Appendix 22.S2

*Summary of Findings From Select Meta-Analyses and Narrative Reviews of Empirical Studies of Religion, Spirituality, and Mental Health, 2004 to 2021*

| Citation | Title | Population | Design | *k* (# of studies reviewed) | R/S variable(s) | Mental health variable(s) | Key finding(s) |
|---|---|---|---|---|---|---|---|
| AbdAleati et al., 2016 | Religiousness and mental health: Systematic review study | Youth and adults (English- and Arab-speaking samples) | Review | 74 | Religious beliefs<br>Religious practices | Depression<br>Anxiety<br>Substance abuse<br>Suicide | The majority of studies found that religion/spirituality was associated with better mental health (e.g., lower anxiety, depression, substance abuse, and suicide). |
| Abu-Raiya & Pargament, 2011 | Empirically based psychology of Islam: Summary and critique of the literature | Youth and adults (Muslims) | Review | 101 | Single-item indexes of religiousness<br><br>Measures validated with Christian samples<br><br>Measures grounded in Islam | Various measures of mental health | The role of Islam in the lives of Muslims was generally positive (health-enhancing). Two R/S factors were particularly associated with better mental health among Muslims: positive religious coping and intrinsic religiousness. A few forms of R/S were particularly associated with poorer mental health: R/S struggle, punitive God representations (punishing Allah reappraisals), extrinsic–social religiousness (being religious for its social benefits), and afterlife motivation. |
| Adedoyin et al., 2016 | Religious coping strategies among traumatized African refugees in the United States: A systematic review | Youth and adults (trauma-exposed African refugees who emigrated to the U.S.) | Review | 9 | Religious coping, including private religious practices (prayer, meditation, Scripture reading), public religious practices (service attendance), cognitive appraisals (gratitude to God), other behavioral practices (religious dress, fasting), and church-based support | PTSD symptoms<br>Mental illness<br>Hopefulness<br>Optimism<br>Gratitude | Many forms of religious coping were used by African refugees in the U.S., and religious coping consistently was beneficial for their mental health (e.g., helped them cope with stress, acculturation, and past traumatic experiences). |

| Citation | Title | Population | Design | *k* (# of studies reviewed) | R/S variable(s) | Mental health variable(s) | Key finding(s) |
|---|---|---|---|---|---|---|---|
| Ano & Vasconcelles, 2005 | Religious coping and psychological adjustment to stress: A meta-analysis | Adults | Meta-analysis | 49 | Positive religious coping<br>Negative religious coping (R/S struggle) | Positive and negative psychological adjustment | Positive religious coping was moderately related to positive psychological adjustment to stress and was weakly inversely related to negative psychological adjustment to stress. Negative religious coping (R/S struggle) was weakly related to negative psychological adjustment but unrelated to positive psychological adjustment. |
| Bockrath et al., 2021 | Religious and spiritual struggles and their links to psychological adjustment: A meta-analysis of longitudinal studies | Adults | Meta-analysis | 32 | R/S struggles | Positive and negative psychological adjustment | R/S struggles led to subsequently worse psychological adjustment, but this effect was modest in size. R/S struggles did not lead to any meaningful change in positive psychological adjustment. |
| Bonelli et al., 2012 | Religious and spiritual factors in depression: Review and integration of the research | Adults | Review | 444 | Various measures of religiousness/ spirituality (R/S beliefs, R/S practices, R/S involvement, R/S affiliation) | Depression<br>Suicide | In most (61%) studies, religiousness/spirituality was associated with lower depression and suicide (ideation, attempts, and completed suicides). It only was associated with worse mental health outcomes in 6% of studies. (There was mixed or no association in 32% of studies.) In the 70 longitudinal (prospective) studies and 30 clinical trials, religiousness/spirituality led to subsequently improved mental health in 56% and 63% of studies, respectively. This review found that religiousness/spirituality was especially beneficial to the mental health of people during times of stress (e.g., it helped them cope). However, there was evidence that religiousness/spirituality may at times increase the risk of depression for certain individuals, such as people experiencing family problems. |
| Bonelli & Koenig, 2013 | Mental disorders, religion and spirituality 1990 to 2010: A systematic evidence-based review | Adults | Review | 43 | Over 40 different measures of religiousness/ spirituality (results were presented in terms of R/S involvement based on precedent [Larson et al., 1986, 1992]) | Various mental health outcomes | There was *good evidence* of an association between R/S involvement and better mental health in three domains: depression, substance abuse, and suicide. There was *some evidence* of a generally positive association when it comes to stress-related disorders and dementia. There was *insufficient evidence* for bipolar disorder and schizophrenia, and *no data* for many other mental disorders (e.g., eating, sleep, sexual, personality). |

