



Andrzej K. Jastrzębski OMI

## The Healing Potential of Religion and Spirituality

### Introduction

Throughout human history, religion and spirituality have been part of the main coping mechanisms that humanity has had at its disposal to deal with excessive stress in everyday life. The past decades have even seen a notable increase of research on the health benefits related to religion and spirituality. Research continues to show a significant number of people reporting that religious beliefs and activities provide them with comfort during stressful times, especially while facing serious medical challenges.<sup>1</sup>

Research regarding the influence of spirituality on human health can be divided into three distinct waves:

---

Andrzej K. Jastrzębski OMI, Saint Paul University, Ottawa, Canada  
ajastrzebski@ustpaul.ca • ORCID: 0000-0003-2637-7706

<sup>1</sup>Harold G. Koenig, “The Connection between Psychoneuroimmunology and Religion,” in: *The Link Between Religion and Health*, ed. Harold G. Koenig and Harvey J. Cohen (New York: Oxford University Press, Incorporated, 2002), 12.



- a general relationship between religion or spirituality and health, often focusing on the frequency of prayer and attendance at church services,
- the unique effects of spirituality on health,
- the causal role of spirituality on mental health as well as the mediating role of spirituality in a clinical environment, which are presently the most favored.<sup>2</sup>

Generally, religion and spirituality are considered helpful in coping with major life problems.<sup>3</sup> On the other hand, religion and spirituality may become part of the problem and even increase pathological patterns. There is some interesting literature on this topic,<sup>4</sup> but the focus of our reflection is the positive influence of religion and spirituality on human health. In one of the most comprehensive reviews in this research, Harold Koenig, Michael McCullough, and David Larson concluded that, for the most part, religious and spiritual beliefs, practices, relationships, and experiences are correlated with:

- Well-being, happiness, and life satisfaction,
- Hope and optimism,
- Purpose and meaning in life,
- Higher self-esteem,
- Greater social support and less loneliness,
- Lower rates of depression and of suicide,
- Less anxiety,

---

<sup>2</sup> Joseph A. Stewart Sicking, Paul J. Deal and Jesse Fox, *Bringing Religion and Spirituality into Therapy: A Process-based Model for Pluralistic practice* (New York: Routledge, 2020), 193.

<sup>3</sup> Kenneth I. Pargament, *The Psychology of Religion and Coping: Theory, Research, Practice* (New York: Guilford Press, 1997).

<sup>4</sup> David M. Black, *Psychoanalysis and Religion in the 21st Century. Competitors or Collaborators?* (London: Routledge, 2006); James L. Griffith, *Religion that Heals, Religion that Harms: A Guide for Clinical Practice* (New York: Guilford Press 2010).

- Less psychosis,
- Lower rates of alcohol and drug use,
- Less delinquency and criminal activity,
- Greater marital stability and satisfaction.<sup>5</sup>

Although the healing potential of religion and spirituality can be intuited by common sense (i.e. God is there for us to help and save us), in order to be academically acceptable, it has to be confirmed by empirical research that is able to fine-tune and adjust preliminary hypotheses. The findings from empirical research offer clear evidence of the benefits of spirituality and religion in people's lives. Yet it is important to note that this research does not incorporate the degree to which it happens. It is very rare that researchers examine spirituality or religion with explicitly spiritual criteria which pertain to one's subjective and personal experience. There are also limits to our research regarding people's relationship with God or a higher power. We simply lack the tools to measure God's grace; we can only assess this relationship from the human perspective, looking at how humans perceive it.<sup>6</sup>

Harold Koenig summarizes it very well:

Much of the research on religion and mental health is cross-sectional and observational, making the argument for causality—that religion produces better mental health—less than airtight. For example, individuals with negative emotional states are perhaps less likely to seek religious involvement, which could explain some of the cross-sectional findings. Furthermore, there is little doubt that religion can also produce

---

<sup>5</sup> Harold G. Koenig, Tyler J. VanderWeele and John R. Peteet, *Handbook of Religion and Health*. Third edition (New York, NY: Oxford University Press, 2023), xxii.

<sup>6</sup> Kenneth I. Pargament, *Spiritually Integrated Psychotherapy. Understanding and Addressing the Sacred* (New York: The Guilford Press, 2007), 233.

negative effects in vulnerable people, such as unhealthy guilt, increased fear, or worsening depression.<sup>7</sup>

In some research projects, there is no distinction between spirituality and religion.

