

Appendix 22.S3: Case Illustrations of Religious and Spiritual Pathways to Mental Health

Reyna (A 70-Year-Old, Catholic Christian Woman in the U.S.)

Reyna grips her rosary as she enters the church for daily Mass. She blesses herself, says, “Good Morning” to others in the pews near her, genuflects, and silently prays. Although she is worried about her oldest son, who is undergoing chemotherapy later that day, Reyna feels at peace. She has a deep faith in God and knows that her friends are praying for her son and will be there for her (as she would be for them). As the service ends, Reyna closes her hymnal and looks forward to her day with hopefulness and gratitude.

Anders (A 28-Year-Old, Spiritual-But-Not-Religious Man in Norway)

Anders loves the outdoors, and, when hiking, he feels a oneness with nature. He experiences a sense of peace—and at times gratitude—on these brief treks in the forest outside of Oslo, when the anxiety and depression that began in his childhood lifts. Today, he ended his work at the hospital, feeling physically and emotionally exhausted by the dramatic influx of gravely ill patients. He usually feels satisfaction in his vocation as an acute care nurse, but this morning he awoke feeling weary and a bit depressed. He decided to drive outside the city to his favorite hiking trail. As the fog rolled in from the coast, he was glad to be alone on the mountain. Once again, a sense of peace rolled over him.

These stories¹ provide illustrations of the religious and spiritual pathways that impact mental health through the lens of positive psychology. Reyna's and Anders's experiences reflect the complex circumstances of human life in which religiousness or spirituality is situated. As discussed in the main text of this chapter, religiousness/spirituality (R/S) incorporate many of the processes and mechanisms identified by positive psychology—notably positive emotion, virtues, and meaning making—which are often anchored to people's search for the sacred and contribute to their flourishing and mental health.

Religious Pathway

For Reyna, *religion* plays an explicit role in her psychological well-being and resilience. Through her well-integrated and life-long beliefs, religious practices, and church-based social support, she experiences positive emotions that nourish the virtues of trust, gratitude, and forgiveness, promoting the many healthy relationships she has with others. Reyna's search for the sacred is expressed in Catholic affiliation and its beliefs, practices, and traditions. Her religious involvement is personally meaningful and reflects something more than formulaic piety or extrinsic religiousness (being religious just for the personal or social benefits it offers).

The parish in which Reyna participates is particularly important, because it connects her to her cultural roots and to other like-minded believers in her community. She appreciates that the services available in Spanish, which resonates deeply with her soul, frequently reminding her of childhood experiences growing up in Mexico, including memories of sitting next to her beloved grandmother at church each Sunday. These positive emotions (e.g., love, joy, and comfort) provide an emotional depth to the spiritual beliefs and practices that are animated in her devotions, and when facing life's challenges, they help buttress Reyna's coping and trust in

¹ The stories of Reyna and Anders are fictional accounts that are drawn in part from clinical case material.

divine providence. The virtues Reyna exemplifies (e.g., gratitude, hope, and optimism) are rooted in these experiences and grounded in her religious faith. Her meaning making is nurtured and sustained through an explicitly religious and well-integrated pathway that is integral to her mental health (see Park & Van Tongeren, Chapter 6, this volume; Davis et al., Chapter 18, this volume; Van Cappellen et al., Chapter 20, this volume).

Spiritual Pathway

Anders's account suggests an approach to the sacred that could be characterized as *spiritual-but-not-religious*. Although he can recall a few positive experiences from attending church services a few times with his family as a child, Anders has had no involvement in church or any institutional form of religion since adolescence, similar to most of his young-adult peers in Norway (Pew Research Center, 2018).

However, since he was young, his experiences in nature have regularly inspired positive emotions—moments of self-transcendence, awe, contentment, humility, and at times mere gratitude for being alive. During his hikes, Anders often revisits in his mind the evolving narrative of his life, including his recovery from the hardships he has endured personally, as well as the immense suffering he has encountered through his work at the hospital, especially during the COVID-19 pandemic. Although his work is emotionally demanding, he finds great satisfaction in caring for others. He and his colleagues at work embody and nurture the virtues of compassion and service, and at times, Anders feels a deep appreciation for the dignity of human life. He believes that life is meaningful, but in his mind, he is unclear about the nature of the sacred. He just trusts that there is something more to life than just living, suffering, and dying.

