

# Effects of Eating Habits, Sexual Orientations and Spirituality on The Mental Health Of Adult Individuals

*Ms.Namrata Upadhyay<sup>1</sup>, Dr. Dweep Chand Singh<sup>2</sup>*

# based on MPhil dissertation of MS.NAMRATA UPADHYAY

\*Ex MPhil (Clinical Psychology) student at AIBHAS, AMITY UNIVERSITY UTTAR PRADESH,  
NOIDA, India.

\*\*Associate Professor of Clinical Psychology AIBHAS, AMITY UNIVERSITY UTTAR PRADESH,  
NOIDA, India

**Abstract :** The present study was conceived to explore the effects of eating habits, sexual orientations and spirituality on the mental health of adult individuals. For this purpose a purposive sample of 80 participants of age between 21 and 60 years was taken from the cities of Delhi and NOIDA. Every participant completed his/her informed consent form before taking any other task. Three scales – The sexual Orientation Grid, Spiritual Assessment Inventory and Mental Health Inventory-38 along with Personal Information Sheet – were used for the study. Results indicated that among eating habits, sexual orientation and spirituality, the spirituality appeared to be the predictor of mental health of individuals. Among various types of eating habits, vegetarian and ovo vegetarian did not have correlation with mental health while non-vegetarian indicated non-significant negative correlation with mental health. Beside this, sexual orientation did not show any correlation with mental health. Furthermore, different sexual orientation group did not differ in their spiritual behaviour as measured on scale.

**Key words:** *Eating Habits, Sexual Orientation, Spirituality, and Mental Health.*

## INTRODUCTION:

Mental health or psychological well-being makes up an integral part of an individual's capacity to lead a fulfilling life, including the ability to form and maintain relationships, to study, work or pursue leisure interests, and to make day-to-day decisions about educational, employment, housing or other choices (WHO, 2012). Good mental health is more than just the absence of mental illness. It can be seen as a state of mental health that allows one to flourish and fully enjoy life. Everyone experiences down times in life. The ability to cope with negative experiences varies greatly from one person to another and, in large part, determines whether people enjoy their lives. Mental health may include person's capability to enjoy life, and create a balance between life activities and efforts to achieve psychological resilience. Mental health can also be defined as an

expression of emotions, and as signifying a successful adaptation to a range of demands. The World Health Organization (2012) defines mental health as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. Mental health of an individual can be affected by various factors such as biological, psychological, cultural (WHO, 2012). Eating habits, Sexual orientations and Spirituality may also influence the mental health of an individual. Research literature reveals that there are many factors which contribute to the mental health of an individual like his own attribute and behaviour, for example, whether he is spiritual or not, his social and emotional intelligence, his sexual orientation, eating habits environmental factors, social and economic circumstances. There has been a plethora of studies which reflect the contribution of all above mentioned

factors to mental health. Current article focuses on the contribution of eating habits, sexual orientation and spirituality to mental health.

**Eating Habits and Mental Health:** The term eating habits refers to why and how people consume, which foods they consume, and with whom they consume, as well as the ways people obtain, store, use, and discard food. Individual, social, cultural, religious, economic, environmental, and political factors all influence people's eating habits (Rodriguez, 2007). Eating habit of an individual is determined by various factors like individual preferences which are further determined by cultural, social, religious, economic, environmental and political influences. Eating habits can be broadly divided into vegetarian and non-vegetarian eating habits. Research has shown that both type of eating habits have some impact on mental health of an individual (Tripathi, Mishra, Tripathi& Mishra, 2010). In the *Bhagvad Gita*, Lord Krishna explained three types of food to Arjun which are: *Sattvic*, *Rajasic* and *Tamasic*. A man chooses his food according to his taste and nature. *Sattvic* food accordingly provides ideal nourishment, promotes vigour and vitality. Along with high physical endurance and longevity, it imparts mental and spiritual balance to the consumer of this type of food. For these reasons, *Sattvic* food generates pious and pure thoughts. *Rajasic* food, however, combines vegetarian and non-vegetarian dishes. These foods lead to the weakening of the body and the mind and premature death. *Tamasic* food is the lowest grade food. This type of food is stale and harmful for the body as well as the mind. One of the most obvious, yet under-recognised factors in the development of major trends in mental health is the role of nutrition/food. The body of evidence linking diet and mental health is growing at a rapid pace. As well as its impact on short and long-term mental health, the evidence indicates that food plays an important contributing role in the development, management and prevention of specific mental health problems such as depression, schizophrenia, attention deficit hyperactivity disorder, and Alzheimer's disease (Diet and mental health, <http://www.mentalhealth.org.uk/help-information/mental-health-a-z/D/diet/>). The physical health status of vegetarians has been extensively reported, but there is limited research regarding the mental health status of vegetarians, particularly with regard to mood. Vegetarian diets exclude fish, the major dietary source of eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA), critical regulators of brain cell structure and function. In a cross sectional study, it was found that while dietary intake of EPA and DHA has an important role in brain function, no evidence was found that the absence of direct intake of these fatty acids in vegetarians adversely affects mood state (Beezhold, Johnston & Daigle, 2010). Features of the vegetarian diet profile such as higher intake of total poly unsaturated fat and negligible arachidonic acid intake may help explain the favourable mood profile we observed with vegetarian diets. Similarly, those who are vegetarian have displayed elevated prevalence rates for depressive disorders, anxiety disorders and somatoform disorders (Michalak, Zhang & Jacobi, 2012). Apart from this, vegetarian food have preventive role

