

Negative Life Events, Patterns of Spirituality in Depressed and Non-Depressed Adults

Malik Muhammad Tehseen Amin

MS Clinical Psychology, Riphah Institute of Clinical & Professional Psychology, Riphah International University, Lahore, Pakistan

Dr. Niaz Ahmed Bhutto

Assistant Professor, Department of Sociology, University of Sindh Jamshoro

Dr. Syed Zuhaib Aziz

Lecturer, Department of Sociology, the Islamia University of Bahawalpur, Pakistan, Member: Canadian Sociological Association, (Corresponding Author) syed.zuhaib@iub.edu.pk

Raja Yasir Ayub

Squadron Leader, Psychologist, Pakistan Air Force

Abstract

The present research examined the relationship between spirituality and depression in adults who had experienced negative life events. The sample comprised 120 participants, including 60 males and 60 females, all aged 18 years and above. Sixty participants diagnosed with depression were recruited from the psychiatry departments of Services Hospital Lahore, Nishtar Hospital Multan, and Shah Allam Psychotherapy Centre Khanewal. Sixty non-depressed participants were selected from the medical outpatient department of Town Hospital, S-Block, New Multan. A purposive sampling technique was employed to select the sample. All ethical considerations were strictly observed during the study. The Multidimensional Scale of Spirituality was used to assess spirituality, while the Symptom Checklist-Revised (SCL-R) measured depression levels. The Survey of Recent Life Experiences was employed to evaluate the impact of both positive and negative life events. Standard procedures of tool translation were followed for the research instruments. Data were analysed using SPSS version 21. The results of the independent sample t-test indicated that the two groups differed significantly in their levels of spirituality and in scores on the survey of life events. Correlation analysis further revealed that depression was negatively associated with several subscales of spirituality, including self-discipline, self-aggrandisement, quest and search for divinity, meanness and generosity, tolerance and intolerance, and Islamic rituals, as well as the overall spirituality score. Moreover, correlation analysis between negative life events and depression showed that depression was positively related to the subscales of social difficulty and financial strain. This study highlights the importance of incorporating religion, spirituality, and cultural context in therapeutic practices. The findings provide valuable guidance for therapists and researchers in designing interventions that address both psychological and spiritual dimensions of mental health.

Keywords: Depression, Spirituality, Negative Life Events

Introduction:

In spite of the fact that we are having the era of modern world with the latest technology, we have exceptional networks of social interactions and informational websites which are persistently operational for us but above all, the man of present times feel an unconditional sense of hollowness, isolation, and detachment (Rossi et al., 2021). The youth of the present times daily encounters various unpredicted dares with respect to their education adoptions, professional career selection, interpersonal relationships and environmental challenges (Wilkinson et al., 2023). Young adults also face numerous diverse traumatic circumstances and negative life events. This study aims to evaluate patterns of spirituality and negative life events in the population of depressed and non-depressed young adults (Karatzias et al.,

2021). This study will evaluate that how negative life events lead to depression and how spirituality can play its role in the management of depression among young adults (Masood et al., 2024). **Negative Life Events:** Negative life events are demarcated as measures that are stressors or life alteration events, just like the broken relationship, physical ailment or educational complication. Negative life events can also be defined as separate experiences that interrupt a person's usual activities, causing a large change and readjustment. The events of negative life are defined by practices that are considered undesirable and causes some important crisis (Malik et al., 2025). These "hassles" can occur from a slight annoyance to a lot of difficulties such as a traffic jam, such as the death of a loved one (Shchashlyyyi et al., 2024). Crisis that are associated with these experiences, Such as the Negative life that are negatively correlated with physical and mental health projections. (Masood et al., 2024). These negative life events became the root cause of depression (Richer et al., 2025).

Depression: Depression is a mental state where a person feels sad, lonely, and empty. It is one of the most harmful mental and emotional conditions (Karrouri et al., 2021). Depression is very common and serious problem. It is currently the fourth biggest cause of disability and from last three years it is become the second biggest problem (Nicolaou et al., 2025). The impact of depression can be very serious. It can change a person personality and affect their health, making them feel hopeless about life, which lead to attempts at suicide. A person with depression can also develop heart disease (Remes et al., 2021).

