Review Article

A New Evidence-Based Spirituality Framework for Mental Health Practitioners: A Concept Analysis and Integrative Review

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Abstract

This paper presents a new evidence-based spirituality framework aimed to assist counselors, psychologists, and other mental health professionals to effectively integrate spirituality into their clinical practice, thereby improving the mental health outcomes of their clients, reducing their excessive workloads during the current global mental health crisis, and leading to better client care. Using an integrative literature review of the relevant empirical and theoretical findings, taking a scientist-practitioner stance and an applied clinical perspective, the paper legitimizes the science of spirituality and its benefits for mental health. Based on a concept analysis of the literature, findings yielded a holistic and evidence-based conceptual framework comprising the attributes, antecedents, practices, mental health-related outcomes, corresponding mechanisms of action, and potential harms of spirituality. In doing so, the paper responds to calls in the literature to effectively integrate spirituality into clinical practice; for more nuanced research on the role of spirituality in mental health; for the development of holistic, person-centered, evidence-based spiritual therapies to improve client outcomes and reduce clinician burnout; for the teaching of spiritual competencies in mental health graduate training programs; and more training of practitioners.

Keywords:
Spirituality • Global mental health crisis • Spiritual practices • Neuro-spirituality • Spiritual neuroscience

Introduction

The "spirituality revolution" (Tacey, 2004, p. 1) in the last 30 years has spawned expanding research on the psychology of religion and spirituality. This advancement has included the development of spiritual well-being measures (Ekşi & Kardaş, 2017; Moberg, 1984; Paloutzian & Ellison, 1982); the integration of spirituality into counseling or psychotherapy (Johnson, 2013; Koç, 2024; Sperry & Mansager, 2007); and the emergence of religion-and-spirituality-oriented therapies (Mangione & Plante, 2024), also referred to as spirituality-based interventions (Cook, 2015), spirituality-based counseling (İşbilen & Mehmedoğlu, 2022), or spiritually integrated psychotherapies (Currier et al., 2024). These therapeutic approaches incorporate mindfulness, meditation, and yoga (Currier et al., 2024; Mangione & Plante, 2024), which, despite being rooted in ancient Eastern teachings (Kabat-Zinn, 2013) or religions like mystical contemplative traditions within Christianity (Trammel, 2017), are secular in nature. The use of such practices may result from the "transreligious learning paths" or "trajectories" (Husgafvel & Utriainen, 2023, p. 1) of counselors, psychologists, or other mental health professionals (MHPs) to supplement their academic education. Hence, MHPs can use these practices with their clients, even those without religious or spiritual affiliations (Plante, 2024).

Growing research evidence supports the mental health (MH) benefits of spirituality-based interventions in clinical practice (Cook, 2015; Pečečnik & Gostečnik, 2022). These interventions are commonly used in psychiatric nursing (Clark & Emerson, 2021), palliative care (Kang et al., 2023), and the treatment of individuals with HIV/AIDS (Cotton et al., 2006), cancer (Kang et al., 2023), substance use disorders and addiction (Galanter et al., 2021; İşbilen & Mehmedoğlu, 2022); and more recently, internet addiction (Yıldırım, 2023). Additionally, a recent study has highlighted the mediating role of spiritual well-being in overall psychological health (Tunç & Ümmet, 2024).

People with spiritual beliefs tend to have lower rates of depression, suicide, addiction, and loneliness (Gallup, 2023). Kaufman and Rosmarin (2024) encourage clinicians to consider the assessment and the potential inclusion of spirituality in the treatment of alcohol use disorder and post-traumatic stress disorder (PTSD). Further, according to Kopacz et al. (2016), spiritual well-being is a protective effect against suicidal behavior. Moreover, a recent multi-level meta-analysis of randomized controlled trials (Bouwhuis-Van Keulen et al., 2024) found that religion and spirituality therapies are more effective than regular therapies, particularly for depression, and typically lead to improvement within the first month (Currier et al., 2024). In sum, as Pargament (2023) puts it, "Today, there is a compelling evidence-based rationale for integrating religion and spirituality into psychological practice" (p. 216).

The Current Global Mental Health Crisis

The world is experiencing a MH crisis (Fleming, 2021; Sotillos, 2024), despite global efforts to mitigate it (Patel et al., 2023). By 2030, MH disorders are estimated to cost US$16 trillion (London & Varnum, 2019). MH is one of the most neglected areas of healthcare, impacting 1 billion people worldwide. Each year, alcohol misuse accounts for 3 million deaths, and one death by suicide occurs every 40 seconds (World Health Organization, 2020).

Further, new forms of non-substance addiction—such as addiction to the internet or digital addiction—have emerged in recent times (Reichert et al., 2021). Consequently, the demand for MH care services has skyrocketed, putting these services in crisis mode in many developed countries (Salicru, 2022). In turn, MHPs are overwhelmed with excessive workloads, poor work-life balance, and emotional exhaustion, putting their clients' care at risk. For example, in 2022, 45% of psychologists in the United States reported feeling burned out (Lin et al., 2023).

The Gap

Despite the evidence highlighted above, general mainstream MH care—with existing MH services available to the general population—has not yet fully achieved the integration of spirituality in MH treatment. Clinical practice remains dominated by a biomedical model that ignores spiritual well-being (Chen & VanderWeele, 2020; Mapaling & Naidu, 2023; Wong & Laird, 2023). In addition, most MHPs lack the time, knowledge, skills, and confidence to have spirituality-related conversations with their clients (Pargament, 2023). According to Kumar (2023), a majority of MHPs continue to treat religion and spirituality as synonymous and view it as archaic, unscientific, and having little value for MH care. Kaufman and Rosmarin (2024) attribute this neglect of spirituality in MH care to erroneous assumptions and misconceptions of the construct. In the current context, where there is a pressing need to address this global MH crisis, responses to this problem are inadequate and insufficient (World Health Organization, 2022). Hence, a different approach to delivering MH services is urgently required (Radfar et al., 2021; Shidhaye, 2023; Stringer, 2024; Wong & Laird, 2023). The disregard or underutilization of spirituality in MH care constitutes a vast untapped potential and a significant gap.

