

Chapter 2

Faith and Positive Emotions

From its inception, positive psychology has emphasized the importance of examining the subjective level of the human experience (Seligman & Csikszentmihalyi, 2000). This includes positive emotions such as happiness, contentment, life satisfaction, optimism, hope, confidence, self-esteem, love, and gratitude. One of the great contributions of positive psychology to the broader field of psychology is the notion that focusing on positive emotions is as valuable as focusing on negative emotions. For example, experimental evidence suggests that positive emotions are valuable because they foster positive perceptions of self and others, sociability, altruism, effective conflict resolution skills, and physical health (Lyubomirsky, King, & Diener, 2005). Likewise, longitudinal research shows that happiness is associated with positive outcomes such as people having superior mental and physical health, greater longevity, more satisfying relationships, and being more fulfilled and productive at work (Lyubomirsky et al., 2005). Gaining greater insight into positive emotions and their antecedents is crucial, given that positive emotions can exist independently from negative emotions (Ryff et al., 2006) and efforts to decrease negative emotions will not automatically result in increased positive emotions (see Schimmack, 2008 for a review). Research has begun to explore how positive emotions, which are typically short-lived, have such powerful effects in people's lives. Fredrickson's (2001) broaden-and-build theory emphasizes that positive emotions enable people to thrive because they momentarily broaden their attention and perspective to help them discover and build cognitive, psychological, social, and physical resources. Thus, it seems that positive emotions not only increase satisfaction and well-being in the moment, but also help people build resources that lead to experiencing life as more satisfying and fulfilling in the long term. In this chapter we will review how faith can play a role in building positive emotions that have such far-reaching implications for people's lives.

It is important to keep in mind that links between faith and emotion are complex. For example, faith beliefs and practices can elicit positive emotions such as joy, tranquility, and compassion. Some of these emotions have a religious or spiritual nature, such as reverence, which involves deep veneration, often inspired by a deity.

At the same time, it is also true that certain emotions can elicit spiritual beliefs and experiences. For example, Valdesolo and Graham (2014) conducted experiments in which they randomly assigned individuals to experience the emotion of awe or general positive emotions or neutral emotions and found that inducing a sense of awe elicited stronger beliefs in supernatural control and greater belief in God. Much of the research we will review in this chapter is cross-sectional in nature, leaving open the possibility that faith is influencing emotional experiences or emotions are influencing faith characteristics, or both.

The research on links between faith and emotions includes a variety of definitions of faith, such as beliefs, attitudes, and behaviors involved in people's connection with the sacred in their lives. For the host of faith variables reviewed in this chapter, it is important to note that the constructs used are not employed in a theological sense, but rather as psychological constructs. The variables are religious and spiritual to the extent that their point of reference is the sacred; however, they are psychological in nature because they focus on people's perceptions of what is sacred and are studied with social scientific methods rather than theological methods.

We have selected specific emotion variables connected to faith on the basis of Fredrickson's (1998) description of positive emotions as ones that share a "pleasant subjective feel" (p. 300). Although a great deal of research has indicated that faith relates to decreases in negative emotions, we take a positive psychology approach by focusing on the adaptive and emotionally fulfilling aspects of faith, emphasizing research on links between faith and increases in positive emotions. The empirical literature has focused nearly exclusively on the outcome variables of happiness, life satisfaction, and subjective well-being.

We begin with an exploration of how religious groups differ in emotional experiences and how emotions might have a basis in faith, and then we examine how a variety of faith variables relate to various measures of emotional well-being. Given the vast amount of research that has been conducted linking faith variables to emotional well-being, we will provide an overview of themes from meta-analyses and literature reviews and focus on individual studies that are longitudinal in nature or involve diverse samples. Subsequently, we examine possible moderators as well as reasons for the links between faith and emotional well-being and explore the implications of the faith-emotion link to the field of psychology. Toward the end of the chapter, we also provide a cautionary note that highlights that some forms of faith are associated with negative emotions and declines in well-being. We close the chapter with suggestions for future research.

2.1 Religious Differences in the Experience of Emotions

Before reviewing how faith relates to emotional well-being, we first explore how religious differences relate to differences in the experience of emotions and whether certain emotions might have a basis in faith. Faith consists not only of beliefs and

behaviors, but also of emotional experiences. Empirical research indicates that being religious is associated with distinct emotional processing, including reporting more vivid and intense emotional experiences, but also being less able to differentiate emotions (Burris & Petrican, 2011). This may have a neurophysiological basis, with religious individuals being more likely to exhibit right-hemispheric dominance than atheists. This right-hemispheric dominance is associated with higher levels of perceiving and experiencing emotions. Burris and Petrican (2011) theorized that faith might provide a narrative for religious individuals to understand the intense, yet undifferentiated emotions that they are more likely to experience than atheists. Along these lines, psychologists have explored how religion can be a source of profound emotional experiences (Emmons & Crumpler, 2000; Hood, 2005). For example, those higher in religiosity and spirituality are more inclined to experience feelings of gratitude than those who are less religious or spiritual (Emmons & Mishra, 2012).

In addition to emotional differences between those high and low in religiosity or spirituality, emotional experiences also differ across religious traditions, ranging from intense positive emotions to calming emotional quietude (Emmons, 2005). For example, Kim-Prieto and Diener (2009) compared a large sample of Christian, Muslim, Hindu, Buddhist, and Jewish participants from 49 countries regarding the extent to which they experienced nine distinct emotions. They found that there were many significant differences between the religious groups in the amounts of each emotion experienced. In considering the religious groups that scored consistently higher or lower than at least three of the four other religious groups on a particular emotion, Christians reported experiencing more love and less shame and anger; Muslims reported experiencing more sadness, guilt, shame, and jealousy; Hindus reported experiencing less gratitude and pride; and Buddhists reported experiencing less pride and more guilt. A follow-up study among Christian college students further indicated that the link between religion and emotion can be experimentally induced, as participants who were asked to identify their religion prior to completing ratings of emotions reported experiencing more love than those who completed emotion ratings without being asked to identify their religious affiliation first (Kim-Prieto & Diener, 2009).

One potential reason for religious differences in the types of emotions that are experienced is that different religions place emphasis and value on different emotions. This occurs through religious texts, icons, and relics (Tsai, Koopmann-Holm, Miyazaki, & Ochs, 2013). For example, Tsai, Miao, and Seppala (2007) compared ideal affect in Buddhism and Christianity by considering classical and contemporary texts and insights from practitioners. They found that Christians endorsed high-arousal positive emotions, such as excitement, more than Buddhists, and Buddhists valued low-arousal positive emotions, such as peacefulness, more than Christians. Similarly, when Christian, Muslim, Hindu, Buddhist, and Jewish college students in the U.S. were asked to rate the degree to which nine emotions were considered desirable by their religion, Christian participants emphasized love more than Buddhist and Muslim participants; Buddhist participants placed less emphasis on sadness than Christian and Muslim participants; Muslim participants

placed more emphasis on shame than Hindu participants; and Jewish participants placed more emphasis on pride than Christian, Buddhist, and Hindu participants and more emphasis on happiness than Buddhist participants (Kim-Prieto & Diener, 2009). However, it should be noted that the group sizes were unequal, and the number of Muslim and Jewish participants was low ($n = 11$ and 19 respectively).

2.2 Faith-Based Emotions

Religious differences in the value and experience of different emotions raises the question of whether some emotions are religious or spiritual in nature. Within the psychology literature, numerous emotions have been labeled religious, spiritual, or sacred. These include emotions such as gratitude, compassion, empathy, humility, contentment, love, adoration, reverence, awe, elevation, hope, forgiveness, tolerance, loving-kindness, responsibility, contrition, joy, peace, trust, duty, obligation, and protectiveness (Emmons, 2005; Pargament & Mahoney, 2005; Plante, 2012; Roberts, 2007; Vaillant, 2008). The nature of faith-based emotions raises complex questions, such as: Are these emotions always religious or spiritual in nature? Do they exist in distinct secular and spiritual forms? Is one subsumed under the umbrella of the other? For example, is faith-based hope merely a particular form of general hope or could it be that all hope is rooted in a greater spiritual reality?

Psychologists have taken a variety of approaches to conceptualizing how key emotions relate to faith. Maslow (1964), for example, observed that religious words were reported by “non-theistic people in their effort to describe particular subjective happenings in ‘non-religious’ (in the conventional sense) peak experiences and illuminations” (p. 5). Maslow believed individuals made use of religious terms to describe peak experiences for lack of a different vocabulary. Maslow himself made use of what he considered religious and spiritual terms to refer to people’s subjective experiences, even though he viewed those experiences as occurring within human nature and without supernatural reference. Thus, he referred to spiritual emotions and experiences intending to convey naturalistic meaning. In contrast, William James (1902) identified religious emotions as psychic entities distinguishable from other emotions. However, he did not consider faith-based emotions to be a distinct form of affect, but described them simply as general emotions directed at a religious object or supernatural relationship. Similar thinking is reflected in the work of many contemporary psychologists, who have suggested that emotions can be experienced in spiritual and non-spiritual forms. For example, Emmons and Crumpler (2000) have described both psychological and religious theories for gratitude, indicating that gratitude bridges theological and psychological understandings of human nature. Similarly, Keltner and Haidt (2003) indicated that the emotion of awe can be triggered by religious encounters, but equally by objects and events in other areas of life, such as politics, nature, and art. Along these lines, Tangney (2000) has suggested

that humility is an overarching construct that may have religious dimensions. She indicated that for some, humility in its general form results from knowledge that humans are limited in comparison to a higher power.

The ambiguity regarding the spiritual nature of certain emotions complicates a review of the literature of faith-based emotions. It seems overzealous to assume that all research on emotions such as joy, gratitude, love, or others can be assumed to refer to a religious or spiritual experience of these emotions. We propose three avenues through which it is possible to examine emotions occurring in a specifically spiritual or sacred form: (1) research that measures emotions that are operationalized in an explicitly faith-based way, such as *spiritual peace* or *religious contrition*; (2) research assessing emotions that are experienced related to a Higher Power, such as gratitude toward a deity or feeling loved by God; (3) and research on emotions evoked as the focus of a religious practice, such as joy experienced through religious worship. Rather than providing an exhaustive overview of research meeting these criteria, we have chosen to provide some examples of empirical research that fits each of these ways of studying faith-based emotions.

2.2.1 Assessing Emotions Defined as Explicitly Spiritual or Religious

Research on emotions that are defined in an explicitly religious or spiritual way has primarily focused on how these faith-based emotions are brought about. Emmons (2005) has suggested several factors associated with experiencing sacred emotions, including that spiritual emotions are promoted by religious and spiritual systems and that they are more likely to be experienced in religious settings, through spiritual or religious practices, by individuals who identify as religious or spiritual, and about aspects of life considered to be sacred. Pargament and Mahoney (2005) have further described how imbuing aspects of life with spiritual significance is likely to elicit faith-based emotions. There is some empirical support for these theories. For example, a study of couples in the U.S. expecting their first child indicated that more frequent religious service attendance and prayer, more conservative beliefs about the Bible, and greater perceptions of the marriage and pregnancy as sacred were all associated with experiencing more spiritual emotions (Mahoney, Pargament, & DeMaris, 2009). The spiritual emotions were defined for participants as explicitly spiritual in nature, such as feeling spiritually uplifted, feeling spiritually inspired, or feeling positive emotions toward a Higher Power. It is noteworthy that viewing the marriage and pregnancy as sacred was predictive of spiritual emotions beyond the measure of general religiousness, involving religious service attendance, prayer, and Biblical conservatism. Thus, viewing aspects of life as sacred seems to predict spiritual emotions to an even greater degree than simply being a religious or spiritual person or being engaged in religious beliefs and practices.

Interestingly, it seems that positive spiritual emotions are relevant not only to family transitions that are considered positive, but also to difficult transitions. In a longitudinal study of divorce, turning to God in one's efforts to forgive the circumstances surrounding the divorce at the time it occurred was associated with higher levels of positive, explicitly spiritual emotions 1 year later (Krumrei, Mahoney, & Pargament, 2008). These findings remained when controlling relevant demographic factors and participants' previous levels of positive spiritual emotions. Thus, it appears that incorporating one's faith into complex human processes, such as forgiveness, can be related to experiencing more positive spiritual emotions.

Unfortunately, little research has been conducted in a way that operationalizes emotions in an explicitly religious, spiritual, or sacred way. Available research has focused on sacred emotions primarily as an outcome measure. It would be worthwhile to examine faith-based emotions as predictor variables as well. For example, it would be fruitful to know whether positive spiritual emotions mirror or even surpass general positive emotions in terms of the positive life effects they elicit.

2.2.2 Assessing Emotions Related to a Higher Power

In addition to defining emotions themselves as explicitly religious or spiritual, another way to assess faith-based emotions is to ask people about the emotions they experience in relation to God or a Higher Power. Numerous studies have examined positive emotions experienced in relation to God, such as love and gratitude, as well as negative emotions, such as fear and anger. In this section we will focus on one positive emotion experienced toward God and one positive emotion experienced from God: gratitude toward God and feeling loved by God.

2.2.2.1 Gratitude Toward God

Gratitude has been conceptualized as a moral emotion that involves the perception of intentional benevolence from another (McCullough, Kilpatrick, Emmons, & Larson, 2001). It is valued and promoted by the major world religions (Rye, Wade, Fleri, & Kidwell, 2013) and empirical links have been observed between gratitude and measures of religion and spirituality (McCullough, Emmons, & Tsang, 2002). Nevertheless, most research on gratitude has been conducted outside of an explicitly religious context (Carlisle & Tsang, 2013). Here, we consider the limited empirical research that has specifically examined gratitude felt toward God, most of which has been conducted by Krause, and is focused on older adults in the U.S.

