I think that the very purpose of life is to seek happiness. That is clear. Whether one believes in religion or not . . . we are all seeking something better in life. So, I think, the very motion of our life is toward happiness.

—His Holiness the Dalai Lama (1998)

The term spirituality refers to a personal or group search for the sacred in life. Religion refers to a search for the sacred within a traditional context such as a formal religious institution (George, Larson, Koenig, & McCullough, 2000; Paloutzian & Park, 2005). Therefore, spirituality is the more inclusive term for a search for the sacred, whereas religion refers to a search grounded specifically in institutional forms. Both encompass a need to relate to something greater than oneself and often require a degree of self-transcendence (James & Samuels, 1999). Note that transcendence can take two forms (Hood, 2005). Vertical transcendence involves fostering a relationship with a spiritual being who is “higher” or “greater” than oneself, such as the Judeo-Christian conception of God. Horizontal transcendence involves forming a relationship with a force that is more immanent in the world and is less often viewed as a spiritual being. For instance, in Taoism the force that underlies and sustains the natural order of the universe is not seen as a spiritual being but is simply called the Tao.

Although the ideas of spirituality and religion can be distinguished, most Americans consider themselves to be both religious and spiritual. However, about 23% of the U.S. population now identifies itself as spiritual but not religious (Pew Forum, 2017). In particular, affiliation with traditional faiths has been declining for young Americans. For example, 35% of those ages 18 to 29 describe themselves as spiritual but not religious, compared to only 9% of those age 65 and older. As reported by the Pew Forum (2015), only 40% of Americans ages 18 to 29 view religion as “very important” in their lives, compared to 65% of those age 65 and older. Women were more likely than men to express this view, as well as those without college degrees. The percentage of people younger than 30 who say they are spiritual but not religious is growing rapidly (Day, 2017).

Religion and Subjective Well-Being

A substantial number of studies have examined how religiousness and spirituality impact well-being (Day, 2017; Kim-Prieto & Miller, 2018; Paloutzian & Park, 2005). Research has been relatively consistent in finding that greater religiousness is significantly related to better
mental health and higher subjective well-being. That is, people who are more religious in
their behavior show better emotional well-being and lower rates of delinquency, alcoholism,
drug abuse, and other social problems (Donahue & Benson, 1995). In terms of subjective
well-being, David Myers (2000) stated that “in survey after survey, actively religious peo-
ple have reported markedly greater happiness and somewhat greater life satisfaction than
their irreligious counterparts” (p. 324). Indeed, Peacock and Paloma (1999) found that one's
perceived closeness to God was the single biggest predictor of life satisfaction across all age
ranges. Particularly relevant to positive psychology are studies that have found that religious
or spiritual practices can increase positive emotional states such as joy, hope, optimism, and
compassion, as well as foster positive virtues such as self-control (e.g., Ciarrocchi, Dy-Liacco,
& Denike, 2008; Maltby, Lewis, & Day, 1999; Mathews-Treadway, 1996). Negative emo-
tional states, such as fear, sadness, or anger, may also be reduced (Oman & Thoresen, 2005).
Religious beliefs can also decrease death anxiety (Harding, Flannelly, Weaver, & Costa,
2005). It is possible that certain positive emotions can help enhance religiousness (Saroglou,
Buxant, & Tilquin, 2008). For example, Seligman (2002a) reported on a study conducted by
Sheena Iyengar that increased well-being brought about by greater religiousness was entirely
accounted for by increased hope. It is worth noting, however, that the quality of happiness
based on spirituality may be different than happiness dependent on simple hedonic pleasures.
Paul Wong (2017) used the term noetic happiness to describe well-being derived from the
spiritual or existential dimension.

Gender, ethnicity, and age appear to be important variables mediating the relationship
between well-being and religion. For instance, women tend to show stronger relationships
between well-being and religiousness than men. In terms of race, African Americans also
manifest stronger relationships between well-being and religiousness than do Whites
(Argyle, 1999). Older persons tend to show stronger relationships between religiousness and
well-being (McFadden, 1995). Indeed, Okun and Stock (1987) found that religiousness and
good health were the two best predictors of psychological well-being among older adults.
For those in this same age range, belief in life after death has been highly correlated with the
belief that their life was exciting (Steinitz, 1980). Poloma and Pendleton (1990) found that
when well-being was defined as having a sense of meaning and purpose in life, the relation-
ship between well-being and religiousness was strengthened.

Stronger correlations are usually based on religious engagement, rather than simply
holding pro-religious attitudes (Kim-Prieto & Miller, 2018). Indeed, the biggest predictor
in the relationship between religiousness and well-being is public religious participation or
active involvement in religious activities (George et al., 2000). That is, people who actually
do something related to religious faith (e.g., attend church or pray) report greater well-
being than those who simply have pro-religious attitudes. In fact, frequency of attendance
at church services is one major factor responsible for the relationship between religion and
well-being (Kim-Prieto & Miller, 2018). However, this statistic once again indicates the
complex relationships among behavior, beliefs, and well-being. For example, the percent-
age of Christians in the United States who attend church services weekly is about 47%.
In the United Kingdom the figure is 20%, but national surveys of happiness and life sat-
isfaction often place both countries at about the same level of well-being. In the same way,
church attendance by Christians in Australia is 25% and is 29% in Canada, but both coun-
tries usually rank higher in well-being than either the United States or United Kingdom.
Finally, Denmark is often ranked number one in national well-being, but its rate of church
attendance is a tiny 3%. As these figures suggest, the association between religiosity and well-being is also affected by cultural factors (Lun & Bond, 2013).

Although the association between religion and subjective well-being is found frequently, the causal links are unclear. In some cases, strong and fervent religious belief is associated with better well-being, but in other studies moderate religiosity is a better predictor (Miller, 2012). Partially this is because religion is a complex area of life. For instance, studies have also found that committed atheists have just as much resilience to depression and can gain as much support from their nonreligious identity as committed religious believers (e.g., Doane & Elliot, 2015; Riley, Best, & Charlton, 2005). This finding suggests that allegiance to a belief system is the core psychological process involved.

**Religion and Health**

A large number of studies and meta-analyses have found strong and consistent evidence for an association between religiousness and better physical health. That is, people who report greater religiousness tend to have fewer illnesses, lower rates for cancer and heart attacks, recover more quickly from illness or surgery, and have a greater tolerance for pain (George et al., 2000). One major study found that people who are more religious live an average of 7 years longer than those who are less religious. Even after adjusting for physical risk factors, religious persons show a 25% reduction in mortality (see Oman & Thoresen, 2005).

Physiological factors that may be responsible for better health include lower blood pressure, better immune system functioning, and reduced stress and worry. Religious faith also strongly contributes to “learned hardiness” or a sense of hardiness in people who have coped with multiple health challenges (McFadden, 1995). Other factors that contribute to the improved health of strongly religious people are healthier lifestyles, more positive emotions, better social support, greater forgiveness, more volunteer service, and greater use of meditation and prayer (Oman & Thoresen, 2005). The ability of religion to provide a sense of meaning and purpose or a sense of coherence is possibly the most important predictor of improved health status (George et al., 2000). However, many of these effects are stronger for women than for men. And again, the strongest predictor of health and longevity is active participation—that is, whether people attend religious services.

In view of these positive findings, one might ask whether religiousness has any negative consequences for physical or mental health. When examining representative samples of people, George et al. (2000) found no evidence that religiousness can be detrimental; however, a proclivity to neglect medical services because of one’s religious beliefs can certainly be harmful. For example, there are higher rates of childhood deaths among families that favor faith healing over standard medical practices (Asse & Swan, 1998) and African Americans who hold strong beliefs in the curative power of prayer tend to exercise less frequently and be less interested in taking responsibility for their personal health care. Indeed, African Americans also hold significantly stronger beliefs in the curative power of prayer than do other ethnic groups (Klonoff & Landrine, 1996). In this last instance, such faith seems to induce people to believe that they need not be careful about their health. The stronger negative effects of religious beliefs are probably well-known to most people today. People who endorse authoritarian religious beliefs often score high on measures of prejudice, discrimination, racism, and

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egotism, while also holding hostile and intolerant attitudes toward people not like themselves. These people may gain some increase in well-being from a sense of group identity, but the majority of positive effects from religiousness are absent (see Day, 2017).

**Prayer and Well-Being**

Among the earliest psychologists to investigate prayer was William James (1902/1985), who called it “the very soul and essence of religion” (p. 505). Prayer was certainly an important feature of American religious life in James’s era over a century ago, and it continues to be so. Fully 90% believe in a higher power of some kind; 80% believe in God as described in the Bible (Pew Forum, 2018), 77% reported praying at least occasionally, and 55% reported praying daily (Pew Forum, 2014). For millennia, the world’s major religions have emphasized the significance of prayer for the spiritual well-being of adults and even children. Yet the psychology of prayer has been almost completely unexplored until recently. Of course, such scientific inquiry is concerned with the impact of prayer on the individual’s functioning, not its efficacy in influencing wider events.

The act of praying is not a uniform entity, for researchers have identified six types of prayer, each with its own unique and beneficial experiential qualities. These encompass prayers of *adoration*, focused on the worship of God, without any references to one’s circumstances, needs, or desires. Prayers of *thanksgiving* are expressions of gratitude toward God, made in reference to specific positive life experiences. *Petitionary* prayers, or those of *supplication*, are requests for divine intervention in specific life events for oneself or others, and prayers of *confession* involve one’s admission of negative behavior and a request for God’s forgiveness. Finally, prayers of *reception* encompass a passive or contemplative openness to divine wisdom or guidance, and *obligatory prayers*, prevalent in Orthodox Judaism and Islam, are primarily ritualistic and repeated at fixed worship times (Whittington & Scher, 2010). Within these six categories, the act of praying can be 1) *formalistic*, that is, reading aloud or silently from a prayer book; 2) *colloquial*, that is, speaking to God’s in one’s own heartfelt words; or 3) *meditative*, essentially quieting the mind in seeking God’s presence in one’s thoughts. Historically, in the theologies of Christianity, Islam, and Judaism, each of these categories and acts of prayer has a particular role and value in daily living.

The issue of how prayer affects personal well-being is highly complex, for researchers at the outset must clearly differentiate the type and mode of prayer being studied. For scientific accuracy, they must also differentiate the effects of prayer from personality variables like dispositional optimism and gratitude. For example, it is possible that people who pray regularly are more optimistic than those who do not, so that any mental health or physical wellness differences between these two groups are attributable to their degree of optimism and not to their frequency of prayer. Finally, it seems plausible that certain types and modes of prayer are psychologically more effective for some persons than for others. For example, *formalistic obligatory prayers* may be most beneficial for individuals with moderate subjective well-being and a strong need for order, whereas *colloquial prayers of thanksgiving* might most benefit those with high subjective well-being and a preference for emotional expressiveness. Aware of such methodological complexities, astute investigators of the psychology of prayer therefore present their findings tentatively.

With the rise of positive psychology, researchers today are increasingly interested in the benefits of prayer for mental states (Day, 2017). In this light, Whittington and Scher (2010)
found that frequency of three types of prayer—*adoration, thanksgiving, and reception*—were positively associated with measures of well-being, such as self-esteem, optimism, and meaning in life. In contrast, the other three forms of prayer had negative or null relations with well-being measures. In particular, *confessional* prayer was the most consistent negative predictor of well-being measures. In a study with Korean adults, thanksgiving prayers had positive associations with subjective well-being, whereas supplication prayers were negatively associated (Sukung You & Eun Yoo, 2016). If a causal relationship between prayer type and emotional functioning can be extrapolated, then the types of prayer that appear beneficial are less ego focused and more God focused.

Other researchers have examined the impact of prayer on gratitude (Lambert, Fincham, Braithwaite, Graham, & Beach, 2009) and forgiveness (Lambert, Fincham, Stillman, Graham, & Beach, 2010). In an experimental study involving college students, Lambert and his colleagues (2009) found evidence that daily colloquial prayer (no specific content was presented or suggested to participants) played a causal role in promoting gratitude, an attitudinal state with clear psychological benefits. The researchers conjectured that the act of daily prayer helped students to be more aware of the positive features in their own lives. In another experimental study involving prayer, Lambert and his colleagues (2010) found that college students in romantic relationship who were assigned to a prayer condition were more willing to express forgiveness for their partner than were those assigned to a nonprayer verbal activity condition. In a follow-up study relating to friendship, the act of prayer led to greater willingness to forgive and greater selfless concern, as compared with a control condition.

Several studies have examined the relationship between prayer and health (see Plante & Sherman, 2001), finding that higher frequency of prayer is associated with such indices of health as better postoperative emotional health in cardiac patients, greater vitality and mental health, greater psychological well-being, and decreased depression after cardiac surgery (Ai, Bolling, & Peterson, 2000; Ai, Dunkle, Peterson, & Bolling, 1998; Day, 2017; Maltby, Lewis, & Day, 1999; Meisenhelder & Chandler, 2001). One 6-year longitudinal study of older adults found that private religious activities such as prayer predicted longevity. However, prior health status did seem to make a difference in whether prayer had an impact on health. Why might prayer impact health status? Harvard psychiatrist Herbert Benson, who developed the relaxation response, also investigated prayer and found that it seems to help the immune system function better and can aid in healing (Benson, 1983; Benson & Stark, 1996). Fascinating though scientifically controversial studies have found benefits to people even when they are the recipients of prayers from other people (see Oman & Thoresen, 2005).

