
Review article

THE ROLE OF SPIRITUALITY IN THE RECOVERY PROCESS OF PEOPLE WITH MENTAL ILLNESS: A SCOPING REVIEW

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Abstract

Goal: This study aimed to map the role of spirituality in the recovery process among adults with serious mental illness and to identify the main themes described in the literature.

Methods: A scoping review was conducted in accordance with PRISMA-ScR guidelines. Quantitative, qualitative, and mixed-method studies examining the relationship between spirituality or religiosity and recovery or quality of life were included. Data were synthesised using narrative and thematic analysis within the CHIME framework.

Results: 42 studies were analysed. Spirituality emerged as an important source of meaning, hope, identity, coping, and social support. It contributes to resilience, reinterpretation of illness experience, and supports personal recovery.

Conclusion: Spirituality represents an important yet still often under recognised dimension of care. The findings from these methodologically and substantively diverse studies suggest that it may be useful to consider incorporating spirituality into clinical practice and further developing spiritually oriented interventions.

Keywords: CHIME; Mental illness; Personal recovery; Religiosity; Scoping review; Spirituality

INTRODUCTION

Spirituality is an important, yet often neglected, dimension of mental health care. Contemporary psychiatry is increasingly oriented towards a holistic approach that, in addition to biological and psychosocial factors, also includes the spiritual dimension of patients' lives. Spirituality is understood as a personal search for meaning, purpose, and connection that need not be tied to organised religion. The international psychiatric community considers it an important part of assessment and treatment, with the World Psychiatric Association emphasising the need to take patients' spiritual and religious beliefs into account in clinical practice and professional education (Milner et al., 2020; Moreira-Almeida et al., 2016).

The recovery-oriented approach is now considered the standard of modern psychiatric care. It represents a shift from the traditional medical to a care-centred model focused on the person, their values, and personal goals. It emphasises hope, partnership, respect for rights, and support for autonomy (Garrido-Cervera et al., 2024).

The conceptual framework for personal recovery is the CHIME (Connectedness, Hope, Identity, Meaning, Empowerment) model, which summarises key recovery processes. Spirituality is closely related to these dimensions, particularly in meaning-making, identity formation, hope, and connectedness. The CHIME framework, developed from a systematic review of 97 studies, provides an empirically grounded structure for both research and clinical practice, emphasising that recov-

ery is an individual, nonlinear, and multidimensional process in which spiritual themes can play a significant role (Leamy et al., 2011).

Empirical studies also confirm the importance of spirituality in the recovery process. For example, Ho et al. (2016) show that people with schizophrenia perceive spirituality as a source of peace, support, hope, identity, and personal growth. These aspects overlap with the CHIME model's dimensions. Spirituality can thus enhance meaning in life, social connectedness, and active engagement in the recovery process.

This study aims to map the current state of knowledge regarding the importance of spirituality in the recovery process for people with mental illness and to identify the main thematic areas and concepts appearing in the professional literature. The sub-objectives of the study were to analyse the relationship between spirituality and mental health and recovery, identify the most frequently used concepts and theoretical frameworks, and determine key thematic areas and research gaps.

MATERIALS AND METHODS

A scoping review study was conducted in accordance with the PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews) methodology. This design was chosen to map the breadth of the available literature and identify key concepts in the field of spirituality and mental health, given the topic's complexity and interdisciplinary nature.

A systematic search was conducted across the following databases which were selected for their interdisciplinary nature: Web of Science Core Collection, Scopus, and PubMed.

The strategy combined keywords related to spirituality, mental health, and recovery using the Boolean operators AND and OR in three thematic blocks:

1. Spirituality: "spirituality" OR "spiritual" OR "religiosity" OR "religious" OR "religion" OR "faith" OR "spiritual care" OR "religious coping".
2. Mental illness: "mental health" OR "mental illness" OR "mental disorder" OR "psychiatric disorder" OR "psychosis" OR "schizophrenia" OR "bipolar disorder" OR

"severe mental illness" OR "depression" OR "anxiety".

3. Recovery: "recovery" OR "rehabilitation" OR "treatment outcome" OR "coping" OR "resilience" OR "well-being" OR "quality of life".

The blocks were combined using the AND operator. The strategy was slightly modified in each database according to their specifics.

Studies published in English between 2015 and 2025 were included. Older theoretically important works (e.g., Leamy et al., 2011) were used as a conceptual starting point, not as part of a systematic search.

Inclusion criteria:

- type of study – quantitative (RCT, cross-sectional, cohort), qualitative (phenomenological, grounded theory, ethnographic), mixed methods, systematic reviews and meta-analyses;
- population – adults (18+) with a diagnosed mental illness (DSM/ICD);
- phenomenon of interest – spirituality, religiosity, spiritual or religious practices and coping; spiritual care; the importance of spirituality in the recovery process;
- publications – peer-reviewed articles indexed in selected databases, full texts in English.