in hypertension (Tripathi, Mishra, Tripathi& Mishra, 2010). However, those who consume non vegetarian diet occasionally have also been found to be more hypertensive than a pure vegetarian (Desai, 2007).

There have also been studies which suggest that non vegetarian food is also good for mental health and prevent occurrence of many mental disorders. For example, omega-3 fatty acids, which are found in rich amount in non-vegetarian food especially fish, may influence mood, personality and behaviour according to results of a study presented by University of Pittsburgh School of Medicine researchers. In the study of 106 healthy volunteers, researchers found that participants who had lower blood levels of omega-3 polyunsaturated fatty acids were more likely to report mild or moderate symptoms of depression, a more negative outlook and be more impulsive. Conversely, those with higher blood levels of omega-3s were found to be more agreeable (Araujo, Vilarim & Nardi 2010). Also a number of previous studies have linked low levels of omega-3 to clinically significant conditions such as bipolar disorder, schizophrenia, substance abuse and attention deficit disorder. For example, in a clinical study of 30 people with bipolar disorder, those who took fish oil in addition to standard prescription treatments for bipolar disorder for 4 months experienced fewer mood swings and relapse than those who received placebo (Frangou, Lewis, Mc Crone, 2006). Thus, the body of evidence associating diet with mental health is growing at a rapid pace. It influences feelings, mood and general wellbeing. Evidence demonstrates also its contribution to the development, prevention and management of specific mental health problems (McCulloch, 2006).

**Sexual Orientation and Mental Health:** *Sexual orientation* is an enduring personal quality that inclines people to feel romantic or sexual attraction (or a combination of these) to person(s) of the opposite sex or gender, the same sex or gender, or to both sexes and more than one gender. These attractions are generally subsumed under heterosexuality, homosexuality, and bisexuality. A number of recent epidemiological surveys have reported on mental health in relation to sexual orientation. The most consistent findings have been that there is a higher frequency of suicidal ideation and suicide attempts in homosexuals/bisexual adolescents (Faulkner and Cranston, 1998) and in homosexual/bisexual adults (Bagley and Tremblay, 1997). Findings from Dutch population survey suggest that gay/lesbian participants reported more acute mental health symptoms than heterosexual people and their general mental health also was poorer (Sandfort, Bakker, Schellevis& Vanwesenbeeck, 2006). Heterosexual and bisexual people have to face discrimination in society. Homosexuals are more likely to report both daily and lifetime discrimination than heterosexual people. This social isolation also leads to various mental disorders in them. A community survey of 4824 adults was carried out in Canberra, Australia. Measures covered anxiety, depression, suicidality, alcohol misuse, positive and negative affect and

a range of risk factors for poorer mental health. The bisexual group was highest on measures of anxiety, depression and negative affect, with the homosexual group falling between the other two groups (King and McKeown, 2003). Both the bisexual and homosexual groups were high on suicidality. Bisexuals also had more current adverse life events, greater childhood adversity, less positive support from family, more negative support from friends and a higher frequency of financial problems. Homosexuals reported greater childhood adversity and less positive support from family.