Study Aims and Research Questions

This study aims to address the above-discussed gap by answering the following five research questions:

RQ1: What are the most common defining attributes of spirituality?

RQ2: What are the antecedents of spirituality?

RQ3: What are the most common and effective spiritual practices?

RQ4: What are the underlying mechanisms and MH outcomes of spiritual practices?

RQ5: Does spirituality have any harmful effects? If so, how can these be mitigated?

Significance of the Study

The current global MH crisis is posing unprecedented challenges. The dominant medical MH care model cannot meet the current demand and must be replaced with more innovative and practical solutions (Gruber et al., 2021). This paper develops a holistic, evidence-based spirituality framework that will benefit MHPs and their clients. The paper also responds to calls in the literature to effectively integrate spirituality into clinical practice and for more nuanced research on the role of spirituality in MH care (Aldwin et al., 2014; Halbreich, 2024); for the development of holistic, person-centered, evidence-based spiritual therapies to improve client outcomes and reduce clinician burnout (Bouwhuis-Van Keulen et al., 2024; Plante, 2024; Puchalski et al., 2014); for the teaching of religion and spirituality competencies in MH graduate training programs (Pearce et al., 2024); and more training of practitioners (Pargament, 2023).

Method

An innovative hybrid method combining integrative literature review and concept analysis (Gartner et al., 2022) was conducted to synthesize the empirical and theoretical literature (quantitative, qualitative, and mixed-method studies) to obtain a deep understanding of spirituality and MH. Concept analysis (CA) is a method that aims to identify and clarify the defining attributes and structural components of complex, multidimensional constructs (Walker & Avant, 2019; Wynn, 2024). Walker and Avant's (2019) CA method entails identifying the attributes (characteristics), antecedents (context or preconditions), and consequents (outcomes) of a concept. Hence, it was chosen to investigate the research questions of this study.

The integrative literature review (ILR, Broome, 2000) is a research method (Snyder, 2019) that incorporates both experimental and nonexperimental studies, "which enhance a holistic understanding of the topic of interest" (Whittemore & Knafl, 2005, p. 552). ILRs enable researchers to obtain a fine-grained understanding of a phenomenon by analyzing, synthesizing, and reconceptualizing the extant literature (Broome, 2000). According to de Souza et al. (2010), an ILR constitutes the "most comprehensive methodological approach of reviews" and is "a unique tool in healthcare for it synthesizes investigations available on the given topic and guides practice based on scientific knowledge" (p. 103). Similarly, Cronin and

George (2023) contend that ILRs "are a unique vehicle for synthesizing existing knowledge" (p. 169), and Younas et al. (2022) assert that ILRs "are invaluable for synthesizing literature to guide practice" (p. 1124). By combining theoretical and empirical studies, ILRs can be used to review theories, define concepts, and provide evidence (de Souza et al., 2010); to unpack and advance the current knowledge about an evolving phenomenon (Cronin & George, 2023; Snyder, 2019); and to generate new perspectives and insights (Elsbach & van Knippenberg, 2020; Torraco, 2016).

The ILR in this study was informed by Torraco's (2016) guidelines and followed Whittemore and Knafl's (2005) five phases of updated methodology: problem identification, literature search, data evaluation, data analysis, and presentation of results. The review included full-text, peer-reviewed academic articles (literature reviews, meta-analyses, and qualitative and quantitative studies), scholarly books, gray literature, and official reports on the definition, dimensions, antecedents, practices, outcomes and mechanisms of action, and potentially harmful effects of spirituality. Articles on intercessory prayer or distance healing were excluded. All articles were in English, except one that was in Spanish. No date restrictions were applied to the search strategy.

The PsycINFO, PubMed, and Google Scholar databases were used to conduct the search. The search terms were "spirituality," "definition of spirituality," "antecedents of spirituality," "spiritual practices," spiritual processes," "spirituality and mental health," "spirituality and mental health outcomes," "spirituality, mental health outcomes, and mechanism of change," and "harmful/negative effects of spirituality." The initial search yielded 375 publications. After all duplicates were removed and a quality assessment conducted, 187 final publications were selected from PsycINFO (n = 103), PubMed (n = 55), Google Scholar (n = 24), and official websites (n = 5). They included 180 scholarly publications from 1900 to 2024 (133 journal articles, of which 12 were systematic reviews of meta-analyses and randomized controlled trials, 27 book chapters, and 20 books), two official research reports, and five official online publications.

Findings were summarized using a narrative approach and large tables to complement—not duplicate—the main text content (Cloutier & Ravasi, 2021). The rationale for making this choice is particularly relevant to qualitative research (Miles & Huberman, 1994). First, as one of their most important and valuable functions, tables help manage and organize large amounts of data generally generated through qualitative research (Cloutier & Ravasi, 2021). In fact, tables "help bring order into an otherwise vast and chaotic mass of data" (Cloutier & Ravasi, 2021, p. 115), thus enabling the researcher to communicate findings and insights in a parsimonious and understandable manner. Second, tables are time and space-effective because they help readers understand the results thoroughly and break the monotonous task of reading text by engaging and sustaining readers' interest (Divecha, 2023).

