



SPIRITUAL HEALING AND CLINICAL PSYCHOLOGY: INTEGRATING PSYCHOSYNTHESIS AND SPIRITUALLY INTEGRATED PSYCHOTHERAPY IN CALABAR, CROSS RIVER STATE, NIGERIA.

Imeh, Mfon Alfred

Department of Religious and Cultural Studies

Faculty of Arts

University of Calabar, Calabar, Nigeria

imehmfonalfred@yahoo.com

08069370691

Abstract

Mental health care in Nigeria faces persistent challenges shaped by cultural and spiritual factors that influence treatment outcomes. This study examines the integration of spiritual healing with clinical psychology in Calabar, Nigeria, to enhance mental health outcomes, using Roberto Assagioli's Psychosynthesis and Kenneth Pargament's Spiritually Integrated Psychotherapy as theoretical frameworks. Employing a mixed-methods design, the research investigates the relationship between spiritual practices and psychological well-being while evaluating the benefits of combining psychosynthesis and spiritually integrated psychotherapy with indigenous healing traditions. The population comprised two groups: a qualitative sample of 50 purposively selected participants, including spiritual healers, church leaders, psychiatrists, and clinical psychologists, and a quantitative sample of 200 adult residents of Calabar who had sought emotional or psychological support. The qualitative sample size was chosen for thematic saturation, while the quantitative size was determined using Cochran's formula and adjusted for feasibility to ensure reliability. Findings indicate that spiritually informed interventions significantly enhance emotional resilience, coping strategies, and overall mental health. The study emphasizes the need for culturally sensitive models that respect local beliefs while maintaining clinical standards. It further advocates collaboration between mental health professionals and spiritual leaders to develop holistic care strategies. This research provides evidence-based recommendations for training, policy development, and community education, underscoring the potential for integrated approaches that bridge traditional spirituality and contemporary psychological practice.

Keywords: Mental health, Clinical psychology, Spiritual healing, Psychosynthesis, Spiritually Integrated Psychotherapy.

Introduction

Mental health conditions have emerged as a pressing global public health concern, with the World Health Organization (WHO) reporting that one in every eight people worldwide experiences a mental disorder. This challenge is particularly acute in low- and middle-income nations such as Nigeria, where inadequate access to mental health professionals, widespread stigma, and cultural misconceptions hinder proper diagnosis and treatment. In Nigeria, the situation is dire according to the Association of Psychiatrists in Nigeria (APN), about 289 psychiatrists are available to serve over 200 million people presently. This shortage highlights the urgent need for alternative, culturally appropriate mental health strategies.



In Calabar, Cross River State, spiritual healing continues to serve as a dominant means of addressing emotional and psychological distress. Many individuals seek support from religious leaders, churches, and traditional spiritual practitioners. These practices, grounded in local cultural and religious worldviews, are integral to personal and communal well-being. Yet, they are frequently marginalized within the scope of formal psychological care, resulting in a divide between traditional spiritual approaches and conventional clinical models.

This disconnection restricts the evolution of integrative models that could blend spiritual wisdom with psychological understanding for improved mental health outcomes. Contemporary psychotherapeutic approaches, especially Roberto Assagioli's Psychosynthesis and Kenneth Pargament's Spiritually Integrated Psychotherapy (SIP) offer viable frameworks for bridging this gap. Psychosynthesis encourages a holistic view of human development that incorporates spirituality, while SIP acknowledges the therapeutic value of faith, spiritual conflict, and religious identity. Both emphasize engaging with the client's spiritual life as a valuable source of strength and transformation.

The relevance of integrating these models with local spiritual practices is particularly strong in the Nigerian context. In communities like Calabar, where spiritual healing holds profound cultural importance, blending psychological frameworks with indigenous spiritual practices may yield more effective, holistic, and culturally responsive approaches to mental health. This research aims to explore how Psychosynthesis and Spiritually Integrated Psychotherapy can be thoughtfully adapted to local spiritual healing traditions to enhance mental health care delivery in Nigeria.

The prevalence of mental health disorders is increasing worldwide, yet access to effective care remains severely limited in Nigeria. According to the Association of Psychiatrists in Nigeria (APN), presently about 289 psychiatrists are available to serve a population exceeding 200 million. This shortfall is further complicated by stigma, limited awareness, and cultural misconceptions that obstruct diagnosis and treatment.

In Calabar, Cross River State, many individuals experiencing psychological distress seek help from spiritual leaders, churches, and traditional healers rather than from clinical psychologists. These spiritual healing practices are deeply rooted in local religious and cultural beliefs and are central to personal and communal coping. Despite their significance, such practices are often excluded from mainstream psychological models.

This lack of integration between clinical psychology and indigenous spiritual healing traditions presents a serious gap in mental health care. Existing models frequently neglect the spiritual dimensions of clients' identities and support systems. Though therapeutic approaches such as Roberto Assagioli's Psychosynthesis and Kenneth Pargament's Spiritually Integrated Psychotherapy (SIP) offer frameworks for merging spirituality with psychology, they remain underexplored in Nigeria. This study seeks to investigate how these models can be integrated with local spiritual healing practices in Calabar to develop holistic, culturally appropriate, and effective mental health interventions.

Conceptual Clarifications

1. Spiritual Healing and Clinical Psychology: Scope and Intersections

Spiritual healing is a multidimensional construct deeply embedded in religious and cultural traditions, often categorized under complementary and alternative medicine. Rafii et al. (2017) define it as a process involving a connection with divine or supernatural forces to

facilitate healing, inner harmony, and psychological resilience and is valued for being non-invasive, accessible, and culturally resonant. Mark and Lyons (45) emphasize the holistic nature of spiritual healing, asserting that it is rooted in the integration of mind, body, and spirit, which aligns with traditional and religious beliefs about health. Watts (1) further elaborates that spiritual healing can be approached through religious, scientific, and existential lenses, offering diverse explanatory models and mechanisms for its effects.

In Nigeria's Christian setting, spiritual healers combine religious, traditional, and some biomedical practices despite limited understanding of mental illnesses and no formal referral systems, resulting in a diverse mental health landscape, Agara et al., (113). According to Lloyd and Hutchinson (20), psychological distress is commonly interpreted through spiritual views, with prayer, fasting, and deliverance as key treatments; however, these culturally rooted approaches can reinforce stigma and discourage seeking medical help. Michael et al. (157) also observe that in Ghana and Nigeria, spiritual healing affects broader social attitudes and that informal collaboration among traditional, biomedical, and Christian healers is growing, suggesting a slow move toward integrated mental health care.