**Spirituality and Mental Health:** Spirituality is the premise that we regard the human being and/or the rest of creation as composed not only of matter, but of something immaterial, something invisible, and something beyond our present knowledge. There is always more to what we can perceive with our senses and know with our reason. So the basic meaning of spirituality is that it is a term which encompasses everything that we cannot see directly with our eyes, directly perceive by the other senses and know by our mere reason. That is spirituality in its basic meaning. Spirituality can be broadly defined as that which adds meaning to one's life. Spirituality is a larger concept than religion, although that is one manifestation of spirituality. Other manifestations comprise prayer, meditation, interactions with others or nature, and relationship with God or a higher power (Burkhardt, 1989).

Researchers across a range of disciplines have started to explore and acknowledge the positive contribution spirituality can make to mental health. Service users and survivors have also identified the ways in which spiritual activity can contribute to mental health and wellbeing, mental illness and recovery. For instance, spirituality helps depressive patients, figure out a meaning or a purpose in their life which they had lost due to their illness. The resurrection of meaning and purpose brings back the hope and vigour to face the difficulties of life. A research study found that for every 10-point increase in a person's spirituality, there was a 70% increase in recovery from depressive symptoms post physical illness (Koenig, George & Peterson, 1998). Similarly, another study explored whether spiritual involvement and beliefs and spiritual coping mechanisms could account for any of the variation in anxiety among women within one year's diagnosis of cervical cancer. They found that anxiety was more common in those who did not use positive spiritual coping mechanisms, and that this was especially true for younger women and those with more advanced stages of the disease (Koenig George & Peterson, 1998). Reduced levels of anxiety and depression associated with spiritual activity have also been found in various populations such as women diagnosed with gynaecological cancer (Glas, 2011). There is also evidence that engaging in spiritual practices leads to a reduction in anxiety in patients having anxiety disorders. A number of studies suggest that spirituality is highly valuable to people in times of crisis, trauma and grief. A recent systematic review of articles reached similar conclusions that the level of anxiety

is comparatively less in those who are spiritual (Weaver, Flannely, Garbarino, Figley & Flannely, 2003). Furthermore, it has been found that spiritual orientation aids people in dealing with aftermath of trauma typically, positive religious coping, religious openness, readiness to face existential questions, religious participation, and intrinsic religiousness are correlated with improved posttraumatic recovery (Shaw, Joseph & Linley, 2005). Meditation focusing on a mantra has proven to be effective in significantly reducing symptoms of stress, anxiety, and anger and in improving quality of life and spiritual well-being in war survivors (Neil, 1991). In case of chronic mental illness like schizophrenia, spiritual orientation helps in schizophrenia in processes of reconstructing a sense of self and recovery (Mohr and Huguelet, 2004). It has been found that schizophrenic patients find hope, meaning, and comfort in spiritual beliefs and practices (Kirkpatrick, Landeen, Woodside & Byrne, 2001). Also, spiritual coping is an existing mediator that accounts for the relationship between spirituality and mental health in times of stress. Common spiritual coping styles seen among individuals include collaborative, deferring, and self-directing styles out of which collaborative approach has been found to be most beneficial for mental health (Genia, 1997). However, there is hardly any study which can show relative effects of eating habits, sexual orientation and spirituality on mental health. Therefore, the present study was conceived to explore the effects of these variables on the mental health of adult individuals.

**Methodology**

The aim of the present study was to explore the effects of eating habits, sexual orientations and spirituality on the mental health of adult individuals.

**Sample:** A purposive sample of 80 people comprising of 40 males and 40 female was chosen. All four age decades of life, between 21 to 60 years, had representation in the sample (Table 1). Participants had minimum education of 10<sup>th</sup> grade and did not have any significant mental or physical illness.

**Table 1: Distribution of age and gender of Sample (N=80).**

Age Group (in years)	Gender	
	Male	Female
21-30	10	10
31-40	10	10
41-50	10	10
51-60	10	10

**Tools:** Informed Consent form had to be filled up in the beginning and Personal information sheet recorded the Eating Habits in addition to other variables of the participants. Spiritual Assessment Inventory (Hall and

Edward, 1996) was used to assess spirituality. Klein Sexual Orientation Grid (Klein, 1978) was administered to determine the sexual orientation of individuals. Mental Health Inventory-38 (AMHOCN, 2005) was used to assess the mental health status of the individuals.

