

# Spirituality and Mental Health: Relationship between Spiritual Engagement and Psychological Well-being

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## Abstract

This study explores the relationship between spirituality and mental health, examining how varying levels of spirituality influence mental health outcomes. Employing a quantitative research design, data were collected from a sample of 263 participants using a self-reported questionnaire designed to assess spirituality and mental health. The reliability of the scale was evaluated using Cronbach's alpha, which indicated low internal consistency ( $\alpha = 0.0181$ ), suggesting the need for refinement in measurement. Validity was assessed through factor analysis using the 'minimum residual' extraction method combined with 'oblimin' rotation, revealing distinct factor loadings for spirituality and mental health constructs. Regression analysis demonstrated that moderate spirituality was significantly associated with lower mental health scores compared to non-spiritual individuals ( $\beta = -0.57$ ,  $p = 0.001$ ), whereas other levels of spirituality did not show significant differences. The model explained approximately 5.5% of the variance in mental health ( $R^2 = 0.0548$ ). These findings highlight the complex and non-linear relationship between spirituality and mental health, emphasizing the importance of considering spirituality in mental health assessments and interventions. The study underscores the need for improved measurement tools to accurately capture the multidimensional nature of spirituality.

**KEYWORDS:** Spirituality, Mental Health, Regression Analysis, Factor Analysis, Measurement Validity

## Introduction

Spirituality, often considered a multifaceted and deeply personal aspect of human experience, encompasses an individual's search for meaning, purpose, and connection to something greater than oneself. It may involve religious beliefs, personal values, and a sense of inner peace or transcendence. Mental health, on the other hand, refers to a person's emotional, psychological, and social well-being, influencing how individuals think, feel, and act. The World Health Organization (WHO) defines health as a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity (World Health Organization, 1946). This holistic perspective underscores the importance of considering spiritual dimensions in understanding mental health. The relationship between spirituality and mental health has garnered increasing attention in psychological research. Studies have suggested that spirituality can serve as a protective factor against mental health issues, providing individuals with a sense of purpose and coping mechanisms during times of stress (Koenig, 2012). For instance, individuals who engage in spiritual practices often report lower levels of anxiety and depression, as well as enhanced overall well-being (Lucchetti et al., 2021).

Conversely, the impact of spirituality on mental health is not universally positive. Some research indicates that certain spiritual beliefs or practices may contribute to psychological distress, particularly when they involve feelings of guilt, fear, or shame (Pargament et al., 2000). Additionally, the manner in which individuals engage with their spirituality—whether through positive or negative coping strategies—can significantly influence mental health outcomes (Koenig et al., 2012). Understanding the nuanced relationship between spirituality and mental health is crucial for developing comprehensive approaches to mental health care. Incorporating spiritual considerations into psychological assessments and interventions can lead to more holistic and effective treatment plans. This study aims to explore how different levels of spirituality influence mental health outcomes, providing insights that could inform clinical practices and support the development of interventions that respect and integrate individuals' spiritual beliefs.

### **Relationship between Spirituality and Mental Health**

Spirituality and mental health are deeply intertwined constructs that have long been explored across various disciplines, including psychology, psychiatry, and sociology. Spirituality broadly refers to an individual's quest for meaning, connection with the transcendent, and engagement with existential questions (Pargament, 1997). Mental health encompasses emotional, psychological, and social well-being, influencing cognition, behavior, and interpersonal functioning (World Health Organization, 2018). Understanding the relationship between these two variables is essential for developing holistic approaches to mental health care that acknowledge the role of personal belief systems and existential meaning.

### **Conceptualizing Spirituality and Mental Health**

Spirituality is often conceptualized as a multidimensional construct involving beliefs, practices, experiences, and a sense of connectedness to oneself, others, nature, or a higher power (Koenig, 2012). It is distinct from religiosity, which typically involves organized beliefs and practices tied to formal religious institutions (Hill et al., 2000). Spirituality can provide individuals with a framework for interpreting life events, coping with adversity, and pursuing personal growth.

Mental health, as defined by the World Health Organization (2018), is not merely the absence of mental illness but a state of well-being in which individuals realize their abilities, cope with normal stresses, work productively, and contribute to their community. Mental health problems such as depression, anxiety, and stress are pervasive globally and can severely impact quality of life.

### **Positive Associations Between Spirituality and Mental Health**

A substantial body of research supports the positive role of spirituality in enhancing mental health. Spirituality has been found to serve as a source of comfort, hope, and meaning, especially in times of stress and illness (Koenig, 2012). For example, spiritual beliefs often promote adaptive coping strategies, such as acceptance, forgiveness, and gratitude, which buffer the negative effects of stress (Pargament et al., 2004). Furthermore, spiritual practices like meditation, prayer, and mindfulness are associated with reductions in anxiety and depressive symptoms, improved emotional regulation, and greater life satisfaction (Lucchetti et al., 2021).

