

The Contemplation for Mental Health: A Short Review—I

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Abstract

Research and results: Contemplative practises use positive electromagnetic vibrations to speed up mental health recovery, while spirituality and religion bring love, hope, happiness, and compassion. Self-transcendence increases cortisol and serotonin receptor binding, suppresses norepinephrine, and reduces mental health issues. Mental health professionals must respect preferences, record religious beliefs, provide spiritual materials, and encourage socialisation. Self-determination, autonomy, and choice should be prioritised in mental health care. This therapy's significant, long-term, and undeniable effect is undisputed. **Research purpose:** To publicise mental health-promoting spiritual and religious practises. **Methods and tools:** The author, a psychologist with 20 years of introspective training, summarises the findings after being cured of psychopathology, with only the relevant insight points. "Contemplative Practice" is an integrated therapy for psychiatric patients and health care providers that promotes mental health through spiritual and religious activities. Self-analysis and, theoretically, a Google Scholar literature search help the author create the therapy. **Result:** The author develops a contemplative science research methodology. **Conclusion:** Positive psychology and metaphysical contemplation can miraculously improve mental health.

Keywords

Positive Psychology, Healing, Spirituality, Religion, Mental Health

1. Introduction

Humans emerged from prehistoric apes. To survive, he needed food, housing, and clothing. Social Homo sapiens developed language, fire, and the wheel, leading to industrialisation. Everyone wants to improve their quality of life at the expense of others in a consumer economy. Human needs outstrip the planet's abil-

ity to meet them, increasing competition for scarce natural resources. Stress, unrest, and conflict are inevitable. Lifestyle-related diseases have emerged as a result. Psychopathological disorders are rising alarmingly in modern culture. To conclude, humanity is moving away from wisdom and towards insanity.

Psychopathology has become a dragon that harms the global community and society. The combative mind can finally relax, thanks to medicine's pharmacological system. The patient actively resists medicine. Pharmacological therapies' failure to enhance the patient's health and healing is what leads to denial.

Yet, India and China's contemplative practises, being the most ancient, are the finest way to combine pharmaceutical care with mental wellness. The effect is strong, long-lasting, and indisputable, but it takes time. Interdisciplinary contemplative science, which uses the metaphysical principle of positive electromagnetic vibrations to penetrate the physical self of the individual through his auric field, is the best therapy that goes beyond empirical proof. Beneficial electromagnetic waves from a positive environment enter the physiological self through the external aura and spread throughout the nervous system via the body's many main nerve plexuses [1].

This is a discussion of the mental health advantages of contemplative practise. Starting with methodology, this mini-review examines spirituality and religion as contemplative practises, prayer styles, and mental health and healing. The theoretical and physiological basis of contemplation is explained. The scientific benefits of contemplation for anxiety, suffering, schizophrenia, and depression have been documented. Finally, psychiatric treatment should include a spiritual assessment, a psychiatrist's curriculum, and patient prayer. Carers should encourage recovering psychiatric patients to make advanced decisions and statements. Spiritualism's drawbacks are assessed. Meaningful psychotherapy for happy psychology is discussed in the last section.

2. Methods and Tools

Using the empirical methodology of introspective (first-person) self-analysis in conjunction with a Google Scholar literature search, the author, a psychologist who was once afflicted with a psychopathological disorder called schizophrenia, attempted to guide psychiatric patients and mental health professionals to help invent a new complementary therapy, "Contemplative Practise," to accelerate the healing of mental health problems. No hidden agenda or slant in reviews. Published studies should be high-quality and relevant.

First-person introspective phenomenological accounts of self-construction can be utilised to develop appropriate research methods for contemplative science. The best methodologies include a neurophenomenological approach with first-person introspective input and third-person neurocognitive research data in experimental tasks [2] [3].

Critical evaluation of methodology.

The ability to deal with daily challenges and perform at one's best is indicative of positive mental health. Western science's mental health system is too powerful

because it relies on scientific principles. The modern system must balance Eastern and Western perspectives, scientific knowledge with ancient wisdom, and spirituality with materialism [4].

