



## **Coping Strategies to Mental Health Problems among the Consecrated Religious Women in Western Deanery, Archdiocese of Nairobi, Kenya**

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### **ABSTRACT**

The demands of communal religious life necessitate considerable emotional resilience, highlighting the importance of effective coping mechanisms for preserving psychological health. These strategies play a key role in mitigating stress, alleviating anxiety, and fostering emotional flexibility. Studies suggest that religiously active women often integrate spiritual, communal, and professional resources in a holistic manner to sustain and bolster their mental well-being. The study aimed to explore the coping strategies to 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. From the data four themes emerged as a coping strategies to mental health problems among the consecrated religious women which were peers and community support; intentional self-care practices; spiritual grounding and inner resilience; and honest communication and spiritual reframing. The study recommends availability of professional counseling services and mental health educational sessions, with a particular emphasis on initiatives that combine spiritual and psychological perspectives pertinent to religious vocations. Also, to strengthen internal systems of peer support, such as intimate sharing circles, communal contemplative sessions, or well-being forums, designed to cultivate sustained emotional assistance. Advocate for personalized self-care regimens for every individual, encompassing rest, personal interests, physical exertion, and spiritual reinvigoration, all adapted to their unique circumstances. Finally, to provide consistent training opportunities for community leaders regarding mental health literacy and crisis intervention strategies, thereby fostering an environment characterized by heightened emotional sensitivity and compassionate care.

**Key Words:** Coping strategies, mental health problems, consecrated religious women, Nairobi

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### **INTRODUCTION**

Women dedicated to religious life utilize a variety of coping strategies to navigate the psychological challenges they may encounter. These approaches frequently incorporate religious practices, such as prayer and meditation, alongside professional interventions like counseling. The demands of communal religious life necessitate considerable emotional resilience, highlighting the importance of effective coping mechanisms for preserving psychological health. These strategies play a key role in mitigating stress, alleviating anxiety, and fostering emotional flexibility. Studies suggest that religiously active women often integrate spiritual, communal, and professional resources in a holistic manner to sustain and bolster their mental well-being.

Prayer and meditation serve as fundamental practices for consecrated women seeking to navigate mental health challenges. These spiritual disciplines cultivate a profound connection with the divine, providing a wellspring of inner fortitude, solace, and tranquility. Research, including work by Lucchetti et al. (2021), suggests that regular engagement in these activities bolsters emotional resilience. This is achieved through fostering self-reflection, enhancing emotional equilibrium, and nurturing mindfulness. Consequently, individuals often report experiencing a revitalized sense of hope and a noticeable decrease in depressive symptoms through these spiritual exercises.

The practice of contemplative prayer, which functions as a type of meditation, has been shown to lower stress and improve emotional control (Smith et al., 2020). Studies suggest that people who make meditation a regular part of their day often have lower levels of cortisol, a hormone linked to stress, which helps boost their mental health (Jaksicova, et al 2021). In particular, research indicates that women who engage in prolonged silent meditation retreats experience notable gains in their overall well-being and mental toughness (Tan et al., 2021).

Many people find inner strength and solace during tough times by relying on a deep faith in a higher power or divine plan (Oxhandler et al., 2021). Faith provides a framework for understanding and dealing with hardship, empowering believers to face challenges with greater emotional fortitude. Believing in a religious context often promotes positive outlooks and diminishes feelings of helplessness. As Lucchetti et al. (2021), note, spiritual ways of coping can help individuals discover meaning in painful experiences, lessening the psychological toll these events take. Moreover, shared religious activities can solidify a sense of belonging and offer emotional comfort through common rituals and convictions. Research consistently indicates that those who actively

engage in their faith tend to experience lower rates of depression and anxiety, with religious involvement often acting as a protective factor against mental distress (Tan et al., 2021).

Support from fellow community members is also crucial for helping consecrated women navigate the mental health challenges they may encounter. In religious communities, these women frequently establish peer support groups, creating safe environments where they can share personal stories and receive social and emotional guidance. Research on peer support suggests that these connections encourage emotional healing, foster proactive coping strategies, and reinforce social ties (AMECEA, 2021). Wright (2019), discovered that involvement in peer support initiatives notably lessens feelings of loneliness, depression, and anxiety. The common religious beliefs within these groups help build trust, enabling participants to openly discuss their vulnerabilities. In these settings, emotional healing often occurs through group discussions and shared prayer sessions, which also help strengthen group unity and solidarity (Dutra & Rocha, 2021).