The plethora of studies on the relationship between prayer and healing prompted one physician to write an article titled “Should Physicians Prescribe Prayer for Health?” (Marwick, 1995). His answer was a qualified “not yet.” Similarly, Masters and Spielmans (2007) reviewed the research on prayer and health and found that most studies had relatively serious flaws and further research was definitely needed. Science is still just beginning research efforts in this area, so that the precise mechanism responsible for this relationship remains a mystery. While the scientific evidence is being debated, however, nearly two thirds of medical schools in the United States now include course work that focuses on spiritual issues (Sheler, 2001).
Why Is Religion Related to Well-Being?

It seems there is a small but significant and consistently reported effect of religiousness on well-being. Why would this be the case? Researchers have hypothesized that religion may impact mental and physical health because of at least six factors (Kim-Prieto & Miller, 2018; Myers, 2000; Paloutzian & Park, 2005).

Provides Social Support

Social support is one of the strongest predictors of subjective well-being, so it seems logical that participation in religious activities within a community of like-minded individuals is a source of satisfaction (Bergan & McConatha, 2000; Myers, 2000). Religious fellowship may be an important factor in physical health given the large impact that social support has on stress and the immune system (see Chapter 6). However, unlike other forms of social support, a religiously derived sense of social support could extend to what many consider the source of an ultimately supportive relationship—namely, belief in support from God.

The importance of social support may also be due to the positive effect it has on a person’s sense of identity, the sense of “existential certainty” one finds by adopting beliefs that dispel meaningfulness, and the impact it has on minimizing the uncertainty and fear of death (Kim-Prieto & Miller, 2018). Social support may also be due to reciprocal relationships among members of a religious community. That is, the ethical teachings of a religion may foster an accepting community in which members both receive and give support. After reviewing the beliefs of the world’s major religions, Newman and Graham (2018) noted they all share at least five ethical directives that help foster individual and community support. First, all religions subscribe to the “golden rule” or the belief that you should do to others as you would have others do to you. Clearly, acting in this way would help create a sense of trust and harmony in a religious community. Second, these affirm that it is better to give than to receive. Third, these encourage their followers to express gratitude. Fourth, forgiveness is also encouraged. As will be discussed shortly, both gratitude and forgiveness enhance individual well-being. Last, these all discourage comparisons of one’s lot with that of others while simultaneously encouraging acceptance. And if social comparisons are proposed, these are often the type of downward social comparisons that help build gratitude for what one has and compassion for those less fortunate.

Supports Healthy Lifestyles

Studies have found that increased religiousness is associated with fewer health risk behaviors. Adherents of denominations that are more likely to prohibit risky health behaviors (e.g., Mormons, Seventh Day Adventists) tend to be healthier than people in other denominations (George et al., 2000). In addition, strongly religious people may be more likely to use preventative health services, such as flu shots and screenings for early detection of disease (Oman & Thoresen, 2005).

Promotes Personality Integration

Emmons (1999) argued that religion increases a sense of well-being partially because it facilitates personality integration. He reported on research that studied 50 Jesuit novices who undertook a 4-week period of secluded meditation. After the experience, they showed increased personality integration and mental health. In Emmon’s view, personality integration is fostered because an increase in one’s religious commitment can help resolve
conflicting goals and enable focus on what is significant in life. Similarly, some evidence suggests that religious commitment is associated with wisdom (see Day, 2017).

**Promotes Positive Emotions**

It makes sense that a religious commitment that promotes positive social support, encourages healthy lifestyles, and teaches a life-affirming approach to living would help increase well-being. Indeed, Kim-Prieto and Miller (2018) stated that “a robust body of research indicates that religious emotions play a key role in promoting SWB [subjective well-being]” (p. 4). Emotions central to the relationship include gratitude, forgiveness, awe, love, compassion, humility, and a sense of peace (Day, 2017). In addition, religions often support and nurture efforts toward generativity, altruism, and volunteering, all of which are associated with greater well-being and better health—especially during midlife and later. Most religious institutions promote the value of helping others. A recent study found that listening to religious music was related to increased life satisfaction and decreased death anxiety and that this association was strong for listening to gospel music (Bradshaw, Ellison, Fang, & Mueller, 2015). Tong (2017) presented an interesting caveat to general scientific conclusions about emotions. That is, people who were more prone to “spiritual experiences,” or feelings of compassion, gratitude, humility, and love, were more likely to experience a wider range of these emotions, but those emotions often changed more rapidly than other positive emotions. That is, they experienced spiritual emotions more often, but those emotions also dissipated more quickly.

**Provides Unique Coping Strategies**

Studies of religiously based coping strategies have found a wide range of strategies people use to deal with stress and difficulties in life (Pargament, Ano, & Wachholtz, 2005). Religion can provide hope, offer reasons for unexpected and unwanted stressors (e.g., “God gives you trials to help make you strong”), help people place their lives in a larger framework, and create renewed purpose and meaning. Religious forms of coping can also foster forgiveness and suppress negative emotions. Prayer is an obvious form of coping unique to religion.

Religious coping can be divided into positive and negative forms (Pargament, Smith, Koenig, & Perez, 1998). Positive forms of coping are those dependent on positive emotions like support, compassion, and hope. Negative forms of coping involve negative emotions such as guilt or fear of retribution from God. As with prayer, it seems that only the positive forms of coping have a beneficial impact on mental and physical health status (Pargament et al., 1998). In addition, religious forms of coping that view an individual and God as working together to solve problems appear more beneficial than forms that regard all problems as totally in God’s hands (Quick, Nelson, Matuszek, Whittington, & Quick, 1996). However, one intriguing study found that people with terminal cancer who had the strongest religious beliefs were the ones who requested the most intensive end-of-life care (Phelps et al., 2009), suggesting they were less likely to calmly accept their mortality.

**Provides a Sense of Meaning and Purpose**

You will recall from earlier chapters that a sense of meaning and purpose is related to subjective well-being. One obvious reason why people adopt religious perspectives is to gain a sense of meaning and purpose in their lives. However, religion can provide a distinctive type of meaning known as ultimate meaning (Paloutzian & Park, 2005). This advantage is so particular to religion that the next section is devoted to meaning.
A SENSE OF MEANING AND PURPOSE IN LIFE

As positive psychology has evolved beyond an exclusive focus on happiness, one of the more important alternate indices of well-being has become a sense of meaning in life. In some ways, positive psychology has been somewhat late in recognizing the importance of meaning. Steger (2018) pointed out that most scholars trace interest in meaning to Viktor Frankl’s 1946 book *Man’s Search for Meaning*. Curiously, throughout the 1990s there were fewer than 100 papers on meaning published per year. However, interest has grown rapidly, and Steger noted that 1,900 papers on meaning were published in 2015 alone.

Park (2011) cautioned that the term meaning may be liable to the same criticisms as happiness. That is, it is common for people to say that their life is more meaningful because of their spouse, job, religion, or even a favorite song or beloved pet. If meaning is understood merely as a subjective feeling that helps people feel good, then one’s sense of meaning might be limited—for example, achieved by collecting colorful stamps from around the world or buying an exotic new fish for one’s aquarium. Of course, hobbies can make life more enjoyable, but such types of meaning are not the result of deeply held religious beliefs.

Meaning and Subjective Well-Being

A sense of meaning in life has become an important predictor of well-being. Steger (2018) summarized much of the literature by saying, “The overwhelming conclusion is that meaning is closely tied to a vast array of well-being indicators” (p. 4). A meta-analysis by Pinquart (2002) found that meaning and purpose in life were positively correlated with diverse measures of well-being, such as positive emotion, joy, vitality, and love. Several studies have found that having a sense of meaning in life acts as a buffer against the negative effects of stress (see Park, 2011). A variety of studies have also found that a sense of meaning in life predicts a wide range of healthier behaviors and outcomes (Brassai, Piko, & Steger, 2015; Steger, Fitch-Martin, Donnelly, & Rickard, 2015). In view of the many strong associations in this research, it is easy to see why a sense of meaning in life has become important to positive psychology. It should also be mentioned that a sense of meaning in life is usually associated with eudaimonic perspectives on well-being rather than hedonic perspectives. In fact, many descriptions of eudaimonia use meaning in life as the major defining criterion.

There is one interesting caveat to the relationship between meaning and well-being. Earlier research often found that the presence of meaning was associated with increased well-being, but the search for meaning was associated with decreased happiness (Steger, Kashdan, Sullivan, & Lorentz, 2008). Why might this be true? When people search for meaning they are in conflict because something important in their life is missing or incomplete. From a developmental standpoint, however, the reevaluation of how one creates meaning may be necessary periodically throughout life. In fact, the midlife drop in well-being described in Chapter 8 may be partially due to a necessary reevaluation of one’s sense of meaning in middle age. That is, at times in life there may be a trade-off between happiness and meaning (Abe, 2016). On the other hand, a study by Cohen and Cairns (2012) found a search for meaning in life was protected from many of the usual negative consequences by having both a strong presence of meaning to begin with and by higher levels of self-actualization.
Types of Meaning

Park and Folkman (1997) defined meaning as simply “perceptions of significance” (p. 116). They argued that meaning gives people life significance; more than almost any other institution, religion offers a larger perspective on human life and gives explanations for why unexpected events may happen. Particularly when life is difficult, religion provides solace by explaining unexpected events and providing hope. Steger (2009) suggested that meaning in life entails both purpose and a sense of significance. Indeed, feeling happy without a sense of purpose or significance essentially defines self-indulgent hedonism or, to be more generous, uncomplicated naive pleasures. People seem to need a way to make sense of the world (see Antonovsky, 1987).

A problem that plagues research on meaning is that the concept itself is extremely broad and has been defined in different ways by different researchers (see Steger, 2009). When a sense of meaning is derived from elements of a person’s life that are not necessarily religious or spiritual, such as one’s spouse or job, this is often referred to as personal meaning or situational meaning. In fact, the most common sources of meaning people report are relationships and passionate engagement in activities (see Steger, 2018). Meaning in life can also be defined by a sense of “coherence” or that life makes sense, a sense of “purpose” or a sense of direction in life, and a sense of “significance” or a feeling that life has inherent value and is worth living (Martela & Steger, 2016). George and Park (2017) use a similar three-dimensional model: comprehension, purpose, and mattering.

The type of meaning most relevant to our discussion of religion and spirituality is cosmic meaning (Yalom, 1980) or global meaning (Park, 2011). This type of meaning addresses questions about whether “life in general, or at least human life, fits into some overall coherent pattern” (Yalom, 1980, p. 423). Cosmic meaning is what people search for when they need to believe that some design or order exists in the universe. Park and Folkman (1997) identified such meaning as a search for enduring beliefs, valued goals, and a sense of order and coherence to existence. In addition, cosmic meaning “centers on what is perceived to be sacred” (Paloutzian & Park, 2005, p. 33). The type of meaning religion can provide establishes a connection to “concepts of God, higher powers, transcendent beings, or other aspects of life that have been sanctified” (Paloutzian & Park, 2005, p. 34). This process is so powerful that almost any animate or inanimate object can be seen as sacred. Obvious candidates are religious buildings such as churches, mosques, synagogues, and temples, but small objects such as crucifixes or Judaic menorahs may also be regarded as having sacred power, as are Native American “power spots” in the southwestern United States and groves of oak trees for Druids. Cosmic meaning can also provide a way to connect with all of humanity through beliefs about the interconnectedness of all life.

Park asserted that meaning must also be described in terms of breadth, depth, and dynamic understanding. Breadth connects meaning to goals, beliefs, worldviews, personal experiences, and a wide range of emotional and cognitive factors. Depth requires that meaning help us to confront and understand the fundamental given of existence. Meaning cannot simply protect us from all worry; it must also push us to deepen our understanding of the human condition. Dynamic understanding refers to a conception of how meaning operates over time in different life situations. From this perspective, meaning is a process rather than simply a product that we create once and forget about.
Most investigators who have studied meaning believe that people must create a sense of meaning that is personal and based on their own experience. That is, it is not personally empowering to adopt someone else’s criterion of meaning. Research has also discovered factors that may help enhance a sense of meaning in life. In terms of personality variables, greater sense of meaning has been correlated with both extraversion and conscientiousness (see Steger, 2018). In a recent study with American college students, a sense of meaning was enhanced by academic environments that supported a search for meaning (Shin & Steger, 2016). Indeed, the social support found for many in religious environments is a major factor in the enhancement of meaning. A longitudinal study by George and Park (2013) found that one’s strength of spiritual commitment predicted a sense of meaning in life but not one’s sense of purpose, which instead was predicted by social support. Another helpful factor in nurturing a sense of meaning is a clear sense of self or self-concept clarity (Shin, Steger, & Henry, 2016).

Park (2011) suggested that making life meaningful can involve 1) feeling connected to something outside, or larger, than the self; 2) a search for greater depth and significance to one’s experience; or 3) a process of adapting to life events that challenge one’s current sense of meaning. The last aspect of meaning-making is one in which people appraise their current sense of meaning and either adjust or maintain it, depending on the significance of the challenge. That is, one’s sense of meaning is a dynamic understanding of life based on current experiences and is usually adjusted and refined over one’s lifetime (see Figure 10.1). Although meaning can be created in many ways, the following six criteria offer more common avenues to greater meaning.