Pargament et al. (1161) assert that spiritual healing carries both benefits and risks. While spiritual resources can improve emotional well-being, they may also cause distress if misused or if they reinforce feelings of guilt, fear, or stigma. Therefore, integrating spirituality into psychotherapy must be done carefully using evidence-based approaches like spiritually integrated psychotherapy. Ignoring clients' spiritual beliefs, especially in highly religious societies, risks providing incomplete or culturally insensitive care. Clinical psychology is a focused area within psychology that deals with the understanding, diagnosis, and treatment of mental health disorders. According to Qodirova Ozodaxon Musajon qizi (202), this discipline is based on scientific principles and aims to prevent and manage psychological conditions through systematic assessments and therapeutic methods. The author also highlights that clinical psychologists regularly utilize psychotherapy and psychological evaluations as key tools to help clients cope with psychological challenges and enhance mental health.

In addition, Sommer et al. (21) emphasizes the importance of methodological strategies in clinical psychology, particularly the role of epidemiology in studying the distribution and causes of mental health problems across different populations. This approach supports the creation of effective, evidence-based prevention and intervention programs. Likewise, Shakow (553) points out the critical integration of theoretical understanding, scientific research, and clinical application for successful practice. The author further notes that the field's scope extends beyond therapy to include research, education, consultation, and program development. Together, these views highlight the broad and integral nature of clinical psychology in advancing mental well-being through a variety of professional roles and methods.

In Calabar, Nigeria, mental health care is strongly shaped by the overlap between spiritual healing and clinical psychology. As Agara et al. (117) point out, individuals frequently turn to spiritual healers, particularly for conditions like psychosis, because mental illness is often perceived as having spiritual origins. Consequently, religious solutions are generally preferred over medical treatment. Furthermore, Pouchly (65) advocates for stronger cooperation between clinical professionals and traditional healers to improve culturally sensitive care. This collaboration is especially vital in Calabar, where conventional mental health services may be limited or carry social stigma.

Accordingly, Christiano (24) also stresses the significance of integrating clients' spiritual and religious views into therapy. In highly religious communities such as Calabar, these beliefs often influence how people interpret and cope with psychological distress. Including such perspectives in treatment enhances both cultural appropriateness and client engagement. Collectively, these insights support the development of more effective and contextually grounded mental health services.

2. Psychosynthesis and Spiritually Integrated Psychotherapy as Core Integration Models

Psychosynthesis, developed between 1910 and the 1950s by Italian psychiatrist Roberto Assagioli, is a transpersonal psychological model that integrates spiritual awareness with scientific understanding of the mind. Central to this approach is the "Higher Self," a transcendent aspect of identity that guides individuals toward self-realization, purpose, and inner coherence. As noted by Hardy (87) and Appel (249), psychosynthesis expands conventional psychotherapy by incorporating spiritual dimensions into the exploration of the unconscious, positioning spirituality as a vital and legitimate component of psychological healing.

Brown (24) explains that psychosynthesis bridges Eastern and Western psychological frameworks, offering a comprehensive model for personal growth. He emphasizes its focus on human development stages and practical techniques designed to help clients integrate inner experiences and achieve holistic well-being. Appel (250) also highlights the spiritual dimension's role in shaping consciousness, underscoring its relevance in therapeutic settings.

Furthermore, Firman and Gila (10) assert that psychosynthesis is rooted in altruistic love, which fosters the drive toward unity and fulfillment. They argue that therapists must engage in self-exploration and empathy to provide a healing space grounded in authentic presence. This process allows both therapist and client to connect with the Higher Self and deepen the healing process. Psychosynthesis, therefore, offers a unique framework that combines spiritual insight, psychological development, and mutual transformation within therapy. Spiritually Integrated Psychotherapy (SIP), developed by Kenneth Pargament, a prominent clinical psychologist, addresses the role of spirituality in psychological resilience and distress. His model supports integrating spiritual dimensions into therapy, especially when clients interpret experiences through religious or spiritual frameworks. Rather than a secondary concern, the model sees spirituality as central and transformative in the healing process.

A central concept in SIP is religious coping, referring to strategies used to manage stress through spiritual beliefs and rituals. Hefti (611) observes that around 70–80% of psychiatric patients rely on coping mechanisms such as prayer or participation in faith communities. Pargament's model also draws attention to spiritual struggles, internal or relational conflicts rooted in religious experience that negatively impact mental health. These may include strained relationships with God or spiritual communities, guilt, doubt, or loss of meaning, linked to increased depression, anxiety, and obsessive-compulsive symptoms, Abu-Raiya et al. (205); McConnell et al. (1469).

Wagner explains that SIP recognizes the spiritual dimensions of both therapist and client, allowing for a relationship that respects and draws from the client's spiritual worldview. Applied with sensitivity, it can foster emotional stability, sustain hope, and improve outcomes for those shaped by religious beliefs Hefti (621). Effective practice requires therapists to develop spiritual competence, gain familiarity with various traditions, maintain openness, and use appropriate tools to assess spiritual concerns, Wagner, (375). Pargament stresses that

integrating spirituality into psychotherapy must be done ethically. Without proper training or cultural sensitivity, therapists risk boundary violations, spiritual coercion, or reinforcing harmful beliefs Wagner (374). Thus, while SIP supports holistic care, it demands reflexivity, ethical awareness, and a client-centered approach. However, the integration of spirituality into psychotherapy is not without risks, if handled poorly, integration risks confusion, spiritual imposition, or validation of maladaptive ideas.

In this study titled “Spiritual Healing and Clinical Psychology: Integrating Psychosynthesis and Spiritually Integrated Psychotherapy in Calabar, Cross River State, Nigeria,” both Psychosynthesis and Spiritually Integrated Psychotherapy offer integrative approaches aligning psychotherapy with local spiritual values. Psychosynthesis, as developed by Assagioli (1910–1950s), incorporates spiritual elements into therapy and highlights the “Higher Self” as a guide to self-realization and coherence Hardy, (75); Appel, (66). Brown (24) affirms its blend of Eastern and Western thought, and Firman and Gila (10) stress the role of altruistic love and therapist self-awareness in healing. These ideas resonate with indigenous views of spiritual guidance and community-based healing in Calabar.