Consecrated women who participate in community outreach projects frequently discover a reinvigorated sense of purpose, which can help ease feelings of isolation and hopelessness. Studies indicate that active involvement in community service boosts personal worth, strengthens social bonds, and fosters psychological resilience (Garssen et al., 2020). Engaging in acts of service allows individuals to redirect their attention from personal struggles to the well-being of others, ultimately nurturing a deeper sense of life satisfaction. Cook (2020), found that religious individuals who volunteer regularly tend to experience lower levels of depression and stress. Offering support to others generates positive emotions and reinforces one's feeling of significance and achievement. Furthermore, community outreach initiatives led by consecrated women help cultivate emotional connections and contribute to the growth of robust, supportive networks within religious contexts (Wright, 2019).

Research indicates that consecrated women who receive professional counseling often experience a notable reduction in symptoms of depression and anxiety (Fletcher et al., 2018). Psychological therapy provides structured approaches specifically designed to meet the unique needs of individuals within religious settings. Cognitive-behavioral therapy (CBT), for instance, has proven effective in helping religious populations modify negative thought patterns and manage emotional distress (McClintock et al., 2019). Participating in counseling not only improves mental health outcomes but also aids religious individuals in developing greater self-awareness and more adaptive coping mechanisms (Fradelos, 2022). Incorporating spiritual components into therapy sessions can make them more relevant and impactful for consecrated women, given that faith-based perspectives often heavily influence their emotional and psychological well-being (Graça & Brandão, 2024). Nevertheless, the stigma surrounding mental health in certain religious contexts remains a substantial obstacle to seeking help. Many consecrated women might view psychological challenges as evidence of spiritual shortcomings, which can deter them from pursuing therapeutic support (McGee, 2022). Implementing faith-informed mental health awareness initiatives can help reduce this stigma and enhance acceptance and access to professional services within religious communities (Avent Harris et al., 2021).

Mental health workshops offer consecrated women valuable stress management techniques and practical coping strategies. Designed specifically for religious communities, these programs provide participants with psychological tools that foster resilience and emotional regulation. Research shows that psycho-educational interventions significantly improve mental health outcomes by enhancing self-awareness and developing adaptive coping mechanisms (Garssen et al., 2020). Cook (2020), discovered that consecrated women who took part in mental health training reported lower stress levels and better emotional self-control. These programs typically incorporate mindfulness-based stress reduction techniques, cognitive restructuring strategies, and interpersonal skills training. When religious institutions integrate mental health education into their formation and ongoing training, they enable consecrated women to more effectively handle the emotional challenges of their ministries (Garssen et al., 2020). Religious leader training programs help increase both knowledge and comprehension of mental health problems. The mental health training provided to clergy members gives them the ability to deliver proper support and referral services for consecrated women facing distress (Isacco, 2020). Building better mental health systems in religious institutions results in marked improvement of consecrated women's overall physical and emotional health.

The available research suggests that women in consecrated life utilize a range of coping strategies to navigate mental health difficulties. Nevertheless, current studies fail to clearly quantify how frequently these approaches are employed or assess their overall efficacy. This study aimed to address this knowledge gap by examining both the extent and effectiveness of the coping mechanisms utilized by consecrated women within the Western Deanery of the Nairobi Archdiocese.

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## 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.

### **Coping Strategies to Mental Health Problems among Consecrated Women in Western Deanery, Nairobi Archdiocese in Kenya**

This section delves into the coping strategies that consecrated women utilize to manage the mental health challenges stemming from their pastoral duties and family responsibilities. The research indicates that these women find resilience through a blend of communal backing, deliberate self-care routines, and profound spiritual roots. The subsequent themes demonstrate how these approaches help them navigate emotional pressure, stave off burnout, and maintain their well-being within the framework of religious life.