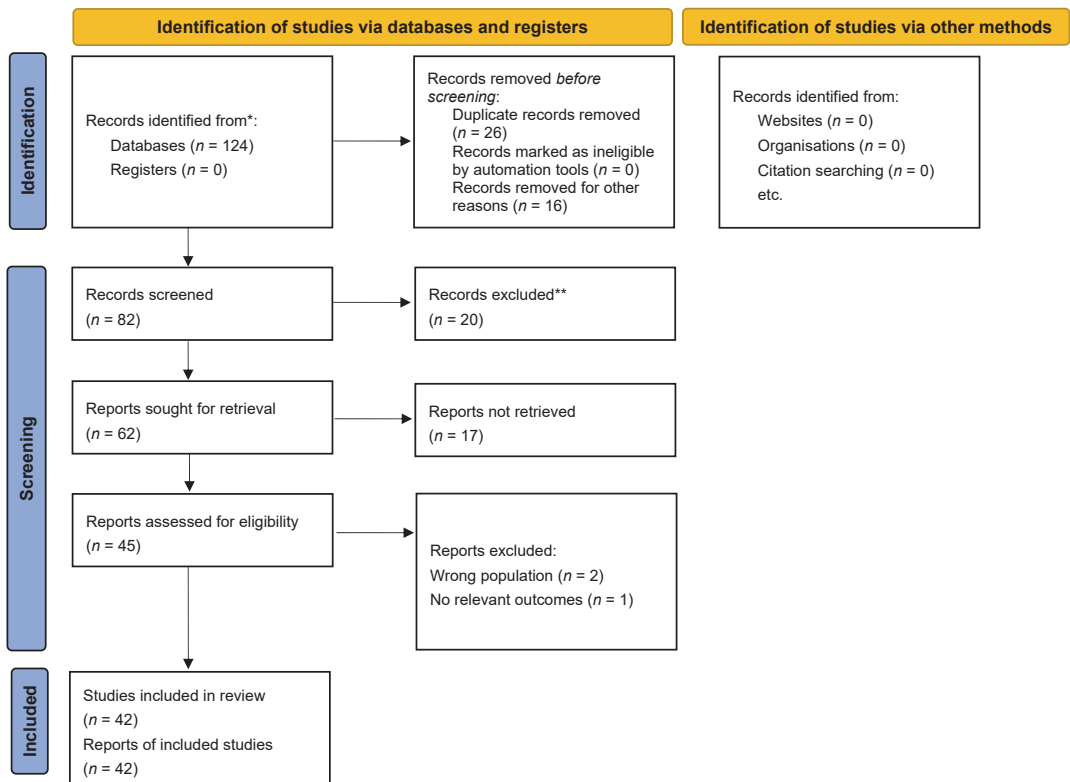
Exclusion criteria:

- studies focused exclusively on children/adolescents;
- primarily addictions;
- dementia and neurodegenerative diseases;
- case reports, abstracts, editorials, commentaries;
- non-peer-reviewed resources;
- published before 2015;
- studies that did not examine the relationship of spirituality to mental health, recovery, or quality of life.

The search was conducted in October 2025. Records were exported to EndNote and subsequently deduplicated. Screening of titles and abstracts, followed by full-text assessment, was performed by a single reviewer based on predefined criteria. The study identification and selection procedure was carried out in accordance with the PRISMA recommendations (Diagram 1).

The systematic part of the scoping review is based on studies identified in the search that meet the above criteria. These empirical works (Table 1) form the core of the results and the thematic synthesis. The literature list includes (1) all studies identified and reviewed in the systematic search (including some that were not analysed in detail in the results but contributed to understanding the breadth of the thematic field), and (2) selected theoretical and review works, methodological texts,

and older conceptually important studies (e.g., recovery models, reviews of spirituality and mental health) that were not part of the systematic screening. For studies that were screened but not discussed in the text, their role is limited to mapping the scope of the available evidence. At the same time, theoretical and review sources serve as a conceptual framework and context (introduction, discussion), not as primary data in the scoping review.



* Consider, if feasible, reporting the number of records identified from each database or register searched (rather than the total number across all databases/registers). ** If automation tools were used, indicate how many records were excluded by a human and how many were excluded by automation tools.

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Diagram 1 – PRISMA 2020 flow diagram of the studies

RESULTS

Overview of included studies

Research on the role of spirituality in recovery in people with serious mental illness has been developing dynamically in the last decade and shows methodological and content diversity. In accordance with the procedure described above, 42 studies focusing on adults with serious mental illness and the relationship of spirituality/religiosity to personal recovery, quality of life, resilience and related indicators were included in the final synthesis. The studies came from various regions (USA, UK, Europe, Asia (including Hong Kong), and Australia). They most often concerned schizophrenia, bipolar disorder, and major depression. A selected subset of studies that explicitly analysed the relationship between spirituality and recovery formed the core of the thematic analysis. At the same time, other works complemented the cultural, family, intervention and measurement dimensions of the topic.

The database search yielded 124 records, of which 26 were removed as duplicates and 16 for other reasons (e.g., an obviously irrelevant publication type or topic). The remaining 82 records underwent title and abstract screening, during which 20 records were excluded. We attempted to obtain full text for 62 studies, and 17 articles could not be obtained in full. A total of 45 full texts were assessed for eligibility; three studies were excluded at this stage (two for failing to meet the target population criteria, one for lacking relevant outcomes). This resulted in 42 studies being included in the final synthesis (Table 1).