## RESULTS

The Table 2 shows that eating habits and sexual orientation do not seem to have good correlation with Mental Health as all correlations have been of very low magnitude range (-0.06 – 0.17). P value did not come to be significant for any independent variables (eating habits and sexual orientation). Nevertheless, ovo vegetarian and non-vegetarian food habits have shown negative correlation of very low quantum ( $r = -0.06$ ;  $p = 0.29$ ) and ( $r = -0.07$ ;  $p = 0.27$ ) with mental health respectively. It means that if individuals increase the consumption of animal products, their mental health may be poor. Similarly, sexual orientations do not seem to be correlated with mental health as r value is very low (0.02 – 0.17). Interestingly, spirituality has not followed the same trend by showing significant correlation ( $r = 0.32$ ;  $p = 0.002$ ) with mental health. It can be said that a person with more spirituality has better mental health.

**Table 2: Correlation between Eating Habits, Sexual Orientation and Mental Health of Individuals (N=80).**

Independent Variables	Dependent Variable: Mental Health		
		r	p value
Eating Habits	Vegetarian	0.13	0.13
	Ovo vegetarian	-0.06	0.29
	Non –vegetarian	-0.07	0.27
Sexual Orientations	Heterosexuals	0.17	0.68
	Homosexuals	0.02	0.42
	Bisexuals	0.17	0.06
Spirituality	All participants	0.32	0.002

## DISCUSSION

Among eating habits, sexual orientation and spirituality, the spirituality seems to be the best indicator of Mental Health. Spirituality helps in healing as well as coping with various mental disorders (Swinton, 2001). In a cross-sectional study, Coleman (2003) found that spirituality had a positive effect on physical and mental health. It has a significant contribution in mental well-being and functional health status. Mental health status of spiritual people is comparatively better than those who are not spiritual. The more an individual is spiritual; the better will be his mental and psychological well-being. Spirituality has the healing

capacity due to which it also helps in recovering from various mental illnesses like depression, anxiety disorders, stress related problems (Koenig, George & Peterson, 1998). Spiritual orientation aids people in dealing with trauma as well (Shaw, Joseph & Linley, 2005). Common spiritual coping styles seen among individuals which include collaborative, deferring, and self-directing styles found to be most beneficial for mental health (Genia, 1997). Over recent years there has been growing interest in treatment that comprises the spiritual dimension such as mindfulness-based cognitive therapy for the treatment of stress, anxiety and depression and compassion-focussed therapy which is now vigorously researched and supported (Dien, 2010).

## CONCLUSIONS

1. Though vegetarian eating habits have not shown significant correlation with mental health, non-vegetarian and ovo-vegetarian have indicated inverse correlation with mental health.
2. Sexual Orientation of any type has not shown any correlation with mental health.
3. Different Sexual Orientation groups did not differ in their spiritual behaviour as measured on scale.
- 4.

## IMPLICATIONS

Food is necessary for growth and maintenance of body. If nutrition is not received by any individual, his brain may not develop to the optimum extent. Therefore, to have good mental health one should have nutritional vegetarian food. People may be motivated for prosocial behaviour as to promote spiritual dimension of human beings.

## RECOMMENDATION

The result of this study needs further validating on designated groups like spiritual individuals, genuine social activists and criminals.

## REFERENCES

- Araujo, D. M., Vilarim, M. M. & Nardi, A. E. (2010). What is the effectiveness of the use of polyunsaturated fatty acid omega-3 in the treatment of depression. *Expert review of neurotherapeutics*, 1117-1129. doi:10.1586/ern.10.77.
- Australian mental health outcome and classification network (AMHOCN) (2005). Mental Health Inventory, Training Manual. Parramatta BC: NSW Institute of Psychiatry.
- Bagley, C. & Tremblay, P. (1997). Suicidal behaviours in homosexuals and bisexuals males. *Crisis*, 18, 24-34.
- Beezhold, B. L., Johnston C.S. & Daigle D.R. (2010). Vegetarian diets are associated with healthy mood states: a cross-sectional study in Seventh Day Adventist adults.

*Nutrition Journal* Department of Nutrition, Arizona State University, USA. Doi: 10.1186/1475-2891-9-26.

Burkhardt, M. (1989). Spirituality: An Analysis of the Concept. *Holistic nursing practice*, 60-77.

Coleman, C. L. (2003). Spirituality and sexual orientation: relationship to mental well-being and functional health status. *Journal of advanced nursing*, 43(5):457-64.

Desai, A. (2014). Fasting feasting. StudyMode.com. Retrieved from <http://www.studymode.com/essays/Fasting-Feasting-By-Anita-Desai-48648210.html>.

