



Research Article

# Exploring The Moderating Effect of Spiritual Resilience on The Relationship between Psychological Resilience and Mental Health

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## Abstract

In recent years, the literature has increasingly emphasized potential factors contributing to resilience, with a particular focus on components related to spirituality and their interconnectedness with mental health. However, research findings regarding the role of spirituality have proven to be complex. This cross-sectional study explored whether spiritual resilience moderates the connection between psychological resilience and mental health. The study sample, consisting of 280 adults (81.1% female, 18.9% male) aged 18-65 years ( $M = 25.19$ ;  $SD = 7.87$ ) living in Turkey, completed a questionnaire that included a socio-demographic form, the Spiritual Resilience Scale, the Connor-Davidson Psychological Resilience Scale (short-form), and the General Health Questionnaire (GHQ-12). The results of the t-test analysis indicated that individuals who placed a high level of importance on religious beliefs exhibited high scores in spiritual resilience ( $p < .05$ ). The correlation analysis results indicated positive correlations in the expected direction between psychological resilience and spiritual resilience.

In contrast, psychological and spiritual resilience negatively correlated with general health. The findings from the moderator analysis indicated that spiritual resilience has a moderating role in the relationship between psychological resilience and general health. Consequently, enhancing spiritual resilience is crucial in the interplay between psychological resilience and mental health.

## Keywords:

Spirituality • Spiritual resilience • Psychological resilience • Mental health • Adults

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In its most basic form, psychological resilience can be expressed as the ability of individuals to adapt and maintain their resilience healthily in the face of adverse events such as difficulties in life, stressors, trauma, or change (Fletcher & Sarkar, 2013; Luthar, Cicchetti & Becker, 2000). In other words, it includes easy recovery from negative situations (Kobasa, 1979). People with psychological resilience show the ability to easily recover, adapt and overcome difficult life situations they have experienced (Masten & O'Connor, 1989). Öz and Yılmaz (2009) suggested that the findings of the study on resilience indicated that people with high resilience cope more successfully with various kinds of stressful life events they encounter, while people who are unsuccessful in coping with them can overcome the problems they encounter more easily by improving their resilience levels.

Psychological resilience is characterized both as a personality trait and as a skill acquired as a result of a developmental process (Campbell-Sills, Cohan, & Stein, 2006; Fletcher & Sarkar, 2013; Luthar, Cicchetti & Becker, 2000; Masten & O'Connor, 1989). In any case, resilience is united in three main common themes. The first is any risk or difficulty, the second is adaptation and coping, and the last is the protective factor. Therefore, psychological resilience is a phenomenon that includes the interaction of protective factors that contribute to a healthy adaptation process with existing risk factors (Masten, 2001; Masten & Powell, 2003). For instance, a meta-analysis of 60 studies revealed that trait resilience was negatively correlated to negative indicators of mental health and positively correlated to positive indicators of mental health (Hu, Zhang, & Wang, 2014).

The ability of individuals to cope with difficulties, manage stress, maintain emotional balance and adapt to life's challenges is critical for mental health (Gross & Muñoz, 1995; Lazarus & Folkman, 1987; Schneiderman, Ironson & Siegel, 2005). Stressful events are included in the epidemiology of psychopathologies. However, it is seen that some people do not develop psychopathology when they encounter stressful events and they can protect their mental health (Davydov et al., 2010). For example, people with high psychological resilience also show emotional resilience and adapt to difficulties (Vaugh, Fredrickson, & Taylor, 2008). Psychological resilience has a role in reducing the risk of depression (Fredrickson et al., 2003). Another study found that individuals with high levels of psychological resilience were protected from stress and therefore, reported lower levels of anxiety and depressive symptoms (Gloria & Steinhardt, 2016). Because resilience plays a role that alleviates the negative effects of stressors, it actively increases and supports positive psychological well-being (Davydov et al., 2010).