Main topics

Thematic analysis identified six areas: (1) search for meaning and significance, (2) identity and self-concept, (3) spiritual coping, (4) hope and resilience, (5) connectedness and relationships, (6) interaction with symptoms.

1. Meaning-making

The search for meaning was one of the most common themes: spirituality provided a framework for understanding illness and integrating it into a personal narrative. Participants described reinterpreting illness as

part of personal growth and a “developmental journey” marked by doubt and existential questions (Ho et al., 2016; Milner et al., 2020). Higher spiritual well-being and meaning in life were associated with lower psychological distress and greater subjective recovery (Can Öz and Duran, 2021; Jones et al., 2019).

2. Identity and self-concept

Spirituality was a significant part of identity for many individuals and supported a more empowered self-concept (Milner et al., 2020). Heffernan et al. (2016) show that religious beliefs and practices can help build self-esteem, reduce shame and perceived “taint”, and contribute to a sense of being “more than a diagnosis”. Ho et al. (2016) found differences in how spirituality was understood: clients described it concretely and affectively as a source of growth, while professionals described it more abstractly. Some participants perceived the post-acute phase as a “transformation” associated with self-esteem and less fear of stigmatisation (Brijan et al., 2025; Heffernan et al., 2016).

3. Spiritual coping strategies

Spirituality was often used as a coping resource (Milner et al., 2020). Prayer, meditation, reading sacred texts, rituals, and yoga were mentioned as helping to regulate stress and anxiety (Sawab et al., 2024). Positive religious coping was associated with better adaptation and quality of life, as well as greater treatment adherence (Brijan et al., 2025). A relationship with a higher power was described as a key source of hope and motivation, while limiting religious practices could worsen well-being (Heffernan et al., 2016).

4. Hope and resilience

Spirituality fostered hope, optimism, and a sense of “meaning to continue”, which were key processes of subjective recovery described in both qualitative and review studies (Heffernan et al., 2016; Sawab et al., 2024). Religious and spiritual frameworks provided a perspective in which crises were understood as tests, opportunities for maturation, or paths to deeper self-knowledge, thereby promoting psychological resilience in the face of relapses or long-term limitations (Brijan et al., 2025; Milner et al., 2020).

5. *Connectedness*

Spirituality was intertwined with social support, belonging, and community experience: religious communities were described as a source of practical and emotional support, shared identity, and reduced loneliness (Heffernan et al., 2016; Jones et al., 2019). Some quantitative studies report that regular participation in religious activities and perceived spiritual support are associated with better psychological well-being and higher rates of subjective recovery in people with mental illness (Can Öz and Duran, 2021; Jones et al., 2019). Ho et al. (2016) also show different perspectives of clients and professionals on the role of spirituality in relationships; however, both groups similarly emphasised “peacefulness” as stability and calmness, supporting the management of episodes.

6. *Interaction with symptoms*

The relationship between spirituality and symptoms has been ambivalent: spirituality may help make sense of unusual experiences, but the boundary between spiritual experience and symptom may be clinically unclear (Heffernan et al., 2016; Milner et al., 2020). Symptoms may also make religious practices more difficult and be associated with more frequent negative religious coping (Grover et al., 2021). Negative coping (e.g., beliefs in divine punishment and abandonment) tends to be associated with worse outcomes. In contrast, positive coping (cooperation with God, seeking support in the community) tends to be associated with better adaptation and subjective recovery (Heffernan et al., 2016; Sawab et al., 2024). The distinction between the religious content of psychosis and authentic spirituality is clinically relevant (Marriott et al., 2019).

Mechanisms of action of spirituality in recovery

Based on a synthesis of available studies, several key mechanisms can be identified through which spirituality contributes to the recovery process in people with serious mental disorders.

Cognitive reframing: Spirituality provides an alternative framework for understanding mental illness beyond the purely biomedical model – it allows for the crisis to be viewed as an existential disruption that can be integrated into a larger life or spiritual story. Quali-

tative studies show that people experiencing psychosis use religious texts, rituals, and a personal relationship with God to reframe psychotic experiences, guilt, and loss into a more meaningful narrative, which supports attitudes of acceptance and the development of more adaptive coping strategies in the process of personal recovery (Brijan et al., 2025; Heffernan et al., 2016).

Emotional regulation: Spiritual practices such as prayer, meditation, or other contemplative forms of devotion are associated with reduced stress, anxiety, and depression. A systematic review by Sawab et al. (2024) shows that spirituality contributes to the development of self-confidence, self-efficacy, self-control, and hope, suggesting an influence on emotion regulation and stress management systems. However, the specific neurobiological pathways remain the subject of further research.

Social support and connectivity: Participation in religious and spiritually-based communities creates a structured space for people with psychosis where they can be seen as a “whole person”, which strengthens a sense of belonging, self-esteem, and psychological resilience. In qualitative studies, faith-based environments have provided a place of safety, acceptance, and mutual support, reducing loneliness and partially offsetting stigma in other areas of life (Virdee et al., 2016).

