



Outcomes of Pastoral ministry Workload in Mental Health Problems among the Consecrated Religious Women in Western Deanery, Archdiocese of Nairobi, Kenya

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ABSTRACT

Mental health struggles are being increasingly acknowledged as a serious issue across diverse groups, including women who have dedicated their lives to religious service within faith-based communities. Yet, there is a notable gap in research that examines the specific underlying factors behind these challenges through a qualitative lens, particularly within a religious setting. The study aimed to explore the outcomes of pastoral ministry workload in mental health problems among the consecrated religious women in Western Deanery, Archdiocese of Nairobi, Kenya. The study utilized a phenomenological research design. Through purpose sampling, the study utilized a sample size of 15 participants who were consecrated religious women and actively involved in ministry. The qualitative data was collected using Interview Guide. The data was then systematically analyzed and organized using thematic analysis. The results showed that outcomes of pastoral ministry workload are emotional exhaustion; physical exhaustion; disrupted spiritual life; misunderstanding and isolation in community. The study recommends establishing formal mental health support systems within religious communities. This should include trained counselors, regular check-ins focused on emotional well-being, and safe spaces where individuals can openly share their emotional challenges. Also, integrating structured rest periods and personal time into ministry schedules. This gives consecrated women the opportunity to recover, reflect, and practice self-care. Furthermore, the study recommends the important to train superiors and leadership teams to recognize the signs of burnout and emotional fatigue. They should be equipped to respond with support rather than resorting to disciplinary measures or spiritual judgment.

Key Words: Outcomes, pastoral ministry workload, mental health problems, consecrated religious women, Nairobi

INTRODUCTION

The pastoral ministry contributes immensely in protecting the mental health condition of consecrated women in numerous ways. For instance, the spiritual and personal guide help in protecting women from mental health concerns. Conversely, it can also occasionally worsen their mental health problems. Some women experience substantial mental strain due to the demanding requirements of the pastoral ministry. Women that have received religious consecration typically undertake multiple responsibilities such as teaching, pastoral work and helping their community. Their religious vocation requires them to complete fundamental duties, but these responsibilities become intense due to advanced requirements. Extensive research by Salami et al. (2022) reveals that high workloads along with limited resources create physical exhaustion and emotional burnout in consecrated women. Pastoral ministry duties are usually available to religious women at all times which develop into enduring psychological pressure that generates anxiety. Religious women develop health problems by not getting enough rest because they serve long hours at Church services (Mahfoud et al., 2023). Religious women who are tasked with these duties must deal with increasing exhaustion and maintain flawless execution of assigned responsibilities. Several factors including the desire to be seen as perfect, a reinforced leadership structure alongside community standards work together against the consecrated women who may be in need of assistance when they experience stressful or burnout situations. Research by Emmelkamp (2023), shows that consecrated women experience intense pressure for moral and spiritual excellence which leads them to feel more stress and presents negative impacts on their psychological state. One factor that is often not given enough attention when considering mental health challenges is the quality of the relationships people have within their communities. As Wright (2019) and Makena et al. (2023), suggest, strong emotional connections in religious settings can act as a buffer against mental distress. But when these relationships are strained or missing, the opposite happens. A lack of support from peers, judgmental attitudes, and a shortage of mutual understanding can make the emotional strain of ministry even heavier. Saad et al. (2019) found that 45% of consecrated women experience interpersonal conflicts within religious communities, frequently because of competition, unclear roles, or rigid leadership styles. This can result in emotional exhaustion, anxiety, and sometimes even burnout.

In their pursuit of members' spiritual advancement, religious organizations commonly ignore the mental healthcare requirements of their members. Shikanda et al. (2022), revealed that mental health care support was unavailable for 73% of consecrated women who attempted to discuss their mental health needs with their religious community members. Community members experience psychological challenges because the religious organizations fail to provide counselling assistance and hold negative attitudes toward mental support services while limiting focus to faith-based treatment of distress. The lack of appropriate mental health support allows stress and anxiety among consecrated women to progress into greater mental health

conditions including burnout and depression (McGee, 2022). Religious organizations do not adequately teach mental health information which intensifies the problem. Religious women face emotional distress which often results in feelings of inadequacy and guilt due to the perception that mental health problems show a lack of faith or devotion (Nganga et al., 2025). Reluctance toward addressing mental health problems in religious environments generates prolonged intervention delays and advances psychological deterioration for affected individuals. Major religious institutions lack mental health professionals who can provide appropriate treatment because their institutions tend to handle these issues by labelling them as spiritual problems. Hvidt et al. (2020) showed that religious institutions must adopt new approaches to mental health treatment because faith and mental wellness interact with each other.

