

SPIRITUALITY AS A RESOURCE FOR MENTAL HEALTH PROMOTION: AN INTEGRATIVE REVIEW

A ESPIRITUALIDADE COMO RECURSO PARA A PROMOÇÃO DA SAÚDE MENTAL: UMA REVISÃO INTEGRATIVA

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ABSTRACT

Spirituality has been increasingly recognized as a factor associated with the promotion of mental health, encompassing existential dimensions that transcend exclusively biomedical models. The present article provides an integrative review of the scientific literature published between 2020 and 2025, based on empirical studies, systematic reviews, and meta-analyses, examining the relationship between spirituality and religiosity and mental health indicators, as well as the underlying psychological and social mechanisms. The review was conducted in the PubMed/MEDLINE, PsycINFO, and Scopus databases, supplemented by hand-searching of selected scientific journals. Nine studies met the predefined inclusion criteria and were incorporated into the final synthesis. Recent evidence suggests that higher levels of spirituality are associated with lower depressive and anxiety symptoms, greater resilience, and better emotional regulation, with associations that are predominantly small to moderate in magnitude. These findings appear to be mediated by processes such as positive religious coping, meaning-making, and social support, which may be reinforced within community-based contexts of shared belonging and collective identity. However, unfavorable outcomes linked to negative religious coping have also been documented, reflecting poorer mental health indicators and underscoring the need for ethically grounded, non-doctrinal, and culturally sensitive approaches. It is concluded that the careful integration of spirituality may represent a relevant complementary resource in the promotion of psychological well-being, highlighting the need for future longitudinal research and for the development of context-sensitive, non-confessional approaches within the field of Health Education.

Keywords: spirituality, mental health, meaning in life, coping, health education

RESUMO

A espiritualidade tem sido crescentemente reconhecida como um fator associado à promoção da saúde mental, englobando dimensões existenciais que transcendem os modelos exclusivamente biomédicos. O presente artigo apresenta uma revisão integrativa da literatura científica publicada entre 2020 e 2025, com base em estudos empíricos, revisões sistemáticas e meta-análises, examinando a relação entre espiritualidade e religiosidade e os indicadores de saúde mental, bem como os mecanismos psicológicos e sociais subjacentes. A revisão foi conduzida nas bases de dados PubMed/MEDLINE, PsycINFO e Scopus, complementada por pesquisa manual em revistas científicas selecionadas. Nove estudos satisfizeram os critérios de inclusão predefinidos e foram incorporados na síntese final. A evidência recente sugere que níveis mais elevados de espiritualidade estão associados a menores sintomas depressivos e ansiosos, maior resiliência e melhor regulação emocional, com associações predominantemente de magnitude pequena a moderada. Estes resultados parecem ser mediados por processos como o coping religioso positivo, a construção de significado e o suporte social, os quais podem ser reforçados em contextos comunitários de pertença partilhada e identidade coletiva. Contudo, foram igualmente documentados resultados desfavoráveis associados ao coping religioso negativo, refletindo piores indicadores de saúde mental e sublinhando a necessidade de abordagens eticamente fundamentadas, não doutrinárias e culturalmente sensíveis. Conclui-se que a integração cuidadosa da espiritualidade pode constituir um recurso complementar relevante na promoção do bem-estar psicológico, sublinhando a necessidade de investigação longitudinal futura e do desenvolvimento de abordagens contextualmente sensíveis e não confessionais no âmbito da Educação para a Saúde.

Palavras-chave: espiritualidade, saúde mental, sentido de vida, coping, educação para a saúde

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Mental health is currently recognized as one of the major global public health priorities. The World Health Organization defines it as a state of well-being in which individuals recognize their abilities, cope with the stresses of everyday life, work productively, and contribute to their community (World Health Organization [WHO], 2022). Despite significant scientific and therapeutic advances in recent decades, mental disorders continue to represent a major cause of disability and psychological suffering, with substantial implications for quality of life and social functioning (WHO, 2022). This public health burden has reinforced the need for preventive and health-promoting approaches that move beyond exclusively biomedical models and incorporate broader dimensions of human experience.

