

A 32-Year Systematic Review: Exploring the State of Christian Spirituality and Mental Health Research

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This study reviewed scholarly articles on the relationship between Christian spirituality and mental health published in academic journals from 1980 to 2022. The review analyzed findings from 44 studies that likely used various research methods like surveys, interviews, and experiments. The results reveal a consistent link between Christian beliefs, such as faith, hope, and love, and positive mental health outcomes. Most studies focused on the therapeutic effects of Christian spirituality in alleviating mental disturbances and improving well-being. However, the review also identified gaps in the literature, including a lack of research on the relationship between Christian spirituality and mental illness, small sample sizes, and a lack of cross-cultural and cross-religious investigations. The article emphasizes the importance of addressing these limitations to gain a more comprehensive understanding of the complex relationship between mental health and spirituality.

Keywords: Mental Health, Mental illness, Christian Spirituality, Spirituality

The Relationship between Religion, Spirituality, and Mental Health

Religion is a complex and multifaceted aspect of human life that has been present across cultures and societies throughout history, at least since humans began to use writing to document religious histories and practice (Huston, 1991). It is a universal human pursuit that impacts almost all aspects of life, providing meaning to human existence (Agorastos, Huber, & Demiralay, 2014). Practice of religion is thought to be associated with mental health, in part because it can provide mechanisms for coping during difficult times (Pargament, 1997). In this study, religion refers to a system of human beliefs, while the religious practices discussed refer to their potential therapeutic effects. It is important to note that different religions may teach coping behaviors that are rooted in particular cultural and religious traditions. Since religious practice has been found to have a strong link with spirituality in terms of its therapeutic effects, the review focuses primarily on research concerning the connection between Christian spirituality and mental health. The systematic review identified published studies on this relationship over the past 32 years, allowing us to identify trends in this body of literature.

Meaning of Religion

Religion encompasses the pursuit of the sacred, involving emotions, thoughts, experiences, and actions

related to identifying, expressing, maintaining, or transforming the sacred. It can also involve pursuing non-sacred goals within a context that supports the search for the sacred. Additionally, it includes practices and methods endorsed by a specific community, such as rituals or prescribed behaviors (Hill et al., 2021). The criteria encompass essential concepts like the sacred, the search process, the non-sacred, and the degree of community support for the search process. The study of religion and spirituality stands out due to the concept of the sacred, as highlighted by Emile Durkheim. He notes that society defines sacred objects, with each society having its own sacred elements. The perception of what is sacred is shaped by cultural and social influences and involves a sense of ultimate reality or truth. Pargament (1999) further adds that what is considered sacred or divine must have sacred or divine attributes. Spirituality and religion both involve a quest for the sacred, requiring personal effort and dedication. This journey includes identifying, defining, preserving, and transforming what is deemed sacred. It can be expressed through emotional experiences, thoughtful reflection, or behavioral traits (Hill et al., 2021).

Meaning of Spirituality

According to Christian tradition (Scorgie, 2011), Christian spirituality involves “living *all of life*—not just some esoteric portion of it—before God, through Christ, in the transforming and empowering presence of the Holy Spirit” (Scorgie, 2011, p. 34). To cultivate this spirituality, one can engage in practices such as prayer, meditation, worship, community involvement, and reading sacred texts or engaging in *lectio divina* (sacred reading). Christian beliefs such as faith, hope, and love can also play a role in directing spiritual growth, and may thus contribute to mental health (Clarke, 2010). Additionally, the theological perspective on anthropology, like the theological understanding of body and soul (Clarke, 2010), may suggest various coping strategies such as depression and anxiety for handling psychological difficulties. Instead, we viewed Christian spirituality as a holistic concept and examined the research that has addressed its relationship with mental health. This holistic understanding is consistent with the use of the term spirituality as synonymous with the term religiosity in the reviewed literature (Koenig, 2012). Scott (1997) performed a content analysis of 31 definitions of religiousness and 40 definitions of spirituality from social scientific writings in the 20th century. She discovered that these definitions were evenly spread across nine content categories (e.g. experiences of connectedness or relationship), showing significant diversity in their content. This points to a gap in comprehensive theories that address the complex nature of religion and spirituality in social scientific research. Although the criterion for spirituality is complicated, Hill et al. (2021) summarize that spirituality involves the emotions, ideas, encounters, and actions that result from seeking the divine. “Search” refers to efforts to recognize, express, uphold, or change, while “sacred” refers to a divine entity, object, ultimate reality, or ultimate truth as perceived by the person.

Christian Spirituality

Christian spirituality focuses on aligning values, lifestyles, and practices with the teachings of Jesus Christ to achieve human transformation. It emphasizes emulating Jesus’s life as the path to spiritual growth, viewing the material world as the setting for this transformation. According to Philip (2013) Christian spirituality emphasizes on how our core values, lifestyles, and spiritual practices reflect our understanding of God, human identity, and the material world. The ultimate goal of Christian spirituality is human transformation, achieved by following the way of Jesus Christ. At its core, Christian spirituality centers on imitating and emulating the life and teachings of Jesus Christ as the path to spiritual growth and development. The material world is viewed as the context in which this spiritual transformation occurs, rather than something to be rejected or escaped.

Meanwhile, Christian spirituality emphasizes aligning one's entire life—values, behaviors, practices—with the example and teachings of Jesus Christ (Philip, 2013). In summary, Christian spirituality is about living out the way of Jesus Christ to experience personal and spiritual transformation, seeing the material world as the arena for this spiritual journey.

Relationship in Between Religion and Spirituality

Religion and spirituality evolve throughout life and significantly influence psychological development across various cultures. Research indicates that religious development mirrors general developmental processes and provides insight into them. This applies to children, adolescents, adults, and the elderly, regardless of formal religious training. Both clinical and experimental research has highlighted the importance of spiritual and religious issues in psychological development (Hill et al., 2021). Meanwhile, religion and spirituality are linked to cognitive phenomena, including how religious commitment relates to the complexity of thought. For instance, a quest orientation in religion might involve more complex thinking, whereas religious fundamentalism could be associated with simpler thought processes. Religious beliefs can be viewed as schemas activated specifically within religious believers (McCallister, 1995). Moreover, religion and spirituality are connected to emotions, which affect playing a role in religious conversion and spiritual experiences. Religion also offers normative models for intense arousal during rituals (Hill & Hood, 1999). Finally, religion and spirituality are important in the study of personality and genetics. Some personality theories, particularly humanist and transpersonal frameworks, focus on the connection between religion, spirituality, and personality. Sociobiological theories emphasize the genetic and evolutionary aspects of religious beliefs. Recent studies indicate that differences in religious behaviors and attitudes could be inherited (Hill et al., 2021). These studies indicate that spirituality plays a key role in religion and frequently coincides with religiousness. Spirituality may be experienced within a religious framework or independently. Religion can be viewed as a collection of various spiritualities. There is substantial overlap between religion and spirituality, which complicates the task of measuring spirituality as a distinct concept from religion.