**FIGURE 10.1  □ Models of Meaning Making**

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**Greater Harmony, Coherence, and Congruence**

Greater meaning is created when there is increased harmony, coherence, and congruence among the various aspects of our self-identity and life goals (Little, 1983; McGregor & Little, 1998). As mentioned before, a religious attitude can pull disparate elements of life into a consistent direction. Park and Folkman (1997) asserted that creating meaning is a process of reducing the discrepancy between our current situation and our global meaning. Often this process is accomplished by renewing a sense of control, predictability, and order as well as by restoring a belief that benevolence, justice, and fairness exist in some way in both humanity and the cosmos.

**Be of Service to Others or Dedicate Oneself to a Worthy Cause**

By taking time to help others, we are contributing to the general welfare and in some way making a difference in the world, an attitude at the core of a sense of meaning. Feeling that one's life is purposeful often means feeling the world is a different place because one is in it. A similar way to create a sense of meaning and purpose is to dedicate oneself to a worthy cause larger than the individual.

**Creativity**

The creation of something new gives life significance, enabling us to experience life in a different way. Sometimes the creation may even outlive the creator. Yalom (1980) observed that Beethoven was explicit that music and creativity were the only things that kept him from suicide. Scientific creativity is also a source of meaning and purpose, giving new ideas to the world. Further, creativity can be understood in terms of self-discovery, or creating a new self-identity.

**Live Life as Fully and Deeply as Possible**

For some people, finding a sense of meaning involves efforts to live one's life as fully and deeply as possible (Yalom, 1980). Note this attitude does not refer to an obsessive effort to seek pleasure and avoid pain, for that approach usually results in unhappiness and disillusionment. Instead, a desire to experience life fully can provide a sense of active participation and involvement. It seems similar to the openness to experience emphasized by both Maslow and Rogers (see Chapter 9) and to Cantor and Sanderson’s (1999) theory on active participation in living a full life.

**Suffering**

As we saw earlier, the existentialist psychiatrist Frankl (1963) asserted that our approach to suffering is a primary determinant in experiencing meaning in life. In undergoing painful difficulties, people are often obligated to reevaluate their lives and so possibly transform themselves. The reevaluation can result from the discovery of latent personal strengths as well as from acquiring beliefs, forming new relationships, gaining greater life appreciation, or seeing new possibilities in life (Killam, 2015). It is precisely through this reevaluation that the possibility for self-transformation exists. Emmons (1999) commented that most of the world’s major religions regard suffering as a potential stimulus for spiritual growth. Similarly, Tedeschi and Calhoun (1995) noted that suffering brings three potential benefits: 1) a possibility of
increased self-confidence, 2) opportunities for enhanced interpersonal relationships, and
3) avenues for changing one’s philosophy of life or style of creating meaning.

**Religious Experiences**

Another way to increase a sense of meaning in life is through profound experiences
that are accorded a religious or spiritual interpretation. Unfortunately, remarked George
et al. (2000), science knows “almost nothing about the spiritual experience itself . . . [the]
spiritual experience is the most ignored dimension of spirituality” (pp. 112–113). Next, we
turn to some emotions often associated with religion that have been important to positive
psychology. In a later section in this chapter, we focus on religious experiences.

**THE SACRED EMOTIONS**

Most people know that religion and spirituality are more than philosophical and intellectual
statements of belief. Generally, religious sentiments must involve an emotional component
as well as behavioral responses consistent with those emotions. Many would argue that the
heart of religion and spirituality consists of emotional experiences, which deepen a person’s
faith through core feelings and expression. For this reason, Emmons and Paloutzian (2003)
described these emotions as “sacred emotions.” Of course, most of these emotions are also
expressed in secular contexts with no specific religious or spiritual connotation. But in all
cases, these emotions create positive connections among people and allow us to express our
highest values and potential.

**Gratitude and Appreciation**

What are you most thankful about in your life? How often do you feel grateful, and how
easy is it for you to express it? Not surprisingly, such questions have become vital in positive
psychology, for gratitude has enjoyed a long presence in human history and cultures through-
out the world, honored as a fundamental aspect of both individual personality and social
life. For example, gratitude is a cherished human disposition in Buddhist, Christian, Hindu,
Jewish, and Muslim religious thought, fostered for centuries through prayer and service to
others. As the ancient Greek philosopher Cicero asserted, “gratitude is not only the greatest of
virtues, but the parent of all the others” (cited in Emmons & Shelton, 2002, p. 459).

Yet, until recently, psychology had remarkably little to say about this trait. Undoubtedly, this
situation reflected the meager attention given to positive human traits in general by mainstream
psychology. A significant exception was Abraham Maslow, who, during the 1960s, became con-
vincing based on his studies of self-actualizing persons that the abilities to experience and express
gratitude are two key signs of emotional health. He also suggested specific experimental tech-
niques for nurturing gratitude (Hoffman, 1996), such as recalling the joys of one’s life and imag-
in ing that one had only a short time left on earth. Maslow definitely viewed the ancient adage of
“count your blessings” as still highly relevant for modern men and women.

The rise of positive psychology has spurred research on gratitude, for as Wood, Linley,
Maltby, Baliousis, and Joseph (2008) noted, “gratitude is perhaps the quintessential positive
psychological trait, as it involves a life orientation toward the positive in the world. This pos-
itive orientation can be contrasted, for example, with the depressive orientations toward the
negative in the self, world, and future” (pp. 854–855). Emmons (2005) described gratitude
as “an emotional response to a gift. It is the appreciation felt after one has been the beneficiary of an altruistic act” (p. 238). Indeed, studies have found that grateful people tend to be happy people (Watkins, Van Gelder, & Frias, 2009; Wood, Froh, & Geraghty, 2010). Thus, from the outset in launching positive psychology, Seligman and his colleagues (Peterson & Seligman, 2004; Seligman, 2002a; Seligman, Steen, Park, & Peterson, 2005) have highlighted the importance of gratitude in healthy personality functioning and have developed interventions for nurturing it (see Watkins et al., 2009). For example, Seligman et al. (2005) recommended the “gratitude visit,” in which an individual is given one week to write and then deliver a letter of gratitude to someone who had been especially kindly.

Though investigators remain divided as to whether gratitude is primarily an emotion or an attitude, research has clearly indicated its importance in contributing to mental health, such as in increasing perceived social support and lowering stress and depression (Emmons & McCullough, 2003; Wood, Maltby, Gillett, Linley, & Joseph, 2008). There is growing evidence, too, that gratitude may function to maintain and enhance social relationships, including friendships and romantic involvements (Algoe, Gable, & Maisel, 2010; Algoe, Haidt, & Gable, 2008). In terms of positive emotions, gratitude has been related to greater life satisfaction, optimism, and both more positive and less negative emotionality (Emmons & Mishra, 2011). Reflecting these findings, marriage and family therapists are increasingly recommending the practice of expressing gratitude to loved ones daily to strengthen emotional closeness and intimacy.

Can gratitude be nurtured? Experiments have shown that practicing grateful thinking regularly can indeed improve positive emotionality and other measures of well-being (Emmons & McCullough, 2003; Lyubomirsky, Tkach, & Sheldon, 2004). For example, Emmons and McCullough (2003) in three experiments instructed participants to engage in self-guided exercises involving “counting their blessings” either weekly for 10 weeks or daily for 2 or 3 weeks. As compared with control participants who focused their attention on routine or negative events during the intervention, those in the gratitude group reported higher positive emotion and physical well-being. Lyubomirsky et al. (2005) similarly found that students who expressed gratitude once a week (but not 3 times a week) showed increased well-being after the intervention. Sheldon
and Lyubomirsky (2006b) found that a 4-week gratitude program was effective in lowering negative emotionality. Algoe and Haidt (2009) found that gratefulness induced a desire to give back to others and observed that “typically, these grateful sentiments are focused toward the benefactor, but can be redirected under certain circumstances” (p. 122). In other words, our feelings of gratefulness can expand outward and truly benefit the world. In an intriguing study, Watkins et al. (2017) found that dispositional gratitude predicted increases in people’s level of joy over time, which, in turn, predicted greater subjective well-being.

However, reviews of the research on gratitude interventions have reached some interesting conclusions (e.g., Wood et al., 2010). For instance, a recent meta-analysis by Davis and colleagues (Davis et al., 2016) concluded that current gratitude interventions were promising, but there were also limitations. They noted that participation in almost any activity that involves self-discipline appears to promote well-being. Therefore, current gratitude interventions will increase well-being (that’s the good news), but they may not provide unique benefits or benefits specific to gratitude interventions. Nonetheless, if a gratitude intervention is a good “fit” for a person or a specific situation, then it should be a good strategy to enhance well-being. In addition, feeling grateful still feels good and fosters positive relationships.

Appreciation is a response to the world that is similar to gratitude. Being appreciative allows us to notice people and life experiences and to acknowledge their value and importance. Like gratitude, appreciation allows us to perceive experiences as a gift. Adler and Fagley (2005) viewed appreciation as a combination of many emotions discussed so far including awe and gratitude. They found that people who were more appreciative also felt more positive emotions, greater life satisfaction, and fewer negative emotions—this was controlling for the effects of optimism, spirituality, and emotional self-awareness. The researchers commented that greater appreciation is one of the more effective means of increasing positive relationships and creating a sense of meaning.

Forgiveness

Forgiveness has been of interest to psychologists, theologians, and others for some time (see McCullough, Root, Tabak, & van Oyen Witvliet, 2009). Because abuse of any kind is all too common, Archbishop Desmond Tutu noted that “forgiveness is an absolute necessity for continued human existence” (quoted in Enright & North, 1998, p. xiii). Without the ability to forgive, certain emotions such as anger, resentment, and hurt can consume lives and create ever-increasing cycles of hostility or desire for revenge. McCullough (2000) noted that forgiveness allows us to move beyond a desire for revenge and to reinstitute social ties. Emmons and McCullough (2003) viewed forgiveness as one of the more useful ways to regulate negative emotions.

Like other psychological traits, a disposition to forgive varies from person to person. Some people are able to let go of a painful hurt or injustice easily, whereas others keep a grudge for years or actively seek revenge. Undoubtedly, you know people in each category. What accounts for such individual differences? Research has examined both gender and age as relevant variables, though it should be noted that most studies assess reactions to hypothetical situations rather than real-life events like deception or betrayal.

Investigations have revealed that women are more likely to forgive than men due to greater empathy and less concern with vengeance (Exline, Baumeister, Zell, Kraft, & Witvliet, 2008; McCullough, Pargament, & Thoresen, 2000). However, nuances definitely exist in this domain. For example, in a series of seven forgiveness-related studies conducted with college
students over several years, Exline and her associates (2008) found to their surprise that men became more forgiving when asked to recall a similar offense of their own, but the effect was minimal for women. This seemingly puzzling result was explained by a suggestion that women begin with a lower disposition to vengeance than men because of early socialization.

As for the impact of age, investigators have consistently found that children and adolescents are less willing to forgive than adults and that older adults are the most willing of all age groups to forgive (Allemand, 2008; Girard & Mullet, 1997; Subkoviak et al., 1995). For example, Subkoviak and his associates (1995) found that college students were less likely to forgive than their middle-aged parents of the same gender. Why should our tendency to forgive increase with chronological age? Certainly, the stereotype is prevalent of the elderly as stubborn and fixated on the past. According to Allemand (2008), perspective plays a crucial role in this age effect. That is, older persons, who have a shorter personal time horizon, tend to “let bygones be bygones” out of greater awareness of life’s brevity and fragility. Adolescents and young adults, who possess a longer personal time horizon, are less able to see events in a broader perspective.

For several years, Robert Enright and his colleagues have studied forgiveness. Following the suggestions of Joanna North, they defined forgiveness as “a willingness to abandon one’s right to resentment, negative judgment, and indifferent behavior toward one who unjustly injured us, while fostering the underserved qualities of compassion, generosity, and even love toward him or her” (Enright, Freedman, & Rique, 1998, p. 46–47). They noted that this definition includes a number of aspects including emotional (overcoming resentment), cognitive (changing negative judgments), and behavioral (ending indifference) aspects. In general, their definition suggests that forgiveness means overcoming the hurt, resentment, and aggression that accompany being the target of abuse—whether minor or severe. Enright and colleagues as well as McCullough (2000) have also been quick to discuss what forgiveness is not; that is, it is not simply tolerating or forgetting an injustice; it is not using denial or suppression; it is not forgetting, denying, or minimizing the hurt; and it is not condoning what was done. Forgiveness entails recognizing and acknowledging that a transgression occurred against us and finding ways to move beyond it. True forgiveness is about breaking free of both the wrong done to us and the person who committed the wrong.

Some readers may be asking, “Why should we even bother?” The answer lies in the fact that in the long run the anger, resentment, and obsessive rumination about an event only serve to hurt us. Forgiveness is a gift we give ourselves. However, Enright cogently remarked that forgiveness should also increase one’s sense of shared humanity with a larger community. Forgiveness is an opportunity to use one’s painful experiences to deepen a connection with others and increase one’s sense of compassion.