Several longitudinal studies have demonstrated that spiritual engagement predicts better mental health outcomes over time. For instance, a study by Cotton et al. (2006) found that individuals with higher spiritual well-being reported fewer depressive symptoms and greater psychological resilience. These

benefits are thought to arise because spirituality can foster a sense of coherence and purpose, helping individuals make sense of suffering and maintain optimism during adversity (Antonovsky, 1987).

### **Complex and Nonlinear Relationships**

Relationship between spirituality and mental health is complex and not universally positive. Some studies have highlighted potential negative aspects of spirituality, such as spiritual struggles, religious guilt, or feelings of abandonment by a higher power, which can exacerbate psychological distress (Exline, 2013). Spiritual struggles have been linked to increased anxiety, depression, and poorer health outcomes (Ano & Vasconcelles, 2005).

Moreover, the relationship appears to be nonlinear and dependent on the nature and intensity of spirituality. For example, moderate levels of spirituality might reflect a phase of spiritual questioning or searching, which can be psychologically challenging (Pargament et al., 2000). Individuals at this stage may experience uncertainty and existential angst that temporarily reduce mental well-being. Conversely, higher levels of spiritual maturity or integration have been associated with greater psychological stability and positive mental health outcomes (Tacey, 2004).

This nuanced pattern is consistent with models that distinguish between positive and negative religious coping. Positive religious coping involves seeking spiritual support, benevolent religious reappraisals, and collaborative problem-solving with a higher power. Negative religious coping includes spiritual discontent, punitive religious reappraisals, and interpersonal religious conflicts, which often predict poorer mental health (Pargament et al., 2001).

### **Mechanisms Linking Spirituality to Mental Health**

Several psychological and social mechanisms explain how spirituality influences mental health. Spirituality can promote meaning-making, which helps individuals interpret stressful events and losses in ways that preserve hope and motivation (Park, 2010). By fostering a sense of purpose, spirituality enhances psychological resilience and buffers against depression and anxiety.

Additionally, spirituality often encourages social connectedness through community worship, shared rituals, and collective values. Social support is a well-established protective factor for mental health, reducing loneliness and promoting emotional well-being (Cohen, 2004). Spiritual communities provide both practical assistance and emotional reassurance, which can alleviate stress and foster a sense of belonging.

Neurobiological pathways may also mediate the effects of spirituality on mental health. Practices such as meditation and prayer have been shown to influence brain regions involved in emotional regulation, stress response, and self-awareness (Newberg et al., 2010). These changes can lead to decreased physiological stress markers and improved mood regulation.

#### **Cultural and Contextual Considerations**

The spirituality-mental health relationship is shaped by cultural, social, and individual differences. Spiritual beliefs and practices vary widely across cultures, influencing how individuals conceptualize suffering, healing, and well-being (Koenig et al., 2012). In many non-Western societies, spirituality is deeply integrated with daily life and health beliefs, which can affect both the expression of mental health symptoms and preferred coping methods (Aloud & Rathur, 2009).

Therefore, culturally sensitive approaches are essential when assessing and incorporating spirituality into mental health care. Clinicians must recognize diverse spiritual frameworks and avoid imposing Western-

centric models of spirituality and mental health (Hodge, 2012). Tailoring interventions to respect clients' spiritual values can enhance therapeutic alliance and treatment efficacy.

#### Measurement Challenges and Research Directions

Despite growing interest, research on spirituality and mental health faces methodological challenges, particularly in measurement. Spirituality is inherently subjective and difficult to quantify. Existing scales vary in their conceptual focus, psychometric properties, and cultural applicability (Davis et al., 2015). This variability can lead to inconsistent findings and complicate meta-analyses.

Future research should aim to develop reliable and valid instruments that capture multiple dimensions of spirituality, including beliefs, practices, experiences, and spiritual struggles. Longitudinal and experimental studies are also needed to clarify causal relationships and mechanisms. Integrating qualitative approaches can enrich understanding by exploring individuals' lived spiritual experiences and their impact on mental health.

#### Significance of the Study

The present study holds significant importance in both academic research and practical applications within the fields of psychology, mental health, and spiritual care. Spirituality and mental health are increasingly recognized as interconnected domains influencing an individual's overall well-being, yet the precise nature of their relationship remains complex and not fully understood. By examining how varying levels of spirituality impact mental health outcomes, this study aims to contribute valuable insights into this dynamic interplay.

First, from a theoretical perspective, the study advances the understanding of spirituality as a multidimensional construct and its differentiated effects on mental health. Prior research often treats spirituality as a unidimensional factor or focuses solely on positive aspects such as coping and resilience. This study's exploration of multiple spirituality levels—including slight, moderate, very, and highly spiritual—enables a nuanced analysis that may uncover patterns not captured in previous research. Such findings can enrich theoretical models that integrate spirituality into psychological frameworks, fostering a more comprehensive conceptualization of mental health.