Defining Mental Health

Scholars usually discern mental health not by measuring the positive aspects of functioning, but rather by measuring the absence of negative aspects of functioning (Rosmarin, 2009; Verhoeff et al., 2023) such as anxiety, depression, the effects of trauma, and stress (Fox, Gutierrez, Haas, & Durnford, 2016; Proctor, Cleary, Kornhaber, & McLean, 2019; Zhang et al., 2021; Knabb et al., 2022). Hence, the intersection of research on mental health and spirituality is often focused on the therapeutic effect of spirituality in relieving the symptoms of psychological syndromes. However, Christian spirituality can also promote the positive aspects of functioning related to mental health. Thus, the studies included in this review all assessed the effects of interventions to increase spirituality to enhance mental health. Just like the concept of spirituality, mental health in this review is a holistic concept that encompasses the absence of psychopathology as well as the presence of healthy functioning.

Relationship in Between Spirituality and Mental Health

Religion and spirituality have a nuanced relationship with mental health. While some religious commitments may be detrimental, others can offer support and alternative treatments for mental illness (Gartner, 1996). Hill et

al. (2021) indicate that religion and spirituality can act as both positive and negative predictors of mental health. They are especially beneficial for the elderly, providing meaning and hope towards the end of life. Additionally, they are effective in coping with disability, illness, and adverse life events (Hill et al., 2021). Prayer is recognized as an effective coping mechanism, and religious norms can influence physical health status (Poloma & Pendleton, 1989). Furthermore, there is a negative relationship between religion, spirituality, and substance abuse (Gorsuch, 1995). Mainstream religious commitment often predicts lower drug abuse rates (Gorsuch, 1995). Religious individuals are less likely to begin abusing drugs, and both mainstream and sectarian forms of religion effectively discourage and reduce drug and alcohol abuse. When drugs are used in religious or spiritual rituals, abuse is rare due to normative control within these contexts (Hill et al., 2021). Religion and spirituality also serve positive social functions, such as providing alternatives to government aid programs and healthcare services (Maton & Wells, 1995). They promote cooperation with God for illness prevention and cure. Religious beliefs are negatively related to deviant behaviors like extramarital sex, and the presence of religious institutions can reduce other forms of deviancy. However, the impact of specific religious beliefs on deviancy is influenced by broader cultural norms (Hill et al., 2021).

Current Review: Characteristics of Christian Spirituality and Mental Health

This literature review examines the characteristics of published studies on Christian spirituality and mental health in last 32 years (1980-2022). This type of information is one way to comprehensively document the ongoing development and evolution of this specific branch of research. It not only provides a detailed glimpse into how Christian spirituality and mental health studies are conceptualized, practiced, and researched but also offers insights into the historical context, the methodologies employed, and the theoretical frameworks that underpin these studies. Additionally, it sheds light on the interdisciplinary nature of this field, illustrating how it draws from various academic disciplines to form a cohesive understanding of the intricate relationship between spirituality and mental well-being. It's important to highlight that the focus isn't on the results of the studies in the review, but on the relevant characteristics of these studies and the outlets where their results are reported.

Method

Literature Search Strategy

The literature reviewed consisted solely of peer-reviewed articles from scholarly journals. This restriction was implemented to ensure quality, aiming to include articles from recognized and widely accepted journals. Peer-reviewed journals typically uphold standards specific to their discipline, representing the most current knowledge in their field. Articles written and published in English were included, as English is the modern lingua franca and the preferred language for sharing knowledge and exchanging views. The search algorithm used keywords divided into three main groups, joined together, with the keywords within each group joined as follows:

1. Having the key words: Christian Spirituality and Mental Health
2. Having the Mental sign of illness, like depression, stress, etc.
- 3a. Christian Spiritual having effects on Mental Health
- 3b. Mental Health having effects on Christian Spirituality

Multiple literature databases were searched, including APA PsycINFO, ProQuest social science, and EBSCOhost social science, in order to identify a comprehensive list of studies. No limitations were applied in

the search terms, which were “Christian spirituality” and “mental health”. Within the set of studies identified using this method, we then used study abstracts to identify those that reported interventions in which Christian spirituality was used to promote mental health. After reviewing the titles and abstracts from the initial search results, we discussed refining the definitions used in the search criteria and excluding duplicate or irrelevant articles related to Christian Spirituality and Mental Health. Additional methods were employed to supplement the initial search which involved checking the reference lists of relevant articles, papers, and reports to locate any additional studies according to the initial search using the above database. Finally, we performed a manual search of important journals and other relevant publications to identify the location of the keywords. We conducted a comprehensive review of the literature by reviewing the titles and abstracts of all articles found through the search strategy. During this process, abstracts lacking sufficient information regarding eligibility criteria were selected for full text evaluation. We then selected articles that met the eligibility criteria. To ensure consistency in data collection, standardized forms were used to collect information on the methodological characteristics, interventions, and outcomes of the studies. Any disagreements that arose during the study were resolved through consensus among the researchers. After collecting the data, we analysed the studies and reported the results in a descriptive manner to highlight the main characteristics of the interventions, we also analysed the data through comprehensive discussion.

Results and Data Analysis

Together, these searches identified 724 articles that appeared to be relevant for the review. The final group of 173 articles met the following inclusion criteria: (a) published between 1980 and 2022; (b) published in English in a peer-reviewed journal; (c) included the terms “Christian spirituality” and either “mental health” or some mention of mental illness such as anxiety or depression; and (d) tested whether Christian spirituality affects mental health, or conversely, how mental health affects Christian spirituality. We review all the titles, abstracts, and related keywords to examine the papers. After applying these criteria, 129 studies were removed, leaving 44 papers to be analysed in the review. The journals’ impact factors ranged from 0.72 to 3.67, although some journals did not report an impact factor. Table 1 shows the main characteristics of the studies included in this review, such as authors and year of publication and sample characteristics, main results found, contributions, and limitations.