Within this context, spirituality has gained increasing relevance in the field of mental health. Often conceptualized as the personal search for meaning, purpose, and connection with oneself, with others, and — for some individuals — with the transcendent, spirituality is distinguished from institutional religiosity, although it may be related to it (Koenig et al., 2023; Pargament, 2022). Clarifying this distinction is both conceptually and methodologically important, as it allows the existential dimension to be examined independently of formal religious affiliation (Di et al., 2023). At the same time, contemporary biopsychosocial approaches have increasingly emphasized the value of the spiritual dimension as a relevant component for understanding psychological functioning and well-being. Nevertheless, the systematic integration of this dimension into health-related approaches often remains limited, despite its relevance to subjective experience and to the ways individuals attribute meaning to health and illness (Di et al., 2023).

In recent years, there has been a substantial increase in scientific publications examining the relationship between spirituality, religiosity, and mental health indicators, including

longitudinal studies, systematic reviews, and meta-analyses (Aggarwal et al., 2023; Garssen et al., 2021; Koenig et al., 2023). However, despite this quantitative growth, the literature remains characterized by conceptual heterogeneity in the definition of spirituality, methodological diversity in the instruments employed, and variation in the cultural and population contexts examined. Furthermore, the systematic integration of the psychological mechanisms underlying this relationship is not always articulated consistently, resulting in theoretical and empirical fragmentation (Pargament, 2022). In addition, the articulation between this recent body of scientific literature and the field of Health Education remains insufficiently systematized, with relatively few syntheses critically integrating recent empirical evidence with practical implications for the promotion of mental health in educational and community contexts.

Against this background, the present study aims to analyze the role of spirituality in the promotion of mental health through an integrative review of the recent scientific literature (2020–2025). Specifically, the objectives are to: (a) systematize the main conceptual frameworks employed in contemporary research on spirituality and mental health; (b) identify the dimensions of spirituality most frequently associated with psychological well-being; (c) examine the psychological and social mechanisms discussed in the literature as relevant to this relationship; and (d) discuss the implications of this body of evidence for the field of Health Education.

METHODS

The present study consists of an integrative literature review (Torraco, 2005; Whittemore & Knafl, 2005) aimed at analyzing the role of spirituality as a factor associated with the promotion of mental health, as well as identifying the psychological and social mechanisms underlying this association. The

review followed a structured methodological process that included the definition of the research question, the establishment of eligibility criteria, a systematic literature search, and a thematic synthesis of the results. The PICo strategy (Population, Interest, Context) (Peters et al., 2020) was used to structure the research question and to orient the search process. The population comprised individuals from different age groups; the phenomenon of interest was spirituality and religiosity; and the context involved mental health indicators and psychological adjustment. The research question was formulated as follows: What is the role of spirituality in the promotion of mental health, and which psychological and social mechanisms explain this association?

Search Strategy

The literature search was conducted in the PubMed/MEDLINE, PsycINFO, and Scopus databases, selected for their broad coverage in the fields of psychology, psychiatry, and health sciences. In order to minimize the risk of omitting relevant studies, a manual search was also conducted in the scientific journals BMC Psychiatry, Frontiers in Psychology, and PLOS ONE. For conceptual framing of the topic, institutional documents from the World Health Organization and the United Nations were also consulted. The search was carried out between January and March 2026 and covered publications from January 2020 to December 2025.

The search strategy combined free-text terms and controlled descriptors, where applicable, adapted to the technical specifications and indexing systems of each database, using Boolean operators (AND, OR) and truncation. The basic conceptual structure included two main domains — spirituality and religiosity and mental health indicators — operationalized through the following expression: (spiritual* OR religio*) AND (depress* OR anxi* OR suicid* OR “mental health”), which

was adapted to the specific characteristics of each database. Filters were applied regarding language (Portuguese and English) and type of publication (empirical studies, systematic reviews, and meta-analyses).

Eligibility Criteria

Studies were included if they explicitly analyzed the relationship between spirituality or religiosity and mental health indicators and presented a clearly described methodology. Opinion pieces, theoretical essays without an empirical basis, studies of an exclusively theological nature, and publications lacking an adequate methodological description were excluded.