This approach is in line with Miles and Huberman's (1994) observation that "extended, unreduced text alone is a weak and cumbersome form of display ... because it is disperse over many pages and is not easy to see as a whole" (p. 91). In other words, by heightening the visualization mode, tables enable readers to access information at one glance (Younas & Ali, 2021) or for "exploratory eyeballing" (Miles & Huberman, 1994, p. 93). Third, tables are practical for condensing data, facilitating comparison, and enhancing readability, making it easy for readers to find and grasp the contents quickly while enhancing data comprehension and interpretation (Thomas, 2021). This includes detecting similarities, differences, patterns, themes, and trends (Miles & Huberman, 1994). Finally, as Golden-Biddle and Locke (2007) highlight, qualitative research is about "showing" rather than "telling" readers about the data.

Literature Review

Conceptions of spirituality vary depending on cultural, religious, and philosophical traditions and academic perspectives taken. Hence, no universal consensual definition of spirituality exists (Koenig, 2012). This section clarifies the differences between religion and spirituality. It extracts the main attributes of spirituality from nine groups of evolutionary philosophical and psychological traditions and theories that, while offering their unique perspective, tend to converge, overlap, integrate, and build on each other.

Religion and Spirituality: Is There a Difference?

Historically, the words "religion" and "spirituality" were used interchangeably (Culliford, 2002); however, they have been treated as distinct constructs in recent decades (Pargament et al., 2013). Religion has been defined as an organized belief system characterized by institutional membership, dogma, rules, rituals, ceremonies, and obedience to a god, with trained clergy acting as formal leaders (Heelas, 2002). Spirituality is broader and more inclusive, with personal, reflective, and introspective attributions of meaning, purpose, and practices based on meditation and personal devotion rather than the collective worship of a higher power (Cohen & Neuberg, 2019; Pargament et al., 2013). However, some authors caution against exaggerating the differences between religion and spirituality (de Brito Sena et al., 2021), using value judgments based on a superiority hierarchy (Selvam, 2013), and using polarizing terms such as "individual vs institutional" or "good vs bad" (Hill et al., 2000, pp. 63–64). Jeserich et al. (2023) propose that religion and spirituality are not dichotomous but lie on a continuum.

Evolution of Spirituality

Conceptions of spirituality vary depending on the cultural, religious, philosophical, or academic context. Therefore, no universal definition of spirituality exists. This section

extracts the main attributes of spirituality from nine philosophical and psychological perspectives. These attributes converge, overlap, and build on each other.

Existentialism emerged in the mid-20th century with the work of philosophers such as Kierkegaard, Nietzsche, Husserl, Buber, Tillich, and Heidegger, who posed questions about purpose, identity, authenticity, and meaning (Frankl, 1967; James, 1902; Wong, 2017). Such philosophers considered the experience of life, suffering, guilt, fear, despair, freedom, responsibility, and moral conscience as spiritual (Frank, 1967). Hence, 'existential' is a synonym for 'spiritual' when addressing such questions, and, like phenomenology, existentialism proposes that human consciousness is always connected to the world. The humanistic phenomenology perspective of spirituality is rooted in James' (1902) seminal work on religious experience and forerunner of humanistic psychology, and subsequently in Maslow's (1943) theory of human motivation. Not surprisingly, existential principles gave rise to existential-phenomenological and humanistic-existential psychology, logotherapy (Frankl, 1967), and various types of meaning-centered therapy/counseling (Wong, 2017). These approaches align with Jung's (1938) notion of individuation (attaining wholeness through spiritual growth) and Maslow's (1962) concepts of self-actualization and peak experiences. These themes re-emerged with the transpersonal and positive psychology movements.

Transpersonal, spiritual, or 'scientific' transpersonal psychology relates to the scientific study of transpersonal phenomena (Ferrer, 2014), emphasizing human potential and transcendent states of consciousness (Lajoie & Shapiro, 1992). It emerged in the 1960s and 1970s, and is rooted in James' (1902) work on the psychology of religious experience and Jung's (1959) related concepts of archetypes and the collective unconscious. Transpersonal psychology includes five main themes: (1) states of consciousness; (2) highest or ultimate potential; (3) beyond ego or personal self; (4) transcendence; and (5) spirituality (Lajoie & Shapiro, 1992).

Positive psychology emerged in the 1990s with a return to humanistic psychology theories. It is based on the premise that spiritual and psychological well-being can be achieved through the expression of 24 universal "character strengths" (Peterson & Seligman, 2004), which contribute to human flourishing (Seligman et al., 2005). Positive psychology also includes Csikszentmihalyi's (2014) construct of flow – "the holistic sensation present when we act with total involvement" (p. 136), which shares features of Maslow's (1962) concept of peak experiences.

The adult development perspective contends that spirituality plays an important role in psychological maturity in the second half of adulthood (Boyatzis et al., 2006; Kallio, 2015). Therefore, spiritual development is conceptualized as a core developmental process across the lifespan, and spiritual growth is a positive outcome

of the maturation process. These notions are consistent with Jung's (1938) assertion that as individuals become more aware of their mortality in midlife, they begin to explore the spiritual aspects of themselves.

Historically, considerable psychiatric care has been provided within a religious or spiritual context (Cook, 2022). Current contributions to psychiatry confirm that state-of-the-art clinical psychiatry aims to provide treatment of individuals with mental conditions within a comprehensive approach by integrating social and spiritual dimensions (Huber & Schneeberger, 2020). Similarly, recent advances in health psychology have developed additional measures to evaluate spirituality, and new frameworks in healthcare have been proposed for a better understanding of spirituality as an important aspect of research (de Brito Sena et al., 2021).

