

**THE INFLUENCE OF RELIGIOSITY AND SPIRITUALITY ON MENTAL HEALTH:
PERSPECTIVES FROM PSYCHOLOGY IN CONTEMPORARY TIMES**

**A INFLUÊNCIA DA RELIGIOSIDADE E ESPIRITUALIDADE NA SAÚDE MENTAL:
PERSPECTIVAS DA PSICOLOGIA NA CONTEMPORANEIDADE**

**LA INFLUENCIA DE LA RELIGIOSIDAD Y LA ESPIRITUALIDAD EN LA SALUD
MENTAL: PERSPECTIVAS DE LA PSICOLOGÍA EN LA CONTEMPORANEIDAD**



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ABSTRACT

Spirituality and religiosity are dimensions that have accompanied humanity throughout history, influencing how individuals deal with suffering and construct meaning in life. In recent decades, psychology has shown increasing interest in these phenomena, particularly in their relationship with mental health. This study, of a basic nature and qualitative approach, aims to analyze the positive and negative impacts of spirituality and religiosity on psychological distress, considering cultural, social, and individual aspects. The methodology consisted of a bibliographic review of scientific articles published in the SciELO, PePSIC, and Revista PPC databases. The results indicate that spirituality and religiosity can function as protective factors, promoting well-being, emotional resilience, and social support, especially when used as coping mechanisms in the face of adversity. On the other hand, rigid religious practices, marked by dogmas and moral punishment, may intensify psychological suffering, contributing to the worsening of conditions such as anxiety, depression, and psychotic disorders. Furthermore, conflicts between religious beliefs and therapeutic interventions may lead to resistance to treatment. In summary, based on the studies analyzed, it can be concluded that spirituality/religiosity is intrinsically present in the individual's life and social context, constituting an important source of support in perceiving the world and coping with adversity. However, it is observed that while spirituality may represent support and subjective

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strengthening, when experienced or imposed excessively, it may be associated with psychopathological conditions, in which feelings of guilt and condemnation emerge as central elements of the experience.

Keywords: Religiosity. Spirituality. Psychology. Mental Health. Religious Coping. Psychology of Religion.

RESUMO

A espiritualidade e religiosidade são dimensões que acompanham a humanidade ao longo da história, influenciando como os indivíduos lidam com o sofrimento e constroem sentido para a vida. Nas últimas décadas, a psicologia tem demonstrado crescente interesse por esses fenômenos, sobretudo em sua relação com a saúde mental. Este estudo, de natureza básica e abordagem qualitativa, tem como objetivo analisar os impactos positivos e negativos da espiritualidade e da religiosidade no adoecimento psíquico, considerando aspectos culturais, sociais e individuais. A metodologia consistiu em revisão bibliográfica de artigos científicos publicados nas bases SciELO, PePSIC e Revista PPC. Os resultados apontam que a espiritualidade e a religiosidade podem funcionar como fatores de proteção, promovendo bem-estar, resiliência emocional e suporte social, especialmente quando utilizadas como mecanismos de enfrentamento (coping) frente a adversidades. Por outro lado, práticas religiosas rígidas, marcadas por dogmas e punições morais, podem intensificar o sofrimento psíquico, contribuindo para o agravamento de quadros como ansiedade, depressão e transtornos psicóticos. Além disso, conflitos entre crenças religiosas e intervenções terapêuticas podem gerar resistência a tratamento. Em suma, norteados pelos estudos realizados, pode-se concluir que a espiritualidade/religiosidade está intrinsecamente presente na vida do indivíduo e em seu contexto social, configurando-se como importante amparo na forma de perceber o mundo e enfrentar adversidades. Contudo, observasse que, se por um lado a espiritualidade pode representar suporte e fortalecimento subjetivo, por outro, quando vivida ou imposta de maneira excessiva, pode associar-se a quadros psicopatológicos, nos quais sentimento de culpa e condenação emergem como elementos centrais da experiência.

Palavras-chave: Religiosidade. Espiritualidade. Psicologia. Saúde Mental. Coping Religioso. Psicologia da Religião.

