Chapter 22
The Scientific Study of Positive Psychology, Religion/Spirituality, and Mental Health

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In the past 20 years, over 11,000 journal articles have been published on the relationship between religion and spirituality (R/S) and mental health. This chapter presents a summary of this literature and discusses the health contributions of R/S via the lens of positive psychology.

Religion and spirituality are complex, interrelated phenomena. Historically, within the field of the psychology of R/S, *religion* referred to an individual's feelings, acts, and experiences concerning the divine (James, 1902/1982); however, the term later became associated with organized traditions of beliefs and practices. Religion served as an overarching construct involving individual and collective forms of religiousness. Today, both in the public's view and in academic study, *religion* denotes religious/spiritual involvement in institutional contexts, and *spirituality* refers to individualized, noninstitutional, or nontraditional beliefs and practices (Pargament et al., 2013; see Appendix 22.S1, for more discussion of these conceptual concerns).

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An Overview of the Empirical Research

Several meta-analyses and narrative reviews on R/S and mental health have been conducted over the past 20 years (see Appendix 22.S2 for summaries), and those form the basis of this chapter's discussion. For instance, an exhaustive examination of over 3,000 quantitative studies found R/S generally was positively associated with better mental health and adaptation (Koenig et al., 2012). A recent review concluded R/S is strongly tied (in both positive and negative ways) to depression, suicidality, anxiety, psychosis, obsessions/compulsions, addictions, and other areas of mental health (Rosmarin & Koenig, 2020, p. xvii; see also Koenig, 2018 and Park & Slattery, 2013). Consistent with previous findings, meta-analyses of 48 longitudinal studies (Garssen et al., 2021, p. 13) and 67 studies from the German-speaking area (Hodapp & Zwingmann, 2019, p. 1970) showed modest but significant associations between R/S and better mental health.

A Closer Look at Mood, Anxiety, and Trauma-Related Disorders

Due to space constraints, this chapter's review was narrowed to mood, anxiety, and trauma-related disorders. This narrowed focus took into consideration the mental disorders with the highest global prevalence rates (Dattani et al., 2021), the clinical features about which substantive research on R/S has been conducted, and the conditions with a strong theoretical underpinning for the relevance of R/S.

Mood Disorders

Most empirical studies have found positive effects of R/S on mood disorders (Mosqueiro et al., 2021), including lower depression and faster remission among more religious individuals (Bonelli et al., 2012; Koenig et al., 2012). However, these associations are modest, and R/S does not universally predict salutary outcomes. About half the reviewed prospective studies found a positive association between R/S and a better course of depression; however, 41% demonstrated no significant association, and 10% indicated more depression or mixed results (Braam & Koenig, 2019). Braam and Koenig (2019) found that, although most patients who used religious coping reported positive outcomes (Ano & Vasconcelles, 2005), religious coping was inversely correlated with depression in more than one-third of the studies. Spiritual struggles, doubts, and lack of meaning exacerbated depression and negatively impact coping (Rosmarin et al., 2014; Exline et al., 2011; Pargament et al., 2005), and the use of negative religious coping was almost universally associated with greater depression (Bockrath et al., 2021; Mosqueiro et al., 2020).

Anxiety Disorders

Associations between anxiety and R/S are complex, and findings are mixed. Engagement in religious/spiritual behaviors are poor predictors of anxiety, but religious/spiritual beliefs significantly influence mental health. Anxiety is inversely related to belief in a benevolent, loving God and to a secure perceived relationship with God (Rosmarin & Leidl, 2020; Cherniak et al., 2021). Conversely, mistrust in God strongly predicts stress and anxiety (Rosmarin et al., 2009), a finding replicated in a clinical study in which reduction of mistrust in God over a 2-week period was associated with decreased stress and worry (Rosmarin et al., 2010).

Trauma-Related Disorders

The consequences of trauma exposure are multifaceted and unique to each person, and trauma may indeed result in the development of one or more mental disorder. Trauma can shatter fundamental beliefs (Janoff-Bulman, 1992), evoke spiritual struggles (Pomerleau et al., 2020), and thereby lead to distress (Edmondson et al., 2011). Potentially traumatic experiences often test a person's R/S; they can strengthen or weaken someone's religious/spiritual beliefs, trust in God, or connections within a faith community (Pargament, 2007; Park et al., 2017).

