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PSYCHOSPIRITUAL INTERVENTIONS AND MENTAL HEALTH: A RECENT COMPREHENSIVE REVIEW

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Abstract:

This systematic literature review explores the role of psychospiritual interventions in promoting mental health, highlighting their growing relevance in clinical and non-clinical settings. With increasing global interest in holistic approaches to psychological well-being, particularly those integrating spiritual dimensions, this study addresses the gap in synthesised evidence on the effectiveness and contextual applications of such interventions. The primary objective is to evaluate existing empirical research on psychospiritual and spiritual well-being strategies and their impact on mental health outcomes. An advanced literature search was conducted using the Scopus and Web of Science (WoS) databases, employing the keywords *psychospiritual*, *mental health*, and *spiritual well-being*. The review adhered strictly to the PRISMA framework, beginning with the identification of 3,157 records, followed by a screening and eligibility process that culminated in 31 studies being included for full qualitative synthesis. Thematic analysis of the selected studies resulted in the development of three core themes: (1) *Psychospiritual Interventions and Mental Health Outcomes*, focusing on measurable improvements in anxiety, depression, and emotional resilience; (2) *Religious and Spiritual Coping in Specific Populations*, highlighting culturally embedded coping strategies

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among caregivers, healthcare workers, and individuals facing illness or trauma; and (3) *Spiritual Care and Clinical/Healthcare Settings*, examining structured interventions and the integration of spiritual care in therapeutic and hospital environments. The review finds that psychospiritual practices offer promising complementary strategies in mental health care, particularly when aligned with the cultural and spiritual orientations of target populations. These findings underscore the importance of interdisciplinary and culturally sensitive frameworks in designing mental health interventions that incorporate spiritual dimensions.

Keywords:

Psychospiritual Interventions, Mental Health, Spiritual Interventions

Introduction

The integration of spirituality into mental health interventions has gained significant traction in recent years, reflecting a growing recognition of the multifaceted nature of human well-being (Muslic et al. 2021). Psychospiritual interventions refer to therapeutic approaches that merge psychological techniques with spiritual or religious practices to promote emotional healing, resilience, and personal growth (Suhaime et al. 2023). These interventions often draw upon meditation, prayer, religious rituals, scriptural reflection, spiritual counseling, and mindfulness techniques rooted in particular faith traditions (Lekhak, Bhatta, and Zauszniewski 2020). The relevance of this approach is particularly pronounced in culturally and religiously diverse societies where spiritual beliefs play a central role in shaping individuals' coping mechanisms and worldview (Van Eck and Waltman 2007). Amid rising global mental health challenges, especially post-pandemic psychological distress, psychospiritual methods offer a holistic , culturally congruent alternative or complement to conventional psychotherapy, particularly for populations where spiritual well-being is inseparable from psychological health (Sointu 2011).

A growing body of empirical evidence supports the efficacy of psychospiritual interventions in improving mental health outcomes. Studies have shown that spiritually integrated therapies, such as spiritually oriented cognitive-behavioral therapy (SCBT), Islamic psychotherapy, Christian pastoral counseling, and mindfulness-based interventions with spiritual elements, can reduce symptoms of depression, anxiety, trauma, and substance abuse. For instance, Pargament et al. (2001) emphasized the therapeutic value of religious coping in managing stress (Barrett and Pargament 1998), while Koenig (2012) documented the association between religiosity and improved psychological outcomes in clinical populations (Vasegh et al. 2012). In Muslim contexts, interventions involving ruqyah shar'iyyah, zikir therapy, or Qur'anic cognitive approaches have been explored for their calming and meaning-making effects (Razali, Rahman, and Husin 2018). Moreover, systematic reviews and meta-analyses, such as those by Smith et al. (2020)(Smith et al. 2020) and Abu-Raiya & Pargament (2015)(Barrett and Pargament 1998), underscore the moderate to strong efficacy of spiritually integrated therapies when aligned with clients' belief systems. These findings reflect a shift from pathologizing religiosity to embracing it as a potential resource for mental healing.

Despite these promising developments, significant gaps and challenges persist in the field. One critical issue is the lack of theoretical integration between clinical psychology and spiritual frameworks, often resulting in fragmented or culturally biased models of intervention. The heterogeneity in definitions, outcomes, and methodological rigor across studies further complicates efforts to compare effectiveness or generalize findings. Controversies also emerge around the risk of religious imposition, therapist-client value incongruence, and the ethical boundaries of blending faith with clinical practice. In addition, psychospiritual approaches are often underrepresented in mainstream training curricula and policy frameworks, limiting their accessibility and institutional legitimacy (Suhaime et al. 2023) (Wazir et al. 2020) (Muhammad et al. 2024). Moving forward, there is a need for more culturally contextualized, ethically sound, and empirically validated psychospiritual models, especially from non-Western perspectives. Scholars and practitioners should also explore interdisciplinary collaborations that bridge the gap between theology, psychology, and psychiatry. It is recommended that future research focus on longitudinal studies, standardized outcome measures, and client-centered designs that honor individual spiritual narratives. By doing so, psychospiritual interventions can evolve into a robust, inclusive component of mental health care, enhancing both personal meaning and clinical outcomes in diverse populations.

Literature Review

Psychospiritual interventions, which integrate psychological and spiritual practices, have gained attention for their potential to enhance mental health. These interventions often include practices such as mindfulness, meditation, prayer, spiritual counseling, and religious cognitive restructuring. Their primary goal is to facilitate emotional regulation, resilience, and existential meaning-making core dimensions of psychological well-being. In recent years, psychospiritual interventions have been adapted for various therapeutic contexts, including clinical psychology, psychiatry, pastoral care, and trauma recovery programs. Unlike secular psychotherapies, psychospiritual approaches emphasize the role of transcendence, divine connection, and moral-spiritual values in healing. This is particularly relevant in multicultural societies where spiritual or religious beliefs are integral to identity formation and emotional coping. As mental health disorders continue to rise globally exacerbated by social isolation, economic instability, and post-pandemic stress the need for holistic interventions that engage both the psychological and spiritual dimensions of the self is becoming increasingly urgent (Goyal et al. 2014). This literature review synthesizes findings from various studies to evaluate the effectiveness of psychospiritual interventions on mental health outcomes and to explore theoretical and methodological issues associated with their implementation.