RESUMEN

La espiritualidad y la religiosidad son dimensiones que acompañan a la humanidad a lo largo de la historia, influyendo en cómo los individuos afrontan el sufrimiento y construyen sentido para la vida. En las últimas décadas, la psicología ha demostrado un creciente interés por estos fenómenos, especialmente en su relación con la salud mental. Este estudio, de naturaleza básica y enfoque cualitativo, tiene como objetivo analizar los impactos positivos y negativos de la espiritualidad y la religiosidad en el padecimiento psíquico, considerando aspectos culturales, sociales e individuales. La metodología consistió en una revisión bibliográfica de artículos científicos publicados en las bases SciELO, PePSIC y Revista PPC. Los resultados indican que la espiritualidad y la religiosidad pueden funcionar como factores de protección, promoviendo el bienestar, la resiliencia emocional y el apoyo social, especialmente cuando se utilizan como mecanismos de afrontamiento (coping) frente a adversidades. Por otro lado, las prácticas religiosas rígidas, marcadas por dogmas y sanciones morales, pueden intensificar el sufrimiento psíquico, contribuyendo al agravamiento de cuadros como ansiedad, depresión y trastornos psicóticos. Además, los conflictos entre creencias religiosas e intervenciones terapéuticas pueden generar resistencia al tratamiento. En suma, guiado por los estudios realizados, se puede concluir que la espiritualidad/religiosidad está intrínsecamente presente en la vida del individuo y en su contexto social, configurándose como un importante apoyo en la forma de percibir el

mundo y afrontar adversidades. Sin embargo, se observa que, si bien la espiritualidad puede representar soporte y fortalecimiento subjetivo, por otro lado, cuando es vivida o impuesta de manera excesiva, puede asociarse a cuadros psicopatológicos, en los cuales los sentimientos de culpa y condena emergen como elementos centrales de la experiencia.

Palabras clave: Religiosidad. Espiritualidad. Psicología. Salud Mental. Afrontamiento Religioso. Psicología de la Religión.

1 INTRODUCTION

Religiosity and spirituality have accompanied human beings throughout history and configure important dimensions of identity and subjective experience. In recent years, these topics have gained prominence in psychology, especially in the field of mental health (Zangari and Machado, 2022). However, given the religious diversity and prejudices still present in the social imaginary, it is necessary to analyze them with caution. This paper investigates how spirituality and religiosity influence psychic illness, based on the hypothesis that both can act as protective factors when employed as coping strategies, but can also produce negative effects when marked by rigidity and dogmatism.

The conceptual distinction between religiosity and spirituality is fundamental to understand its clinical implications. Pargament (1997) defines spirituality as a personal search for meaning, connection, and purpose, while religiosity refers to institutionalized systems of beliefs and practices. Although related, they are different dimensions, and both are perceived by individuals as relevant elements for maintaining mental balance and biopsychosocial well-being.

In the context of psychological coping, coping is understood as cognitive and behavioral efforts that change as the person tries to manage demands evaluated as stressful. These efforts are not necessarily aimed at controlling the stressor, but at managing it by reducing its effects, tolerating it, or attempting to change. Thus, religious and spiritual practices can work as part of these coping mechanisms, directly influencing the way the individual deals with situations of suffering.

Although often treated as a recent area, the Psychology of Religion has deep roots. Classical authors such as Wundt, James, Freud, Jung, Hall and Frankl already investigated the relationship between religious phenomena and psychic processes. In Brazil, this field has been institutionally strengthened with ANPEPP's "Psychology & Religion" Working Group, which since the 1990s has promoted seminars and brought together researchers from various universities.

The general objective of this study is to analyze the impacts of religiosity and spirituality on mental health, addressing its historical development, the mechanisms of religious coping and the effects of these practices in different sociocultural and individual contexts. The relevance of the research lies in the growing contemporary adherence to spiritual and religious practices, which requires psychology to have a greater understanding of how these dimensions operate in coping with psychopathological conditions. The choice of the theme is also justified by the strong presence of religious symbols and beliefs in everyday life, which demands a critical and contextualized approach.

2 METHODOLOGY

The present study is characterized as a qualitative research, of exploratory and descriptive character, with a bibliographic approach. The choice for this methodology is due to the objective of understanding, from a theoretical and interpretative perspective, the relationships between religiosity, spirituality and mental health, as well as their implications for psychological practice in contemporary times.

According to Gil (2010), bibliographic research is based on the analysis of materials already published, enabling the deepening of knowledge based on consolidated theoretical contributions. The search for the publications took place in the bases **SciELO, PePSIC e PubMed**, using combinations of the following keywords in Portuguese and English: *religiosity, Spirituality, Mental Health, coping religious, Psychology of religion*. Texts published between **1990 and 2024**, as well as classic works of psychology and sociology (such as Freud, Jung and Durkheim), whose historical relevance justifies their permanence even outside the established time frame.