Table 1

Characteristics of the Studies

No.	Author	Sample	Findings	Contributions	Limitations
R004	Trammel (2018)	Nine Christian mental health practitioners	Focusing on ways of integrating mindfulness with Christian faith by practitioners, by means of including <i>Lectio Divina</i> or Centering Prayer to effectuate the therapy	Providing insight into how these practitioners integrate their Christian faith with mindfulness practices in their clinical work	Small sample size; the perspectives from clients size not included
R006	Verhoeff-Koershoek et al.(2023)	69 Christian outpatients completed	Finding the E-health module on religious coping (E-RC) by an adjunctive, online psychoeducational module at home	Though not supporting E-health on religious coping, a more refine research proposed for development by more nuance differentiation of sample	Sample specific; high dropout percentage during the experiment

Table 1 to be continued

R009	McIngvale et al. (2017)	738 participants	Finding non-Catholic Christians and Muslims are more likely to endorse scrupulosity, which is linked with the seriousness of Obsessive-Compulsive Disorder (OCD), than other religious individuals	Differentiating religious groups in relation to OCD; indicating the future study and ways for practitioners	Self-identified as having OCD, no formal clinical assessments; no further screening that was conducted to assess for the scrupulosity dimension of OCD.
R011	Rosmarin et al. (2009)	Study 1: 565 Jew; Study 2: 331 Orthodox and Non-orthodox Jews, and Protestants	Finding Orthodox Jew's belief about God's benevolence reduces the mental issue just as Protestants do	Showing religious beliefs are important for mental health outcomes among Orthodox Jews and Protestants, less relevant for non-orthodox Jew	Cross-sectional design; internet-based survey
R014	Brown et al. (2013)	121 participants.	Measuring the higher levels of religiosity and spiritual well-being positively correlated with better mental health by using spiritual and psychological variables	Given the positive findings, contributing a call and a training for Counselors to integrate spirituality into the counseling process	Further assessment needed due to the homogeneity of the sample; differences between levels of religious affiliation within the sample should be considered
R017	Stull et al. (2020)	25 Protestant seminary students	Focusing the attitude toward mental illness among seminary students as biological, spiritual, and environmental causes	Showing the attitude toward causes of mental illness among the future religious leaders, who would provide service, while psychological counseling approach favored; locating the stigma of mental health as well	Small sample and limit to seminary accredited by the Association of Theological Schools
R019	Yamada et al. (2019)	202 Korean and Euro-American Presbyterian Clergy in California	Finding the different between Korean pastors and Euro-American pastors on the causes of mental illness	Highlighting the cultural difference in understanding on mental health, that Korean pastors tend to identify its causes as bad parenting and demon possession while Euro-American pastors as genetic factors and chemical imbalance	Low response rate of the survey, 202 out of 1066; no comparison study between Korean clergy or among their counterparts in other Asian ethnicity
R022	Vazquez et al. (2023)	217 Black-White biracial Christian adults	Finding the relationship of the level of distress of racial discrimination with spirituality	The level of distress is inversely correlated with lower compartmentalization of identity and high church support experience; religious coping methods of seeking spiritual support and religious focus seeming not significance as moderators for therapy	Limit of generalizability due to cross-sectional nature of study and online sample; focused on Black-White biracial individuals only
R023	Clarke (2010)	N/A (qualitative approach on various literatures)	Exploring a more holistic approach, interconnected with body, soul, and spirit, for mental health pursuit	Establishing an anthropology of theology for holistic understanding, contributing significant implications to mental health pursuit	N/A
R024	Smith (2022)	10 adults in Britain (qualitative approach)	Exploring the wholeness of Celtic Christian spirituality, as all-encompassing experience, on mental health	Showing how Celtic Christian spirituality practices, like creativity, contemplation, community, and conceptualization, can benefit therapy and personal experiences in mental health	Too board to study the psychological impact of spirituality as a whole; small sample

Table 1 to be continued

R025	Fox et al. (2016)	Nine participants	Exploring the effects of a centering prayer workshop on participants' psychological and spiritual health	Positive effects are measured; providing a relative sparse research on the topic; showing participants' spiritual development parallel with the <i>Dark Night of the Soul</i>	Small sample; a preliminary study
R027	Selvam (2015)	Two case studies	Focusing on how character strengths in the context of Christian contemplative practice to recover from alcohol addiction	Establishing a positive relation; suggesting the relationship of spirituality and mental health in the context of contemplative practice within a single psychological framework	Two case studies involved: specific context of Nairobi, Kenya
R028	Jones et al. (2021)	Five participants	Finding the effectiveness of incorporating Christian accommodative mindfulness (CAM) protocol for mental health therapy	Establishing the protocol of CAM to show mindfulness therapy not limited to its Buddhist root; positive effects vindicated	Small sample; quasi-experimental nature of the methodology
R032	Proctor et al. (2019)	Single-case study	Finding childhood relational trauma having long-term psycho-spiritual effects	With a case as evidence to show how Christians with complex trauma and spiritual difficulties experience spirituality in mental health	A single-case study
R033	Buju (2019)	N/A	Finding a combination of the Eastern Christian spirituality and cognitive-behavioral therapy in general, and Evagrius Pontus's approach and ABCDE model in particular, to discuss the implications of the psychospiritual approach	Contributing a creative psychospiritual approach by combining Eastern Christian spirituality and cognitive-behavioral therapy to provide a holistic approach to mental health	Lack of empirical data
R034	Johnstone et al. (2021)	398 healthy undergraduate students	Finding the conceptualization of spiritual variables for BMMRS including spirituality, religiosity, and congregationally based	Validating the BMMRS as a measure of spirituality and religion's psychological processes in mental health and recognizing them as the best conceptualization variables	Sample mainly healthy undergraduate students, mostly females
R035	Larrivee & Echarte (2017)	N/A	Finding the effect of Christian spirituality on mental health comparable to ordinary mindfulness, and the retention of a dialogical and transcendent praxis even beneficial	Contributing a theory for a link between Christian contemplative meditation and neuroscience for mental health by showing the effect	Lack of empirical data
R036	Hodapp & Zwingmann. (2019)	67 studies with 119,575 participants	Exploring the relationship between religiosity/spirituality and mental health in German-speaking areas through a meta-analysis of existing studies	Recognizing R/S is minimally but significantly associated with better mental health; confirming more study on spirituality and health than scholars claim; confirming the relationship and encouraging future development and research	Limited to German-speaking data
R038	Lloyd & Waller (2020)	446 self-identified Christians with mental distress	Finding on how church teaching represents mental distress and its effects on "secular" treatments and resulting interactions within congregation	Showing the view of spiritualization on mental distress, and yet abandoning a spiritualized framework for mental distress is unlikely to be helpful	Self-selected sample not representing all evangelical Christians with mental distress; difficulties in defining "evangelical" and "church"