#### **Peer and Community Support**

One of the key coping mechanisms mentioned by the participants involved drawing on peer support and communal living for emotional and spiritual resilience. Many consecrated women discovered that openly sharing their thoughts with trusted peers, engaging in reflective groups, or receiving informal encouragement from their communities were essential in helping them manage stress. Participant 2, who is a novice mistress and formator, emphasized the significance of shared experiences: *"I find strong support from fellow formators. We share experiences and offer one another guidance."* (Participant 2). This highlights the importance of open dialogue and empathy within leadership settings, as these elements foster safe environments where women can share their burdens and find comfort from peers with similar experiences. Furthermore, Participant 3, a manager at a rescue center, also noted the therapeutic benefits of group reflection: *"Our superior facilitates community reflection sessions, and I'm part of a peer support group for high-stress ministries."* (Participant 3).

Her response illustrates how institutional structures, such as regular group reflections and support circles, can act as preventative care for emotional overload. Participant 8, currently in formation, described how communal support offers emotional relief during overwhelming moments: *"When stress becomes overwhelming, I share with my sisters. They not only suggest coping strategies but also accompany me on visits when needed."* (Participant 8). This response highlights a profound sense of solidarity that goes beyond mere advice, offering instead a practical companionship that nurtures both emotional and logistical support during difficult ministry tasks. Participant 11, who is a lecturer and community vicar, confirmed her community's empathetic and understanding nature: *"My community is understanding. I can rest when needed and have someone to talk to when overwhelmed."* (Participant 11).

The feeling of psychological safety, the knowledge that one can take a step back when necessary plays a vital role in stress management and burnout prevention. Participant 15 also highlighted the positive atmosphere fostered by simple, joyful interactions: *"We share stories, laugh, dance, and go for recreation. This gives me energy and helps me manage stress."* (Participant 15). These modes of community participation provide a sense of emotional rejuvenation. They extend beyond mere relaxation, actively restoring elements like joy, a feeling of belonging, and meaningful connection, factors that collectively bolster mental well-being. The aggregated responses indicate that, for numerous consecrated women, community transcends the role of a mere dwelling place; it functions as a therapeutic environment where burdens can be shared and the process of healing can commence.

The findings were consistent with other findings from the literature. For instance, a studies by AMECEA (2021) and Taylor et al. (2022) point out, peer groups provide emotional comfort by offering shared experiences, mutual understanding, and social direction. This fits perfectly with what the participants described, they relied on trusted friends, group reflections, and informal sharing circles to handle emotional and spiritual pressures. Dutra and Rocha (2021) similarly argue that group discussions and communal prayer strengthen solidarity and trust, which in turn allows religious women to be more vulnerable and find healing. These observations align with our own study, in which participants described how laughter, recreation, and storytelling within their communities were vital for managing stress. Consequently, the communal dimension of religious life not only provides a spiritual basis but also functions as an emotional support system, bolstering mental well-being through shared presence and empathy.

### Intentional Self-Care Practices

Most of the participants talked about creating their own self-care habits as a way to unwind and get back to neutral. These habits, which ranged from exercise and writing in a journal to pursuing creative interests and making sure they got enough rest, were deliberately picked to help them feel balanced and avoid burning out emotionally. For example, Participant 1, who handles digital communications, mentioned how they make time for creative rest: *"Takes intentional 'digital detox' days, engages in photography and creative writing."* (Participant 1). This suggests a conscious recognition of the mental strain that comes with being constantly connected, along with the importance of stepping away, reflecting, and reconnecting with one's creative core. Participant 4, a youth chaplain, also described her personal strategies for relaxation: *"I go jogging, journal my thoughts, and watch uplifting films to relax and reset."* (Participant 4).

Her response highlights that blending physical and emotional release achieved through movement and reflective writing can create a lasting approach to sustaining well-being. Participant 5, for example, detailed how she grounds herself by relying on comforting routines: *"I journal, bake, and garden. These activities help me decompress and find peace."* (Participant 5). This all-encompassing perspective illustrates how caring activities can transform into healing practices, providing emotional stability within the often-demanding field of ministry. Participant 6 further incorporated a spiritual element into self-care: *"I attend silent retreats, walk in nature, and read spiritual books. These help me reflect and recharge."* (Participant 6). Her example effectively illustrates the critical role that spiritual growth and solitary reflection play in fostering emotional and mental recuperation, particularly for individuals in leadership positions. Collectively, these perspectives confirm that self-care is not an optional indulgence for religious women but a fundamental requirement for maintaining both their calling and their psychological well-being.