Traditional measures of religious involvement tend to be more objective, because they are based on observable behaviors such as church attendance or the frequency of prayer. Measuring spirituality poses more challenges. It is influenced either by religious belief and practice or by psychological variables. When spirituality is measured using indicators of psychological or social well-being, it will always predict such well-being.<sup>8</sup>

Moreover, religious factors may function differently depending on the phases of one's life. In fact, there is not much research following individuals from childhood through adolescence into adulthood and later life to demonstrate the long-term effects of religious beliefs and practice and their influence on mental health across an individual's life span.<sup>9</sup>

## **General well-being**

Research shows that people who view their lives as sacred and invest their energy in developing this aspect experience fewer conflicts, have greater satisfaction and become aware that their life has meaning.<sup>10</sup>

---

<sup>7</sup> Harold G. Koenig, *Medicine, Religion and Health: Where Science and Spirituality Meet* (West Conshohocken, PA: Templeton Foundation Press, 2008), 81.

<sup>8</sup> Andrzej K. Jastrzębski, "The Challenging Task of Defining Spirituality," *Journal of Spirituality in Mental Health* 24, no. 2 (2022), 124.

<sup>9</sup> Dein, Cook and Koenig, "Religion, Spirituality, and Mental Health," 853.

<sup>10</sup> Annette Mahoney, Kenneth I. Pargament, Tracey Jewell, Aaron B. Swank, Eric Scott, Erin Emery and Mark Rye, "Marriage and the Spiritual Realm: The Role of Proximal and Distal Religious Constructs in Marital Functioning," *Journal of Family*

Religion and spirituality often provide a worldview that is both optimistic and hopeful, helping people in traumatic life situations discover both the purpose and meaning of their lives. Here we understand optimism as the ability to psychologically distance ourselves from the negative consequences of life events and hope as the ability to set goals and to motivate ourselves to achieve them.<sup>11</sup>

Religion and spirituality are helpful not only in overcoming emotional distress but also in activating positive emotions, which are associated with the feeling of a life truly worth living. In a number of studies, religious participants demonstrated significantly greater well-being than those who were less religious. Religion and spirituality may increase well-being in a number of ways such as fostering hope, optimism, joy, social support, and by giving meaning to life.<sup>12</sup> For instance, a number of findings suggest that religion and spirituality contribute to health and well-being in individuals living with HIV. Many of them considered religion and spirituality as a bridge between a hopeless and a meaningful life.<sup>13</sup>

Spiritual involvement predicts certain health-related outcomes. A meta-analysis of the relationship between religious practices and mortality that involved almost 126,000 participants in the US and Norway

---

*Psychology* 13, no. 3 (1999), 321–238; Nalini Tarakeshwar, Aaron B. Swank, Kenneth I. Pargament and Annette Mahoney, “The Sanctification of Nature and Theological Conservatism: A Study of Opposing Religious Correlates of Environmentalism,” *Review of Religious Research* 42, no. 4 (2001), 387–404.

<sup>11</sup> Harold G. Koenig, “Religion, Spirituality, and Health: The Research and Clinical Implications,” *ISRN Psychiatry* 2012 (2012), 7.

<sup>12</sup> Reed I. Payne, Allen E. Bergin, Kimberly A. Bielema and Paul H. Jenkins, “Review of Religion and Mental Health: Prevention and the Enhancement of Psychosocial Functioning,” *Prevention in Human Services* 9, no. 2 (1991), 13–14.

<sup>13</sup> Gail Ironson and Neil Schneiderman, “Psychosocial Factors, Spirituality/Religiousness, and Immune Function in HIV/AIDS Patients,” in: *The Link Between Religion and Health*, ed. Harold G. Koenig and Harvey J. Cohen (New York: Oxford University Press, Incorporated, 2002), 151.

showed that people with higher measures of religious involvement also had 29% higher odds of survival at follow-up.<sup>14</sup>

To summarize, there is little doubt that spiritual knowledge and personal religious commitment can become important factors in reducing behaviors that lead to greater physical disease or that negatively affect health outcomes. It is crucial to note that ideally, religious teachings are transmitted as early as in childhood, reinforced in adolescence and in young adulthood, and then continue to have an impact on a person's health throughout adulthood.<sup>15</sup>

## **Physical health**

It has been shown that religion and spirituality are effective in coping with disability, illness, and negative life events. Additionally, religion and spirituality are related to one's physical state of health by providing faith-based norms governing diet, health care practices, and sexual behaviors.<sup>16</sup>

Daily spiritual experiences of cancer survivors are associated with more self-assurance and less fear of cancer recurrence. Salsman and colleagues developed a taxonomy of religious and spiritual constructs dividing them into (1) affective, such as a sense of transcendence, meaning, purpose, or connection to a source larger than oneself; (2) behavioral, such as public and private activities like attending cere-

---

<sup>14</sup> Michael E. McCullough, William T. Hoyt, David B. Larson, Harold G. Koenig and Carl Thoresen, "Religious Involvement and Mortality: A Meta-Analytic Review," *Health Psychology* 19, no. 3 (2000), 213.