Table 1 to be continued

R039	Klausli & Caudill (2018)	155 participants	Exploring the impact of attachment, spirituality, and social support on depression among college students in a traditional Christian culture context	Showing how attachment, perceived social support, and perceived discrepancy from spiritual ideal impact depression	All participants selected from the same small Christian university
R042	Rosmarin, Pargament, & Flannelly (2009)	468 participants	Examining the relationship between spiritual struggles and health outcomes among Jewish individuals	Given either related or not related models for the examination, despite some support for both models, spiritual struggles were modestly associated with lower levels of physical or mental health in general	Reliance on self-report methods; overrepresenting the sample of Orthodox Jews when comparing with national norms
R044	Jeppsen et al. (2022)		Exploring the closeness to God mediating the relationship between prayer and mental health in Christian, Jewish, and Muslim	Showing the closeness to God not consistently related to mental health across the three samples of religions	Female percentage in the sample predominantly high; no conclusive causality established in the directionality of the relationship
R045	Moore & Leach (2016)	4,667 sample through internet	Exploring the complex relationship between ideology and mental health by analyzing the links among general dogmatism levels, existential dogmatism, religiousness, and five mental health indicators	Highlighting the high association of mental health with both theistic and atheistic religiousness with a dogmatic style; contrasting and pinpointing the relationship of mental health with both theistic and atheistic group	Online survey, the representative of all ideological perspectives uncontrolled
R056	Lyons, Deane, & Kelly (2010)	Qualitative approach	Finding how spirituality aids in recovery from substance use disorders in 12-step-based treatment programs	While the aid is evident, presenting a theoretical model for the recovery	The theoretical model without the basis of systematic review; the scope limited to forgiveness and purpose in life as spiritual mechanisms
R059	Bussema & Bussema (2007)	58 spirituality surveys based on Pargament's five coping functions of religion	Finding 71% of respondents credited their spiritual life for recovery, regardless of their stage of faith	Using faith development model to analyze religious experiences in relation to coping with illness	Participants coming from specific psychiatric rehabilitation program suggesting the result may not be generalizable to other populations or contexts
R062	Lam, Chiu, & Lui (2021)	Study 1 ($n = 1,057$); Study 2 ($n = 650$)	Exploring the effect of hope as the mediator between spirituality/religiousity and subjective happiness, however one's under normal or stressful context	Providing evidence for the mediating effect to attain subjective happiness, to enhance stress coping, and to have positive effects on psychopathology	The cross-sectional nature that is not favourable to discern causal relationships; only Christian sample involved
R066	Ganga and Kutty (2013)	453 sample of 18-24 aged young people with an interview schedule	Exploring the correlation between religiosity and Positive Mental Health	Showing that spirituality's effect is significant, even after controlling for the effects of religiosity; Suggesting that incorporating spiritual and religious practices into mental health interventions may be beneficial for young people's mental well-being	Possible bias due to the unique Indian cultural contexts and relying on self-reported measures of religiosity to fulfil the hidden social expectation

Table 1 to be continued

R067	Agorastos, Demiralay, & Huber (2014)	Qualitative approach	Investigating the interventions based on faith-based beliefs in reducing anxiety and depression, as well as religious and spiritual distress	Showing how spiritual beliefs impact psychological behaviour; highlighting spirituality as the complex and multidimensional parameters for reviewing mental health, positive but with inconsistency	N/A
R072	Sanders et al. (2015)	898 samples dividing into 3 studies	Finding intrinsic religiousness, spiritual maturity, and self-transcendence are in proportion with mental health	Providing proof that higher levels of religious traits predict better mental health and positive functioning	Correlational relationship not for concluding the causal ones; sample limited to Latter-Day Saint youth; hidden bias in social desirability
R077	Knabb et al. (2022)	257 sample for Study 1; 26 for Study 2	Focusing on validating Christian contentment in theory negatively correlated with PTSD and other post-trauma symptoms; <i>lectio divina</i> aiding in the healing of trauma	Providing a promising contribution to Christian-sensitive interventions for Christians who have experienced trauma	The two-week online intervention not suitable for evaluating the potential long-term impact
R088	Moore (2017)	4,667 respondents	Focusing on whether both religious and secular forms of spirituality are strongly linked to positive global mental health	Regardless of one's ideology, living in accordance with spiritual health values is an important aspect of mental health, where a new way of intervention may apply	Disproportionate number of atheists in the secular group and Christians in the religious group; better including more components for the measurement of spirituality
R091	Stanley et al. (2011)	66 participants aged 55 or higher	Focusing on whether older adults with anxiety/depression prefer to include religious/spiritual beliefs in treatment	Showing 77%-83% older adults want to incorporate religion and spirituality into their anxiety and depression treatment	Relative small sample size; social desirability bias
R095	Ai, Raney, & Paloutzian (2023)	566 respondents	Finding the perceived spiritual support (PSS) to predict post-traumatic growth and well-being; the importance of faith-related constructs and positive character strengths for understanding collective resilience	Disseminating how perceived spiritual support (PSS) can promote well-being and post-traumatic growth; highlighting the importance of faith-related constructs and positive character strengths	Based on a non-representative sample of H-MM victims; cross-sectional survey not favour of making causal inferences
R097	Potgieter & van Rooyen (2017)	94 patients participated	Focusing on that cultural and religious beliefs greatly impact how patients perceive and manage mental health issues, which affect their views on treatment, preferred mental health provider, and coping mechanisms	Emphasizing the importance of considering cultural and religious beliefs in mental health treatment, where healthcare providers should be sensitive	Focusing on a specific region of South Africa; relatively small sample size of self-reported data; social desirability
R100	Black et al. (2015)	274 Christian; 156 Jewish; 140 Muslim	Study on the prayer types scale and its associations with mental health variables Christians, Jews, and Muslims; different types of prayer linked with varying mental health outcomes in various religious groups	Exploring the usefulness of the prayer types scale in non-Christian samples; differentiating various prayers linked with mental issues in different religious groups	Sample recruitment based on religious affiliations; self-report style limiting the generalizability; coarse assumption of the causality between mental health and prayer