Cross-sectional research has highlighted various predictor variables of gratitude toward God, including church attendance (Krause, 2012; Krause & Bastida, 2012), religious commitment (Rosmarin, Pirutinsky, Cohen, Galler, & Krumrei, 2011), having a sense of religious meaning in life and receiving spiritual support from one's church community (Krause, 2012), and seeing the connectedness that exists

among all people (Krause & Bastida, 2012). Longitudinal research has indicated that feeling closely connected to others in one's church community is associated with feeling more grateful to God over time (Krause & Ellison, 2009). In addition, levels of gratitude toward God seem to differ across demographic characteristics. There is some indication that women are more likely to feel grateful to God than men (Krause, 2006) and that African Americans and Mexican Americans experience more gratitude toward God than Caucasian Americans (Krause, 2012). These findings are consistent with research showing that those who belong to minority or oppressed groups tend to be more religious in general (e.g., Pargament, 1997).

Even less is known about the outcomes of feeling grateful toward God. A large nationwide study indicated that feeling more grateful toward God was associated with less death anxiety among older Mexican Americans (Krause & Bastida, 2012). In addition, feelings of gratitude toward God seem to buffer the negative effects of stress on health among older adults living in a deteriorated neighborhood (Krause, 2006). Finally, in a younger sample (average age 28 years), feeling grateful to God was associated with higher levels of positive affect, happiness, and life satisfaction (Rosmarin et al., 2011). Clearly, more research is needed to examine how feelings of gratitude toward God benefit individuals.

2.2.2.2 Feeling Loved by God

Next we turn to the emotional experience of feeling loved by God, captured by *God image* studies. The concept of *God image*, grounded in the work of Rizzuto (1979), refers to a person's emotional experience of God. The affective representations that one holds of God consist of memories of experiences with God, rather than of conceptual information that has been learned about God. Research indicates that often people's personal images of God differ from the normative image of God they believe they should have according to religious culture (Jonker, Eurelings-Bontekoe, Zock, & Jonker, 2007). As Lawrence (1997) described it, "God image is a psychological working internal model of the sort of person that the individual imagines God to be" (p. 214).

Numerous studies across multiple countries have examined the implications of feeling loved by God. For example, large-scale studies with representative U.S. samples have indicated that experiencing God as loving is associated with less negative emotions and fewer mental health problems, including less depression and anxiety (Bradshaw, Ellison, & Flannelly, 2008; Flannelly, Galek, Ellison, & Koenig, 2010). Smaller studies have been conducted in other countries demonstrating links between feeling loved by God and experiencing more positive emotions. For example, in a Belgian study, a positive emotional experience of God's love was associated with greater happiness among chronic pain patients (Dezutter et al., 2010). In addition, a Canadian study of adults who had been sexually abused as children demonstrated that greater feelings of being loved by God were associated with greater personal growth, greater resolution of the abuse, and less depression (Gall, Basque, Damasceno-Scott, & Vardy, 2007). Furthermore, in this study, experiencing feelings of love from God was associated with having more feelings

of hope and self-acceptance, which were two of the factors associated with experiencing a greater sense of resolution about the abuse history and less depressed mood. Two additional small, Canadian studies were conducted among women who had experienced breast cancer and men who had prostate cancer. Among the women, feeling loved by God was associated with lower levels of psychological distress (Gall, Miguez de Renart, & Boonstra, 2000). In addition, feeling a sense of God's presence and God's control in life was associated with greater levels of optimism. Among the men, feeling loved by God was associated with better mental health and emotional functioning (Gall, 2004). Finally, a small study among older adults in Switzerland indicated a strong relationship between directly experiencing the nearness of a guiding, shelter-giving God and feeling emotionally stable (Chukwu & Rauchfleisch, 2002).

Thus, it seems that positive feelings about God, including feeling loved and cared for by God, can be associated with personal growth and emotional well-being. While there are a fair number of studies with diverse samples relating experiencing God as loving to positive outcomes, this research is of a self-report nature and correlational design. Longitudinal and experimental research is needed to establish how feeling loved by God relates to well-being.

2.2.3 Assessing Emotions Evoked by Religious or Spiritual Practices

In addition to considering emotions defined as sacred and emotions experienced toward a Higher Power, another way to study faith-based emotions is to examine emotions that are central to faith practices. For example, Hindus may engage in religious practices such as devotion, action, or meditation to achieve *Ānanda*, a form of delight or bliss. Similarly, most religions offer purification rituals that result in feelings of purity, holiness, or blamelessness. Unfortunately, very little research exists on the emotions inherent to religious activities. For example, a psycINFO search resulted in little to no quantitative research measuring the emotions associated with religious devotion, worship, purification, confession, pilgrimage, or baptism. Later in this chapter we review research indicating that engaging in religious practices is associated with experiencing more positive emotions in life. In this section, we focus on favorable emotions that are inherent to faith practices while they are taking place. Specifically, we will highlight research on the emotions associated with glossolalia (speaking in tongues) and loving-kindness meditation.

2.2.3.1 Glossolalia

Glossolalia, or speaking in tongues, is considered a mental or emotional state associated with Pentecostal religious traditions in which an individual speaks in

an incomprehensible language over which he or she claims to have no control (Newberg, Wintering, Morgan, & Waldman, 2006). While little research has examined the emotions associated with glossolalia, there is some indication that this religious practice involves heightened emotions. For example, in a small qualitative study about the first experience of glossolalia during spirit baptism, all eight participants indicated that the experience was associated with a magnification or expansion of affect, such as feelings of intoxication and abundant love, peace, happiness, and joy (Williamson & Hood, 2011). A neuroimaging study of glossolalia involving singing, vocal utterances, and ecstatic bodily experiences found a trend towards increased activity in the right amygdala, which is consistent with glossolalia being a highly emotional state. However, it should be noted that others have described a gentler form of glossolalia, more similar to quiet prayer, that is associated with calm, pleasant emotions (Grady & Loewenthal, 1997). Thus, preliminary findings suggest that the religious practice of glossolalia is associated with heightened emotions that range in nature, but are experienced as positive.

2.2.3.2 Loving-Kindness Meditation

Another example of emotions inherent to a faith practice includes the divine emotions of loving-kindness, compassion, empathic joy, and equanimity experienced through the Buddhist Brahma Viharas meditation (Salzberg, 2002). Of these four emotions, loving-kindness has been studied most. Research on loving-kindness meditation is ideal for considering how faith-based emotions relate to outcomes, as data has been collected before and after interventions in which participants focus on evoking this sacred emotion, and the outcomes have been compared to control groups who have not focused on a sacred emotion.

Loving-kindness involves feelings of warmth and caring for self and others. It is an unselfish kindness that is felt toward all people. It is cultivated through an emotion-focused meditation practice that involves directing one's emotions toward warm and tender feelings in an open-hearted way (Shapiro & Sahgal, 2012). In loving-kindness meditation, people cultivate the intention to experience loving-kindness not only during the meditation itself, but also in their lives more generally. Loving-kindness meditation has been considered a reliable method of eliciting the emotion of loving-kindness, involving love, contentment, and compassion (Fredrickson, Cohn, Coffey, Pek, & Finkel, 2008). In considering the outcome research on this form of meditation, it is important to acknowledge that the practice involves not only a focus on loving-kindness, but also physical and cognitive features of contemplation and meditation, such as closing one's eyes, focusing on breathing, and gaining insight. These meditative factors should be acknowledged when considering the potential outcomes of the emotion of loving-kindness. However, recent research supports that loving-kindness meditation is neurologically unique from other forms of meditation, suggesting that the outcomes of loving-kindness are not strictly the result of engaging in a meditation practice. For example, concentration and awareness forms of meditation elicit different brain

activity than loving-kindness meditation (Brewer et al., 2011). In one study, when presented with pictures displaying sad affect, practitioners of loving-kindness meditation displayed neural activity associated with emotional regulation processes, whereas the neural activity of practitioners of focused-attention meditation viewing images of sad faces exhibited attention-related processing (Lee et al., 2012). This is consistent with the finding that those who do and do not practice loving-kindness meditation display differences in brain structure and neural activity. Specifically, those who practice loving-kindness meditation have more gray matter volume in brain regions involved in regulating affect such as empathy, anxiety, and mood (Leung et al., 2013). Given that loving-kindness meditation has unique outcomes from other forms of meditation, it seems warranted to conclude that the outcomes of loving-kindness meditation can, at least in part, be attributed to the cultivation of a sacred emotion, and not only to the experience of engaging in meditation.

Outcome studies of loving-kindness meditation have indicated that loving-kindness is associated with decreased negative emotions and mental health symptoms and increased positive emotions. For example, among chronic pain patients, those engaging in 8 weeks of loving-kindness meditation reported improvements in psychological distress compared to those who did not engage in loving-kindness meditation (Carson et al., 2005). The greater the amount of time they spent in loving-kindness meditation on a given day, the lower their levels of anger were the following day. In addition, there is a growing body of literature indicating that loving-kindness meditation is associated with increases in positive emotions. In a study in which participants were assigned to either a one-time loving-kindness meditation or a one-time neutral imagery induction, the mood of participants in the loving-kindness condition became more positive, while the mood of those in the control condition did not change (Hutcherson, Seppala, & Gross, 2008). Those in the loving-kindness condition also displayed greater increases in feeling positively toward others. Other studies have shown that the effects of loving-kindness last beyond the meditation period. In comparison to a waitlist control group, participants who engaged in 7 weeks of loving-kindness meditation displayed greater increases in positive emotions, including love, joy, gratitude, contentment, hope, pride, interest, amusement, and awe (Fredrickson et al., 2008). The increases in positive emotions were related to benefits in many areas of life, including greater self-acceptance, positive relations with others, good physical health, and greater life-satisfaction. A 15-month follow-up survey of these participants indicated that those who continued meditating following the initial study showed more positive emotions than those who had not, but that all participants maintained positive life gains that had resulted from the initial intervention, whether or not they continued meditating (Cohn & Fredrickson, 2010). Thus, it seems that increases in loving-kindness are related to elevations in daily experiences of positive emotions, which offer long-term gains in many aspects of people's lives.

2.2.4 The Uniqueness of Faith-Based Emotions

The research we have reviewed indicates that both theistic and nontheistic faith-based emotions are associated with a range of positive outcomes in people's lives. However, the question remains whether faith-based emotions are unique from or similar to secular emotions in their positive outcomes. Consider, for example, the emotion of gratitude. Gratitude has been defined as the emotional response to receiving a gift (Emmons & Crumpler, 2000). This implies that gratitude toward God can occur for all things a person attributes to God, whereas non-religious gratitude may be constrained to contexts in which something good is received from another person. Little research is available to speak to the question of whether faith-based emotions are distinguishable from secular emotions. One exception is a study that examined whether there was a difference between general gratitude and faith-based gratitude within a religiously diverse sample in the U.S. (Rosmarin et al., 2011). Participants in this study completed a standard measure of their disposition to experience gratitude with items that were not explicitly religious in nature. The same measure was used to assess religious gratitude with participants completing each item modified to direct gratitude specifically toward God. The results indicated that an interaction between religious commitment and religious gratitude accounted for unique variance in participants' well-being, including more happiness, life satisfaction, positive affect, and mental health, after controlling for the effects of general gratitude. These findings suggest that while gratitude was associated with greater well-being regardless of religiosity, religious gratitude had an additional positive effect on well-being for individuals who were religiously committed. This study was further able to elucidate previous research linking gratitude to religiosity, in that the relationship between religious commitment and general gratitude was fully mediated by religious gratitude, suggesting that religion is associated with gratitude specifically because religious individuals are grateful to God. While it is difficult to base conclusions regarding the similarities and differences between faith-based emotions and secular emotions on one study, there seems to be an indication that faith-based gratitude offers unique benefits beyond gratitude in general, at least for those who are religious. More research is needed to evaluate whether similar patterns exist for other faith-based emotions.

2.3 Faith Predictors of Positive Emotions and Well-Being

As noted in the previous chapter, many individuals throughout the world adhere to a religious faith. Here, we consider research that has consistently shown that faith is related to positive emotional outcomes. For example, in the U.S., an analysis of more than 676,000 Gallup interviews indicated that Americans for whom religion is an important part of daily life have higher levels of emotional health and feel more positively about their present and future life situations than individuals for whom

religion is not as important (Newport, Witters, & Agrawal, 2012). These links hold up after controlling for relevant demographic variables such as age, gender, race, ethnicity, region, socio-economic status, marital status, and child-bearing status. The amount of research that has been conducted on faith in relation to positive emotions and well-being is so vast that many systematic reviews of literature and meta-analyses have been published on the topic. Therefore, we provide an overview of what is known about links between faith and emotional well-being by summarizing and highlighting the themes of previous syntheses of research, including considering religious coping and potential moderators. We then focus greater attention on longitudinal research on this topic, in order to consider the directionality of the links between faith and emotional well-being.

Many literature reviews have been conducted on the relationship between faith and emotional well-being. For example, Koenig, McCullough, and Larson (2001) conducted a systematic review of 850 studies relating religion to mental health. Of the 102 studies relating faith to life satisfaction, happiness, positive affect, or higher morale, 79 % found a positive association. Similarly, among the studies addressing links between faith and hope, optimism, purpose, or meaning, the vast majority demonstrated positive associations. An updated review located 224 new quantitative studies on faith and well-being, with 78 % finding a positive association, 5 % reporting mixed or complex findings, 17 % reporting no association, and only 1 % finding a negative relationship between faith and greater well-being (Koenig, King, & Carson, 2012). Similar trends have been found among adolescents. In a review of 20 studies addressing religion and spirituality in relation to mental health among adolescents, 90 % of the studies found positive links, indicating that faith was associated with positive affect and emotional well-being (Wong, Rew, & Slaikeu, 2006).

