the relationship between religion and mental and physical health, analyzing a total of 3 studies comprising 2 articles and 1 book. These studies identified the most referenced titles and concepts related to the topic. The relevant data has been summarized in Table 3.

Table 3. Findings Related to Analyzed Theoretical Study Data

Researcher and Year of Publication	Subject	Findings on Highlighted Titles and Concepts Related to the Topic
1 Ayten, 2018	Relationship between religiosity and health	- Relationship between religiosity and coping, death anxiety, depression, obsessive-compulsive disorders, and suicide - Relationship between religiosity and physical health - Relationship between religiosity and health behaviors, diet, obesity, and eating disorders - Religiosity and spirituality in combating addiction
2 Apaydın, 2010	Relationship between religiosity and mental health	The relationship between religiosity and concepts such as life satisfaction, depression, death anxiety, suicide, psychosocial adjustment, self-control, and coping.
3 Köylü, 2010		- Emphasized concepts related to religiosity and mental health concepts (such as depression, suicide, happiness, life

Relationship between religiosity and mental and physical health	satisfaction) - Emphasized concepts related to religiosity and physical health concepts (such as physical health, immune system, cholesterol)
---	--

Ayten conducted a detailed study to establish the relationship between religiosity and mental and physical health. In the study, Ayten examined data from both domestic and foreign studies to reach a general conclusion. Additionally, Ayten extensively explored the relationship between religiosity and coping mechanisms, death anxiety, depression, obsessive-compulsive disorders, and suicide to determine whether there is a relationship between religion and mental health. Another aspect of the study focused on determining the nature of the relationship between religiosity and physical health through relevant studies. Finally, Ayten analyzed studies related to these topics to determine the impact of religious beliefs on coping with addiction (Ayten, 2018).

In his study, Apaydın reviewed domestic and foreign literature to establish the relationship between religiosity and mental health and arrived at two key findings. Firstly, Apaydın found a positive relationship between religiosity and positive psychological concepts such as life satisfaction, happiness, self-control, psychosocial well-being, and coping mechanisms, and a negative relationship with negative psychological concepts such as depression, death anxiety, and suicide. Secondly, Apaydın's research indicated a negative relationship between religiosity and mental health, suggesting that as religiosity increases, so do death anxiety, anger, stress, and negative impacts on certain aspects of personality. According to Apaydın, various factors such as research methods, techniques, measurement tools, as well as the socio-demographic characteristics, personality traits, and cultural features of the subjects contribute to the emergence of these two contrasting results (Apaydın, 2010).

Köylü has theoretically examined his study under three main headings: Mental health and religion; Physical health and religion; Substance use, alcohol, and religion. The researcher aimed to draw a general conclusion on the relationship between mental health and religion by examining topics such as depression and religion, suicide and religious belief, anxiety and religion, optimism and religion, psychological well-being and religion. Additionally, under the heading of physical health and religion, Köylü addressed topics such as cancer and religion, surgery and religion, heart patients and religion, physical function and religion, healthy aging and religion. Finally, the researcher analyzed the topics of substance use, alcohol, and religion to determine the factors affecting religion and mental health (Köylü, 2010).

4. Conclusion and Discussion

Studies on the relationship between religion and mental and physical health, which have become a popular topic, are increasing day by day, resulting in a rich literature. Three main data points are obtained from this enriched literature. Firstly, there is a literature suggesting that religion has a positive effect on mental and physical health. Secondly, there is

literature indicating that religion negatively affects mental and physical health. Thirdly, data are obtained indicating that human health is affected according to religious forms (Kurt, 2017). It is thought that the main factor in the emergence of these three different literatures is the definitions and objections made by researchers regarding the origin and development of religion. However, it can also be mentioned about the influence of many secondary factors such as socio-demographic structures of participant groups, cultural factors, personality traits, etc. in the research (Baykal, 2018; Baynal, 2015; Bohlmeijer et al., 2021; Dein et al., 2020; Gomez & Sullins, 2020; Pirutinsky et al., 2019).

In this study, data from seven (7) studies were analyzed. Four of these studies were empirical and three were theoretical. According to the results obtained from empirical studies, it is suggested that religion has a positive effect on mental and physical health. Moreover, it was observed that the higher the religious beliefs and attitudes of the research subjects, the healthier they were both mentally and physically. The conclusion reached from the data of theoretical studies aimed to demonstrate the relationship between religion and mental and physical health by synthesizing the data from previous studies. In this context, while mental health refers more to positive-negative psychological concepts such as death anxiety, depression, suicide, stress, life satisfaction, self-control, physical health refers to concepts such as diet, nutrition, obesity, immune system, etc.