Recovery from trauma exposure is complex and may involve the survivor using religious coping methods to find meaning, gain mastery and control, feel comfort from God, nurture intimacy with God and others, and experience perceived life transformation (Pargament et al., 2013). Religious/spiritual involvement has generally been found to be associated with better mental health outcomes following trauma and adversity (Chen & Koenig, 2006; Kucharska, 2020; Shaw et al., 2005), and religious meaning making is associated with postdisaster resilience (Park, 2016). A meta-analysis of studies involving the U.S. military found that R/S was associated with lower PTSD symptoms (Rinehart, 2015). The use of prayer can offer a form of trauma disclosure that is linked to lower PTSD and depression (Tait et al., 2016), and collective religious rituals provide social cohesion in moments of elevated threat and, for some individuals, can lead to enhanced well-being (Ladd & Spilka, 2013).

Although R/S is often a dimension of positive posttraumatic adaptation or even perceived posttraumatic growth (Ai et al., 2013; Tedeschi & Moore, 2021), this is not universally the case. Religious distress mediates (casually explains) PTSD symptoms over time (Harris et al., 2012), and negative religious coping and spiritual struggles (e.g., turmoil with God; Currier et al., 2014, 2015, 2019) are linked to negative aftereffects such as depression and anxiety (Ano & Vasconcelles, 2005; Bockrath et al., 2021; Exline & Rose, 2013). Trauma exposure can negatively impact R/S and weaken the potentially positive contributions of religious/spiritual beliefs, support, coping, and resources (Park et al., 2017). Most people do not change their R/S beliefs after trauma exposure, but significant changes can occur, such as survivors either increasing or decreasing their religious beliefs or practices (Falsetti et al., 2003; Leo et al., 2021).

Positive Psychology, Religion, and Spirituality

Positive psychology reorients psychological research and practice from psychopathology to well-being (Seligman, 2019)—from "What is wrong?" to "What works, what is right, and what is improving?" (Sheldon & King, 2001, p. 216). It offers a place in psychology for building positive qualities and human flourishing (Seligman & Csikszentmihalyi, 2000). Simply put, "positive psychology is the scientific study of optimal human functioning" (Linley et al., 2006, p. 8). It provides a lens to understand the processes and mechanisms that are embedded in R/S and contribute to mental health outcomes (see also MacDonald, Chap. 5, this volume).

Positive Emotions

Positive emotions signal well-being and set the stage for optimal functioning by *broadening* a person's momentary thought–action repertoires and *building* enduring personal resources (Fredrickson, 2001, 2012). These personal resources that are accrued across moments of positivity are durable and impact future behavior (Fredrickson & Losada, 2005, p. 2). Experiences of positive affect undo lingering negative emotions, fuel resiliency, and build personal resources that contribute to resilience and aid in coping (Fredrickson, 2012), thereby contributing to better mental health (see Van Cappellen et al., Chap. 20, this volume).

R/S provides experiences that elicit positive (or negative) emotion. Geertz (1973) observed religion to be "a system of symbols which acts to establish *powerful, persuasive, and long-lasting moods and motivations*" (p. 70, emphasis added). Religious/spiritual experiences, whether in communal gatherings of worship, private moments of prayer or reflection, or personal or interpersonal experiences of self-transcendent emotions (e.g., awe and gratitude), often evoke powerful moods and positive emotions (Van Cappellen et al., 2021). The broaden-and-build theory provides a causal model of the R/S processes and mechanisms that contribute to mental health (Fredrickson, 2002, 2016; see Van Cappellen et al., Chap. 20, this volume).

Repeated experiences of positive emotion within religious/spiritual practices are self-reinforcing and contribute to "an upward spiral in which positive emotions and the broadened thinking they engender also influence one another reciprocally, leading to appreciable increases in emotional well-being over time" (Fredrickson, 2001, p. 223). Van Cappellen et al.'s (2021) Upward Spiral Theory of Sustained Religious Practice builds on this model (Van Cappellen et al., Chap. 20, Fig. 20.1, this volume). Long-term adherence to religious/spiritual behaviors is also reinforced by regular experiences of optimism and hope (Ciarrocchi et al., 2008) and self-transcendent positive emotions like awe, gratitude, love, and peace (Van Cappellen et al., 2016).