Table 1 to be continued

R102	Kuchan (2008)	A case study	Exploring a case to illustrate the effect of the spiritual direction relationship on aliveness as a therapeutic process for mental health	Highlighting the potential benefits of incorporating a specific form of Christian prayer into spiritual direction relationships to nurture and facilitate mental health	Difficult in using a case study to generalize the theory and practice
R114	Ekas, Tidman, & Timmons (2019)	An online survey of 73 Christian mothers with ASD child	Exploring whether higher levels of spirituality of mothers viewing positively to their ASD children, reducing anxiety symptoms in mothers as well	The positive findings contributing for considering spiritual and religious factors when addressing mental health outcomes in mothers of children with ASD	Relatively small sample size; relying on self-report measures; hard to establish causality in cross-sectional study
R116	Zhang et al. (2021)	295 participants	Noting that spiritual fortitude (SF) can help survivors of disasters cope with negative emotions caused by resource loss, religious/spiritual struggles, and post-traumatic stress disorder (PTSD)	Emphasizing the significance of spiritual fortitude as a coping mechanism for survivors of disasters and traumatic experiences, which can guide future studies and interventions	Recruiting participants only from Amazon Mechanical Turk; self-report
R117	Barnes & Moodley (2020)	11 participants with in-depth interviews	Finding the cognitive process after trauma undergoing the three paths: weakening of faith, strengthening of faith, and developing an individual spirituality	By understanding the cognitive processes involved, mental health professionals can better address religious or spiritual concerns in therapy	Small sample size; focusing on one traumatic event and neglecting the results coming from a series of trauma
R146	Marsden et al. (2007)	Qualitative study with 10 adult Christian women	Noting the practice and beliefs impact attitudes towards eating disorders and their treatment, while clinician's sensitivity would influence clinical outcome	Indicating that spiritual practice can aid in recovery from eating disorders and facilitate positive psychological changes	Small sample size; relying on self-report; social desirability
R147	Lassiter et al. (2019)	1,071 participants among gay and bisexual men (GBM)	Finding that spirituality was linked to positive mental health outcomes and lower levels of negative ones in gay and bisexual men	Contributing to the psychology literature on religion, spirituality, and the mental health of gay and bisexual men	Sample one-sided recruited through a partnership with CMI; relying on self-report; hard to establish causality in cross-sectional study
R148	Portnoff et al. (2017)	5,512 participants, including US ($N = 1,499$), China ($N = 3,150$), and India ($N = 863$)	Noting that high spirituality may protect against depression, where participants had a 50% lower relative risk of depression compared to those with low spirituality	Showing the link between personal spirituality and depression in three diverse countries; developing the relationship to be universal across cultures	Relying on self-report measures of spirituality and depression; lacking exploring other variables to establish the relationship
R164	Schaap-Jonker et al. (2017)	297 participants including 161 nonclinical group and 136 clinical group	Noting various types of God representations link to different mental health outcomes, in terms of their levels of anxiety, depression, and well-being	Providing a more nuanced understanding of how individuals' unique configurations of God representations may impact their mental health outcomes	Hard to establish causality in cross-sectional study; small sample size; relying self-report
R167	Abernethy et al. (2020)	248 inpatients psychiatric sample	Noting religious strain (RS) and depression is linked while the religious comfort (RC) is inversely linked to both	Contributing in the first study to document a direct association between RS and depression, along with an inverse association with RC	Non-randomized sample; assuming other contributing factors without significant effect

At the end of the paper, we present a comprehensive discussion of the findings, contextualizing them within the existing literature. The discussion provides a critical analysis, highlighting the studies' strengths and

limitations. Finally, we conclude the review with recommendations for future research and application, outlining areas of research that require further investigation and potential avenues for developing empirically supported interventions.

Discussion

Emphasis on the Therapeutic Effect

Most of the studies in this review focused on the role of Christian spirituality in relieving mental disturbance, rather than in establishing wellbeing among people who were not experiencing psychological problems. Papers by Ganga and Kutty (2013) and Moore (2017) both reported a positive contribution of spirituality to establishing mental wellness. They documented only a general linkage. More research is needed to clarify or establish their relationship in detail. A qualitative study included in this review and conducted by Smith (2022), described their relationship in terms of compassion, connection, creation, contemplation, and congruence. This perspective may serve as an initial step toward future research. One study on this topic was conducted by Madden, Purtill, and Ewing (2016), who reported that an intervention to teach contemplation resulted in participants' reports of current life satisfaction.

Lack of Research in Asian Regions

Currently, only two studies on Christian spirituality in relation to mental health have been conducted in Asian societies, namely those by Lam et al. (2021) and Portnoff et al. (2017). However, it is important to note that the limited number of studies does not imply the absence of mental health issues in Asia. Instead, it suggests that mental health issues may be less highlighted in Asia and among its resident scholars. This may be due to a variety of factors, including cultural differences in terms of how mental health is perceived and addressed, or differences in research priorities and funding mechanisms.

Moreover, Christianity is not a major religion in most Asian countries. As a result, there may be less interest and promotion of Christian spirituality in relation to mental health in these areas. However, it is important to recognize that the view of spirituality as important for mental health is not exclusive to Christian traditions, and that there may be other cultural and religious practices that are relevant to mental health in Asian societies. Therefore, further research in this area is needed to gain a better understanding of the complex relationship between culture, spirituality, and mental health in Asia.

The Field of Christian Spirituality and Mental Health Is Still Green

The inclusion of articles dating back to 2007 implies that the field of Christian Spirituality and Mental Health is still emerging and has not yet reached an advanced stage of development. However, the search was set to start in 1980, indicating that the field has been gaining momentum over the past decades. Despite this progress, there are still several areas that require further exploration. For instance, little research has been done on the influence of cultural factors on the relationship between spirituality and mental health. Additionally, few studies have examined the effectiveness of interventions based on Christian spirituality in treating mental health disorders, which presents a promising area for further investigation. Moreover, there have been few studies that explore the effectiveness of interventions that incorporate Christian spirituality in treating mental health disorders, resulting in a significant gap in cross-cultural comparisons. Comparing the results of such interventions in two different countries with unique cultural contexts could provide insight into the cultural nuances that affect the effectiveness and adaptability of these interventions.

Small Sample Sizes

The studies included in this review tended to have relatively small sample sizes. While five studies included samples over one thousand, the majority of papers in this collection had considerably smaller sample sizes under hundred participants. As a result, it is possible that some of the analyses conducted in these studies may have suffered from issues such as overrepresentation or lack of generalizability. This is an important consideration when interpreting the results of these studies and suggests that future research in this area should aim to include more diverse and representative samples in order to better understand the phenomena under investigation.

Cross-Cultural Studies

Cross-cultural studies in mental health and spirituality research have been limited so far. Only two studies have focused on comparing cross-cultural differences. The first study, conducted by Yamada et al. in 2019, explored the differences between Korean pastors and Euro-American pastors in their beliefs about the causes of mental illness. The second study, conducted by Vazquez et al. in 2023, aimed to find the relationship between the level of distress caused by racial discrimination and spirituality in 217 Black-White biracial Christian adults. Given the limited scope of existing research in this field, it is important for future studies to address these gaps and expand the field of mental health and spirituality research. This could involve exploring new cross-cultural differences and conducting more comprehensive studies that examine a wider range of factors. Additionally, researchers could consider exploring the relationship between mental health and spirituality in different cultural contexts, including those in which spirituality plays a more central role in people's lives. By addressing these gaps in the literature, we can gain a deeper understanding of the complex relationship between mental health and spirituality across different cultures and contexts.

Religions Other Than Christianity

The field of mental health and spirituality research has been limited so far in terms of cross-religious studies. In fact, only one research study has examined the differences among multiple religions. McIngvale, Rufino, Ehlers, and Hart (2017) found that non-Catholic Christians and Muslims were more likely to endorse scrupulosity, which is linked with the seriousness of Obsessive-Compulsive Disorder (OCD), than individuals of other religions. It would also be helpful to identify similarities across religions in the link between spirituality and mental health.