McCullough (2000) observed that an ability to forgive promotes well-being, primarily by fostering healthy and supportive interpersonal relationships. In addition, forgiveness helps a person modulate hostility, and hostility is consistently linked to poor health outcomes. For example, one study found that people able to forgive someone from their past enjoyed better health, including lower blood pressure and muscle tension (McCullough, Bono, & Root, 2005). The relationship between well-being and forgiveness has been explored in terms of physiology and neuroanatomy by several teams of researchers (Ricciardi et al., 2013; Worthington, Witvliet, Pietrini, & Miller, 2007). In a qualitative study with adults, Raj, Elizabeth, and Padmakumari (2016) found that childhood antecedents of forgiveness included parental influences and early childhood experiences and that forgiveness enhanced well-being, self-acceptance, and confidence in dealing with challenges.
Four Phases of Forgiveness

Enright, Freedman, and Rique (1998) proposed a four-phase model of the steps involved in forgiving. Phase one is the uncovering phase. At this point, people explore how their chronic holding onto resentment, anger, or hate is exerting a destructive impact on their own lives. The decision phase involves making a choice to try to forgive. In the work phase one tries to forgive by reframing an incident, accepting its hurt, and trying to find an empathic understanding of why the offender acted as he or she did. Phase four is the deepening phase, in which the person tries to gain a deeper sense of meaning as a result of an injury. This effort can encompass a recognition of universality with others who have experienced deep hurts, that one is not alone. Research with incest survivors found that those who completed a forgiveness education program gained an ability to forgive and to hope while decreasing their scores on anxiety and depression (Enright et al., 1998).

Self-Forgiveness

Although the need to forgive other people for their transgressions is important, the capacity to forgive ourselves is arguably more important for well-being. In Chapter 6 we examined how vital it was to deal with regrets in healthy ways. If our recriminations are for harmful actions we committed, then we must forgive ourselves and make amends to the other person. Self-forgiveness is a process of letting go of resentment toward oneself for a transgression (Wohl, DeShea, & Wahkinney, 2008). We must take responsibility for our behavior and then let go of the self-absorption, self-criticism, and rumination that keep us stuck with guilt and self-reproach. Then we can begin to make amends in some way that helps us and others to move forward with life.

Compassion and Empathy

A common word used to describe great religious figures is compassionate. Indeed, it is hard to imagine a great religious figure who lacks this crucial quality. Compassion is grounded in an ability to connect deeply with others, especially with their suffering (Cassell, 2009). As such, the ability to empathize with others and to identify with their experiences is central to compassion. In addition, emotional identification with others lends itself to a desire to be of service. Therefore, compassion, empathy, and altruism often go together (Batson, Ahmad, & Lisher, 2009). Indeed, evidence suggests that empathy may be central to all the sacred emotions (Bhattacharjee & Johnson, 2018). Biological, genetic, psychological, and social factors all interact to help produce empathetic responses that allow us to share another person’s emotional experiences. Note that this complex emotional experience requires a person to feel the pain and suffering of another. However, for one’s compassion to be of help to another, empathy for another’s pain must be managed rather than allowed to overwhelm us. People with high degrees of empathy have also reported more satisfaction with life and more positive relationships (Grühn, Rebucal, Diehl, & Lumley, 2008).

In the Buddhist tradition, the two hallmarks of optimal well-being are compassion and wisdom. To develop compassion, Buddhist monks for many years have practiced metta or loving-kindness meditation. This practice is designed to help generate positive emotions such as compassion, love, generosity, and tolerance. Recently, several studies examining loving-kindness meditation have found it can increase positive emotions, help build personal resources (Fredrickson et al., 2008), increase social connectedness (Hutcherson, Seppela, & Gross,
2008), and even improve the negative symptoms of schizophrenia (Johnson et al., 2009). Brain imaging of highly experienced Tibetan Buddhist monks practicing loving-kindness meditation indicates significant alterations in brain functioning during meditation (Lutz, Brefczynski-Lewis, Johnstone, & Davidson, 2008). Even novice meditators can gain substantial benefits from this practice. A meta-analysis found that kindness-based meditations were associated with increased mindfulness, self-compassion, and positive emotions (Galante, Galante, Bekkers, & Gallacher, 2014).

**Self-Compassion**

The benefits of compassion are obvious in close relationships and altruism. But can you be compassionate toward yourself? Ironically, many people find it difficult to treat themselves with the same understanding, forgiveness, and compassion they use with friends and family. It is as if they believe that compassion is fine for others, but they themselves require tough self-reproach to get motivated or make changes in their life. Studying self-compassion, Kristin Neff (2003, 2011) found that being kindly toward oneself is a better way to change one’s behavior than self-criticism. For instance, one study indicated that women who were more self-compassionate ate healthier and stayed with healthy dieting (Adams & Leary, 2007). More broadly, Neff’s research suggests that people who are more self-compassionate tend to be happier, more optimistic, more curious, wiser, and less neurotic (Neff, Rude, & Kirkpatrick, 2007). In addition, they feel more positive emotions and fewer negative emotions.

Other studies have found that adults who are more self-compassionate are less anxious, depressed, and worried (Van Dam, Sheppard, Forsyth, & Earleywine, 2011) and that adolescents with higher self-compassion had lower negative affect (Bluth & Blanton, 2015). Research also shows that self-compassion is inversely related to depression and perfectionism in both young adults and adolescents (Ferrari et al., 2018). In a similar light, adults higher in self-compassion had greater motivation for self-improvement (Breines & Chen, 2012).

As the latter researchers noted, people who take an accepting approach to personal failure may be more motivated to improve themselves, seemingly paradoxically, precisely because they treat themselves more kindly. Finally, increased self-compassion may be the primary reason that mindfulness-based therapies help people improve their lives (Kuyke et al., 2010; Van Dam et al., 2011). Based on Neff’s research, the classic maxim that “When the going gets tough, the tough get going” should be changed to “When the going gets tough, the self-compassionate get going.”

An important footnote to this discussion concerns empathy. Surveys have found that today’s college students score about 40% lower in empathy than students did 20 to 30 years ago (Konrath, O’Brien, & Hsing, 2011). This startling statistic should be of concern to everyone. The conclusion was based on a meta-analysis of 72 studies involving 14,000 students. The researchers were not sure why empathy dropped so dramatically but suspected that decreased face-to-face contact due to the Internet and increased economic competitiveness today.

**Humility**

As we found true for compassion, it is hard to imagine a great religious leader who does not show humility. Being humble involves a relative lack of self-focus and self-preoccupation, an ability to acknowledge mistakes, openness to others’ opinions and ideas, and an appreciation of the many ways people contribute to the world (Exline et al., 2008; Tangney, 2009).
True humility does not mean being passive, nonassertive, or self-deprecating. Nor is it based in low self-esteem or simple modesty. Rather, true humility is the strength to forget the self or to “quiet the ego” to learn, observe, appreciate, connect with others, and acquire a larger meaning in life (see Leary & Guadagno, 2011).

Although humility appears to be one of the core sacred emotions, until recently researchers have been less than enthusiastic about studying the construct. Indeed, even a charitable assessment of the early research on humility would conclude mild interest. Much of that changed with the introduction of the HEXACO (honesty-humility, emotionality, extraversion, agreeableness, conscientiousness, openness to experience) model of personality and the scales to measure it (Lee & Ashton, 2004). Although the HEXACO model is similar to the better known Big Five personality traits, there is one critical difference: the honesty-humility factor. Research studies using the honesty-humility factor (often called the H factor) have found this dimension of personality useful in predicting a number of behaviors important to well-being.

Researchers who frequently contribute to the psychology of religion reported that “a growing body of research suggests that people who are more humble tend to enjoy better physical and mental health than individuals who are less humble” (Krause, Pargament, Hill, & Ironson, 2016). For instance, a study by Rowatt et al. (2006) found that greater humility was related to higher self-esteem, gratitude, forgiveness, and spirituality, as well as better physical health. Another study found that humble people responded better to criticism by taking responsibility for their problems and increasing their efforts to ameliorate them (Zell, 2008). Greater humility has also been associated with higher integrity, better ethical decision-making (Lee, Ashton, Morrison, Cordery, & Dunlop, 2008), and more prosocial behavior (Aghababaei, Mohammadtabar, & Saffarinia, 2014). Humility has even been associated with higher-quality marital relationships, especially for women who viewed their husbands as more humble (Goddard, Olson, Galovan, Schramm, & Marshall, 2016).

The psychological advantages of being humbler are accumulating in the research, but how can this finding be explained? One possibility is that humility provides a buffer against stress (Goddard et al., 2016; Krause et al., 2016). A second factor may be that humility and honesty are related to having intrinsic aspirations and goals (Visser & Pozzebon, 2013). However, research also indicates some caveats to the more general conclusions about humility. For example, Krause (2016) discovered that humility was related to wisdom, but the relationship between humility and life satisfaction varied depending on the individual’s level of wisdom. The conclusion was that wisdom is necessary to successfully implement and regulate humility; without wisdom, the balance between appropriate humility and self-deprecation might be weak. Other work has suggested that humility is not strongly associated with all types of well-being. Specifically, humility has a weak relationship with happiness but strong relationships with eudaimonic measures of well-being, such as those related to living a virtuous and fully functioning life (Aghababaei et al., 2015).

Finally, humility is important to well-being partially because of what it is not correlated with. Studies using the honesty-humility factor of the HEXACO inventory have found that people who score low on the H Factor, those who are not humble, tend to score high on personality scales measuring what is called the “dark triad,” composed of narcissism, psychopathy, and Machiavellianism (Aghababaei et al., 2014). In summary, being humble seems to be important for living a life of quiet joy, satisfaction, wisdom, and contentment (the latter is another understudied sacred emotion).
RELIGIOUS EXPERIENCES

Religious experiences tend to be brief moments when we feel connected to something larger than ourselves. During these mysterious moments, we feel more whole or complete and believe some hidden truth has been revealed to us, even if we are given merely a glimpse of something profoundly important and meaningful. The word **epiphany** derives from the Greek word for “manifestation” and refers to moments of sudden realization or comprehension of a larger meaning. Religious experiences and the emotions that accompany these may be intensely positive, such as profound spiritual illuminations; deeply calming and contemplative, such as producing comfort and security when entering a religious building; or able to help us regulate other emotions less conducive to spirituality (Emmons, 1999). **Transcendent experiences** are religious or spiritual experiences that are often dramatic and leave people feeling they have entered a higher state of consciousness. The depth and intensity of the experience often provide an emotional confirmation that a spiritual reality is alive in this world.

Surveys have found that religious or transcendent experiences occur relatively frequently. Kennedy, Kanthamani, and Palmer (1994) found that 59% of U.S. participants reported either psychic or transcendental experiences. In a 2014 Pew Forum survey, 49% of Americans reported having had “a religious or mystical experience—that is, a moment of religious or spiritual awakening.” Strong majorities of white evangelicals (70%) and black Protestants (71%) say they have had religious or mystical experiences, compared to 40% of white mainline Protestants, 37% of white non-Hispanic Catholics, and 30% of persons religiously unaffiliated. In a famous U.S. survey, Greeley and McCready (1975) found that 40% said yes when asked, “Have you ever had the feeling of being very close to a powerful spiritual force that seemed to lift you out of yourself?”

The emotional consequences of religious or transcendent experiences can be extremely positive (see Hood, 2005; Nobel, 1987). It is common among those who have had a profound transcendent experience to say that it was the most meaningful occasion of their life. Leak, DeNeve, and Greteman (2007) found that people who oriented their goals around spiritual and self-transcendental strivings reported more positive emotions, higher subjective well-being, better physical health, and more concern for others, as well as additional positive indicators of higher well-being.

Religious experiences that occur fairly often can be of moderate rather than powerful intensity. In such instances, the experience itself may be commonplace (such as seeing a beautiful sunset) but is interpreted in a religious or spiritual fashion. As with the sacred emotions, these experiences may also be given a secular interpretation. Conversely, religious experiences can occur infrequently but be so profound that they transform a person’s life forever. Such experiences, such as sensing a divine presence guiding one’s life, may be unique and have few counterparts in a person’s normal, everyday routine.

Elation and Awe

A relatively common experience for most people involves witnessing unsolicited acts of kindness, charity, or compassion. For many persons, merely viewing these acts can produce positive emotions. Jonathan Haidt (2000b) studied similar experiences of momentary joy that he termed **elation**. Haidt described these as our responses to “acts of moral beauty.”
To understand what Haidt was referring to, think of a time when you witnessed a spontaneous act of compassion, helping, or truly selfless giving. Most people report a warm feeling in their chest, a sense of expanding in their heart, an increased desire to help, and a sense of connection with others. Interestingly, human reactions to these acts of charity and kindness may be innate. In his research, Haidt found that simply viewing Mother Teresa’s acts of compassion was sufficient to produce such feelings of elation. He even discovered these effects among 7- to 11-year-old children—an outcome again suggesting an innate basis for elation.

Haidt (2000b) found that the most common reactions to witnessing compassionate acts were a desire to help other people; resolutions to become a better person; increased needs to affiliate with other people; and increased feelings of love, compassion, and overall well-being. Haidt theorized that such experiences have the potential to be life-altering events. For some people, moments of elation are so powerful that they can reorient their lives in significant ways.

Similarly, Dasher Keltner (2000) and Haidt (Keltner & Haidt, 2003) have written about the experience of awe or “deep appreciative wonder.” This involves wonder at the immensity, beauty, and complexity of a phenomenon that takes on universal significance. Keltner found that stimuli for these experiences include nature, art, and observations of human excellence. Paradoxically, one is left diminished contemplating one’s smallness in a vast universe while at the same time feeling a heightened sense of connection to all. Keltner and Haidt (2003) suggested two appraisals necessary for awe: a sense of perceived vastness and an inability to assimilate the experience into current mental structures.

However, some researchers have argued for a distinction between awe and reverence, that reverence is a “response to greatness” in which the reverential is seen in positive terms and worthy of praise. Awe may have this quality, but it can also be a response to something that is so vast that it is overwhelming and consequently can produce fear (Emmons, 2005). For example, in Plutchik’s (1980) emotion wheel, the feeling of awe combines surprise and fear. That is, one’s feeling of awe when contemplating the size of the universe combines surprise at its utter immensity with fear concerning the seeming insignificance of any single part of the whole.