The inclusion criteria adopted for the selection of bibliographic material were: (a) studies that address the relationship between spirituality/religiosity and mental health; (b) studies that discuss the role of these dimensions as protective or risk factors; (c) publications that deal with the psychological approach to the subject; and (d) theoretical reference works in the Psychology of Religion. Materials of a merely devotional or essayistic nature without scientific basis, or that did not have a direct relationship with the proposed theme were excluded.

The analysis of the selected materials was carried out through thematic content analysis, according to the proposal of Bardin (2016). The procedure involved three main stages: (1) pre-analysis, with floating reading and organization of the *corpus*; (2) exploration of the material, with identification of thematic categories, such as spirituality, religiosity, *religious coping* and mental health; and (3) treatment and interpretation of the results, based on a critical and dialogical reading between contemporary authors and the classics of psychology.

At the end of the selection process, a final **corpus was constituted consisting of books, scientific articles and technical documents** that supported the analysis. The content was examined through **thematic analysis**, according to Bardin (2016), seeking to identify recurrences, divergences and interpretative categories related to the positive and negative impacts of spirituality and religiosity on mental health. The results were organized in such a way as to preserve the conceptual coherence and theoretical relevance of the studies consulted.

This methodology allowed us to examine how religiosity and spirituality are understood in the contemporary psychological literature, seeking to measure to what extent these practices can contribute to psychological balance or, on the other hand, act as factors that potentiate psychic suffering. The study does not aim at statistical generalization, but at the interpretative understanding of the meanings attributed to such phenomena in the human experience and their implications for mental health care.

3 THEORETICAL FRAMEWORK

3.1 RELIGIOSITY AND SPIRITUALITY: CONCEPTUAL DISTINCTIONS AND IMPLICATIONS FOR UNDERSTANDING HUMAN EXPERIENCE

The distinction between religiosity and spirituality has been widely discussed, especially in Psychology. Although, in the common sense, the terms can be used as synonyms, in the scientific realm they represent distinct and interrelated constructs. Boff (2001) conceives religion as an institution structured by doctrines, beliefs and rituals focused on the transcendent, recognized by individuals as ways to achieve salvation, while Vasconcelos (2006) observes that spirituality manifests itself when the experience of transcendence generates profound transformations in life, going beyond the subjective dimension of the individual. Understanding this differentiation is essential to analyze how these dimensions influence mental health behaviors, cultures, and processes.

Both religiosity and spirituality can present ambivalent aspects. Alvis, Staudigl, and Louchakova-Schwartz (2023) highlight that religious phenomena can generate positive or negative effects, depending on the experience and interpretation. Rigid, doctrinal or punitive experiences tend to produce guilt, fear and intolerance, harming autonomy and personal development. In this sense, Menezes and Moreira-Almeida (2009) emphasize that unbalanced spirituality, dissociated from concrete reality, can function as an escape from difficulties, showing that critical reflection and balance are fundamental for it to contribute in a healthy way to personal development.

The integration between religious and spiritual dimensions is central to the construction of meaning. Coelho and Mahfoud (2001), when analyzing Viktor Frankl, state that spirituality and religiosity are fundamental elements of the human experience, offering purpose and meaning. This perspective is reinforced by Lima (2019), who highlights how religious multiplicity influences values, cultural practices, and ways of existing, demonstrating that these dimensions affect both subjective experience and social coexistence.

In coping with suffering, religiosity and spirituality work as coping strategies. Pargament (1997) demonstrates that religious-spiritual coping helps the individual to attribute

meaning to suffering, mobilize internal resources and restore hope. Panzini and Bandeira (2005) show that religious involvement reduces risk behaviors, strengthens community bonds and promotes belonging, reinforcing its social and protective role. Koenig (2012) complements by showing an association between religious/spiritual practices and a lower incidence of depressive symptoms, greater resilience and a reduction in suicidal behaviors.