Research in neuroscience (Beauregard & O'Leary, 2007; Rim et al., 2019; Rosmarin et al., 2022) and consciousness (Jeanmonod, 2011; Walach et al., 2011; Walton, 2017) has generated hard data and given rise to the science of spirituality (Knight, 2023; Miller, 2024; Preston et al., 2023), and neurospirituality (Jonas, 2011; Rubia Vila, 2014). The fascinating science of neurospirituality, neurotheology, or spiritual neuroscience demonstrates the neurophysiological effects of religious and spiritual practices with the use of brain imaging techniques (Aaen-Stockdale, 2012; Jonas, 2011; Newberg, 2016; Rim et al., 2019; Rosmarin et al., 2022), generating new models of human spiritual experience (Miller, 2024). This emerging research integrates disciplines such as psychology, philosophy, spirituality, and religion into a unified system of science that describes the multidimensional nature of the universe and humankind. Consciousness research has linked spirituality to interconnectedness and prosocial behaviors, enhancing meaning and well-being in religious and non-religious people (Saad et al., 2022). According to Jeanmonod (2011), "the concept of consciousness is omnipresent in the fields of neuroscience, quantum physics, philosophy and spirituality" (p. 75).

Surprisingly, the quantum theory perspective offers the most integrated and numinous explanation of spirituality. Quantum theory emerged in the early 1920s with Einstein's theories of relativity, representing a paradigm shift that deeply challenged Cartesian and Newtonian physics, the pillars of modern science (Ferrer, 2020). Quantum physics studies energy and matter at the subatomic level, claiming that no absolute separation between seemingly disparate things exists. This assertion is known as "the quantum principle of entanglement" (Walton, 2017, p. 21), which proposes that the distinction between 'objectivity' and 'subjectivity' is human-made. In a similar vein, Ponte and Schäfer (2013) assert that quantum physics demonstrates "the interconnectedness of all things . . . and the connection of our minds with a cosmic mind" (p. 602). Schäfer (2013) calls quantum physics "the psychology of the

universe" (p. 6), asserting that it "has taken science right into the middle of historic traditions of spirituality" (p. 21). This claim aligns with a postmaterialist model of consciousness (Beauregard et al., 2014; Brabant, 2016) and Jung's (1959) notion that the human psyche is guided by a collective unconscious (Ponte & Schäfer, 2013). As Canova (2023) puts it, the term 'quantum spirituality' represents "the merging of modern science and ancient wisdom" (p. 7). The following section complements this review by summarizing all findings.

Findings

As alluded to in the method section, findings are summarized using a narrative approach and large tables, mostly used to complement rather than duplicate the literature review.

Defining Attributes of Spirituality

While spirituality lacks a universal definition, scholars agree that it is a multidimensional construct (Moberg, 2002). As noted by Paloutzian and Park (2005), "definitional issues do not need to impede progress in the field" (p. 16), and "single-strand definitions are inadequate to the current demands for theoretical sophistication" (p. 32). Therefore, CA was used to identify the main defining attributes and sub-attributes of spirituality in the literature (e.g., transcendence, search for the transcendent, connectedness). Table 1 displays seven clusters containing the most common defining attributes of spirituality, addressing RQ1.

Antecedents of Spirituality

The antecedents of spirituality constitute the context, preconditions, and internal or external factors that precede, initiate, or shape individuals' spiritual beliefs, experiences, and practices (e.g., spiritual awareness, desire, faith, and hope). Table 2 shows the 19 most common antecedents in the literature, addressing RQ2.

Spiritual Practices

Spiritual practices are the ways in which spirituality is expressed (Puchalski et al., 2014), whether individual and private or social and public. Mindfulness and meditation are by far the most popular and researched spiritual practices. Mindfulness is a state of hyperawareness of one's internal and external experiences (pleasant or unpleasant) in the present moment from a place of curiosity, acceptance, nonjudgment, and self-empathy (Brown et al., 2007; Davis & Hayes, 2011). It is rooted in Eastern traditions and is generally associated with meditation, yoga, tai chi, or qigong (Martin, 2018). Meditation is a self-induced state of consciousness in which wakefulness and deep

relaxation coexist, influencing neural, autonomic, psychological, and behavioral functions (Kiran et al., 2011). Table 3 shows the 22 most common spiritual practices in the literature, addressing RQ3.

Mental Health Benefits and Underlying Mechanisms of Spiritual Practices

The effects of spiritual practices can be measured using physiological markers such as brain activity or cortisol levels. Numerous studies report a positive link between spiritual practices and psychological well-being (Aggarwal et al., 2023; Garssen et al., 2021). Mindfulness-based interventions (MBIs), for example, have been shown to reduce symptoms of depression, anxiety, stress, insomnia, addiction, attention deficit hyperactivity disorder, suicidal ideation, eating disorders, schizophrenia, bipolar disorder, psychosis, dementia, and PTSD (Davis et al., 2019; Lucchetti et al., 2021; Magan & Yadav, 2022; Mosqueiro et al., 2020; Oman & Lukoff, 2018; Swinton, 2001; Zhang et al., 2021). MBIs can also enhance attentional and emotional regulation (Kabat-Zinn, 2013).

The physiological mechanisms underlying the beneficial effects of MBIs can be examined using neuroimaging techniques such as functional magnetic resonance imaging, electroencephalography (Fox et al., 2014), single photon emission computed tomography, and positron emission tomography (Newberg, 2014). MBIs activate certain areas of the brain (Newberg & Iversen, 2003), stimulate the release of neurotransmitters and hormones, balance the autonomic nervous system (Jindal et al., 2013), and assist in epigenetic and telomere regulation, mitigating aging and age-related pathologies (Shen et al., 2020). Table 4 groups the benefits of MBIs into four broad categories—emotional regulation, decreased reactivity and increased cognitive flexibility, and interpersonal and intrapersonal benefits (Davis & Hayes, 2011)—and outlines their corresponding mechanisms of change, addressing RQ4.