Spirituality: Spirituality is a word used in different context and has different meanings for different people (Dubey & Bedi ,2024). Every individual experiences spirituality in a different style. For some people it is a way to heal their soul and for some individuals it is way to create a strong bond with God (Lucchetti et al., 2021) . Spirituality have become more diverse and diffuse. This is reflected in the series of language used to define spirituality (Salicru, 2025). Some of the more common ideas in the work label it using one or more of the following origins a sense of purpose a sense of 'pointedness' to self, others nature, 'God' or Other (Yahya et al., 2024).

Negative Life Events and Spirituality: Negative life Events are defined as events of life that are full of stress and depression whose effect is negative to your thoughts which will create negative change in our perception. Such as breakdown of relationship, somatic disease or educational problems, as self-described on a Likert scale (Balkis & Duru 2023). Numerous researches explored the therapeutic impacts of spirituality on negative life events and depression by reshaping the tragedies of the life and consequently add to an affirmative value of life by increasing pleasure and defend from the anxiety and allied psychosomatic harms similar to despair (Rosmarin et al., 2022). Spirituality is the finest foundation to alteration the human opinions and the denotation of life. The consequences of spirituality are negatively connected with life practices (Carvour et al., 2025). The individuals having sturdy spiritual beliefs think their depression will get better, especially if their depression started because of bad things that happened in their lives (Mahmood et al., 2021).

Spirituality, Mental Health and Depression: In an appraisal object on influences for the presence of spirituality in psychological fitness, found that there is an anti-religiousness prejudice in psychology and psychiatric (Safdar et al., 2023). Their evaluation shows that there is an excess of indication which supports the idea that spirituality is a positive power in psychological fitness researcher proposes that religiousness is not only negatively linked with signs of depression but also helps in its treatment (Erum Kausar & Zainab Hussain Bhutto, 2021) . The prevalence of depression is increasing day by day. It is a growing issue in the field of mental health. Depression is the maximum usually practiced psychological fitness problem by people in many countries and psychologists and psychiatrists tried to overcome its alarming rate of prevalence (Goodwin et al., 2022). Feelings of sadness or misery, a damage of hunger for food, sex or company , extreme fear, feeling like a loser, unfair feelings of guilt, feelings of futility, unexplained tiredness and tiredness, the feeling that even the smallest tasks are nearly impossible, sleep problems and physical symptoms such as back pain or stomach pains are some projecting features of depression (Karyotaki et al., 2021). Greater levels of spirituality decreased symptoms of depression amongst incurably ill individuals (Town et al., 2022).

Objective of the study:

1. To study the association of patterns of the spirituality and negative life events in depressed and non-depressed participants
2. To identify differences in pattern of spirituality and negative life events among the various groups.
3. To dig out the gender difference in patterns of the spirituality, negative life events and depression.

Hypotheses:

1. There was relationship among Negative life events with Patterns of spirituality, and depression.
2. Depressed and non-depressed groups would be different in negative life events and patterns of spirituality.
3. There is likely to be a difference in negative life events with patterns of spirituality and depression on the basis of gender.

Methodology: The study in hand was to see the association of negative life events with patterns of spirituality and depression. Purposive sampling strategy was selected to pick the sample. The sample consist on 120 participants. There were 60 males and 60 females with the age range of 18 and above. 60 diagnosed depressed participants were taken from psychiatry departments of teaching hospitals. Data was taken from Services Hospital Lahore, Nishtar Hospital Multan and Shah Alam Psychotherapy Center Khanawal. 60 non depressed participants were taken from Medical out door of Town Hospital, S. Block New Multan.

Inclusion criteria of the depressed patients: All identified depressed participants were the part of the sample including the 18 years of age and above. The patients previously identified as getting depressed by the psychiatrists and psychologist was engaged though, research established the analysis incorporating DSM-5 principles afore the study.

Exclusion criteria of the depression participants: Depressed participants having past with comorbid neurotic disorder, alcohol substance, psychotic disorder, dependence disorder excluded from the present study.

Inclusion criteria of the non-depressed participants: Non-depressed individuals were selected by recruiting participants from the Medical Out Door in Town Hospital S. Block New Multan. The researcher easily gathered data at their residence.

Exclusion criteria of the non-depressed participants: Participants having the grave and chronic physical problems, as identified by the doctors, were excluded from study due to potential mood state interference caused by such conditions.