In his book The Idea of the Holy, Rudolph Otto (1958) referred to awe in a religious context as the “mysterium tremendum” or “the overpowering feeling of majesty and mystery in the presence of the holy” (Emmons, 2005, p. 240). In this case, a deep and profound experience of awe occurs when we touch the inexpressible mystery, majesty, and power of the divine. Otto (1958) described this feeling as a “unique emotional moment in religious experience, a moment whose singular daunting and awe-inspiring character must be gravely disturbing to those persons who will recognize nothing in the divine nature but goodness, gentleness, love, and a sort of confidential intimacy” (p. 19). That is, in an experience of awe, positive and negative emotions combine uniquely to produce an emotion that seems to transcend them both.

Schneider (2009) devoted considerable attention to the importance of awe in optimal psychological functioning. As both a theorist in humanistic-existential psychology and a practicing psychotherapist, he commented that “whereas traditional Eastern or mystical
perspectives emphasize the harmony of being; the sense of awe emphasizes the mystery of being. In short, awe is imbued with the sense of adventure or discovery’’ (Schneider, 2009, p. 20). He identified the following conditions that favor an emergence of awe in one’s emotional life: 1) time for reflection, 2) a capacity to slow down, 3) an ability to savor the moment, 4) a focus on what one loves, 5) a capacity to see the big picture, and 6) an ability to trust in the ultimately unknowable.

Does awe have a beneficial psychological impact? Empirical evidence on this question remains sparse. However, a series of studies by Piff, Dietze, Feinberg, Stancato, and Keltner (2015) yielded several intriguing findings: 1) dispositional tendencies to experience awe predicted greater generosity in an experimental situation; 2) an experimental induction of awe (relative to various control conditions) increased ethical decision-making, generosity, and prosocial behavior; and 3) a naturalistic induction of awe in which participants stood in a grove of towering trees enhanced prosocial behavior and decreased an attitude of entitlement.

In a popular presentation of these findings, Piff and Keltner (2015) commented that to transcend our awe-deprived society, we must actively seek out what gives us goose bumps, such as witnessing the grandeur of nature or the kindness of others.

Wonder

Closely related to experiences of awe are those involving wonder. Linked especially to qualities of imagination, surprise, and aesthetics, wonder has been celebrated in Western civilization since the Romantic era of the early 19th century. At that time, influential poets like Coleridge and Wordsworth deliberately sought to impart a renewed appreciation for the great mystery of life. In particular, Wordsworth (1807/2005) cherished nature as a catalyst for such awareness, noting in his famous poem *Lines Written a Few Miles Above Tintern Abbey*, “All which we behold is full of blessings” (p. 65). In his view, expressed too in prose essays, daily existence in bustling society almost inevitably brings boredom and inner weariness. The antidote is the sense of wonder, best induced by nature [which] “never did betray the heart that loved her” (op. cit.). Others have described wonder as an opening of the heart to joy, gratitude, and love (Emmons, 2005).

As the founder of American psychology, James (1902/1985) had a strong interest in experiences of wonder, which he associated with both exposure to nature’s beauty and religious contemplation. For example, while vacationing in New York State’s Adirondack wilderness, James underwent an exalted experience, in which, as he later wrote:

> The moon rose and hung above the scene before midnight . . . and I got into a state of spiritual alertness of the most vital [kind]. . . . It seemed as if the Gods of all the nature-mythologies were holding an indescribable meeting in my breast with the moral Gods of the inner life. . . . It was one of the happiest . . . nights of my life.”
> (Richardson, 2006, pp. 374–375)

James (1902/1985) advocated that psychology vigorously study such experiences of wonder, for he regarded these as a key to the heights of human personality. He was convinced that our sense of wonder is rooted in an accurate and higher perception of reality that, amid our busy, day-to-day activities, usually escapes us. Thus, late in James’s (1896) career, he wrote, “We are amazed that a Universe which appears to us of so vast and mysterious a complication should ever have seemed to anyone so little and plain a thing” (p. 887). Most of
James's colleagues, however, had no interest in experiences of wonderment, and his viewpoint was dismissed as quaintly outdated, even before his death in 1910. It was not until Maslow's (1954, 1959, 1968) studies of self-actualizing persons nearly 50 years later that academic psychology once more became interested in these intriguing phenomena, insofar as he found that the sense of wonder was a basic feature of peak experiences. As Maslow (1959) noted, “The emotional reaction in the peak-experience has a special flavor of wonder, of awe, of reverence, of humility and surrender before the experience as before something great” (p. 55).

In later writings, Maslow (1968, 1971, 1976) urged that educators and educational psychologists promote experiences of wonderment in order to produce more creative individuals in the sciences as well as the arts. Though comparatively little to date has been undertaken to follow this recommendation, Stolberg (2008) investigated events triggering wonder in the life histories of college students planning careers in science education. Such experiences were indeed common and could be categorized into three distinct groupings: 1) physical, involving objects, phenomena, or processes found within nature, such as visiting the Grand Canyon or seeing a dazzling sunset; 2) personal, involving interactions with people or their work, such as observing one's infant develop; and 3) metaphysical, involving intense musing on the meaning of the original stimulus, such as gazing down at the earth from an airplane or thinking about the universe’s creation.

Can we deliberately induce experiences of wonderment? Among those who have studied these phenomena, the answer appears to be a definite yes. For example, Maslow (cited in Hoffman, 1995) elicited such experiences in his life by bird watching and reading science fiction. It seems no coincidence that the phrase “sense of wonder” was coined by an early science fiction writer (Hugo Gernsback in the 1920s), for as Panshin and Panshin (1990) noted, “In science fiction, we encounter unknown powers, alien beings, and worlds of wonder where things become possible that are presently impossible to us” (p. 13). Izzo (2004) described the attainment of wonderment during adulthood as essentially a time of “second innocence” building on the “first innocence” of our early childhood. Among his recommendations for recapturing the experience of wonder is exposure to nature but, more broadly, living fully in the present moment—that is, mindfulness.

**Peak Experiences**

Another association between religious experiences and well-being comes from Maslow’s descriptions of peak experiences. Maslow viewed these as brief moments when people experience intense joy, wonder, appreciation, or connection to a larger spiritual reality. Maslow’s (1954) description of peak experiences may be instructive:

*There were the same feelings of limitless horizons opening up to the vision, the feeling of being simultaneously more powerful and also more helpless than one ever was before, the feeling of great ecstasy and wonder and awe, the loss of placing in time and space with, finally, the conviction that something extremely important and valuable had happened, so that the subject is to some extent transformed and strengthened even in his daily life by such experiences.* (p. 216)

Peak experiences are associated with events involving nature, aesthetic delight, special moments when relationships with family or friends are particularly joyful, the birth of a child, religious worship, intense moments of intellectual insight or discovery, moments of achievement, and any number of other “triggers” (Maslow, 1968, 1976).
In recent years, Hoffman and colleagues (Hoffman, 1998, 2003; Hoffman, Iversen, & Ortiz, 2010; Hoffman & Muramoto, 2007; Hoffman & Ortiz, 2009, 2010; Hoffman, Resende, & Yee, 2011; Nishimura & Hoffman, 2011) have examined youthful peak experiences—that is, occurring before age 14—in the United States as well as Southeast Asia, Western Europe, and South America. Their research has indicated that such experiences can be elicited in adults using a retrospective recall methodology and typically exert enduring impact, such as enhanced self-confidence. The investigators have identified 15 categories of early peak experiences, such as involving interpersonal joy, external achievement, skill mastery, nature, formal religious involvement, recovery from illness or accident, and aesthetics. In every culture studied—including Brazil, Hong Kong, Japan, Mexico, Norway, Portugal, and the United States, youthful peak experiences encompassing interpersonal joy were reported most frequently, particularly those involving the subcategories of family togetherness, peer camaraderie, and the birth of a younger sibling.

In terms of well-being, Maslow (1987) asserted that peak experiences could lead to greater psychological health, at least temporarily:

The main finding relevant to our topic was that an essential aspect of peak experience is integration within the person and therefore between person and the world. In these states of being, the person becomes unified; for the time being, the splits, polarities, and dissociations within him tend to be resolved; the civil war within is neither won nor lost but transcended. In such a state, the person becomes far more open to experience and far more spontaneous and fully functioning. (p. 163)

Panzarella (1980) found that self-reported aftereffects of aesthetically produced peak experiences included more positive feelings about self, more positive relationships with other people, vivid and stimulating memories of the experience, enhanced appreciation of aesthetics, and greater optimism. Others report dramatic changes in how they create meaning in life as a consequence of intense peak experiences (Maslow, 1976). The noetic or spiritual quality to certain peak experiences is one of the most prominent features of the experience. The poet E. E. Cummings (1958) described how these experiences can provide a sense of acceptance, joy, and wonder at the simple events of the world:

out of the lie of no
rises a truth of yes
(only herself and who
illimitably is)

making fools understand
(like wintry me) that not
all matterings of mind
equal one violet

Toward the end of Maslow’s life, he recognized that certain elements of peak experiences could become almost permanent aspects of daily experience. This phenomenon he termed the **plateau experience** (see Cleary & Shapiro, 1995; Gruel, 2015; Krippner, 1972; Maslow, 1971). In the plateau experience, all aspects of the world take on a sacred quality or are seen as manifestations of a divine presence. Maslow referred to this quality as **resacralization**, or restoring a sense of the sacred to the ordinary world. This process Maslow saw as an antidote to a modern defense mechanism he named **desacralization**, which he found when people repressed a sense of the sacred and instead perceived the world as simply objects with no inherent meaning or value. Goldstein (2007) conducted a study based on a similar idea by asking participants to deliberately take time each day to cultivate “sacred moments” by meditating on stimuli that had spiritual significance for them. Those who did so experienced increased well-being.

Maslow also described experiences that had the same intensity as peak experiences but possessed negative emotionality, which he termed “nadir experiences” (Maslow, 1968). These might involve a deep sense of betrayal, defeat, loneliness, loss, or powerlessness. He had earlier found that struggle and difficulties are sometimes necessary for personal growth. Consistent with this view, Ebersole (1970) found that some people reported using moments of deep despair and meaninglessness to forge a renewed sense of meaning and purpose in their lives. Similarly, Wilson and Spencer (1990) asked people to report their “most intense” positive or negative experience. They found that 60% to 70% of individuals reported using either positive or negative experiences in some way to change their lives. Finally, nadir experiences may immediately precede deeply profound and extremely positive religious experiences. In Christianity, references to the “dark night of the soul” describe nadir experiences followed by profound religious illuminations (see Wapnick, 1980).

**Numinous Experiences**

Highly religious people will often report feeling as if they were in the presence of God or a transcendent being. **Numinous experiences** are those in which a person feels he or she has been granted an “awareness of a holy other beyond nature and a sense that one is in communion with this holy other” (Hood, 2005, p. 356). For instance, Greeley reported a correlation of .60 between self-reported happiness and having a numinous experience in which the person felt “bathed in light” (cited in Argyle, 1999). A numinous experience also imparts an almost unshakable conviction that the transcendent being or presence is wholly real. Such experiences may be more common than most people realize. For example, Glock and Stark (1965) asked individuals, “Have you ever as an adult had the feeling you were somehow in the presence of God?” to which 72% of respondents answered yes. Interestingly, children may have a greater capacity for numinous experiences, but the frequency declines as they age and cultural acceptance of such experiences falters (see Hoffman, 1992; Hood, 2005).

**Conversion**

Occasionally, a religious or spiritual experience is so overwhelming that it leads to a radical transformation in one’s sense of meaning and purpose in life. Often this change reorients a person’s life in a different direction by altering attitudes, beliefs, values, goals, or overall purpose in life (Paloutzian, 2005). Among the more intriguing aspects of a conversion experience is that it is usually preceded by doubt, a questioning of one’s faith, or a fundamental dissonance between what a person thinks religion should be like and what it actually is (e.g., the “dark night of the soul” mentioned earlier). The doubt creates stress,
strain, and a sense of disequilibrium as one seeks to reconcile elements of one’s faith that seem contradictory. The struggle to resolve this issue may result in a conversion or spiritual transformation—recasting one’s sense of meaning in such a way that disparate elements are integrated into a coherent, meaningful system. However, the change usually occurs in a few significant portions of a person’s meaning system, and total transformations are rare (Paloutzian, 2005). Because conversion experiences are highly personal and almost impossible to induce, they have been studied after the fact—but rarely experimentally.

CONTEMPLATIVE SPIRITUALITY

It is helpful at this point to examine the model of spirituality presented by contemplative religious or spiritual disciplines. The term contemplative spirituality is used to describe religious disciplines that seek to find a direct and personal experience of God or whatever is seen as the ultimate force in the universe (Woods, 1980). Having such a spiritual experience is said to be an extremely positive emotional experience and can result in a spiritual transformation or spiritual conversion (see Emmons & Paloutzian, 2003). Contemplative spiritual traditions have existed for many centuries in all the major religions of the world: Christianity, Judaism, Islam, Buddhism, and Hinduism. Though at any one time, there are comparatively few committed practitioners of contemplative religious disciplines, the historical impact of these mystical religious branches has been considerable. Indeed, one area of psychology has tended to specialize in the study of contemplative spirituality and religious experiences, especially as these relate to mysticism—transpersonal psychology.