| Citation | Title | Population | Design | *k* (# of studies reviewed) | R/S variable(s) | Mental health variable(s) | Key finding(s) |
|---|---|---|---|---|---|---|---|
| Braam & Koenig, 2019 | Religion, spirituality and depression in prospective studies: A systematic review | Adults | Review | 152 | Religious attendance<br>Private religious behavior<br>Importance of religion<br>Religious denomination<br>Positive religious coping<br>R/S struggle<br>Other measures of religiousness and spirituality | Depression | In 49% of the studies, religiousness/spirituality predicted a modest but significant decrease in depression over time. However, specific forms of religiousness/spirituality seemed to contribute more meaningfully than others. For example, spiritual well-being contributed to better mental health in 73% of studies; composite measures of religiousness/spirituality, 47% of studies; and religious attendance, 44% of studies. Other types of religiousness/spirituality mostly led to no meaningful change (e.g., R/S importance, positive religious coping, private R/S behavior). The one type of religiousness/spirituality that mostly led to worsened depression was R/S struggle (negative religious coping). |
| De Fazio et al., 2015 | Religiousness and spirituality in patients with bipolar disorder | Adults | Review | 5 | Various measures of religiousness/ spirituality | | There was some evidence religiousness/spirituality may influence the course of bipolar disorder. However, there was insufficient evidence whether it tends to serve as a protective factor or a risk factor. More research is needed. |
| Dew et al., 2008 | Religion/ spirituality and adolescent psychiatric symptoms: A review | Youth | Review | 115 | Public religious activities<br>Religious importance<br>Religious beliefs<br>Denomination | Substance use<br>Behavior disorders (delinquency)<br>Depression<br>Suicidality<br>Anxiety | Most studies found evidence at least one facet of religiousness/spirituality was associated with better mental health. Religiousness/spirituality was most consistently linked to lower substance use. It was least frequently linked to anxiety. Religiousness/spirituality was often associated with lower delinquency, depression, and suicidality, but that evidence was less preponderant. |
| Eytan, 2011 | Religion and mental health during incarceration: A systematic literature review | Adults (incarcerated adults in the U.S. and U.K.) | Review | 12 | Various measures of religiousness/ spirituality | Depression<br>Behavioral incidents<br>Disciplinary sanctions<br>Suicide | Religiousness/spirituality was associated with lower depression, behavioral incidents (arguments or violence), and disciplinary sanctions. Its relationship with suicide was less clear. Longitudinal (prospective) studies are needed. |

| Citation | Title | Population | Design | *k* (# of studies reviewed) | R/S variable(s) | Mental health variable(s) | Key finding(s) |
|---|---|---|---|---|---|---|---|
| Garssen et al., 2021 | Does spirituality or religion positively affect mental health? Meta-analysis of longitudinal studies | Adults | Meta-analysis | 48 | Public and private religious activities<br>Support from church members<br>Importance of religion<br>Intrinsic religiousness<br>Positive religious coping | Psychological distress<br>Life satisfaction<br>Well-being<br>Quality of life | Religiousness/spirituality led to significant but modest increases in mental health. More specifically, the only two forms of religiousness/spirituality that predicted improved mental health were public R/S practices (service attendance) and R/S importance. |
| Gonçalves et al., 2015 | Religious and spiritual interventions in mental health care: A systematic review and meta-analysis of randomized controlled clinical trials | Adults | Meta-analysis | 23 | Various measures of religiousness/ spirituality | Depression<br>Anxiety<br>Posttraumatic stress / stress<br>Substance use/abuse<br>Social functioning | Randomized clinical trials (RCTs) of religious/spiritual interventions (e.g., meditation and spiritually integrated psychotherapy) found evidence that religious/spiritual interventions lead to decreased clinical symptoms, particularly reduced anxiety (and possibly depression). |
| Haney, 2020 | Nonsuicidal self-injury and religiosity: A meta-analytic investigation | Youth and adults | Review | 15 | Various measures of religiousness/ spirituality | Nonsuicidal self-injurious thoughts and behaviors | Religiousness/spirituality (R/S affiliation and degree of religiosity) was generally associated with lower nonsuicidal self-injurious thoughts and behaviors. Positive religious coping was identified as another form of religiousness/spirituality that was associated with lower nonsuicidal self-harm. However, two forms of religiousness/spirituality that were associated with increased risk of nonsuicidal self-injury were negative religious coping (R/S struggle) and R/S doubt. |
| Hodapp & Zwingmann, 2019 | Religiosity/ spirituality and mental health: A meta-analysis of studies from the German-speaking area | Adults (from German-speaking countries in Europe: Germany, Austria, Switzerland) | Meta-analysis | 67 | Various measures of religiousness/ spirituality (R/S centrality, adaptive dealing with religion/God, maladaptive dealing with religion/God, spirituality) | Various measures of mental health, including positive indicators (life satisfaction, well-being) and negative indicators (depression, anxiety) | Most forms of religiousness/spirituality were associated with modestly better mental health. However, the strongest association was between negative religious coping (R/S struggle) and poorer mental health. Taken together, the relationship between religiousness/spirituality and better mental health may be weaker in German-speaking Europe than in the U.S., but the relationship between R/S struggle and poorer mental health may be stronger. |