Potential Harms and Prevention Strategies

Religious and spiritual practices may also have dark or destructive aspects (Zinnbauer & Pargament, 2005), such as ethical pitfalls related to a lack of respect respect (Plante, 2007). On balance, however, they have been found to influence MH positively (Cook & Moreira-Almeida, 2021). Table 5 presents the potentially harmful effects of spiritual practices and preventive strategies, addressing RQ5.

Table 1

RQ1: Attributes and Sub-Attributes of Spirituality (Seven Clusters)

Attributes and sub-attributes	Summary points and sources
1 Transcendence (Self-transcendence) • Sacred • Divine • Higher power • Spirit/soul • Immaterial/intangible • Meaning/purpose • Holism	• Realizing the existence of the sacred, divine, or higher power (e.g., God, life force, nature, universe, or mystery; Frankl, 1985; Hill & Pargament, 2003; Ho & Ho, 2007; Mayseless & Russo-Netzer, 2017). • Transcending the self and everyday life beyond the ego and suffering (Pargament, 2013; Walach, 2017). • Self-transcendence is the experience of self beyond identity and ego boundaries. It derives a heightened sense of meaning and connectedness with others and the world (Frankl, 1985). • Belongs to the spirit or soul and is immaterial or intangible. Spirit is an external transcendent or internal animating force (Zinnbauer & Pargament, 2005). The soul is the inner depth of being or true self (Fukuyama et al., 2014). • Linked to existential questions related to the meaning and purpose of life. Meaning relates to the need to perceive life—especially suffering—as worthy and central to human existence (Frankl, 1985; Park, 2005). Purpose relates to seeking meaning beyond material possessions by pursuing self-improvement and personal growth (Miller, 2024). • Holism aligns with post-materialism and quantum science and is the opposite of reductionism (Beauregard et al., 2014).
2 Search for the transcendent • Journey/quest • Enlightenment • Becoming • Self-actualization • Inner potential • Individuation	• The search for the transcendent involves a journey or quest to discover, maintain, or transform one's relationship with the sacred; free oneself from attachment and self-imprisonment; and seek meaning, purpose, and enlightenment – the phenomena involving a significant change of consciousness regarding the self. Consciousness is the quality or state of awareness (Lajoie & Shapiro, 1992; Maslow, 1962). • Struggle, change, and transformation are key (Hill & Pargament, 2003; Pargament et al., 2013). In other words, the experiences and learnings acquired during the journey are more important than the outcome. • The process of becoming is dynamic, nonlinear, and continuous, involving conscious decisions and intentional actions (Mayseless & Russo-Netzer, 2017). • Self-actualization is fulfilling one's inner potential and becoming the best version of oneself (Maslow, 1962). • Individuation is a process of self-discovery, growth, and transformation to discover one's true self, leading to a deep sense of fulfillment and inner peace (Jung, 1938).
3 Connectedness • Social connectedness • Fulfillment of existential goals • Self-actualization • Wholeness • Transformation • Peak experience • Flow	• Connectedness means connecting with the self, others, nature, the sacred, or a higher power, which provides meaning and purpose in life (Martsolf & Mickley, 1998; Meraviglia, 1999; Puchalski et al., 2014; Weathers et al., 2016). • A means of fulfilling one's existential goals (finding meaning, interconnections, and wholeness; Zinnbauer & Pargament, 2005). • Self-actualization is fulfilling one's inner potential by living creatively and using one's potential (Maslow, 1962). It is not perfection but a state of mind in which problems, relationships, and needs are approached with acceptance and understanding. • Wholeness relates to the invisible realm in which everything is connected; one's longing for wholeness is the source of one's spiritual needs (Schäfer, 2013). Human wholeness entails body, instincts, heart, mind, and consciousness (Ferrer, 2014). • Transformation involves a profound change in how individuals relate to the sacred (Shults & Sandage, 2006). • Peak experiences are transcendent moments of heightened sense of wonder, awe, ecstasy, elation, joy, inner peace, harmony, and connectedness to others (Maslow, 1962). • Flow occurs when a person is totally immersed in an activity, resulting in a transcendence of ego and consequent psychic integration with metapersonal systems (e.g., nature, the cosmos, or humanity as a whole; Csikszentmihalyi, 2014).

Table 1

RQ1: Attributes and Sub-Attributes of Spirituality (Seven Clusters)

Attributes and sub-attributes	Summary points and sources
4 Self-reflection and meta-cognition	• Spirituality requires reflecting on one's purpose and identity. While the capacity for self-consciousness is necessary for spirituality, it is insufficient. Spirituality involves awareness of one's existence and the ability to analyze one's thinking and learning processes (metacognition; Ho & Ho, 2007).

5 Character strengths
  • Values/virtues
  • Authentic living
  • Positive emotions
  • Thriving/flourishing
  • Happiness
  • Good life
  • Well-being
  • Positive narrative identity
	• Embedding positive values or virtues (e.g., forgiveness, gratitude, compassion) in all aspects of life and living authentically are key to thriving and flourishing, positive emotions, psychological well-being, and a meaningful, happy, and satisfying life (Ford et al., 2023; Fredrickson, 2023; Peterson & Seligman, 2004; Puchalski et al., 2014; Seligman et al., 2005).
	• Happiness and a good life result from eudaemonia (living according to one's true spiritual self) rather than hedonism (self-indulgence or pleasure-seeking). Therefore, spiritual fulfillment is more important than material or sensual gratification (Ho & Ho, 2007).
	• Spirituality underlies meaning, virtue development, expression, and self-transcendence (King et al., 2020; McAdams, 2006).
	• Character strengths are cross-culturally universal (Peterson & Seligman, 200).
	• Narrative identity (or self-concept) is an individual's internalized and evolving life story about who one is, how one came to be, and who one is becoming (McAdams, 2006; McAdams & McLean, 2013).