Transpersonal Psychology

Cofounded by Abraham Maslow and Anthony Sutich in 1969 with its own professional association and journal is the specialty known as transpersonal psychology. It emerged from their combined perspective that spiritual, mystical, and transcendent experiences are basic to human nature and deserve serious scientific attention. In fact, studies have suggested that spirituality is among the major dimensions of well-being (e.g., Compton, 2001a). Maslow arrived at this view mainly through his study of self-actualizing persons and peak experiences (Hoffman, 1996), whereas Sutich’s work as a humanistic psychotherapist led him to conclude that people share an identity greater than the sum of their individual egos (Ruzek, 2007).

Of course, the launching of transpersonal psychology in the late 1960s reflected the broader, burgeoning scientific interest in Far Eastern spiritual traditions and their wisdom teachings. For the first time since the work of William James in the early 1900s, American psychologists were turning to such traditions for insights about human personality and potential, such as revealed through meditation and exalted states of consciousness. Thus, in the founding issue of the Journal of Transpersonal Psychology, Sutich (1969) offered the following definition to inaugurate this specialty:

Transpersonal psychology is concerned specifically with the empirical, scientific study of, and responsible implementation of the findings relevant to becoming, individual and species-wide meta-needs, ultimate values, unitive consciousness, peak experiences . . . bliss, wonder, ultimate meaning, transcendence of the self . . . and related concepts, experiences and activities. (p. 5)
Over the ensuing decades, leading figures in transpersonal psychology have addressed theoretical issues related to ecstatic and higher states of human consciousness (Aziz, 2007; Ferrer, 2001; Tart, 1975; Taylor, 2009; Washburn, 2003) as well as the development of assessment tools (Goretzki, Thalbourne, & Storm, 2009; Lazar, 2009) and interventions for enhancing spiritual well-being or growth (Boorstein, 1996; Ingersoll, 2008; Taylor & Mireault, 2008). In the latter category, it is important to note that transpersonal psychotherapy aims for “the daily experience of that state called liberation, enlightenment, individuation, certainty or gnosis according to various [spiritual] traditions” (cited in Boorstein, 1996, p. 3). To this end, practitioners of transpersonal psychotherapy have turned to Zen Buddhism, Kundalini Yoga, Christian monasticism, Kabbalah, Sufism, and Native American shamanism for specific insights and practices.

Partly because transpersonal psychology accepts phenomenological research methods and first-person narrative accounts of spiritual experiences, its influence in academia has remained weak. However, some transpersonal psychologists have asserted the need for their specialty to become more scientifically rigorous (Ruzek, 2007), whereas others (Anderson & Braud, 2011) have begun to advocate for innovations in psychological research methods consistent with its interest in spiritual and transcendental experience. For example, the latter investigators argued that research itself can be transformative both for researchers and those who read the research reports, and that effective transpersonal research necessarily requires the initial preparedness or experiential adequacy of the researcher. In a recent assessment of research in transpersonal psychology Anderson (2015) asserted:

We maintain that it is possible to conduct significant and satisfying research on all facets of human experience—even the most sensitive, exceptional, and sacred experiences—but only if we modify our assumptions about research and extend our research methods so that they become as creative and expansive as the subject matter we wish to investigate. (p. 163)

However, transpersonal psychologists are not the only people who study religious and transcendent experiences. Researchers aligned with the psychology of religion and other specialties also study these experiences.

**Mysticism**

Mysticism has been scientifically difficult to define. Generally, the mystical experience “diverges in fundamental ways from [our] ordinary conscious awareness and leaves a strong impression of having encountered a reality different from—and, in some crucial sense, higher than—the reality of everyday experience” (Wulff, 2004, p. 397). People usually report mystical experiences as among the most profound of their life, and mysticism has been a part of the Western world for millennia (Tarnas, 1991). From the initial interest of William James at the beginning of the 20th century, a variety of psychological researchers have written extensively on mysticism. Early works by James Leuba, W. T. Stace, and Evelyn Underhill evolved into more empirical approaches such as those of Ralph Hood (1997, 2005).

Although diverse mystical experiences have been reported throughout history, these have generally shared a few features. First, the experience is typically ineffable or impossible to describe in words. Second, it is noetic or involves a sense that profound knowledge has been revealed. Third, it is experienced as beyond the conventional understanding of
time and space. Finally, it is typically accompanied by a sense of unity, of dropping the usual boundaries of self-identity and merging with a greater reality (Hood, 2005; James, 1902/1958; Wulff, 2004). The results of the experience are often described in tremendously positive terms—as joyous and even ecstatic. For example, a Western psychologist described his experience by saying, “Preoccupations, misgivings, worries, and desires all seem to evaporate, leaving everything ‘perfect, just as it is.’ . . . [I felt] awe, wonder, expansiveness, freedom, warmth, love, and a sense of total truth or ‘rightness’ . . . [a sense] of having been at one” (May, 1987, pp. 53–54). Not surprisingly, intense mystical experiences have proved difficult to study experimentally. Although some attempts have been made (see Hood, 2005; Lukoff & Lu, 1988) in this regard, the experience as yet has eluded comprehensive empirical measurement (however, see “Entheogens and Religious Experiences” that follows).

Janet C’deBaca and William Miller studied what they called instances of “quantum change” (Miller & C’deBaca, 2011). These were moments of sudden and dramatic personality and behavior change brought on by spiritual events such as conversion or mystical experiences. Among their sample, 90% reported such positive consequences as release from fear, depression, and anger, as well as a deepening of intimate relationships, optimism, trust, and spirituality; only 10% reported negative aftereffects of the experience. A decade later, a follow-up study found people continued to value spirituality, compassion, humor, personal growth, hope, openness to experiences, and inner peace. They continued to reject self-centered values such as wealth, pleasure, career, and glamour. Interestingly, they continued to place little value on the traditional pursuit of happiness. A second follow-up after 20 years found that the original “quantum change” was still a powerful motivating force in their lives.

**CONTEMPLATIVE RELIGIOUS TRADITIONS**

This section presents several examples of contemplative spirituality found in traditional religions. Although the mystical element is more easily observed in Hinduism, Buddhism, and Taoism, all of the world’s major religions possess a mystical branch. In each, a major goal is the cultivation of mystical and transcendent experiences.

**Monastic Christianity**

The contemplative mystical practices of Christianity are most easily recognized in Catholic monastic practices. For many centuries, monks have prayed, meditated, fasted, chanted, and engaged in a wide variety of activities to seek a personal experience of God. Father McNamara (1975) remarked, “Mystical experience, the realization of union with God, is simply the highest or deepest form of religious experience . . . at the deep root of the mystic’s being, at his center, there is a conscious direct contact with Transcendental Reality” (p. 405). Among the “twelve characteristics of the mystic way” listed by Father McNamara are detachment from self, liberation, unification, the attainment of peace, and identification with the will of God. Many people are familiar with Catholic monastic practices through the beautiful writings of Father Thomas Merton (e.g., Merton, 2000) who lived for many years at Gethsemani Abbey.\(^2\)

\(^2\) Information about the Thomas Merton Institute for Contemplative Living can be found at http://merton.org. Information about Gethsemani Abbey can be found at http://www.monks.org.
Centering prayer, developed by such leading practitioners of Catholic monasticism as Thomas Merton and Thomas Keating, has emerged as an alternative to mindfulness-based cognitive therapy (MBCT) for the treatment of emotional disorders. As described by Pennington (1980), centering prayer involves three simple rules:

1) At the beginning of the prayer, take a minute or two to quiet down and then
2) move in faith to God’s presence dwelling in our depths; 3) at the end of the
prayer, take several minutes to come out, mentally praying the “Our Father” or
some other prayer. After resting awhile in the center in faithful love, take up a single
word, such as love, that expresses this response and allow it to repeat itself within
your mind. Whenever in the course of prayer, you become aware of any intrusion,
gently return to God’s presence by using the prayer word.

Noting that centering prayer shares common features with the well-researched inter-
vention of MBCT, Knabb (2010) recommended its potential therapeutic usefulness, espe-
cially if emerging research confirms this similarity in efficacy. Knabb (2010) observed that
centering prayer appeals particularly to Christian adults seeking therapeutic aid through
their own religious heritage.

Kabbalah

In recent years, there has been a worldwide surge of interest in the Kabbalah, the mys-
tical tradition of Judaism. As early as the 1940s, psychiatrist Carl Jung acquired a strong
interest in its psychological relevance (Brod, 2012). However, as Jung (1976) later related,
he lacked the knowledge of Hebrew and major Judaic sources to explore the Kabbalah in
depth. Hoffman (1980) was among the first psychologists to highlight the Kabbalah for its
insights concerning human personality, potentialities, and methods of personal growth.
Hoffman (1981/2006) expanded his analysis by connecting the Kabbalah to ongoing trends
in both humanistic and transpersonal psychology, such as growing interest in meditation,
transcendent and ecstatic experience, and the mind-body relationship.

Schachter and Hoffman (1983) related counseling techniques in early Hasidism, a mys-
tically oriented branch of Judaism, to current psychotherapeutic interests. By the mid-1990s,
various mental health practitioners, especially those with humanistic or transpersonal ori-
entations, were seeking to apply Kabbalistic teachings in their therapeutic work (Hoffman,
1995). In this light, a challenge has been to separate the Kabbalah’s intriguing psychological
ideas and techniques from classic Jewish theology and religious practice, a task that tradi-
tionalists oppose as invalid (Schachter-Shalomi & Gropman, 2003).

Reflecting more than 1,500 years of Judaic writings, the Kabbalah is a vast body of eso-
teric speculation and mystical lore. Essentially, it teaches the following:

1. The cosmos is a unity with all aspects in interrelation.
2. The forces of creation represent an eternal interplay between an active and passive
force.
3. The human individual is a microcosm of the universe.
4. In daily life, we are attuned to only one state of consciousness among many.
5. Each individual may attain higher states of consciousness, but careful preparation is necessary.

6. To achieve transcendent mental states, specific practices and techniques are used.

**Buddhism**

Buddhism begins by asserting what it considers the one irrefutable truth of human existence: constant change. Despite our wishes or attempts to prevent it, life always changes: We are born, we age, we die. Pain follows pleasure or joy follows heartache as surely as night follows day. When we allow ourselves to acknowledge the inescapable reality of change, it creates anxiety, worry, fear, and insecurity (Rahula, 1974).

The second basic truth of Buddhism asserts that the fundamental cause of all unhappiness is that despite the reality of constant change, we crave security, permanence, stability, and a complete end to doubt and worry. In this sense, when we find something that appears to provide pleasure and stability, such as a well-paying career or a comforting belief system, then we latch onto it for dear life. In Buddhism, this craving for something stable that will ensure permanent satisfaction and well-being is referred to as attachment or grasping. The Buddha declared that all our efforts to control and manipulate life so that we have only positive experiences are doomed to failure. Furthermore, our efforts to completely control life in this way are actually the primary cause of human suffering.

**Nirvana and Enlightenment**

In Buddhism, the cure for these problems—the route to true happiness—can be found in disciplined meditative practice. Meditation allows awareness to develop so that all elements of psychological processes are observed without grasping or attachment. When this process develops to a certain point, it is then possible to experience the extinction of grasping as the basis for one’s life. In Sanskrit this extinction is called Nirvana or “the extinction of thirst” (Rahula, 1974). That is, to realize Nirvana is to be released from all needs and desires based on greed, anger, and delusion (Ling, 1972).

The realization of Nirvana is accompanied by profound positive emotions. Buddhist monk and scholar Rahula (1974) declared that “he who has realized the Truth, Nirvana, is the happiest being in the world. . . . He is joyful . . . free from anxiety, serene and peaceful . . . full of universal love, compassion, kindness, sympathy, understanding and tolerance” (p. 43). Someone who has experienced Nirvana is said to have had an enlightenment experience. A person can have numerous enlightenment experiences, each of which may be increasingly deep with insight. Buddhism teaches that Buddha experienced the deepest and most profound enlightenment possible. Indeed, the term Buddha is an honorific meaning the enlightened or awakened one.

Buddhists believe that the result of complete and full enlightenment is a total elimination of unhealthy mental factors and their replacement by healthy mental states (Goleman, 1975; see Table 10.1).

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3 It is interesting to compare Buddhism’s unhealthy and healthy mental factors with the seven deadly sins and the seven virtues of Christianity as well as with the list of strengths and virtues presented by Peterson and Seligman (see Chapters 1 and 2).
In general, healthy mental factors represent the two core traits of optimal mental health from the Buddhist perspective—compassion and wisdom.

To Western psychologists probably the most incredible assertion in Buddhism is that all negative emotions, behaviors, and personality traits can be eliminated. However, the Buddhist perspective, as well as that of other Eastern perspectives, is serious about this claim. In Buddhism, the arhat is an enlightened person who has achieved this state. In Mahayana Buddhism, the ideal of the arhat is changed into the ideal of bodhisattva, a person who vows not to realize final Nirvana until all other beings are saved from suffering first. A bodhisattva is seen as the embodiment of total compassion.