It is possible to come across studies in the literature showing the relationship between psychological resilience and the mental health of individuals in the face of stressful events (natural disasters, epidemics, being ill, etc.). Ran et al. (2020)

investigated the relationship between psychological resilience and mental health during the Covid-19 epidemic, which is stressful for the whole world. As a result of the study, a significant negative relationship was found between psychological resilience and mental health. Another similar study suggested that having high psychological resilience during the covid 19 outbreak was associated with lower levels of anxiety and depression (Song et al., 2021). Toukhsati et al. (2017) discussed the relationship between the psychological resilience of cardiovascular patients and their depression symptoms. The results show that psychological resilience is inversely related to the affective, cognitive, and somatic symptoms of depression. Bayat and Olca (2023) also investigated the relationship between nurses' psychological resilience and anxiety-depression levels during the covid 19 period. Consequently, it has been determined that nurses' high level of psychological resilience has a protective role in dealing with anxiety and depression. Wang et al. (2023) explained in their study that improving the resilience of patients with major depression in remission has a critical importance in preventing the recurrence of depression.

Based on the literature as mentioned above, resilience, in brief, is an individual's ability to show resilience, develop a positive perspective and maintain emotional balance in the face of life's stresses, difficulties, and changes. As the pursuit of both physical and mental health requires a potentially significant source of strength, purpose, coping mechanisms, and ultimately, healing and recovery, decades of research have linked health outcomes with spirituality (Koenig, 2008). Spirituality has often been recognized in the literature as a resilience-oriented approach when dealing with stress and potential risks, including its applicability to adults (Baysal, 2022) and even children (Gunnestad & Thwala, 2011). Nevertheless, the need to consider the extent to which spirituality leads to better psychological resilience is crucial, given its significant role in protecting and promoting mental health and resisting adverse influences.

### **Spirituality as a Resiliency Resource**

Religion and spirituality have stirred controversy among researchers regarding their content (Esendir & Kaplan, 2018, p. 330). Although some earlier studies have proposed that religiosity and spirituality are different nature (Lazaridou & Pentaris, 2016), a consensus among most researchers has emerged, suggesting that the distinction between the two is inadequate. For example, Hill et al. (2000) and Pargament (1997) have contended that these distinctions are useful as conceptual tools; they have noted that the notion of spirituality forms the underlying foundation for both religious and spiritual dimensions of life. In this context, the exploration of these interconnected constructs in individuals' lives is presented, as they potentially constitute the fundamental building blocks of psychological resilience when confronted with challenges. It's important to note that this study won't dwell on the

differences in definitions or concepts between them, although references have been made. Instead, the primary focus of this article lies in the exploration of spiritual recovery and mental health associations.

Religion has a positive impact on an individual's mental health, primarily by giving believers the chance to perceive some negative events from a constructive perspective (Yapıcı & Kayıklık, 2005). As a matter of fact, due to this feature, religiosity embraces various facets, including behavior, cognition, and emotion. Those who embrace a religious and spiritual lifestyle develop a profound emotional connection with the Creator, which provides them with emotional strength and endurance. An individual's connection to God can serve as a trigger for personal growth involving devotion, healing, and self-improvement (Yılmaz, 2021, p. 222). According to Bahadır (2010, p. 23), religion offers a unique mechanism for spiritual recovery that can alleviate individuals' personal difficulties. This improvement ultimately manifests in the individual's psychological-spiritual well-being and has a positive impact on their mental and physical health. In other words, people may assume that being religious or engaging in spiritual activities is always linked to improved mental well-being (Apaydın, 2010, p. 60).

Resilience comprises elements such as spirituality and religious perspectives, in addition to personal convictions. It is suggested that religiosity, which appears as visible beliefs and practices (Çoştu, 2022, s. 96), can serve as a source of inner strength during challenging and traumatic circumstances (Feder et al., 2013), contribute to the prevention of depression (Cengil, 2003), and reduce feelings of death anxiety (Yılmaz, 2021). Earlier research uncovered a significant and positive link between religiosity and life satisfaction, as well as a negative correlation between religiosity and generalized anxiety (Ayten & Karagöz, 2021). Similarly, previous evidence shows that although college students have a fairly low level of hopelessness, their level of religious belief is significantly higher (İmamoğlu & Yavuz, 2011).