<sup>15</sup> Koenig, "Religion, Spirituality, and Health," 13.

<sup>16</sup> Kevin S. Seybold and Peter C. Hill, "The Role of Religion and Spirituality in Mental and Physical Health," *Current Directions in Psychological Science: A Journal of the American Psychological Society* 10, no. 1 (2001), 23.

monies or meditation as means of seeking a closer connection with the divine; or (3) cognitive, such as religious or spiritual beliefs, perceptions, doubts, salience or commitment, as well as images of the divine. Some researchers added to these three categories a fourth one called (4) 'other' because not all religious constructs can be easily categorized into an affective, behavioral, or cognitive dimensional structure, as is the case with religious affiliation. This category is often a marker for a host of attitudes, beliefs, and behaviors that cannot be easily categorized.<sup>17</sup>

In the meta-analyses that encompassed 1341 effects drawn from more than 44,000 oncology patients, Park and colleagues presented one of the most comprehensive quantitative reviews of religious and spiritual variables. They applied the above-mentioned four dimensions of religion and spirituality that can play an important role in changing the condition of cancer patients. The researchers showed that the most influential was the affective dimension, as the link between the affective dimension of religion or spirituality and health outcomes appeared to be the strongest. In second place came the cognitive and 'other' dimensions. The behavioral dimension of religion and spirituality was the least associated with the social health domain and almost unrelated to the physical or mental health reported by patients.<sup>18</sup>

In the cognitive dimension, we can distinguish specific beliefs coming from a religious frame, causal attributions, or images of God.

---

<sup>17</sup> John M. Salsman, George Fitchett, Thomas V. Merluzzi, Allen C. Sherman and Crystal L. Park, "Religion, Spirituality, and Health Outcomes in Cancer: A Case for a Meta-Analytic Investigation: Case for R/S and Health Meta-Analysis," *Cancer* 121 (2015), 3756-3757.

<sup>18</sup> Crystal L. Park, Allen C. Sherman, Heather S.L. Jim and John M. Salsman, "Religion/Spirituality and Health in the Context of Cancer: Cross-Domain Integration, Unresolved Issues, and Future Directions: Religion/Spirituality and Health," *Cancer* 121 (2015), 3789.

Religion and spirituality have often been characterized as important sources of meaning, particularly during stressful times. For example, there is evidence that more benevolent images of God and stronger religious beliefs are associated with improved social health. Perceptions of spiritual growth in response to cancer were associated with better mental and physical health.<sup>19</sup>

Affective dimensions of religion and spirituality, which encompass a sense of equanimity, peacefulness and comfort, are associated with patients' well-being in the context of cancer. On the other hand, modest links between religious behavior and social health should probably be attributed to those aspects of behavior that are social in nature, such as religious service attendance or meetings with clergy. It is also possible that the effects of specific religious behaviors were hidden in more general behaviors in response to the stressful situation.<sup>20</sup>

Many hospitalized cancer patients indicate that their religious beliefs and practices are the most important way they cope with illness and associated challenges. In this context, and among a variety of religious practices, prayer stands out as the most prominent. Even on the list of unconventional therapies for pain, prayer was ranked as the second most helpful. In the vast majority of available research, religious involvement has been related to both the amount and quality of social support that people obtain from their faith communities.<sup>21</sup>

---

<sup>19</sup> Park, Sherman, Jim and Salsman, "Religion/Spirituality and Health in the Context of Cancer: Cross-Domain Integration," 3770.

<sup>20</sup> Park, Sherman, Jim and Salsman, "Religion/Spirituality and Health in the Context of Cancer: Cross-Domain Integration," 3791.

<sup>21</sup> Tracy A. Balboni, Lauren C. Vanderwerker, Susan D. Block, M. Elizabeth Paulk, Christopher S. Lathan, John R. Peteet and Holly G. Prigerson, "Religiousness and Spiritual Support Among Advanced Cancer Patients and Associations with End-of-Life Treatment Preferences and Quality of Life," *Journal of Clinical Oncology* 25, no. 5 (2007), 557–559.



Religion and spirituality influence our physical health in many ways. Most probably, this is related to mind-body effects, which are perhaps most evident in studies that examine the effects of spiritual practices on mortality. So far, a number of studies have examined the theme of longevity. Twelve of them indicate a significant relationship between religion and longer survival. Other research suggests that religious attendance is an important predictor of survival.<sup>22</sup> A number of studies show a consistent pattern of lower mortality risk for the more religiously observant persons.<sup>23</sup> It is specifically the measure of attendance at religious services and not any subjective importance of their religion or spirituality that proves to be related to longer life expectancy of religious people.<sup>24</sup>

## Recovery

Belief in God without any particular religious affiliation has been shown to predict better psychiatric treatment outcomes.<sup>25</sup> Religious or spiritual practices, particularly among minority groups, such as Native Americans, Hispanics, and African Americans, have been shown to accelerate the recovery process. Alcohol and drug abuse experts emphasize that involvement in faith communities can play an impor-

---

<sup>22</sup> Koenig, "Religion, Spirituality, and Health," 11.