Religion has been marginalised since the Renaissance, Reformation, and Enlightenment because it is hard to quantify. The Exceptional Experiences Questionnaire can distinguish between physical and psychopathological experiences, as well as between spiritual practitioners and non-practitioners. Inductive reasoning is the best way to prove belief issues since belief is immaterial and only “perceived” proximity to God can be measured [5].

3. Contemplative Training

It promotes psychological transformation through self-consciousness, self-regulation, and self-enquiry. Although they may incorporate dialogue or physical movement, these practises involve mental training. Yog, Pranayam, Dhyan, Bhakti, and Satsang are Indian contemplatives. Reiki, Qui Gong, and Johrei are Chinese nonlocal healing methods. Alternative medicine—acupuncture, shamanism, massage therapy, Indian and Chinese herbal medicine, prayer, and faith healing—is growing rapidly. Canonical texts that teach contemplation are the Upaniads, Majjhima Nikya, Dgha Nikya, Suttantipta, Khuddakapha, Visuddhimagga, the Mokadharma section of the Intiparvan and Mahabharata, Yoga Stras, and Zen Astra.

4. Spirituality

Spirituality is the private pursuit of an individual in an attempt to find meaning and direction in life through faith and conviction in something higher and bigger, *i.e.*, a mighty universal power greater than himself. A person seeks to establish a connection with God, who is eternal. The religious belief system, conviction, and hope to give a sensation of well-being and improve mental health. It includes personal moments of stillness and time for meditation. It helps reduce anxiety and stress and improve mental health and well-being by cultivating the above virtues. Spirituality, when institutionalised, becomes religion.

5. Religion

Religion is a community of like-minded people with civilising systems, faiths, and worldviews. Beliefs, doctrines, and customs define religion. Benefits mental health. *Factors of religiosity*: general devotion, gratitude, compassion, and the creator as a unique authority are all factors of religiosity. Teaching values like compassion, forgiveness, and action guides life principles. Traditions provide joy, rest, and leisure, and they structure and organise activities. The society promotes acceptance, cooperation, and safety [6].

6. Physiological Principles of Contemplative Practice

Anger, fear, and other negative emotions are depressing. Religion brings love, hope,

happiness, and compassion. Through neural pathways, positive emotions boost the immune and endocrine systems. Self-transcendence increases cortisol and serotonin receptor binding, suppresses norepinephrine, and lowers the risk of hypertension, high blood pressure, infections, immune disorders, cardiovascular disease, and stroke. Newberg [7] studied the spiritual continuum model, which suggests that spiritual experience grants evolutionary privilege to the neocortex and limbic system.

Self-regulation is adaptive goal-directed attention and emotion regulation, while contemplative training is introspective meta-cognition. Through contemplative practise, affective virtues like kindness, compassion, joy, and equanimity are developed. Contemplation promotes virtue and reduces vice, improving well-being. Contemplation can improve mental performance and conduct by cultivating affective states and traits and introspective emotion regulation. Contemplation changes one's view of themselves and the world [3].

Contemplative practise, especially self-compassion training, changes self-awareness neural networks [8] [9]. Sensory-motor integration and interception involve higher-level regulatory regions like the dorsal anterior cingulate cortex and dorsolateral prefrontal cortex [10]. Self-related paradigms most uniformly activate the medial prefrontal cortex (mPFC) and posterior cingulate cortex (PCC). The default mode network (DMN), a large brain network, relies on these cortical nodes. Self-specifying processes create an embodied self, unlike self-related processes. Religion and spiritualism alter meta-cognition and meta-perception to repair damaged neural circuitry in the brain.

Sensory, active, narrative, and social aspects make up the self. Legrand and Ruby (2009) [11] [12], and Dambrun and Ricard (2011) [13] have distinguished self-related and self-less processes. Self-related processing binds memory to its origin, sensory data to a mental image, and focus to action and context. Being selfless means prioritising others over oneself. Contemplation can improve mental health by suppressing self-related neural activity [10].

Farb *et al.* (2007) [14] found that the right insular and somatosensory cortex were more active than the left. Meta-cognitive insight is this change in perception. John Dunne (2012) [15] coined the term "dereification" to describe a greater awareness of the gap between concrete reality and abstract representations of it [3].