Under developmental psychology, spirituality functions as an integrating axis between conscious and unconscious contents. Jung (1944/1968) presents the "transcendent function" as a symbolic mechanism that articulates internal polarities, favors psychic integration and directs the individual to the Self, the totalizing nucleus of the personality, part of the individuation process. Vasconcelos (2006) reinforces that spirituality guides psychological integration, while Durkheim (1912/1996) highlights the social function of religion in cohesion and in the formation of collective norms, in line with Panzini and Bandeira (2005), who highlight the strengthening of community networks.

In the juvenile context, Smith and Denton (2005) demonstrate that adolescents with greater religious involvement have superior self-control, school performance and cooperative behaviors, illustrating the role of religiosity as a moral and social structure. Seligman (2011) reinforces that the search for meaning, often linked to spirituality, is a pillar of human flourishing, converging with Pargament (1997) on the role of religious coping in the reconstruction of meaning in the face of suffering.

Studies by Moreira-Almeida and Koenig (2006) show that spiritual practices favor better adaptation to illness, greater adherence to treatments and a positive prognosis in chronic diseases, strengthening hope and acceptance. However, spiritual conflicts, such as divine punishment, religious rejection, or crises of faith, can produce relevant psychological distress (Exline et al., 2014), reinforcing the ambivalence observed by Alvis, Staudigl, and Louchakova-Schwartz (2023).

Clinical practice must recognize these symbolic, emotional, and existential resources, mobilizing them sensitively. Hefti (2011) emphasizes that integrating spirituality into therapy broadens the clinical understanding of suffering without imposing beliefs. Similarly, Seligman and Peterson (2004) demonstrate that spirituality and religiosity are associated with increased well-being, resilience and positive emotions, classifying spirituality in the virtue of Transcendence, essential for human flourishing.

Thus, the healthy integration between religiosity and spirituality strengthens emotionally, expands the existential sense and promotes integral health, being essential for professionals who investigate and understand human behavior in clinical and social contexts.

3.2 PSYCHOLOGY OF RELIGION.

The Psychology of Religion is an investigative field dedicated to the scientific study of behaviors, experiences and meanings related to religious experience. Although traditionally called "Psychology of Religion", it is not concerned with the analysis of institutionalized religion, but rather with the psychological processes emerging from religious involvement, as highlighted by Machado and Zangari (2017), when they emphasize that this area focuses on the psychological phenomenon and not on the doctrinal content of religious traditions.

Similarly, Rosa (1971) describes the Psychology of Religion as the application of psychological methods to the study of individual or collective religious behavior, reinforcing the scientific character of the area. Understanding your responsibilities and limitations is essential to avoid misinterpretations about your goals, which do not include defending or criticizing specific religions.

The field investigates the impacts that religious practices and beliefs exert on the individual and the collectivity, evaluating potentially beneficial or harmful effects, always considering the sociocultural context and the uniqueness of each person. Machado and Zangari (2017) highlight that the Psychology of Religion seeks to understand how people perceive, interpret and experience the sacred, analyzing both aspects of well-being and sources of psychological suffering associated with religiosity. In addition, it examines different forms of religious expression and disbelief, recognizing the diversity and complexity of these phenomena.

Understanding religious behavior is not restricted to a single theoretical approach or scientific method. Various methods are used, from experimental studies to qualitative and ethnographic approaches, to investigate the relationship of the individual with his beliefs. Paiva, Zangari and Verdade (2009) state that the multiplicity of methods reflects the very plurality of the religious phenomenon, which requires multidisciplinary analyses.

This area rigorously preserves its scientific and secular nature. Psychology and religiosity are distinct fields and are not subordinate to each other. Practices of a religious nature aimed at healing or spiritual counseling are not part of the psychologist's professional work; when carried out, they come close to anti-scientific practices. The Code of Professional Ethics of the Psychologist (CFP, 2005) establishes that the psychologist should not use his function to promote personal beliefs or spiritual practices, reaffirming the commitment to psychological science.

Professionals in the Psychology of Religion investigate religious behavior from multiple theoretical frameworks, recognizing its complexity. Each perspective illuminates specific dimensions of the individual's relationship with the sacred. Thus, the field integrates different

explanatory models to understand how beliefs, emotions, subjective experiences, and sociocultural influences are articulated in the formation and expression of religiosity.

3.2.1 Psychoanalysis

In Psychoanalysis, Freud (1856-1939) understands that religion has deep roots in the unconscious and is related to unresolved desires and conflicts, as well as psychic defense mechanisms. In works such as *The Future of an Illusion* (1927/2014) and *Totem and Taboo* (1913/1974), Freud argues that religion can function as a symbolic response to fundamental human anguish, especially related to the father figure.