The arhat embodies the essence of mental health in [Buddhist psychology]. His personality traits are permanently altered; all his motives, perceptions, and actions that he formerly engaged in under the influence of unhealthy factors will

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**TABLE 10.1 Healthy and Unhealthy Mental Factors of Buddhism**

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<thead>
<tr>
<th>Unhealthy Factors</th>
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<td><strong>Wisdom Factors</strong></td>
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<td>Delusion</td>
<td>Insight</td>
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<td>False view</td>
<td>Mindfulness</td>
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<td>Shamelessness</td>
<td>Modesty</td>
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<td>Recklessness</td>
<td>Discretion</td>
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<td>Egoism</td>
<td>Confidence</td>
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<td><strong>Compassion Factors</strong></td>
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<td>Agitation</td>
<td>Composure</td>
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<td>Greed</td>
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<td>Aversion</td>
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<tr>
<td>Envy</td>
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<td>Avarice</td>
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<td>Worry</td>
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<td>Contraction</td>
<td>Adaptability</td>
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<td>Torpor</td>
<td>Proficiency</td>
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<tr>
<td>Perplexity</td>
<td>Rectitude</td>
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have vanished. . . . While the arhat may seem virtuous beyond belief from the perspective of Western psychology, he embodies characteristics common to the ideal type in most every Asian psychology. The arhat is the enlightened being, a prototype notable in the main for its absence in Western personality theory. (pp. 137–138)

In summary, Buddhism fosters a sense of well-being by encouraging the acceptance of all aspects of life with equanimity through insights into the nature of human consciousness (de Silva, 1979). These are achieved through the practice of meditation, which allows for experiencing the world and the self in fundamentally different ways, diminishing the need for goal attainment as a source of happiness. Why? Because ultimate happiness is described as potentially present in every moment.

**Meditation in Spiritual Traditions**

A common spiritual practice found in mystical traditions involves the control of attention. Often this activity encompasses some form of prayer or meditation. Almost all forms of contemplative spirituality practice some form of meditation. Although the huge variety of meditation techniques can be staggering, most can be grouped into two styles: *vipassana* (vi-PAH-sah-nah), or insight meditation, and *samatha* (SAHM-ah-tah), or concentration meditation (Compton, 2012). When mindfulness is used to gain insight into the workings of the mind or the foundations of how we view the self, others, and the world, it is associated with vipassana meditation.

You will recall that mindfulness meditation is a way of intentionally paying full attention nonjudgmentally to the present moment (Kelly, 2005). As Kabat-Zinn (1990) reported, mindfulness meditation initially was a concept and practice unfamiliar to contemporary Westerners because it originated in ancient Buddhist meditative practices. Typically, Western clinicians who have introduced mindfulness-based therapies into mental health treatment programs teach these skills independently of the religious and cultural traditions of their origins. In other words, one needn’t be a practicing Buddhist to reap the benefits of mindfulness-based therapies. However, when mindfulness is applied in a particular religious context, the effects are significantly different from those obtained via Western therapeutic applications.

Several types of mindfulness meditation exercises exist. Many encourage practitioners to focus on inner experiences occurring during each moment, such as bodily sensations, thoughts, and feelings. Others encourage focusing on outer aspects, such as sights and sounds. All recommend that mindfulness be practiced with an attitude of nonjudgmental acceptance (Baer & Lykins, 2011). That is, phenomena that enter a person’s awareness, such as fleeting or repetitive thoughts, feelings, perceptions, and sensations, are observed carefully but evaluated as neither good nor bad, true nor false, healthy nor sick, or important nor trivial. Thus, as Baer (2003) remarked, “mindfulness is the nonjudgmental observation of the ongoing stream of internal and external stimuli as they arise” (p. 125).

What is different about mindfulness in contemplative spiritual disciplines is both the depth and intensity of the practice. For instance, adepts say that with practice it is possible to not only observe the ongoing stream of thoughts and sensations but to also become aware of the “space between” individual thoughts and sensations—a space of pure awareness.

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5 For a brief description of the two styles of meditation see https://tricycle.org/magazine/vipassana-meditation/.
Further practice allows a person to observe the coalescence of thoughts and sensations into self-identity and thus experience a “self-less” awareness (Rahula, 1974).

The concentration form of meditation also involves controlling attention, but the focus of attention is constant. A person can meditate on a specific word or phrase (that is, a mantra), an object such as a candle flame, a sound, the image of a deity, or almost anything that might hold attention and, hopefully, has some spiritual meaning. The practice of concentration styles of mediation is often associated with altered states of consciousness and the experience of spiritual bliss or similar exalted emotional states. For example, in the Hindu tradition, and especially in traditional yoga, meditative practices are designed to cultivate a dramatic and life-transforming release of kundalini energy. Swami Muktananda described his kundalini awakenings: “I sometimes danced, sometimes swayed, sometimes became lost in the love-inspiring [cosmic melody] . . . that is indeed the Absolute Reality” (see Compton, 2012, pp. 71–72). Although the awakening can be dramatic, the release of kundalini is not sought after merely to achieve bliss. Rather, similar to the goal in other spiritual traditions, the goal in kundalini yoga is to foster a powerful sense of ego transcendence and to increase a sense of compassion for all sentient beings.

Meditation can take many forms besides the familiar practices that involve quiet sitting. Indeed, virtually any activity can take on the quality of meditation or prayer for religious practitioners. For example, almost all religions have practices that involve chanting or singing. Many have devotions that involve physical movements, such as contemplative walking, dancing (e.g., ritual dances and twirling of the Islamic Sufis), or the swaying during prayers (shuckling) done by many Orthodox Jews. Studies have found that types of meditation involving movement such as yoga and tai chi chuan can have positive effects on psychological and physical well-being (Gothe, Kramer, & McAuley, 2017; Hendricks, de Jong, & Cramer, 2017; Wang et al., 2010).

In summary, for many centuries religious practitioners have incorporated meditation in their daily regimen as a way of freeing themselves from confining desires and worries and attaining ego transcendence; virtually all the world’s major religions have likewise emphasized its value. As we have seen, Moses Maimonides, the influential Jewish philosopher-physician of the 13th century, not only discussed the health benefits of mindfulness but also prescribed specific methods for its cultivation (Hoffman, 2009).

**MYSTICISM AND THE BRAIN**

Although spiritual experiences are extremely difficult to study, researchers have attempted to provide more scientific evidence. More fascinating attempts involve brain-imaging studies, whereby scientists are beginning to locate physiological markers of spiritual experiences.
The new specialty of **neuromysticism** seeks a scientific understanding of extraordinary mental states by examination of their neural activity. Conceptually, it dates back more than a century, for William James (1902/1985) urged that transcendental experiences be studied carefully and objectively to provide insights about the heights of human potential. Though many theologians and some psychologists embraced this position, it seemed virtually impossible to implement methodologically. After all, wasn’t mystical experience by its very nature internal and therefore impervious to objective measurement? How could the alluring self-reports of mystics and sages about meditation and elevated states of consciousness be quantified or even verified? This methodological impasse held for nearly 70 years, until the advent of biofeedback instrumentation. Arising out of behavioral medicine’s attempts at psychophysiological (that is, mind-body) self-regulation, the field came into professional existence in the late 1960s, and in 1969, the Biofeedback Research Society (renamed the Association for Applied Psychophysiology and Feedback) was formed; the term *biofeedback* was coined that same year.

Among the first investigators to use biofeedback with brain waves was psychologist Joe Kamiya at the University of Chicago. Exploring the internal world of perception, he initially found that individuals could learn through EEG (electroencephalograph) feedback to discriminate their brainwave states, that is, alpha, beta, gamma, and theta (the more rapid gamma brainwaves were detected later by researchers). Then Kamiya discovered that with feedback, individuals could learn to generate specific brainwave states on demand, though the ability to do so varied widely (Green & Green, 1977).

In the early 1970s, researchers Elmer and Alyce Green of the Menninger Foundation in Topeka, Kansas, traveled to India, where they studied the psychophysiology of yogis. In pioneering research that challenged long-standing medical beliefs about the nature of the autonomic nervous system, the Greens (1977) found that some yogis were able to control seemingly involuntary bodily processes. Subsequent research with practitioners of transcendental meditation (Dillbeck, 1982; Dillbeck & Bronson, 1981; Gallois, 1984) confirmed the conscious human ability to 1) slow metabolic rate as confirmed by decreased oxygen consumption and carbon dioxide output; 2) increase beta, alpha, and theta activity during meditation; and 3) increase skin resistance to electrical stimulation, indicating increased tolerance to external stimuli. Later research supported by the Dalai Lama involving visual imaging and attention in 78 Tibetan Buddhist monks (Carter et al., 2005) found “new evidence . . . that different types of meditation and training duration lead to distinguishable short- and long-term changes at the neural level” (p. 413; see the following). Such studies provided solid scientific evidence for millennia-old claims by mystics that the human mind has powers over the body—abilities previously denied by skeptical modern science.

If neuroscience could validate such claims by Eastern and Western mystics, how about their accounts of enlightenment and ecstatic oneness? Among the most articulate investigators in this domain is James Austin, an American academic neurologist and Zen Buddhism practitioner. In 1974, he traveled to Kyoto, Japan, to learn Zen meditation.
under Zen master Nanrei Kobori-Roshi and immediately found the practice puzzling from a Western medicine standpoint. He had questions: What is Zen? How does the human brain actually function? And what really occurs during extraordinary mental states like enlightenment? Stimulated by these questions, Austin (1998, 2006, 2009) has written lucidly and comprehensively on Zen mysticism from the vantage point of neuroscience.

In Austin’s view, the experience of enlightenment comprises essentially two features: 1) a loss of the sense of “self” central to ordinary consciousness and 2) a corresponding feeling of unity with the entire world. Neither ancient myth nor religious metaphor, this is a genuine experience that Austin (1998) himself underwent and has vividly described:

It strikes unexpectedly at 9 a.m. on the surface platform of the London subway system. [Due to a mistake] I wind up at a station where I have never been before. . . . The view includes no more than the dingy interior of the station, some grimy buildings in the middle ground, and a bit of open sky. . . . Yes, there is the paradox of this extraordinary viewing. But there is no viewer. The scene is utterly empty, stripped of every last extension of an I-Me-Mine. Vanished in one split second is the familiar sensation that this person is viewing an ordinary city scene. The new viewing proceeds impersonally, not pausing to register the paradox that there is no human subject “doing” it. . . . Three insights . . . penetrate the experiment, each conveying Total Understanding at depths far beyond simple knowledge: This is the eternal state of affairs. There is nothing more to do. . . . There is nothing whatever to fear. (pp. 537–538; italics in original)

Austin’s (1998, 2006, 2009) basic premise is that such extraordinary mental states—whether occurring spontaneously, cultivated by meditation, or drug induced—all originate in the brain, because the brain is the organ of the mind. Like other researchers, Austin argues that the human brain is “hard-wired” for such experiences and that meditative practice helps release basic, preexisting neurophysiological functions. Austin (1998) reported that his mystical experience produced immediate and enduring psychological benefits, such as enhancing calmness and equanimity. However, it is important to note that although some neuroinvestigators of mysticism (Austin, 1998, 2006, 2008; d’Aquili & Newberg, 1999) regard such states as emotionally and cognitively beneficial, others (Alper, 2001; Persinger, 2001) view them as delusional and potentially harmful. In a cogent literature review of mystical experience and neuroscience, Miller (2007) advocated a “middle way,” in which systematic research might reveal precisely how episodes of transcendence contribute to individual well-being.
Neurotheology

Eugene d’Aquili and Andrew Newberg called their approach to the study of religious experiences *neurotheology*, in reference to the use of neurological imaging techniques to study religious experiences (d’Aquili & Newberg, 1999). In one study, they used a neuroimaging technology to record brain activity in highly experienced Tibetan Buddhist monks while they were meditating. Research revealed that specific areas of the brain were activated during deep meditative experiences. It is fascinating to note that these were the cortical areas of the brain involved in creating a sense of self in conscious experience. The investigators argued that activation of those areas could lead to a sense that the perceptual boundary between self and other was temporarily breaking down and would result in a feeling of oneness with the world. In other words, they believed they had found preliminary physiological correlates for the experiences reported for centuries by meditators.

A study by Richard Davidson and colleagues (Davidson et al., 2003) recorded brain activity in a Tibetan Buddhist monk who had extensive meditative experience. The monk stated he could voluntarily induce feelings of universal compassion during meditation. Indeed, each time during meditation that the monk signaled he was entering the compassionate meditative state, significant and consistent changes in his brain wave activity resulted. Davidson has also found recognizable patterns of brain activity associated with both positive and negative moods. Davidson and others have found that for most individuals, meditation changes brain activity toward the patterns associated with positive moods. Davidson also found that of all people tested in one study, a Tibetan monk had the most intense shift toward the brain pattern associated with positive emotions.

An Unusual Route to Transcendent Experiences

An unusual perspective on spirituality comes from Jill Bolte Taylor who recounted an unexpected route to spiritual experiences. In 1996, she suffered a major stroke that interrupted many of the functions of the left hemisphere of her brain. Unbelievably, this tragedy resulted in her experiencing what seems to have been a mystical state of consciousness (Taylor, 2008). Because Taylor was a Harvard trained neuroanatomist, she recognized the physiological processes affected. As she described her experience, when the left-hemisphere functions of rationality, analysis, and language were silenced, what remained were the right-hemisphere functions of awareness, openness, and life in the present.

Taylor recalled in a radio interview, “I felt a sense of euphoria as I lost the boundaries of my body . . . I felt I was as big as the universe.” She went on to report that the experience “was really wonderful . . . it was all about the present moment . . . [in which] there is no judgment, it just is . . . It was a total experience of peacefulness and euphoria” (Gross, 2008).