Research indicates that psychospiritual interventions can significantly improve mental health outcomes. Numerous studies have highlighted how spiritual-based therapies contribute to decreased levels of anxiety, depression, post-traumatic stress disorder (PTSD), and emotional distress. Mindfulness-based interventions (MBIs), which are rooted in Buddhist contemplative traditions but adapted for secular use, have shown moderate to high effectiveness in reducing stress and improving emotional regulation in both clinical and non-clinical populations. In particular, mindfulness-based cognitive therapy (MBCT) and mindfulness-based stress reduction (MBSR) have consistently demonstrated reductions in relapse rates among patients with major depressive disorder. Furthermore, meditation practices especially those involving regular daily home engagement have been positively correlated with lower scores on anxiety and depression scales. These therapeutic benefits are often mediated by experiences of spiritual insight or transcendent states, which help participants reframe negative thoughts and cultivate

inner peace (Wang, Zhou, and Ng 2023). The growing popularity of such practices across diverse religious and secular populations reflects their adaptability and cultural relevance, making them viable options for inclusion in mainstream mental healthcare systems.

Comparative studies highlight the effectiveness of psychospiritual interventions relative to other treatment modalities. For instance, a randomized controlled trial comparing digital mental health interventions with traditional in-person psychological counseling revealed that digitally delivered mindfulness and cognitive-behavioral interventions significantly improved depression and anxiety symptoms (Leo et al. 2022). These findings align with the broader digital health trend, where mobile apps and web-based programs are increasingly used to deliver low-cost, scalable mental health solutions. In particular, apps incorporating mindfulness meditations, breathing exercises, and spiritual affirmations have reported moderate reductions in perceived stress and depressive symptoms. Additionally, mindfulness apps have been found to improve perceived stress, anxiety, and depression, although the effects on general well-being were less pronounced (Gál, Ștefan, and Cristea 2021). However, some studies caution that while these interventions may effectively reduce psychological distress, their effects on overall well-being or quality of life may be limited unless complemented by human interaction or spiritual mentoring. Despite these limitations, the flexibility of digital platforms allows for greater accessibility, especially among youth, remote populations, or individuals hesitant to seek traditional therapy. As such, the digitalization of psychospiritual care represents a promising frontier in the democratization of mental health support.

Despite the promising outcomes, several challenges remain in the implementation and research of psychospiritual interventions. One of the most pressing issues is the wide heterogeneity of intervention types, formats, and spiritual traditions. This variation makes it difficult to compare findings across studies or establish standardized protocols (Richter, Glöckner, and Blättner 2018). For example, interventions based on Christian pastoral counseling may differ significantly in content and delivery from those rooted in Islamic psychotherapy or Hindu yogic philosophy. Additionally, the lack of clear operational definitions for terms like "spirituality," "faith-based," and "psychospiritual" further complicates theoretical clarity and methodological consistency. The need for high-fidelity implementation is another key concern, as therapist qualifications, cultural competence, and personal belief systems may affect intervention efficacy. Some studies also report that the benefits of psychospiritual interventions are closely tied to the alignment between the intervention's spiritual orientation and the participant's beliefs, emphasizing the need for culturally and religiously tailored approaches (da Silva 2014). These challenges call for more rigorous study designs and clearer conceptual frameworks to advance the field.

The diversity of psychospiritual frameworks raises complex ethical and cultural considerations. Integrating spiritual elements into psychotherapy introduces questions about the therapist's role in navigating belief systems, religious authority, and client autonomy. Inappropriately applied psychospiritual techniques may inadvertently impose religious ideologies, marginalize non-religious clients, or violate ethical standards of neutrality. Furthermore, practitioners may lack sufficient training in spiritual literacy, leading to potential misunderstandings or cultural insensitivity (Mohd Amin and Abidin 2020). To address these concerns, several scholars advocate for culturally adapted psychospiritual models grounded in the client's own religious or existential framework. For instance, Islamic-integrated cognitive behavioral therapy (I-CBT) (Simon et al. 2019) incorporates Qur'anic verses, prophetic traditions, and ethical

reasoning in therapeutic contexts among Muslim populations. Similarly, spiritually modified dialectical behavior therapy (DBT) (Musa and Harun 2022) and acceptance and commitment therapy (ACT) have been adapted for religious clients by integrating scriptural values and rituals (Towey-Swift, Lauvrud, and Whittington 2023). Such culturally embedded approaches not only ensure ethical alignment but also enhance psychological relevance, highlighting the importance of therapist training and client-centered spiritual engagement.

Several meta-analyses have attempted to quantify the efficacy of psychospiritual interventions, though their conclusions remain mixed due to methodological inconsistencies. For example, a systematic review by Smith et al. (2020) found moderate effect sizes for spiritually integrated treatments on depression and anxiety (Stagner et al. 2020). However, it also noted a lack of standardization in outcome measures and a reliance on self-report instruments, which may be prone to bias. Moreover, few studies have employed long-term follow-up assessments, making it difficult to evaluate sustained benefits or potential relapse. Other limitations include small sample sizes, lack of control groups, and unclear differentiation between spiritual and secular elements of the intervention. These limitations point to the necessity of employing more robust research designs, such as randomized controlled trials with longitudinal tracking and multi-method assessments. Furthermore, interdisciplinary collaboration between psychologists, theologians, and medical researchers is essential to develop comprehensive psychospiritual intervention models that are empirically sound, spiritually authentic, and culturally sensitive.

There is also a notable gap in psychospiritual research within non-Western contexts. Most existing studies originate from Western academic and clinical settings, often reflecting Judeo-Christian assumptions about spirituality and healing. This Western-centric bias overlooks the richness of other spiritual traditions such as Sufism, Vedanta, Taoism, or indigenous practices which offer distinct pathways to psychological and spiritual integration. In Muslim-majority countries, for instance, there remains a limited number of empirical studies exploring interventions such as *ruqyah shar'iyyah*, *zikir*, or Qur'anic therapy, despite their widespread use and cultural acceptance. Similarly, the role of religious scholars, imams, or traditional healers in mental health support is underexamined in formal academic literature. Addressing this gap requires not only expanding the geographic and cultural scope of research but also validating non-Western spiritual constructs using rigorous empirical methods. Localized frameworks can enhance therapeutic resonance and client trust, particularly in societies where mental illness is highly stigmatized and spiritual explanations are preferred over biomedical models (Ventriglio et al. 2020).