The hierarchical structure in religious institutions restricts personal choices of consecrated women through power structures causing emotional distress. Cragun and Speed (2022), demonstrate that hierarchical religious management structures produce substantial anxiety and stress since the control systems reduce personal freedom and create obedient communities where autonomy is significantly diminished. The hierarchical framework binds consecrated women to silence about challenges because they cannot openly seek solutions that would boost their mental health. Servants in lower positions encounter discrimination when trying to voice problems about workload and interpersonal problems and personal difficulties. The inability to exercise personal control over circumstances leads consecrated women to experience prolonged stress levels especially during times they feel enclosed by spaces which fail to protect their psychological health. Hvidt et al. (2019), demonstrates how religious institutions structured from top to bottom can create setting which discourage emotional expression. The spiritual requirement for consecrated women to remain mute during suffering diminishes their capacity to find assistance when needed. The active denial of emotional distress leads to raised occurrence of depression and anxiety and physical diseases which include hypertension and cardiovascular disease.

Zhang et al. (2021), showed that faith-based communities emphasizing shared religious activities had members with lower rates of depression. Group prayer, in particular, fosters a sense of interdependence among participants, which can help alleviate feelings of loneliness. Conversely, as Jahani and Parayandeh (2024), noted, when religious communities lack robust collective spiritual practices, their members tend to experience higher levels of loneliness and more significant mental health challenges. The study aimed to explore the outcomes of pastoral ministry workload in mental health problems among the consecrated religious women in Western Deanery, Archdiocese of Nairobi, Kenya.

METHODOLOGY

This study adopted a phenomenological research design. This design was considered suitable for delving into and comprehending the lived experiences of consecrated women in the Nairobi Archdiocese, particularly concerning their mental health. This study was carried out in Western Deanery of the Catholic Archdiocese of Nairobi, Kenya. The Deanery encompasses numerous active parishes situated in both urban and peri-urban locations, specifically including Regina Caeli (Karen), St. Michael's Parish (Langata), Christ the King Parish (Kibera), Our Lady of Guadalupe Parish (Adams Arcade), Sacred Heart Parish (Dagoretti), St. John Evangelist (Langata), and Mary Queen of Apostles Parish (Dagoretti/Kikuyu). These parishes cater to diverse socio-economic communities and are host to various religious congregations of consecrated women who are actively involved in ministries such as education, youth formation, healthcare, spiritual direction, and pastoral outreach. Through purposive sampling, a sample size of 15 consecrated religious women was selected to participate in the study. This study employed semi-structured Interview Guide featuring open-ended questions to gather in-depth qualitative insights from consecrated women. This method is particularly well-suited for a phenomenological or exploratory study, as it aims to capture the subtleties of human experiences. The interview questions were crafted based on themes from the literature review and tailored to the study's specific research questions. The semi-structured format also offered flexibility, allowing the interviewer to delve deeper into participants' responses to collect rich, contextualized data. After getting informed consent from the participants face to face interviews were conducted for approximately 60 minutes for each participant. With the participants' permission, all interviews were audio-recorded using a secure digital recorder to guarantee the accurate capture of data. Additionally, brief field notes were made to document non-verbal cues and contextual observations that provided further insight into the verbal data. The recordings were later transcribed word-for-word to prepare the data for thematic analysis. Participants were consistently assured of confidentiality, and pseudonyms were used to protect their identities in all transcripts and subsequent reporting. The collected data was analyzed using thematic analysis.

RESULTS AND DISCUSSION

This section highlights the finding from the interviews conducted involving 15 consecrated women at the Western Deanery of Nairobi Archdiocese. The data collected from the 15 participants was organized through thematic analysis.