Second, the study's findings have direct implications for clinical practice and mental health interventions. Mental health professionals are increasingly encouraged to adopt holistic approaches that incorporate clients' spiritual beliefs and values. Understanding that spirituality may relate differently to mental health at various levels empowers clinicians to tailor their interventions accordingly. For example, recognizing that moderate spirituality might associate with psychological distress highlights the need for targeted support during spiritual exploration phases. Conversely, acknowledging the potentially stabilizing role of high spirituality can inform strengths-based therapeutic strategies.

Third, the study contributes to public health by informing culturally sensitive mental health policies and programs. Spirituality often plays a central role in many cultures, influencing how individuals interpret life events and cope with challenges. By illuminating the complex association between spirituality and mental health, the research can guide culturally competent mental health services that respect diverse spiritual backgrounds, thereby improving access, engagement, and outcomes for diverse populations.

Lastly, the research underscores the importance of developing valid and reliable tools for assessing spirituality and mental health, as measurement challenges remain a significant barrier in this area. Identifying limitations in existing instruments, as revealed through this study's reliability analysis,

highlights the critical need for better psychometric measures. Enhanced assessment tools will facilitate more accurate research and more effective clinical evaluations.

#### Objectives of the Study

- To study the relationship between regular spiritual practices and levels of mental well-being.

#### Hypotheses

- There is no difference in mental health scores between different spirituality levels and the Not Spiritual group.

$$H_0: \beta_1 = \beta_2 = \beta_3 = \beta_4 = 0$$

#### Methodology

This study employed a quantitative research design to explore the relationship between spirituality and mental health. Quantitative methods allow for objective measurement and statistical analysis of variables, enabling the examination of correlations and differences between groups. The sample consisted of 263 participants, selected to provide sufficient statistical power for regression analyses. Participants were adults recruited from [specify population or location if available]. The sample size was determined based on guidelines for multiple regression analysis to ensure adequate power to detect medium effect sizes. Data were collected using a self-reported questionnaire, which included measures of spirituality and mental health. The spirituality scale categorized respondents into five levels: Not Spiritual, Slightly Spiritual, Moderately Spiritual, Very Spiritual, and Highly Spiritual. Mental health was assessed using a standardized scale measuring overall psychological well-being.

#### Reliability and Validity

**Reliability:** The internal consistency of the scales was assessed using Cronbach's alpha. The spirituality and mental health scales yielded a Cronbach's  $\alpha$  of 0.0181, which is notably low and indicates poor internal consistency in this sample.

**Factor Analysis:** To evaluate the construct validity, factor analysis was performed using the 'minimum residual' extraction method combined with an 'oblimin' rotation, which allows for correlated factors. The factor loadings for both mental health and spirituality were very high at 0.984, indicating strong factor validity. The uniqueness values also suggest that the items predominantly measure the intended constructs. The discrepancy between the high factor loadings and the low Cronbach's alpha suggests that while the items load well on the expected factors, there may be issues with the internal consistency or the number of items used in the scale, which should be considered when interpreting the results.

#### Data Analyses

Model Fit Measures		
Model	R	R <sup>2</sup>
1	0.234	0.0548
<i>Note.</i> Models estimated using sample size of N=263		

The regression model examining the relationship between spirituality levels and mental health yielded an R value of 0.234 and an R<sup>2</sup> of 0.0548, based on a sample size of 263 participants. The R value indicates a modest positive correlation between the predicted and observed mental health scores. The R<sup>2</sup> value suggests that approximately 5.48% of the variance in mental health can be explained by differences in



spirituality levels. While this indicates that spirituality has a statistically detectable but relatively small effect on mental health in this sample, it also implies that the majority of the variability in mental health is influenced by other factors not included in the model.

Model Coefficients - Mental Health				
Predictor	Estimate	SE	t	p
Intercept <sup>a</sup>	3.7083	0.154	24.023	<.001
S2:				
Slightly Spiritual – Not Spiritual	-0.4861	0.388	-1.251	0.212
Moderately Spiritual – Not Spiritual	-0.57	0.176	-3.236	0.001
Very Spiritual – Not Spiritual	-0.0319	0.24	-0.133	0.894
Highly Spiritual – Not Spiritual	-0.2468	0.334	-0.738	0.461
<sup>a</sup> Represents reference level				

The regression analysis examined the impact of spirituality levels on mental health, using the "Not Spiritual" group as the reference category. The intercept indicates that the average mental health score for individuals who are not spiritual is 3.71 (SE = 0.154,  $p < .001$ ). Compared to this reference group, those who are Moderately Spiritual had a significantly lower mental health score by 0.57 points (Estimate = -0.57, SE = 0.176,  $t = -3.236$ ,  $p = 0.001$ ). No significant differences were found for individuals who were Slightly Spiritual ( $p = 0.212$ ), Very Spiritual ( $p = 0.894$ ), or Highly Spiritual ( $p = 0.461$ ) compared to the Not Spiritual group. This suggests that only moderate levels of spirituality are associated with a statistically significant decrease in mental health in this sample, while other levels of spirituality show no significant effect.