Taylor now believes that insofar as her experience was associated with normal right-hemisphere functioning, it is available to all who permit “the left hemisphere verbiage system to shut down enough to allow you to come back to the present moment.” Certainly no one would recommend a major stroke as a spiritual intervention, but Taylor’s powerful experience does add more evidence to a growing body of research demonstrating that spiritual experiences are associated with real, if underused, biological and neurological processes.
Positive Psychology

Entheogens and Religious Experiences

If physiological and biological processes are associated with spiritual experiences, then it is logical to assume that biological interventions might produce experiences that resemble, or are identical to, religious experiences. Natural and synthetic substances used to foster religious experiences are called entheogens (Roberts, 2006, 2016). In the 1960s, several studies investigated the use of certain drugs to induce spiritual experiences (Pahnke & Richards, 1970). However, due to governmental and societal backlash concerning youthful drug use, serious scientific research on these substances all but stopped. Nevertheless, several researchers in recent years have resumed the study of entheogens (Griffiths, Richards, Johnson, McCann, & Jesse, 2008; Griffiths, Richards, McCann, & Jesse, 2006). Many of these studies have been conducted through John Hopkins University and the Imperial College in London. It should be noted that these studies use experienced professionals to administer the drugs under highly controlled conditions that are unlike recreational drug use (see Johnson, Richards, & Griffiths, 2008).

In this light, one study examined the impact of psilocybin on spiritual and religious meaning (Griffiths et al., 2006). The results of a double-blind intervention produced “complete” mystical experiences, indistinguishable from natural mystical experiences in 58% of participants. In addition, participants rated their experiences as extraordinarily significant and meaningful; 67% said it was among the five most spiritually significant experiences of their lives. After the sessions, people who knew the participants well reported noticeable positive changes in their mood and behavior. A follow-up 14 months after the sessions found these feelings persisted at the same intensity and meaningfulness (Griffiths et al., 2008). Entheogens have also been used to help treat a wide variety of problems, including alcoholism, PTSD, and depression (Roberts, 2013).

Currently these experiments have little relevance either to ordinary people seeking spiritual experiences or professionals scrutinizing spiritually-based therapies, for a long shadow still exists concerning the scientific study of mind-altering drugs. Nevertheless, they do offer an intriguing research opportunity for qualified scientists to experimentally test some of the claims made by mystics throughout history.

PSYCHOLOGICAL THEORIES OF RELIGIOUS MATURITY

Although the relationship between religion and subjective well-being is robust and appears to be stable, it is also obvious that not all religious involvement is conducive to well-being. It has been painfully true since time immemorial that considerable harm has been done around the world in the name of religion. As a result, psychologists examining religious beliefs have presented theories that address mature versus immature types of religiousness or religiosity.

Intrinsic and Extrinsic Religiousness

An early attempt to explore types of religiousness came from Gordon Allport. He contended that what distinguishes healthy from unhealthy religiousness is motivation. To understand these differences, he developed the concepts of intrinsic and extrinsic religiousness (Allport & Ross, 1967), which he regarded as polar opposites.

The authors wish to thank Dr. Tom Roberts for his help with the section on entheogens. Those interested in Dr. Robert’s work can look up his research on the web or watch his presentations on YouTube.

See www.csp.org/psilocybin and www.imperial.ac.uk/people/r.carhart-harris/research.html.
For Allport, people whose religious practices were extrinsic used their religion essentially as a path to egotistical or secular ends. Extrinsic religiousness “is the religion of comfort and social convention, a self-serving, instrumental approach shaped to suit oneself” (Donahue, 1985, p. 400). Allport also noted that extrinsic religiousness “is positively correlated with prejudice, dogmatism . . . trait anxiety . . . fear of death . . . and is apparently uncorrelated with altruism” (Donahue, 1985, p. 416).

Intrinsic religiosity, however, is found when religious beliefs and practices are founded on personal and authentic motivations (Miller, 2012). Studies have found that intrinsic religiousness, in contrast with extrinsic religiosity, is associated with various measures of well-being including gratitude (Watkins et al., 2009). It should be noted that Allport’s formulation has garnered criticism on such issues as whether extrinsic and intrinsic orientations are truly polar opposites and whether cross-cultural factors affect both orientations (Neyrinck, Lens, Vansteenkiste, & Soenes, 2010). As a result, researchers have been seeking to refine this influential approach to religious motivation and religiosity in general.

Several decades after Allport’s seminal formulation, other researchers added further dimensions of religiousness. Frequently articulated has been that of a quest orientation (Batson, Denton, & Vollmecke, 2008), defined as comprising these aspects: 1) posing existential questions without reducing their complexity, 2) regarding doubt as important and positive, and 3) emphasizing tentativeness and incompleteness in formulating answers to religious questions (Neyrinck et al., 2010). Persons with a quest orientation view their religion or spirituality as an evolving system that must develop dynamically as a result of one’s challenging life experiences.

**Stages of Religious Cognition**

Other psychologists have examined how thinking about religious ideas, concepts, and stories develops over the course of a lifetime and how challenges to our early religious ideas are resolved. Some theorists have drawn inspiration from Piaget’s ideas on cognitive development. As one example, Fowler (1981) developed an influential stage theory of faith development that changes throughout a person’s life. He defined faith as a way in which we find meaning and coherence in our lives. This entails belief in a “master story” to answer basic questions such as “What is life about?” “Who’s in charge?” and “How do I live a good and worthy life?” In this way, faith is how we relate to whatever has transcendent worth and value to us; it is a way of trusting, committing to, and relating to the world (Fowler, 1981).

Fowler’s theory suggests that what distinguishes healthy from unhealthy religiousness is how we think about faith and the cognitive processes brought to bear on religious and moral questions. In many ways, Fowler’s theory is similar to perspectives on wisdom, for to develop a mature faith over time, we must become wise.

Fowler’s six stages of development move from simple and concrete to more complex and abstract notions of faith. During stage transitions, believers become increasingly aware of the contradictions and paradoxes of their faith. As they resolve contradictions, they move to more mature stages of faith, manifested by greater tolerance and openness.

Stage 6, the last stage, is universalizing faith. This stage is rarely achieved, especially in persons younger than 40. Here one operates from universal principles of love and justice, understanding people as part of a universal community to which one responds with compassion. Believers at Stage 6 are usually considered great religious teachers, humanitarians, or even saints.
A neo-Piagetian perspective on faith development has been presented by Oser, Gmunder, and Reich (see Day, 2017), but it is less applicable to people who are spiritual but not religious. Nonetheless, their theory argues there is a universal “deep structure” to religious cognitions that can be found across the life span in all cultures. That is, they believe that people develop more mature and complex thinking about religious issues in similar ways regardless of their historical time period or culture. This notion seems reminiscent of Carl Jung’s concept of the collective unconscious and the universality of archetypes. More recent approaches to the development of religious thought have taken advantage of the model of hierarchical complexity (MHC) that incorporates mathematical calculations to determine how information about religious issues is organized (Day, 2017). The MHC results in stages of religious cognition similar to Lawrence Kohlberg’s theory of moral development, Fowler’s stages of religious faith, and the development of wisdom. That is, as people develop and mature in how they think about religious issues they can increasingly use abstract thought, adopt a less egocentric perspective, embrace a more universal appreciation of religion and spirituality, and accept ambiguity and paradox.

**Psychodynamic Perspectives on Religion**

Psychodynamic theorists have explained the processes involved in creating a mature spirituality by exploring our relationship to our unconscious. The view holds that unresolved psychological conflicts can interfere with one’s awareness of spiritual needs or religious impulses. In essence, when people become too preoccupied with a resolution of personal psychological issues or with self-focused goals, they are distracted from recognizing the spiritual dimensions of life. From this perspective, what distinguishes healthy from unhealthy religiousness is the relationship to one’s unconscious—especially concerning the use of defense mechanisms and other self-protective strategies. For instance, early psychodynamic theorists like Adler (1964) and Erich Fromm (1955) declared that resolution of unconscious conflicts resulted in increased altruism, compassion, social feeling, and spirituality. Other theorists have argued that a deep level of unconscious processing is present within everyone, access to which leads to enhanced spirituality (see Assagioli, 1965; Washburn, 2003). Carl Jung, son of a Protestant minister, embraced the spiritual dimension more than most other psychodynamic theorists.

**Carl Jung on Religion and Spirituality**

Jung asserted that religion and spirituality are rooted in innate needs that drive us to find meaning in life, to create a sense of wholeness or completeness, and to connect with something larger than our individual selves. He distinguished between the personal and the collective unconscious. The personal unconscious, similar to Freud’s notion of the unconscious, contains individual contents, in contrast with the universal collective unconscious that contains psychological material shared by all humanity. The latter consists of archetypes or “psychological instincts,” which are innate universal tendencies to respond emotionally to environmental stimuli.

Jung stated that to fulfill our innate need for spirituality, we must increase awareness of specific archetypes in the collective unconscious, that is, of those universal, psychological, and emotional impulses that drive the religious and spiritual quests of all human beings across all epochs and cultures. The Reverend Don Culpitt observed that for Jung, “the real encounter with God was [through] the encounter with your own unconscious”
For Jung, a mature understanding of spirituality and religion was too complex to be captured by mere statements of belief or explanations. Rather, the most meaningful way to express this understanding is through images, symbols, or rituals.

**Perspectives on Morality and Ethics**

The source of moral and ethical behavior has been of interest to psychologists since the earliest days of the profession. Freud assumed that moral behavior depended on a strong ego to control innate forces that would otherwise drive us toward aggressive and sexual impulses. On the other hand, Adler, Jung, Maslow, Rogers, and others assumed that people possessed innate tendencies toward moral and ethical behavior that needed to be cultivated.

In the 1970s, Kohlberg (1984) proposed that morality developed in a mature stage-like sequence driven by cognitive processes similar to the progression of wisdom. Recently, some researchers have again argued that innate physiological and emotional reactions are the source of moral behavior (Haidt, 2007), although not everyone agrees with this new focus (Narvaez & Lapsley, 2009).

Recent work hints that physiological and cognitive factors combine to influence moral behavior. One of the first brain imaging studies of positive “inspirational emotions” found these take more time to process than emotions such as pain or fear (Immordino-Yang, McColl, Damasio, & Damasio, 2009). This study discovered that the emotions of compassion and admiration indeed produced distinct physiological reactions but also needed one’s persistent attention to be fully understood. A disturbing implication is that in today’s world of rapid-fire media people haven’t enough time to fully understand or process moral and inspirational emotional information. Therefore, the delivery speed of information we consume can confuse our moral compass (DeJong, 2009). Another study implied that the old saying “Cleanliness is next to godliness” may be correct. The researchers found that people acted more fairly and charitably when inhabiting clean-smelling environments (Liljenquist, Zhong, & Galinsky, 2010). Earlier, researchers found that when people recalled their transgressions those memories increased their desire to be physically cleansed through actions like handwashing (Zhong & Liljenquist, 2006). In an interesting twist, however, people who felt more physically clean were more likely to inflict harsher punishments on others for ethical or moral violations (Zhong, Strejcek, & Silanathan, 2010). Apparently, feeling physically clean artificially inflated moral self-perceptions, which led to decreased compassion for those who appeared less virtuous. Indeed, the history of the world has far too many instances of cruelty justified with self-righteous religious fervor. Another reason why humility may be so important to authentic well-being.

**SUMMARY**

This chapter covered a variety of issues related to religion and spirituality. First, we reviewed studies that found significant relationships between religion and both psychological and physical well-being. Second, we considered the topic of meaning, exploring how people create a sense of meaning in life. Next, we discussed sacred emotions, namely, gratitude, forgiveness, compassion, and humility. Following this, we described religious experiences such as elation, awe, wonder, and peak experiences. For some people, such singular dramatic experiences lead to meaningful changes in how they perceive life. In a subsequent section, we
highlighted contemplative spirituality, addressing its association with several major religious traditions. Then we discussed studies that use new brain-imaging technologies to study religious and transcendent experiences. Finally, we examined several psychological theories on healthy or mature spirituality.

**LEARNING TOOLS**

**Key Terms and Ideas**

- noetic happiness 306
- epiphany 323
- transcendent experiences 323
- elation 323
- awe 324
- wonder 325
- plateau experience 328
- resacralization 328
- numinous experiences 328
- centering prayer 332
- Nirvana 333
- enlightenment 333
- arhat 334
- neuromysticism 337
- neurotheology 339
- entheogens 340
- collective unconscious 342
- archetypes 342

**Books**


**On the Web**

https://charterforcompassion.org. The Charter for Compassion was created to support a “world where everyone is committed to living by the principle of compassion.”

https://studenthealth.ucsf.edu/meditation. Information on mindfulness meditation, including apps and podcasts, from the University of California–San Francisco student health and counseling center.

http://nfb.ca/film/mystical_brain. A documentary from the National Film Board of Canada on neurological studies of meditation and mystics.


http://www.atpweb.org. The Association for Transpersonal Psychology.


http://www.wallacejnichols.org/130/blue-marbles.html. The Blue Marbles Project is an easy and fun way to spread gratitude.
Personal Exploration

Positive psychology has increasingly focused on the link between religiousness and well-being. Interview two persons you know who are actively involved in their religion. If possible, select those of different religions. Your interview should include the following questions: 1) When did you first become religious: in childhood, adolescence, or adulthood? 2) Did you have a particular experience that led you to your religion? If so, could you describe it? If not, was your involvement with your religion a gradual process? 3) How often do you pray or meditate? How important is prayer or meditation in your life? 4) How often do you attend religious services? How important is such attendance for you? 5) Do you feel that you have faith? If so, how does that affect your daily life? 6) In your opinion, how does your religion contribute to your well-being? After completing these interviews, describe what you found most interesting. If you could design a study interviewing 500 persons, what would you most like to investigate?