3.2.2 Analytical Psychology

On the other hand, Carl Gustav Jung (1875-1961), precursor of Analytical Psychology, although he also recognizes the role of the unconscious, conceives religion as a legitimate expression of the human search for meaning and individuation. In *Psychology and Religion*, (Jung, 1938/2013), the author states that religious symbols can favor psychic development and help the individual to integrate conscious and unconscious aspects of the personality. Thus, unlike Freud, Jung attributes a potentially positive value to religious experience.

3.2.3 Existential-phenomenological

It understands the human being as a free being, in constant construction of meaning. Frankl, in his book *In Search of Meaning* (1946/2011), for example, highlights that the search for meaning is an essential factor of mental health, and that spirituality can play a relevant role in this process. In this approach, the psychologist investigates the meaning attributed by the person to their religious experience, analyzing how this meaning contributes to their existence, autonomy and suffering or psychological strengthening.

3.2.4 Cognitive Psychology

In Cognitive Psychology, the focus is on the mental processes that underpin religious beliefs and practices, such as memory, perception, judgment, and decision-making. Contemporary research has investigated how the brain processes experiences interpreted as spiritual and how cognitive biases contribute to the formation and maintenance of supernatural beliefs. As Machado and Zangari (2017) point out, this area seeks to understand the cognitive mechanisms that make possible the expression of religious behavior and its persistence in human experiences.

3.2.5 Developmental Psychology

In the field of Developmental Psychology, classic studies such as those by Piaget, *The Moral Judgment in the Child* (1932/1994), suggest that the understanding of the sacred accompanies cognitive development, varying according to the reasoning capacities that are structured in each phase of life. Later research expanded this idea, demonstrating that children and adolescents construct religious notions according to their symbolic, emotional, and social abilities. Thus, the psychologist can investigate how religious beliefs are understood and experienced depending on the individual's stage of development.

3.2.6 Health Psychology

Religion often appears as a coping resource in the face of illness. Research by Kenneth I. Pargament (1997) demonstrates that religious *coping* strategies can help some people cope with stressful situations, although they can also produce negative effects, depending on the way they are experienced. Thus, hospital psychologists often investigate whether religious practice contributes or hinders the process of emotional adaptation to illness.

3.2.7 Social Psychology

The interest lies in: how religious beliefs relate to culture, power, identity and group dynamics. Inspired by authors such as Durkheim, in his work *The Elementary Forms of Religious Life*, the research seeks to understand how religious practices are socially disseminated, how they influence values and behaviors, and how they shape community bonds. Machado and Zangari (2017) emphasize that religious adherence depends on multiple social and cultural factors, and not only on individual convictions.

In addition to theoretical approaches, practice in the Psychology of Religion is guided by strict ethical principles. The Federal Council of Psychology (CFP, 2005; 2012) establishes that the psychologist must guarantee dignity, freedom, integrity and respect for human rights, and it is expressly forbidden to induce religious, political or moral convictions. Therefore, psychological care must be secular, scientific and respectful of the diversity of beliefs. As Rosa (1971) states, the Psychology of Religion "is neither defense nor condemnation of religion", but scientific research.

In summary, the Psychology of Religion is a multidisciplinary field that seeks to understand the religious phenomenon through different theoretical approaches, maintaining its scientific and ethical commitment. Far from religious practices and without the objective of

validating or invalidating beliefs, she investigates how religious experiences, beliefs, and behaviors influence human development, mental health, and social relationships.

4 IMPLICATIONS OF RELIGIOSITY IN PSYCHOLOGY - POSITIVE AND NEGATIVE ASPECTS

Religiosity, as previously highlighted, constitutes a central element in the human experience, influencing not only the spiritual dimension, but also the ways of coexistence, symbolic elaboration and construction of meaning. In the field of psychology, it does not represent a marginal theme, but a phenomenon inseparable from the cultural, historical, and subjective dynamics that shape the individual's life (CFP, 2012). Thus, it is essential that the psychologist develops an ethical, sensitive and welcoming posture in the face of the religious beliefs brought by the client, recognizing them as a constitutive part of his identity and trajectory. The Code of Ethics states that it is not up to the psychologist to impose personal, religious or ideological values, but to ensure that uniqueness is respected, including moral, philosophical and sexual orientation convictions (CFP, 2012). This reinforces that understanding religiosity in the clinic requires openness, respect and critical analysis of the subjective meanings attributed to beliefs.