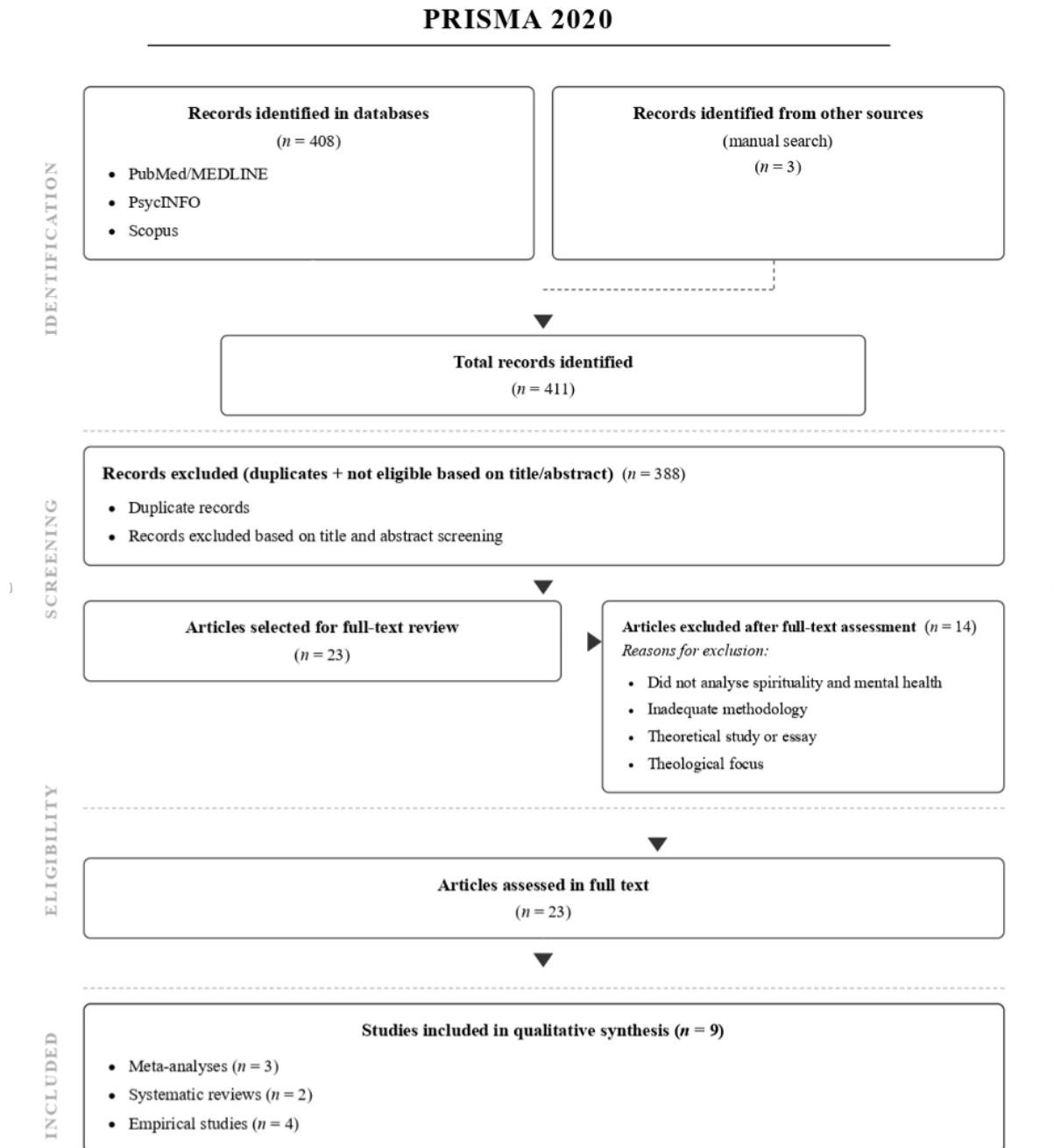
Study Selection

The identified records were exported and subjected to duplicate identification and removal. Title and abstract screening was conducted independently by the authors, and any discrepancies were resolved by consensus. Potentially eligible studies were subsequently examined in full text according to the predefined criteria. The study selection process followed the PRISMA 2020 guidelines (Page et al., 2021) and is illustrated in Figure 1. The initial search identified 411 records. After automatic and manual removal of duplicates, the remaining records were screened by title and abstract. This stage resulted in 23 articles for full-text review, of which nine met the defined criteria and were included in the final synthesis of the integrative review.