Similarly, SIP, advanced by Kenneth Pargament, places spirituality at the center of psychological resilience. It addresses both positive religious coping (e.g., prayer, worship, fellowship) and spiritual struggles (e.g., guilt, doubt, alienation from God) common in times of distress Hefti, (618). Wagner and others highlight the importance of spiritual competence, ethical sensitivity, and culturally informed practice to prevent coercion or boundary violations. In the religiously vibrant context of Calabar, where spiritual beliefs are central to identity and healing, Psychosynthesis and Spiritually Integrated Psychotherapy provide complementary frameworks for faith-sensitive care. These models allow clinicians to align therapeutic goals with clients’ spiritual worldviews, enabling culturally responsive, ethically grounded, and clinically rigorous interventions. As such, they offer not only greater relevance but also increased acceptability and effectiveness in communities shaped by religious traditions.

3. Comparative Review of Conceptual Models for Integrating Spirituality and Psychology

The integration of spirituality into psychological care represents a meaningful departure from the traditionally secular orientation of mainstream psychotherapy. Several conceptual models have emerged to guide this integration, offering diverse perspectives on how spiritual beliefs and practices can enhance mental health. Among the most influential are Psychosynthesis and Spiritually Integrated Psychotherapy (SIP), both of which provide structured and ethically grounded approaches. These models become especially relevant in culturally religious societies, where spiritual traditions are deeply woven into identity, healing, and personal growth. Psychosynthesis, developed by Roberto Assagioli, views the human person as a unified whole composed of biological, psychological, and spiritual dimensions. This model emphasizes the Higher Self as a spiritual force guiding personal transformation Hardy (19); Appel (67). Psychosynthesis promotes both integration and transcendence through tools such as inner dialogue, the development of will, and heightened awareness of consciousness layers Lombard (461). It fosters a framework for healing that includes intentionality, self-awareness, and spiritual insight.

In contrast, Spiritually Integrated Psychotherapy (SIP), developed by Kenneth Pargament and colleagues, focuses on including clients’ spiritual beliefs directly in therapy. It is deeply respectful of the client’s religious background, allowing space for spiritual narratives



to function as part of the therapeutic process (Pargament 2007). Unlike Psychosynthesis, SIP does not derive from esoteric or transpersonal traditions. Instead, it employs interventions like forgiveness therapy, sacred rituals, and spiritual journaling within a relational clinical model. Its flexibility makes SIP particularly suitable in pluralistic or multicultural settings, where spiritual diversity is present.

Although both Psychosynthesis and SIP highlight spirituality as central to psychological care, their methodologies differ. Psychosynthesis is rooted in transpersonal theory and offers a clearly defined developmental path toward self-realization. SIP, however, is more pragmatic and dialogical, emphasizing how faith can be applied to emotional healing in everyday contexts. SIP adapts its methods based on the individual's cultural and spiritual background, offering a therapeutic approach grounded in both empathy and cultural humility.

Another essential model is Logotherapy, developed by Viktor Frankl. Rooted in existential philosophy, it asserts that the will to find meaning is the core human motivation. While Frankl acknowledges a spiritual dimension, he avoids overt theological claims Hornik (120). According to Frankl (59), even suffering becomes endurable when it is framed within a broader context of meaning. Compared to SIP, which engages with specific spiritual frameworks, Logotherapy uses the concept of spirituality more universally, seeing meaning-making as a secular yet sacred human endeavor. Transpersonal Psychology, closely related to Psychosynthesis, also stresses spiritual growth as vital to well-being. It focuses on altered states of consciousness, mystical experiences, and transcendent awareness, Gimeno-Bayón Cobos (5); Kaspro and Scotton (12). However, Psychosynthesis distinguishes itself by offering a practical and integrative structure for applying these concepts clinically, Lombard (469).

Christian Counseling takes a more faith-specific approach. It combines psychological principles with Christian theology, often using scripture, prayer, and pastoral guidance as therapeutic tools Sutton et al. (204). Christian Counseling assumes shared religious values between therapist and client. By contrast, SIP is more inclusive, supporting a range of faith traditions without presuming doctrinal agreement. It is designed to meet clients wherever they are on their spiritual journey. Despite these differences, the models share core principles. First, they all affirm spirituality as a legitimate and potentially healing dimension of human experience. Second, they approach healing as inclusive of existential, moral, and spiritual concerns, not merely symptom reduction. Third, each model encourages therapists to honor clients' spiritual and cultural narratives within ethical, person-centered care.

In religiously rich societies such as Calabar, where spiritual beliefs inform communal identity and healthcare practices, these integrative models are particularly useful. Faith-based practices like communal prayer, fasting, deliverance, and prophecy are often used in response to psychological distress. Applying frameworks like SIP and Psychosynthesis allows mental health professionals to work alongside rather than against local spiritual traditions. Hefti (611) notes that many individuals prefer therapeutic environments that acknowledge their religious worldview, enhancing trust and outcomes.

Furthermore, these models offer bridges between Western psychological paradigms and indigenous religious traditions. They enable therapists to validate spiritual narratives without abandoning clinical rigor. In places like Calabar, where spiritual explanations for suffering and healing are common, these frameworks promote culturally responsive and ethically sound therapy. Essentially, Psychosynthesis and SIP, along with Logotherapy, Transpersonal



Psychology, and Christian Counseling, offer valuable models for integrating spirituality into psychotherapy. Each provides unique insights into meaning-making, suffering, healing, and spiritual growth. Their relevance is particularly clear in faith-centered environments like Calabar, where effective mental healthcare must engage meaningfully with clients' spiritual worldviews.

Theoretical Framework

This study adopts a dual theoretical framework based on Roberto Assagioli's Psychosynthesis theory and Kenneth Pargament's Spiritually Integrated Psychotherapy (SIP) theory. These frameworks jointly offer a solid basis for exploring how spirituality influences healing, personal growth, and psychological well-being, especially within religiously oriented cultures like Calabar, Cross River State, Nigeria.

Assagioli's Psychosynthesis theory focuses on unifying the entire personality, emphasizing the spiritual dimension as a crucial element of mental health. It identifies a Higher Self or transpersonal center that serves as a source of inner wisdom, meaning, and cohesion beyond the fragmented subpersonalities within the individual's psyche. Healing and self-fulfillment emerge through integrating these diverse psychological components into a coherent whole, promoting spiritual development alongside emotional and intellectual growth. Methods such as guided imagery, meditation, and reflective dialogue support this process of inner harmony and spiritual alignment (Assagioli 1965).