Survey of Recent Life Experiences (SRLE): It was developed (Kohn & Macdonald, 1992) to measure the impact of positive and negative life events on the individuals. It comprised of 41 items which were rated on a 4 point Likert type scale ranging from 1 (extremely positive) to 4 (extremely negative). Urdu translations of all the above mentioned measures was used in the present study. The translation of the tools was done according to standardized procedure. Reliability of this scale is .058 which is quite high.

Multidimensional Measure of Spirituality: The multidimensional analysis of spirituality was incorporated to evaluate level of the spirituality of the respondents, the scale comprise of 75 items (Dasti & Sitwat ,2016). It has 8 sub-scale specifically quest, self-discipline and exploration for theology, wrath and expression performance, self- exaggeration, sense of belongingness with Allah Almighty, meaning- kindness, tolerance- intolerance and religious customs. Factor one is self-discipline, it is related with the discipline oneself for the takeout each day triggers of the life. Second Factor is Quest for the knowledge and hunt for theology comprises matters that deliver sense and determination to existence. Factor third called wrath and lavish performance related to appearance performance like extreme conversation. Factor fourth is self-promotion portraying to aspiration to be credit and valued by the others. Factor fifth is sense of belongingness with Allah Almighty; it defines the love for Allah. Sixth Factor clarifies the significance and Kindness related to the egocentricity, self-centered thinking and boldness. Factor 7th is patience and prejudice connected with the item concerning deed taken when one is mistaken with items both retaliating and pardoning individuals. Final factor is the religious customs like Namaz, roza zikr and Quranic recitation. Reliability of this scale is 0.63 which is quite high.

Symptom Checklist-R: Symptom checklist is an indigenous tool to assess the psychopathologies in Pakistani population. In present study, only one subscale of depression of symptom checklist-R was used. Reliability of this scale is 0.62.

Procedure: Before starting the main study official permission was taken, Pilot study was conducted on 10 depressed patients and 10 non depressed patients with general medical conditions from ENT Medical out door of Town Hospital, S. Block New Multan. Standard procedure of tool translation was adopted in this present research study. Official permissions were obtained from heads of the psychiatry institutions and clinics of respective hospitals for data collection. After getting the permission from the targeted hospital establishments, psychiatrist or psychologists hired in the hospitals were demanded for mentioning the diagnoses of the cases of depression having no other comorbid disorder. The researcher himself assured the diagnosis of respondents through leading clinical interviews using the

DSM-5 standards. Written agreement was gotten from the respondents. The respondents were guaranteed about their privacy and information related to them. They were also provided with the right to withdraw their participation at any time during the research. There were 120 participants in this research. Total time consumed for data collection was approximately 4 month. The respondents were likewise informed either they ever faced some distress through the items in the questionnaire which they will give to counsel service for that. Still, none of them stated any distress through the scale administration. Whereas normal time spent by the respondents to fill the questionnaire was almost 35 minute.

Statistical analysis: Data was analyzed using SPSS 21 descriptive analysis for demographic information was carried out. Correlation analysis was used to find out the relationship patterns of spirituality, negative life events and depression. Independent t-test was carried out to see the differences between groups on the basis of patterns of spirituality and survey of negative life events. Independent sample t-test was also carried out to see differences between gender on research variables (Depression, Patterns of Spirituality and Negative life events).

Results: The determination of the contemporary research was the observation of the association of patterns of the spirituality and negative life events in depressed and non-depressed adults. The descriptive statistics was incorporated to clarify the demographic variables. Pearson Product Moment correlated was conceded out to measure the association between the pattern of the spirituality, survey of recent life experiences and depression. Independent sample t-test was carried out to understand differences of patterns of spirituality and negative life events among depressed and non-depressed individual. Independent sample t-test was also performed to determine the gender differences among both males and females on research variables (Negative Life Events, Patterns of Spirituality and Depression).

Descriptive analysis

Table I
Reliability Table of Scale

Measurements	M	SD	A	k
LES	127.7	8.47	0.58	41
SPS	224.1	141.1	0.63	75
SCR	36.07	6.64	0.62	24

Note. M= Mean, SD = Standard Deviation, k = No. of items, α = Chronbach's alpha, LES = Life Events Scale, SPS = Spirituality Scale, SCR = Symptom Checklist Revised.

Table 2

Demographic Characteristics of the Sample. Total Number, Frequency and Percentage of Participant's Age, Education Gender, Monthly Income along, marital Status and Family System (N = 120).