Increased self-efficacy: Spirituality can strengthen belief in one’s own ability to manage illness and achieve personal goals. A systematic review has shown that spirituality in people with serious mental disorders promotes the development of self-confidence, self-control, strength and hope, and is associated with increased self-efficacy and better quality of life (Sawab et al., 2024).

Existential security and hope: A relationship with a higher power and a sense of purpose in life can provide a sense of anchoring and orientation, serving as a protective factor against hopelessness. A quantitative study of psychiatric inpatients shows that a stronger sense of purpose in life is associated with better long-term therapeutic outcomes and lower levels of depressive symptoms one year after discharge; religiosity and spirituality may indirectly influence these outcomes by enhancing meaning and perceived coping resources (Hefti et al., 2025).

Behavioural self-regulation: Religious and spiritual beliefs may motivate some patients to refrain from risky behaviour and to take a more responsible approach to treatment. Still, their influence is not clearly positive across diagnoses. A systematic review shows that higher religiosity is associated with better adherence to treatment in patients with depression and addictions, while in schizophrenia, some religious beliefs may actually worsen adherence. Conversely, spiritual attitudes associated with trust, internal anchoring, and meaning in life are associated with more favourable clinical outcomes and better life skills among hospitalised patients, suggesting that a sense of being more spiritually grounded may support more responsible health care (Hinterberger and Walter, 2025; Zagodzón and Wrotkowska, 2017).

Spiritual assessment and psychiatric care

Several studies show that systematically identifying spiritual needs and incorporating them into care strengthens the relationship between patients and services. Van Nieuw Amerongen-Meeuse et al. (2021) found that reflecting on spiritual needs is associated with a stronger therapeutic alliance and a better treatment experience. Ngubane et al. (2019) show that for women with schizophrenia in the Swazi context, it is important for healthcare professionals to take their religious interpretations of their illness seriously and to allow them to incorporate faith and community support into care plans. Ho et al. (2016) emphasise that open, non-pathologising questions about spirituality and space to “talk about it” are key elements of a spiritual assessment that can be integrated into routine psychiatric consultations.

DISCUSSION

Practical implications: bio-psycho-social-spiritual model

Several authors point out that although Engel’s bio-psycho-social model corrected biological reductionism, it may not in itself be sufficient for a truly holistic understanding of health and illness. Saad et al. (2017) propose extending it to include a spiritual dimension and speak of a bio-psycho-social-spiritual mo-

del that takes seriously questions of meaning, purpose, and values that cannot be fully captured solely on the psychological or social plane. Spirituality is understood broadly as the search for ultimate meaning and significance in relation to oneself, others, community, nature, and the sacred, in both religious and non-religious forms, and can influence biological processes (e.g., stress response), psychological mechanisms (coping, hope, identity), and the social level (belonging, social capital) (Saad et al., 2017).

Using specific case studies from the field of mental health, Van Denend et al. (2022) show, that neglecting the spiritual domain can lead to an incomplete understanding of the patient’s situation and to the waste of important treatment resources, while its targeted involvement can strengthen the therapeutic alliance, hope, adherence, and recovery. For these reasons, the authors argue that without an explicit spiritual dimension, we cannot understand patients as “whole persons” and speak of a fully holistic model of care (Saad et al., 2017; van Denend et al., 2022).

Integrating spirituality into clinical practice does not mean simply adding another item to the documentation, but thinking about how the spiritual dimension permeates and influences biological, psychological and social processes. Saad et al. (2017) emphasise that this requires both general clinical competencies (sensitivity, openness, listening to the patient’s subjective experience), as well as conceptual clarity in what we understand by spirituality, and the ability to distinguish between different forms of spiritual and religious experience, including their positive and negative impacts. (e.g., constructive coping vs spiritual struggle). Van Denend et al. (2022) also point out that, in common practice, the spiritual domain is often reduced to the “religious affiliation” column or perceived as outside the competence of the mental health team, leading to its underuse. The authors therefore call for a person-centred bio-psycho-social-spiritual approach that is based on the person’s own beliefs and values, is implemented in interdisciplinary collaboration (including chaplains and spiritual professionals), and integrates spiritual aspects in a way that the patient desires and that supports their recovery. Saad et al. (2017) summarise that a true paradigm shift in medicine is only pos-

sible when the human spiritual dimension is fully understood and integrated into health care.

Spirituality in personal recovery

Recent systematic reviews suggest that spirituality is not just a marginal topic, but can represent one of the important resources of recovery: it supports the development of self-confidence, a sense of control, strength and hope, and is associated with a higher quality of life and a subjective sense of recovery (Sawab et al., 2024; van der Watt et al., 2018). Four interconnected thematic areas emerge from both qualitative and quantitative studies: awakening identity, strength, and hope; spiritual coping; finding meaning in life; and partner and supportive relationships. Together, these areas show that spirituality acts as a comprehensive motivational and meaning-making framework that helps people with mental illness understand their own experience, actively manage symptoms, and re-enter social roles (Milner et al., 2020; Sawab et al., 2024; Westhead and Georgiades, 2025).