<sup>23</sup> Ellen L. Idler, "Rituals and Practices," in: *APA Handbook of Psychology, Religion, and Spirituality (Vol 1): Context, Theory, and Research*, ed. Kenneth I. Pargament, Julie Exline and James W. Jones (Washington, DC: American Psychological Association, 2013), 342.

<sup>24</sup> Lynda H. Powell, Leila Shahabi and Carl E. Thoresen, "Religion and Spirituality: Linkages to Physical Health," *The American Psychologist* 58, no. 1 (2003), 36.

<sup>25</sup> Samuel R. Weber and Kenneth I. Pargament, "The Role of Religion and Spirituality in Mental Health," *Current Opinion in Psychiatry* 27, no. 5 (2014), 358–363.

tant role in facilitating recovery or preventing relapse, as well as bringing about behavioral change in addicts.<sup>26</sup>

Most religions teach how the individual and God should cooperate to either prevent or cure illness, through prayer, meditation, or other forms of religiously sanctioned healing practices. Religion can also prevent undesirable behaviors such as promiscuous sexuality, theft or violence towards others. The presence of churches, synagogues, and mosques in a society, when they are faithful to their mission, can play an important role in diminishing many forms of deviancy as there is congruence between certain specific religious beliefs and the general cultural norms.<sup>27</sup>

## Immunology

There is also an interesting scientific field of research called psychoneuroimmunology. Its research is based on the effects of psychological and social factors on the mental states of patients and their immune systems. It postulates existence of “psychosomatic network,” a relationship between the human brain, the Central Nervous System, the immune response of the organism and the way people perceive the world and think about life challenges.<sup>28</sup>

This research shows that stress and lack of social support influence immune responses to vaccinations and their defense against various

---

<sup>26</sup> Koenig, *Medicine, Religion and Health*, 60–61.

<sup>27</sup> Peter C. Hill, Kenneth II. Pargament, Ralph W. Hood, Jr., Michael E. McCullough, James P. Swyers, David B. Larson and Brian J. Zinnbauer, “Conceptualizing religion and spirituality: Points of commonality, points of departure,” *Journal for the Theory of Social Behaviour*, no 30 (2000), 55–56.

<sup>28</sup> Denyse O’Leary, Mario Beauregard, *The Spiritual Brain, A Neuroscientist’s Case for the Existence of the Soul*, (Toronto: HarperCollins, 2007), 150–153.

bacteria and viruses. Psychological stress has been associated with a number of adverse metabolic states and can lead to the development of insulin resistance, a decrease in nerve growth, and an increase in the risk of cardiovascular disease or a worsening of its course. For example, hostility is a robust predictor of cardiovascular problems. Psychological stress is also known to affect blood pressure, increasing the risk of hypertension. Since high blood pressure is a strong predictor of stroke, it is not surprising that chronic stress or other difficult emotional states can increase its risk.<sup>29</sup> Distressed anxious persons also have a weaker, shorter-lived immune response, which leads to an increased susceptibility to viruses and other longer-lasting infections.<sup>30</sup>

Spiritually active people are more likely to have their medical illnesses diagnosed sooner as well as treated more effectively, because religious involvement is usually linked with greater social support. Consequently, based on these discoveries, we can conclude that spiritual beliefs and behaviors as well as the sense of belonging to a community with whom one shares common values may have an impact on the neuroendocrine, immune, and cardiovascular functions of our bodies. Religious involvement may also be helpful in avoiding negative coping mechanisms such as smoking and alcohol or drug use, which certainly have negative effects on the immune system. Involvement in a faith community increases social support and at the same time reduces social isolation, which is yet another way of improving our immunity. Religion and spirituality influence neuroendocrine and immune functioning in many ways. And although this area of research is only beginning, the preliminary findings support the hypothesis that

---

<sup>29</sup> Kevin S. Masters, Robert D. Hill, John C. Kircher, Tera L. Lensegrav Benson and Jennifer A. Fallon, "Religious Orientation, Aging, and Blood Pressure Reactivity to Interpersonal and Cognitive Stressors," *Annals of Behavioral Medicine* 28, no. 3 (2004), 172.