When coming off the mountain this morning, Anders finds a reinvigorated capacity to be compassionate and kind to others and himself. Nature experiences like this capture his

connection to what is transcendentally meaningful for him—in a word, his spirituality (although he would hesitate to use that term). Self-transcendence, humility, and positive emotions routinely permeate Anders's search for and experience of the sacred. In moments caring for patients and experiencing nature, his daily life is imbued with meaning, his virtuous character is nurtured, and he feels deeply the positive emotions that contribute so mightily to his well-being and mental health (see Ratchford et al., Chapter 4, this volume; MacDonald, Chapter 5, this volume; Park & Van Tongeren, Chapter 6, this volume; Van Cappellen et al., Chapter 20, this volume).

A wide-angle conceptual lens is required to capture the essence of the religious and spiritual experiences that are depicted in these two fictional accounts. A person's religiousness/spirituality is dynamic. It emerges from a host of constitutional, developmental, individual, social, and cultural factors (see Figure 22.S1 for a conceptual model), and it is affected by the person's present life circumstances. Both the religious and spiritual pathways involve positive emotions, supports meaning making, and nurtures virtues. Although similarities exist between the two case illustrations in this appendix, the uniqueness of each of these individuals' experiences stands out and requires considering the distinct impacts of religiousness (the religious pathway) and spirituality (the spiritual pathway) on well-being and mental health.

References

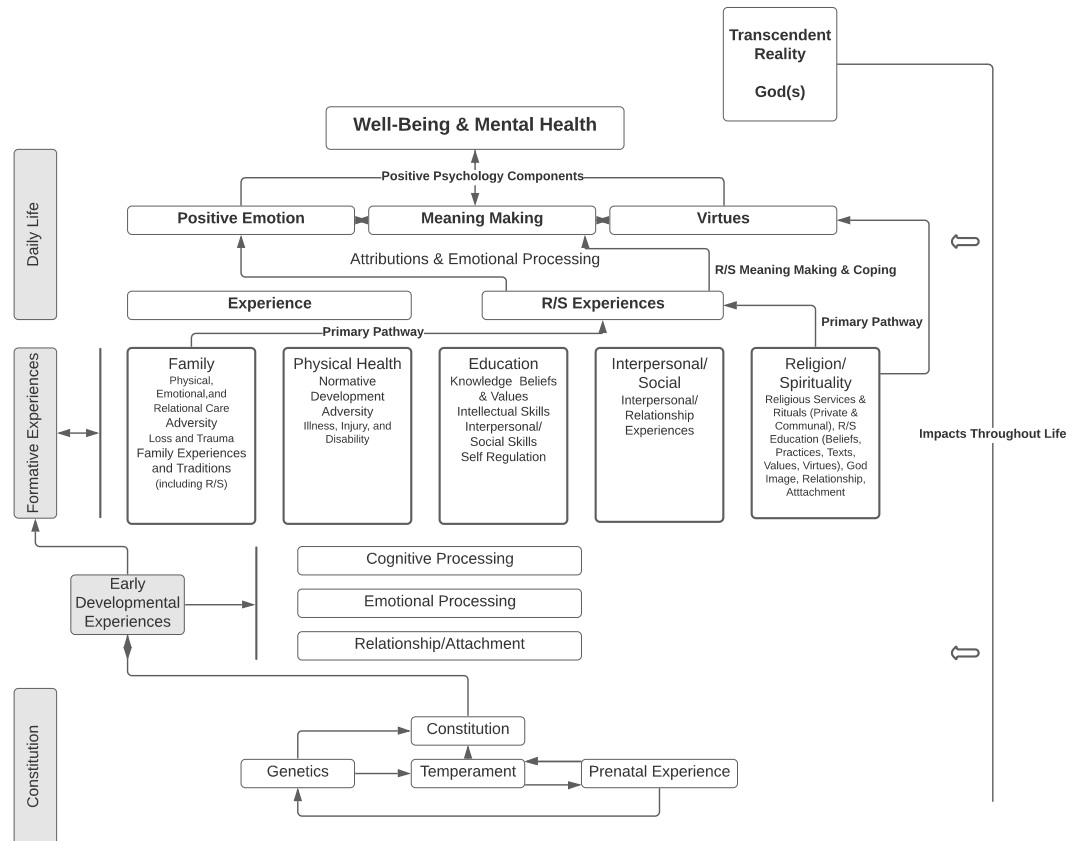
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Figure 22.S1

A Conceptual Model of Religious/Spiritual Pathways to Well-Being and Mental Health



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, the model includes the possibility of transcendent reality/God(s) as a force in human experience (Spero, 1992), even though this component of course is not empirically verifiable from a positivistic perspective.