7. Spiritual Health Theory

Religious consolation methods: devotion improves coping by seeking divine approval. Mental wellness requires collaboration with a larger, more powerful entity. This approach also emphasises: establishing a connection with God as soon as possible; actively solving problems; coming up with a more practical solution; and having faith in the Almighty God. Complete renunciation of the Lord's will and a self-directed solution can help a person cope with problems [16] [17].

Social and moral support: spiritual and religious belief systems provide companionship, advice, moral support, and self-esteem during difficult times; social networking and strong family ties; protection from loneliness through affiliation with leaders, priests, and congregants; and emotional support in difficult situations [18] [19].

Positive attribution judgements: Spirituality boosts optimism and positivity. Due to the need for an immediate solution, people feel powerless in difficult situations. Spiritual faith allows a man to reinterpret and reconstruct countless situations to reduce stress and make them meaningful. A person has a positive attitude and an internal locus of control (competence) over an outcome [20] [21].

Ecological design and construction: temples, gurudwaras, churches, and mosques improve mental health. Prayer, religious art, and natural symbols improve mental health. (Figure 1)

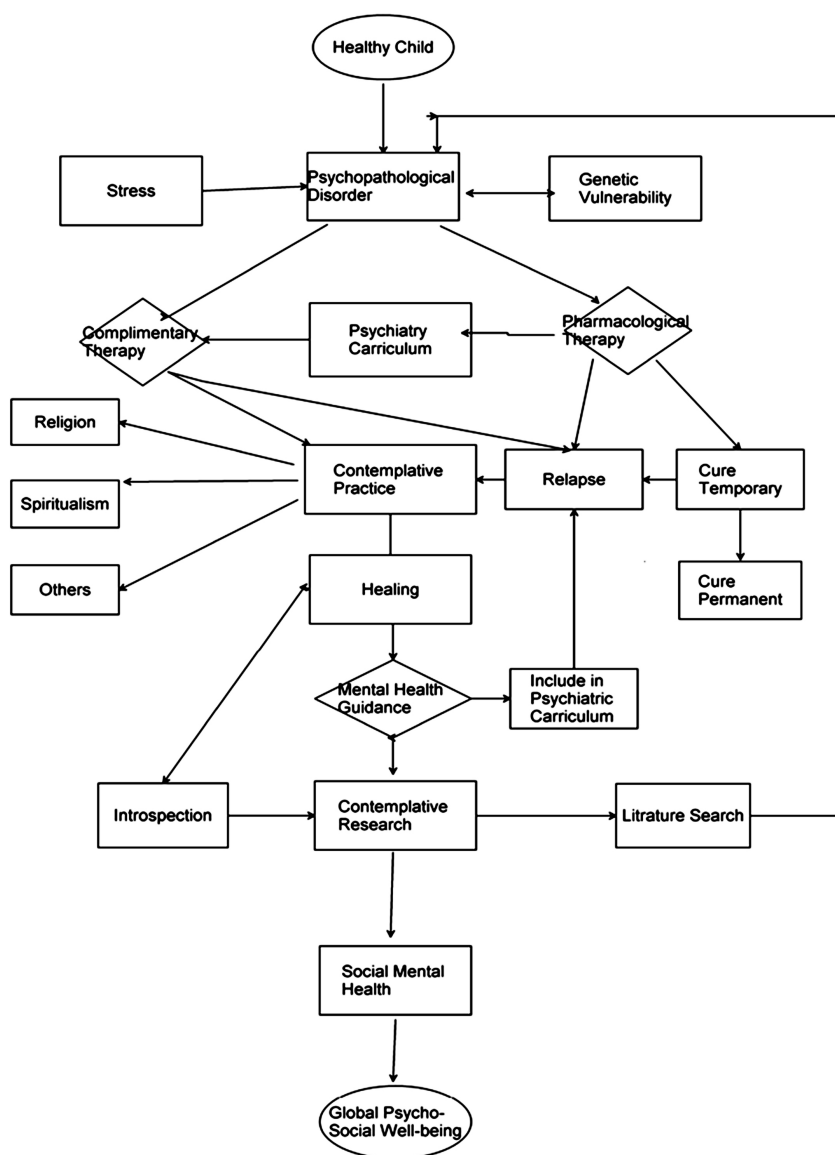


Figure 1. Literature search in reflective research.