<sup>30</sup> Koenig, *Medicine, Religion and Health*, 43–44.

religion and spirituality may reduce stress and stress-induced neuroendocrine and immune changes. What people believe, think, and feel may well have a direct impact on their immune system. This plays a pivotal role in warding off disease and boosting the recovery process.<sup>31</sup>

To summarize, it is already well demonstrated that psychological and social factors influence our physiology and are directly responsible for the condition and strength of our immune system. By showing that being religious or spiritual enhances our psychological health and our social interactions, we can hypothesize that religion and spirituality may be important factors in influencing or improving our immunology. This happens primarily in threefold ways: as a personal coping strategy, as a prosocial force, and as a method of behavioral control.<sup>32</sup>

## Mental health

Spirituality has been recognized as an important factor that influences our mental health, which can be both positive and negative, as is the case with guilt and shame.<sup>33</sup> On the positive side, we learn that religion and spirituality enhance one's mental health more efficiently than more secular interventions when addressing a number of mental health issues.<sup>34</sup> Among religious individuals we can observe better mental health:

---

<sup>31</sup> Koenig, "The Connection between Psychoneuroimmunology and Religion," 24–25.

<sup>32</sup> Koenig, *Medicine, Religion and Health*, 53.

<sup>33</sup> Ramón Martínez de Pisón, "Religion, Spirituality and Mental Health: The Role of Guilt and Shame." *Journal of Spirituality in Mental Health* 25 (4) (2022), 261–276.

<sup>34</sup> Simon Dein, Christopher C. H. Cook and Harold Koenig, "Religion, Spirituality, and Mental Health: Current Controversies and Future Directions," *The Journal of Nervous and Mental Disease* 200, no. 10 (2012), 852.

greater well-being, higher quality of life, and lower rates of depression, anxiety, and suicide.<sup>35</sup>

Most published research indicates that there is an inverse correlation between spirituality and suicide. This is probably due to the fact that spiritual practices help people cope with difficulties, provide meaning and purpose to life, and offer hope. Most religions pronounce themselves against suicide and motivate believers to develop prosocial behavior, embrace forgiveness and adopt altruistic activities, while at the same time discouraging behaviors that are devastating to others and disastrous to oneself. The protective effects of religion against suicide are most visible in cases where people find themselves in the worst medical conditions.<sup>36</sup>

Research suggests that religion and spirituality are important coping strategies for people with schizophrenia.<sup>37</sup> This means that religious patients had fewer negative symptoms, were generally more physically fit, and enjoyed a higher quality of life. With regard to depression, a representative sample of the global community has consistently revealed that religious involvement such as frequent church attendance averts or decreases depressive disorders.<sup>38</sup> There is also research demonstrating that spirituality decreases symptoms of depression and anxiety as well as psychotic symptoms in children. With

---

<sup>35</sup> Weber and Pargament, "The Role of Religion and Spirituality in Mental Health," 359.

<sup>36</sup> Koenig, *Medicine, Religion and Health*, 75.

<sup>37</sup> Mohr Sylvia, Nader Perroud, Christiane Gillieron, Pierre-Yves Brandt, Isabelle Rieben, Laurence Borrás and Philippe Huguelet, "Spirituality and Religiousness as Predictive Factors of Outcome in Schizophrenia and Schizo-Affective Disorders," *Psychiatry Research* 186, no. 2 (2011), 177.

<sup>38</sup> Koenig, "Religion, Spirituality, and Health," 5.

regards to adolescents, religious practices influence their subjective well-being, and they also experience fewer symptoms of depression and anxiety.<sup>39</sup>

## Addictions

Among people recovering from substance abuse, spirituality reinforces a more optimistic life orientation, greater perceived social support, better resilience to stress, and lower levels of anxiety. It is the sense of a Higher Power's support in every and any circumstance of their life that keeps a person sober one day at a time. In this context, spirituality gives people the assurance that their battles with addiction are there to direct their efforts towards helping others win their battles. Spirituality also promotes attitudes that facilitate openness to change and better collaboration with treatment plans, especially in Twelve-Step groups: AA (Alcoholics Anonymous), NA (Narcotics Anonymous), and dozens of other groups patterned very closely or in part after Alcoholics Anonymous. For recovering alcoholics, spiritual involvement mediates a reduction in alcohol use due to disapproval of its abuse as well as social modeling of better behaviors.<sup>40</sup>

Substance abuse, more than anything, has been the main focus of research in this regard and has supplied a vast amount of literature on religion and mental health, including longitudinal data.<sup>41</sup> A study based on the third National Psychiatric Morbidity Study that was conducted between October 2006 and December 2007 in England confirms other

---

<sup>39</sup> Dein, Cook and Koenig, "Religion, Spirituality, and Mental Health," 853.

<sup>40</sup> Marc Galanter, Helen Dermatis, Stephen Post and Cristal Sampson, "Spirituality-Based Recovery from Drug Addiction in the Twelve-Step Fellowship of Narcotics Anonymous," *Journal of Addiction Medicine* 7, no. 3 (2013), 189.