Researchers have defined spirituality as our transcendent side, as body-mind-spirit integrity is an important life factor that is frequently studied in both theology and health fields (Özdoğan, 2009). Spirituality was also considered as a significant standalone predictor of resilience in individuals grappling with depression (Min et al., 2013) and hopelessness (Maraj et al., 2020). Numerous factors influencing spiritual resilience have been discussed in existing literature. For example, elements linked to spirituality such as happiness (Açıkgöz, 2016), social support (Eroğlu & Peker, 2011), self-help (Gören, 2023), and gender (Sambu & Mhongo, 2019) are among these factors (Kasapoğlu, 2020). Kim and Esquivel (2011) have affirmed that spirituality has positive results on mental health and resilience issues. As previously noted, psychological resilience involves adapting to challenging life circumstances. Reutter and Bigatti (2014) examined the moderating effect of spirituality on stress and health and determined its moderator effect. Consequently, the study's findings

demonstrate spirituality's moderating role in the connection between resilience and mental health. Another study conducted by Min et al. (2013) explored patient individuals with low resilience levels and found a robust predictive association between low spirituality and diminished resilience.

### **Objective of the Study**

Numerous studies have explored the interplay between spirituality, resilience, and mental health across diverse populations (Schwalm et al., 2022). Previous research has explored the possible impact of resilience on enhancing life satisfaction and psychological adjustment among university students in Turkey (Yıldırım et al., 2022). However, the investigation of spiritual resilience's contribution to sustaining mental well-being, especially within the Turkish population, remains significantly limited. Upon reviewing the existing literature, it becomes apparent that investigations into the moderating effect of spiritual resilience have been conducted within the context of health crises, such as the COVID-19 pandemic (Gireyhan, 2022). This scarcity of research is particularly crucial given that psychological resilience can be influenced by factors such as trauma, anxiety, and depression. This current study, however, seeks to revisit and analyze the moderating effect of spiritual resilience within the framework of regular or non-crisis circumstances. Therefore, it is essential to gain insights into how spiritual-based resilience can aid individuals in effectively coping with these challenges amidst potentially adverse life events.

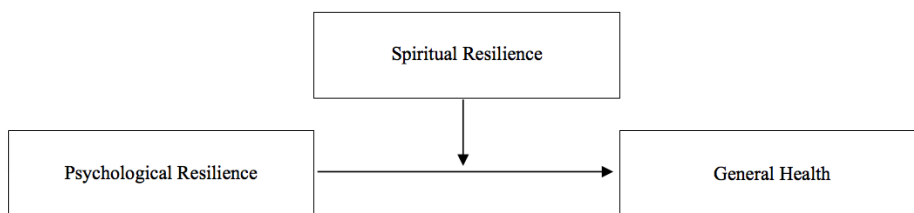
This study aims to delve into the intricate connections among spiritual resilience, psychological resilience, and overall well-being. Drawing upon existing literature related to spirituality-oriented resilience and its impact on the psychological health of individuals in the Turkish context, the research aims to fill a notable gap in our understanding. As of now, there exists no consensus regarding the influence of spirituality on general health, including the potential moderating role of spirituality in the link between resilience and overall well-being.

Consequently, this study sets out to address the following inquiries: (a) How are participants' demographic characteristics associated with the measured variables? (b) Is there a significant connection between general health, spiritual resilience, and psychological resilience? (c) Does spiritual resilience exert a moderating effect on the relationship between psychological resilience and general health well-being?

### **Purpose**

The purpose of this study was to examine the moderator role of resilience in the relationship between resilience and mental health. The research model created for this purpose is presented in Figure 1 below.

**Figure 1.**  
*Suggested Moderating Model of the Study*



## **Method**

### **Measures**

In the current study, participants were administered the researcher-developed Socio-demographic Information Form, along with the Spiritual Resilience Scale, the Connor-Davidson Psychological Resilience Scale Short Form, and the General Health Questionnaire-GHQ12.

### ***Socio-demographic Information Form***

In this form prepared by the researchers, data on information such as age, gender, marital status, education level, income level, where they lived the longest, and the role of religious beliefs in coping were collected.