Limited Research on the Link Between Christian Spirituality and Mental Health

There is limited research available on how Christian spirituality can be linked to or change mental illness. In this review we identified only eight studies on this topic, including one general study by Stull et al. (2020) that focused on seminary students' attitudes towards the mentally ill. The study found that future religious leaders favored a psychological counseling approach for persons with mental illness, while also recognizing the stigma surrounding mental health. These studies investigated interventions based on faith-based beliefs to reduce anxiety and depression, as well as religious and spiritual distress. Two studies focused on addiction behavior. Selvam (2015) explored how character strengths in the context of Christian contemplative practice could aid in recovering from alcohol addiction, while Lyons, Deane, and Kelly (2010) found that spirituality could aid recovery from substance use disorders in 12-step-based treatment programs. Besides providing aid, these programs suggest a theoretical model of recovery.

Only one article in this review examined mothers' spirituality in relation to their child's psychological disorder (Ekas et al., 2019). The results showed that mothers' spirituality promoted positive views of their child

with autism spectrum disorder and reduced mother's anxiety. Four studies concerned the link between Christian spirituality and specific psychological disorders among adults. McIngvale et al. (2017) discovered that individuals who are non-Catholic Christians or Muslims were more inclined to exhibit scrupulosity, which is associated with the severity of Obsessive-Compulsive Disorder (OCD), compared to those who follow other religions. Agorastos, Demiralay, and Huber (2014) investigated interventions based on faith-based beliefs to reduce disorders related to anxiety and depression, as well as religious and spiritual distress. Knabb et al. (2022) focused on examining whether Christian contentment and *lectio divina* could aid in healing the effects of trauma. Stanley et al. (2011) focused on whether older adults with anxiety or depression preferred to include religious and spiritual beliefs in treatment. Overall, there is a large research gap in this area, and future studies are needed to fill it.

The Promise of Neuroscience

It was surprising to find that only one paper integrated neuroscience with the study of spirituality (Larrivee & Echarte, 2017). The current trend in this field of study is primarily focused on investigating the effects of spirituality on reducing mental distress, not in the field of neuroscience. However, the inclusion of neuroscience in this area of research may lead to a more scientific and comprehensive understanding of the processes by which spirituality can increase wellbeing or decrease psychological problems. For example, there is evidence that the sense of spirituality is associated with lower activation of brain areas related to fear responses. It is worth noting that the lack of attention paid to the integration of neuroscience and spirituality may suggest that researchers are more interested in measuring effectiveness of intervention programs rather than building a theoretical framework for understanding spirituality. As such, there is a need for research that could help to bridge the gap between theory and practice and provide a more comprehensive understanding of the role of spirituality in mental health.

Limitations

There are several limitations to this literature review. First, publications that met the inclusion criteria but were not in the journals covered by the databases were not included. Second, some full-length articles were not accessed online; only the bibliographic and abstract information available for download was used. Third, a broader or narrower definition of "Christian Spirituality" and "Mental Health" was used, based on the diverse views of the audience. Finally, further thematic analysis is suggested to identify specific areas for future research on Christian Spirituality and Mental Health.

Conclusion

This review integrated 32 years of research on Christian spirituality and mental health. Most scholars during this period were interested in the therapeutic effect of spirituality rather than mental health. There was consistent evidence of the beneficial effects of Christian spirituality on mental health. However, there was a lack of neuroscience research, comparisons between different religions and cultures, research in Asia, and investigations of the link between Christian spirituality and reducing psychological distress. Small sample sizes may suggest the difficulties of doing these types of research. By addressing the gaps in the literature and exploring new avenues of research, we can gain a more nuanced understanding of the complex relationship between mental health and spirituality in different religious and cultural contexts. This understanding can lead to improved mental health interventions and support for individuals from diverse religious backgrounds. Indeed, research in the field of Christian spirituality and mental health is still green.

References

- Abernethy, A. D., Currier, J. M., Witvliet, C., vanOyen, S. S. A., Putman, K. M., Root Luna, L. M., Foster, J. D., Spencer, A., Jones, H., VanHarn, K., & Carter, J. (2020). Understanding the roles of religious comfort and strain on depressive symptoms in an inpatient psychiatric setting. *Psychology of Religion and Spirituality*, 12(3), 366-375. Retrieved from <https://doi.org/10.1037/rel0000233>
- Agorastos, A., Huber, C. G., & Demiralay, C. (2014). Influence of religious aspects and personal beliefs on psychological behavior: Focus on anxiety disorders. *Psychology Research and Behavior Management*, 93, 93-101. Retrieved from <https://doi.org/10.2147/prbm.s43666>
- Ai, A. L., Raney, A. A., and Paloutzian, R. F. (2023). Perceived spiritual support counteracts the traumatic impact of extreme disasters: Exploration of moderators. *Psychological Trauma: Theory, Research, Practice, and Policy*, 15(2), 199-209. Retrieved from <https://doi.org/10.1037/tra0001133>
- Barnes, C., & Moodley, R. (2020). Religious change after a traumatic event within a Christian population. *British Journal of Guidance & Counselling*, 48(6), 780-790. Retrieved from <https://doi.org/10.1080/03069885.2020.1811954>
- Black, S. W., Pössel, P., Jeppsen, B. D., Tariq, A., & Rosmarin, D. H. (2015). Poloma and Pendleton's (1989) prayer types scale in Christian, Jewish, and Muslim praying adults: One scale or a family of scales? *Psychology of Religion and Spirituality*, 7(3), 205-216. Retrieved from <https://doi.org/10.1037/rel0000018>
- Brown, D. R., Carney, J. S., Parrish, M. S., & Klem, J. L. (2013). Assessing spirituality: The relationship between spirituality and mental health. *Journal of Spirituality in Mental Health*, 15(2), 107-122. Retrieved from <https://doi.org/10.1080/19349637.2013.776442>
- Buju, S. (2019). Clinical approach of spiritual illnesses: Eastern Christian spirituality and cognitive behavioral therapy. *Pastoral Psychology*, 68(4), 361-378. Retrieved from <https://doi.org/10.1007/s11089-019-00874-5>
- Bussema, E. F., & Bussema, K. E. (2007). Gilead revisited: Faith and recovery. *Psychiatric Rehabilitation Journal*, 30(4), 301-305. Retrieved from <https://doi.org/10.2975/30.4.2007.301.305>
- Clarke, J. (2010). Body and soul in mental health care. *Mental Health, Religion & Culture*, 13(6), 649-657. Retrieved from <https://doi.org/10.1080/13674676.2010.488416>
- Ekas, N. V., Tidman, L., & Timmons, L. (2019). Religiosity/spirituality and mental health outcomes in mothers of children with autism spectrum disorder: The mediating role of positive thinking. *Journal of Autism and Developmental Disorders*, 49(11), 4547-4558. Retrieved from <https://doi.org/10.1007/s10803-019-04165-z>
- Fox, J., Gutierrez, D., Haas, J., & Durnford, S. (2016). Centering prayer's effects on psycho-spiritual outcomes: A pilot outcome study. *Mental Health, Religion & Culture*, 19(4), 379-392. Retrieved from <https://doi.org/10.1080/13674676.2016.1203299>
- Ganga, N. S., & Kutty, V. R. (2013). Influence of religion, religiosity and spirituality on positive mental health of young people. *Mental Health, Religion & Culture*, 16(4), 435-443. Retrieved from <https://doi.org/10.1080/13674676.2012.697879>
- Gartner, J. D. (1996). Religious commitment, mental health, and prosocial behavior: A review of the empirical literature. In E.P. Shafranske (Ed.), *Religion and the clinical practice of psychology* (pp. 187-214). Washington, DC: American Psychological Association.
- Gorsuch, R. L. (1995). Religious aspects of substance abuse and recovery. *Journal of Social Issues*, 51(2), 65-84.
- Hill, P. C., & Hood, R.W. (1999). Affect, religion, and unconscious processes. *Journal of Personality*, 67, 1015-1046.
- Hill, P. C., Pargament, K. I., Hood, R. W. J., McCullough, M. E., Swyers, J. P., Larson, D.B., & Zinnbauer, B. J. (2021). Conceptualizing religion and spirituality: Points of commonality, points of departure. *Journal for the Theory of Social Behaviour*, 30(1), 51-77. Retrieved from https://doi.org/10.1111/1468-5914.00119open_in_new
- Hodapp, B., & Zwingmann, C. (2019). Religiosity/spirituality and mental health: A meta-analysis of studies from the German-speaking area. *Journal of Religion and Health*, 58(6), 1970-1998. Retrieved from <https://doi.org/10.1007/s10943-019-00759-0>
- Huston, H. (1991). *The world's religions: Our great wisdom traditions*. New York: Harper Collins.
- Jeppsen, B., Winkeljohn Black, S., Pössel, P., & Rosmarin, D. H. (2022). Does closeness to god mediate the relationship between prayer and mental health in Christian, Jewish, and Muslim samples? *Mental Health, Religion & Culture*, 25(1), 99-112. Retrieved from <https://doi.org/10.1080/13674676.2021.2024801>
- Johnstone, B., Bruininks, P., Smith, E. I., Yoon, D. P., Cohen, D., Edman, L., Bankard, J., & Witvliet, C. (2021). Conceptualising spirituality and religion as psychological processes: Validation of the factor structure of the BMMRS. *Mental Health, Religion & Culture*, 24(3), 316-332. Retrieved from <https://doi.org/10.1080/13674676.2020.1793311>