In light of the existing gaps and challenges, future directions for psychospiritual interventions must focus on integration, standardization, and ethical contextualization. There is a growing consensus among scholars that spiritual dimensions should not be treated as ancillary but rather as central to holistic well-being. Research should aim to develop unified theoretical models that align psychological theories of self, cognition, and emotion with spiritual principles of meaning, transcendence, and connectedness. Practically, this could involve creating interdisciplinary training programs that equip mental health professionals with spiritual literacy and ethical competence. Furthermore, policies should support the inclusion of psychospiritual care in healthcare systems through collaboration with faith-based institutions, chaplaincy services, and culturally responsive care models. Importantly, future studies must prioritize client autonomy and belief congruence while maintaining scientific rigor. With careful implementation, psychospiritual interventions hold the potential to transform mental health

paradigms by bridging the gap between science and spirituality, and by offering deeply humanizing pathways toward healing and resilience.

Material and methods

Identification

In alignment with the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) framework, the *Identification* phase represents a critical foundational step in the systematic literature review (SLR) process. This stage involves the comprehensive retrieval of potentially relevant studies through systematic database searching. For the current review focusing on *psychospiritual interventions*, *mental health*, and *spiritual interventions*, the Scopus and Web of Science (WoS) databases were selected due to their reputation for indexing high-impact, peer-reviewed literature across disciplines. The keyword strategy was carefully formulated using Boolean operators and field-specific syntax to ensure precision and breadth. As a result, 1,564 records were retrieved from Scopus, while 1,593 records were identified from WoS, yielding a total of 3,157 articles at this stage. This substantial volume reflects the growing scholarly interest and empirical investigation in the intersecting domains of spiritual-based therapies and mental health outcomes, particularly in the wake of rising global mental health challenges and the renewed focus on integrative therapeutic approaches.

The volume of records identified is not merely indicative of the topic's popularity, but also underscores the interdisciplinary nature of psychospiritual interventions, which cut across fields such as clinical psychology, religious studies, psychiatry, and even public health. The high yield from both databases demonstrates the robustness of the conceptual overlap between spirituality and mental health in contemporary research. Furthermore, Scopus and WoS were intentionally selected due to their rigorous indexing criteria, citation tracking capabilities, and inclusion of Q1–Q2 ranked journals. This lends credibility to the corpus of literature being examined. From a methodological standpoint, this identification output provides a strong foundation for the subsequent PRISMA stages, including screening, eligibility, and inclusion, allowing for a narrowed and high-quality synthesis. The diversity of sources also allows the researcher to capture variations in terminology and regional perspectives such as studies specific to Islamic psychospirituality, Christian counseling, or Eastern meditative-spiritual modelsthus enriching the thematic analysis. Therefore, the volume and quality of data collected in this phase justifies the academic value and relevance of pursuing a deeper systematic analysis, particularly as global interest shifts toward culturally sensitive and spiritually congruent mental health interventions.

Table 1
The Search String.

Scopus	TITLE-ABS-KEY ((("psychospiritual intervention*" OR "spiritual intervention*" OR "faith-based intervention*" OR "religious coping" OR "spiritual counseling") AND ("mental health" OR "psychological well-being" OR "depression" OR "anxiety" OR "stress"))) AND (LIMIT-TO (SUBJAREA , "MEDI") OR LIMIT-TO (SUBJAREA , "PSYC") OR LIMIT-TO (SUBJAREA , "ARTS") OR LIMIT-TO (SUBJAREA , "SOCI") OR LIMIT-TO (SUBJAREA , "NEUR") OR LIMIT-TO (SUBJAREA , "HEAL") OR LIMIT-TO (SUBJAREA , "NURS")) AND (LIMIT-TO (PUBYEAR , 2023) OR LIMIT-TO (PUBYEAR , 2024) OR LIMIT-TO (PUBYEAR , 2025)) AND (LIMIT-TO (DOCTYPE , "ar")) AND (LIMIT-TO (LANGUAGE , "English")) AND (LIMIT-TO (SRCTYPE , "j")) AND (LIMIT-TO (PUBSTAGE , "final")) Date of Access: July 2025
Wos	(("psychospiritual intervention*" OR "spiritual intervention*" OR "faith-based intervention*" OR "religious coping" OR "spiritual counseling") AND ("mental health" OR "psychological well-being" OR "depression" OR "anxiety" OR "stress")) (Topic) and 2023 or 2024 or 2025 (Publication Years) and Article (Document Types) and English (Languages) and Psychology or Nursing or Neurosciences Neurology or Religion or Health Care Sciences Services or Biomedical Social Sciences or Psychiatry (Research Areas) Date of Access: July 2025

Eligibility

In the *Eligibility* stage of the PRISMA framework, a more in-depth evaluation was conducted on 333 articles that had passed the initial screening. This step involves a thorough review of each study's title, abstract, and where possible, the full text to assess its direct relevance to the research objective namely, exploring the impact and implementation of psychospiritual interventions on mental health outcomes. From this closer examination, 302 articles were excluded. The reasons for exclusion were grounded in stringent eligibility criteria. Firstly, several articles were found to be out of the field, addressing issues unrelated to psychospirituality or mental health (e.g., sociopolitical or philosophical discussions on spirituality without clinical context). Secondly, many titles lacked significance or clarity, offering vague or ambiguous descriptions that failed to indicate a direct link to the study objectives. Thirdly, abstracts that did not align with the core focus of the review such as those that discussed generic spiritual care without psychological parameters were excluded to maintain analytical precision. Lastly, studies for which full-text access was unavailable were

also excluded, in keeping with the requirement for transparent methodological review and comprehensive data extraction in systematic reviews.