Source	f	(%)
Gender		
Men	60	50.0
Women	60	50.0
Age		
18-22	49	40.8
23-27	42	35.0
28-32	29	24.2
Education		
Graduation	39	32.5
Master	63	52.5
M.phil	16	13.3
P.hd	2	1.7
Income		
10,000-35000	68	56.7
35,000-45000	26	21.7
45000-65000	23	19.2
65000-70000	3	2.5
Marital status		
Married	83	69.2
Un-Married	37	30.8
Family type		

Joint	91	75.8
Nuclear	29	24.2

Note: f = Frequencies, % = Percentages

Table 2 represents total number of the participant along with frequency and percentage of age, educational, monthly income, gender, marital status and family system which depicts that the women and men were equal in quantity and married respondents stated to be more depiction than the bachelors. The present study indicates that the joint family system had the more presentation than nuclear family system.

Table 3

Table Independent sample t-test for Gender Differences in Terms of Survey of Negative Life Events, Spirituality and Depression

Variable	Men		Women		t	P
	M	SD	M	SD		
LES	126.68	9.23	128.81	7.56	-1.38	.169
SPS	224.16	11.63	224.21	16.42	-.019	.985
SCR	34.07	5.79	38.08	6.88	-3.45	.001

Note: LES, life experience survey; p < .05

SPS, spirituality; p < .05

Dep, depression; p < .05

Table 3 represents an Independent sample t-test was incorporated for discovering out the mean difference between Man (M = 126.6) and Women (M = 128.8) on LES was -2.13 on 95% confidence interval. An independent sample t-test revealed the variations that gender was non-significant (t = -1.38, p = .05, one tailed).

For Independent variable the sample t-test was incorporated for discovering out the mean variations between the Men (M = 224.16) and the Women (M = 224.21) participants on spirituality. An independent sample t-test indicated that the major disparities between groups was insignificant (t = -.019, p = .05, one tailed).

Independent sample t-test was incorporated for discovering out the mean difference between Men (M = 34.06) and Women (M = 38.08) participants on spirituality. Independent sample t-test exposed that the dissimilarities between gender was significant (t = -3.45, p = .05, one tailed).

Table 4

Table Independent sample t-test for mean differences among depressed and non-depressed adults on survey of life events scale.

Variable	Dep		Non-Dep		t	P
	M	SD	M	SD		
SRLE	131.8	3.39	123.63	9.93	6.04	.0005

Note: LES, Survey of life events; p < .05

Table 4 represents an Independent sample t-test was performed to determine out the differences of life experience survey among depressive and non-depressive individuals. Findings revealed significant differences among both groups. (t = -6.07, p = .05, one tailed).

Table 5

Table Independent Sample t-test for Mean Differences among Depressed and Non-Depressed Adults on Spirituality Scale.

Variable	Dep		Non-Dep		t	P
	M	SD	M	SD		
SPS	2.16.8	16.28	232.25	5.42	-7.553	.0005

Note: SPS, spirituality; p < .05

Table 5 represents an Independent sample t-test was incorporated for discovering the changes of spirituality among depressive and non-depressive individuals. Findings revealed significant differences among both groups. (t = -6.07, p = .05, one tailed).