<sup>41</sup> Dein, Cook and Koenig, "Religion, Spirituality, and Mental Health," 852.

research outcomes in stating that people with a religious understanding of life were less likely to be dependent on drugs or to be hazardous drinkers. Nonetheless, one has to admit that people with a spiritual understanding of life without a link to any religion were more likely to develop abnormal eating habits and neurotic disorders or phobia. Also, this group of people was more likely than the group who was neither religious nor spiritual to take psychotropic medication, to use recreational drugs, and developing drug dependency. In sum, people with a spiritual understanding without a religious framework appear to have the most problems with mental health. The same study confirms that religious people are less likely to use alcohol and recreational drugs, but does not confirm North American evidence that there is a positive relationship between religiosity and happiness.<sup>42</sup>

### **Methodological challenges and critics**

Some authors postulate that religious factors directly influence mental health. Others claim that religious variables can be easily replaced by other factors which we already know to positively influence mental health such as social support, healthy lifestyles, positive emotions and appraisals, and effective coping. In fact, few studies have applied a methodology that would indicate a difference between these causal mechanisms. Most of the studies have not been designed to examine the relationship between religion and health, but rather used existing data sets that were obtained for some other purpose. For the most part, there was no attempt to adequately measure the religious involvement

---

<sup>42</sup> Michael King, Louise Marston, Sally McManus, Terry Brugha, Howard Meltzer and Paul Bebbington, "Religion, Spirituality and Mental Health: Results from a National Study of English Households," *British Journal of Psychiatry* 202, no. 1 (2013), 68, 71.

of people. Usually, the research was based on one or two items added into a larger study and not specifically designed for this topic.<sup>43</sup>

We should not presume that the health benefits of spirituality are necessarily related to a belief system. We must remain methodologically attentive to other reasons why people engage and profit from religious practices, because in many places, culture and religion are very closely linked. This fact poses yet another methodological challenge, which is that of diverse cultural contexts and the way in which these influence how people live various dimensions of religion such as intellectual, social, or ritualistic. In fact, a number of studies have confirmed that constructs for coping with stress, formation of social relationships, life satisfaction, and development of values are culturally shaped, which would require more qualitative, multi-faith, and cross-cultural designs of research projects dealing with religion and spirituality.<sup>44</sup> We still need to know more about the influence of religious rituals and prayer practices on the mental health of members of various religions, because phenomenological differences between spiritual experiences and psychopathological states are not always clear in this context.<sup>45</sup> It seems that there may be many phenomenological overlaps between experiences described as psychotic and those characterized as religious.<sup>46</sup>

There is also strong criticism regarding research in the field of religion and health coming from a theological perspective. Shuman and Meador argue that our society's fascination with the health benefits provided by religion and spirituality reflects not so much our interest

---

<sup>43</sup> Dein, Cook and Koenig, "Religion, Spirituality, and Mental Health," 853.

<sup>44</sup> Dein, Cook and Koenig, "Religion, Spirituality, and Mental Health," 853.

<sup>45</sup> Simon Dein and Roland Littlewood, "The Voice of God," *Anthropology & Medicine* 14, no. 2 (2007), 216.

<sup>46</sup> Caroline Brett, "Psychotic and Mystical States of Being: Connections and Distinctions," *Philosophy, Psychiatry & Psychology* 9, no. 4 (2002), 327.



in pursuing religious paths but rather the contemporary trends in consumer capitalism and self-interested individualism. We cannot simply exchange faith for health as it devalues the true meaning of faith and leads us to accept a utilitarian approach to religion.<sup>47</sup>

The last, but not the least methodological challenge, is that every research agenda is limited by its funding. One of the problems in this regard is that there has not been much funding for qualitative research. Despite the recent dynamic development of research on religion and mental health, most of this has been done without any funding support and we know that adequate resources are as essential for conducting high-quality studies in this field as in any other.<sup>48</sup>



## The Healing Potential of Religion and Spirituality

### SUMMARY

In the last decades of psychological research, religion and spirituality have been regarded as helpful in coping with major life problems. Some existential challenges such as anxiety regarding death, meaninglessness, guilt or even feelings of condemnation call for a spiritual response. Beliefs and spiritual practices can play an important role in counteracting disease or influence it in a variety of ways. They can have an impact on how a person adheres to a treatment regime; they affect how a person follows after-treatment recommendations. Spiritual teachings invite believers to develop compassion, hope, surrender, forgiveness, and, finally, charity. A great number of research studies have addressed the healing potential of spirituality. The vast majority of them have focused on their psy-

---

<sup>47</sup> Joel James Shuman and Keith G. Meador, *Heal Thyself: Spirituality, Medicine, and the Distortion of Christianity* (New York, NY: Oxford University Press, 2008), 7–10.