2.3.1 The Size and Nature of the Relationship Between Faith and Emotional Well-Being

Numerous recent meta-analyses have provided quantitative evaluations of the strength of the relationship between faith and emotional well-being. A meta-analysis of 35 studies (total number of participants not reported), for example, indicated that there is a small, positive relationship ($r = 0.10$) between religion and psychological adjustment, which included high life-satisfaction, self-esteem, happiness, and other positive feelings (Hackney & Sanders, 2003). Religion was defined as people's traditional, institutionalized efforts to have a relationship with the transcendent. A meta-analysis of 49 studies with a combined sample of 22,554 participants indicated that there is a moderate positive relationship ($r = 0.34$) between spirituality and a person's satisfaction with the quality of his or her life as a whole (Sawatzky, Ratner, & Chiu, 2005). Spirituality was defined as any aspect of people's relationship to a Higher Power or the transcendent, not necessarily occurring within an institutional context. Similar results were found for younger

individuals in a meta-analysis of 75 studies with a combined sample of 66,273 participants aged 12–25, among whom both religion and spirituality were associated with favourable psychological outcomes (Yonker, Schnabelrauch, & DeHaan, 2012). These findings included positive links between faith and self-esteem ($r = .11$) and well-being, which included life satisfaction, happiness, and positive mood ($r = .16$).

These meta-analyses suggest that faith is related to being satisfied in life. They also highlight that certain aspects of faith are more closely related to well-being than others. For example, Hackney and Sanders (2003) found that the relationship to positive psychological adjustment was strongest for personal, internalized devotion, which included intrinsic religious orientation, emotional attachment to God, intensity of devotion, and colloquial prayer. This was followed by less strong links between psychological adjustment and religious ideology, including religious attitudes, belief salience, and fundamentalism. Finally, the weakest relationship to psychological adjustment was present for social and behavioral aspects of religion, such as attendance at religious services, participation in church activities, extrinsic religious orientation, and participation in ritual prayer. These findings suggest that internalizing the beliefs and values of one's faith and being personally motivated in one's faith are more important to well-being than particular religious ideologies or participating in religious activities.

With regard to spirituality, Sawatzky et al. (2005) found that the relationship to quality of life was stronger for existential spirituality than for relational spirituality or general ratings of religion/spirituality. Thus, it seems that finding a sense of meaning and purpose through one's orientation to the sacred is associated with life-satisfaction, even more so than the strength of one's relationship with a Higher Power or one's general self-ratings of religiosity and spirituality. Consistent with Sawatzky et al.'s, but in contrast to Hackney and Sanders's (2003) analyses of mostly adult samples, Wong et al. (2006) found in their review that existential and institutional measures of faith were the most salient predictors of well-being among adolescents, more so than measures of personal devotion and ideology. Thus, age may impact which aspects of faith are most influential for well-being, with social and behavioral aspects of institutional religion and spirituality being particularly beneficial to adolescents in comparison to adults.

2.3.2 Religious Coping as an Aspect of Faith Linked to Emotional Well-Being

One particular way that individuals may benefit from greater well-being through their faith is that faith offers mechanisms for coping with distress. Overall, the research literature indicates that faith is related to well-being for many individuals, but that the relationship may be strongest among those facing stressors in life (Moreira-Almeida, Neto, & Koenig, 2006). Research indicates that among

both adults and children, faith has been associated with better adjustment and more post-traumatic growth following trauma, including the experience of greater appreciation for life, a greater sense of personal strength, greater recognition of new possibilities, and warmer, more intimate relationships with others (Bryant-Davis et al., 2012; Schaefer, Blazer, & Koenig, 2008; Shaw, Joseph, & Linley, 2005). Literature reviews have indicated that faith variables, such as religiosity, spirituality, religious and spiritual beliefs and behaviors, spiritual well-being, and positive religious coping, have been associated with greater emotional well-being, including greater life satisfaction, hope, resilience, and post-traumatic growth among the physically ill (Stewart & Yuen, 2011), including individuals with cancer (Masters & Hooker, 2013; Visser, Garssen, & Vingerhoets, 2010), HIV/AIDS (Biswas, 2007; Dalmida, 2006), cardiovascular disease (Masters, & Hooker, 2013), burn victims (Askay & Magyar-Russell, 2009) and those in palliative care (Sinclair, Pereira, & Raffin, 2006). Faith is particularly important to emotional well-being and hope among people facing the end of life due to terminal illness or old age (Reid, 2012; Van Ness & Larson, 2002). Beyond coping with physical struggles, faith is also relevant to emotional well-being and hope among those with mental illness (Schrack, Bird, Rudnick, & Slade, 2012). Thus, the consistent finding is that faith can be a powerful resource for many people struggling with difficult life events.

Pargament (1997) has described many of the helpful ways that people draw on their faith in the face of stress. Positive religious coping methods include behaviors such as:

- seeking solace and comfort from God, transcendent forces, or one's religious community
- seeking help from God for problem-solving
- engaging in religious activities or providing spiritual support to others to get one's mind off of a stressor
- using one's faith to let go of negative emotions associated with a stressor, such as emotional pain, fear, and anger
- seeking spiritual cleansing or using religion to achieve a life transformation
- using faith to view a stressor in a more positive light, such as considering it to be a lesson from God, or an impetus for spiritual growth (discussed in more detail in Chap. 4)

Literature reviews have indicated that these positive forms of religious coping are associated with improved mood and greater self-esteem, life satisfaction, and quality of life in both community and clinical samples (Harrison, Koenig, Hays, Eme-Akwari, & Pargament, 2001). For example, a meta-analysis of 49 studies examining the relationship between religious coping and psychological adjustment among a total of 13,512 participants dealing with a host of stressful life situations indicated that positive religious coping was moderately associated with positive psychological adjustment to stressful events (effect size = 0.33), including greater stress-related growth, spiritual growth, positive affect, and self-esteem (Ano & Vasconcelles, 2005). Furthermore, a meta-analysis of 103 studies about

the psychosocial factors related to post-traumatic growth revealed that religious coping was the strongest predictor of positive psychological changes in the aftermath of extremely stressful events (effect size = 0.38, based on 31 studies with 6,188 participants; Prati & Pietrantonio, 2009). The effect of religious coping surpassed that of other, secular forms of coping, such as interpersonal coping (e.g., social support) and intrapersonal coping (e.g., optimism).

2.3.3 Possible Moderators of the Relationship Between Faith and Emotional Well-Being

Meta-analyses that have been conducted on the relationship between faith variables and well-being shed light on individual characteristics that may moderate the relationship between faith and emotional well-being. In most analyses, significant heterogeneity of effect sizes remained after classifying faith variables and well-being variables into groups, suggesting the presence of moderators in the relationship between faith and emotional well-being. While some meta-analyses found no differences in effect sizes across gender, age, or ethnicity (e.g., Sawatzky et al., 2005), this may have been due to missing information in the primary studies. There is some evidence that the relationship between faith and well-being differs across age groups, with the strongest links being present at older ages (Prati & Pietrantonio, 2009). The majority of research has linked faith to greater well-being, including happiness, life-satisfaction, self-esteem, and emotional adjustment, among older adults (Levin, 1997). In Yonker et al.'s (2012) meta-analysis, age moderated links between religion/spirituality and self-esteem, with a significant relationship being present for emerging adults (aged 18–25 years) rather than adolescents (aged 12–17 years). Similarly, Wong et al. (2006) concluded that of the few studies that examined age as a moderator of the relationship between faith and well-being among adolescents, each found that the relationship was stronger for older adolescents compared to younger ones.

In addition to age, race and gender have been examined as moderators of the relationship between faith and well-being. In Hackney and Sanders's (2003) meta-analysis, effect sizes for the relationship between faith and well-being were larger for African-American participants than for Caucasian participants. Perhaps the effects of religion are felt more strongly among groups for whom religion is more salient, as previous research has indicated that religion is more common among ethnic minorities (e.g., Douglas, Jimenez, Lin, & Frisman, 2008). Finally, studies of gender as a moderator have provided mixed results. Prati and Pietrantonio (2009) found that the relationship between engaging in religious coping and experiencing posttraumatic growth was stronger for women than for men. Again, perhaps this is due to the fact that religion tends to be a more salient factor for women than for men (e.g., Pargament, 1997). However, in contrast, Wong et al.'s (2006) review of research with adolescents indicated that of seven studies examining gender as a

moderator, four found that the relationship between faith and well-being was stronger among males than females, while one study found the relationship was stronger for females than males. This number of studies is too small to draw definitive conclusions, meaning that more research should examine whether gender moderates links between faith and well-being among youth, and if so, whether this is in a different direction than among adults.

Regardless of potential demographic differences in the *strength* of the relationship between faith and well-being, research seems to indicate that there are significant links between faith and emotional well-being for diverse populations across a variety of life situations. The size of this relationship averaged across all studies within meta-analyses is small to moderate. Next, we will consider the directionality of this relationship.

2.3.4 Directionality in the Relationship Between Faith and Emotional Well-Being

A key question that emerges from this body of literature is whether faith is able to *elicit* emotional well-being. Some alternative explanations are that those who experience emotional well-being and happiness gravitate toward faith, or that emotional well-being stems from other positive factors associated with faith, such as social support or healthy lifestyles. Longitudinal research allows us to begin to address this question by considering whether faith precedes emotional well-being in time or vice versa. In the largest reviews of literature, longitudinal studies have shown similar positive links between faith and emotional well-being as cross-sectional studies. For example, among the prospective studies relating faith to the outcome variables of life satisfaction, happiness, or positive affect reviewed by Koenig et al. (2001), 83 % indicated that faith predicted greater well-being over time. In this section, we highlight studies that have examined the relationship between faith and emotional well-being with multiple data points including both short- and long-term longitudinal designs.

2.3.4.1 Short-Term Longitudinal Designs

The benefits of faith for emotional well-being have been demonstrated with short-term longitudinal designs across age groups, countries, and ethnicities. For example, among a sample of 183 adolescents in Portugal, self-rated importance of spirituality was predictive of greater life satisfaction 1 year later, even when controlling previous levels of life satisfaction (Marques, Lopez, & Mitchell, 2013). Furthermore, spirituality was predictive of greater life satisfaction beyond the effects of adolescents' disposition to engage in hopeful thinking. In the U.S., a large study of 14,527 students at 136 institutions indicated that engaging in religious activities is

associated with greater gains in emotional well-being during the college years (Bowman & Small, 2012). Among older adults, an assessment of 1,024 individuals in the U.S. indicated that those who grew in trust-based prayer beliefs experienced increases in life satisfaction over a 3-year period (Krause & Hayward, 2013). Trust-based prayer beliefs involve the expectation that God knows the best way to answer a prayer and that He selects the best time to provide an answer. Thus, research has indicated that faith behaviors and beliefs predict greater emotional well-being over time. To strengthen the notion that faith contributes to greater well-being rather than that well-being contributes to greater faith, a study of a national probability sample of 10,008 U.S. adults assessed at two time points examined the causal order of the relationship between religious service attendance and happiness. The analyses indicated that religious service attendance had a greater effect on happiness than happiness had on religious attendance (Childs, 2010).

A substantial body of research has indicated that faith may longitudinally contribute to positive emotions in part through the process of coping with stressors. In a longitudinal study of 309 patients undergoing major cardiac surgery, importance of religion and religious involvement contributed to positive religious coping, which in turn was related to the experience of more hope (Ai, Park, Huang, Rodgers, & Tice, 2007). A follow-up study of 262 of these individuals indicated that preoperative use of positive religious coping predicted post-traumatic growth 30 months after surgery, even after controlling mental health and key demographic, medical, and protective factors (Ai, Hall, Pargament, & Tice, 2013). Similarly, Tix and Frazier (1998) found that religious coping measured 3 months after kidney transplant surgery was predictive of greater life satisfaction a year after surgery for patients ($n = 239$) and their significant others ($n = 179$). This link was not attributable to the effects of secular forms of coping such as cognitive restructuring, social support, and perceived control. Parallel results have also been found among individuals with cancer. Among a sample of 418 breast cancer patients, the degree to which patients indicated that they drew strength and comfort from their religious and spiritual beliefs was predictive of increases in post-traumatic growth 6 and 12 months later (Yanez et al., 2009). Similarly, among 165 cancer survivors, an increase in drawing strength and comfort from their religious and spiritual beliefs was predictive of reporting more positive life changes resulting from the experience of cancer (Yanez et al., 2009). These studies illustrate that faith might provide a pathway to growth when faced with illness.

The longitudinal benefits of religious coping have been demonstrated for other life stressors as well. For example, positive religious coping at the time of a divorce has been associated with greater posttraumatic growth 1 year later (Krumrei, Mahoney, & Pargament, 2011). In addition, rating religion and spirituality as important for coping with general life stress among African American youth with few resources was associated with greater optimism and feeling more valued by others 2 years later (Spencer, Fegley, & Harpalani, 2003).

Prati and Pietrantonio's (2009) meta-analysis provides further insight into directionality of religious coping predicting change in post-traumatic growth over time, because a respectable amount of the research included in their analysis was

longitudinal. While drawing causal inferences remains a core challenge, there were no significant differences between estimates derived from longitudinal versus cross-sectional studies in the meta-analysis, suggesting that religious coping might function as a true predictor of post-traumatic growth. Stronger links would be expected in cross-sectional studies compared to longitudinal studies if religious coping were a correlate rather than a determinant of post-traumatic growth. Therefore, finding no difference between the two methodologies strengthens confidence in religious coping being an active agent in post-traumatic growth.