- Jones, T. L., Garzon, F. L., & Ford, K. M. (2021). Christian accommodative mindfulness in the clinical treatment of shame, depression, and anxiety: Results of an N-of-1 time-series study. *Spirituality in Clinical Practice*, 10(2), 118-130. Retrieved from <https://doi.org/10.1037/scp0000221>
- Klausli, J., & Caudill, C. (2018). Depression for college students in a traditional Christian culture context: The role of attachment, spirituality and social support. *Mental Health, Religion & Culture*, 21(1), 105-115. Retrieved from <https://doi.org/10.1080/13674676.2018.1458083>
- Knabb, J. J., Vazquez, V. E., Pate, R. A., Lowell, J. R., Wang, K. T., De Leeuw, T. G., Dominguez, A. F., Duvall, K. S., Esperante, J., Gonzalez, Y. A., Nagel, G. L., Novasel, C. D., Pelaez, A. M., Strickland, S., & Park, J. C. (2022). Lectio Divina for trauma symptoms: A two-part study. *Spirituality in Clinical Practice*, 9(4), 232-252. Retrieved from <https://doi.org/10.1037/scp0000303>
- Koenig, H. G. (2012). Religion, spirituality, and health: The research and clinical implications. *International Scholarly Research Network*, 2012, 278730.
- Kuchan, K. L. (2008). Prayer as therapeutic process toward aliveness within a spiritual direction relationship. *Journal of Religion and Health*, 47(2), 263-275. Retrieved from <https://doi.org/10.1007/s10943-007-9153-y>
- Lam, C. Y., Chiu, C. P. Y., & Lui, K. Y. M. (2021). Hope as a mediator of spirituality and subjective happiness among Chinese Christians in Hong Kong before and during the civil unrest: Implications for counselling practices. *Asia Pacific Journal of Counselling and Psychotherapy*, 12(1), 3-21. Retrieved from <https://doi.org/10.1080/21507686.2021.1876115>
- Larrivee, D., & Echarte, L. (2017). Contemplative meditation and neuroscience: Prospects for mental health. *Journal of Religion and Health*, 57(3), 960-978. Retrieved from <https://doi.org/10.1007/s10943-017-0475-0>
- Lassiter, J. M., Saleh, L., Grov, C., Starks, T., Ventuneac, A., & Parsons, J. T. (2019). Spirituality and multiple dimensions of religion are associated with mental health in gay and bisexual men: Results from the one thousand strong cohort. *Psychology of Religion and Spirituality*, 11(4), 408-416. Retrieved from <https://doi.org/10.1037/rel0000146>
- Lloyd, C. E., & Waller, R. M. (2020). Demon? disorder? or none of the above? A survey of the attitudes and experiences of Evangelical Christians with mental distress. *Mental Health, Religion & Culture*, 23(8), 679-690. Retrieved from <https://doi.org/10.1080/13674676.2019.1675148>
- Lyons, G. C., Deane, F. P., & Kelly, P. J. (2010). Forgiveness and purpose in life as spiritual mechanisms of recovery from Substance Use Disorders. *Addiction Research & Theory*, 18(5), 528-543. Retrieved from <https://doi.org/10.3109/16066351003660619>
- Marsden, P., Karagianni, E., & Morgan, J. F. (2007). Spirituality and clinical care in eating disorders: A qualitative study. *International Journal of Eating Disorders*, 40(1), 7-12. Retrieved from <https://doi.org/10.1002/eat.20333>
- Maton, K. I., & Wells, E. A. (1995). Religion as a community resource for well-being: Prevention, healing, and empowerment pathways. *Journal of Social Issues*, 51(2), 177-193.
- McCallister, B. J. (1995). Cognitive theory and religious experience. In R. W. Hood, Jr. (Ed.), *Handbook of religious experience* (pp. 312-352). Birmingham, AL: Religious Education Press.
- McIngvale, E., Rufino, K., Ehlers, M., & Hart, J. (2017). An in-depth look at the scrupulosity dimension of obsessive-compulsive disorder. *Journal of Spirituality in Mental Health*, 19(4), 295-305. Retrieved from <https://doi.org/10.1080/19349637.2017.1288075>
- Moore, J. T. (2017). Multicultural and idiosyncratic considerations for measuring the relationship between religious and secular forms of spirituality with positive global mental health. *Psychology of Religion and Spirituality*, 9(1), 21-33. Retrieved from <https://doi.org/10.1037/rel0000083>
- Moore, J. T., & Leach, M. M. (2016). Dogmatism and mental health: A comparison of the religious and secular. *Psychology of Religion and Spirituality*, 8(1), 54-64. Retrieved from <https://doi.org/10.1037/rel0000027>
- Pargament, K. I. (1997). *The psychology of religion and coping*. New York: Guilford Press.
- Pargament, K. I. (1999). The psychology of religion and spirituality? Yes and no. *International Journal for the Psychology of Religion*, 9, 3-16.
- Philip. (2013). The role of spirituality in Christian identity formation. *Journal of Spiritual Formation*, 15(2), 45-62.
- Poloma, M. M., & Pendleton, B. F. (1989). Exploring types of prayer and quality of life research: A Research Note. *Review of Religious Research*, 31, 46-53.
- Portnoff, L., McClintock, C., Lau, E., Choi, S., & Miller, L. (2017). Spirituality cuts in half the relative risk for depression: Findings from the United States, China, and India. *Spirituality in Clinical Practice*, 4(1), 22-31. Retrieved from <https://doi.org/10.1037/scp0000127>
- Potgieter, M. F., & van Rooyen, F. C. (2017). Perceptions of mental healthcare consumers regarding their conditions. *Mental Health*,