| Citation | Title | Population | Design | *k* (# of studies reviewed) | R/S variable(s) | Mental health variable(s) | Key finding(s) |
|---|---|---|---|---|---|---|---|
| Khalaf et al., 2015 | A critical comprehensive review of religiosity and anxiety disorders in adults | Adults | Review | 10 | Various measures of religiousness/ spirituality | Various anxiety disorders | Religiousness/spirituality had the most consistently positive association (protective effect) with lower risk of Generalized Anxiety Disorder. Evidence suggested it was unassociated with risk for PTSD, and results concerning Panic Disorder and phobic disorders were mixed and at times contradictory results. |
| Koenig, 2009 | Research on religion, spirituality, and mental health: A review | Adults | Review | N/A | Various measures of religiousness/ spirituality | Depression<br>Suicide<br>Anxiety<br>Psychotic disorders<br>Substance abuse | In general, studies across various settings, racial/ethnic groups, age groups, and geographic regions have found that religiousness/spirituality is associated with better coping and mental health (lower depression, anxiety, suicide, and substance abuse). However, unhealthy forms of religiousness/spirituality are common among people with psychotic disorders (e.g., religious delusions) or anxiety/depressive disorders (R/S struggles), which can make it hard to identify whether the person's religiousness/ spirituality is functioning as a resource or liability for them. |
| Koenig et al., 2012 | *Handbook of religion and health* (2nd ed.) | Youth and adults | Review | 3,300+ | Various measures of religiousness/ spirituality | Well-being and positive emotions<br>Depression<br>Suicide<br>Anxiety disorders<br>Psychotic disorders<br>Substance use<br>Delinquency and crime<br>Marital instability<br>Personality and personality disorder | Overall, religiousness/spirituality was associated with higher positive psychological traits/virtues (forgiveness, altruism, gratitude, hope/optimism, self-esteem, and internal locus of control [sense of personal control]), positive emotions, psychological well-being, quality of life, and meaning/purpose in life. It also was generally associated with lower negative emotions, mental disorders (depression, suicide, anxiety), and especially substance use (alcohol, drug, and tobacco). Furthermore, religiousness/spirituality was generally associated with lower delinquent behavior and better social support, marital stability, social capital (community involvement and connectedness), coping with stress, and physical health habits and outcomes. |