The participants' focus on rest, exercise, hobbies, and mindfulness highlights a growing awareness that consecrated women need deliberate wellness strategies to avoid burnout. Research by Garssen et al. (2020) and McGee (2022), supports this, showing that mental health workshops and psychoeducational programs have effectively helped individuals in religious communities develop stress management skills and improve self-regulation. These organized methods often include mindfulness-based techniques and emotional regulation tools, much like the journaling, running, and spiritual reading practices mentioned by the participants. Moreover, Graça and Brandão, 2024, emphasize the physical and mental health advantages of contemplative activities and self-care, noting lower levels of cortisol and enhanced emotional regulation. These results bolster the idea that engaging in pursuits such as photography, gardening, or walking in nature can help individuals unwind from the pressures associated with their ministry work. Through these practices, consecrated women take an active role in managing their well-being, embracing rest, creative expression, and introspection not merely as hobbies, but as essential methods for sustaining their overall health.

### Spiritual Grounding and Inner Resilience

For numerous participants involved, their faith functions as the central support that helps them navigate the emotional and psychological challenges inherent in a consecrated lifestyle. The key strategies they described for managing these demands include prayer, participation in sacraments, retreats, spiritual guidance, and a deliberate commitment to following God's plan. Participant 7, who is a novice, discussed the straightforward yet powerful nature of living in a prayerful community: *"I manage my time well, share my feelings with others, and sing in community groups, which helps me relax and feel encouraged."* (Participant 7). This blend of spiritual and emotional encouragement illustrates how prayer and communal music can bring back a feeling of inner peace. Participant 9, a senior lecturer and expert in mental health, highlighted the importance of spiritual boundaries and balance: *"I cope by practicing self-care—doing only what I can manage, saying 'no' when necessary, and keeping a joyful attitude."* (Participant 9).

This is a practical theology firmly rooted in joy and humility. It embodies the belief that self-care is a spiritual act, performed in service to others. Participant 10, who has over fifty years of experience in religious life, finds both clarity and strength through spiritual direction: *"I turn to prayer, spiritual direction, and supportive friends. Their advice and companionship help me manage emotional and mental strain effectively."* (Participant 10). In this context, the combination of spiritual and human support arises as a powerful remedy for stress, particularly within demanding emotional ministries. Participant 14 explained how integrating both scripture and psychological insights aids her in managing stress: *"I read spiritual and psychological books... I share my thoughts and run or stretch to relieve tension."* (Participant 14). This response suggests an integrated approach to mental well-being, emphasizing that comprehending both the spiritual and psychological aspects fosters greater resilience in managing challenges. Essentially, these

narratives demonstrate that spiritual foundations are not peripheral to mental health, they are fundamental to it. While faith-based coping does not eliminate stress, it provides meaning and a sacred framework for processing it.

Spirituality as a coping mechanism emerged as a central theme in this research, a finding that aligns strongly with existing scholarly literature. Studies by Lucchetti et al. (2021) indicate that prayer, meditation, and surrender to a higher power serve as fundamental strategies for creating meaning, managing emotions, and building resilience. These observations are reflected in the participants' own accounts, where they described how spiritual practices provided them with strength, inner peace, and a broader perspective when navigating the challenges associated with their ministry work. Furthermore, research by Graça and Brandão, (2024), confirms that spiritual practices, including silent retreats, contemplative scripture reflection, and communal worship are linked to reduced symptoms of depression and anxiety. Individuals who participated in these activities often described them not merely as habitual routines, but as profoundly transformative experiences that aided in restoring their inner equilibrium. Oxhandler et al. (2021) also highlight the significance of steadfast faith during difficult times, noting that it enables individuals to interpret suffering through a framework of purpose. This theme repeatedly emerged in the study data: participants frequently employed their faith to overcome burnout, re-evaluate limitations, and recommit to their personal mission with enhanced clarity.