Table 6

Correlations Matrix for Negative Life Events Patterns of Spirituality and Depression																			
	M	SD	I	2	3	4	5	6	7	8	9	10	II	I2	I3	I4	I5	I6	I7
1 SCR	36.07	6.64	-	-.450**	-.220*	-.311**	-.067	-.201	-.107	-.149	-.228*	.177	.370**	.274**	.003	.176	.006	.271**	.069
2 SPS	224.1	14.1	-.450**	-	0.466	.502**	.297**	.451**	.448**	.422**	.353*	.234*	-.0129	-.0138	-.05	0.07	-.04	-.15	-.063
3 SD	35.71	5.07	-.220*	.466**	-	0.109	0.024	-.004	0.155	0.042	0.143	.176	-.0096	-.0136	0.057	0.019	.061	-.132	0.036
4 Q	36.57	4.7	-.311**	.502**	I09	-	0.061	0.152	0.022	0.179	.036	0.064	-.096	-.195*	0.032	-.075	-.01	0.009	-.023
5 A&E	27.3	4.25	-.067	.297**	0.024	0.061	-	0.05	-.15	0.038	.073	0.064	0.008	-.037	0.09	0.017	0	-.157	-.006
6 SA	29.91	4.38	-.201*	.451**	.004	0.152	0.05	-	0.095	0.076	0.057	0.023	0.021	0.021	-.094	0.048	0.022	-.037	0.066
7 FC	35.28	5.11	-.107	.448**	I15	0.022	-.15	0.095	-	0.072	0.079	.013	-.005	-.061	-.087	0.121	0.05	-.025	-.022
8 MG	27.29	4.2	-.149	.422**	0.042	0.179	0.038	0.076	0.072	-	.019	.019	-.175	-.886	-.103	0.012	.067	-.062	-.116
9 TI	20.483	3.86	-.228*	.353**	I143	-.036	-.073	0.057	0.079	-.019	-	0.097	-.046	0.066	-.029	0.013	.001	-.008	-.079
10 IR	12.62	3.3	-.177	.234*	.176	0.064	0.064	0.023	-.013	-.019	0.097	-	-.025	0.04	-.04	0.072	.028	-.075	-.098
11 LES	I27.7	8.47	.370**	-.0129	.096	-.096	0.008	0.021	-.005	-.175	.046	0.025	-	.546**	.300**	.406**	.190*	.429**	.422**
12 S.D	27.63	3.87	.274**	-.0138	.136	-.195*	-.037	0.021	-.061	-.086	0.066	0.04	.546**	-	-.09	0.081	0.013	.186*	0.173
13 Work	I6.91	3.01	0.003	0.05	0.057	0.032	0.09	-.094	-.087	I03	.029	-.04	.300**	-.9	-	0.177	.084	-.126	0.123
14 Time	I9.95	3.11	0.176	0.07	0.019	-.075	0.017	0.048	I21	0.012	0.013	0.072	.406**	0.081	I77	-	.093	-.005	-.011
15 VICT	I0.04	2.49	0.006	-.04	.016	-.1	0	0.022	0.05	-.067	0.001	.028	.190*	0.013	-.084	-.093	-	-.175	-.018
16 FN	I5.29	3.11	.271**	-.015	.132	0.009	-.157	-.037	-.025	-.062	.008	0.075	.429**	.186*	-.0126	-.005	.175	-	0.141
17 ACP	I2.62	2.49	0.069	-.063	0.036	-.23	0.006	0.066	-.022	-.116	.079	0.098	.422**	0.173	0.123	-.001	.018	0.141	-

Note. SCR, symptoms checklist revised; SPS, Spirituality Scale; SD, self-discipline; Q, quest; AE, Anger and expansive behavior; SA, self-aggrandizement; FC, feeling of connectedness; MG, meanness and generosity; IR , Islamic rituals; *p< .05, **p <.01

SCR, symptom check list; S.D, social difficulty; VICT, victimization; F.N, finance ; ACP, acceptability; SRLE, survey of negative life events ;*p< .05, **p <.01

Table: 6, represent Correlation analysis was carried out between depression subscale of Symptom check list revised, and subscales of spirituality. According to results depression was negatively correlated with self-discipline subscale of spirituality, self-aggrandizement subscale of spirituality, quest and search for divinity subscale of spirituality, Meanness and generosity, tolerance intolerance subscale of spirituality, Islamic rituals subscale of spirituality and whole score of spirituality.

Correlation analysis which was carried out between depression subscales of Symptom check list revised and subscales of life experience survey. According to results depression was positively correlated with social difficulty subscale of negative life events and finance subscale of negative life events.

Discussion

The researchers sought to examine how negative experiences relate to depression and spiritual beliefs (Paganin & Signorini, 2025). Moreover, this study examined both the spiritual levels and the number of negative life experiences in individuals who were depressed and those who weren't. There's been an idea that spirituality has a strong link to both depression and bad things happening in people's lives. The research proves this theory. Spirituality linked with depression was noted. Spirituality's connection to depression was studied across various diseases such as cancer, heart issues, high blood pressure, mood disorders, and substance abuse. Those who felt spiritually enriched were less likely to experience depression. The research showed that people felt much better mentally after doing religious things. This study found that spirituality helps people cope better when they're sad. Encouragement makes their lives feel good overall. Both help Muslims stay healthy in many ways. A report states that for Muslims, spiritual significance is vital. Research was done to see how life's things affect people's feelings about their minds. There has been concluded evidence of a negative relationship between spirituality and depression (Zelek-Molik & Litwa, 2025). Study had 120 people participate; half were male, half female; ages 18 and older provided data. Research indicates higher levels of depression among females compared to males. Negative experiences in life caused mental health issues. Multan and Khanawal regions were sampled for data collection using purpose sampling method. The researcher found it easy to get the information at his house. Every aspect of the investigation was thoroughly adhered to in terms of ethics. A multidimensional spiritual scale measured spirituality, and the Depression Scale was utilized to assess depressive