Demographic of the Participants

Table 1 presents the demographic characteristics of the consecrated women who participated in this study. It includes information on each participant's age, educational background, number of years in religious life, and current role within their congregation or ministry. These details provide essential context for interpreting the participants' responses, highlighting the diversity of experiences, responsibilities, and stages of vocational life represented in the sample.

Table 1: Demographic Information of Participants

No.	Age	Educational Background	Years in Religious Life	Current Role in Religious Life
1	41	Bachelors	18	Manages congregation's online communications
2	57	Masters	35	Novice Mistress
3	45	Advanced Diploma	22	Rescue Centre Coordinator
4	34	Bachelors	10	Youth Chaplain And Catechist
5	60	Diploma	39	Health Coordinator
6	52	Bachelors	30	High School Principal; Spiritual Formation
7	23	O-Level	1	Novice; Student
8	35	Diploma	2	Student
9	60	PhD	37	Lecturer
10	79	Masters	54	Bursar
11	68	Masters	35	Lecturer
12	46	Diploma	24	Works In Agriculture And Youth Ministry
13	40	Bachelors	15	Student
14	35	Undergraduate	6	Student
15	49	Bachelors	23	Congregational Leadership

Table 1 presented the demographic profile of the 15 consecrated women who participated in the study. The participants vary in age from 23 to 79 years, representing a diverse generational spread within religious life. Educational backgrounds range from O-Level to PhD, with most having attained tertiary qualifications, reflecting a high level of academic preparation among the respondents. The years spent in religious life span from 1 year (a Novice) to 54 years, indicating a mix of early-stage, mid-career, and veteran members of consecrated life. In terms of ministry roles, the participants serve in a wide range of apostolate, including digital communication, youth and catechetical ministry, health care, education, community formation, social outreach, and leadership. This diversity in roles contributes to the richness of the data, as it captures how mental health is influenced across different apostolic experiences and stages of religious commitment.

Role of Pastoral Ministry Obligations to Mental Health among Consecrated Religious Women in Western Deanery, Nairobi Archdiocese, Kenya

This part delves into the mental health obstacles that consecrated women face due to their pastoral duties. The research shows that the demands of ministry work often involving strong emotional engagement, physical exertion, and spiritual strain can significantly contribute to psychological stress and burnout.

Emotional Exhaustion

While being deeply fulfilling on a spiritual level, life in pastoral ministry often brings women of faith face-to-face with human hardship. Whether they are mentoring young people, guiding novices, or caring for those who are vulnerable, many of these women absorb the emotional burdens of those they help. This tendency to take on others' feelings leads to ongoing mental exhaustion and an overwhelming sense of empathy, which can really impact their own emotional health. A clear illustration of this comes from Participant 3, who works at a centre that helps girls who have been abused: *"The trauma stories of the girls often haunt me. I sometimes struggle with sleep and emotional heaviness."* (Participant 3).

This statement shows just how deeply caregiving work can affect someone emotionally. When one is involved in this sort of work, the way they experience trauma means they are not just listening to others' pain, they often end up feeling it themselves. This can show up as trouble sleeping and a constant, heavy emotional burden. Similarly, Participant 2, a Novice Mistress deeply involved in the formation of young religious, echoes this shared emotional burden: *"The work is fulfilling but emotionally heavy when novices face struggles; I feel their pain."* (Participant 2).

Pastoral ministry obligations can be characterized by both emotional exhaustion and personal accomplishment: it brings a lot of joy and fulfilment, but it also comes with the risk of getting emotionally caught up. When ministers truly connect with and feel for the people they are serving, especially when they are acting as mentors, it often leads to them feeling emotionally drained themselves. For Participant 6, a high school principal tasked with pastoral and administrative leadership, the emotional toll emerges through role overload: *"I often carry home the burdens of others, leading to anxiety and mental fatigue."* (Participant 6)

This calls for merging of professional ministry and personal life. The emotional and psychological toll of her apostolic work extends well beyond her working hours, diminishing her capacity for mental and emotional recuperation. Participant 4, who serves the youth ministry, further, illuminates this heightened emotional dimension: *"It's emotionally draining at times... Constantly trying to connect and be available to young people overwhelms me."* (Participant 4).