2.3.4.2 Long-Term Longitudinal Designs

As noted, research with short-term longitudinal designs suggests that faith relates to positive changes in emotions and well-being over time. We consider this point further by examining studies with long-term longitudinal designs that have followed individuals over decades or longer. The longest-running panel survey collecting data on life satisfaction has been conducted in Germany. An analysis of approximately 1,500 respondents annually reporting their religious attitudes and levels of life satisfaction over 16 years indicated that individuals who increased their religious activity over time experienced long-term gains in life satisfaction, while those who decreased their religious activity experienced long-term losses in life satisfaction (Headey, Schupp, Tucci, & Wagner, 2010). Though the effect size was not large, these findings are robust given that they controlled previous levels of life satisfaction and a host of demographic factors, including age, nationality, personality variables, education, relationship status, income, and physical health. Furthermore, follow-up analyses indicated that the link between religious activity and life satisfaction was maintained when taking into account unmeasured fixed effects, which involved factors associated with faith that were not specifically measured in the study, such as the benefits of being raised in a stable household. Thus, religious beliefs and activities seem to make a substantial difference in life satisfaction, even in a secularized country such as Germany.

Perhaps the most in-depth study of longitudinal data that involves a measure of religion and spirituality involves approximately 200 individuals from northern California who were followed from childhood to late adulthood through the Berkley Institute of Human Development (Dillon & Wink, 2007). The long-term follow-up in this study revealed that those who were higher in religiousness were more satisfied with their lives than others. For example, for those with poor physical health, religiousness acted as a buffer against negative emotions, making them equally happy and positive in outlook as their nonreligious counterparts with good physical health. This was not the case for those with poor physical health who were not religious.

Studies following individuals across the lifespan are particularly effective in shedding light on the frequently observed benefits of faith for those in old age. For example, higher levels of church attendance at age 47 have been shown to predict greater life satisfaction at age 70 among inner-city men in the U.S.

(Koenig & Vaillant, 2009). Church attendance in middle age accounted for 30 % of the variance in life satisfaction during older age, even after controlling the effects of prior mood and health status, social class, years of education, smoking, and alcohol use. Similarly, among both men and women, spirituality in middle adulthood, in the sense of placing importance on noninstitutionalized religion or non-traditional religious beliefs and practices, was significantly related to a greater sense of well-being from personal growth in late adulthood (Wink & Dillon, 2003). This sense of personal growth involved experiences of the self as growing, expanding, and continuing to develop, in contrast to having a sense of personal stagnation. In addition, religiousness in middle adulthood predicted better emotional health in late adulthood, even after taking into account the psychological well-being and physical health of the participants in middle adulthood (Dillon & Wink, 2007). The inclusion of these control variables indicates that faith is not merely a proxy for better physical or emotional health among those who were religiously engaged. In addition, links between religiousness and emotional well-being persisted after taking into account whether the participants had relatives and friends who provided them with social and emotional support. Thus, the benefits of religiosity did not seem to stem from social support. Furthermore, these lifetime studies suggest that the beneficial effects of religion on well-being in late adulthood are not a function of turning to religion to cope with adversity at the end of life, but rather result from the relatively stable patterns of religious engagement that were observed across adulthood among religious participants.

2.4 Faith Predictors of Positive Emotions and Well-Being Among Diverse Religious Samples

Thus far we have reviewed findings from meta-analyses, literature reviews, and longitudinal studies, which predominantly show small to moderate positive relationships between faith and emotional well-being among Christian samples. There is some indication that the relationship between faith and well-being differs across Christian traditions (Tix, Dik, Johnson, & Steger, 2013), but much more insight is needed into how this relationship functions across different religions. While research linking faith to emotional well-being has been conducted among various age groups, countries, and ethnicities, the majority of the studies have focused on those in Western cultures and those affiliated with Christianity. Next, we briefly highlight some exceptions to this.

Second to Christians, the most research on faith and positive emotions seems to have been conducted among Muslim samples. For example, a few large studies have been conducted among Muslim men and women in Algeria. One such study indicated that that scoring higher on a scale of Islamic religiosity that tapped religious practice and religious altruism, showed small, positive links to personal satisfaction with various aspects of life, including optimism (Tiliouine, Cummins, & Davern, 2009).

In fact, links between religiosity and subjective well-being remained even after accounting for health conditions, physical pain, sleep problems, and anxiety. In another study, participants' satisfaction with religiosity and spirituality contributed to overall life satisfaction (Tiliouine, 2009).

A number of studies have been conducted among Muslim undergraduates in various countries. For example, among Iranian Muslim students, greater interest in religion, intrinsic religiosity, and extrinsic-personal religiosity were associated with higher levels of life satisfaction and happiness (Aghababaei, 2014). Each of these religious variables was assessed with a single item: "How interested are you in religion?" "My whole approach to life is based on my religion," and "What religion offers me most is comfort in times of trouble and sorrow," respectively. Links between these measures of religiosity and life satisfaction and happiness remained after controlling personality factors. When controlling personality factors, extrinsic-social religiosity (assessed with the item, "I go to the mosque or religious community mainly because I enjoy seeing people I know there") was also a predictor of life satisfaction, but not happiness. These findings indicate that religion is a unique predictor of well-being that cannot be accounted for by personality factors. In another study of Iranian Muslim college students, religion and spirituality were both predictors of greater psychological well-being, life satisfaction, and affect balance, with spirituality being the stronger predictor, contributing to well-being even after controlling the effects of religiosity (Joshano, 2011). Similarly, among Muslim students in the U.K., both religiosity and spirituality were related to scores for personal meaning, sense of purpose, and sense of coherence in life (Aflakseir, 2012). Among this sample, taking part in religious activities was ranked the most important source of personal meaning. Finally, religiosity has also been associated with greater subjective wellbeing among Muslim Kuwaiti undergraduates (Abdel-Khalek, 2010).

In addition, some studies have been conducted among women only or have shown gender differences. For example, greater religiosity was associated with greater life satisfaction among Malay Muslim women (Noor, 2008) and religion was relevant to the well-being of female Muslim refugees from Somali in a small qualitative study from the U.K. (Whittaker, Hardy, Lewis, & Buchan, 2005). Furthermore, in a study of Muslim college students in Algeria, religiosity was associated with more happiness, life satisfaction, and optimism among women, but not men (Abdel-Khalek, & Naceur, 2007).

Research on the links between faith and emotional well-being become increasingly less common for other religious groups and regions of the world. However, one review of literature with focus groups indicated that religiousness and spirituality emerged as components of mental health and well-being in Asian culture (Vaingankar et al., 2012). In addition, a longitudinal study of spiritual engagement in the Hindu Thaipusam festival in Malaysia indicated that engaging in religious activities is associated with well-being in Eastern contexts, as has frequently been shown in Western countries (Mellor et al., 2012).

Some studies have included multiple religious groups. For example, among a religiously diverse group of individuals in Ghana, placing greater importance on

religion was associated with higher levels of subjective wellbeing (Pokimica, Addai, & Takyi, 2012). Similarly, among Jews and Arabs in Israel, religiosity was associated with greater life satisfaction (Van Praag, Romanov, & Ferrer-i-Carbonell, 2010) and both religiosity and religious cognitions have been associated with higher levels of positive mood among Jewish and Christian participants (Loewenthal, MacLeod, Goldblatt, Lubitsh, & Valentine, 2000).

Finally, there is an empirical basis to suggest that religious coping has widespread relevance among many world religions and perhaps even secular societies (Pargament, 2011). Recent research has revealed many commonalities and also some distinctive forms of religious coping among Hindus (Tarakeshwar, Pargament, & Mahoney, 2003), Muslims (Abu Raiya, Pargament, Mahoney, & Stein, 2008; Khan & Watson, 2006), and Jews (Rosmarin, Pargament, Krumrei, & Flannelly, 2009). These studies reveal that the functions of religious coping, including gaining meaning, control, comfort, closeness with God, intimacy with others, and life transformation, have been shown to be largely similar across religions. Similar to Christian samples, greater use of positive religious coping strategies has been tied to better outcomes across religious groups (Abu Raiya et al., 2008; Khan & Watson, 2006; Loewenthal et al., 2000; Rosmarin et al., 2009; Tarakeshwar et al., 2003). Differences in religious coping among the major world religions lie primarily in the nature of particular coping techniques. Some forms of religious coping observed in Christian samples, such as religious forgiving, dissatisfaction with members in the religious community, and attributing stressful events to the Devil have not been seen among other religions (Tarakeshwar et al.). In addition, the essence of some forms of religious coping is unique for specific religious groups. For example, the religious coping strategy of looking for a stronger connection with a Higher Power may represent building a personal relationship with Christ for one individual, while it represents searching for the formless Brahman for another (Tarakeshwar et al.).

2.5 Possible Mechanisms for the Links Between Faith and Well-Being

Researchers have considered many potential reasons for the relationship between faith and positive emotions, including that faith can meet well-documented psychological needs and desires in life, such as the need for social connection and support, self-transcendence, a sense of identity or self-concept, a sense of control, and a sense of meaning (Krause, 2011). Here, we briefly consider a number of possible reasons for the links between faith and well-being, including meaning, coping, control, and skills for regulating emotions and behaviors.

A characteristic of faith that relates particularly strongly to well-being is that it is involved in meaning making (for further discussion see Chap. 4). Park, Edmondson, and Hale-Smith (2013) have noted that faith is a functional way to satisfy the need

for meaning for many people in virtually every culture. Faith offers individuals a mental schema from which to interpret life events and experiences, thereby providing the cognitive mechanisms for organizing a coherent sense of meaning (e.g., James & Wells, 2003). In fact, Park et al. (2013) noted that faith seems to be uniquely capable of meeting the demands of meaning that arise from life's deepest questions and that individuals find it helpful, if not essential, for having a clear sense of the world and oneself. Faith systems are unique in that they go beyond naturalistic explanations to address existential questions in an emotionally satisfying way. Faith can offer a person a clear sense of self and of values that make life worth living (Koole, McCullough, Kuhl, & Roelofsma, 2010). In this way, faith can contribute to a person's conceptualization that he or she is a valuable member of a meaningful universe, leading to more self-esteem and life satisfaction. Thereby faith offers a sense of coherence, meaning, and purpose in life that leads to a positive emotional experience (George, Larson, Koenig, & McCullough, 2000; Poloma & Pendleton, 1990).

In addition to offering meaning on a global level, individuals can use their faith to create meaning out of adversity (Pargament, 1997). During difficult times, people can achieve a sense that a Higher Power is protecting them or that their suffering is part of a larger life plan and can experience feelings of comfort from a relationship with God. In these ways, people can experience hope and other positive emotions in the midst of emotional pain through their faith. Research indicates that faith provides unique coping strategies that are not redundant with secular methods. Thus, faith is a mechanism by which people do not merely survive adversity, but flourish and thrive emotionally through their active efforts to respond to challenges.

Faith can also offer individuals a sense of perceived control over their circumstances and a way to cope with anxiety, which are both associated with emotional well-being. When one's sense of personal control is threatened, being aligned with a Higher Power can bolster one's sense of control by creating the perception that one has a share in the Higher Power's control. In some life stages this has been associated with greater subjective well-being (Jackson & Bergeman, 2011). Faith also provides psychological security and hope for managing the anxieties of life and responding to fears about death (Koole et al., 2010; Soenke, Landau, & Greenberg, 2013). For example, a Canadian study provided physiological evidence that among believers in a theistic God, including Christian, Hindu, Muslim, and Buddhist participants, both conscious and nonconscious primes of religion decreased the neural signal of error-related negativity during performance of a Stroop task (Inzlicht & Tullett, 2010). Error-related negativity is associated with defensive responses to errors. However, priming those who did not believe in God with religious concepts caused increases in error-related negativity. This seems to indicate that for those who believe in God, religion can buffer anxious reactions to stressful situations. In addition, religious beliefs, in comparison to secular worldviews, may be particularly helpful in coping with death anxiety, because they are all encompassing and offer beliefs in an afterlife (Vail et al., 2010). Managing death anxiety through faith is one way that individuals achieve higher levels of subjective well-being.

In addition to providing meaning on a variety of levels, faith may also relate to positive emotions because it offers skills that benefit the individual, such as the ability to self-regulate emotions and actions in harmony with both inner needs and environmental demands (Koole et al., 2010). As we will discuss in the next chapter, faith can foster the ability to adjust one's behavior in pursuit of desired goals and to override unhelpful behavioral tendencies, emotions, and behaviors that can impede reaching one's goals (McCullough & Willoughby, 2009). Much of this happens in an implicit, automatic fashion, as faith influences people's motivations and goals, reduces conflict among pursuits, and offers opportunities to monitor oneself and exercise self-regulation. This may take place, in part, by reducing self-focused attention and anxiety, thereby freeing individuals to experience enhanced mental control (James & Wells, 2003).

As such, faith may cultivate and activate cognitive mechanisms, emotional states, skills, motivation, and other psychological factors that increase positive emotions such as hope, optimism, gratitude, and well-being in people's lives. Some researchers have argued that the effects of faith can be reduced to other positive variables, such as social support or optimism. It should be reiterated that most research in this arena has made use of multivariate analyses in which potential confounding factors are controlled. The research literature supports both direct and mediated links between faith and emotional well-being, raising complex questions about the conceptualization of faith. Mediation models can explain away the effects of faith only if the qualities and functions assessed are considered external or tangential to faith. However, it may be that the mechanisms of faith described here are, in fact, essential to the core of what faith is, and that faith, therefore, cannot be separated from or reduced to various component functions. Furthermore, by drawing on supernatural agency, faith seems to offer distinctive forms of meaning, purpose, and coping that are not redundant with secular versions of these constructs (e.g., Paloutzian & Park, 2005; Pargament, 1997; Park et al., 2013; Vail et al., 2010).