<sup>48</sup> Dein, Cook and Koenig, “Religion, Spirituality, and Mental Health,” 854.

chological, social, and physical effects. This article gives a concise overview of this research as well as discusses remaining methodological challenges to better grasp the relationship between spirituality, religion and health.

**Keywords:** religion, spirituality, psychology, health, existential challenges

#### REFERENCES

- Balboni, Tracy A., Lauren C. Vanderwerker, Susan D. Block, M. Elizabeth Paulk, Christopher S. Lathan, John R. Peteet and Holly G. Prigerson. "Religiousness and Spiritual Support Among Advanced Cancer Patients and Associations with End-of-Life Treatment Preferences and Quality of Life." *Journal of Clinical Oncology* 25, no. 5 (2007), 555–560. <https://doi.org/10.1200/JCO.2006.07.9046>.
- Brett, Caroline. "Psychotic and Mystical States of Being: Connections and Distinctions." *Philosophy, Psychiatry & Psychology* 9, no. 4 (2002), 321–341. <https://doi.org/10.1353/ppp.2003.0053>.
- Dein Simon, Christopher C. H. Cook and Harold Koenig. "Religion, Spirituality, and Mental Health: Current Controversies and Future Directions." *The Journal of Nervous and Mental Disease* 200, no. 10 (2012), 852–855. <https://doi.org/10.1097/NMD.0b013e31826b6dle>.
- Dein, Simon and Roland Littlewood. "The Voice of God." *Anthropology & Medicine* 14, no. 2 (2007), 213–228. <https://doi.org/10.1080/13648470701381515>.
- Galanter Marc, Helen Dermatis, Stephen Post and Cristal Sampson. "Spirituality-Based Recovery from Drug Addiction in the Twelve-Step Fellowship of Narcotics Anonymous." *Journal of Addiction Medicine* 7, no. 3 (2013), 189–195. <https://doi.org/10.1097/ADM.0b013e31828a0265>.
- Seybold Kevin S. and Peter C. Hill. "The Role of Religion and Spirituality in Mental and Physical Health." *Current Directions in Psychological Science: A Journal of the American Psychological Society* 10, no. 1 (2001), 21–24. <https://doi.org/10.1111/1467-8721.00106>.

- Hill Peter C., Kenneth II. Pargament, Ralph W. Hood, Jr., Michael E. McCullough, James P. Swyers, David B. Larson and Brian J. Zinnbauer. "Conceptualizing religion and spirituality: Points of commonality, points of departure." *Journal for the Theory of Social Behaviour* 30 (2000), 51–77.
- Idler, Ellen L. "Rituals and Practices." In: *APA Handbook of Psychology, Religion, and Spirituality (Vol 1): Context, Theory, and Research*, edited by Kenneth I. Pargament, Julie Exline and James W. Jones, 329–47. Washington, DC: American Psychological Association, 2013. <https://doi.org/10.1037/14045-018>.
- Ironson Gail and Neil Schneiderman, "Psychosocial Factors, Spirituality/Religiousness, and Immune Function in HIV/AIDS Patients." In: *The Link Between Religion and Health*, edited by Harold G. Koenig and Harvey J. Cohen, 139–159. New York: Oxford University Press, Incorporated, 2002.
- Jastrzębski, Andrzej K. "The Challenging Task of Defining Spirituality." *Journal of Spirituality in Mental Health* 24, no. 2 (2022), 113–131. <https://doi.org/10.1080/19349637.2020.1858734>.
- King Michael, Louise Marston, Sally McManus, Terry Brugha, Howard Meltzer and Paul Bebbington. "Religion, Spirituality and Mental Health: Results from a National Study of English Households." *British Journal of Psychiatry* 202, no. 1 (2013), 68–73. <https://doi.org/10.1192/bjp.bp.112.112003>.
- Koenig, Harold G. "The Connection between Psychoneuroimmunology and Religion." In: *The Link Between Religion and Health*, edited by Harold G. Koenig and Harvey J. Cohen, 11–30. New York: Oxford University Press, Incorporated, 2002.
- Koenig, Harold G. "Religion, Spirituality, and Health: The Research and Clinical Implications." *ISRN Psychiatry* 2012 (2012), 278730–278733. <https://doi.org/10.5402/2012/278730>.
- Koenig, Harold G. *Medicine, Religion and Health: Where Science and Spirituality Meet*. West Conshohocken, PA: Templeton Foundation Press, 2008.