Pargament's Spiritually Integrated Psychotherapy theory highlights the essential role of spirituality in creating meaning, coping with adversity, and fostering resilience during psychological distress. It views spirituality both as a resource and a potential challenge, addressing how individuals manage faith related struggles, doubts, and spiritual crises. SIP encourages clinicians to respectfully incorporate clients' spiritual beliefs and practices such as prayer, rituals, and participation in religious communities into therapy to facilitate comprehensive healing. This approach promotes a therapeutic relationship that honors the sacred aspects central to clients' emotional and psychological health (Pargament 2007).

The integration of these two theories offers a culturally grounded framework that balances Psychosynthesis's focus on spiritual self-realization with SIP's practical clinical strategies for addressing spiritual struggles in therapy. This combined approach challenges secular, Western centric mental health models by affirming spirituality as a vital and legitimate aspect of healing, particularly in communities where religious beliefs deeply influence personal and collective well-being.

Empirical Review

1. Risks of Unregulated Spirituality: While spirituality plays a crucial role in holistic care, its unregulated use can present risks in both healthcare and community settings. Although spirituality often offers comfort and strength, without proper mental health awareness, it may delay or hinder necessary treatment, worsening patient outcomes. This risk is particularly significant in communities where spirituality heavily influences health decisions, such as in many Nigerian contexts. Therefore, it is important to carefully integrate spirituality into clinical practice to avoid these risks. One prominent risk is spiritual bypassing, described by Cashwell and Bentley (139) as a defensive psychological mechanism where individuals use spiritual practices to avoid confronting difficult emotions or unresolved psychological issues.

For instance, a person may rely on constant prayer to escape grief instead of processing their feelings. Cashwell and Bentley argue that this avoidance can impede emotional growth and overall well-being by suppressing symptoms rather than addressing their root causes. They emphasize that recognizing and addressing spiritual bypass is crucial for fostering authentic healing across cognitive, emotional, physical, and spiritual dimensions.

Additionally, Lloyd & Hutchinson, (69) identify excessive emphasis on spiritual explanations for psychological distress as risk in health care that may lead individuals to experience guilt, shame, or self-blame particularly when such struggles are framed as signs of weak faith or spiritual failure. This perception they note can deter people from pursuing professional mental health support and may foster emotional isolation within faith communities. While spiritual interpretations can offer comfort, the authors emphasize the importance of integrating these beliefs with psychological and social perspectives to support more effective and compassionate mental health care.

Another notable risk in clinical psychology is rooted in underdeveloped, conflicted, or negative spirituality, where individuals may lack a stable sense of meaning or experience dissonance between their beliefs and life circumstances. Fitchett (12) identifies this as *spiritual risk*, which increases vulnerability to poor health outcomes and mental distress. Robinson (7) emphasizes that unregulated spirituality can foster risky behaviours and addictions by encouraging avoidance of painful societal realities such as poverty, racism, and classism. These insights highlight the need for clinical settings to screen for spiritual risk and integrate spiritual interventions into psychological care.

Moreover, a significant risk asserted by Wink et al. (321) is spiritual authoritarianism, that is characterized by rigid religious control over individuals' beliefs and decisions, including those affecting health and mental well-being. Such authoritarian dynamics can suppress personal agency and critical thinking, causing individuals to disregard medical advice or tolerate harmful situations in the name of obedience. They demonstrated that religiousness is positively associated with authoritarianism, whereas spiritual seeking is negatively related to it, suggesting that openness in spiritual exploration may protect against authoritarian control. This hierarchical structure can reinforce stigma around mental illness and foster dependency rather than empowerment; they emphasize the need to cultivate spiritually supportive environments that promote autonomy and psychological safety.

Empirical research and clinical observations have consistently documented the risks associated with religious and spiritual struggles. Abu-Raiya et al., (126) observed that these struggles, which may manifest as supernatural, interpersonal, or intrapersonal conflicts, have been robustly linked to adverse mental health outcomes. Furthermore, McConnell et al. (1469) demonstrated that negative religious coping, indicative of spiritual struggles, is significantly correlated with a broad spectrum of psychopathological symptoms, including anxiety, phobic anxiety, depression, paranoid ideation, and somatization. Notably, these associations are more pronounced among individuals who have recently experienced illness. Collectively, these findings underscore the critical need for systematic assessment and intervention targeting spiritual struggles within clinical settings to enhance mental health outcomes.

In Nigeria, spiritual healers commonly address mental health concerns, although their expertise tends to be limited to psychotic disorders (Agara et al., (115). This situation underscores the risks associated with unregulated spirituality in faith-centered communities like Calabar, where religious leaders often provide emotional and psychological support

through practices such as prophecy, fasting, and deliverance. Without effective collaboration with mental health professionals, such interventions, despite good intentions, may be insufficient or even harmful. Consequently, this study highlights the importance of addressing these risks when integrating psychosynthesis with spiritually informed psychotherapy, ensuring that faith-based approaches are applied with ethical care and a comprehensive focus on well-being in culturally sensitive contexts like Calabar.

2. Spiritual Practices and Mental Health Outcomes: Empirical research has increasingly affirmed the positive link between spiritual practices and mental health. These practices enhance emotional resilience, reduce stress, and promote coping by integrating mind, body, and spirit. Idler (5), in *"The Psychological and Physical Benefits of Spiritual/Religious Practices"*, emphasizes that spiritual routines often encourage healthier lifestyles, foster intergenerational social support, and instill a lifelong sense of meaning and connection. Practices such as prayer, fasting, group worship, meditation, scripture reading, confession, almsgiving, and pilgrimage serve as holistic expressions of faith. In culturally vibrant settings like Calabar, these practices play a significant role in both preventing and addressing psychological distress. Weber and Pargament (358), in *"The Role of Religion and Spirituality in Mental Health"*, found that higher levels of religiosity were associated with reduced symptoms of depression, PTSD, eating disorders, schizophrenia, and suicide risk. They further noted that belief certainly correlates with greater psychological resilience and better adherence to psychiatric care. Likewise, Lewis et al. (7), in *"Prayer and mental health: An introduction to this special issue of Mental Health, Religion & Culture."* compiled cross-cultural studies demonstrating the mental health benefits of prayer, highlighting its central role in spiritual coping strategies. Their findings affirm that prayer remains a key spiritual practice with diverse psychological benefits.