The findings of this review also clearly demonstrate the overlap between spirituality and the concept of personal recovery, as captured in the CHIME framework (Connectedness, Hope, Identity, Meaning, Empowerment), which was originally formulated by Leamy et al. (2011) and still constitutes the main reference frame for current studies of personal recovery. More recent work applying CHIME in different populations and cultures confirms that the recovery process is structured around the dimensions of connectedness, hope, identity, meaning, and empowerment (He and Petrakis, 2025). The spiritual themes that emerge in the studies – searching for identity, accepting oneself despite diagnosis, finding meaning in suffering, and experiencing a deeper purpose – map directly to the two central dimensions of CHIME: Meaning in life and Identity (Huguelet et al., 2016; Leamy et al., 2011). At the same time, they reinforce hope and empowerment.

Another important finding is the distribution of research across regions. Several empirical studies on spirituality and mental health have been conducted in non-Western contexts, such as Southeast Asia, the Arab world, and sub-Saharan Africa (Abu-Mahfouz et al.,

2025; Murwasuminar et al., 2023; Ngubane et al., 2019). These studies show that religion and spirituality are deeply embedded in everyday life and significantly shape perceptions of mental illness, care-seeking, and attitudes toward formal and traditional treatment (Cetty et al., 2022; Ghuloum et al., 2024). Studies from other regions also point out that in many Western countries, a more secular conception of psychiatry and a “religiosity gap” between patients and professionals persist, which may lead to spiritual themes and resources (faith, community, rituals) remaining unused in care (de Oliveira e Oliveira et al., 2020; He and Petrakis, 2025).

Cultural variability, therefore, highlights the need for culturally and spiritually sensitive approaches that respect diverse spiritual traditions – from Christianity, Islam, Hinduism, and Buddhism to syncretic and non-institutionalised forms of spirituality or existential seeking without religious affiliation. Many studies included in recent reviews show that people with serious mental illness draw on a range of spiritual and religious practices to regulate emotions, find meaning, and manage symptoms; from prayer and reading religious or “new age” texts to meditation, spending time in nature, artistic creation and physical activity to participation in religious services and group activities (Irawati et al., 2023; Jones et al., 2019).

At the same time, it is important to consider that spirituality can also play an ambivalent or negative role. Research with patients with psychosis shows that religious coping strategies are highly prevalent. Still, their quality is crucial: negative religious coping (e.g., spiritual dissatisfaction, punitive reappraisal of God, feeling abandoned by God) is associated with higher levels of depression, anxiety, and stress, while positive religious coping is associated with better treatment outcomes in the literature (Cetty et al., 2022). Religious psychopathology reviews further point out that the religious content of hallucinations and delusions has clinical relevance for diagnosis and management, can complicate care and stigmatise the patient. Still, at the same time, religion influences treatment adherence and can provide a coping framework for understanding psychotic experiences (Cook, 2015). A qualitative study among spiritual care workers in British psychiatric services shows that

pathologising all spiritual or religious beliefs is problematic for practice. Spiritual workers emphasise the need to distinguish between healthy spiritual experiences and those that are part of psychosis, not according to the religious content itself, but according to its function, impact on daily life, and coherence with the patient's broader values and community framework. The authors therefore call for an approach that does not label all religiosity as pathological, but works with it sensitively, in dialogue with the patient, and in collaboration between clinics and spiritual care services (Al Taher et al., 2024).

Overall, this chapter shows that spirituality is closely connected to personal recovery at both the levels of meaning and identity and of specific coping and relationship mechanisms, which can be well captured by the CHIME framework (connectedness, hope, identity, meaning, and empowerment).

Implications for clinical practice

The included studies and expert recommendations agree that spirituality and religious beliefs should be sensitively considered as part of the standard psychiatric history, especially if the patient himself perceives them as significant. The World Psychiatric Association recommends routinely considering the spiritual dimension in the examination and treatment planning, and a structured assessment of spiritual needs (spiritual history) can contribute to better adherence, satisfaction with care, and clinical outcomes (Marriott et al., 2019; Moreira-Almeida et al., 2016). Empirical data also support this approach: in people with serious mental illness, spirituality (especially the meaning/peace dimension) has been significantly associated with higher levels of subjective recovery and psychological well-being (Saiz et al., 2021). Validated tools such as the HOPE model or the Open Invite mnemonic can be used for systematic assessment and have proven to be practical and well accepted across various clinical contexts (Sleeth et al., 2025).

The education of healthcare professionals also plays an important role. Research indicates the need to develop competencies in the areas of taking a patient's spiritual history, differential diagnosis between spiritual experience and psychopathology, and ethically sensitive integration of spirituality into treat-

ment. Intervention programs and curriculum designs for residential education demonstrate that targeted teaching increases professionals' confidence and skills in working with these topics (de Oliveira e Oliveira et al., 2020).

If the patient so desires, spirituality can also be constructively integrated into treatment plans, for example, by supporting spiritual practices, involving community or chaplaincy services, or adapting psychotherapy to a religious context. Reviews suggest that such tailored interventions can be at least as effective as secular approaches and increase engagement in religious patients (Bouwhuis van Keulen et al., 2024; Captari et al., 2018).