6 Cultural and social context	• Spirituality and religion have existed in every human culture (Piedmont, 2005). • Cultural and social contexts and language determine how religion and spirituality are conceptualized, operationalized, and measured (MacDonald et al., 2015; Zinnbauer & Pargament, 2005). • Transcultural commonalities include valuing human life, love of humanity, and pursuing inner peace and truth (Ho & Ho, 2007).
7 Multifaceted, holistic, and interdisciplinary approach	• Spirituality is multifaceted and holistic, as it relates to affective, biological, cognitive, cultural, moral, relational, personality, self-identity, social, and global phenomena (Hill & Pargament, 2003; Ho & Ho, 2007; Mayseless & Russo-Netzer, 2017). Hence, a multilevel interdisciplinary approach is necessary to avoid the pitfalls of reductionism (Zinnbauer & Pargament, 2005).

Table 2
RQ2: 19 Antecedents of Spirituality

	Antecedent	Brief description and sources
1	Spiritual awareness	Gaining spiritual knowledge and understanding of meaning and purpose through reflection, introspection, and deliberation (Jaberi et al., 2019; Weathers et al., 2016; Withers et al., 2017).
2	Awareness of spiritual needs	Conscious awareness of one's connection with self, others, the environment, a higher power, God, life force, or the greater universe (Tavares et al., 2022).
3	Awareness of spiritual resources	Conscious awareness of the support available from God, a higher power, family members, friends, or healthcare professionals (Jaberi et al., 2019; Yeşilçınar et al., 2018).
4	Capacity for transcendence	Ability to exceed everyday limits by surpassing physical, temporal, and cognitive boundaries. Depends on the context (biosocial conditions, developmental stage, demographics, key life events) and background, such as worldview, life philosophy, personal beliefs, and sociocultural, mental, emotional, and behavioral factors (Ellison & Fan, 2008; Jaberi et al., 2019; Konichezky et al., 2024).
5	Desire	Intense yearning to initiate the spiritual journey (Weathers et al., 2016; Withers et al., 2017).
6	Faith	Personal values and beliefs (not limited to religion) that guide one's thoughts and actions in finding meaning and purpose in life (Lalani, 2020).
7	Family of origin	Spirituality may grow best in an ongoing open exchange with one's parents (Boyatzis et al., 2006; Nelson, 2014).
8	Hope	Believing something one wants or needs could happen (Yeşilçınar et al., 2018).
9	Individual differences	People with certain personality traits (e.g., openness to experience, conscientiousness), psychological needs, or attitudes may be attracted to beliefs or institutions that can meet or affirm their needs (Hui et al., 2017; Piedmont, 2005; Saroglou, 2010).
10	Love	Having a strong, positive emotional and mental state (Yeşilçınar et al., 2018).
11	Maturation	Adult development, psychological growth, and maturity (Boyatzis et al., 2006; Jung, 1938; Kallio, 2015).
12	Need to find meaning and purpose in life	The need to find meaning, purpose, or direction; set goals; and guide decisions and behaviors (Frankl, 1985; Hill & Pargament, 2003; Paloutzian & Park, 2005; Pargament, 2013; Park & Van Tongeren, 2023; Woods & Ironson, 1999; Yeşilçınar et al., 2018).
13	Personal values, beliefs, or worldview	Embodying one's belief system, worldview, or experiences to shape meaning and define life goals. It includes the moral or ethical aspects of one's behaviors, which influence the ability to form connections and grasp life's meaning and purpose (Clark & Emerson, 2021; Lalani, 2020; Miner-Williams, 2006; Rodgers, 1989; Weathers et al., 2016; Yeşilçınar et al., 2018).
14	Relationships and interactions	Attempt to form or maintain relations with family, friends, peers, coworkers, or community members; capacity and openness to communicate and be involved with something or someone outside the self (Clark & Emerson, 2021).
15	Responsibility and accountability	People are responsible for their spirituality and daily life choices (Geertsma & Cummings, 2004; Weathers et al., 2016).
16	Self-reflection	Critical awareness of oneself results in enhanced insights (Ho & Ho, 2007; Weathers et al., 2016; Withers et al., 2017).
17	Cultural and social factors	Spirituality can be conceptualized as a cultural system that defines people's identities and expectations, evokes emotions, and guides behavior (Cohen & Neuberg, 2019; Mattis, 2023).
18	Suffering and adversity	Altering one's attitude toward life, sense of coherence, decision-making abilities, and coping abilities can lead to a spiritual awakening and prompt one to find meaning in pain and suffering (Haase et al., 1992; Hart, 2002; Koenig, 2012; Lalani, 2020; Weathers et al., 2016).
19	Trust	Believing that someone or something is good, reliable, honest, and effective (Yeşilçınar et al., 2018).