8. Religion's Mental Health Advantages

Spirituality helps with anxiety: Stress causes mental, emotional, and social disorders. Distress, shame, an irregular pulse and rhythm, frustration, insomnia, emotional instability, isolation, anxiety, and violent behaviour and irritability are major symptoms [22] [23]. Transitional spirituality lowers “salivary cortisol” and improves health and potency by reducing stress and anxiety. Worship boosts resilience [24] [25].

Spirituality aids suffering: Hinduism says ignorance, attraction to ephemeral matter, and the quest for physical pleasure and material happiness cause mental and physical pain. Spiritual wisdom fosters letting go, which ends suffering. Immateriality rehashes complex issues. Immateriality promotes mental well-being. Spirituality connects followers to God. Spirituality strengthens character. Spirituality helps believers cope with adversity by teaching them that circumstances change [26] [27].

Spirituality helps with schizophrenia: Schizophrenia disrupts emotion, cognition, and perception. Disintegration in thinking, perception, and language skews a person's self-image. Morality rebuilds self-esteem and promotes recovery in schizophrenia patients. Patients need social and ethical support and a supportive environment to improve [28]. Mentally ill patients find hope, comfort, and meaning in spirituality. Schizophrenia patients can heal in religious communities. This includes comforting, morally raising, and actively serving them spiritually [29] [30].

Spirituality helps with depression: Depression causes insomnia, worry, fatigue, exhaustion, despair, sadness, regret, solitude, failure, and unworthiness, as well as physical symptoms like low hunger, stomach cramps, and backaches. They lack purpose and self-esteem. Religion can boost self-esteem by giving life meaning. Spirituality and tradition foster understanding. This reduces depression and stress by developing the right coping mechanisms. Spirituality's morality, faith, hope, and social inclusion may reduce depression [31] [32] [33].

9. Meaning-Based Psychotherapy

The World Psychiatric Association has a religious and spiritual department, the Royal College of Psychiatrists has a spiritual organisation, and DSM-4 analyses religious and psycho-spiritual issues. The Indian Psychiatric Society has petitioned the Medical Council of India to include a spiritual history procedure in the psychiatric assessment process.

Health professionals should know how spirituality and religion improve mental health. Influence and faith should be used to treat mental illness [34].

Psychiatric background notes: Mental health professionals should also record the patient's religious beliefs, experiences, and psycho-spiritual background. Before therapy, religious coping methods may be discussed. This would clarify patient issues. Life values can be found alongside meaning, hope, and purpose. Discussing religion with the patient builds empathy [35].

Honour patients' religious preferences: DSM 3 negatively assessed religion. A psychiatric patient's religion was assumed to be pathological. Freud and Charcot linked neurosis to religion. Psychotherapy should cover religion and spirituality. To understand and encourage spirituality, a doctor should be impartial. Avoid convictions that harm mental health. Spiritual materials and peaceful places for prayer, worship, and meditation must be provided. Spirituality should be discussed with patients [36].

Faith-based religious groups and mental health trainers: Mental health experts, religious leaders, and employees should be spiritual. Clergy are vital to faith communities and can help heal psychiatric issues. The spiritual beliefs of a healthcare provider should not lead to an incorrect diagnosis of a mental disorder. Doctors and spiritual leaders need an orientation programme. Socialisation should be encouraged for patients. If needed, religious leaders should speak with all mental health care consumers, including atheists. A patient's spirituality must be considered [37].

Together praying: Patients' prayers help. After gaining trust, a psychiatrist may pray with the patient [31].

Development and research: Beliefs, meditation, religious discourse, reincarnation, and near-death experiences need high-quality study. To understand the nervous system and its role in mental applications, theoretical models must advance with the literature [38].

Treatment: Religious thoughts and reading should assist patients in coping with challenging situations in psychotherapy. At Sydney University, D'Souza [39] suggested Spiritually Augmented Cognitive Behavioural Therapy (SACBT). Life's worth and purpose can be achieved in five phases: Acceptance: First, desensitise the patient to birth and death. Hope: trust helps the sufferer overcome anxiety and distress; forgiveness: confronting mortality's terrors; fulfilment of divine purpose: concentrating on successes; Attain meaning: This is about finding significance in daily life.