Human flourishing has been found to be associated with participation in religious communities, through shared values and practices, which are reinforced by social ties and norms (Van Cappellen et al., 2017; VanderWeele, 2017). Collective religious/spiritual practices and sacred rituals may evoke feelings of unity and shared identity, including positivity resonance (Fredrickson, 2016), which can contribute to individual well-being and foster commitments to others. The experience of awe in a religious group setting has been found to spark a willingness to self-sacrifice (Naclerio & Van Cappellen, 2021), which may build an enduring virtue over time. Position emotion evoked by religious/spiritual involvement contributes to well-being and sets in motion an upward spiral of experiences that can nurture mental health and flourishing.

Virtues

Virtues, together with strengths, are considered the essential "psychological ingredients... that lead to a good life" (Linley et al., 2006, p. 7). The consideration of virtue brings positive psychology into correspondence (or at least in the neighborhood) with religion and philosophy, because each weighs in on the question, "What is good for human beings as the particular creatures that we are"? (Fowers, 2005, p. 5; see also Ratchford et al., Chap. 4, this volume). The answer to this question transverses positive psychology's considerations of optimal functioning, religion's conceptions of meaning and purpose, and philosophy's grappling with the intrinsic worth in human life. Positive psychology cannot in itself answer this existential question; however, it can closely study human experiences and their impacts on subjective and objective experiences of well-being. Well-being, in the framework of positive psychology, goes beyond the absence of psychological symptoms or human languishing and sets its sights on flourishing. To flourish means not only to feel good but to do good, excel in daily life, and contribute to the world (Fredrickson & Losada, 2005; Keyes, 2002; see MacDonald, Chap. 5, this volume). Flourishing nurtures both individual and civic virtues, and it moves individuals toward better citizenship (Seligman & Csikszentmihalyi, 2000). Although coming from different paradigms, positive psychology and religion conjoin in asserting that a virtuous life promotes flourishing and leads to fullness of human potential. Virtue ethics provides practical wisdom—the ability to make wise decisions in light of the situation and what specific action is good for the person (Ciarrocchi, 2012; Fowers, 2005).

Psychological studies (see Washington-Nortey et al., Chap. 23, this volume; Cauble et al., Chap. 24, this volume; Long & VanderWeele, Chap. 25, this volume) provide science-informed knowledge of virtues that are aligned with the teachings and practices of the major religions (Walsh, 1999) and represent a rapprochement with classical sources of human strength (McCullough & Snyder, 2000). These studies illuminate the processes and mechanisms that contribute to mental health, and they offer practical guidance to address psychological problems in clinical practice (Jankowski et al., 2020; see also Captari et al., Chap. 26, this volume).

The development of virtues does not occur in a vacuum but rather develops within a relational context. "One's character is co-constructed from the very beginning" (Reilly & Narvaez, 2018, p. 54) and typically relies upon observing virtuous members of the community, who serve directly or indirectly as models or mentors. R/S communities, given their shared beliefs, moral commitments, and private and collective practices, may serve as a primary mechanism to nurture a virtuous life (see Wang et al., Chap. 29, this volume). Self-regulation plays an integral role in cultivating virtues, achieving purposeful goals, and fostering well-being (Carver & Scheier, 1998, 2017). R/S generally supports such self-control, and some forms of religious involvement promote self-regulation (McCullough & Willoughby, 2009). The results of longitudinal and experimental research have found that "[religious] rituals (most notably, prayer), along with exposure to religious environments and institutions in the real world (e.g., religious schooling) influence self-control on the scale of weeks, months, and years" (Marcus & McCullough, 2021, p. 167).

Religious/spiritual involvement supports the development of a virtuous life by instilling values, establishing meaningful goals, and encouraging optimism through positive emotions, private and communal practices, and community support through shared beliefs, values, and collective rituals. Although not without challenges, the quest for a virtuous and flourishing life is often aligned with processes that foster and nurture well-being.

Meaning

Finding out what really matters in life (meaning making) and holding onto it in the face of adversity (meaning maintenance) contributes to well-being and mental health. Meaning in life is defined as "the extent to which one's life is experienced as making sense, as being directed and motivated by valued goals, and as mattering in the world" (George & Park, 2016, p. 206; Park, 2013; Park & Van Tongeren, Chap. 6, this volume). It offers purpose, significance, and coherence (Martela & Steger, 2016; Heintzelman & King, 2014) and anchors processes essential to a good life (Linley et al., 2006). Eudaimonia incorporates meaningful goal-directedness and complements hedonia as essential to self-fulfillment and flourishing (Disabato et al., 2016).