Table 3

RQ3: 22 Spiritual Practices

Practice	Sources
1 Unconditional acceptance of self and others (radical acceptance)	1 to 13: Plante (2009)
2 Appreciation of the sacredness of life	
3 Attending community services and rituals	
4 Being part of something larger than oneself	
5 Bibliotherapy (stories that provide emotional connection, comfort, insight, and wisdom)	
6 Ethical values and behavior	
7 Forgiveness, gratitude, and kindness	
8 Learning from spiritual role models	
9 Meaning, purpose, and calling in life	
10 Mindfulness-based interventions (e.g., meditation)	
11 Prayer	
12 Social justice	
13 Volunteering and charity	
14 Expressing virtues (e.g., humility, forgiveness, gratitude, and kindness)	Peterson and Seligman (2004)
15 Artistic practices (e.g., music, painting, poetry, writing)	Monk and Marranca (2009)
16 Contemplative silence, stillness, solitude, and retreats	Plummer (2009); Smith and Zhang (2011)
17 Connection with nature	Watling (2013)
18 Energy techniques (e.g., yoga, breathing, tai chi, qigong)	Gerberg and Brown (2015)
19 Pilgrimage to a holy place – often on foot	Swatos (2011)
20 Shamanism (an ancient healing tradition which includes the ceremonial use of ayahuasca)	Weiss et al. (2021)
21 Uncommon practices I (e.g., trance states, speaking in tongues)	Newberg (2014)
22 Uncommon practices II (e.g., psychedelic therapies)	Newberg (2014); Smith and Appelbaum (2022)

Table 4

RQ4: Mindfulness-Based Interventions: Mental Health Outcomes and Underlying Mechanisms (Four Broad Categories)

Outcomes	Mechanisms of change
1 Emotional regulation: • Enhanced working memory, attention, and other executive functions • Decreased rumination, depression, anxiety, and negative affect	• Mindfulness, metacognition, and self-observation decrease amygdala activity (Kral et al., 2018) and improve the brain's overall functional connectivity, which in turn improves emotional regulation (Corcoran et al., 2010; Davis & Hayes, 2011; Melis et al., 2022; Siegel, 2007; Weder, 2022). • Emotional regulation prevents inattention, mind wandering, daydreaming, being on autopilot (Shapiro et al., 2006; Weder, 2022), and rumination (Davis & Hayes, 2011; Feruglio et al., 2021; Young et al., 2018). • Long-term meditation positively affects various brain regions (the prefrontal, orbitofrontal, sensory, cingulate, and insular cortices; the hippocampus, the corpus callosum, and the superior longitudinal fasciculus; Fox et al., 2014).
2 Decreased reactivity and increased flexibility: • Shift in perspective or consciousness • Reduced negative self-belief and social anxiety • Emotional stability, mental clarity, better decision-making, intuition, and creativity • Improved connection with others via mutual respect, compassion, and empathy • Reduced stress, depression, anxiety, addiction, and PTSD • Increased resilience • Enhanced working memory, attention, and other executive functions	• Self-observation disentangles automatic brain pathways created by prior learning, thus enabling the integration of new present experiences in a new way (Siegel, 2007). This mechanism occurs via decreased amygdala activity and increased activity in brain areas responsible for attention and reappraisal (Goldin & Gross, 2010). As a result, individuals acquire greater cognitive flexibility and attention, disengagement from distressing stimuli and negative self-beliefs, and increased focus on cognitive tasks (Davis & Hayes, 2011). • Mindfulness creates a brain-heart connection (where physiological processes align with emotional and mental states). This mechanism occurs via decreased cortisol and increased release of certain neurotransmitters, creating hemispheric balance and building resilience (Gao et al., 2023; Jiang et al., 2020; McCraty & Zayas, 2014; Wong et al., 2022). • Meditation induces immediate and long-term changes in brain activity and how networks are organized, including the medial prefrontal cortex (Bremer et al., 2022). This mechanism leads to increased internal attention, even when meditation is not practiced at the time (Jiang et al., 2020). Loving-kindness meditation, for example, changes the heart rhythm and stimulates higher cognitive functioning, leading to emotional stability and calmness. Over time, it sets a new inner reference or implicit memory that organizes perception, feelings, and behavior (McCraty & Zayas, 2014; Wong et al., 2022).
3 Interpersonal benefits: • Improved interpersonal communication and conflict management • More satisfying intimate relationships and reduced loneliness and isolation • Being part of something larger than oneself	• Reduced emotional reactivity (anger or anxiety) and increased calmness improve the ability to communicate empathically and constructively during interpersonal conflicts and foster more flexible emotional repertoires (Wachs & Cordova, 2007). • Acting mindfully in social situations improves interpersonal communication. This mechanism occurs through facilitated access to social support networks, thus improving one's sense of connection and belonging and reducing feelings of isolation and loneliness (Brantley & Millstine, 2011).
4 Intrapersonal benefits: • Greater self-insight, morality, intuition, and fear modulation • Increases in attentional performance, cognitive flexibility, and information processing speed	• Neuroplasticity: alterations in brain structure and function, including increased cortical thickness and gray matter density in the brain stem (Lazar et al., 2005) and enhanced functionality of the middle prefrontal lobe (Siegel, 2007). • Release of neurotransmitters such as endorphins, serotonin, gamma-aminobutyric acid, and acetylcholine (Jindal et al., 2013). • Decreases in heart rate, respiratory and metabolic rate, and blood pressure lead to increased metabolic energy (McCraty & Zayas, 2014; Moore & Malinowski, 2009; Newberg & Iversen, 2003).