### ***Spiritual Resilience Scale***

The original form of the resilience scale was devised by Maltby et al. (2015), which encompasses a 12-item scale divided into three subscales: Engineering, Ecological, and Adaptive resilience (EEA). The scale was designed as a 4-point response, with responses ranging from 1 (strongly disagree) to 4 (strongly agree). The internal consistency coefficient of the scale was found to be .83 for the engineering dimension, .73 for the ecological dimension and .77 for the adaptive dimension. In the present study, the scale items were arranged based on spiritual expressions. Some of the items on the scale are “It doesn’t take long for me to recover from a stressful event thanks to my spiritual resilience,” “I usually get through difficult times with fewer problems thanks to my spiritual resilience,” “it usually doesn’t take long for me to overcome the setbacks in my life thanks to my spiritual resilience.” The internal consistency coefficient for this study was calculated as .92.

### ***Connor-Davidson Psychological Resilience Scale Short Form***

The adaptation of the short form of the Psychological Resilience Scale developed

by Connor-Davidson (2003) into Turkish and its validity and reliability study was carried out by Kaya and Odacı (2020). The scale was developed to determine the potential of individuals to recover after their negative experiences. The short form of the scale made by Campbell-Sills and Stein (2007) consists of 10 items in a 5-point Likert type. Responses to scale items were rated as ‘0’ not at all correct and ‘4’ as almost always correct. High scores obtained from the scale correspond to high psychological resilience. The internal consistency coefficient of the scale was found to be .85. The internal consistency coefficient for this study was calculated as .86.

### ***General Health Questionnaire-GHQ12***

The 12-item form of the scale, which has 30, 28, and 12-question short forms developed by Goldberg (1979) as a 60-question form, was used in this study. In addition, the scale consists of two factors: “anxiety, depression” and “social functionality.” The Turkish validity and reliability study was performed by Kılıç et al. (1997). The internal consistency coefficient of the scale was calculated as .78. As a result of the answers given to the scale items, the highest 12 and the lowest 0 points can be obtained. An increase in the General Health Questionnaire score corresponds to the fact that people may be in a risky group in terms of mental illnesses and poor mental health. The internal consistency coefficient for this study was calculated as .84.

### **Universe and Sampling**

This study is a cross-sectional study conducted to determine the effect of spiritual resilience on mental health in adults aged 18 and over. The study included a total of 280 adult participants (53 males, 227 females) residing in Turkey, with ages ranging from 18 to 65 years ( $M= 25.19$ ;  $SD= 7.87$ ). These participants were selected through an online platform for recruitment. Additional demographic statistics concerning the sample group can be found in Table 1.

### **Procedure**

The necessary ethics committee permission was obtained from the ethical committee to collect the data for the study. The survey form of the research was prepared online and disseminated by the researchers. In the online questionnaire, informed consent was sent to the participants before they started to fill out the questionnaire. In the informed consent, the purpose of the research was briefly mentioned to the participants and it was stated that participation in the research was not compulsory and that they could withdraw at any time.

## Data Analysis

The collected data were subjected to analysis using SPSS version 22. Descriptive statistics such as frequency and percentage were utilized to provide an overview of the participants' characteristics. To assess the relationships between Spiritual Resilience, General Health Questionnaire (GHQ) scores, and Psychological Resilience scores, Pearson correlation coefficients were computed. Given that the conditions for parametric analysis were met (including normality and homogeneity of variances), independent t-tests and one-way ANOVA F-tests were employed to uncover potential variations in religious coping across different variables. Furthermore, using Process Macro v.4.0 (Hayes, Model 1), a moderating effect analysis was carried out to identify predictors of GHQ scores. The significance level was set at 0.05.

## Results

### Descriptive Statistics

In line with the hypotheses of the research, descriptive statistics of the scales and, accordingly, difference tests were analyzed. The distribution, numbers and percentages of the individuals in the sample group according to demographic variables such as age, gender, marital status, income status, education level, city of residence and the role of religious beliefs in coping with psychosocial problems are presented in Table 1. The significant ones of the independent sample *t*-test and one-way ANOVA analyzes performed to determine whether there is a significant difference in the scores of the individuals participating in the study regarding differences based on gender and the role of religious beliefs in coping are shown in Table 1 below.