The outcome of this rigorous eligibility process resulted in the inclusion of only 31 studies in the final *qualitative synthesis*. This may appear numerically modest compared to the initial 3,157 records identified, but such a narrowed output is a hallmark of methodological rigor in high-impact systematic literature reviews. The retained studies represent the most relevant, accessible, and scientifically grounded research, each contributing significant empirical or theoretical insights into how psychospiritual interventions interact with mental health outcomes across different contexts and populations. Importantly, this final corpus enables a focused qualitative analysis that can explore recurring themes, intervention models, cultural nuances, and effectiveness metrics in a meaningful way. The process of exclusion, though extensive, ensures that only those studies that meet the highest standards of relevance and quality inform the review's conclusions. This enhances the trustworthiness and scholarly value of the systematic review, providing a solid foundation for practitioners, researchers, and policymakers who seek evidence-based approaches to integrating spirituality into mental health interventions.

Screening

Following the *Identification* stage of the PRISMA framework, the next critical phase is the *Screening* process, which aims to refine the dataset by applying clearly defined inclusion and exclusion criteria. From the initial pool of **3,157 records** (Scopus: 1,564; WoS: 1,593), the screening yielded **239 records** from Scopus and **175 records** from Web of Science, resulting in **414 eligible records** after applying the predefined criteria. A total of **2,743 records were excluded**, reflecting rigorous filtering measures. These exclusions were justified based on several parameters: (i) non-English publications were removed to ensure consistency and comprehensibility in the review analysis, particularly as English remains the dominant language in high-impact academic publishing; (ii) articles published prior to **2023** were excluded to maintain the currency of data, especially given the dynamic evolution of psychospiritual interventions in mental health research; and (iii) non-peer-reviewed content such as conference proceedings, book chapters, review articles, and in-press publications were eliminated to maintain the scientific rigor and originality of the evidence base. Additionally, records falling outside the core disciplines relevant to the topic namely psychology, social sciences, health professions, nursing, religion, arts and humanities, and neuroscience were excluded to narrow the scope to studies grounded in applicable theoretical and clinical contexts.

A further **81 duplicate records** across Scopus and WoS were identified and removed to prevent redundancy and maintain the integrity of the dataset. The exclusion process, while systematic, also underscores the challenge of navigating interdisciplinary themes such as psychospiritual interventions, which often straddle diverse academic domains. However, by setting these stringent filters, the review ensures a high level of specificity and relevance in the final dataset. The retained articles (n = 414) represent a concentrated and refined body of contemporary, peer-reviewed empirical studies, allowing for deeper synthesis and thematic analysis in the subsequent stages of the systematic review. The substantial reduction in the dataset over 85% of initial records excluded also reflects a critical academic judgement in distinguishing peripheral literature from core contributions. This methodological rigor not only reinforces the credibility of the review but also enhances its potential to contribute meaningfully to the

discourse on spiritually-integrated mental health care, offering insights that are both contextually relevant and scientifically robust.

Table 2
The Selection Criterion Is Searching

Criterion	Inclusion	Exclusion
Language	English	Non-English
Time line	2023 – 2025	< 2023
Literature type	Journal (Article)	Conference, Book, Review
Publication Stage	Final	In Press
Subject	Psychology, arts and humanities, nursing, social sciences, health profession, religion and neuroscience	Besides psychology, arts and humanities, nursing, social sciences, health profession, religion and neuroscience

Data Abstraction and Analysis

An integrative analysis approach was employed as a key assessment strategy in this study to examine and synthesise various research designs, specifically those using qualitative methods. The primary objective of this robust approach was to identify and categorise pertinent themes and subthemes. The initial phase involved data collection, which served as the foundation for theme development. As illustrated in Figure 2, the authors conducted a thorough analysis of a total of 36 selected publications, carefully examining each for statements or content that aligned with the focus of the current research. These publications were then evaluated for their significance in addressing issues related to psychospiritual interventions, mental health, and spiritual interventions.

The process included a detailed review of each study's methodology and key findings, allowing the authors to extract and appraise relevant evidence. Subsequently, the lead author collaborated closely with co-authors to formulate emerging themes within the context of the study. To ensure transparency and rigor, a logbook was maintained throughout the analytical process to document reflections, analytical decisions, interpretive challenges, and evolving perspectives. This documentation supported the refinement of thematic development. In the final stage, the authors compared their individual analyses to identify and reconcile any inconsistencies in theme formulation. Importantly, when disagreements arose regarding conceptual interpretations or thematic classifications, these were resolved through collaborative discussion among the research team, ensuring consensus and coherence in the final thematic structure.

The authors also compared the findings to resolve any discrepancies in the theme creation process. Note that if any inconsistencies on the themes arose, the authors addresses them with one another. Finally, the developed themes were tweaked to ensure their consistency . To ensure the validity of the problems, the examinations were performed by two experts, one

specialising in Islamic Psychospiritual and the other in mental health. The expert review phase helped ensure each sub-theme's clarity, importance, and adequacy by establishing domain validity. Adjustments based on the discretion of the author based on feedback and comments by experts have been made. The questions are as follows below:

1. How effective are psychospiritual interventions in improving psychological outcomes such as anxiety, depression, and emotional resilience across diverse clinical and non-clinical settings?
2. In what ways do religious and spiritual coping strategies influence mental health and stress management among specific populations such as caregivers, healthcare workers, and individuals with chronic or traumatic experiences?
3. How is spiritual care integrated into healthcare settings, and what are its perceived impacts on the well-being of patients and caregivers within institutional therapeutic frameworks?
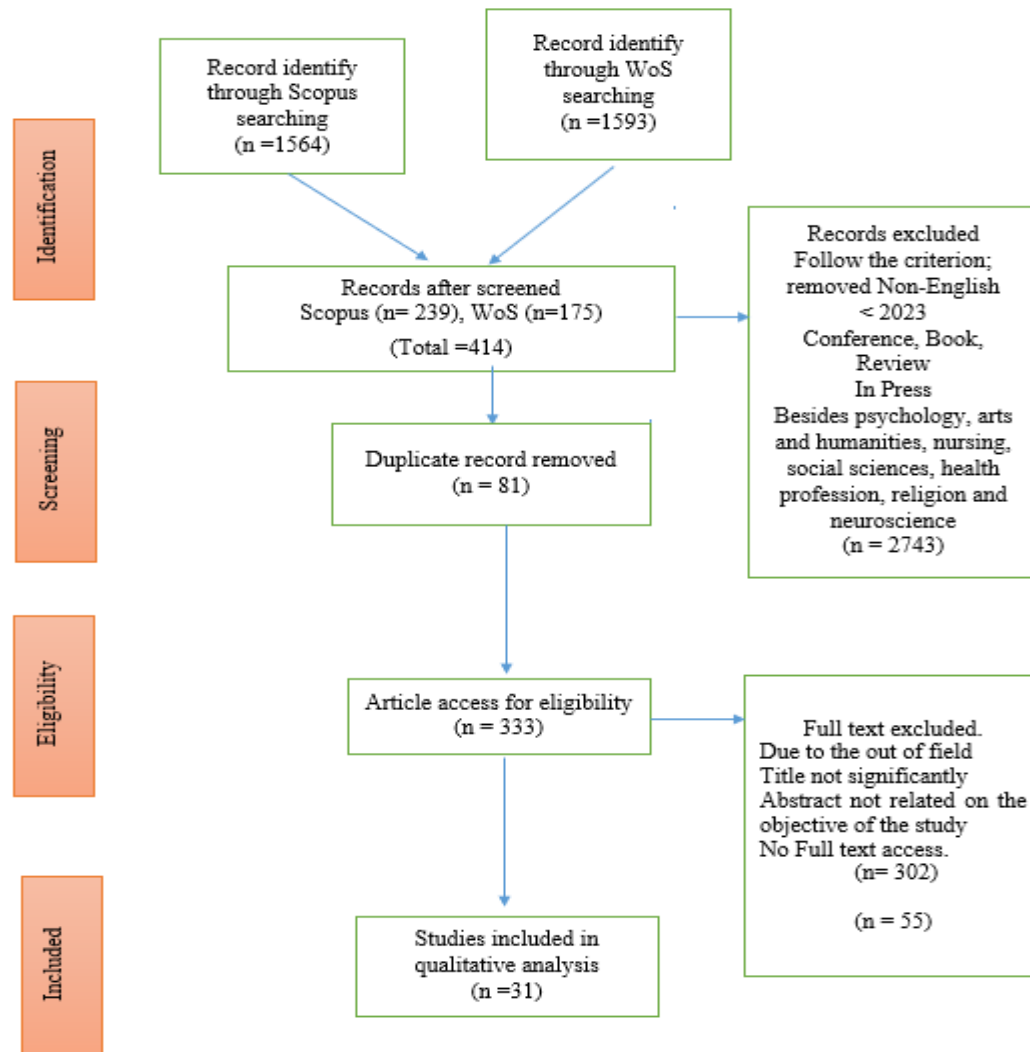
Figure 2. Flow Diagram Of The Proposed Searching

Result and Finding

Psychospiritual Interventions and Mental Health Outcomes

Psychospiritual interventions have demonstrated measurable influence on mental health outcomes, particularly in reducing symptoms of anxiety, depression, and psychological distress among clinical and subclinical populations. Multiple studies confirm the efficacy of spiritual practices, such as prayer and Quran recitation, in modulating emotional responses during illness. For instance, the effectiveness of the "Noor" prayer was associated with notable reductions in stress and depressive symptoms in COVID-19 patients. Similarly, Quranic

recitation was found to significantly alleviate preoperative anxiety in neurosurgery candidates, suggesting that Islamic spiritual rituals can function as non-pharmacological adjuncts in clinical settings. These findings reinforce the integration of religious elements as part of patient-centered care, particularly for Muslim populations whose therapeutic preferences align with faith-based practices.

A further area of consensus revolves around the long-term benefits of faith-driven counseling and therapy models. Several interventions incorporating spiritual intelligence, faith-based support, and awakened awareness practices led to improved psychological resilience, reduced suicidal ideation, and elevated hope and self-concept across diverse demographics. For example, spiritually tailored counseling programs among retirees demonstrated significant reductions in ideation severity and notable gains in self-concept. U.S. college students engaging with awareness-based spiritual programs reported sustained mental health gains over time, while pilot studies on faith-based therapy for depression yielded early yet promising improvements. These findings collectively suggest that spiritual dimensions in psychotherapeutic settings contribute not only to symptom alleviation but also to the reinforcement of self-worth and emotional resilience.

Within chronic illness contexts, spiritual interventions have consistently shown to be effective in improving both psychological and physiological markers. Patients with cancer and those undergoing hemodialysis experienced significant reductions in anxiety, depression, and physical symptoms through structured spiritual care. In a meta-analysis of randomized controlled trials, spirituality-based practices were reported to substantially improve quality of life among patients on dialysis and those with cancer diagnoses. Moreover, hope and self-efficacy were positively correlated with spiritual engagement, further underlining the biopsychosocial relevance of spirituality in managing chronic disease.

Interestingly, a nuanced discussion emerged regarding the type of religious coping employed. One study highlighted that negative spiritual coping (e.g., feelings of abandonment by God) was more strongly linked to psychological distress than positive coping mechanisms (e.g., prayer, spiritual reflection), especially in individuals with traits like scrupulosity. This indicates the importance of guiding patients toward adaptive forms of spiritual expression to enhance mental health outcomes. Similarly, interventions such as 'the happy spiritual intervention' demonstrated effectiveness in overcoming emotional instability among caregivers of patients with mental disorders, showing that structured spiritual techniques could be tailored for non-clinical caregivers facing prolonged psychological strain.