The desire to be consistently available and supportive places a strain on individuals, demanding that they remain emotionally accessible around the clock. This unceasing need to respond to the demands of others constitutes a significant burden, one that progressively drains their emotional energy. In particular, Participant 13, who navigates the dual demands of student life and religious commitments, notes the impact of ministry-related pressures on mental well-being: *"If not managed well, the demands can cause stress. Sharing with others helps me remain psychologically fit"* (Participant 13).

Although this response suggests a form of coping, it also highlights the necessity for deliberate emotional regulation. The collective burden of ministry, if left unaddressed, evidently presents a risk to mental well-being. Collectively, these perspectives reveal a common emotional experience: when pastoral ministry dominates one's life, it can lead to profound psychological exhaustion and emotional fragility.

The emotional challenges recounted by the participants echo the findings of Salami et al. (2022), who observed that religious women frequently face demanding workloads and scarce resources, resulting in emotional exhaustion. Consistent with these current results, consecrated women engaged in formation, youth ministry, and trauma care often absorb the suffering of others, which tends to exacerbate prolonged mental stress and anxiety. The weight of these emotions is further increased by the societal and cultural norms present in religious settings. According to Emmelkamp (2023), the expectation to maintain a high standard of morality and spirituality often leads to increased stress and psychological fragility. This aligns with the personal accounts of individuals who feel they cannot openly express their emotional exhaustion for fear of appearing spiritually inadequate. Moreover, Mahfoud et al. (2023), contend that mental health resources are often scarce within religious groups, leaving women in religious vocations with limited secure spaces to find emotional solace. This discrepancy underscores the significance of the participants' insights in this research, which highlights the necessity for both organizational and personal support systems within ministry contexts.

Physical Exhaustion

Beyond the emotional toll, the physical challenges inherent in pastoral ministry also stand out as a significant factor in mental health issues. Extended work hours, frequent travel, and unpredictable schedules frequently result in exhaustion, inadequate sleep, and a failure to attend to fundamental self-care practices. Participant 5, who is employed at a diocesan health clinic, articulates the impact of sustained physical exertion on her well-being: *"Long hours on my feet and dealing with emergencies leave me physically exhausted. The fatigue sometimes lingers for days."* (Participant 5). The persistent nature of demanding physical work without adequate recovery not only drains one's energy but also poses a threat to long-term health. When this exhaustion becomes chronic, it can be a contributing factor to symptoms of depression and burnout. Similarly, Participant 12, who is involved in both youth ministry and agriculture, notes: *"Sometimes you work whether you are tired or not, even without eating... By the end of the day, you're completely worn out."* (Participant 12).

This quote really highlights the selfless aspect of pastoral work, something that is frequently idealized in religious circles. But the idea that skipping basic needs like rest and food is okay slowly takes a toll on both physical and mental well-being. Participant 6 also touches on the physical demands of being a leader in education: *"I tend to skip meals and stay up late preparing reports... This affects my energy levels"* (Participant 6). Administrative positions, particularly those that also involve spiritual leadership, require a delicate balance across emotional, intellectual, and practical responsibilities. When clear boundaries are not established, this type of ministry can quickly drain one's mental and physical energy. This experience is reflected in the account of Participant 4, who is involved in youth ministry and similarly faces these challenges: *"Travel and managing youth events tire me out physically. I sometimes feel completely worn out."* (Participant 4).

The demanding nature of youth ministry, particularly when it requires constant travel and high levels of activity, often leaves little room for proper rest and recuperation. Endless physical exertion inevitably leads to persistent fatigue. Finally, Participant 13 pointedly underscores the straightforward yet significant truth about exhaustion: *"They can be physically exhausting. I need rest to re-energize and continue functioning."* (Participant 13). This statement asserts that neglecting intentional rest leads to the body suffering as a consequence of one's pastoral dedication. The physical exhaustion depicted in these accounts is not sporadic but rather widespread and accumulative in nature. In essence, the physical toll of ministry work, which is frequently overlooked, plays a considerable role in the decline of mental well-being among consecrated women.