2.6 Implications

While the relationship between faith and emotional well-being is complex and likely often bidirectional in nature, there is a research basis from which to conclude that faith is one avenue for nurturing positive emotional qualities. While faith is by no means the only avenue to positive emotions, numerous faith variables are associated with emotional health and well-being, including self-rated importance of religion and spirituality, religious and spiritual well-being, and religious and spiritual beliefs and behaviors. When averaged across all studies in meta-analyses, the relationship is relatively small but consistent. Furthermore, a respectable amount of longitudinal research has been conducted indicating that faith variables precede emotional well-being in time, suggesting that faith may be exerting a causal effect on emotional well-being. These findings have significant implications for clinicians who work with both religious and nonreligious individuals.

2.6.1 Clinical Implications

The research reviewed in this chapter should be of interest to mental health professionals because of its clinical implications. In addition to research demonstrating links between faith and positive emotions and well-being, there is a large amount of empirical literature beyond the scope of this chapter that indicates that faith is also associated with decreases in negative emotions and mental health symptoms. Regardless, forms of therapy that focus specifically on positive emotions and adaptive coping without focusing on eliminating negative emotions are valuable in their own right (Duckworth, Steen, & Seligman, 2005; Seligman, Rashid, & Parks, 2006). For example, positive psychology interventions, such as focusing on the positives in one's daily life, expressing gratitude, and focusing on implementing one's strengths, have resulted in increased happiness and decreased depressive symptoms over time (Seligman, Steen, Park, & Peterson, 2005). The research reviewed in this chapter suggests that faith is an additional avenue for increasing positive emotional experiences and well-being. Thus, it may be fruitful to incorporate an emphasis on faith within psychotherapy.

There is some evidence suggesting potential benefits of including an emphasis on faith within psychotherapy. Smith, Bartz, and Richards (2007), for example, examined 31 outcome studies of structured and non-structured spiritual therapies (71 % group psychotherapy, 26 % individual psychotherapy) for a range of clinical issues including depression, trauma, stress, anxiety, and eating disorders. The interventions made active use of religious interventions, such as prayer (42 %) and religious imagery or meditation (32 %). The meta-analysis revealed that spiritual approaches to psychotherapy were moderately effective in the treatment of psychological problems (effect size = 0.56). What is particularly noteworthy is that, among the smaller number of studies that used well-being as an outcome measure, the effect size of spiritually integrated treatments was large (0.96). Thus, it seems that spiritually based treatments can improve psychological well-being. Further clinical outcome research on the effects of these spiritual interventions is needed. Nevertheless, the current literature base suggests that psychotherapy clients could benefit from beginning or renewing spiritual practices.

In addition to empirical evidence that faith-related interventions are associated with positive emotional outcomes, there is evidence that clients desire to have religious and spiritual issues addressed by their clinicians (e.g., Pargament, 2007). Religious schema can affect mental health in a similar manner to other schemas concerning the self and one's environment; therefore, clinicians need improved understanding of the interrelationships between religious schema and mental health in order to incorporate spiritual dimensions into clinical practice (James & Wells, 2003). Individuals, for example, commonly attribute psychosocial and spiritual growth following a crisis to spiritual resources, such as having a loving relationship with God or obtaining support from fellow believers (Pargament, 2007). While many clinicians believe that spiritual interventions could help their clients, few have training in how to do so (Larimore, Parker, & Crowther, 2002).

Fortunately, professional associations and educational institutions are beginning to provide information on how to incorporate spirituality and practice (Larimore et al., 2002).

A few themes raised in this chapter can serve as a springboard for clinicians considering issues of faith in treatment. First, therapists can begin by understanding which aspects of faith are most conducive to psychological health. Meta-analyses indicate that among adults, clinicians may want to explore personal, internalized devotion, such as a client's intrinsic religious orientation and emotional attachment to God (Hackney & Sanders, 2003) and how clients find a sense of meaning and purpose through their orientation to the sacred (Sawatzky et al., 2005). Among adolescents, clinicians may want to focus on social and behavioral aspects of institutional religion and spirituality in addition to existential aspects of faith (Wong et al., 2006). Therapists may choose to guide clients toward an increased participation in those aspects of their spiritual lives that are most psychologically beneficial. Second, therapists may consider the potentially powerful role of faith-based emotions in clients' lives, such as spiritual gratitude, feeling loved by God, or extending loving-kindness toward others. In some instances it can be valuable to address clients' affective responses to God in therapy. For example, reassessing one's image of God can result in therapeutic change in a person's evaluation of him or herself and important others (Reinertsen, 1993). Finally, religious coping methods can be powerful avenues for facilitating long-range psychological and spiritual growth in response to trauma or stress. Drawing upon the client's faith framework can be particularly helpful in exploring big questions about life and existence that are raised by traumatic experiences. In addition, some religious coping tactics are particularly suited to people's attempts to achieve change (Pargament, 1997). For example, clients can draw on religious guidance to seek new direction in life. This may involve attending to an inner spiritual compass or listening to God through prayer.

Of course, the therapeutic approaches discussed here will be meaningful only if they fit within a client's individualized understanding and experience of the sacred. This chapter discusses a broad range of faith variables, including those that may be relevant to individuals who do not identify with a particular religious tradition. Clinicians should be sensitive to the fit of particular religious interventions for a given client. For example, loving-kindness meditation may benefit clients who are not comfortable with traditional prayer or vice versa.

2.6.2 A Cautionary Note

Positive psychology as a discipline does not deny negative aspects of life. Rather, the emphasis is on the fact that what is good about life is as important as what is negative, and therefore deserves equal attention from psychologists. For this reason, the emphasis in this chapter has been on research that demonstrates links between faith and emotional well-being. As indicated by meta-analyses that take all

published studies into account, the overall relationship between faith and well-being is positive. However, it is important to consider that this composite effect is made up of studies with positive, negative, and null results. It should be noted that some longitudinal studies have found no links between faith and well-being (Atchley, 1997; Levin & Taylor, 1998; Markides, Levin, & Ray, 1987) or a negative link (Brown & Tierney, 2009). Indeed, while less common, there are some forms of faith that are associated with negative emotions and declines in well-being. This is one reason that the averaged links between faith and well-being tend to be small. Considering only the forms of faith that are positively associated with well-being would likely result in a stronger, positive relationship. Nevertheless, the fact that some faith experiences are associated with less well-being should not be overlooked. For example, while spiritually transformative experiences were associated with more positive feelings about religion, connection to God, religious strengthening, and changed understanding of the self and the world in comparison to experiences of profound beauty, they were also associated with more confusion, fear, pain, sadness, worry, and skepticism (Cohen, Gruber, & Keltner, 2010). Furthermore, in research parallel to the benefits of positive emotional experiences of God, discontent toward God is associated with psychological distress, hopelessness, depressive symptoms, and feelings of guilt (e.g., Braam et al., 2008; Eurelings-Bontekoe, Steeg, & Verschuur, 2005). Similarly, religious coping is an umbrella term that encompasses a wide array of both positive and negative religious responses to stress, including those that have been empirically linked to poorer emotional adjustment (Pargament, Koenig, Tarakeshwar, & Hahn, 2001). Negative forms of religious coping include activities such as passively waiting for God to solve a problem or becoming spiritually discontent. Such religious struggles have complex implications for people's lives including, depression, anxiety, and distress (Ano & Vasconcelles, 2005), but are paradoxically also related to personal and spiritual growth (Exline & Rose, 2005; Pargament, Murray-Swank, Magyar, & Ano, 2005). Religious coping has diverse implications for people's well-being, depending on the "fit" between the stressor and the religious coping method employed (Pargament, 1997; Pargament, Smith, Koenig, & Perez, 1998). Thus, in clinical settings, therapists should work with clients to find the right fit, paying particular attention to the fact that any therapeutic approach must be meaningful within a client's individualized understanding and experience of the sacred.

2.7 Directions for Future Research

A great deal of research has been conducted on the relationship between faith and positive emotional outcomes, consistently showing that faith is associated with higher levels of happiness, life satisfaction, and subjective well-being. There is need to expand these lines of investigation to include more diverse outcome measures more frequently, including love, joy, gratitude, serenity, contentment, optimism, hope, pride, inspiration, awe, confidence, empathy, and

social-connectedness. This is particularly true given that not all religions value the same emotional outcomes and that particular emotions may be understood differently across religions (Tsai et al., 2013). It seems that some of the currently frequently assessed emotions, such as happiness, may be more appropriate measures of emotional well-being in Christian samples than among other religions (Tsai et al., 2013), which is consistent with the fact that most research in this area has been conducted among Christian participants.

Therefore, along with the need for more diversity in outcome measures, there is a need for greater diversity among research participants. Current research has included participants from various age groups, countries, and ethnicities; however, the majority of the studies have focused on Christians within Western countries. Clearly additional studies are needed to examine the role of faith in emotional well-being across a greater diversity of cultures and religions. In addition, with some notable exceptions (e.g., Mela et al., 2008; and the studies reviewed in the Clinical Implications section of this chapter), the majority of research on the relationship between faith and well-being has been conducted within the general population. It would be beneficial to assess more clinical populations regarding how faith relates to well-being. While empirical research is leading in the direction of establishing spiritually based treatments as efficacious for improving psychological well-being, further controlled clinical trials that consider diverse populations are needed to establish the effects of these spiritual interventions.

Methodologically, the research literature relating faith to positive emotions poses numerous strengths. While some studies have made use of faith measures with items confounded with emotional well-being, many research designs have avoided this problem and controlled for a host of potentially confounding variables. In addition, longitudinal designs have been able to display how changes take place over time. Next steps in research methodology should include moving beyond self-report measures to multiple methods of assessment, including behavioral measures, observer reports, and physiological measures. The research literature can also be strengthened by the use of more experimental designs, such as controlled clinical trials focusing on the benefits of various faith practices. While it is clear from the research literature that many people in the general population reap emotional benefits from faith, controlled clinical trials would provide more information about when and how to best employ faith practices in clinical interventions.

As we move forward, there is room to focus research on explicitly religious or spiritual emotions. Investigation is needed to examine when and how emotions take on a religious or spiritual nature and what the implications are for emotional health and well-being. To date, little is known about whether spiritual emotions offer distinct benefits from general emotions. Finally, there is a need for more research on the substantive components of faith (e.g., beliefs, practices, experiences) that contribute to positive emotions and well-being most directly, and the specific ways in which they do so.

2.8 Chapter Summary

In this chapter we reviewed research on the relationship between faith and positive emotions. First, we considered how emotions relate to religion and how emotions can take on a religious or spiritual nature. Research indicates that there are differences in the types and intensity of emotions experienced based on whether individuals are religious or not, as well as the particular religion to which they belong. One potential reason for religious differences in the types of emotions experienced is that different religions place emphasis and value on different emotions. The relationship between faith and emotions is complex and bidirectional, with faith relating to emotional experiences as well as emotional experiences relating to faith.

Within the psychology literature, some emotions have been labeled as religious or spiritual in nature. These include emotions such as gratitude, compassion, empathy, humility, contentment, love, adoration, reverence, awe, elevation, hope, forgiveness, tolerance, loving-kindness, responsibility, contrition, joy, peace, trust, duty, obligation, and protectiveness. This raises complex questions about whether emotions exist in sacred as well as secular forms. Psychologists have taken a variety of approaches to conceptualizing how key emotions relate to faith. We proposed three avenues through which it is possible to study faith-based emotions and provided examples from empirical literature for each. These included operationalizing emotions in an explicitly faith-based way, assessing emotions that are experienced related to a Higher Power, and examining emotions evoked by religious practices. Very little research has examined whether faith-based emotions are distinguishable from secular emotions in their positive outcomes.

Next, we examined how various faith variables relate to positive emotion outcome variables, paying particular attention to meta-analyses, longitudinal research, and studies among diverse religions. Although a great deal of research has indicated that faith relates to decreases in negative emotions, we took a positive psychology approach by focusing on links between faith and increases in positive emotions. The empirical literature has focused nearly exclusively on the outcome variables of happiness, life satisfaction, and subjective well-being. While faith is by no means the only avenue to positive emotions, the research literature indicates that numerous faith variables are associated with emotional health and well-being, including self-rated importance of religion and spirituality, religious and spiritual well-being, and religious and spiritual beliefs and behaviors. When averaged across all studies in meta-analyses, the relationship between faith and positive emotions is relatively small but consistent. Furthermore, these findings remain after controlling for many demographic factors as well as non-religious resources. In addition, a respectable amount of longitudinal research indicates that faith variables precede emotional well-being in time, suggesting that faith may be exerting a causal effect on emotional well-being. There is some indication that age, race and gender moderate the relationship between faith and emotional well-being, but more research is needed in this area. While the vast majority of research has been

conducted among Christian samples in Western cultures, the research available among individuals of other religions seems to mirror the findings of research with Christian samples.

While it seems that faith cannot easily be explained away on the basis of secular phenomena, faith may relate to positive emotional outcomes because it helps people to meet well-documented psychological needs and desires in life. We summarized a number of possible links between faith and emotional well-being, including that faith provides a sense of meaning, a way to cope with adversity, a sense of control, and skills relevant for regulating emotions and behaviors.

The research reviewed in this chapter should be of interest to mental health professionals because of its clinical implications. There is some evidence suggesting clinical benefits to including an emphasis on faith within psychotherapy and that clients desire to have religious and spiritual issues addressed by their clinicians. Of course, therapeutic approaches will be meaningful only if they fit within a client's individualized understanding and experience of the sacred.

In this chapter, we reviewed a great deal of research has been conducted on the relationship between faith and positive emotional outcomes. There is need to expand these lines of investigation to assess more diverse positive emotions as well as more diverse participants. Methodologically, the research literature poses numerous strengths, but we provided some suggestions for future improvement to methodology. In addition, as we move forward, there is a need for more research on the substantive components of faith (e.g., beliefs, practices, experiences) that contribute to positive emotions and well-being most directly, and the specific ways in which they do so.