Religious and Spiritual Coping in Specific Populations
Studies examining religious and spiritual coping in targeted populations consistently highlight the role of faith-based mechanisms in moderating psychological distress. Among women experiencing emotionally traumatic events, such as perinatal loss or caring for disabled children, spiritual coping emerges as a salient factor in fostering resilience and psychological adaptation. In Türkiye, coping strategies grounded in religious belief systems were associated with higher psychological well-being and lower grief intensity among women who had experienced perinatal loss. Similarly, in Indonesia, Muslim mothers of children diagnosed with Autism Spectrum Disorder demonstrated reliance on religious practices to manage emotional burdens, reporting improved emotional strength and reduced caregiver fatigue. These findings

suggest that spiritual coping is not merely supplementary but central in navigating prolonged stress in maternal caregiving contexts.

In occupational settings, religious coping has also shown protective psychological effects. For instance, a study focusing on healthcare professionals assigned to COVID-19 wards identified a correlation between religious coping strategies and reduced post-traumatic stress symptoms, as well as enhanced professional quality of life. The implementation of Islamic faith-based coping practices in high-stress environments such as war-torn Gaza or pandemic frontline units has been associated with improved mental fortitude and lower depersonalization rates. Similarly, among military spouses, resilience was significantly supported by religious and spiritual practices, which buffered the impact of secondary trauma and contributed to emotional stabilization. These studies underline the contextual effectiveness of religious coping within employment environments where stress and exposure to human suffering are prevalent.

Beyond professional and maternal populations, spiritual coping has also shown relevance among individuals managing chronic illness or life-altering diagnoses. In Kumasi, Ghana, psycho-spiritual strategies among women undergoing post-radiation therapy for breast cancer were linked to emotional balance and constructive meaning-making. Similarly, among older patients undergoing surgical procedures, religious coping significantly contributed to reduced pain perception and psychological distress. Furthermore, spiritual variables such as types of spiritual orientation were found to assist healthcare professionals coping with moral distress in intensive care units, suggesting the applicability of spiritual profiles as psychological tools in ethical decision-making contexts.

Lastly, spirituality has demonstrated predictive influence on mental health in youth and marginalized populations. A study in Zimbabwe involving youth living with HIV indicated that spiritual and religious dimensions not only influenced mental health outcomes but were also associated with biomedical indicators such as viral load, suggesting an intricate psychosomatic relationship. Meanwhile, burnout studies among Gaza's healthcare workforce highlighted the inverse correlation between spiritual coping and emotional exhaustion during wartime, further supporting its systemic buffering effects under extreme stress. These findings consistently affirm the value of spiritual coping across different populations and environments, particularly those subject to chronic psychological stress or existential vulnerability.

Spiritual Care and Clinical/Healthcare Settings
Spiritual care in clinical and healthcare settings has shown considerable promise in improving emotional resilience and reducing psychological strain among patients and care providers alike. In studies assessing structured interventions for vulnerable clinical populations, the implementation of spiritual care modules significantly contributed to improved patient-reported outcomes. In paediatric oncology settings, the integration of spirituality into care plans enhanced psychological outcomes and quality of life among young patients facing critical illness. The correlation between spiritual engagement and reduced anxiety, distress, and depressive symptoms suggests that such interventions play a role beyond mere comfort, potentially influencing treatment adherence and psychological stabilization.

Spirituality has also been found to exert a therapeutic influence in the context of caregiver stress and burnout. Elderly family caregivers who underwent spiritual care training reported a reduction in their caregiving burden and a noticeable improvement in their own spiritual well-

being. Among professional counselors, a group-based intervention enhanced by a spiritual framework led to deeper personal reflection and growth in therapeutic competencies. Furthermore, spiritual support was found to bridge gaps in therapeutic processes, as seen in a study that explored the intersection of therapeutic and spiritual care in private clinical practice. This dual approach facilitated patient healing and reinforced the practitioner-client bond, strengthening emotional outcomes.

In times of global crisis such as the COVID-19 pandemic, spiritual care frameworks have been crucial in clinical responses, particularly among religious communities and institutions. A study involving members of the Episcopal Church found that predictors of spiritual well-being during the pandemic were directly associated with mental resilience and perceived support, highlighting the role of structured faith-based communities in maintaining psychological balance. In addition, investigations into aging populations revealed that religious engagement supported by institutional research funding significantly influenced spiritual awareness and health outcomes in later life. Interventions targeting war combatants with mental health disorders also demonstrated that spiritual therapy, when integrated within hospital settings, contributed to stabilization of mental symptoms and facilitated recovery trajectories during hospitalization.

Discussion
The synthesis of 31 selected studies yielded three dominant thematic domains: (1) *Psychospiritual Interventions and Mental Health Outcomes*, (2) *Religious and Spiritual Coping in Specific Populations*, and (3) *Spiritual Care and Clinical/Healthcare Settings*. A consistent pattern emerged across the reviewed literature showing that psychospiritual practices such as prayer, mindfulness, spiritual counseling, and faith-based therapy contribute to reductions in psychological symptoms including anxiety, depression, stress, and suicidal ideation. Thematic categorization revealed that such interventions often enhanced emotional resilience and strengthened coping capacities in both clinical and non-clinical populations. A number of studies demonstrated strong psychosomatic responses to spiritually aligned therapy, particularly in contexts involving chronic illness, trauma recovery, and caregiver stress. Across studies, long-term engagement with spiritually oriented practices correlated positively with enhanced well-being, improved self-concept, and reduced emotional distress. Methodologically, most studies employed qualitative and mixed-method approaches, reflecting the complexity and subjectivity inherent in spiritual experiences. The findings confirm that psychospiritual care holds significant therapeutic value when integrated with mental health support services, particularly when adapted to the cultural and religious context of the participants.

The selection of the three thematic categories reflects the multidimensional nature of psychospiritual interventions and their differentiated effects across various populations and settings. The first theme, which focused on *mental health outcomes*, was chosen based on the strong evidence base demonstrating the direct psychological benefits of psychospiritual practices. These outcomes ranged from reduced clinical symptoms to improved quality of life and inner resilience. The second theme emerged from the observation that spiritual coping was highly population-specific, influenced by sociocultural background, spiritual identity, and life context. Caregivers, healthcare workers, and marginalized groups (e.g., women with perinatal loss, military spouses, and HIV-positive youth) reported distinct spiritual coping strategies that proved vital for emotional survival. The third theme emphasized institutional integration,

revealing how structured spiritual care within hospitals, religious communities, and caregiving systems improves not only patient outcomes but also provider well-being. The inclusion of this category acknowledges the systemic role of spirituality in formal care frameworks. Collectively, these themes illustrate that psychospiritual interventions are not monolithic; instead, they are multifaceted and context-bound, requiring flexible models that align with the ethical, cultural, and spiritual values of those they serve. These findings also respond to broader trends in the mental health field, where person-centered care and cultural humility are increasingly emphasized. At the same time, the study identifies conceptual fragmentation, lack of standardization, and Western-centric dominance as ongoing challenges requiring further academic attention.