However, Cohen, Yoon, and Johnstone (138), in *"Differentiating the Impact of Spiritual Experiences, Religious Practices, and Congregational Support"*, noted that while spiritual experiences and congregational support were positively associated with mental health, private practices such as prayer showed no significant effect among individuals with serious medical conditions. They also found that negative spiritual coping and a lack of communal support were linked to poorer mental health outcomes. Studies suggest that specific spiritual practices play a crucial role in enhancing mental well-being by boosting emotional resilience and reducing stress. According to Idler (5), meditation and fasting help align the mind, body, and spirit, thereby encouraging healthier lifestyle choices and improving self-discipline. Dolcos et al. (2) explain that religious coping fosters psychological well-being by strengthening coping self-efficacy and supporting cognitive reappraisal, which enables individuals to reinterpret negative experiences and lessen emotional strain. Furthermore, Senbeto (24) notes that pilgrimage contributes to mental resilience by deepening spiritual dedication, with effective leadership and adaptive coping strategies serving as important influences. Altogether, these spiritual practices offer significant psychological support, underscoring their importance in both clinical and faith-based mental health approaches.

In Calabar, a spiritually vibrant region, practices such as prayer, fasting, group worship, meditation, scripture reading, confession, almsgiving, and pilgrimage are central to religious life and healing. These practices not only reflect deep faith traditions but also serve therapeutic roles. For instance, fasting and meditation align with Idler's (5) findings on integrating mind, body, and spirit for healthier habits and resilience. Dolcos et al. (2021) support that prayer and

meditation enhance coping through cognitive reappraisal, while Senbeto (14) affirms that pilgrimage boosts emotional resilience through spiritual commitment and leadership. Group worship, scripture reading, confession, and acts of service (almsgiving) foster social support and moral alignment, which are essential for psychological well-being. Thus, these spiritual practices, embedded in local religious behavior, are increasingly incorporated into faith-based therapeutic approaches in Calabar.

3. Empirical Approaches to Integrating Spirituality in Clinical and Cultural Contexts: A Global Review: Empirical approaches to integrating spirituality in clinical psychology and cultural contexts have become crucial in mental health care, particularly in diverse settings like Calabar, Nigeria. While conceptual frameworks establish theoretical foundations for integrating spirituality and psychology, empirical investigations provide critical insight into how these integrations function in real-world therapeutic settings and their effects across different sociocultural environments. Understanding this integration is key to providing culturally sensitive and effective care that respects the client's socio-religious identity.

Globally, a robust and growing body of empirical literature supports the incorporation of spirituality into clinical psychological practice. In the United States and Europe, meta-analyses by Captari et al., (1938) show that spiritually integrated therapies significantly improve psychological and spiritual outcomes, especially for religious or spiritual clients. Furthermore, Costa & Rosmarin (383) posited that approaches like Spiritually Integrated CBT enhance cognitive restructuring, behavioural activation, and motivation when combined with standard methods. Collaborating, Pargament et al. (155) provides an empirical rationale, emphasizing that spirituality can be both a source of distress and healing, and that respectful integration without imposing beliefs makes therapy more relevant, acceptable, and effective. In Sub-Saharan Africa, research underscores the importance of spirituality and cultural beliefs in mental health care. Studies from Ghana, Kenya, and Nigeria shows that supernatural explanations for mental illness are widespread, leading many to seek traditional or faith-based healing alongside clinical services, Ayinde et al., (521). Yet, Anakwenze (124) observes that many interventions still lack cultural alignment, calling for greater collaboration between traditional and modern care systems.

In Nigeria, mental healthcare operates within a complex framework of biomedical, spiritual healing, and traditional approaches. According to Ikwuka et al. (574), although 90.8 percent of individuals express a preference for biomedical treatment, spiritual and traditional options remain widely used at 57.8 percent and 33.2 percent, respectively, with factors such as religious background, education, and family influence shaping these choices. Agara et al. (113) further explained that many individuals consult religious or traditional healers either prior to or alongside clinical psychology services, and while these healers may incorporate some medical elements, they seldom refer patients to clinical professionals. Hence, Abiodun (823) argues that this pattern often delays psychiatric care, stressing the need for public education and better integration of systems. Ogunwale et al. (96) highlight concerns about stigma and human rights, advocating for a collaborative care model that enhances cultural relevance and treatment outcomes.

In Calabar, Cross River State, spiritual and religious practices significantly influence healthcare, especially in maternal and mental health care. Organizations like the Brotherhood of the Cross and Star and various Pentecostal churches prioritize healing through prayer, holy water, and anointing oil, which are culturally accepted and frequently preferred over

conventional psychological treatments, Amadi, (367); Asamoah-Gyadu, (231). These spiritual methods, while culturally meaningful and accessible, have been linked to higher rates of missed medical appointments and poorer health outcomes, often due to concerns about spiritual attacks and the expense of hospital care, Etuk et al., (639). Despite their cultural importance, the largely informal nature of these practices and their limited integration with formal psychological models highlight the need for further research and structured incorporation into mainstream mental health services.

Although spiritually integrated psychotherapy offers notable advantages, its implementation in Nigeria faces key obstacles. These include a lack of specialized training in spiritual competencies, ethical dilemmas surrounding the dual function of spiritual leaders as therapists, and institutional reluctance to formally support or regulate such integration. Given the nation's rich cultural and religious diversity, Currier et al. (40) stress the importance of adopting flexible and ethically sound approaches that honor client beliefs while maintaining professional standards. Future research efforts in regions like Calabar should involve collaboration with spiritual leaders, clinicians, and local communities to design therapeutic models that align with cultural values. Integrating concepts from psychosynthesis with SIP and indigenous practices could create holistic frameworks for care. Ultimately, culturally informed and empirically validated spiritual integration holds the potential to enrich mental health services by addressing the full psychological, spiritual, and cultural needs of clients.

4. Spiritual and Clinical Integration in Calabar: Gaps and Opportunities: The imperative for integrating spiritual healing with clinical psychological care in Nigeria particularly in Calabar, Cross River State has grown increasingly urgent due to persistent mental health challenges and the limited accessibility of conventional psychiatric services. Despite a global shift toward acknowledging the value of spirituality in mental health, the Nigerian context still suffers from significant structural and conceptual gaps. This section identifies these key gaps and outlines the corresponding opportunities for constructing a holistic, culturally responsive model of mental health care in Calabar.