References

- Abdel-Khalek, A. M. (2010). Religiosity, subjective well-being, and neuroticism. *Mental Health, Religion & Culture*, 13(1), 67–79. doi:[10.1080/13674670903154167](https://doi.org/10.1080/13674670903154167).
- Abdel-Khalek, A. M., & Naceur, F. (2007). Religiosity and its association with positive and negative emotions among college students from Algeria. *Mental Health, Religion & Culture*, 10(2), 159–170. doi:[10.1080/13694670500497197](https://doi.org/10.1080/13694670500497197).
- Abu Raiya, H., Pargament, K. I., Mahoney, A., & Stein, C. (2008). A psychological measure of Islamic religiousness (PMIR): Development and evidence for reliability and validity. *International Journal for the Psychology of Religion*, 18, 291–315. doi:[10.1080/10508610802229270](https://doi.org/10.1080/10508610802229270).
- Aflakseir, A. (2012). Religiosity, personal meaning, and psychological well-being: A study among Muslim students in England. *Pakistan Journal of Social and Clinical Psychology*, 9(2), 27–31.
- Aghababaei, N. (2014). God, the good life, and HEXACO: The relations among religion, subjective well-being and personality. *Mental Health, Religion & Culture*, 17(3), 284–290. doi:[10.1080/13674676.2013.797956](https://doi.org/10.1080/13674676.2013.797956).
- Ai, A. L., Hall, D., Pargament, K., & Tice, T. N. (2013). Posttraumatic growth in patients who survived cardiac surgery: The predictive and mediating roles of faith-based factors. *Journal of Behavioral Medicine*, 36(2), 186–198. doi:[10.1007/s10865-012-9412-6](https://doi.org/10.1007/s10865-012-9412-6).
- Ai, A. L., Park, C. L., Huang, B., Rodgers, W., & Tice, T. N. (2007). Psychosocial mediation of religious coping styles: A study of short-term psychological distress following cardiac surgery. *Personality and Social Psychology Bulletin*, 33(6), 867–882. doi:[10.1177/0146167207301008](https://doi.org/10.1177/0146167207301008).

- Ano, G. G., & Vasconcelles, E. B. (2005). Religious coping and psychological adjustment to stress: A meta-analysis. *Journal of Clinical Psychology, 61*, 461–480. doi:[10.1002/jclp.20049](https://doi.org/10.1002/jclp.20049).
- Askay, S., & Magyar-Russell, G. (2009). Post-traumatic growth and spirituality in burn recovery. *International Review of Psychiatry, 21*(6), 570–579. doi:[10.3109/09540260903344107](https://doi.org/10.3109/09540260903344107).
- Atchley, R. C. (1997). The subjective importance of being religious and its effect on health and morale 14 years later. *Journal of Aging Studies, 11*(2), 131–141. doi:[10.1016/S0890-4065\(97\)90017-7](https://doi.org/10.1016/S0890-4065(97)90017-7).
- Biswas, U. (2007). Promoting health and well-being in lives of people living with HIV and AIDS. *Psychology and Developing Societies, 19*(2), 215–247. doi:[10.1177/097133360701900205](https://doi.org/10.1177/097133360701900205).
- Bowman, N. A., & Small, J. L. (2012). Exploring a hidden form of minority status: College students' religious affiliation and well-being. *Journal of College Student Development, 53*(4), 491–509.
- Braam, A. W., Schaap-Jonker, H., Mooi, B., De Ritter, D., Beekman, A. F., & Deeg, D. H. (2008). God image and mood in old age: Results from a community-based pilot study in the Netherlands. *Mental Health, Religion & Culture, 11*(2), 221–237.
- Bradshaw, M., Ellison, C. G., & Flannelly, K. J. (2008). Prayer, God imagery, and symptoms of psychopathology. *Journal for the Scientific Study of Religion, 47*(4), 644–659. doi:[10.1111/j.1468-5906.2008.00432.x](https://doi.org/10.1111/j.1468-5906.2008.00432.x).
- Brewer, J. A., Worhunsky, P. D., Gray, J. R., Tang, Y., Weber, J., & Kober, H. (2011). Meditation experience is associated with differences in default mode network activity and connectivity. *Proceedings of the National Academy of Sciences of the United States of America, 108*(50), 20254–20259. doi:[10.1073/pnas.1112029108](https://doi.org/10.1073/pnas.1112029108).
- Brown, P. H., & Tierney, B. (2009). Religion and subjective well-being among the elderly in China. *The Journal of Socio-Economics, 38*(2), 310–319. doi:[10.1016/j.socrec.2008.07.014](https://doi.org/10.1016/j.socrec.2008.07.014).
- Bryant-Davis, T., Ellis, M. U., Burke-Maynard, E., Moon, N., Counts, P. A., & Anderson, G. (2012). Religiosity, spirituality, and trauma recovery in the lives of children and adolescents. *Professional Psychology: Research and Practice, 43*(4), 306–314. doi:[10.1037/a0029282](https://doi.org/10.1037/a0029282).
- Burris, C. T., & Petrican, R. (2011). Hearts strangely warmed (and cooled): Emotional experience in religious and atheistic individuals. *International Journal for the Psychology of Religion, 21*(3), 183–197. doi:[10.1080/10508619.2011.581575](https://doi.org/10.1080/10508619.2011.581575).
- Carlisle, R. D., & Tsang, J. (2013). The virtues: Gratitude and forgiveness. In K. I. Pargament, J. J. Exline, & J. W. Jones (Eds.), *APA handbook of psychology, religion, and spirituality (Vol 1): Context, theory, and research* (pp. 423–437). Washington, DC: American Psychological Association. doi:[10.1037/14045-023](https://doi.org/10.1037/14045-023).
- Carson, J. W., Keefe, F. J., Lynch, T. R., Carson, K. M., Goli, V., Fras, A. M., et al. (2005). Loving-kindness meditation for chronic low back pain: Results from a pilot trial. *Journal of Holistic Nursing, 23*(3), 287–304. doi:[10.1177/0898010105277651](https://doi.org/10.1177/0898010105277651).
- Childs, E. (2010). Religious attendance and happiness: Examining gaps in the current literature—A research note. *Journal for the Scientific Study of Religion, 49*(3), 550–560. doi:[10.1111/j.1468-5906.2010.01528.x](https://doi.org/10.1111/j.1468-5906.2010.01528.x).
- Chukwu, A. A., & Rauchfleisch, U. U. (2002). Gottesvorstellungen älterer Menschen. *Zeitschrift Für Gerontologie Und Geriatrie, 35*(6), 582–587. doi:[10.1007/s00391-002-0078-5](https://doi.org/10.1007/s00391-002-0078-5).
- Cohen, A. B., Gruber, J., & Keltner, D. (2010). Comparing spiritual transformations and experiences of profound beauty. *Psychology of Religion and Spirituality, 2*, 127–135. doi:[10.1037/a0019126](https://doi.org/10.1037/a0019126).
- Cohn, M. A., & Fredrickson, B. L. (2010). In search of durable positive psychology interventions: Predictors and consequences of long-term positive behavior change. *The Journal of Positive Psychology, 5*(5), 355–366. doi:[10.1080/17439760.2010.508883](https://doi.org/10.1080/17439760.2010.508883).
- Dalmida, S. (2006). Spirituality, mental health, physical health, and health-related quality of life among women with HIV/AIDS: Integrating spirituality into mental health care. *Issues in Mental Health Nursing, 27*(2), 185–198. doi:[10.1080/01612840500436958](https://doi.org/10.1080/01612840500436958).

- Dezutter, J., Luyckx, K., Schaap-Jonker, H., Büssing, A., Corveleyn, J., & Hutsebaut, D. (2010). God image and happiness in chronic pain patients: The mediating role of disease interpretation. *Pain Medicine*, 11(5), 765–773. doi:[10.1111/j.1526-4637.2010.00827.x](https://doi.org/10.1111/j.1526-4637.2010.00827.x).
- Dillon, M., & Wink, P. (2007). *In the course of a lifetime: Tracing religious belief, practice, and change*. Berkeley, CA: University of California Press.
- Douglas, A. N., Jimenez, S., Lin, H., & Frisman, L. K. (2008). Ethnic differences in the effects of spiritual well-being on long-term psychological and behavioral outcomes within a sample of homeless women. *Cultural Diversity and Ethnic Minority Psychology*, 14, 344–352. doi:[10.1037/1099-9809.14.4.344](https://doi.org/10.1037/1099-9809.14.4.344).
- Duckworth, A., Steen, T. A., & Seligman, M. P. (2005). Positive psychology in clinical practice. *Annual Review of Clinical Psychology*, 1(1), 629–651. doi:[10.1146/annurev.clinpsy.1.102803.144154](https://doi.org/10.1146/annurev.clinpsy.1.102803.144154).
- Emmons, R. A. (2005). Emotion and religion. In R. F. Paloutzian & C. L. Park (Eds.), *Handbook of the psychology of religion and spirituality* (pp. 235–252). New York: Guilford Press.
- Emmons, R. A., & Crumpler, C. A. (2000). Gratitude as a human strength: Appraising the evidence. *Journal of Social and Clinical Psychology*, 19(1), 56–69. doi:[10.1521/jscp.2000.19.1.56](https://doi.org/10.1521/jscp.2000.19.1.56).
- Emmons, R. A., & Mishra, A. (2012). Gratitude. In T. G. Plante (Ed.), *Religion, spirituality, and positive psychology: Understanding the psychological fruits of faith* (pp. 9–29). Santa Barbara, CA: Praeger/ABC-CLIO.
- Eurelings-Bontekoe, E. M., Van Steeg, J., & Verschuur, M. J. (2005). The association between personality, attachment, psychological distress, church denomination and the God concept among a non-clinical sample. *Mental Health, Religion & Culture*, 8(2), 141–154.
- Exline, J. J., & Rose, E. (2005). Religious and spiritual struggles. In R. F. Paloutzian & C. L. Park (Eds.), *Handbook of the psychology of religion and spirituality* (pp. 315–330). New York: Guilford Press.
- Flannelly, K. J., Galek, K., Ellison, C. G., & Koenig, H. G. (2010). Beliefs about God, psychiatric symptoms, and evolutionary psychiatry. *Journal of Religion and Health*, 49(2), 246–261. doi:[10.1007/s10943-009-9244-z](https://doi.org/10.1007/s10943-009-9244-z).
- Fredrickson, B. L. (1998). What good are positive emotions? *Review of General Psychology*, 2(3), 300–319. doi:[10.1037/1089-2680.2.3.300](https://doi.org/10.1037/1089-2680.2.3.300).
- Fredrickson, B. L. (2001). The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. *American Psychologist*, 56(3), 218–226. doi:[10.1037/0003-066X.56.3.218](https://doi.org/10.1037/0003-066X.56.3.218).
- Fredrickson, B. L., Cohn, M. A., Coffey, K. A., Pek, J., & Finkel, S. M. (2008). Open hearts build lives: Positive emotions, induced through loving-kindness meditation, build consequential personal resources. *Journal of Personality and Social Psychology*, 95(5), 1045–1062. doi:[10.1037/a0013262](https://doi.org/10.1037/a0013262).
- Gall, T. (2004). Relationship with God and the quality of life of prostate cancer survivors. *Quality of Life Research: An International Journal of Quality of Life Aspects of Treatment, Care & Rehabilitation*, 13(8), 1357–1368. doi:[10.1023/B:QURE.0000040789.49691.59](https://doi.org/10.1023/B:QURE.0000040789.49691.59).
- Gall, T., Basque, V., Damasceno-Scott, M., & Vardy, G. (2007). Spirituality and the current adjustment of adult survivors of childhood sexual abuse. *Journal for the Scientific Study of Religion*, 46(1), 101–117. doi:[10.1111/j.1468-5906.2007.00343.x](https://doi.org/10.1111/j.1468-5906.2007.00343.x).
- Gall, T., Miguez de Renart, R., & Boonstra, B. (2000). Religious resources in long-term adjustment to breast cancer. *Journal of Psychosocial Oncology*, 18(2), 21–37. doi:[10.1300/J077v18n02_02](https://doi.org/10.1300/J077v18n02_02).
- George, L. K., Larson, D. B., Koenig, H. G., & McCullough, M. E. (2000). Spirituality and health: What we know, what we need to know. *Journal of Social and Clinical Psychology*, 19(1), 102–116. doi:[10.1521/jscp.2000.19.1.102](https://doi.org/10.1521/jscp.2000.19.1.102).
- Grady, B., & Loewenthal, K. (1997). Features associated with speaking in tongues (glossolalia). *British Journal of Medical Psychology*, 70(2), 185–191. doi:[10.1111/j.2044-8341.1997.tb01898.x](https://doi.org/10.1111/j.2044-8341.1997.tb01898.x).