Spiritual strivings, which involve the search for the sacred, orient meaning making to ultimate concerns, and as Emmons (1999) observed, "When it comes to psychological well-being, what people are striving for—the content of their aims and ambitions—does matter" (p. 49). Religious/spiritual belief systems provide global meaning (Park, 2013), infusing an ultimate (and sanctified) vision of what people should be striving for (Pargament & Park, 1995). They offer a "sacred canopy" (Berger, 1967) and pathway to a good life. Religion supplies the grand metanarratives linking the believer to a universe and God(s) that transcend the individual. Global meaning influences the lived experiences of daily life in which ordinary encounters and stressful events evoke feelings and are interpreted. Involvement in

R/S cultivates positive emotions and virtues through shared beliefs, commitments, and private and communal practices, thereby promoting well-being and flourishing. When an individual is flourishing—living consistent with their global meaning and experiencing positive emotions and well-being—the risk of anxiety, depression, and other mental health difficulties is reduced (Schotanus-Dijkstra et al., 2017).

Life is rarely a straight-line, upward journey of flourishing, however. Some people experience unstable meaning—the unbearable lightness of meaning—leading to threats to well-being, which are associated with higher levels of negative affect, including depression and anxiety (Steger & Kashdan, 2013). If spiritual struggles (Exline & Rose, 2013) and roadblocks to meaning are encountered, negative religious coping may result in negative psychological adjustment (Ano & Vasconcelles, 2005; Bockrath et al., 2021; Smith et al., 2003).

Adversity and, at times, trauma (which is all too common[1]) may also challenge global meaning and negatively impact well-being. Meaning making plays an important role when living with severe, persistent mental illness, such as schizophrenia or bipolar illness (De Fazio et al., 2015; Huguelet, 2017). Reconstituting global meaning can counter the negative psychological impact of adversity, because "meaning is a tool for adaptation, for controlling the world, for self-regulation, and for belongingness," and "indeed it is the best all-purpose tool on the planet" (Baumeister, 1991, pp. 357–358). Reengagement in global meaning is often bolstered by holding firm to religious/spiritual beliefs and practices, with the encouragement of a faith community.

The Intersections of Secular and Sacred Pathways and Mental Health

R/S seen through the lens of positive psychology share in its principles and jointly influence subjective well-being and mental health. Positive psychology reflects a secular approach in which positive emotions, fueled by hedonia and eudaimonia, and the cultivation of virtues, promote well-being to achieve optimal human functioning. R/S incorporate many of the processes and mechanisms identified by positive psychology, notably positive emotion, virtues, and meaning making, but they anchor well-being and flourishing in the search for the sacred.

Involvement in religion draws upon shared beliefs, sacred texts, and traditions, as well as established individual and collective practices and rituals. It also often provides engagement with a faith community of like-minded believers (see Wang et al., Chap. 29, this volume). Meaning making is sustained by shared worldviews, which offer beliefs about human suffering and provide a foundation for living a good and

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[1] World Health Organization surveys in 24 countries found that over 70% of respondents had experienced at least one lifetime traumatic event, with an average exposure of 3.2 traumas per capita (Kessler et al., 2017).

virtuous life. The synergy of shared beliefs, practices, and interpersonal and collective experiences potentially spark positive emotion and influence establishment and attainment of meaningful goals and positive mental health. Well-integrated religious faith provides coping resources to lessen anxiety and depression and to mitigate the potential impacts of trauma. However, religious doubt, negative religious coping, and spiritual struggles can exacerbate anxiety, depression, and ennui, negatively impacting mental health.

Spirituality, like religion, involves meaning making and includes spiritual beliefs, practices, and virtues that provide an orientation to well-being and to the sacred (however conceived). Although personal spirituality is not necessarily wedded to a religious institution, a person may draw upon religious influences within their broader culture or community. As with religious involvement, well-integrated spirituality provides resources to address the challenges faced in life, which impact well-being and mental health (MacDonald, Chap. 5, this volume).