Data Extraction and Synthesis

Relevant data from each included study, including author, year of publication, study type, sample characteristics, and main findings, were extracted and organized in a summary table. The thematic organization resulted from a comparative reading of the included studies, with the identification of recurring patterns and discussion by

Figura 1
PRISMA 2020 flow diagram of the study selection process



consensus among the authors.

To support language editing and stylistic revision of the manuscript, a text assistance system based on artificial intelligence was used. This resource was employed exclusively for linguistic editing purposes and did not interfere with the selection, analysis, or interpretation of the included studies.

Ethical Considerations

A formal assessment of the risk of bias of the included studies was not conducted, which constitutes a methodological limitation of the present review. As the study was based exclusively on previously published literature, approval from an ethics committee was not required.

RESULTS

Overview of Included Studies

It should be noted at the outset that the included studies operationalize the constructs of spirituality and religiosity in heterogeneous ways, reflecting the broader conceptual diversity documented in the field. For the purposes of the present synthesis, both constructs are treated in an integrated manner, in accordance with the inclusive approach characteristic of integrative reviews and consistent with the search strategy employed.

The nine included studies, published between 2020 and 2025, comprised meta-analyses, systematic reviews, and longitudinal investigations conducted in clinical and community contexts. The populations examined included adolescents, young adults, health professionals, and samples from the general population across different cultural contexts. The main methodological characteristics and principal findings of the included studies are summarized in Table 1.

Spirituality and Mental Health Indicators

Overall, the included studies consistently indicate an inverse association between spirituality and negative mental health indicators, particularly depressive symptoms. The meta-analysis conducted by Aggarwal et al. (2023) identified a small negative correlation between spiritual well-being and depressive symptoms ($r \approx -.153$), suggesting that higher levels of spiritual well-being are associated with slightly lower levels of depression. Longitudinal evidence has reported associations of similar magnitude between spirituality and mental health indicators over time (Garssen et al., 2021). Comparable patterns were also identified for anxiety and stress, with higher levels of spirituality associated with lower anxiety symptoms (Deng et al., 2025; Tolentino et al., 2022). These findings are consistent with recent meta-analytic evidence indicating an overall association between spirituality and more favorable

mental health indicators (Zwingmann, 2025).

Regarding positive mental health indicators, Elzamzamy et al. (2024) reported an association between spirituality and higher subjective well-being, greater psychological resilience, and better emotional regulation. In contexts of heightened psychological pressure, such as during the COVID-19 pandemic, dimensions such as “spiritual peace” and “faith” were associated with greater emotional adaptation and lower levels of anxiety among health professionals (Tolentino et al., 2022).

Explanatory Mechanisms

With respect to explanatory mechanisms, the findings indicated that the relationship between spirituality and mental health is associated with religious coping strategies and processes of existential meaning-making (van den Brink et al., 2024; Sukeri et al., 2024). Recent empirical evidence suggests that negative religious coping is consistently associated with greater psychological distress, including higher levels of depression, anxiety, and stress (Sukeri et al., 2024). In turn, meaning-making dimensions related to spirituality have been associated with lower suicide risk and better psychological adjustment in clinical populations (van den Brink et al., 2024).

Moderating Variables

Moderating variables were also identified. Studies indicate cultural differences in the magnitude of protective associations, with the community dimension appearing more relevant in collectivist contexts (Elzamzamy et al., 2024; Cucchi & Qoronfleh, 2025). Age-related differences were reported, with adolescents and young adults showing a stronger association between subjective spirituality and indicators of psychological well-being (Deng et al., 2025). One study also identified gender differences in the use of religious coping strategies (Cucchi & Qoronfleh, 2025).