| Citation | Title | Population | Design | *k* (# of studies reviewed) | R/S variable(s) | Mental health variable(s) | Key finding(s) |
|---|---|---|---|---|---|---|---|
| Koenig, 2012 | Religion, spirituality, and health: The research | Youth and adults | Review | 3,300+ (the same empirical studies reviewed in Koenig et al., 2012) | Various measures of religiousness/ spirituality | Coping with adversity<br>Positive emotions<br>Well-being/ happiness<br>Hope/optimism<br>Meaning/purpose<br>Self-esteem<br>Sense of control<br>Positive character traits (virtues)<br>Depression<br>Suicide<br>Anxiety<br>Psychotic disorders<br>Bipolar disorder<br>Substance abuse<br>Delinquency/crime<br>Marital instability<br>Social support<br>Social capital | Religiousness/spirituality was generally associated with better mental health. In particular, it was associated with (a) better coping with adversity; (b) higher positive emotions, well-being/happiness, hope/optimism, meaning/purpose, self-esteem, positive character traits/virtues (altruism, forgiveness, gratitude), marital stability, social support, and social capital (community connectedness and involvement); and (c) lower substance abuse, delinquency/crime, and suicide. It often (but not always) was associated with lower depression and anxiety. Its relationship with psychotic disorders (schizophrenia) and bipolar disorder was mixed or unclear. |
| Koenig et al., 2020 | Religion and psychiatry: Recent developments in research | Adults | Review | Empirical studies reviewed in Koenig et al. (2012), as well as more recent prospective (longitudinal) studies | Various measures of religiousness/ spirituality | Negative mental health (depression, bipolar disorder, suicide, anxiety, PTSD, substance use disorders, personality disorders, and chronic psychotic disorders)<br>Positive mental health (marital/family stability, social support, psychological well-being)<br>Moral injury | The existing empirical evidence suggests religiousness/spirituality is effective in preventing suicide and substance abuse and in promoting positive mental health (greater marital/family stability, social support, and psychological well-being). It seems to be moderately effective in preventing depressive disorders and possibly effective in preventing PTSD and antisocial personality disorder. Results are mixed when it comes to preventing anxiety disorders, bipolar disorder, chronic psychotic disorders (schizophrenia), and other personality disorders (besides antisocial personality disorder). |

| Citation | Title | Population | Design | *k* (# of studies reviewed) | R/S variable(s) | Mental health variable(s) | Key finding(s) |
|---|---|---|---|---|---|---|---|
| Kucharska, 2020 | Religiosity and the psychological outcomes of trauma: A systematic review of quantitative studies | Adults (trauma-exposed [mostly to military trauma or natural disaster]) | Review | 10 | Various measures of religiousness/ spirituality | Negative psychological adjustment (PTSD, depression, anxiety, distress, suicidal thoughts and behaviors, substance abuse) Perceived posttraumatic growth | Religiousness/spirituality is related to higher perceived posttraumatic growth. R/S practices and behaviors were generally associated with better psychological adjustment to trauma, but associations between R/S importance and psychological adjustment were mixed. Negative R/S coping (R/S struggle) was consistently associated with worse psychological adjustment. Overall, links between religiousness/spirituality and psychological adjustment to trauma seemed specific to the form of religiousness/spirituality and type of trauma, and associations were not fully explained (mediated) by perceived social support. |
| Lefevor et al., 2021 | The relationship between religiousness and health among sexual minorities: A meta-analysis | Adults (sexual minorities) | Meta-analysis | 73 | Various measures of religiousness/ spirituality | Health (including mental health, suicidality, psychological well-being, substance use, physical health, and sexual health) | Religiousness/spirituality was significantly but modestly associated with better health (including mental health) among sexual minorities. The forms of religiousness/spirituality that exhibited the strongest positive association with better health were spirituality and religious cognition (R/S belief). The type of health with the strongest association with religiousness/spirituality was psychological well-being. |
| Marriott et al., 2014 | Factors promoting resilience following childhood sexual abuse: A structured, narrative review of the literature | Youth and adults (survivors of childhood sexual abuse) | Review | 50 | R/S affiliation (being a part of a R/S group) Self-identifying as spiritual Church-based support | Psychological resilience, including presence of positives (e.g., competence) or absence of negatives (e.g., psychopathology) | Religiousness/spirituality (e.g., involvement in a religious community, church-based social support, and self-identification as spiritual) was associated with psychological resilience among survivors of childhood sexual abuse. |
| Mohammadinia et al., 2018 | Domains and indicators of resilient children in natural disasters: A systematic literature review | Youth (child survivors of natural disasters) | Review | 28 | R/S beliefs, practices, and support (e.g., faith in God, prayer, learning and reading holy books, and religious rituals) | Mental health and psychological resilience | Religiousness/spirituality was an effective and valuable resource (resilience factor) children used to cope with surviving a natural disaster. |