Dien, S. (2010). Religion, spirituality and mental health. *Psychiatric Times*. Retrieved from <http://www.psychiatristimes.com/articles/religion-spirituality-and-mental-health>.

Diet and mental health. *Mental health foundation*. Retrieved from <http://www.mentalhealth.org.uk/help-information/mental-health-a-z/D/diet/>.

Faulkner, A. H. & Cranston, K. (1998). Correlates of same-sex sexual behavior in a random sample of Massachusetts high school student. *American journal of public health*. 262-266.

Frangou, S., Lewis, M. & Mc Crone, P. (2006). Efficacy of ethyl-eicosapentaenoic acid in bipolar depression: randomized double-blind placebo-controlled study. *British Journal of Psychiatry*. 188:46-50.

Genia, V. (1997). The Spiritual Experience Index: Revision and Reformulation. *Review of Religious Research*, 38, p. 344-361.

Glas, G. (2011). Religious and spiritual issues in anxiety disorders and adjustment disorders. *Religious and spiritual issues in psychiatric diagnosis: a research agenda for DSM-V*, 79-95.

Hall, W. T., Edward, J. K. (1996). The spirituality assessment inventory: A theistic model and measure for assessing spiritual development. *Journal of Scientific Study of Religion*, 41:2,341-357.

Klien, F. (1978). Klein sexual orientation grid. *The Bisexual Option*. New York: Arbor House Publishing Company.

King, M. & McKeown, E. (2003). Mental health and social wellbeing of gay men, lesbians and bisexuals in England and Wales: A summary of findings. *Mind (National Association for Mental Health)*, London.

Kirpatrick, H., Landeen, J., Woodside, H. & Byrne, C. (2001). How people with schizophrenia build their hope. *Psychosocial Nursing Mental Health Service*, 39:465.

Koenig, H. G., George, L. K. & Peterson, B. L. (1998). Religiosity and remission of depression in medically ill

older patients. *American Journal of Psychiatry*, 155, 536-542.

McCulloch, A. (2006). Feeding minds the impact of food on mental health. Mental health foundation. ISBN: 1-903645-78-6.

Michalak, J., Zhang, X. C. & Jacobi, F. (2012). Vegetarian diet and mental disorders: results are representative community survey. *International Journal of Behavioral Nutrition and Physical Activity*. Doi: 10.1186/1479-5868-9-67.

Mohr, S., Huguelet, P. (2004) The relationship between schizophrenia and religion and its implications for care. *Swiss Medicine Weekly*, 369-76.

Niel, D. P. (1991). War trauma and post-traumatic stress disorder. *American Family Physician*, 44,1663-1669.

Rodriguez, J. (2007). The diet selector. Running Press. (ISBN13: 9780762431700)

Sandfort, T.G.M., Bakker, F., Schellevis, F.G. & Vanwesenbeeck, I. (2006). Sexual orientation and mental health: results from a community survey of young and middle-aged adults. *American Journal of Public Health*, 96 (6): 1119-1125.

Shaw, A., Joseph, S. & Linley, P. A. (2005). Religion spirituality and post traumatic growth: a systematic review. *Mental health religion and culture*, vol. 8.no.1.

Swinton, J. (2001). Spirituality and Mental Health Care: Rediscovering a 'Forgotten' Dimension. London: Jessica Kingsley Publisher, 39, 884-891.

Tripathi, S. K., Mishra, B. P., Tripathi, R. & Mishra, M. (2010). Comparative study of vegetarian and non-vegetarian diet on blood pressure, serum sodium, and chloride from two different geographic locations. *Indian Journal of Preventive and Social Medicine*, Vol. 41 No.3 and 4, 2010 ISSN: 0301-1218.

Weaver, A. J., L. T. Flannelly, J. Garbarino, C. R. Figley, & K. J. Flannelly (2003). A systematic review of research on religion and spirituality. *Journal of Traumatic Stress: 1990-1999: Mental Health, Religion & Culture*, 6,215-228.

World Health Organization (2012). Risks to mental health: An overview of vulnerabilities and risk factors. Retrieved from [http://www.who.int/mental\\_health/mhgap/risks\\_to\\_mental\\_health\\_EN\\_27\\_08\\_12.pdf](http://www.who.int/mental_health/mhgap/risks_to_mental_health_EN_27_08_12.pdf).