**Table 1.**

*Frequency and percentage of participants' socio-demographic data (n= 280)*

Variables	N	Frequency (%)	Sig.
Age			
18-25	210	75.0	
Gender			
Woman	227	81.1	
Marital Status			
Single	240	85.7	
Education Status			
Undergraduate	235	83.9	
Income Status			
Medium	190	67.9	
Where did you live the longest?			
Province	102	36.4	
The role of religious beliefs in coping			
High	211	75.4	$t_{(278)} = -2.244; p < .001$

*Notes: Parametric tests: Independent Sample t-test*



According to the independent sample *t*-test result, it was observed that the role of individuals' religious beliefs in coping with problems differed at low and high levels [ $t_{(278)} = -2,244, p < .001$ ]. In addition, One-Way ANOVA *F*-test analysis was performed for demographic questions such as age, marital status, educational status, income status and place of residence for the longest time, and no significant difference was found between the groups ( $p > .05$ ).

### Correlation Analysis

The findings regarding the results of the Pearson correlation analysis performed to determine the level and direction of the relationships between the main variables of the study are given in Table 2 below.

**Table 2.**  
*Correlations, Mean, Standard Deviation (SD) and Reliability Coefficients ( $\alpha$ ) Between the Main Variables of the Study (n=280).*

	1	2	3	4	5	6
1. Spiritual Resilience	-	.23**	.45**	-.18**	-.19**	-.12*
2. Religious Belief in Coping		-	.11	.05	.01	.08
3. Psychological Resilience			-	-.31**	-.34**	-.18**
4. Total General Health (GH)				-	.91**	.86**
5. GH-Depression Anxiety					-	.57**
6. GH-Social Functioning						-
<i>Mean</i>	34.44	4.18	24.87	3.99	2.19	1.80
<i>(SD)</i>	(6.20)	(1.01)	(7.37)	(3.41)	(2.14)	(1.71)
<i><math>\alpha</math></i>	.92	-	.86	.85	.79	.76

*Notes.* \*\* $p < .01$ , \* $p < .05$ ; *SD* = Standard Deviation

The correlation analysis in Table 2 presents the interrelationships of the variables, their descriptive statistics (mean and standard deviation) and reliability coefficients. According to the findings, there is a statistically positive and significant relationship between spiritual resilience and psychological resilience [ $r(280) = .45; p < .01$ ]. Again, when looking at the relationship between spiritual resilience and total general health, the relationship between spiritual resilience and total general health [ $r(280) = -.18; p < .01$ ] found a negative and significant relationship. Depression-anxiety [ $r(280) = -.19; p < .01$ ] and social functioning subcomponents [ $r(280) = -.12; p < .05$ ] and spiritual resilience were also found to have a negative and significant relationship. On the other hand, while there was no statistically significant relationship between total motivational religiosity and total general health [ $r(280) = -.09; p > .01$ ] or any of its sub-components [depression-anxiety  $r(280) = .10; p > .01$ ; social functioning  $r(280) = .05; p > .01$ ], a positive and significant relationship was found only between psychological resilience [ $r(280) = .12; p < .05$ ]. In addition, no significant difference was found between the role of religious belief in coping with problems and any of the variables.

### The Moderated Regression Analysis Results

As a result of the analysis, psychological resilience, spiritual resilience and the interaction of these two explain 11% ( $R^2 = .109$ ) of the change in general health. There is an inverse relationship between psychological resilience and general health scores ( $b = -.3336$ , 95%CI  $[-.5394, -.1279]$ ,  $t = -3,1920$ ,  $p < .01$ ). The increase in the psychological resilience of individuals corresponds to a decrease in the risk of mental illnesses. A significant inverse relationship was found between spiritual resilience and general health ( $b = -.1666$ , 95%CI  $[-.3153, -.0178]$ ,  $t = -2,2046$ ,  $p < .05$ ). It has been observed that the interaction effect of psychological resilience and spiritual resilience is significant, that is, there is a moderator effect of spiritual resilience ( $b = .006$ , 95%CI  $[-.0002, .0116]$ ,  $t = 2,0312$ ,  $p < .05$ ). Table 3 shows the summary of the moderation analysis model for the variables predicting mental health.