The reports of physical exhaustion from the participants align with the findings of Makena et al. (2023), who observed that long working hours coupled with inadequate rest are frequent issues for consecrated women, often resulting in chronic fatigue and declining health. The current study's findings indicate that the women often spoke about skipping meals, working for extended periods, and feeling completely drained from juggling both administrative and pastoral duties. These circumstances are strikingly similar to what Salami et al. (2022) describe as the burden experienced by religious personnel operating in settings with limited resources.

Furthermore, the expectation to maintain high productivity and self-sacrifice while avoiding any appearance of needing rest aligns with the observations of Bialas et al. (2021). They note that within religious communities, mental or physical limitations are frequently conflated with a deficiency of faith or devotion. This internalized stigma not only delays necessary support but also exacerbates physical strain. Cragun and Speed (2022) add that hierarchical religious systems often diminish personal autonomy and promote unspoken endurance, intensifying emotional and physical burnout for individuals in subordinate positions. This structural dynamic was echoed by multiple participants in our study, who reported feeling restricted when attempting to seek rest or establish boundaries around their pastoral duties.

Disrupted Spiritual Life

Although ministry is fundamentally rooted in spiritual devotion, numerous participants observed that the inherent demands of pastoral work can inadvertently diminish their spiritual practices. As their energy wanes, maintaining a consistent prayer life becomes challenging and their sense of spiritual connection may suffer. Participant 6 provides insight into this particular struggle: *"At times, I feel too mentally tired to pray deeply."* (Participant 6). This feeling highlights a struggle between the longing to pray and the actual ability to do so. Mental fatigue hinders the capacity to fully

engage in spiritual practice, transforming prayer into a habitual act rather than a refreshing renewal. Participant 12 expresses a comparable tension: *"When you're too focused on the apostolate, you may forget prayer time... so your spiritual life is affected."* (Participant 12).

Here, the discrepancy between ministry and prayer is explicitly highlighted. Giving precedence to outward responsibilities tends to gradually weaken one's inner spiritual life, which can eventually result in a sense of spiritual emptiness. Participant 13 elaborates on this particular experience: *"Ministry work can overshadow spiritual life; one may forget to pray. Lack of prayer leaves me more vulnerable to challenges."* (Participant 13). This observation highlights the protective function of prayer within religious contexts. The absence of prayer seems to heighten individuals' susceptibility to stress, anxiety, and emotional instability. Participant 4's comments align with this perspective: *"When I'm burned out, I struggle to feel God's presence or pray deeply."* (Participant 4).

Burnout doesn't just take a toll on mental well-being; it can also dim one's spiritual awareness. The deep connection individuals feel with God, a cornerstone of their religious identity often becomes less clear when under significant stress. This disruption is also highlighted by Participant 11: *"Ministry tasks sometimes reduce prayer time... I strive to integrate spirituality into my work."* (Participant 11). This response suggests an effort to hold onto spirituality while working within the demands of ministry. However, the emphasis on needing to "integrate" highlights the struggle to keep a distinct time for personal prayer. Generally, the loss of a consistent spiritual rhythm in the midst of pastoral duties is a significant issue. It not only impacts inner peace but also weakens the spiritual energy necessary for a lasting and effective ministry.

The difficulty participants faced in sustaining a steady spiritual life amidst their demanding ministry duties echoes the concerns raised by Nganga et al. (2025). Their research highlights how religious institutions frequently emphasize outward service over the inner work of spiritual refreshment. The results presented here demonstrate that exhaustion and a packed schedule not only weaken emotional strength but also pull consecrated women away from the core practices of prayer and meditation that form the bedrock of their spirituality.

Simultaneously, Lucchetti et al. (2021) along with Shikanda et al. (2022), argue that spiritual activities such as prayer, contemplation, and group worship can bolster resilience and manage emotional turmoil. This idea is quietly recognized by participants who expressed a desire to return to their spiritual practices. Nevertheless, this research also validates the concerns raised by Zhang et al. (2021), who noted that numerous religious communities do not have organized programs for mental and spiritual health, compelling individuals to depend on piecemeal or ad-hoc coping mechanisms. Without a deliberate merging of spirituality and psychological assistance, participants remain susceptible to the emotional and spiritual repercussions of burnout.