symptoms. The survey measured how important positive and negative experiences were in recent life. The standard method for translating tools was used in this study. Performing religious acts. This study found that spirituality helps people deal with depression and connects encouragement to better health. A report states that for Muslims, spiritual significance is vital. Research was done to see how life's things affect people's feelings about their minds. There was evidence suggesting a link between spirituality and lower levels of depression.

Limitations and Suggestions

1. There are some limitations of the study. Firstly, data was taken from the teaching hospitals and most individuals had income level in the lower and lower middle range. Data from clinics also may give a more representative data. It will also help to include all socioeconomic groups. Therefore results may be interpreted with caution.
2. Another limitation of the study is that spirituality scales can be affected by social desirability element, hence can overestimate spirituality levels. However, this may be present in both groups.

Implication

The study aims to help researchers and observers better understand how spirituality relates to negative life events and depression. Additionally, it will support therapists in recognizing the importance of spirituality in their practice. With this insight, therapists can create tailored programs that address the spiritual needs of their clients.

References

Balkış, Murat, and Duru, E. 2023. "Negative Life Events Associated with COVID-19 and Psychological Distress: The Role of Irrational and Rational Beliefs." *Journal of Rational-Emotive & Cognitive-Behavior Therapy* 41 (1): 144–61. <https://doi.org/10.1007/s10942-022-00457-z>.

Carvour, et al. 2025. "A Review of the Neuroscience of Religion: An Overview of the Field, Its Limitations, and Future Interventions." *Frontiers in Neuroscience* 19 (August): 1587794. <https://doi.org/10.3389/fnins.2025.1587794>.

Dasti, Rabia, and Sitwat, A. 2016. "Multidimensional Measure of Islamic Spirituality." April 11. <https://doi.org/10.1037/t47892-000>.

Dubey, Sujla, and Bedi, S. S. 2024. "Workplace Spirituality: A Systematic Review and Future Research Agenda." *Journal of Management, Spirituality & Religion* 21 (1): 83–128. <https://doi.org/10.51327/CQER6430>.

Erum, K & Bhutto, Z. H. 2021. "Spiritually Integrated Cognitive Behavior Therapy for Treatment of Depression in a Male Patient with Cardiac Illness and Diabetes." *PJPPRP* 12 (2). <https://doi.org/10.62663/pjpprp.v12i2.42>.

Goodwin, et al. 2022. "Single-Dose Psilocybin for a Treatment-Resistant Episode of Major Depression." *New England Journal of Medicine* 387 (18): 1637–48. <https://doi.org/10.1056/NEJMoa2206443>.

Karatzias, et al. 2021. "ICD-11 Posttraumatic Stress Disorder, Complex PTSD and Adjustment Disorder: The Importance of Stressors and Traumatic Life Events." *Anxiety, Stress, & Coping* 34 (2): 191–202. <https://doi.org/10.1080/10615806.2020.1803006>.

Karrouri, et al. 2021. "Major Depressive Disorder: Validated Treatments and Future Challenges." *World Journal of Clinical Cases* 9 (31): 9350–67. <https://doi.org/10.12998/wjcc.v9.i31.9350>.

Karyotaki, et al. 2021. "Internet-Based Cognitive Behavioral Therapy for Depression: A Systematic Review and Individual Patient Data Network Meta-Analysis." *JAMA Psychiatry* 78 (4): 361. <https://doi.org/10.1001/jamapsychiatry.2020.4364>.

Kohn, et al. 1992. "The Survey of Recent Life Experiences: A Decontaminated Hassles Scale for Adults." *Journal of Behavioral Medicine* 15 (2): 221–36. <https://doi.org/10.1007/BF00848327>.

Lucchetti, et al. 2021. "Spirituality, Religiosity and the Mental Health Consequences of Social Isolation during Covid-19 Pandemic." *International Journal of Social Psychiatry* 67 (6): 672–79. <https://doi.org/10.1177/0020764020970996>.