| Citation | Title | Population | Design | *k* (# of studies reviewed) | R/S variable(s) | Mental health variable(s) | Key finding(s) |
|---|---|---|---|---|---|---|---|
| Pesut et al., 2011 | Religion and spirituality in the context of bipolar disorder: A literature review | Adults | Review | 6 | Various measures of religiousness/ spirituality | Various measures of mental health (e.g., symptoms, well-being) | The existing studies suggest religiousness/spirituality (e.g., prayer/meditation, religious coping) may help some people with bipolar disorder cope with their illness and navigate life. However, the current literature in this area is sparse and methodologically limited. |
| Salsman et al., 2016 | A meta-analytic approach to examining the correlation between religion/ spirituality and mental health in cancer | Adults | Meta-analysis | 148 | Various measures of religiousness/ spirituality | | Overall religiousness/spirituality was associated with better mental health, even after removing the studies that measured R/S well-being as the predictor variable (and hence may have artificially inflated the correlation with mental health). The association between religiousness/spirituality and mental health was quite modest in size, and it varied based on the type of R/S dimension (cognitive, affective, behavioral, or "other") and mental health outcome (depression, anxiety, general distress, cancer-specific distress, and emotional well-being). Affective forms of religiousness/spirituality (e.g., R/S experiences; R/S struggles) had the strongest effect on mental health of cancer patients, especially when it came to predicting depression, general distress, and emotional well-being. |
| Shaw et al., 2005 | Religion, spirituality, and posttraumatic growth: A systematic review | Adults | Review | 11 | Various measures of religiousness/ spirituality | Perceived posttraumatic growth | Religiousness/spirituality was consistently associated with higher perceived posttraumatic growth. Several forms of religiousness/spirituality were associated with higher perceived posttraumatic growth, including readiness to face existential questions, religious openness, church attendance, R/S importance, private R/S practices (prayer), positive R/S outcomes (e.g., R/S well-being), intrinsic religious orientation, R/S participation, and positive religious coping. However, negative religious coping (R/S struggles) were also modestly associated with higher perceived posttraumatic growth, suggesting perceived posttraumatic growth may reflect one meaning-making coping response to R/S difficulties. |

| Citation | Title | Population | Design | *k* (# of studies reviewed) | R/S variable(s) | Mental health variable(s) | Key finding(s) |
|---|---|---|---|---|---|---|---|
| Shreve-Neiger & Edelstein, 2004 | Religion and anxiety: A critical review of the literature | Adults | Review | 17 | Various measures of religiousness/ spirituality | Anxiety | This review found mixed and often contradictory results when it came to the relationship between religiousness/spirituality and anxiety. Some studies found evidence religiousness/spirituality was linked to lower anxiety, some found the opposite, and some found no relationship. |
| Snider & McPhedran, 2014 | Religiosity, spirituality, mental health, and mental health treatment outcomes in Australia: A systematic literature review | Adults (in healthcare treatment settings in Australia) | Review | 13 | Various measures of religiousness/ spirituality | Positive mental health (psychological well-being, social support, quality of life) Negative mental health (depression, anxiety, distress) | Religiousness/spirituality was quite prevalently reported among patients in healthcare settings in Australia, and it was generally associated with better mental health. |
| Tang et al., 2014 | A meta-analysis of risk factors for depression in adults and children after natural disasters | Youth and adults (natural disaster survivors) | Meta-analysis | 31 | Religious identification/belief | Depression Other potential risk factors for depression (demographic characteristics, trauma characteristics, post-trauma characteristics) | One of several risk factors that significantly predicted depression among adult natural disaster survivors was being religious (holding religious beliefs). Among youth, religious identification/belief was not a significant risk factor for depression. |
| Walsh et al., 2016 | The lived experience of schizophrenia: A systematic review and meta-synthesis | Adults (people with schizophrenia) | Review | 27 | Faith and spirituality | Schizophrenia (psychotic symptoms) | People with schizophrenia commonly mentioned faith/spirituality as a major resource they used to cope with schizophrenia. In particular, faith and spirituality tended to help offer them hope, meaning, and perceived emotional support. |

*Note*. R/S = religious/spiritual; PTSD = Post-Traumatic Stress Disorder. For summaries of findings from even more reviews and meta-analyses, see Oman and Syme (2018) and Lefevor et al. (2021).

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