Misunderstanding and Isolation in Community

An additional challenge that was becoming more apparent is the feeling of being misunderstood or alienated within a religious community, particularly for those involved in non-traditional forms of ministry. These sentiments, which are frequently left unvoiced, can lead to inner turmoil and a profound sense of detachment. Participant 1, who works in digital media, offers their perspective: *"Some sisters don't grasp the nature or value of digital ministry, leading to occasional isolation."* (Participant 1). When colleagues fail to acknowledge one's contributions, it can significantly weaken their feeling of being part of a group and their sense of being valued. Experiencing a sense of being overlooked or ignored often leads to emotional withdrawal and internal frustration. Participant 13's own experience as a student resonates with this conflict, as she described it: *"Balancing academic and pastoral duties is tricky... I still try to contribute in chores like cooking to maintain balance and contribute."* (Participant 13).

This reply highlights the pressure individuals feel to "prove" their engagement in community life. The challenge of balancing academic responsibilities with community standards adds to the emotional burden. Participant 15 also offers a practical viewpoint: *"I sometimes miss meals with the community due to meetings."* (Participant 15). It is quite disheartening when we miss out on those shared experiences, like meals, which tend to be such vital moments for bringing people together and fostering a sense of belonging. As Participant 6, someone in a very demanding leadership position, also points out, this can definitely create feelings of being left out or disconnected: *"My busy schedule means I miss some community activities, which can create distance."* (Participant 6).

Even in cases where the reasons for absence are entirely justifiable, stepping away from communal life inevitably reduces the invaluable emotional and spiritual sustenance derived from shared presence. These narratives illustrate how the demands of apostolic work can inadvertently undermine the bonds of community, resulting in consecrated women experiencing a sense of spiritual isolation and emotional lack within their own religious settings. Participants reported feeling isolated and misunderstood, particularly those serving in digital, academic, or administrative roles. These sentiments closely mirror the hierarchical difficulties identified by Cragun and Speed (2022). Their research underscores how rigid leadership structures can stifle individual expression and curtail autonomy, ultimately resulting in emotional detachment within communities that are ostensibly meant to be supportive. This dynamic seems especially pronounced among participants in specialized ministries, who conveyed a sense that their apostolic work was not only undervalued but also poorly understood by their colleagues.

The existing literature corroborates the emotional impact of such social exclusion. McGee (2022) highlights that the stigma surrounding mental health issues within religious settings can cultivate atmospheres where individuals hesitate to seek assistance due to concerns about being judged. This pattern was evident in the participants' narratives, who described feeling misunderstood, marginalized from communal events, or left to manage substantial duties without sufficient acknowledgment or backing. Additionally, researchers Nganga et al., (2025), have argued that in religious contexts that discourage emotional disclosure and lack supportive networks may unintentionally nurture feelings of loneliness, sadness, and detachment, outcomes that closely align with the firsthand accounts recorded in this research.

CONCLUSION

The duties associated with pastoral ministry play a substantial role in the mental health difficulties experienced by consecrated women. The considerable emotional and physical toll of their work, often combined with insufficient time for rest and a decline in spiritual nourishment, frequently leads to exhaustion, anxiety, and psychological distress. Furthermore, feelings of isolation from community life, which can be particularly pronounced in specialized ministry settings, tend to exacerbate these challenges.

RECOMMENDATIONS

The study recommends establishing formal mental health support systems within religious communities. This should include trained counsellors, regular check-ins focused on emotional well-being, and safe spaces where individuals can openly share their emotional challenges. Also, integrating structured rest periods and personal time into ministry schedules. This will give consecrated women the opportunity to recover, reflect, and practice self-care. Furthermore, the study recommends the important to train superiors and leadership teams to recognize the signs of burnout and emotional fatigue. They should be equipped to respond with support rather than resorting to disciplinary measures or spiritual judgment. Finally, the study recommends fostering a culture that normalizes emotional vulnerability. This means creating an environment where consecrated women feel safe to discuss their mental health openly, without fear of stigma or misinterpretation.

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