Table 1
Included studies (2020–2025)

Author(s) & Year	Study Type	Country/ Context	Sample/ Participants	Objective	Main Findings
Aggarwal et al. (2023)	Systematic review & meta-analysis	International (multi-country)	Children, adolescents and young adults (up to 25 years)	To examine the role of religiosity and spirituality in the prevention and management of depression and anxiety in young people.	A small negative correlation was identified between spiritual well-being and depressive symptoms ($r = -.153$), indicating that higher levels of spiritual well-being are associated with slightly lower levels of depression. Positive associations with anxiety reduction were also reported. Effect sizes were predominantly small to moderate.
Cucchi & Qoronfleh (2025)	Narrative/ empirical reviewa	International (cross-cultural)	General adult population across diverse cultural settings	To analyse cultural, gender, and contextual differences in the relationship between religion, spirituality, and mental health.	Gender differences were identified in the use of spiritual coping strategies: women reported greater use of emotional support and community involvement, whereas men placed greater emphasis on personal meaning and transcendence. The community dimension showed a more pronounced protective role in collectivist cultural contexts.
Deng et al. (2025)	Quantitative empirical study (cross-sectional)b	China	Chinese adolescents, young adults, and older adults during the COVID-19 pandemic	To examine the role of spirituality and future beliefs in the mental health of Chinese adolescents during the pandemic period.	Adolescents and young adults showed greater benefit from subjective spirituality, whereas adults and older adults derived additional mental health benefits through community support. These findings suggest age-related moderation of the spirituality–mental health association.
Elzamzamy et al. (2024)	Scoping review	International (articles published in the Journal of the American Academy of Child and Adolescent Psychiatry, 2000–2023)	Children, adolescents, and mental health professionals	To review research on religion and spirituality in paediatric mental health published over a 23-year period.	In educational and clinical contexts, spirituality functioned as a cross-cutting element capable of fostering self-knowledge, empathy, and sense of purpose in life among children, adolescents, and professionals. Associations between spirituality and greater psychological resilience and emotional regulation were reported.
Garssen et al. (2021)	Meta-analysis of longitudinal studies	International (multi-country)	General population across diverse age groups (longitudinal cohorts)	To determine whether spirituality or religion positively affects mental health over time, based on longitudinal evidence.	Spirituality was identified as a relevant psychological resource associated with emotional adjustment and mental well-being over time. Effect sizes were modest but consistent across different populations and cultural contexts, supporting the robustness of the association.

Sukeri et al. (2024)	Cross-sectional quantitative study	Malaysia	Medical and health sciences university students (n = not specified in the reviewed document)	To examine the relationships between mental health, religiosity, and religious coping strategies in health sciences students.	Negative religious coping (e.g., feelings of guilt, divine punishment, or spiritual abandonment) was consistently associated with greater psychological distress, including higher levels of depression, anxiety, and stress. Positive religious coping strategies were inversely associated with psychological distress.
Tolentino et al. (2022)	Cross-sectional quantitative study	Brazil	Brazilian healthcare workers during the COVID-19 pandemic	To investigate whether spirituality functioned as a protective factor against chronic and acute anxiety in healthcare workers during the COVID-19 outbreak.	Dimensions of spirituality — specifically "spiritual peace" and "faith" — were associated with lower levels of chronic and acute anxiety. Results support the hypothesis that spirituality can function as a relevant psychological resource in contexts of high occupational pressure and emotional vulnerability.
van den Brink et al. (2024)	Systematic review & meta-analysis	International (multi-country)	Psychiatric patients and suicide attempters in clinical settings	To examine associations between religiosity, spirituality, meaning-making, and suicidality in psychiatric and at-risk populations.	Dimensions of meaning-making related to spirituality were associated with lower suicide risk and better psychological adjustment in clinical populations. Meaning-making emerged as a relevant mediating mechanism in the spirituality–suicidality relationship.
Zwingmann (2025)	Meta-analysis	German-speaking area (Germany, Austria, and Switzerland)	General and clinical populations across the German-speaking region	To synthesise evidence on the associations between religiosity, spirituality, and mental health in the German-speaking area.	A global positive association between spirituality and improved mental health indicators was identified, with effect sizes ranging from small to moderate depending on the specific outcome examined. Results converge with international evidence, reinforcing the consistency of the association across cultural contexts.