Religiosity consists of an organized system of beliefs, narratives, rituals, and values oriented to the sacred, providing the individual with an interpretive framework to understand the world, elaborate experiences, and deal with challenges and suffering (Koenig, McCullough & Larson, 2001). Dalgarrondo (2008) emphasizes that it articulates emotional, cognitive and social dimensions, influencing the way the subject perceives himself and positions himself in the world. Thus, it is not limited to formal practices, but constitutes a dynamic experience that integrates affections, meanings, community bonds and belonging.

The impact of religiosity extends beyond the spiritual sphere, influencing behaviors, choices, and coping strategies. The way beliefs are experienced, whether in a flexible and welcoming way, or rigid and punitive, determines the psychological impact. Silva and Goto (2021) reinforce that it is up to the psychologist to analyze both the subject's personal relationship with religiosity and the sociocultural context that shapes it. When integrated in a healthy way, it can be a resource for protection and psychological strengthening, offering rituals, symbolic narratives, a sense of belonging, and social support (Silva and Goto, 2021). Moreira-Almeida et al. (2006) show that religious beliefs can promote emotional stability, favor coping with crises and contribute to general well-being.

However, religiosity does not only produce positive effects. When associated with rigid, moralistic or punitive conceptions, it can intensify internal conflicts, generate feelings of

inadequacy and make it difficult to seek help. Interpretations that attribute suffering to moral failures, sin, or lack of faith fuel guilt, fear, and self-criticism (Silva and Goto, 2021). Moreira-Almeida et al. (2006) highlight this ambivalence: there are situations in which religiosity promotes adaptation and support, and others in which it becomes an obstacle to care, reinforcing stress, shame and resistance to treatment.

In the area of alcohol and other drug use, the literature shows that religiosity can act as a protective factor. The review by Campos and Rodrigues (2021) indicates that participation in religious practices and adherence to spiritual values are associated with self-discipline, strengthening of bonds, and moral norms that discourage risky behaviors. Religious communities function as spaces of welcome and emotional stability, reducing the likelihood of dysfunctional substance use (Campos & Rodrigues, 2021).

On the other hand, certain forms of religious experience can intensify emotional suffering. Stroppa and Moreira-Almeida (2008) observe that interpretations centered on fear and punishment increase guilt and helplessness, increasing vulnerability to depressive and anxious conditions. Negative spiritual beliefs, such as ideas of possession, curse, or spiritual attack, are associated with greater emotional vulnerability, intensifying fear, insecurity, and a sense of loss of control, which can aggravate anxiety and depression (Torlay, 2024).

Given this complexity, it is evident that the relationship between religiosity and mental health is not one-dimensional. Its effects depend on the sociocultural context, the type of belief, community support, interpretative flexibility and subjective experiences. Thus, the psychologist's work requires sensitivity, qualified listening and an expanded understanding of the meanings that religiosity assumes in the patient's life. According to Moreira-Almeida et al. (2006), recognizing the ambivalence of religiosity, capable of protecting, strengthening, but also making people sick, allows the subject to fully welcome and help him to integrate his spiritual dimension in a healthy and functional way, contributing to a broader, ethical psychological care that is sensitive to human realities.

5 FINAL CONSIDERATIONS

The present research allowed us to understand that religiosity and spirituality cross human life in a profound way, shaping perceptions, daily practices and ways of dealing with suffering. The theoretical analysis showed that these dimensions are not simple or homogeneous phenomena; they manifest themselves in a unique way in each person, with the potential for both care and illness, depending on how they are experienced and incorporated into daily life.

The results indicate that spirituality and religiosity, when lived in a flexible, welcoming and integrated way with subjectivity, favor emotional balance, a sense of belonging and internal strengthening. They function as coping resources, helping the individual to reorganize experiences in the face of adverse situations and contributing to the construction of meanings that sustain life even in moments of psychic vulnerability.

However, the study shows that these dimensions can become sources of suffering when marked by doctrinal rigidity, moral impositions or negative conceptions about human nature. In punitive or normative religious contexts, feelings of guilt, fear, and self-condemnation intensify, hindering emotional development and, in more severe cases, aggravating psychopathological conditions. In these cases, religiosity ceases to be support and acts as a destabilizing element, interfering with the search for professional help and adherence to treatments.