Table 5
RQ5: Potentially Harmful Effects of Spirituality and Prevention Strategies

Potentially harmful effects	Prevention strategies
• Ethical pitfalls related to lack of respect (e.g., bias against religion and spirituality), integrity (e.g., blurred boundaries and dual relationships), competence (e.g., lack of expertise in religion and spirituality), and concern (e.g., destructive religious beliefs and behaviors; Plante, 2007). • Negative beliefs and coping, and misunderstandings due to miscommunication (Weber & Pargament, 2014). • Unintended breach of professional boundaries (Cook & Moreira-Almeida, 2021).	• Adhere to respect, responsibility, integrity, competence, and concern to ensure ethical standards (Plante, 2007). • Training, supervision, or consultation on ethical dilemmas (Braam, 2017). • Develop guidelines and policies for mental health practitioners (Braam, 2017). • Incorporate questions about religion and spirituality in mental health assessments to ensure holistic, patient-centered care (Braam, 2017).

Discussion

The study findings were used to develop a conceptual framework that is consistent with Punch's (2013) definition—a representation, either in graphical or narrative form, that "shows the main concepts or variables in the research and their presumed relationship with each other" (p. 89). The framework is holistic and evidence-based. It offers insights into the main defining attributes of spirituality used in the literature; elucidates the linkages between antecedents of spirituality, spiritual practices, and four categories of positive MH-related outcomes (including their respective mechanisms of change) derived from MBIs; and describes potential harmful effects of spirituality and their corresponding preventative strategies. To my knowledge, this is the first framework that integrates an extensive body of scientific literature to produce a robust spirituality framework for MHPs, from a practitioner's perspective, with educational and applied clinical utility. More specifically, the uniqueness and benefits of the framework are outlined below.

Theoretical Implications

Rather than comparing a plethora of definitions, the use of CA to develop the framework demonstrates the evolutionary nature of spirituality and the contributions of each tradition, offers a more robust explanation of the meaning and structural components of spirituality, and tackles conceptual problems related to reification and ambiguity (Wynn, 2024). Moreover, the framework responds to calls for more nuanced research on the role of spirituality in MH care (Aldwin et al., 2014; Halbreich, 2024) and the development of holistic, evidence-based spiritual therapies to improve client outcomes and reduce clinician burnout (Bouwhuis-Van Keulen et al., 2024; Plante, 2024; Puchalski et al., 2014).

Practical Implications

The praxis of the study relates to the value of the framework to facilitate the teaching of spiritual competencies in MH graduate training programs (Pearce et al.,

2024), assist in providing more training to MHPs (Pargament, 2023; Vieten et al., 2013), and help MHPs observe ethical principles (Plante, 2016). Specifically, the framework can help MHPs to achieve tangible positive outcomes for their clients in the following ways: First, the framework assists in reconciling any confusion between religion and spirituality by showing that spirituality is available to anyone, regardless of their religious affiliation (or lack thereof). Second, the framework presents a macro, high-level view or "big picture" approach that captures in a snapshot the complex relationships between spirituality and MH in a parsimonious fashion. This approach will enable MHPs and their clients to understand the antecedents and MH benefits of various spiritual practices. Third, the framework may assist clinicians in accomplishing the six core tasks of psychotherapy or counseling: form a strong therapeutic alliance, educate clients, instill hope, provide relevant coping skills and resources, empower clients, and prevent relapses (Meichenbaum, 2017). For example, findings related to RQ1 (defining attributes of spirituality), RQ3 (most common spiritual practices), and RQ4 (outcomes and benefits of spirituality) equip MHPs with the necessary knowledge, conviction, and authority to provide effective psychoeducation to their clients. This, in turn, offers clients hope, which is associated with positive therapeutic outcomes (Bartholomew et al., 2021; Larsen & Stege, 2010) and empowers them to make change (Chamodraka et al., 2017). Fourth, MHPs can use the framework to identify suitable spiritual practices, check whether clients have the relevant skills and resources, and make appropriate referrals if necessary. Fifth, understanding the potentially harmful effects of spirituality will remind MHPs of the importance of adhering to codes of ethics and practicing client-centered care.

Given that spirituality is a form of self-help (Pessi & Salonen, 2023) and that "self-care has become a secular substitute for traditional forms of spiritual practice" (Sotillos, 2024, p. 134), the benefits of MHPs using spirituality as an adjunct transdiagnostic treatment strategy with their clients are twofold. On the one hand, it diminishes unnecessary labeling and pathologizing and empowers clients by promoting their sense of self-control, self-agency, and community-building skills. Twelve-step-based programs are a good example of this. By default, this client-gained "liberation" or "independence" is very likely to benefit MHPs by unburdening them from their heavy workloads. This approach can be considered a form of practitioner self-care.

Further, the framework is flexible enough for MHPs to tailor spiritually integrated psychotherapies into their existing therapeutic modalities and styles. Moreover, the framework aligns readily with principles of trauma-informed care (Classen & Clark, 2017), which entails developing a physically and emotionally safe climate, establishing boundaries and trust, supporting independence and choice, offering participative and collaborative opportunities, and promoting resilience and empowerment by focusing on client strengths. Finally, compassion, cultural humility, and sensitivity are essential when using the framework as a treatment and prevention strategy.

Limitations and Potential Research Directions

The study has some limitations. First, integrating studies with diverse research methodologies can lead to bias, inaccuracies, and a lack of rigor. Second, the ILR was biased toward Anglo-Saxon studies. Third, article length limitations prevented the inclusion of all dimensions, including measures of spirituality. Finally, qualitative findings cannot necessarily be generalized. Future researchers could quantitatively test the effects of spiritual practices on MH, including in people with special needs and those from diverse cultural backgrounds.

Conclusion

This paper presents a holistic, evidence-based framework that validates the positive effects of spirituality on MH. The framework may assist MHPs who wish to use spirituality as an adjunct treatment and preventive strategy. It may also help them reduce the pressure of excessive workloads, emotional exhaustion or burnout, and poor work-life balance—all of which put client care at risk. In turn, these factors should promote the self-care of MHPs.

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