The practical implications of these findings are substantial. Psychospiritual interventions offer a culturally congruent alternative for mental health care in communities where religious beliefs are integral to identity and psychological functioning. The integration of spiritually sensitive practices into clinical settings such as mindfulness-based therapy for cancer patients or religiously grounded counseling for caregivers can enhance engagement, treatment adherence, and therapeutic alliance. Policymakers and institutional leaders are encouraged to support the inclusion of spiritual care modules in hospital protocols, caregiver training programs, and public health planning. Additionally, educational institutions may incorporate spirituality-in-mental-health courses into clinical psychology and psychiatry curricula to equip future professionals with the knowledge and sensitivity needed for such integrative approaches. Given the proven impact of spiritual engagement on both physiological and psychological outcomes, these interventions should not be positioned as secondary or optional, but rather as legitimate, evidence-based components of holistic care. For future development, recommendations include the design of culturally specific intervention manuals, incorporation of spiritual assessments in diagnostic evaluations, and collaboration with religious leaders and spiritual care providers as part of interdisciplinary mental health teams.

Despite the promising outcomes, this review is not without limitations. The inclusion of only English-language articles from Scopus and WoS may have excluded valuable studies published in other languages or indexed in regional databases. The reliance on abstracts for initial screening may have led to the exclusion of relevant studies whose significance became clear only in full-text review. Additionally, the heterogeneity in spiritual traditions, intervention types, and methodological designs across studies made direct comparisons challenging. These limitations point to several avenues for future research. There is a need for more empirical studies from non-Western contexts that examine localized practices such as *ruqyah*, *dhikr*, or indigenous healing rituals using standardized methodologies. Future investigations should also explore the long-term sustainability of psychospiritual benefits through longitudinal designs, integrate spiritual literacy training for practitioners, and evaluate the role of digital platforms in expanding the reach of spiritually integrated mental health support. Ultimately, this review contributes to closing the gap between psychological science and spiritual care by presenting a structured synthesis of current evidence and offering direction for innovation in research, education, and practice.

Conclusion

The primary aim of this review was to explore the scope, effectiveness, and thematic distribution of psychospiritual interventions in relation to mental health support across diverse populations and settings. The study sought to address critical research questions on the

psychological impact of such interventions, their function as coping strategies within culturally distinct groups, and their integration in clinical and institutional care models. Guided by a systematic methodology rooted in the PRISMA framework, relevant records were identified from major databases and screened for quality and relevance. Ultimately, 31 studies were included in the final analysis. The synthesis of these studies led to the development of three major thematic categories: (1) Psychospiritual Interventions and Mental Health Outcomes, (2) Religious and Spiritual Coping in Specific Populations, and (3) Spiritual Care and Clinical/Healthcare Settings. Each theme provided insight into how spirituality, when intentionally and systematically incorporated into mental health strategies, contributes to enhanced psychological well-being, emotional resilience, and quality of care. Clear patterns emerged, indicating that interventions involving spiritual or religious elements often align closely with individual values, promoting greater psychological engagement, therapeutic efficacy, and overall emotional stability.

The review contributes to the broader discourse by structuring previously scattered evidence into an organized thematic framework, which can serve as a foundation for future academic and professional development. The findings underscore the potential of psychospiritual methods to be adapted into therapeutic practices, especially in culturally sensitive environments where spiritual beliefs influence emotional health. These insights may assist in shaping policy initiatives that encourage the incorporation of spiritual components into mental health services, as well as curriculum development in clinical education and healthcare training. However, limitations were noted in the concentration of studies from specific regions and the reliance on English-language publications, which may restrict global applicability. Future research is encouraged to address these gaps by conducting longitudinal and cross-cultural studies, developing context-specific intervention models, and improving measurement tools to assess spiritual outcomes alongside psychological metrics. Despite its limitations, the current study reinforces the importance of recognizing psychospiritual interventions as a valid component of mental health care. This synthesis highlights the relevance of integrating spiritual perspectives into mental health frameworks and confirms the value of evidence-based literature reviews in guiding research, practice, and policy toward a more holistic understanding of well-being.

Conflicts of Interest
The authors declare that they have no conflicts of interest to report regarding the present study

References
Barrett, Justin L., and Kenneth I. Pargament. 1998. 'The Psychology of Religion and Coping: Theory Research Practice'. *Review of Religious Research*. doi: 10.2307/3512468.

Gál, É., S. Ştefan, and I. A. Cristea. 2021. 'The Efficacy of Mindfulness Meditation Apps in Enhancing Users' Well-Being and Mental Health Related Outcomes: A Meta-Analysis of Randomized Controlled Trials'. *Journal of Affective Disorders* 279:131–42. doi: 10.1016/j.jad.2020.09.134.

Goyal, M., S. Singh, E. M. S. Sibinga, N. F. Gould, A. Rowland-Seymour, R. Sharma, Z. Berger, D. Sleicher, D. D. Maron, H. M. Shihab, P. D. Ranasinghe, S. Linn, S. Saha, E.

B. Bass, and J. A. Haythornthwaite. 2014. 'Meditation Programs for Psychological Stress and Well-Being: A Systematic Review and Meta-Analysis'. *JAMA Internal Medicine* 174(3):357–68. doi: 10.1001/jamainternmed.2013.13018.

Lekhak, Nirmala, Tirth R. Bhatta, and Jaclene A. Zauszniewski. 2020. 'Episodic Memory in Later Life: Benefits of Prayer and Meditation'. *Journal of Holistic Nursing*. doi: 10.1177/0898010119898547.