Mahmood, et al. 2021. "A Cross-Sectional Survey of Pakistani Muslims Coping with Health Anxiety through Religiosity during the COVID-19 Pandemic." *Journal of Religion and Health* 60 (3): 1462–74. <https://doi.org/10.1007/s10943-021-01218-5>.

Malik, M., et al. 2025. "Psychological Burden and Coping Strategies Among Pakistani Adults: A Cross-Sectional Survey Study." *Epidemiologia* 6 (3): 30. <https://doi.org/10.3390/epidemiologia6030030>.

Masood, et al. 2024. "The Psychological Impact and Behavioral Changes Among the Medical Students of Islamabad and Rawalpindi Due to the COVID-19 Pandemic." *Cureus*, ahead of print, May 8. <https://doi.org/10.7759/cureus.59860>.

Nicolaou, et al. 2025. "Preventing Depression in High-Income Countries—A Systematic Review of Studies Evaluating Change in Social Determinants." *PLOS One* 20 (5): e0323378. <https://doi.org/10.1371/journal.pone.0323378>.

Paganini, Walter, and Sabrina Signorini. 2025. "Perspectives on Personalized Treatment in Difficult-to-Treat Depression: A Case Report." *Case Reports in Psychiatry* 2025 (1): 5538951. <https://doi.org/10.1155/crps/5538951>.

Remes, et al. 2021. "Biological, Psychological, and Social Determinants of Depression: A Review of Recent Literature." *Brain Sciences* 11 (12): 1633. <https://doi.org/10.3390/brainsci11121633>.

Richer, et al. 2025. "Increasing Stress Resilience in Older Adults through a 6-Week Prevention Program: Effects on Coping Strategies, Anxiety Symptoms, and Cortisol Levels." *Frontiers in Psychology* 15 (January): 1499609. <https://doi.org/10.3389/fpsyg.2024.1499609>.

Rosmarin, et al. 2022. "The Neuroscience of Spirituality, Religion, and Mental Health: A Systematic Review and Synthesis." *Journal of Psychiatric Research* 156 (December): 100–113. <https://doi.org/10.1016/j.jpsychires.2022.10.003>.

Rossi, et al. 2021. "Stressful Life Events and Resilience During the COVID-19 Lockdown Measures in Italy: Association With Mental Health Outcomes and Age." *Frontiers in Psychiatry* 12 (March): 635832. <https://doi.org/10.3389/fpsy.2021.635832>.

Safdar, et al. 2023. "The Role of Religion and Spirituality to Cope with COVID-19 Infections Among People of Lower Socioeconomic Status in Pakistan: An Exploratory Qualitative Study." *Journal of Religion and Health* 62 (4): 2916–32. <https://doi.org/10.1007/s10943-023-01781-z>.

Salicru, S. 2025. "A New Evidence-Based Spirituality Framework for Mental Health Practitioners: A Concept Analysis and Integrative Review." *Spiritual Psychology and Counseling* 10 (1): 69–99. <https://doi.org/10.37898/spiritualpc.1574613>.

Shchasyvyyi, et al. 2024. "Comprehensive Review of Chronic Stress Pathways and the Efficacy of Behavioral Stress Reduction Programs (BSRPs) in Managing Diseases." *International Journal of Environmental Research and Public Health* 21 (8): 1077. <https://doi.org/10.3390/ijerph21081077>.

Town, et al. 2022. "The Anger-Depression Mechanism in Dynamic Therapy: Experiencing Previously Avoided Anger Positively Predicts Reduction in Depression via Working Alliance and Insight." *Journal of Counseling Psychology* 69 (3): 326–36. <https://doi.org/10.1037/cou0000581>.

Wilkinson, et al. 2023. "Exposure to Negative Life Events, Change in Their Perceived Impact, and Subsequent Well-Being among U.S. Adults: A Longitudinal Outcome-Wide Analysis." *Social Science & Medicine* 324 (May): 115861. <https://doi.org/10.1016/j.socscimed.2023.115861>.

Yahya, et al. 2024. "An Exploratory Factor Analysis of Health Professional Perceptions of Integrating Spirituality in Daily Patient Care." *Public Health of Indonesia* 10 (2): 157–63. <https://doi.org/10.36685/phi.v10i2.789>.

Zelek-Molik, Agnieszka, and Litwa, E. 2025. "Trends in Research on Novel Antidepressant Treatments." *Frontiers in Pharmacology* 16 (January): 1544795. <https://doi.org/10.3389/fphar.2025.1544795>.