At the same time, it is essential to respect religious and spiritual diversity and not impose any particular value framework. Clinical practice should distinguish between supportive forms of spirituality and pathological manifestations, especially in patients with psychosis, where religious content may be part of the symptomatology. A respectful and non-confrontational approach is therefore recommended, which protects the patient's identity while allowing therapeutic work with dysfunctional beliefs (Cook, 2015).

The MISTIC framework (Meaning-making, Identity, Service provision, Talk about it, Interaction with symptoms, Coping) can also offer practical guidance, summarising the key areas in which patients' spiritual experiences in mental health care are most often manifested (Milner et al., 2020).

This suggests that spirituality cannot be understood as an "add-on" to therapeutic interventions, but as an integral part of personal recovery. The recovery-oriented approach emphasises that recovery is not simply the absence of symptoms, but a "a life full of meaning and purpose that is satisfying and enriching, even with the limitations that illness brings" – a definition that fits well with the spiritual dimension as a framework for finding meaning and purpose despite persistent difficulties (Roystonn et al., 2021; Sawab et al., 2024).

Limitations

This review has several limitations. First, only studies published in English within the last 10 years were included, which may introduce language bias and omit relevant works in other languages, as well as older but still important

studies. In accordance with the scoping review methodology, we did not perform a formal systematic assessment of the quality of the included studies, which may affect the strength of some conclusions. Second, the considerable heterogeneity of the included studies (different diagnoses, cultural contexts, methodological approaches) limits the possibility of direct comparisons and prevents a quantitative synthesis of the results, so the conclusions are based on a narrative assessment. Third, the quality of the individual studies was variable, and not all studies used robust designs or standardised measures of spirituality and recovery. Despite these limitations, the review provides a useful yet indicative synthesis of the current state of knowledge. It helps identify key areas for future empirical research and the development of clinical practice.

CONCLUSION

Spirituality represents an important and often neglected dimension of personal recovery in people with serious mental illness. A synthesis of available studies, both methodologically and content-heterogeneous, suggests

that spirituality can contribute to recovery, particularly through the search for meaning, strengthening identity and hope, developing coping strategies, and building relational and community support. At the same time, the influence of spirituality can be ambivalent and requires sensitive distinctions between supportive and potentially burdensome forms of spiritual experience.

This suggests a need for clinical practice to systematically and respectfully consider patients' spiritual needs as part of a bio-psycho-social-spiritual approach to care. Future research should focus on developing and evaluating spiritually informed interventions and on gaining a deeper understanding of the mechanisms by which spirituality influences the recovery process.

Declaration

During the preparation of this manuscript, generative artificial intelligence tools were used exclusively for linguistic and stylistic editing.

Ethical aspects and conflict of interest

The authors have no conflict of interest to declare.

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(continued after Table 1)

Table 1 – Included studies

Author, year	Country/Region	Title	Diagnosis/population	Type	R/S variable	Recovery/QoL	Origin database	Number of databases
Abu-Mahfouz et al., 2025	Jordan/UK	What does recovery mean to Jordanian mental health service users and their families?	users of psychiatric services in Jordan	qualitative	YES – culturally/spiritually anchored concept of recovery	YES – the concept of recovery	WOS, PubMed	2
Al Taher et al., 2024	UK	Spiritual understandings of psychosis: perspectives of spiritual care staff	spiritual workers in contact with people with psychosis	qualitative	YES – spiritual/religious interpretations of psychotic experiences	YES – importance for spiritual care	WOS	1
Barber et al., 2017	UK	Mini-Service user Recovery Evaluation scale (Mini-SeRVE)	users of psychiatric services	tool development	YES – explicitly includes spiritual and religious issues	YES – recovery measurement	WOS	1
Beeman et al., 2024	USA	The temporal association between religious/spiritual struggles and anxiety symptoms: longitudinal psychiatric outpatients	outpatient psychiatric patients at risk of anxiety	longitudinal	YES – R/S struggles	YES – relationship to anxiety symptoms	WOS	1
Brijan et al., 2025	Netherlands	The Existential Dimension in Recovery: Crisis, Loss, and Grief in the Context of Severe Mental Illness	SMI	phenomenological/conceptual	YES – existential/spiritual crisis of meaning in SMI	YES – recovery as a spiritual process	Scopus, WOS	2
Can Öz and Duran, 2021	Turkey	The Effect of Spirituality on the Subjective Recovery of Psychiatric Patients	psychiatric hospitalised patients (various diagnoses)	quantitative	YES – the relationship between spiritual well-being and subjective recovery	YES – spirituality predicts subjective recovery	WOS	1
Cetty et al., 2022	Singapore	Religiosity, Religious Coping and Distress Among Outpatients with Psychosis in Singapore	364 outpatients with psychosis	quantitative	YES – positive/negative religious coping, religiosity	YES – distress, coping (recovery-relevant)	WOS	1
Das et al., 2018	India	Spirituality, religiousness and coping in patients with schizophrenia: A cross-sectional study	patients with schizophrenia	quantitative cross-sectional	YES – spirituality, religiosity, and coping	YES – relationships to relapse, symptoms, functioning	WOS	1

Table 1 (continued)