The pathways of positive psychology, religion, and spirituality intersect in their shared ambition to assist the individual in living a good life (see Appendix 22.S3 for some case illustrations). Positive emotions, virtues, and meaning making are often integral to optimal functioning, and as such, they routinely affect well-being and mental health. See Fig. 22.1 for a proposed integrative conceptual model of religious/spiritual pathways to mental health.

Future studies on R/S and mental health will be advanced particularly by the use of: (a) longitudinal and experimental designs to allow for the investigation of causal associations between R/S and mental health, (b) designs that capture the dynamic nature of R/S (e.g., repeated measures over a period of time), (c) measures that assess the dimensions of R/S rather than reliance on single-item global measures, and (d) cultural and intersectional approaches (see Tsang et al., Chap. 8, this volume; Mattis, Chap. 9, this volume).

Concluding Remarks

> There are only two days of the year that nothing can be done. One is called yesterday and the other is called tomorrow, so today is the right day to love, believe, do, and mostly live.
> —The Dalai Lama

Religion and spirituality offer pathways to living a good life, flourishing, well-being, and mental health. We have seen that the associations between R/S and mental health are complex, and, for some, R/S is associated with heightened anxiety, depression, and struggle. Positive psychology furnished not only its own approach to optimal functioning but also illuminated many of the psychological processes that are embedded in R/S and contribute to their vibrancy. Religion, spirituality, and positive psychology point to "the farther reaches of human nature" (Maslow, 1971) and to the possibility of living a meaningful and virtuous life and with each day inspired "to love, believe, do, and mostly live."
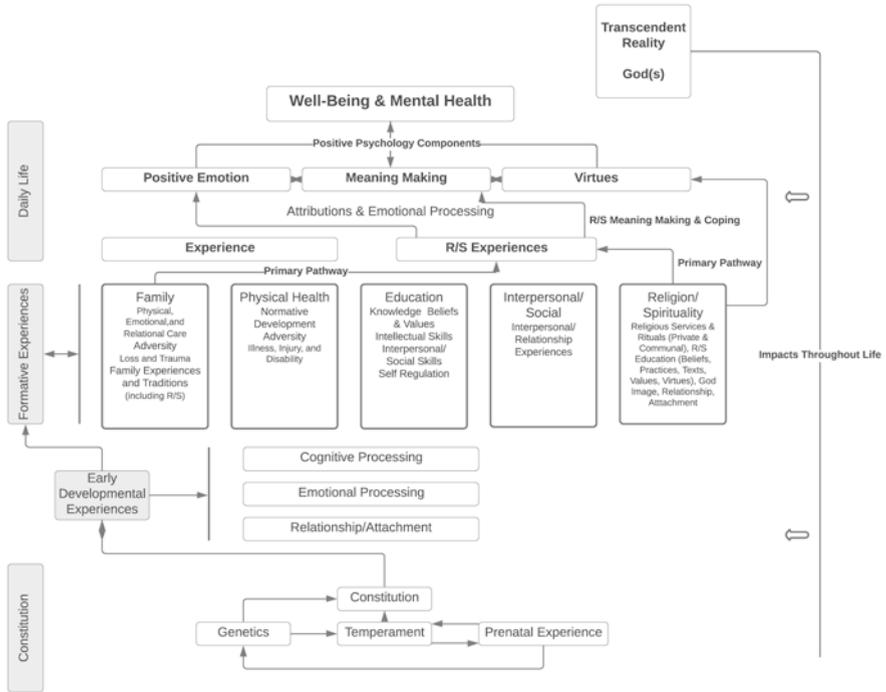
Note. This figure depicts a conceptual model of the developmental factors influencing individual religiousness and spirituality and, in turn, the religious/spiritual (R/S) pathways that contribute to well-being and mental health. A person's religiousness/spirituality is dynamic. It emerges from a host of constitutional, developmental, individual, social, and cultural factors, and it is affected by the person's present life circumstances. Both religious pathways and spiritual pathways involve positive emotions, support meaning making, and nurture virtues. However, this model allows considering the distinct impacts of religiousness (the religious pathway) and spirituality (the spiritual pathway) on well-being and mental health. Of note, this model includes the possibility of transcendent reality/God(s) as a force in human experience (Spero, 1992), even though this component of the model is of course not empirically verifiable from a positivistic perspective.

Fig. 22.1 A conceptual model of religious/spiritual pathways to well-being and mental health

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