It is considered that the objectives of the research were achieved, allowing us to understand the double face of religiosity and spirituality in mental health: their ability to promote well-being and, simultaneously, to contribute to illness, depending on the practices and interpretations involved. However, the bibliographic nature of the study is a limit, as the absence of empirical data prevents comprehensive conclusions about different social groups, age groups and cultural contexts.

Despite this limitation, the study offers relevant contributions to contemporary psychology, reinforcing the importance of integrating the understanding of these phenomena into clinical practice and health promotion. Recognizing spirituality and religiosity as legitimate elements of the human experience expands the possibilities of care, especially when the psychologist dialogues with these experiences in an ethical, sensitive and non-dogmatic way.

In short, the need for new empirical and interdisciplinary studies becomes evident, exploring how different religious traditions, spiritual practices, and sociocultural contexts influence mental health. The deepening of this discussion can contribute to psychological interventions that are more sensitive to the multiple ways of living spirituality, promoting care that recognizes the complexity and uniqueness of each individual.

REFERENCES

- Alvis, J. W., Staudigl, M., & Louchakova-Schwartz, O. (2023). Faith in a religiously ambivalent age: The negative phenomena of hostility, violence, and revenge. *Religions*, 14(7), 846.
- Bardin, L. (2016). *Análise de conteúdo*. Lisboa: Edições 70. (Trabalho original publicado em 1977)

- Boff, L. (2001). *Espiritualidade: um caminho de transformação*. Sextante.
- Campos, M. T. F., & Rodrigues, J. P. (2022). Influência da espiritualidade e religiosidade no abuso de álcool e drogas: revisão integrativa. *SMAD, Revista Eletrônica Saúde Mental Álcool e Drogas*, 18(2), 106–116. <https://doi.org/10.11606/issn.1806-6976.smad.2022.171439>
- Coelho Júnior, A. G., & Mahfoud, M. (2001). As dimensões espiritual e religiosa da experiência humana: distinções e inter-relações na obra de Viktor Frankl. *Psicologia USP*, 12(2), 95–103. <https://doi.org/10.1590/S0103-65642001000200006>
- Conselho Federal de Psicologia. (s.d.). Sobre o CFP. Brasília: CFP. Disponível em: <https://site.cfp.org.br/cfp/>
- Conselho Federal de Psicologia. (2005). Código de ética profissional da psicologia. Brasília.
- Conselho Federal de Psicologia. (2024). Código de ética profissional da psicologia. Brasília. Disponível em: <https://transparencia.cfp.org.br/wp-content/uploads/sites/10/2024/01/codigo-de-etica-psicologia.pdf>
- Dalgalarondo, P. (2008). *Religião, psicopatologia e saúde mental*. Porto Alegre: Artmed. Disponível em: https://api.metabooks.com/api/v1/asset/mmo/file/7efae4f8b29a4bbb973e000efe3c060e?access_token=13a46dfd-5120-4c7b-ab97-24d073db9777
- De Paula Silva, L. M., & Akira Goto, T. (2021). Psicologia e espiritualidade na produção científica brasileira: uma revisão de literatura. *Numen*, 23(2). <https://doi.org/10.34019/2236-6296.2020.v23.31324>
- Durkheim, É. (1996). *As formas elementares da vida religiosa*. São Paulo: Martins Fontes. Disponível em: <https://www.gutenberg.org/cache/epub/41360/pg41360-images.html>
- Exline, J. J., et al. (2014). The religious and spiritual struggles scale: Development and initial validation. *Psychology of Religion and Spirituality*, 6(3), 208–222.
- Frankl, V. E. (2014). *Um sentido para a vida*. Campinas: Ideias & Letras. Disponível em: <https://www.intamores.org.br/wp-content/uploads/2023/04/O-Sentido-da-Vida-Victor-Frank.pdf>
- Freud, S. (2013). *Totem e tabu: Algumas concordâncias entre a vida psíquica dos homens primitivos e a dos neuróticos* (P. C. de Souza, Trad.). São Paulo: Penguin Companhia das Letras.
- Freud, S. (1990). *Obras completas* (Vol. 21, 1927–1931). Rio de Janeiro: Imago. Disponível em: <https://nucleodepesquisas.com.br/wp-content/uploads/2024/07/freud-sigmund-obras-completas-imago-vol-21-1927-1931.pdf>
- Gil, A. C. (2010). *Como elaborar projetos de pesquisa* (5 ed.). São Paulo: Atlas. Disponível em: https://files.cercomp.ufg.br/weby/up/150/o/Anexo_C1_como_elaborar_projeto_de_pesquisa_-_antonio_carlos_gil.pdf