Leo, A. J., M. J. Schuelke, D. M. Hunt, J. P. Miller, P. A. Areán, and A. L. Cheng. 2022. 'Digital Mental Health Intervention Plus Usual Care Compared With Usual Care Only and Usual Care Plus In-Person Psychological Counseling for Orthopedic Patients With Symptoms of Depression or Anxiety: Cohort Study'. *JMIR Formative Research* 6(5). doi: 10.2196/36203.

Mohd Amin, Mohd Zohdi, and Mohd Saiful Amri Zainal Abidin. 2020. 'Peran Ruqyah Syar'iyyah Dalam Terapi Psikospiritual: Analisis Terhadap Model Pengobatan Kecanduan Narkoba'. *ESOTERIK*. doi: 10.21043/esoterik.v6i1.6445.

Muhammad, Hamizah, Nurul Aisyah Awanis A. Rahim, Nor Shakirah Mohd Sakari, Sabihah Johan, and Suhaili Arifin. 2024. 'The Impact of Psychospiritual Program on State of Depression, Anxiety and Stress among Female Juvenile Delinquents'. *International Journal of Public Health Science (IJPHS)*. doi: 10.11591/ijphs.v13i2.23315.

Musa, Sri Dewi, and Basmalah Harun. 2022. 'Efek Dialectical Behavior Therapy (DBT) Terhadap Pasien Dengan Perilaku Kekerasan'. *Jurnal Ilmiah Kesehatan Sandi Husada*. doi: 10.35816/jiskh.v11i1.710.

Muslic, Ljiljana, Diana Jovicic Buric, Martina Markelic, and Sanja Music Milanovic. 2021. 'Mental Health Literacy'. *Socijalna Psihijatrija*. doi: 10.24869/SPSIH.2020.324.

Razali, Zul Azlin, Nor Azian Ab Rahman, and Supyan Husin. 2018. 'Complementing the Treatment of a Major Depressive Disorder Patient with Ruqyah Shar'iyyah Therapy: A Malaysian Case Study'. *Journal of Muslim Mental Health*.

Richter, S., J. M. Glöckner, and B. Blättner. 2018. 'Psychosocial interventions in inpatient care: Systematic review of the effectiveness of universal and selective prevention on mental health'. *Zeitschrift fur Gerontologie und Geriatrie* 51(6):666–74. doi: 10.1007/s00391-017-1231-5.

da Silva, T. F. C. 2014. 'Assessing fidelity in psychosocial interventions: A systematic literature review'. *Jornal Brasileiro de Psiquiatria* 63(3):260–71. doi: 10.1590/0047-2085000000034.

Simon, Natalie, Leah McGillivray, Neil P. Roberts, Kali Barawi, Catrin E. Lewis, and Jonathan I. Bisson. 2019. 'Acceptability of Internet-Based Cognitive Behavioural Therapy (i-CBT) for Post-Traumatic Stress Disorder (PTSD): A Systematic Review'. *European Journal of Psychotraumatology*.

Smith, Tim, Jennifer Bushek, Aimée Leclaire, and Tony Prosser. 2020. 'COVID-19 Drug Therapy What ' s Been Updated : Highlights :' *Elseivier*.

Sointu, Eeva. 2011. 'Detraditionalisation, Gender and Alternative and Complementary Medicines'. *Sociology of Health and Illness*. doi: 10.1111/j.1467-9566.2010.01275.x.

Stagner, Jessica P., Vincent M. Edwards, Sara R. Bond, Jeremy A. Jasmer, Robert A. Southern, and Kent D. Bodily. 2020. 'Human Choice Predicted by Obtained Reinforcers, Not by Reinforcement Predictors'. *Frontiers in Psychology*. doi: 10.3389/fpsyg.2020.01631.

Suhaime, Ayu Nadhirah Mohd, Nurul Husna Mansor, Abd Aziz Rekan, Khairul Hamimah Mohammad Jodi, and Mohd Syukri Zainal Abidin. 2023. 'DEVELOPMENT OF PORNOGRAPHY ADDICTION CONTROL INTERVENTION MODEL BASED ON

ISLAMIC PSYCHOSPIRITUAL APPROACH: A NEEDS ANALYSIS'. *Afkar*. doi: 10.22452/afkar.vol25no1.9.

Towey-Swift, Kim D., Christian Lauvrud, and Richard Whittington. 2023. 'Acceptance and Commitment Therapy (ACT) for Professional Staff Burnout: A Systematic Review and Narrative Synthesis of Controlled Trials'. *Journal of Mental Health*.

Van Eck, Nees Jan, and Ludo Waltman. 2007. 'Bibliometric Mapping of the Computational Intelligence Field'. Pp. 625–45 in *International Journal of Uncertainty, Fuzziness and Knowldege-Based Systems*. Vol. 15.

Vasegh, Sasan, David H. Rosmarin, Harold G. Koenig, Rachel E. Dew, and Raphael M. Bonelli. 2012. 'Religious and Spiritual Factors in Depression'. *Depression Research and Treatment*.

Ventriglio, A., F. Ricci, G. Magnifico, E. Chumakov, J. Torales, C. Watson, J. M. Castaldelli-Maia, A. Petito, and A. Bellomo. 2020. 'Psychosocial Interventions in Schizophrenia: Focus on Guidelines'. *International Journal of Social Psychiatry* 66(8):735–47. doi: 10.1177/0020764020934827.

Wang, Q., X. Zhou, and S. M. Ng. 2023. 'A Path Analysis of Home Meditation Practice and Mental Health Status: The Role of Spirituality and Nonduality'. *Current Psychology* 42(9):7347–63. doi: 10.1007/s12144-021-02042-6.

Wazir, Rosni, Abur Hamdi Usman, Norsaleha Mohd Salleh, Suriani Sudi, Abdul Hadi Awang, and Syamim Rosman. 2020. 'Pencegahan Dadah Golongan Berisiko Menurut Pendekatan Psikospiritual Al-Ghazālī (W. 505 H.)'. *Al-Irsyad: Journal of Islamic and Contemporary Issues*. doi: 10.53840/alirsyad.v5i2.91.