5. References

- Apaydın, H. (2010). Ruh Sağlığı-Din İlişkisi Araştırmalarına Bir Bakış. *Dinbilimleri Akademik Araştırma Dergisi*, 10(2), 59-77.
- Ayten, A. (2012). *Psikoloji ve Din: Psikologların Din ve Tanrı Görüşleri*. İz Yayıncılık.
- Ayten, A. (2018). *Din ve Sağlık: Kavram, Kuram ve Araştırma*. Marmara Akademi Yayınları.
- Baykal, E. (2018). Spiritüelite (Ruhsallık) ve İş Ortamında Anlam Arayışı. *Alanya Akademik Bakış*, 2(1), 9-20. <https://doi.org/10.29023/alanyaakademik.337789>
- Baynal, F. (2015). Yetişkinlerde Dindarlık ve Ruh Sağlığı İlişkisinin Çeşitli Değişkenlere Göre İncelenmesi. *İnsan ve Toplum Bilimleri Araştırmaları Dergisi*, 4(1), 206-231.
- Bohlmeijer, E. T., Kraiss, J. T., Watkins, P., & Schotanus-Dijkstra, M. (2021). Promoting Gratitude as a Resource for Sustainable Mental Health: Results of a 3-Armed Randomized Controlled Trial up to 6 Months Follow-up. *Journal of Happiness Studies*, 22(3), 1011-1032. <https://doi.org/10.1007/s10902-020-00261-5>
- Dein, S., Loewenthal, K., Lewis, C. A., & Pargament, K. I. (2020). Covid-19, Mental Health and Religion: An Agenda for Future Research. *Mental Health, Religion & Culture*, 23(1), 1-9. <https://doi.org/10.1080/13674676.2020.1768725>
- Freud, S. (2014). *Bir Yanılsamanın Geleceği*. Tutku Yayınevi. <https://www.kitapyurdu.com/kitap/bir-yanilsamanin-gelecegi/338743.html>

- Gomez, L., & Sullins, J. (2020). The Relationship Between Religiosity and Mental Health During the COVID-19 Quarantine. *McNair Scholars Research*. <https://scholarworks.harding.edu/mcnair-research/19>
- Gürsu, O. (2017). Madde Bağımlılığı ile Mücadelede İnanç Eksenli Yaklaşım: Sincan Örneği. İçinde H. Hökelekli (Ed.), *Din, Değerler ve Sağlık* (ss. 209-230). DEM Yayınları.
- James, W. (2017). *Dinsel Deneyimin Çeşitleri: İnsan Doğası üzerine Bir İnceleme* (İ. H. Yılmaz, Çev.). Pinhan Yayıncılık.
- Kaplan, H., & İşbilen Esendir, N. (2017). Tıp Öğrencileri ve Doktorlarda Mucize ve Mucizevi İyileşme İnanç: Çanakkale Örneği. İçinde H. Hökelekli (Ed.), *Din, Değerler ve Sağlık* (ss. 151-169). DEM Yayınları.
- Koenig, H., McCullough, M., & Larson, D. (2001). *Handbook of Religion and Health*. Oxford University Press. <https://doi.org/10.1093/acprof:oso/9780195118667.001.0001>
- Köylü, M. (2010). Ruh ve Beden Sağlığı ile Din İlişkisi Üzerine Yapılan Araştırmaların Bir Değerlendirmesi. *Ondokuz Mayıs Üniversitesi İlahiyat Fakültesi Dergisi*, 28, 5-36.
- Kurt, E. (2017). Kanser Hastalarında Depresyon, Yaşam Kalitesi ve Dindarlık. İçinde H. Hökelekli (Ed.), *Din, Değerler ve Sağlık* (ss. 171-208). DEM Yayınları.
- Pirutinsky, S., Rosmarin, D., & Kirkpatrick, L. (2019). Is Attachment to God a Unique Predictor of Mental Health? Test in a Jewish Sample. *The International Journal for the Psychology of Religion*, 29, 1-11. <https://doi.org/10.1080/10508619.2019.1565249>
- Yapıcı, A. (2004). Din Bilimleri Alanında Yapılan Empirik Çalışmalarda Karşılaşılan Metodolojik Bir Problem: Ölçek mi Olguyu, Olgu mu Ölçeği Oluşturmakta? *Çukurova Üniversitesi İlahiyat Fakültesi Dergisi (ÇÜİFD)*, 4(1), 85-118.
- Yapıcı, A. (2013). *Ruh Sağlığı ve Din: Psiko-Sosyal Uyum ve Dindarlık*. Karahan Kitapevi.
- Yılmaz, T. (2021). İslâm Yargı Sistemine Göre DNA ve Parmak İzinin Delil Olma Değeri. *Danışman Beşeri ve Sosyal Bilimler Dergisi*, 2, Article 2.
- Yılmaz, T. (2022e). *Asr-ı Saadette Kadın Sahabîler ve İslâm Hukukuna Katkıları*. Sonçağ Akademi Yayınları.
- Yılmaz, T. (2022d). İslâm Hukuku'na Göre Hak İspatı Bağlamında Türk Hukuku'nda Kullanılan Modern Karînelerin İspat Değeri. *Pearson Journal of Social Sciences & Humanities*, 7(19), 228-242.
- Yılmaz, T. (2022c). İslâm Hukuku'nda Hak İspatı Bağlamında Karînenin İspat Değeri. *The Journal of Turk-Islam World Social Studies*, 9(33), Article 33. <https://doi.org/10.29228/TIDSAD.58309>
- Yılmaz, T. (2022b). İslâm Hukuku'nun Güncel Meseleler Karşısındaki Dinamizmi. *Sosyal Bilimler Dergisi*, 57, 131-140.

Yılmaz, T. (2022a). Kadınların İslâm Hukukuna Katkıları: Hz. Aişe Örneği. *Diyanet İlmî Dergisi*, 58(3), Article 3.