Note. Studies are listed in alphabetical order by first author's surname, in accordance with APA 7th edition formatting guidelines. The column "Study Type" refers to the methodological design as reported in the original publication. The column "Main Findings" presents a synthesis of the contributions most relevant to the objectives of the present integrative review, and does not constitute an exhaustive summary of each study. a The study by Cucchi & Qoronfleh (2025) combines narrative review elements with empirical data; the methodological design is described by the authors as a review article with empirical illustrations. b The study by Deng et al. (2025) was available as an advance online publication at the time of the literature search (January–March 2026); volume and issue numbers were not yet assigned.

Unfavorable Associations

Despite the predominance of favorable associations, one cross-sectional study conducted in Malaysia (Sukeri et al., 2024) documented

negative religious coping as a significant correlate of higher psychological distress, with associations observed for depressive symptoms, anxiety, and perceived stress.

DISCUSSION

The present integrative review sought to examine the role of spirituality as a factor associated with the promotion of mental health, based on evidence published between 2020 and 2025. Overall, the findings indicate a consistent association between higher levels of spirituality and lower levels of depressive and anxiety symptoms, with predominantly small magnitudes, as illustrated by the meta-analysis conducted by Aggarwal et al. (2023), which reported a small negative correlation. A meta-analysis further indicates that, for certain mental health indicators and population contexts, the associations may approach the moderate range (Zwingmann, 2025). In addition, the longitudinal evidence synthesized by Garssen et al. (2021) converges with these findings, reinforcing the indication that spirituality may represent a relevant psychological resource associated with emotional adjustment and mental well-being.

Although the observed associations are statistically modest, their consistency across different cultural and population contexts (Aggarwal et al., 2023; Zwingmann, 2025) suggests potential practical relevance, particularly when considered in large population contexts and within complementary preventive strategies.

Regarding explanatory mechanisms, the findings suggest that the relationship between spirituality and mental health appears to be associated with specific psychological and social processes rather than with a single direct relationship. Positive religious coping, existential meaning-making, and social support derived from community involvement are particularly noteworthy (Aggarwal et al., 2023; Garssen et al., 2021). A recent study indicates that coping strategies based on acceptance, positive reappraisal, and transcendent trust are associated with lower psychological distress (Sukeri et al., 2024), whereas meaning-making dimen-

sions are related to lower suicide risk and better adjustment in clinical contexts (van den Brink et al., 2024). These findings suggest that spirituality may function as an organizing framework of meaning that facilitates the emotional integration of adversity.

The distinction between subjective spirituality and formal religious practices emerges as particularly relevant. Evidence suggests a tendency toward greater consistency of associations when considering the internal dimension of meaning, purpose, and existential coherence, compared with mere institutional participation (Garssen et al., 2021; Zwingmann, 2025). Nevertheless, community involvement may reinforce these benefits when it occurs within community contexts that foster a sense of belonging and support, functioning as a moderator of the relationship between spirituality and mental health (Cucchi & Qoronfleh, 2025; Elzamazny et al., 2024).

Although recent meta-analytic evidence confirms the presence of a positive correlation between spirituality and mental health indicators, it is essential to consider the complexity of the directionality of this relationship. The predominance of cross-sectional designs among the analyzed studies does not, in itself, allow for the establishment of unidirectional causality. It is equally plausible that spirituality operates as a resource that mitigates psychological distress. Conversely, individuals with higher levels of mental health and emotional stability may possess greater cognitive openness and affective availability to engage in an active spiritual life. This possible circularity — where psychological well-being facilitates spiritual experience, which in turn reinforces emotional regulation and meaning in life — suggests that spirituality should be interpreted more as a dynamic, reciprocal process than as an isolated predictor of health. Consequently, future longitudinal studies are necessary to

isolate these variables and clarify the extent to which spiritual interventions may be associated with changes in clinical prognosis or whether spirituality primarily functions as a marker of preexisting resilience.