Author, year	Country/Region	Title	Diagnosis/population	Type	R/S variable	Recovery/QoL	Origin database	Number of databases
de Vries et al., 2025	Netherlands	Existential concerns among young adults with psychotic vulnerability in mental health care: Netherlands	young adults with psychotic vulnerability	qualitative	YES – existential/meaning-making themes (meaning of life, identity, isolation, freedom, death); spirituality implicitly within existential questions, not as an explicitly religious theme	YES – existential concerns in care	Scopus	1
Gandhi and Jones, 2020	India	Family Caregivers' Perspective on Factors Affecting Recovery from Schizophrenia	family caregivers of patients with schizophrenia	qualitative	YES – spiritual comfort/sharing with the Almighty	YES – recovery facilitators	PubMed	1
Grover et al., 2021	India	Religiosity and Spirituality of patients with severe mental disorders	schizophrenia, BD, depression (SMI)	quantitative cross-sectional	YES – religious and spiritual practices, faith, meaning	YES – QoL, hope, meaning	WOS	1
He and Petrakis, 2025	Australia	Spirituality/religious diversity in personal recovery... a critical literature review of service users' perspectives	service users with mental illness (SMI)	critical review	YES – role R/S in personal recovery	YES – from the users' perspective	WOS	1
Heffernan et al., 2016	UK	Religion in the recovery journey of individuals with experience of psychosis	people with psychosis	qualitative grounded theory	YES – religion in recovery (scripts, rituals, relationship to God)	YES – the path to recovery	WOS	1
Hefti et al., 2025	Switzerland/USA	Sense of meaning as a predictor of long-term therapy outcome in psychiatric inpatients	127 psychiatric inpatients (mixed diagnoses)	quantitative longitudinal	YES - the meaning of life, religiosity, and spirituality	YES – predictors of long-term therapeutic outcome	WOS	1
Hinterberg and Walter, 2025	Germany	Spirituality and mental health – investigating spiritual attitudes and psychosomatic treatment outcomes	psychosomatic hospitalised patients (mix of diagnoses)	quantitative	YES – spiritual attitudes, resilience, meaning	YES – relationship to clinical outcome	WOS	1

Table 1 (continued)

Author, year	Country/Region	Title	Diagnosis/population	Type	R/S variable	Recovery/QoL	Origin database	Number of databases
Ho et al., 2016	China	Understandings of spirituality and its role in illness recovery in persons with schizophrenia and mental-health professionals	people with schizophrenia + professionals	qualitative	YES – how they understand spirituality and its role in illness recovery	YES – a direct connection between spirituality and recovery	WOS	1
Huguelet et al., 2016	Schweizerland/ France	Values as determinant of meaning among patients with psychiatric disorders in the perspective of recovery	patients with persistent mental disorders	quantitative	YES – meaning in life (spirituality as meaning-making)	YES – meaning as part of recovery	WOS	1
Ibrahim et al., 2022	Egypt	Posttraumatic growth and recovery... Egypt	Egyptian users of psychiatric services	quantitative	YES – spirituality/religiosity among sources of hope and meaning	YES – PTG + recovery	WOS	1
Ingall et al., 2025	UK/Japan/ Norway	Personal Explanations for Psychosis: A Systematic Review and Thematic Synthesis	people with psychosis	systematic review	YES – spirituality as one of the categories of explanation	YES – recovery as a theoretical framework of recovery-oriented care, without direct measurement of recovery/QoL	PubMed, Scopus, WOS	3
Irawati et al., 2023	Indonesia/ Taiwan/ Australia	Religious Practices and Spiritual Well-Being of Schizophrenia: Muslim Perspective	Muslim patients with schizophrenia	qualitative	YES – religious activities, prayer, reciting the Quran	YES – spiritual well-being	WOS	1
Jones et al., 2019	Australia	Concepts, Practices and Advantages of Spirituality Among People with a Chronic Mental Illness in Melbourne	people with chronic SMI	qualitative	YES – concepts of spirituality, spiritual practice	YES – benefits for well-being/recovery	WOS	1
Jordan et al., 2019	Canada	Posttraumatic growth and positive change following first episode psychosis	people after the first psychotic episode	qualitative/ quantitative	YES – spirituality as a dimension of PTG	YES – PTG and positive changes	PubMed, WOS	2

Table 1 (continued)