- Hefti, R. (2011). Integrating religion and spirituality into mental health care, psychiatry and psychotherapy. *Religions*, 2(4), 611–627.
- Jung, C. G. (1978). *Psicologia e religião* (D. M. R. Rocha, Trad.). Petrópolis: Vozes. Disponível em: <https://leonayres.com.br/wp-content/uploads/2013/10/Carl-Gustav-Jung-Psicologia-e-Religi%C3%A3o.pdf>
- Jung, C. G. (1944). *Psychology and alchemy*. Princeton: Princeton University Press.
- Koenig, H. G. (2012). Religion, spirituality, and health: the research and clinical implications. *ISRN Psychiatry*, 1–33. Disponível em: <https://pmc.ncbi.nlm.nih.gov/articles/PMC3671693/>
- Koenig, H. G., McCullough, M. E., & Larson, D. B. (2001). *Handbook of religion and health*. New York: Oxford University Press.
- Machado, F. R., & Zangari, W. (2017). Psicologia da religião: demandas e aplicação. *REVER – Revista de Estudos da Religião*, 17(2), 7–10.
- Merval, R. (1992). *A psicologia da religião*. Vitória, ES: Juerp. Disponível em: https://www.academia.edu/34549859/Psicologia_da_Religi%C3%A3o_Merval_Rosa?auto=download
- Menezes Júnior, A. de, & Moreira-Almeida, A. (2009). O diagnóstico diferencial entre experiências espirituais e transtornos mentais de conteúdo religioso. *Revista de Psicopatologia Clínica*, 36(2), 75–88.
- Moreira-Almeida, A., & Koenig, H. G. (2006). Religiousness and mental health: a review. *Revista Brasileira de Psiquiatria*, 28(3), 242–250.
- Paiva, G. J. de, et al. (2009). Psicologia da religião no Brasil: a produção em periódicos e livros. *Psicologia: Teoria e Pesquisa*, 25, 441–446.
- Panzini, R., & Bandeira, D. (2005). Coping religioso-espiritual. *Psicologia: Reflexão e Crítica*, 18(3), 381–389.
- Pargament, K. I. (1997). *The psychology of religion and coping: Theory, research, practice*. New York: Guilford Press.
- Peterson, C., & Seligman, M. E. P. (2004). *Character strengths and virtues: A handbook and classification*. Washington, DC; New York: American Psychological Association; Oxford University Press.
- Piaget, J. (1994). *O juízo moral na criança* (M. H. L. de Barros, Trad., 2 ed.). Rio de Janeiro: Forense Universitária.
- Rosa, M. (s.d.). *A psicologia da religião*. Disponível em: <https://www.studocu.com/pt-br/document/universidade-cesumar/novas-tecnologias-da-educacao/a-psicologia-da-religiao-merval-rosa/35889843>
- Seligman, M. E. P. (2011). *Flourish: A visionary new understanding of happiness and well-being*. New York: Free Press.

- Smith, C., & Denton, M. L. (2005). *Soul searching: The religious and spiritual lives of American teenagers*. Oxford; New York: Oxford University Press.
- Stroppa, A., & Moreira-Almeida, A. (2008). Religiosidade e saúde. In M. I. Salgado & G. Freire (Orgs.), *Saúde e espiritualidade: uma nova visão da medicina* (pp. 427–443). Belo Horizonte: Inede.
- Torlay, N. (2024). *O impacto das crenças religiosas e espirituais na saúde mental da população brasileira (Tese de doutorado)*. Universidade de São Paulo.
- Vasconcelos, E. (2009). Epistemologia, diálogos e saberes: estratégias para práticas interparadigmáticas em saúde mental. *Cadernos Brasileiros de Saúde Mental*, 1(1), 119–129.
- Zangari, W., & Machado, F. R. (2022). *Fundamentos da psicologia da religião: aspectos individuais e psicossociais*. Curitiba: Editora CRV. Disponível em: <https://pt.scribd.com/document/730504905/1680614961-Fundamentos-Da-Psicologia-Da-Religiao>