- Hackney, C. H., & Sanders, G. S. (2003). Religiosity and mental health: A meta-analysis of recent studies. *Journal for the Scientific Study of Religion*, 42(1), 43–55. doi:[10.1111/1468-5906.t01-1-00160](https://doi.org/10.1111/1468-5906.t01-1-00160).
- Harrison, M. O., Koenig, H. G., Hays, J. C., Eme-Akwari, A. G., & Pargament, K. I. (2001). The epidemiology of religious coping: A review of recent literature. *International Review of Psychiatry*, 13(2), 86–93. doi:[10.1080/09540260120037317](https://doi.org/10.1080/09540260120037317).
- Headey, B., Schupp, J., Tucci, I., & Wagner, G. G. (2010). Authentic happiness theory supported by impact of religion on life satisfaction: A longitudinal analysis with data for Germany. *The Journal of Positive Psychology*, 5(1), 73–82. doi:[10.1080/17439760903435232](https://doi.org/10.1080/17439760903435232).
- Hood, R. R. (2005). Mystical, spiritual, and religious experiences. In R. F. Paloutzian & C. L. Park (Eds.), *Handbook of the psychology of religion and spirituality* (pp. 348–364). New York, NY: Guilford Press.
- Hutcherson, C. A., Seppala, E. M., & Gross, J. J. (2008). Loving-kindness meditation increases social connectedness. *Emotion*, 8(5), 720–724. doi:[10.1037/a0013237](https://doi.org/10.1037/a0013237).
- Inzlicht, M., & Tullett, A. M. (2010). Reflecting on god: Religious primes can reduce neurophysiological response to errors. *Psychological Science*, 21, 1184–1190. doi:[10.1177/0956797610375451](https://doi.org/10.1177/0956797610375451).
- Jackson, B. R., & Bergeman, C. S. (2011). How does religiosity enhance well-being? The role of perceived control. *Psychology of Religion and Spirituality*, 3(2), 149–161. doi:[10.1037/a0021597](https://doi.org/10.1037/a0021597).
- James, A., & Wells, A. (2003). Religion and mental health: Towards a cognitive-behavioural framework. *British Journal of Health Psychology*, 8(3), 359–376. doi:[10.1348/13591070322370905](https://doi.org/10.1348/13591070322370905).
- James, W. (1902). *The varieties of religious experience: A study in human nature*. New York, NY: Longmans, Green and Co.. doi:[10.1037/10004-000](https://doi.org/10.1037/10004-000).
- Jonker, H., Eurelings-Bontekoe, E. M., Zock, H., & Jonker, E. R. (2007). The personal and normative image of God: The role of religious culture and mental health. *Archive for the Psychology of Religions*, 29, 305–318.
- Joshanloo, M. (2011). Investigation of the contribution of spirituality and religiousness to hedonic and eudaimonic well-being in Iranian young adults. *Journal of Happiness Studies*, 12(6), 915–930. doi:[10.1007/s10902-010-9236-4](https://doi.org/10.1007/s10902-010-9236-4).
- Keltner, D., & Haidt, J. (2003). Approaching awe, a moral, spiritual, and aesthetic emotion. *Cognition and Emotion*, 17(2), 297–314. doi:[10.1080/02699930302297](https://doi.org/10.1080/02699930302297).
- Khan, Z. H., & Watson, P. J. (2006). Construction of the Pakistani Religious Coping Practices Scale: Correlations with religious coping, religious orientation, and reactions to stress among Muslim university students. *International Journal for the Psychology of Religion*, 16, 101–112. doi:[10.1207/s15327582ijpr1602](https://doi.org/10.1207/s15327582ijpr1602).
- Kim-Prieto, C., & Diener, E. (2009). Religion as a source of variation in the experience of positive and negative emotions. *The Journal of Positive Psychology*, 4, 447–460. doi:[10.1080/17439760903271025](https://doi.org/10.1080/17439760903271025).
- Koenig, H. G., King, D. E., & Carson, V. (2012). *Handbook of religion and health* (2nd ed.). New York: Oxford University Press.
- Koenig, H. G., McCullough, M. E., & Larson, D. B. (2001). *Handbook of religion and health*. New York: Oxford University Press. doi:[10.1093/acprof:oso/9780195118667.001.0001](https://doi.org/10.1093/acprof:oso/9780195118667.001.0001).
- Koenig, L. B., & Vaillant, G. E. (2009). A prospective study of church attendance and health over the lifespan. *Health Psychology*, 28(1), 117–124. doi:[10.1037/a0012984](https://doi.org/10.1037/a0012984).
- Koole, S. L., McCullough, M. E., Kuhl, J., & Roelofsma, P. P. (2010). Why religion's burdens are light: From religiosity to implicit self-regulation. *Personality and Social Psychology Review*, 14(1), 95–107. doi:[10.1177/1088868309351109](https://doi.org/10.1177/1088868309351109).
- Krause, N. (2006). Gratitude toward God, stress, and health in late life. *Research on Aging*, 28(2), 163–183. doi:[10.1177/0164027505284048](https://doi.org/10.1177/0164027505284048).
- Krause, N. (2011). Religion and health: Making sense of a disheveled literature. *Journal of Religion and Health*, 50(1), 20–35. doi:[10.1007/s10943-010-9373-4](https://doi.org/10.1007/s10943-010-9373-4).

- Krause, N. (2012). Feelings of gratitude toward God among older whites, older African Americans, and older Mexican Americans. *Research on Aging*, 34(2), 156–173. doi:[10.1177/0164027511417884](https://doi.org/10.1177/0164027511417884).
- Krause, N., & Bastida, E. (2012). Contact with the dead, religion, and death anxiety among older Mexican Americans. *Death Studies*, 36(10), 932–948. doi:[10.1080/07481187.2011.604468](https://doi.org/10.1080/07481187.2011.604468).
- Krause, N., & Ellison, C. G. (2009). Social environment of the church and feelings of gratitude toward God. *Psychology of Religion and Spirituality*, 1(3), 191–205. doi:[10.1037/a0016729](https://doi.org/10.1037/a0016729).
- Krause, N., & Hayward, R. (2013). Prayer beliefs and change in life satisfaction over time. *Journal of Religion and Health*, 52(2), 674–694. doi:[10.1007/s10943-012-9638-1](https://doi.org/10.1007/s10943-012-9638-1).
- Krumrei, E. J., Mahoney, A., & Pargament, K. I. (2008). Turning to God to forgive: More than meets the eye. *Journal of Psychology and Christianity*, 27(4), 302–310.
- Krumrei, E. J., Mahoney, A., & Pargament, K. I. (2011). Spiritual stress and coping model of divorce: A longitudinal study. *Journal of Family Psychology*, 25(6), 973–985. doi:[10.1037/a0025879](https://doi.org/10.1037/a0025879).
- Larimore, W. L., Parker, M., & Crowther, M. (2002). Should clinicians incorporate positive spirituality into their practices? What does the evidence say? *Annals of Behavioral Medicine*, 24(1), 69–73. doi:[10.1207/S15324796ABM2401_08](https://doi.org/10.1207/S15324796ABM2401_08).
- Lawrence, R. T. (1997). Measuring the image of God: The God image inventory and the God image scales. *Journal of Psychology and Theology*, 25(2), 214–226.
- Lee, T. C., Leung, M., Hou, W., Tang, J. Y., Yin, J., So, K., & ... Chan, C. H. (2012). Distinct neural activity associated with focused-attention meditation and loving-kindness meditation. *Plos ONE*, 7(8), doi:[10.1371/journal.pone.0040054](https://doi.org/10.1371/journal.pone.0040054).
- Leung, M., Chan, C. H., Yin, J., Lee, C., So, K., & Lee, T. C. (2013). Increased gray matter volume in the right angular and posterior parahippocampal gyri in loving-kindness meditators. *Social Cognitive and Affective Neuroscience*, 8(1), 34–39. doi:[10.1093/scan/nss076](https://doi.org/10.1093/scan/nss076).
- Levin, J. S. (1997). Religious research in gerontology, 1980–1994: A systematic review. *Journal of Religious Gerontology*, 10(3), 3–31. doi:[10.1300/J078V10N03_02](https://doi.org/10.1300/J078V10N03_02).
- Levin, J. S., & Taylor, R. (1998). Panel analyses of religious involvement and well-being in African Americans: Contemporaneous vs. longitudinal effects. *Journal for the Scientific Study of Religion*, 37(4), 695–709. doi:[10.2307/1388151](https://doi.org/10.2307/1388151).
- Loewenthal, K., MacLeod, A. K., Goldblatt, V., Lubitsch, G., & Valentine, J. D. (2000). Comfort and joy? Religion, cognition, and mood in Protestants and Jews under stress. *Cognition and Emotion*, 14(3), 355–374. doi:[10.1080/026999300378879](https://doi.org/10.1080/026999300378879).
- Lyubomirsky, S., King, L., & Diener, E. (2005). The benefits of frequent positive affect: Does happiness lead to success? *Psychological Bulletin*, 131(6), 803–855. doi:[10.1037/0033-2909.131.6.803](https://doi.org/10.1037/0033-2909.131.6.803).
- Mahoney, A., Pargament, K. I., & DeMaris, A. (2009). Couples viewing marriage and pregnancy through the lens of the sacred: A descriptive study. *Research in the Social Scientific Study of Religion*, 20, 1–45. doi:[10.1163/ej.9789004175624.i-334.7](https://doi.org/10.1163/ej.9789004175624.i-334.7).
- Markides, K. S., Levin, J. S., & Ray, L. A. (1987). Religion, aging, and life satisfaction: An eight-year, three-wave longitudinal study. *The Gerontologist*, 27(5), 660–665. doi:[10.1093/geront/27.5.660](https://doi.org/10.1093/geront/27.5.660).
- Marques, S. C., Lopez, S. J., & Mitchell, J. (2013). The role of hope, spirituality and religious practice in adolescents' life satisfaction: Longitudinal findings. *Journal of Happiness Studies*, 14(1), 251–261. doi:[10.1007/s10902-012-9329-3](https://doi.org/10.1007/s10902-012-9329-3).
- Maslow, A. H. (1964). *Religions, values, and peak experiences*. Columbus, OH: Ohio State University Press.
- Masters, K. S., & Hooker, S. A. (2013). Religiousness/spirituality, cardiovascular disease, and cancer: Cultural integration for health research and intervention. *Journal of Consulting and Clinical Psychology*, 81(2), 206–216. doi:[10.1037/a0030813](https://doi.org/10.1037/a0030813).
- McCullough, M. E., Emmons, R. A., & Tsang, J. (2002). The grateful disposition: A conceptual and empirical topography. *Journal of Personality and Social Psychology*, 82(1), 112–127. doi:[10.1037/0022-3514.82.1.112](https://doi.org/10.1037/0022-3514.82.1.112).

- McCullough, M. E., Kilpatrick, S. D., Emmons, R. A., & Larson, D. B. (2001). Is gratitude a moral affect? *Psychological Bulletin*, 127(2), 249–266. doi:10.1037/0033-2909.127.2.249.
- McCullough, M. E., & Willoughby, B. B. (2009). Religion, self-regulation, and self-control: Associations, explanations, and implications. *Psychological Bulletin*, 135(1), 69–93. doi:10.1037/a0014213.
- Mela, M. A., Marcoux, E., Baetz, M., Griffin, R., Angelski, C., & Deqiang, G. (2008). The effect of religiosity and spirituality on psychological well-being among forensic psychiatric patients in Canada. *Mental Health, Religion & Culture*, 11(5), 517–532. doi:10.1080/13674670701584847.
- Mellor, D., Hapidzal, F., Teh, K., Ganesan, R., Yeow, J., Latif, R., et al. (2012). Strong spiritual engagement and subjective well-being: A naturalistic investigation of the Thaipusam festival. *Journal of Spirituality in Mental Health*, 14(3), 209–225. doi:10.1080/19349637.2012.697375.
- Moreira-Almeida, A., Neto, F., & Koenig, H. G. (2006). Religiousness and mental health: A review. *Revista Brasileira De Psiquiatria*, 28(3), 242–250. doi:10.1590/S1516-44462006005000006.
- Newberg, A. B., Wintering, N. A., Morgan, D., & Waldman, M. R. (2006). The measurement of regional cerebral blood flow during glossolalia: A preliminary SPECT study. *Psychiatry Research: Neuroimaging*, 148(1), 67–71. doi:10.1016/j.psychres.2006.07.001.
- Newport, F., Witters, D., & Agrawal, S. (2012). Religious Americans enjoy higher wellbeing. Retrieved from <http://www.gallup.com/poll/152723/Religious-Americans-Enjoy-Higher-Wellbeing.aspx>
- Noor, N. M. (2008). Work and women's well-being: Religion and age as moderators. *Journal of Religion and Health*, 47(4), 476–490. doi:10.1007/s10943-008-9188-8.
- Paloutzian, R. F., & Park, C. L. (2005). Integrative themes in the current science of the psychology of religion. In R. F. Paloutzian (Ed.), *Handbook of the psychology of religion and spirituality* (pp. 3–20). New York: Guilford Press.
- Pargament, K. I. (1997). *The psychology of religion and coping: Theory, research, practice*. New York: Guilford Press.
- Pargament, K. I. (2007). *Spiritually integrated psychotherapy: Understanding and addressing the sacred*. New York: Guilford Press.
- Pargament, K. I. (2011). Religion and coping: The current state of knowledge. In S. Folkman (Ed.), *The Oxford handbook of stress, health, and coping* (pp. 269–288). New York: Oxford University Press.
- Pargament, K. I., Koenig, H. G., Tarakeshwar, N., & Hahn, J. (2001). Religious struggle as a predictor of mortality among medically ill elderly patients: A two-year longitudinal study. *Archives of Internal Medicine*, 161, 1881–1885.
- Pargament, K. I., & Mahoney, A. (2005). Sacred matters: Sanctification as a vital topic for the psychology of religion. *International Journal for the Psychology of Religion*, 15(3), 179–198. doi:10.1207/s15327582ijpr1503_1.
- Pargament, K. I., Murray-Swank, N. A., Magyar, G. M., & Ano, G. G. (2005). Spiritual struggle: A phenomenon of interest to psychology and religion. In W. R. Miller & H. D. Delaney (Eds.), *Judeo-Christian perspectives on psychology: Human nature, motivation, and change* (pp. 245–268). Washington, DC: American Psychological Association.
- Pargament, K. I., Smith, B. W., Koenig, H. G., & Perez, L. (1998). Patterns of positive and negative religious coping with major life stressors. *Journal for the Scientific Study of Religion*, 37, 710–724. doi:10.2307/1388152.
- Park, C. L., Edmondson, D., & Hale-Smith, A. (2013). Why religion? Meaning as motivation. In K. I. Pargament, J. J. Exline, & J. W. Jones (Eds.), *APA handbook of psychology, religion, and spirituality (Vol 1): Context, theory, and research* (pp. 157–171). Washington, DC: American Psychological Association. doi:10.1037/14045-008.
- Plante, T. G. (2012). *Religion, spirituality, and positive psychology: Understanding the psychological fruits of faith*. Santa Barbara, CA: Praeger/ABC-CLIO.