It is equally important to recognize that spirituality does not constitute a universally protective factor. The evidence reviewed indicates that the direction and magnitude of the association between spirituality and mental health are conditioned by the quality of the spiritual experience itself. Specifically, negative forms of religious coping — such as the perception of divine punishment, feelings of spiritual abandonment, or experiences of guilt rooted in religious belief — were consistently associated with greater psychological distress (Aggarwal et al., 2023; Sukeri et al., 2024). This pattern suggests that the construct of religious coping operates along a spectrum, with meaningful differences in outcome depending on whether the individual's spiritual framework fosters acceptance and meaning or, conversely, amplifies shame and existential threat. This ambivalence has direct implications for clinical and educational practice, reinforcing the need for contextually sensitive approaches that avoid assuming spirituality to be inherently and universally beneficial.

The analysis of moderating variables further indicates that associations vary according to culture, age, and gender. In collectivist contexts, the community dimension tends to play a more pronounced protective role, whereas adolescents and young adults appear to benefit particularly from the subjective dimension of spirituality (Deng et al., 2025). These differences suggest that health-promoting interventions should be adapted to sociocultural context and life stage.

From the perspective of Health Education, the findings support the relevance of integrating the spiritual dimension in a non-doctrinal manner, focused on the promotion

of meaning in life, adaptive coping skills, and the strengthening of support networks (Aggarwal et al., 2023). The present review contributes to addressing a gap identified in the literature by systematizing recent empirical evidence (2020–2025) and translating these findings into applied implications for mental health promotion in educational and community settings. Taken together, the evidence suggests that spirituality — understood as the individual search for meaning, purpose, and existential coherence — may function as a complementary psychological resource within preventive and educational programs. Its integration, however, requires that it be approached in a manner that is respectful of belief diversity, free from normative or doctrinal impositions, and adapted to the cultural and developmental context of the target population.

Finally, it is important to acknowledge limitations in the literature analyzed, particularly the conceptual heterogeneity of the construct of spirituality, the predominance of cross-sectional studies, and the variability in the instruments used (Garssen et al., 2021; Zwingmann, 2025). This methodological diversity complicates direct comparison across studies, potentially introducing variation in the estimation of associations and limiting the generalization of findings across different populations and cultural contexts. Such factors limit definitive causal inferences and suggest the need for more robust longitudinal and cross-cultural research.

CONCLUSION

The present integrative review synthesized recent evidence (2020–2025) supporting a consistent association between spirituality and more favorable mental health indicators, including lower depressive and anxiety symptoms, greater resilience, and better emotional regulation. Although the observed associations are generally modest in magnitude,

their recurrence across different populations, cultural contexts, and life stages reinforces the relevance of spirituality as a complementary psychological resource within the biopsychosocial framework of health promotion.

Within the field of Health Education, the findings suggest that interventions aimed at strengthening meaning in life, hope, emotional self-regulation, and adaptive coping strategies may represent promising pathways for the promotion of well-being. Such interventions should be designed and delivered with attention to the cultural, developmental, and individual context of each participant, ensuring that the spiritual dimension is approached as an open and inclusive framework for meaning-making rather than as a vehicle for any particular doctrinal or institutional tradition. Crucially, these approaches should function as a complement to — rather than a replacement for — evidence-based clinical and educational practices. It is equally important that professionals working in this field develop the capacity to distinguish between forms of spiritual experience that promote well-being and those associated with negative religious coping, which may intensify psychological distress. This discernment requires ethical, individualized, and contextually informed practice. Against this backdrop, several directions for future inquiry appear particularly warranted.

Future research should prioritize three directions. First, greater conceptual clarity and measurement standardization are needed to enable more rigorous cross-study comparisons. Second, longitudinal and cross-cultural designs should be employed to allow a clearer understanding of the directionality of the associations between spirituality and mental health, moving beyond the limitations inherent in cross-sectional studies. Third, the effectiveness of educational interventions that explicitly and non-doctrinally integrate

the spiritual dimension across the life course warrants systematic empirical evaluation.

In this way, the present review highlights the potential of spirituality as a relevant psychosocial resource associated with psychological well-being, reinforcing its place as a dimension to be considered both in the development of contemporary Health Education strategies and within the broader framework of mental health determinants — while underscoring that its contribution depends fundamentally on the quality of the spiritual experience and the context in which it occurs.

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