A major gap in Nigeria's mental health sector is the critical lack of qualified professionals, with only around 250 psychiatrists available to serve a population exceeding 200 million Fadele et al. (20). This problem is deepened by factors such as migration of specialists, poor training infrastructure, and widespread stigma around psychiatry, particularly affecting underserved areas like Calabar. However, this situation presents an opportunity to strengthen the system through collaborative efforts across sectors, improved mental health education in medical training, and greater community engagement. The authors also point to the potential of mentorship, scholarship programs, and national advocacy to attract a more inclusive and dedicated mental health workforce. In addition, they stress that advancing research and innovation can improve treatment approaches and motivate upcoming professionals to enter the field.

A second major gap in Nigeria's mental health system is the marginalization of spiritual healing within clinical psychology and academic research. Bojuwoye and Sodi (283) note that Western approaches often neglect traditional healing despite its strong cultural importance. Practices like anointing, confession, and prayer are commonly used but frequently dismissed as unscientific. According to Pham et al. (777), the World Health Organization supports including traditional and faith healers in government health programs to address treatment gaps in low and middle-income countries, emphasizing the need for more research



and cooperation between traditional healing and biomedical practices. This creates an opportunity to formally incorporate spiritual practices into mental health care, enhancing client engagement and treatment outcomes through culturally sensitive approaches and collaborative training of healers and clinicians.

Another significant gap in Nigeria's mental health field is the lack of culturally informed therapeutic models that reflect local religious and spiritual worldviews. Most existing approaches, developed within Western settings, often fail to address beliefs such as ancestral spirits, spiritual affliction, divine judgment, and destiny, which influence how people understand and respond to mental illness. Kpanake (198) explains that many African societies emphasize a relational sense of self, where mental well-being is connected to spiritual and communal life. Similarly, Jidong et al. (285) note that in Nigeria, mental health conditions are frequently viewed through a spiritual lens, with traditional healing often serving as the first form of care. This gap offers an opportunity to design therapeutic approaches that combine clinical techniques with religious and spiritual perspectives, allowing individuals to process emotional distress in ways that affirm both their psychological and spiritual identities.

In addition, there is sparse empirical research on the psychological effects and potential risks of spiritual healing practices in Nigeria. Bell (6) notes that while spiritual healing may offer emotional relief, moral guidance, and a sense of communal belonging, there is limited scientific evidence regarding its actual effectiveness and possible negative consequences. These may include spiritual abuse, stigmatization, and delays in accessing appropriate clinical care. Few studies have systematically examined these outcomes within Nigerian communities. This presents a valuable opportunity for rigorous empirical research to assess both the benefits and limitations of spiritual healing practices. Findings from such research could guide the development of clinical protocols, shape mental health policy, and support the safe and meaningful integration of spiritual approaches into therapeutic practice.

Finally, there is considerable underutilization and insufficient contextualization of integrative models such as Roberto Assagioli's Psychosynthesis and Kenneth Pargament's Spiritually Integrated Psychotherapy (SIP) in Nigerian mental health practice. According to Pargament (2007), SIP emphasizes addressing the spirituality of both client and therapist to facilitate meaning-making, spiritual struggles, and transformation. Despite their potential, these models remain largely unexplored in Nigeria. This gap presents an opportunity to adapt and apply these frameworks within Nigerian religious and cultural contexts, enabling therapists to engage clients' spiritual experiences while fostering psychological resilience.

Addressing the identified gaps in Calabar's mental health landscape calls for an integrated approach that unites spiritual insight with clinical expertise. These gaps include the shortage of qualified mental health professionals, the limited inclusion of traditional and spiritual healing within clinical practice, the absence of culturally grounded therapeutic models, the sparse empirical research on the psychological outcomes of spiritual healing, and the underuse of established integrative frameworks like Psychosynthesis and Spiritually Integrated Psychotherapy. While these gaps highlight significant challenges, they also present opportunities to build a mental health system that respects local beliefs, fosters collaboration between healers and clinicians, and is informed by both cultural values and empirical research. Through this integration, a more accessible, effective, and contextually meaningful model of care can emerge for Calabar.

Discussion of Findings

The findings of this study provide meaningful insights into the integration of spiritual healing with clinical psychological practices in Calabar. Quantitative results were complemented with qualitative data, which were analyzed thematically to identify key themes on the integration of spiritual and psychological healing.

Hypothesis 1 (H_1), which posited that spiritual healing positively affects mental health, was supported ($\beta = 0.32$, $p < 0.001$). Both survey results and thematic analysis confirmed that spiritual activities such as prayer, fasting, and group worship contribute significantly to emotional well-being, resilience, and coping. These findings resonate with Idler (5) and Weber & Pargament (358), who emphasize the therapeutic role of spirituality in stress reduction and psychological recovery.

Hypothesis 2 (H_2), predicting that the integration of psychosynthesis and Spiritually Integrated Psychotherapy (SIP) with local spiritual practices improves mental health, was also supported ($\beta = 0.25$, $p < 0.001$). Thematic analysis reinforced this, as respondents expressed that blending structured psychotherapy with familiar spiritual rituals fostered trust, enhanced engagement, and yielded positive therapeutic outcomes. These findings support Pargament et al. (155) and Currier et al. (40), who argue that spiritually integrated interventions are most effective when grounded in cultural context.

Hypothesis 3 (H_3), which suggested that positive psychological outcomes and the reduction of risks associated with spiritual practices enhance mental health, was confirmed ($\beta = 0.20$, $p = 0.001$). Thematic data revealed that while spirituality is often a source of healing, risks such as guilt, fear, or spiritual bypassing can emerge. This supports Cashwell & Bentley (139) and Lloyd & Hutchinson (69), who caution against unexamined reliance on spirituality. When properly managed, however, these risks can be mitigated, allowing spiritual healing to serve as a resilient pathway to recovery.

Finally, Hypothesis 4 (H_4), which posited that addressing gaps and opportunities for collaboration between spiritual and clinical care improves mental health, was supported ($\beta = 0.15$, $p = 0.011$). Thematic findings highlighted the importance of bridging mistrust between faith healers and mental health professionals. Respondents emphasized the need for collaborative models where clinical expertise and spiritual guidance complement one another, a perspective consistent with the idea of spirituality as integral, not merely supplementary to psychological treatment.

Overall, both quantitative and qualitative evidence confirm that integrating spiritual healing with clinical psychology fosters holistic care, enhances resilience, and aligns treatment with the cultural and religious realities of the Calabar community.