- Pokimica, J., Addai, I., & Takyi, B. K. (2012). Religion and subjective well-being in Ghana. *Social Indicators Research*, 106(1), 61–79. doi:[10.1007/s11205-011-9793-x](https://doi.org/10.1007/s11205-011-9793-x).
- Poloma, M. M., & Pendleton, B. F. (1990). Religious domains and general well-being. *Social Indicators Research*, 22(3), 255–276. doi:[10.1007/BF00301101](https://doi.org/10.1007/BF00301101).
- Prati, G., & Pietrantonio, L. (2009). Optimism, social support, and coping strategies as factors contributing to posttraumatic growth: A meta-analysis. *Journal of Loss and Trauma*, 14(5), 364–388. doi:[10.1080/15325020902724271](https://doi.org/10.1080/15325020902724271).
- Reid, G. A. (2012). Spirituality and end of life issues: A review. *Journal of Religion, Spirituality & Aging*, 24(1–2), 120–130. doi:[10.1080/15528030.2012.633054](https://doi.org/10.1080/15528030.2012.633054).
- Reinertsen, A. M. (1993). The private God in the group: The God-image in an object-relations view. *Group Analysis*, 26(1), 5–25. doi:[10.1177/0533316493261001](https://doi.org/10.1177/0533316493261001).
- Rizzuto, A. M. (1979). *The birth of the living God: A psycho-analytic study*. Chicago, IL: University of Chicago Press.
- Roberts, R. C. (2007). *Spiritual emotions: A psychology of Christian virtues*. Grand Rapids, MI: William B Eerdmans Publishing Co.
- Rosmarin, D. H., Pargament, K. I., Krumrei, E. J., & Flannelly, K. J. (2009). Religious coping among Jews: Development and initial validation of the JCOPE. *Journal of Clinical Psychology*, 65, 1–14. doi:[10.1037/a0016728](https://doi.org/10.1037/a0016728).
- Rosmarin, D. H., Pirutinsky, S., Cohen, A. B., Galler, Y., & Krumrei, E. J. (2011). Grateful to God or just plain grateful? A comparison of religious and general gratitude. *The Journal of Positive Psychology*, 6(5), 389–396. doi:[10.1080/17439760.2011.596557](https://doi.org/10.1080/17439760.2011.596557).
- Rye, M. S., Wade, N. G., Fleri, A. M., & Kidwell, J. M. (2013). The role of religion and spirituality in positive psychology interventions. In K. I. Pargament, A. Mahoney, & E. P. Shafranske (Eds.), *APA handbook of psychology, religion, and spirituality (Vol 2): An applied psychology of religion and spirituality* (pp. 481–508). Washington, DC: American Psychological Association. doi:[10.1037/14046-025](https://doi.org/10.1037/14046-025).
- Ryff, C. D., Love, G., Urry, H. L., Muller, D., Rosenkranz, M. A., Friedman, E. M., & . . . Singer, B. (2006). Psychological well-being and ill-being: Do they have distinct or mirrored biological correlates?. *Psychotherapy And Psychosomatics*, 75(2), 85–95. doi:[10.1159/000090892](https://doi.org/10.1159/000090892).
- Salzberg, S. (2002). *Loving kindness: The revolutionary art of happiness*. Boston, MA: Shambhala.
- Sawatzky, R., Ratner, P. A., & Chiu, L. (2005). A meta-analysis of the relationship between spirituality and quality of life. *Social Indicators Research*, 72(2), 153–188. doi:[10.1007/s11205-004-5577-x](https://doi.org/10.1007/s11205-004-5577-x).
- Schaefer, F. C., Blazer, D. G., & Koenig, H. G. (2008). Religious and spiritual factors and the consequences of trauma: A review and model of the interrelationship. *International Journal of Psychiatry in Medicine*, 38(4), 507–524. doi:[10.2190/PM.38.4.i](https://doi.org/10.2190/PM.38.4.i).
- Schimmack, U. (2008). The structure of subjective well-being. In M. Eid & R. Larsen (Eds.), *The science of subjective well-being* (pp. 97–123). New York: Guilford Press.
- Schrank, B., Bird, V., Rudnick, A., & Slade, M. (2012). Determinants, self-management strategies and interventions for hope in people with mental disorders: Systematic search and narrative review. *Social Science & Medicine*, 74(4), 554–564. doi:[10.1016/j.socscimed.2011.11.008](https://doi.org/10.1016/j.socscimed.2011.11.008).
- Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: an introduction. *American Psychologist*, 55, 5–14.
- Seligman, M. E. P., Rashid, T., & Parks, A. C. (2006). Positive psychotherapy. *American Psychologist*, 61(8), 774–788. doi:[10.1037/0003-066X.61.8.774](https://doi.org/10.1037/0003-066X.61.8.774).
- Seligman, M. E. P., Steen, T. A., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. *Tidsskrift For Norsk Psykologforening*, 42(10), 874–884.
- Shapiro, S. L., & Sahgal, M. (2012). Loving-kindness. In T. G. Plante (Ed.), *Religion, spirituality, and positive psychology: Understanding the psychological fruits of faith* (pp. 109–126). Santa Barbara, CA: Praeger/ABC-CLIO.

- Shaw, A., Joseph, S., & Linley, P. (2005). Religion, spirituality, and posttraumatic growth: A systematic review. *Mental Health, Religion, & Culture*, 8(1), 1–11. doi:[10.1080/1367467032000157981](https://doi.org/10.1080/1367467032000157981).
- Sinclair, S., Pereira, J., & Raffin, S. (2006). A thematic review of the spirituality literature within palliative care. *Journal of Palliative Medicine*, 9(2), 464–479. doi:[10.1089/jpm.2006.9.464](https://doi.org/10.1089/jpm.2006.9.464).
- Smith, T. B., Bartz, J. D., & Richards, P. S. (2007). Outcomes of religious and spiritual adaptations to psychotherapy: A meta-analytic review. *Psychotherapy Research*, 17, 645–655. doi:[10.1080/10503300701250347](https://doi.org/10.1080/10503300701250347).
- Soenke, M., Landau, M. J., & Greenberg, J. (2013). Sacred armor: Religion's role as a buffer against the anxieties of life and the fear of death. In K. I. Pargament, J. J. Exline, & J. W. Jones (Eds.), *APA handbook of psychology, religion, and spirituality (Vol 1): Context, theory, and research* (pp. 105–122). Washington, DC: American Psychological Association. doi:[10.1037/14045-005](https://doi.org/10.1037/14045-005).
- Spencer, M. B., Fegley, S. G., & Harpalani, V. (2003). A theoretical and empirical examination of identity as coping: Linking coping resources to the self processes of African American youth. *Applied Developmental Science*, 7(3), 181–188. doi:[10.1207/S1532480XADS0703_9](https://doi.org/10.1207/S1532480XADS0703_9).
- Stewart, D. E., & Yuen, T. (2011). A systematic review of resilience in the physically ill. *Psychosomatics: Journal of Consultation Liaison Psychiatry*, 52(3), 199–209. doi:[10.1016/j.psych.2011.01.036](https://doi.org/10.1016/j.psych.2011.01.036).
- Tangney, J. (2000). Humility: Theoretical perspectives, empirical findings and directions for future research. *Journal of Social and Clinical Psychology*, 19(1), 70–82. doi:[10.1521/jscp.2000.19.1.70](https://doi.org/10.1521/jscp.2000.19.1.70).
- Tarakeshwar, N., Pargament, K. I., & Mahoney, A. (2003). Initial development of a measure of religious coping among Hindus. *Journal of Community Psychology*, 31, 607–628. doi:[10.1002/jcop.10071](https://doi.org/10.1002/jcop.10071).
- Tiliouine, H. (2009). Measuring satisfaction with religiosity and its contribution to the Personal Well-Being Index in a Muslim sample. *Applied Research in Quality of Life*, 4(1), 91–108. doi:[10.1007/s11482-009-9074-x](https://doi.org/10.1007/s11482-009-9074-x).
- Tiliouine, H., Cummins, R. A., & Davern, M. (2009). Islamic religiosity, subjective well-being, and health. *Mental Health, Religion & Culture*, 12, 55–74. doi:[10.1080/13674670802118099](https://doi.org/10.1080/13674670802118099).
- Tix, A. P., Dik, B. J., Johnson, M. E., & Steger, M. F. (2013). Religious commitment and subjective well-being across Christian traditions. *Journal of Psychology and Christianity*, 32, 20–29.
- Tix, A. P., & Frazier, P. A. (1998). The use of religious coping during stressful life events: Main effects, moderation, and mediation. *Journal of Consulting & Clinical Psychology*, 66, 411–422. doi:[10.1037/0022-006X.66.2.411](https://doi.org/10.1037/0022-006X.66.2.411).
- Tsai, J. L., Koopmann-Holm, B., Miyazaki, M., & Ochs, C. (2013). The religious shaping of feeling: Implications of affect valuation theory. In R. F. Paloutzian & C. L. Park (Eds.), *Handbook of the psychology of religion and spirituality* (2nd ed., pp. 274–291). New York: Guilford Press.
- Tsai, J. L., Miao, F. F., & Seppala, E. (2007). Good feelings in Christianity and Buddhism: Religious differences in ideal affect. *Personality and Social Psychology Bulletin*, 33(3), 409–421. doi:[10.1177/0146167206296107](https://doi.org/10.1177/0146167206296107).
- Vail, K., Rothschild, Z. K., Weise, D. R., Solomon, S., Pyszczynski, T., & Greenberg, J. (2010). A terror management analysis of the psychological functions of religion. *Personality and Social Psychology Review*, 14(1), 84–94. doi:[10.1177/1088868309351165](https://doi.org/10.1177/1088868309351165).
- Vaillant, G. (2008). *Spiritual evolution: A scientific defense of faith*. New York: Broadway.
- Vaingankar, J., Subramaniam, M., Lim, Y., Sherbourne, C., Luo, N., Ryan, G., & ... Chong, S. (2012). From well-being to positive mental health: Conceptualization and qualitative development of an instrument in Singapore. *Quality of Life Research: An International Journal of Quality of Life Aspects of Treatment, Care & Rehabilitation*, 21(10), 1785–1794. doi:[10.1007/s11136-011-0105-3](https://doi.org/10.1007/s11136-011-0105-3).

- Valdesolo, P., & Graham, J. (2014). Awe, uncertainty, and agency detection. *Psychological Science*, 25(1), 170–178. doi:[10.1177/0956797613501884](https://doi.org/10.1177/0956797613501884).
- Van Ness, P. H., & Larson, D. B. (2002). Religion, senescence, and mental health: The end of life is not the end of hope. *The American Journal of Geriatric Psychiatry*, 10(4), 386–397. doi:[10.1176/appi.ajgp.10.4.386](https://doi.org/10.1176/appi.ajgp.10.4.386).
- Van Praag, B. S., Romanov, D., & Ferrer-i-Carbonell, A. (2010). Happiness and financial satisfaction in Israel: Effects of religiosity, ethnicity, and war. *Journal of Economic Psychology*, 31(6), 1008–1020. doi:[10.1016/j.joep.2010.08.008](https://doi.org/10.1016/j.joep.2010.08.008).
- Visser, A., Garssen, B., & Vingerhoets, A. (2010). Spirituality and well-being in cancer patients: A review. *Psycho-Oncology*, 19(6), 565–572. doi:[10.1002/pon.1626](https://doi.org/10.1002/pon.1626).
- Whittaker, S., Hardy, G., Lewis, K., & Buchan, L. (2005). An exploration of psychological well-being with young Somali refugee and asylum-seeker women. *Clinical Child Psychology and Psychiatry*, 10(2), 177–196. doi:[10.1177/1359104505051210](https://doi.org/10.1177/1359104505051210).
- Williamson, P. W., & Hood, R. W. (2011). Spirit baptism: A phenomenological study of religious experience. *Mental Health, Religion, & Culture*, 14(6), 543–559.
- Wink, P., & Dillon, M. (2003). Religiousness, spirituality, and psychosocial functioning in late adulthood: Findings from a longitudinal study. *Psychology and Aging*, 18(4), 916–924. doi:[10.1037/0882-7974.18.4.916](https://doi.org/10.1037/0882-7974.18.4.916).
- Wong, Y., Rew, L., & Slaikeu, K. D. (2006). A systematic review of recent research on adolescent religiosity/spirituality and mental health. *Issues in Mental Health Nursing*, 27(2), 161–183. doi:[10.1080/01612840500436941](https://doi.org/10.1080/01612840500436941).
- Yanez, B., Edmondson, D., Stanton, A. L., Park, C. L., Kwan, L., Ganz, P. A., et al. (2009). Facets of spirituality as predictors of adjustment to cancer: Relative contributions of having faith and finding meaning. *Journal of Consulting and Clinical Psychology*, 77(4), 730–741.
- Yonker, J. E., Schnabelrauch, C. A., & DeHaan, L. G. (2012). The relationship between spirituality and religiosity on psychological outcomes in adolescents and emerging adults: A meta-analytic review. *Journal of Adolescence*, 35(2), 299–314. doi:[10.1016/j.adolescence.2011.08.010](https://doi.org/10.1016/j.adolescence.2011.08.010).

Faith from a Positive Psychology Perspective

Miller-Perrin, C.; Krumrei Mancuso, E.

2015, X, 255 p., Hardcover

ISBN: 978-94-017-9435-0