- Koenig Harold G. *Spirituality & Health Research: Methods, Measurement, Statistics, and Resources*. West Conshohocken, PA: Templeton Press, 2011.
- Koenig Harold G., Tyler J. VanderWeele and John R. Peteet. *Handbook of Religion and Health*. Third edition. New York, NY: Oxford University Press, 2023.
- Mahoney Annette, Kenneth I Pargament, Tracey Jewell, Aaron B. Swank, Eric Scott, Erin Emery, and Mark Rye. "Marriage and the Spiritual Realm: The Role of Proximal and Distal Religious Constructs in Marital Functioning." *Journal of Family Psychology* 13, no. 3 (1999), 321–338. <https://doi.org/10.1037/0893-3200.13.3.321>.
- Martínez de Pisón, Ramón. "Religion, Spirituality and Mental Health: The Role of Guilt and Shame." *Journal of Spirituality in Mental Health* 25 (4) (2022), 261–276.
- Masters Kevin S., Robert D. Hill, John C. Kircher, Tera L. Lensegrav Benson and Jennifer A. Fallon. "Religious Orientation, Aging, and Blood Pressure Reactivity to Interpersonal and Cognitive Stressors." *Annals of Behavioral Medicine* 28, no. 3 (2004), 171–178. [https://doi.org/10.1207/s15324796abm2803\\_5](https://doi.org/10.1207/s15324796abm2803_5).
- McCullough Michael E., William T. Hoyt, David B. Larson, Harold G. Koenig and Carl Thoresen. "Religious Involvement and Mortality: A Meta-Analytic Review." *Health Psychology* 19, no. 3 (2000), 211–222. <https://doi.org/10.1037/0278-6133.19.3.211>.
- Mohr Sylvia, Nader Perroud, Christiane Gillieron, Pierre-Yves Brandt, Isabelle Rieben, Laurence Borrás and Philippe Huguelet. "Spirituality and Religiousness as Predictive Factors of Outcome in Schizophrenia and Schizo-Affective Disorders." *Psychiatry Research* 186, no. 2 (2011), 177–182. <https://doi.org/10.1016/j.psychres.2010.08.012>.
- O’Leary Denyse, Mario Beauregard, *The Spiritual Brain, A Neuroscientist’s Case for the Existence of the Soul*. Toronto: HarperCollins, 2007.
- Pargament, Kenneth I. *The psychology of religion and coping: Theory, research, practice*. New York: Guilford Press, 1997.
- Pargament, Kenneth I. *Spiritually Integrated Psychotherapy. Understanding and Addressing the Sacred*. New York: The Guilford Press, 2007.

- Park Crystal L., Allen C. Sherman, Heather S.L. Jim and John M. Salsman. "Religion/Spirituality and Health in the Context of Cancer: Cross-Domain Integration, Unresolved Issues, and Future Directions: Religion/Spirituality and Health." *Cancer* 121 (2015), 3789–3794. <https://doi.org/10.1002/cncr.29351>.
- Payne I. Reed, Allen E. Bergin, Kimberly A. Bielema and Paul H. Jenkins. "Review of Religion and Mental Health: Prevention and the Enhancement of Psychosocial Functioning." *Prevention in Human Services* 9, no. 2 (1991), 11–40. [https://doi.org/10.1300/J293v09n02\\_02](https://doi.org/10.1300/J293v09n02_02).
- Powell Lynda H., Leila Shahabi and Carl E. Thoresen. "Religion and Spirituality: Linkages to Physical Health." *The American Psychologist* 58, no. 1 (2003), 36–52. <https://doi.org/10.1037/0003-066X.58.1.36>.
- Salsman John M., George Fitchett, Thomas V. Merluzzi, Allen C. Sherman and Crystal L. Park. "Religion, Spirituality, and Health Outcomes in Cancer: A Case for a Meta-Analytic Investigation: Case for R/S and Health Meta-Analysis." *Cancer* 121 (2015), 3754–3759. <https://doi.org/10.1002/cncr.29349>.
- Shuman Joel James and Keith G. Meador. *Heal Thyself: Spirituality, Medicine, and the Distortion of Christianity*. New York, NY: Oxford University Press, 2008.
- Stewart-Sicking, Joseph A., Paul J. Deal, and Jesse Fox. *Bringing religion and spirituality into therapy: a process-based model for pluralistic practice*. New York: Routledge, 2020.
- Tarakeshwar, Nalini, Aaron B. Swank, Kenneth I. Pargament, and Annette Mahoney. "The Sanctification of Nature and Theological Conservatism: A Study of Opposing Religious Correlates of Environmentalism." *Review of Religious Research* 42, no. 4 (2001), 387–404. <https://doi.org/10.2307/3512131>.
- Weber, Samuel R. and Kenneth I. Pargament. "The Role of Religion and Spirituality in Mental Health." *Current Opinion in Psychiatry* 27, no. 5 (2014), 358–363. <https://doi.org/10.1097/YCO.000000000000080>, 27.