## Discussion

This study sought to investigate the relationship between varying levels of spirituality and mental health among a sample of 263 participants. The findings revealed nuanced associations that contribute to the understanding of spirituality's role in psychological well-being. The regression results indicated that individuals who identified as Moderately Spiritual experienced significantly lower mental health scores compared to those who identified as Not Spiritual. In contrast, individuals who classified themselves as Slightly, Very, or Highly Spiritual did not significantly differ from the Not Spiritual group in terms of mental health. This finding is somewhat unexpected given the conventional assumption that higher spirituality is generally linked with better mental health outcomes. One possible explanation for the observed lower mental health among the Moderately Spiritual group could be related to the transitional or exploratory nature of moderate spirituality. Individuals in this category may be actively seeking meaning or struggling with spiritual questions, which could temporarily contribute to psychological distress or lower well-being. This interpretation aligns with prior research suggesting that spirituality can sometimes correlate with distress during phases of spiritual questioning or transformation (Pargament, 1997).

Interestingly, the lack of significant differences for the Very and Highly Spiritual groups may indicate that deeper or more established spiritual engagement provides a buffering or stabilizing effect on mental health, neutralizing potential distress observed at moderate levels. This suggests a nonlinear relationship between spirituality and mental health, where benefits might accrue primarily at higher levels of spiritual commitment or practice. It also underscores the complexity of spirituality as a construct—encompassing belief, practice, and personal meaning—each of which can differentially influence mental health.

The model explained approximately 5.48% of the variance in mental health, which is modest but typical for psychosocial predictors in complex phenomena like mental health. This highlights that while spirituality is a meaningful factor, mental health is influenced by a multitude of other variables such as social support, personality traits, life stressors, and physical health, which were not included in this study. Regarding measurement, the factor analysis results showed high factor loadings for spirituality and mental health items, supporting the construct validity of the scales. The alarmingly low Cronbach's alpha (0.0181) indicates a severe reliability issue. This suggests that the internal consistency of the scales was inadequate, possibly due to a very small number of items, poorly worded questions, or heterogeneous content that does not measure a single cohesive construct. This limitation calls for cautious interpretation of the results and points to the need for revising and improving the measurement instruments in future studies.

Despite this limitation, the study provides valuable insight into the differential impact of spirituality levels on mental health. Future research should consider using more robust and validated scales, include qualitative components to explore the subjective spiritual experience, and examine potential mediators and moderators such as coping styles, social connectedness, or cultural factors.

## **Conclusion**

The present study examined the association between different levels of spirituality and mental health among a sample of 263 participants. Utilizing a quantitative approach, it was found that spirituality does have an influence on mental health, though the nature of this relationship is complex and varies by the level of spirituality. Key findings demonstrated that individuals identifying as Moderately Spiritual exhibited significantly lower mental health scores compared to their Not Spiritual counterparts. Conversely, Slightly, Very, and Highly Spiritual groups did not show statistically significant differences in mental health. This nuanced pattern suggests that spirituality does not uniformly enhance mental well-being and that the process of spiritual development may involve periods of psychological struggle, especially at moderate levels.

The study's statistical model accounted for approximately 5.48% of the variance in mental health, indicating that spirituality, while significant, is one of many factors influencing psychological outcomes. This aligns with contemporary biopsychosocial models of mental health that emphasize multiple interacting influences including biological, psychological, and social dimensions. A notable limitation of the study was the low internal consistency of the measurement scales, as indicated by a Cronbach's alpha of 0.0181. Although the factor analysis supported the construct validity of the scales, the poor reliability undermines the precision of measurement and calls for caution in interpreting the results. Future research should employ validated, multi-item instruments with demonstrated reliability to better capture the constructs of spirituality and mental health. The findings underscore the importance of considering the level and nature of spirituality when examining its impact on mental health. They suggest that interventions aiming to leverage spirituality for mental health benefits need to be sensitive to the individual's stage of spiritual development. For some, particularly those in transitional or questioning

phases, additional psychological support might be necessary. In practical terms, mental health professionals and spiritual counselors should be aware that spirituality can play both supportive and challenging roles in mental well-being. Recognizing this complexity can improve the design of holistic treatment plans that respect clients' spiritual orientations while addressing potential distress associated with spiritual exploration.

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