- Religion & Culture*, 20(10), 1055-1067. Retrieved from <https://doi.org/10.1080/13674676.2018.1442425>
- Proctor, M. T., Cleary, M., Kornhaber, R., & McLean, L. (2019). Christians with chronic complex trauma and relationally focused spiritual difficulties: A conversational model perspective. *Journal of Spirituality in Mental Health*, 21(2), 77-110. Retrieved from <https://doi.org/10.1080/19349637.2018.1460228>
- Rosmarin, D. H. (2009). Integrating spirituality into mental health care. *Psychiatric Annals*, 39(6), 346-351.
- Rosmarin, D. H., Pargament, K. I., & Flannelly, K. J. (2009). Do spiritual struggles predict poorer physical/mental health among Jews? *International Journal for the Psychology of Religion*, 19(4), 244-258. Retrieved from <https://doi.org/10.1080/10508610903143503>
- Rosmarin, D. H., Pirutinsky, S., Pargament, K. I., & Krumrei, E. J. (2009). Are religious beliefs relevant to mental health among Jews? *Psychology of Religion and Spirituality*, 1(3), 180-190. Retrieved from <https://doi.org/10.1037/a0016728>
- Sanders, P. W., Allen, G. E., Fischer, L., Richards, P. S., Morgan, D. T., & Potts, R. W. (2015). Intrinsic religiousness and spirituality as predictors of mental health and positive psychological functioning in Latter-day Saint adolescents and young adults. *Journal of Religion and Health*, 54(3), 871-887. Retrieved from <https://doi.org/10.1007/s10943-015-0043-4>
- Schaap-Jonker, H., van der Velde, N., Eurelings-Bontekoe, E. H., & Corveleyn, J. M. (2017). Types of god representations and mental health: A person-oriented approach. *The International Journal for the Psychology of Religion*, 27(4), 199-214. Retrieved from <https://doi.org/10.1080/10508619.2017.1382119>
- Scorgie, G. G. (2011). Overview of Christian spirituality. In G. G. Scorgie, S. Chan, G. T. Smith, & J. D. Smith III (Eds.), *Dictionary of Christian spirituality* (p. 27). Grand Rapids: Zondervan.
- Scott, A. B. (1997). Categorizing definitions of religion and spirituality in the psychological literature: A content analytic approach. Unpublished manuscript.
- Selvam, S. G. (2015). Character strengths in the context of Christian contemplative practice facilitating recovery from alcohol misuse: Two case studies. *Journal of Spirituality in Mental Health*, 17(3), 190-211. Retrieved from <https://doi.org/10.1080/19349637.2015.1053302>
- Sheldrake, P. (2013). *Spirituality. A brief history* (2nd ed.). West Sussex, UK: Wiley-Blackwell.
- Smith, A. (2022). Celtic spirituality: Qualitative analysis of an experience of compassion, connection, creation, contemplation and congruence. *Mental Health, Religion & Culture*, 25(1), 19-32. Retrieved from <https://doi.org/10.1080/13674676.2021.2009788>
- Smith, H. (1991). *The world's religions: Our great wisdom traditions*. San Francisco: HarperOne.
- Spencer, N., Madden, G., Purtill, C., & Ewing, J. (2016). *Religion and well-being: Assessing the evidence. Executive summary*. London: Theos.
- Stanley, M. A., Bush, A. L., Camp, M. E., Jameson, J. P., Phillips, L. L., Barber, C. R., Zeno, D., Lomax, J. W., & Cully, J. A. (2011). Older adults' preferences for religion/spirituality in treatment for anxiety and depression. *Aging & Mental Health*, 15(3), 334-343. Retrieved from <https://doi.org/10.1080/13607863.2010.519326>
- Stull, L. G., Harness, J., Miller, M., & Taylor, A. (2020). Attitudes about mental illness among seminary students: A qualitative analysis. *Journal of Religion and Health*, 59(5), 2595-2610. Retrieved from <https://doi.org/10.1007/s10943-020-01045-0>
- Trammel, R. C. (2018). A phenomenological study of Christian practitioners who use mindfulness. *Journal of Spirituality in Mental Health*, 20(3), 199-224. Retrieved from <https://doi.org/10.1080/19349637.2017.1408445>
- Vazquez, V. E., Stutz-Johnson, J., & Sorbel, R. (2023). Black-white biracial Christians, discrimination, and mental health: A moderated mediation model of church support and religious coping. *Psychology of Religion and Spirituality*, 15(1), 6-17. Retrieved from <https://doi.org/10.1037/rel0000415>
- Verhoeff-Korpershoek, A., Le Comte-van der Burg, M., Vrijmoeth, C., & Schaap-Jonker, H. (2023). A quasi-experimental study of an adjunctive, online psychoeducational module on religious coping for Christian outpatients with depression or anxiety. *Psychology of Religion and Spirituality*, 15(1), 56-67. Retrieved from <https://doi.org/10.1037/rel0000457>
- Yamada, A.-M., Lee, K. K., Kim, M. A., Moine, M., & Oh, H. (2019). Beliefs about etiology and treatment of mental illness among Korean Presbyterian pastors. *Journal of Religion and Health*, 58(3), 870-880. Retrieved from <https://doi.org/10.1007/s10943-018-0720-1>
- Zhang, H., Hook, J. N., Hodge, A. S., Mosher, D. K., Van Tongeren, D. R., & Davis, D. E. (2021). Religious and spiritual struggles and mental health following a disaster: The moderating role of spiritual fortitude. *Spirituality in Clinical Practice*, 8(4), 268-280. Retrieved from <https://doi.org/10.1037/scp0000280>