**Table 3.**

*Summary of Moderation Analysis for Variables Predicting Mental Health*

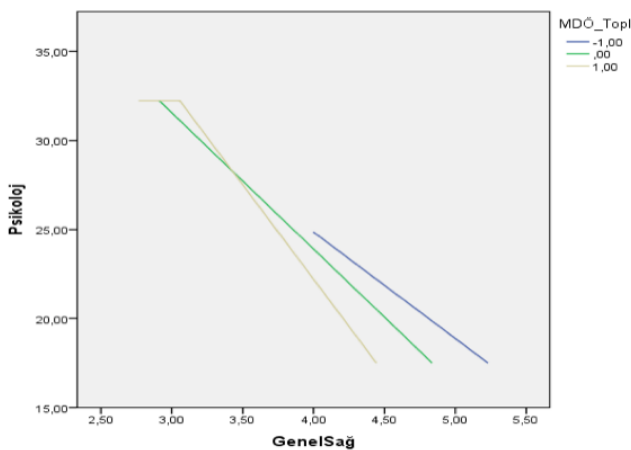
	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	<i>LLCI</i>	<i>ULCI</i>
Constant	12,8596	2,5177	5,1078	,0000	7,9034	17,8159
PR	-,3336	,1045	-3,1920	,0016	-,5394	-,1279
SR	-,1666	,0755	-2,2046	,0283	-,3153	-,0178
Interaction	,0059	,0029	2,0312	,0432	,0002	,0116

*Note:  $R^2 = .11$ , PR: Psychological Resilience, SR: Spirituality Resilience*

Based on all these results, the increase in the psychological resilience of the individuals corresponds to the decrease in the risk in terms of mental illnesses. As spiritual resilience plays a moderator role in this relationship, as the spiritual resilience of individuals increases, the risk of mental illnesses decreases. Slope analysis was performed to look in more detail at the modulating effect of spiritual resilience (Figure 2).

**Figure 2.**

*Relationship between psychological resilience and mental health under the influence of spiritual resilience*



According to three different levels of spiritual resilience, the relationship between psychological resilience and general health is significant when spiritual resilience is low ( $b = -.1672$ , 95%CI  $[-.2353, -.0990]$ ,  $t = -4,8299$ ,  $p < .001$ ). The relationship between psychological resilience and general health is significant when spiritual resilience is moderate ( $b = -.1307$ , 95%CI  $[-.1884, -.0729]$ ,  $t = -4,4541$ ,  $p < .001$ ). When spiritual resilience is high, the relationship between psychological resilience and general health is significant ( $b = -.0941$ , 95%CI  $[-.1615, -.0268]$ ,  $t = -2,7532$ ,  $p < .01$ ). The results are shown in Table 4.

**Table 4.**  
*Conditional Effects of the Focal Predictor at Values of the Moderator(s)*

<i>SPI</i>	<i>Effect</i>	<i>SE</i>	<i>t</i>	<i>p</i>	<i>LLCI</i>	<i>ULCI</i>
28,2462	-,1672	,0346	-4,8299	,0000	-,2353	-,0990
34,4429	-,1307	,0293	-4,4541	,0000	-,1884	-,0729
40,6395	-,0941	,0342	-2,7532	,0063	-,1615	-,0268

## Discussion

The relationship between psychological resilience and mental health is multifaceted. The relationship between these two concepts involves an interaction where one can affect the other. Because psychological resilience helps individuals cope with stressful situations more flexibly (Fletcher & Sarkar, 2013; Luthar, Cicchetti & Becker, 2000), people who show greater psychological resilience in the face of challenging life events or stressors may tend to better protect their mental health (Masten, 2001; Masten, Powell, & Luthar, 2003). Spirituality, which includes deep inner processes such as finding the meaning of life, recognizing their values, dedicating themselves to a purpose and strengthening their social connections, provides resilience by improving the capacity of individuals to make sense of the difficulties they experience. Therefore, spirituality has a role that can both increase psychological resilience and positively affect mental health. From this point of view, the present study is aimed to examine the moderator role of spiritual resilience between psychological resilience and mental health.