Author, year	Country/Region	Title	Diagnosis/population	Type	R/S variable	Recovery/QoL	Origin database	Number of databases
Kéri and Kelemen, 2020	Hungary	Christianity and Schizophrenia Redux: An Empirical Study	120 patients with schizophrenia	quantitative	YES – positive spirituality, Christian religiosity	YES – implicit (well-being, support)	WOS	1
Leendertse et al., 2023	Netherlands	Facilitating and hindering factors of personal recovery in the context of Soteria	early episode psychosis in Soteria	qualitative	YES – spirituality mentioned as a neglected but potentially important PR facilitator	YES – personal recovery factors	Scopus, WOS	2
Marriott et al., 2019	UK	Narrative insight in psychosis and spiritual/religious explanatory frameworks	people with psychosis	qualitative/conceptual	YES – the role of spiritual/religious explanations	YES – narrative insight (recovery-oriented)	WOS	1
Milner et al., 2020	UK	The experiences of spirituality among adults with mental health difficulties: a qualitative systematic review	adults with various mental health problems (including SMI)	qualitative systematic review	YES – experiences with spirituality	YES – coping, meaning, identities, relationship to care	WOS	1
Mizuno et al., 2018	Austria/ Japan	Religiosity and psychological resilience in patients with schizophrenia and bipolar disorder	schizophrenia and BD	quantitative	YES – religious/spiritual activities	YES – relationship to resilience, functioning	WOS	1
Murwasuminar et al., 2023	Australia/ Indonesia	Mental health recovery for people with schizophrenia in Southeast Asia: A systematic review	people with schizophrenia in Southeast Asia	systematic review	YES – religion/spirituality as a cultural factor in recovery	YES – recovery	PubMed, Scopus, WOS	3
Nxumalo Ngubane et al., 2019	Eswatini	The experiences and meanings of recovery for Swazi women living with schizophrenia	women with schizophrenia in Swaziland	qualitative	YES – the role of religious beliefs (sociocultural framework)	YES – recovery process	PubMed, Scopus, WOS	3
Roystonn et al., 2021	Singapore	Quality of Life and Its Associations with Religiosity and Religious Coping among Outpatients with Psychosis in Singapore	364 outpatients with psychosis	quantitative	YES – religiosity, positive/negative religious coping	YES – quality of life	WOS	1

Table 1 (continued)

Author, year	Country/Region	Title	Diagnosis/population	Type	R/S variable	Recovery/QoL	Origin database	Number of databases
Saiz et al., 2021	Spain/USA	Spirituality and Employment in Recovery from SPMI and Psychological Well-Being	people with serious and persistent mental illness	quantitative	YES – spirituality	YES – recovery + work integration, well-being	WOS	1
Saputra et al., 2022	Indonesia	Indonesian recovery scale for patients with schizophrenia	schizophrenic patients in Indonesia	tool development	YES – religion/spirituality as part of the concept of recovery (family, faith, spiritual dimension in the Indonesian socio-cultural context)	YES – recovery measurement	PubMed, Scopus, WOS	3
Sawab et al., 2024	Indonesia	Spirituality and Recovery From Severe Mental Disorders: A Systematic Review	people with SMD/SMI	systematic review	YES – the impact of spirituality on recovery (16 studies)	YES – main topic overview	WOS	1
Scerri and Bonnici, 2022	Malta	Navigating the Storm to Recovery through Pictorial Representations of Persons in Recovery from Unipolar Depression	unipolar depression	qualitative	YES – spirituality mentioned as an important part of the recovery process (along with finding meaning, hope, and control)	YES – recovery from depression	Scopus	1
Seet et al., 2024	Singapore	Self-stigma and quality of life among people with psychosis: The protective role of religion	people with psychosis	quantitative	YES – religiosity as a moderator of self-stigma-QoL	YES – QoL + self-stigma	PubMed, Scopus, WOS	3
Slade et al., 2019	UK	Post-traumatic growth in mental health recovery: Qualitative study of narratives	people with psychosis and other SMI	qualitative	YES – spiritual/religious involvement as a positive change	YES – PTG in recovery	PubMed, Scopus	2
Stanford et al., 2023	USA	Integrating Religion and Spirituality into Psychiatric Outpatient Treatment in the United States	outpatient psychiatric patients (SMI)	intervention/implementation	YES – training and tools for integrating R/S into treatment	YES – symptoms, alliance, satisfaction	WOS	1

Table 1 (continued)

Author, year	Country/Region	Title	Diagnosis/population	Type	R/S variable	Recovery/QoL	Origin database	Number of databases
van der Watt 2018	South Africa/Nigeria	Perceived effectiveness of traditional and faith healing in mental illness: qualitative systematic review	people with mental disorders	qualitative systematic review	YES – faith healing, perception of effectiveness	YES – perceived effectiveness of traditional and faith treatments, subjectively improved and relief; implications for recovery-oriented care, but without direct measurement of recovery/QoL	WOS	1
Van Nieuw Amerongen-Meeuse et al., 2021	Netherlands	Religious/spiritual care needs and treatment alliance among clinical mental health patients	clinical patients in psychiatry	quantitative	YES – R/S care needs	YES – treatment alliance (key recovery factor)	WOS	1
Virdee et al., 2016	Canada	Exploring the Contours of Religion and Spirituality in Creating Community: Persons with Psychosis	people living with psychosis	qualitative	YES – faith, R/S spaces and communities	YES – recovery and community integration	WOS	1
Westhead and Georgiades, 2025	UK	The Role of Spirituality and Religiosity in the Maintenance and Recovery of Psychosis: A Systematic Review	psychosis/SMI	systematic review	YES – systematic review of the impact of R/S on maintenance/recovery psychoses	YES – the core of the topic	Scopus, WOS	2
Zagozdzon and Wrotkowska, 2017	Poland	Religious Beliefs and Their Relevance for Treatment Adherence in Mental Illness: A Review	schizophrenia, depression, addictions	overview	YES – relationship of R/S to treatment adherence	YES – adherence as a prerequisite for recovery	WOS	1

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