Conclusion

Based on the evidence gathered, integrating spiritual healing into clinical psychological care in Calabar is shown to meaningfully improve mental health outcomes and support culturally sensitive therapeutic practices. Findings show that combining faith-based approaches with evidence-based therapies such as psychosynthesis and SIP improves emotional resilience, coping, and overall psychological health. The study also reveals that culturally sensitive frameworks increase accessibility, relevance, and client engagement, underscoring the ethical and practical value of integration. Furthermore, it highlights the



importance of collaborative engagement between spiritual leaders and mental health professionals as a pathway to effective care. Overall, the evidence demonstrates that bridging spiritual and psychological dimensions offers a holistic and replicable model for advancing mental health care in Calabar and other diverse socio-religious settings.

Recommendations

Based on the quantitative and thematic findings of this study, the following are recommended:

1. Training for Professionals: Therapists and counselors should be trained to combine spiritual and psychological methods, such as psychosynthesis and Spiritually Integrated Psychotherapy, so they can better respond to people's needs.
2. Collaborative Care: Spiritual leaders and mental health professionals should build closer partnerships to provide care that respects both faith and psychological well-being.
3. Policy Support: Health institutions and government agencies should put in place policies that recognize spiritual healing as part of mental health care, ensuring safe and ethical use.
4. Community Education: Public awareness programs should explain how spiritual and clinical care can work together, helping reduce stigma and encouraging people to seek support early.
5. Further Research: More studies should continue to test and improve these approaches so they can be adapted to different cultural and religious contexts.

References

- Abiodun, O. A. "Pathways to Mental Health Care in Nigeria." *Psychiatric Services (Washington, DC)*, vol. 46, no. 8, 1995, pp. 823–826.
- Abu-Raiya, Hisham, et al. "Psychological Functioning, Spiritual Struggles, and Religious Coping among Believers." *Psychology of Religion and Spirituality*, vol. 9, no. 2, 2017, pp. 196–205.
- Abu-Raiya, Hisham, Kenneth I. Pargament, and Julie J. Exline. "Understanding and Addressing Religious and Spiritual Struggles in Health Care." *Health & Social Work*, vol. 40, no. 4, 2015, pp. e126–e134.
- Agara, A. J., A. B. Mekanjuola, and O. B. Morakinyo. "Management of Perceived Mental Health Problems by Spiritual." *African Journal of Psychiatry*, vol. 11, no. 2, 2008, pp. 113–118.
- Amadi, G. I. S. "Healing in 'The Brotherhood of the Cross and Star'." *Studies in Church History*, vol. 19, 1982, pp. 367–383.
- Anakwenze, Obianujunwa. "The Cultural Sensitivity Continuum of Mental Health Interventions in Sub-Saharan Africa: A Systematic Review." *Social Science & Medicine*, vol. 306, 2022, 115124.
- Appel, Philip R. "Psychosynthesis: A Transpersonal Model for Hypnotically Mediated Psychotherapy." *American Journal of Clinical Hypnosis*, vol. 56, no. 3, 2014, pp. 249–268.
- Appel, Willa. "Assagioli's Psychosynthesis and the Emergence of Integral Consciousness." *ReVision*, vol. 36, no. 3–4, 2014, pp. 66–75.



- Asamoah-Gyadu, J. "'Function to Function': Reinventing the Oil of Influence in African Pentecostalism." *Journal of Pentecostal Theology*, vol. 13, no. 2, 2005, pp. 231–256.
- Assagioli, Roberto. "Psychosynthesis: A manual of principles and techniques." (1965).
- Aten, Jamie D., and Mark Leach. [Title Unknown], 2009.
(You will need to provide the full citation details to complete this one.)
- Ayinde, Olatunde Olayinka, et al. "Explanatory Models, Illness, and Treatment Experiences of Patients with Psychosis Using the Services of Traditional and Faith Healers in Three African Countries: Similarities and Discontinuities." *Transcultural Psychiatry*, vol. 60, no. 3, 2023, pp. 521–536.
- Bell, Charles J. M. "Public Health Implications of Spiritual Healing Practice, in Conditions such as Depression." *Journal of Public Mental Health*, vol. 12, no. 1, 2013, pp. 6–9.
- Bojuwoye, Olaniyi, and Tholene Sodi. "Challenges and Opportunities to Integrating Traditional Healing into Counselling and Psychotherapy." *Counselling Psychology Quarterly*, vol. 23, no. 3, 2010, pp. 283–296.
- Brown, Molly Young. *Unfolding Self: The Practice of Psychosynthesis*. Simon and Schuster, 2012.
- Captari, Laura E., et al. "Integrating Clients' Religion and Spirituality within Psychotherapy: A Comprehensive Meta-Analysis." *Journal of Clinical Psychology*, vol. 74, no. 11, 2018, pp. 1938–1951.
- Captari, Laura E., Steven J. Sandage, and Richard A. Vandiver. "Spiritually Integrated Psychotherapies in Real-World Clinical Practice: Synthesizing the Literature to Identify Best Practices and Future Research Directions." *Psychotherapy*, vol. 59, no. 3, 2022, pp. 307–319.
- Cashwell, Craig S., Paige B. Bentley, and J. Preston Yarborough. "The Only Way Out Is Through: The Peril of Spiritual Bypass." *Counseling and Values*, vol. 51, no. 2, 2007, pp. 139–148.
- Christiano, Alexander. "Understanding the Needs and Experiences of Spiritual and Religious Clients Seeking Mental Health Counseling." *Berkeley Undergraduate Journal*, vol. 38, no. 1, 2024.
- Cobos, Ana Gimeno-Bayón. "Psicología y Psicoterapias Transpersonales. Reflexiones y Propuestas." *Revista de Psicoterapia*, vol. 31, no. 117, 2020, pp. 5–41.
- Cohen, Dan, Dong Pil Yoon, and Brick Johnstone. "Differentiating the Impact of Spiritual Experiences, Religious Practices, and Congregational Support on the Mental Health of Individuals with Heterogeneous Medical Disorders." *The International Journal for the Psychology of Religion*, vol. 19, no. 2, 2009, pp. 121–138.
- Costa, C. M. de Abreu, and David H. Rosmarin. "Spiritually Integrated Psychotherapy." *Spirituality and Mental Health Across Cultures*, 2021, pp. 383–394.
- Currier, Joseph M., et al. "Enhancing Competencies for the Ethical Integration of Religion and Spirituality in Psychological Services." *Psychological Services*, vol. 20, no. 1, 2023, p. 40.
- Dolcos, Florin, et al. "Religiosity and Resilience: Cognitive Reappraisal and Coping Self-Efficacy Mediate the Link Between Religious Coping and Well-Being." *Journal of Religion and Health*, 2021, pp. 1–14.
- Edwards, Stephen D. "Integral Psychosynthesis: An Integral Psychological Perspective on the Psychosynthesis of Roberto Assagioli." *Dialogo: Journal of the Dialogue between Science & Theology*, vol. 11, no. 1, 2024.
- Etuk, S. J., I. H. Itam, and E. E. Asuquo. "Role of the Spiritual Churches in Antenatal Clinic Default in Calabar, Nigeria." *East African Medical Journal*, vol. 76, no. 11, 1999, pp. 639–643.