The outcome of the t-test conducted in this study indicated that an assessment of individuals' religious belief levels in relation to coping revealed a notable increase in spiritual resilience scores among those with higher religious beliefs. A comparable finding was also evident in a study conducted by Gireyhan (2022), suggesting that individuals with moderate to high levels of spirituality might possess heightened faith, potentially contributing to a decreased sense of fear in the face of adversity. Another significant observation derived from the current study lies within the correlational outcomes. These results highlight that psychological resilience was significantly and inversely related to mental health, as expected. This relationship between psychological resilience and mental health provides support for different studies indicating that psychological resilience may be a protective factor in terms of mental health (Fredrickson et al., 2003; Gloria & Steinhart, 2016; Hu, Zhang, & Wang,

2014). In the study, mental health was evaluated with a general health questionnaire. In addition to the general health questionnaire total score, the relationship between depression-anxiety and social functionality sub-dimensions and resilience was also discussed. The results proved that there is a significant inverse relationship consistent with the literature (Kim & Esquivel, 2011; Min et al., 2013; Reutter & Bigatti, 2014). Spirituality is a concept that has positive results in terms of both psychological resilience and mental health. Studies in the literature provide evidence for the connection of spirituality with psychological resilience and mental health (Kim & Esquivel, 2011; Min et al., 2013). The findings of this study also confirm the research findings in the literature. In this study, it has been determined that there is a positive and significant relationship between the psychological resilience of individuals and their spiritual resilience, and there is a negative significant relationship between spiritual resilience and general health.

When the results of the analysis on the moderator effect of the study are examined, higher psychological resilience is associated with a lower risk of mental health, and spiritual resilience further strengthens this relationship. The effect of spiritual resilience differs according to resilience levels and affects the link between psychological resilience and general health. An increase in spiritual resilience means an increase in one's capacity to cope with difficulties based on one's inner resources, beliefs, and values (Gireyhan, 2022). In other words, increasing the spiritual resilience of individuals can enable them to establish emotional balance, cope with stress, alleviate their negative emotions, and establish social bonds (Kim & Esquivel, 2011; Kasapoğlu, 2020; Pargament, 1997). All of these contribute to improving mental health in a positive way (Koenig, 2008).

This study includes some limitations. First and foremost, a notable constraint pertains to the method of data collection, which was reliant on an online platform. This is due to the fact that the researchers lacked control over participants' surroundings during the questionnaire completion. Moreover, the correlational research design was used in the present study, so this research is limited in terms of causal relationships between variables. In this context, the current study findings pointing to the relationship between resilience, mental health, and resilience can be re-evaluated with future longitudinal studies. Furthermore, an additional constraint pertains to the predominant female composition of the sample under scrutiny, raising concerns about the extent to which the findings can be generalized. Future studies may contribute to the generalizability of the findings through the use of gender-matched samples. The final limitation of this study is the notion that spirituality gains prominence owing to Turkey's portrayal as a devout society (Gireyhan, 2022). Consequently, delving into whether comparable outcomes endure or variations arise within diverse cultural settings can furnish invaluable insights for forthcoming investigations.

To sum up, notwithstanding these constraints, the outcomes of this present study bear significant importance as a valuable addition to comprehending the connections between spiritual behaviors and mental health. In this study, it can be inferred that incorporating the concept of spiritual resilience into psychological intervention programs has the potential to enhance the efficacy of such interventions, thereby aiding in the prevention of various psychological issues. This holds particular relevance for counselors who aid individuals in recognizing the potential beneficiaries and mechanisms through which spirituality can positively impact their lives.

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**Authors' contribution.** Both authors made equal and significant contributions throughout the entire preparation of this study.

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