### **Honest Communication and Spiritual Reframing**

Even in the face of significant familial pressure, numerous participants have successfully developed healthy coping strategies, primarily by establishing boundaries, engaging in clear communication, and offering spiritual rather than material support. This transformation enables them to nurture their personal emotional health while sustaining a spiritual bond with their families. Participant 5 presents a particularly measured and insightful viewpoint: *"I explain my limitations kindly and pray for them. Over time, my family has come to accept and understand my position."* (Participant 5). This indicates that sincere and considerate communication plays a key role in setting realistic expectations and nurturing lasting comprehension, which in turn alleviates internal strain. Participant 4's remarks also align with this pattern: *"I explain my limitations and offer emotional and spiritual support instead. They're gradually becoming more accepting."* (Participant 4).

The gradual nature of acceptance is important. It really highlights the journey of reworking one's place within the family and fine-tuning emotional boundaries as time goes on. Participant 10, a woman with a long history in religious service, presents a comparable pattern: *"I explain my limitations, and my family is understanding. They know the nature of my vocation."* (Participant 10). Experience and maturity contribute to fostering an atmosphere of acceptance within the family unit. When personal boundaries are honored, maintaining emotional resilience becomes more manageable. The reflections presented suggest that while familial expectations are a natural part of life, individuals, particularly those who are deeply spiritual or consecrated, can safeguard their psychological well-being by redefining the concept of support. Effective communication, paired with a consistent spiritual practice, functions as a robust defense against overwhelming emotions.

The results of this study on coping mechanisms are consistent with existing research that highlight the protective function of family ties, provided they are nurtured with clear boundaries and equilibrium. Individuals who established limits and fostered open dialogue with their families noted increased emotional fortitude. This aligns with Lee et al. (2019), whose findings indicated that robust, supportive familial connections diminish the probability of anxiety and depression among consecrated women. When families extend encouragement without placing undue pressure, religious women tend to manage ministry-related pressures with greater psychological equilibrium. Furthermore, Salami et al. (2022), stress the value of sustained emotional backing from relatives in aiding religious women to preserve both their spiritual dedication and mental well-being. These studies validate the accounts of participants in this research who detailed how positive family involvement—marked by respect, empathy, and spiritual uplift—augmented their sense of purpose and inner calm. Bucumi (2023) also observes that external affirmation and familial reinforcement solidify the emotional bedrock of consecrated women, a trend evident in the perspectives of those who had effectively redefined their family dynamics to honor their religious commitments.

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## **CONCLUSION**

The study indicated that women in religious vocations employ diverse coping methods to navigate mental health difficulties. A key factor identified was peer support within their faith communities, many individuals drew strength from collective prayer, candid sharing of experiences, and the emotional connection with other sisters. This communal solidarity helped mitigate feelings of isolation and offered a sense of emotional stability. Participants also incorporated intentional self-care practices into their routines, such as taking time to rest, pursuing hobbies, engaging in physical activity, and practicing mindfulness. Spiritual coping strategies, particularly prayer, surrender, and meditative silence, surfaced as especially effective tools for building resilience. While some women sought professional mental health support, including counseling and workshops, access to these services was often hindered by stigma. Those who did utilize these resources reported experiencing significant emotional relief and enhanced self-awareness. These approaches highlight both the role of individual efforts and the necessity of communal and institutional backing in promoting sustained mental well-being.

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## **RECOMMENDATIONS**

The study recommended availability of professional counseling services and mental health educational sessions, with a particular emphasis on initiatives that combine spiritual and psychological perspectives pertinent to religious vocations. Also, to strengthen internal systems of peer support, such as intimate sharing circles, communal contemplative sessions, or well-being forums, designed to cultivate sustained emotional assistance. Advocate for personalized self-care regimens for every individual, encompassing rest, personal interests, physical exertion, and spiritual reinvigoration, all adapted to their unique

circumstances. Finally, to provide consistent training opportunities for community leaders regarding mental health literacy and crisis intervention strategies, thereby fostering an environment characterized by heightened emotional sensitivity and compassionate care.

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