SACBT prayer involves meditation and rituals. Facilitating facial expressions, empathy, and problem-solving are this method's tools. Cognitive remodelling begins when a patient thinks negatively. Sixteen one-hour sessions are needed for notable progress.

10. Take Patients' Advance Statements

The mental health system has been struggling to become "recovery-oriented." While there are many definitions of recovery, most emphasise self-determination, choice, and "self-defined needs" (National Coalition of Mental Health Consumer/Survivor Organisations, 2006). During the long duration of mental illness, the patient, while on medication, swings between different phases of recovery and relapses at different times. During times of relapse, the mental level of consciousness and capacity may fall, and the patient may fail to make the right decisions and effectively communicate his healthcare choices and spiritual

needs. Therefore, the recovery phase may be utilised by their caretakers to allow the psychiatric patient to make advanced decisions and statements. Prior statements should be made by discussing personal values, beliefs, and spirituality with the caretaker while the patient is mentally capable. Carers may use this to plan the patient's spiritual future [40].

11. Negative Aspects of Religion and Spirituality

The general public, medical experts, scientists, and religious leaders all have responsibilities to address the ethical and practical concerns raised by the intersection of religion and health. It has been shown that religious and spiritual beliefs can be detrimental to mental health because they may increase the risk of undesirable outcomes due to the neglect of health care services [41].

Negative effects on mental health, including delusions and treatment non-compliance, may sometimes be due to a person's false religious or spiritual beliefs [42].

Fundamentalism targets the mentally ill. Fundamentalists and extremists of various religious and political beliefs are always looking for vulnerable people and may incite community action that is felonious, unlawful, dangerous, and nasty.

12. Summary

Health, healing, illness, and death all involve spirituality to some degree. In the last few decades, research has suggested that religious and spiritual practises may have beneficial effects on mental and physical well-being. In psychiatry, spirituality and religion have all been taught as part of science. Existing clinical care standards can be improved by giving more attention to spirituality, quality of life, mental health, and life philosophy in medical education and training [43].

Human science, consciousness disciplines, and an openness to the unknown are needed to study spirituality [44].

Researchers found that contemplative practise alters autonomic nervous system (ANS) activity and meta-cognitive self-regulation neurocognitive processes. Contemplation's effects, however, on reflective metacognition and idea processing are poorly understood [45] [46]. An interdisciplinary, theory-driven approach that combines psychological and neuroscientific research with first- and second-person reports will broaden contemplative practises and allow contemplative science to contribute novelly to psychology, cognitive science, and neuroscience.

Eastern and western medicine and the biological basis of altered states of consciousness are advancing rapidly [4]. While the neurochemistry of alternative states suggests consciousness is multidimensional, quantum physics asserts that energy and vibration can explain consciousness. In conclusion, contemplation-based, positive relationships prevent negative experiences, loneliness, and poor health. Religion fosters positive emotions and health-promoting physiological responses. Religious groups help people cope with adversity. Social connections

boost mental health, life satisfaction, life expectancy, and disease prevention. Social connectivity affects healthy ageing. Overall health affects health and well-being through physiological and psychological processes. Social connections create a caring and understanding world [35]. Numerous studies from the past have shown the positive impacts of spirituality and religion on well-being [47].

Martin Seligman (1998) [48] stressed psychological well-being and positive psychology, which can be achieved through contemplative practises like religion and spirituality. Psychology's "forgotten mission" is to "nurture genius" by strengthening people. "Psychology is about virtue and strength, not obliteration and weakness," he warned. Nurturing our strengths is the only way to improve our mental health. Thus, psychology can guide global human welfare, prosperity, and welfare with traditional contemplative wisdom, even in this scientific age.

13. Limitations

The mental health benefits of contemplative practises are slow to quantify. Replicating an introspective methodology is impossible. Even with care, introspection can be biased. Multidisciplinary approaches are needed to address broad limitations.

14. Conclusion

Spiritualism and religion's contemplative practises are more effective complementary therapies for mental disorders because they work on a metaphysical level. They should be used alongside pharmacological treatment to gradually lower the medicine's dosage and eventually stop it.

Conflicts of Interest

There are no conflicting interests or disputes in this manuscript.

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