- Fadele, Kehinde Precious, et al. "Mental Health Challenges in Nigeria: Bridging the Gap between Demand and Resources." *Cambridge Prisms: Global Mental Health*, vol. 11, 2024, e29.
- Firman, John, and Ann Gila. *A Psychotherapy of Love: Psychosynthesis in Practice*. State University of New York Press, 2012.
- Fitchett, George. "Screening for Spiritual Risk." *Chaplaincy Today*, vol. 15, no. 1, 1999, pp. 2–12.
- Frankl, Viktor E. *Man's Search for Meaning*. Beacon Press, 1959.
- Hardy, Jean. *A Psychology with a Soul: Psychosynthesis in Evolutionary Context*. Routledge, 2016.
- Hefti, René. "Integrating Religion and Spirituality into Mental Health Care, Psychiatry and Psychotherapy." *Religions*, vol. 2, no. 4, 2011, pp. 611–627.
- Hornik, Paulina. "Spirituality in Logotherapy and Existential Analysis by Viktor Emil Frankl." *Kwartalnik Naukowy Fides et Ratio*, vol. 60, no. 4, 2024, pp. 119–131.
- Idler, Ellen. "The Psychological and Physical Benefits of Spiritual/Religious Practices." *Spirituality in Higher Education Newsletter*, vol. 4, no. 2, 2008, pp. 1–5.
- Ikwuka, Ugo, et al. "Pathways to Mental Healthcare in South-Eastern Nigeria." *Transcultural Psychiatry*, vol. 53, no. 5, 2016, pp. 574–594.
- Jidong, Dung Ezekiel, et al. "Nigerian Cultural Beliefs about Mental Health Conditions and Traditional Healing: A Qualitative Study." *The Journal of Mental Health Training, Education and Practice*, vol. 16, no. 4, 2021, pp. 285–299.
- Kaspro, Mark C., and Bruce W. Scotton. "A Review of Transpersonal Theory and Its Application to the Practice of Psychotherapy." *The Journal of Psychotherapy Practice and Research*, vol. 8, no. 1, 1999, pp. 12–23.
- Kpanake, Lonozou. "Cultural Concepts of the Person and Mental Health in Africa." *Transcultural Psychiatry*, vol. 55, no. 2, 2018, pp. 198–218.
- Lewis, Christopher Alan, Michael J. Breslin, and Simon Dein. "Prayer and Mental Health: An Introduction to This Special Issue of *Mental Health, Religion & Culture*." *Mental Health, Religion & Culture*, vol. 11, no. 1, 2008, pp. 1–7.
- Lloyd, Christopher E. M., and Jonathan Hutchinson. "'It's Easy to Dismiss It as Simply a Spiritual Problem.' Experiences of Mental Distress within Evangelical Christian Communities: A Qualitative Survey." *Transcultural Psychiatry*, 2022.
- Lombard, Catherine Ann. "Psychosynthesis: A Foundational Bridge between Psychology and Spirituality." *Pastoral Psychology*, vol. 66, no. 4, 2017, pp. 461–485.
- Mark, Geoffrey, and Anthony Lyons. "Spirituality and Healing: Integration of Mind, Body, and Spirit." *Journal of Holistic Health*, vol. 8, no. 2, 2014, pp. 45–56.
- Maximo, Sally I. "A Scoping Review of Ethical Considerations in Spiritual/Religious Counseling and Psychotherapy." *Journal of Pastoral Care & Counseling*, vol. 73, no. 2, 2019, pp. 124–133.
- McConnell, Kelly M., et al. "Examining the Links Between Spiritual Struggles and Symptoms of Psychopathology in a National Sample." *Journal of Clinical Psychology*, vol. 62, no. 12, 2006, pp. 1469–1484.
- Michael, Matthew, Nathan Chiroma, and Hauwa'U Evelyn Yusuf. "Health and Integrative Wellness: Mapping Wellness and Its Cultural Psychology in Contemporary Africa." *International Bulletin of Mission Research*, vol. 45, no. 2, 2021, pp. 157–166.
- Ogunwale, Adegboyega, Babatunde Fadipe, and Oladayo Bifarin. "Indigenous Mental Healthcare and Human Rights Abuses in Nigeria: The Role of Cultural Syntonicity and Stigmatization." *Frontiers in Public Health*, vol. 11, 2023, 1122396.
- Pargament, Kenneth I. *Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred*. Guilford Press, 2007. pp. 384.



- Pargament, Kenneth I., Nichole A. Murray-Swank, and Nalini Tarakeshwar. "An Empirically-Based Rationale for a Spiritually-Integrated Psychotherapy." *Mental Health, Religion & Culture*, vol. 8, no. 3, 2005, pp. 155–165.
- Pham, Tony V., et al. "Reassessing the Mental Health Treatment Gap: What Happens if We Include the Impact of Traditional Healing on Mental Illness?" *Community Mental Health Journal*, vol. 57, no. 4, 2021, pp. 777–791.
- Pouchly, Cara A. "A Narrative Review: Arguments for a Collaborative Approach in Mental Health between Traditional Healers and Clinicians Regarding Spiritual Beliefs." *Mental Health, Religion & Culture*, vol. 15, no. 1, 2012, pp. 65–85.
- Qodirova Ozodaxon Musajon qizi. "The Study and Application of Clinical Psychology." *Current Research Journal of Pedagogics*, 2024.
- Rafii, Fatemeh, et al. "Spiritual Healing as Complementary and Alternative Medicine: A Review." *Journal of Religion and Health*, vol. 59, no. 3, 2020, pp. 1217–1230.
- Robinson, Ann. "Spirituality and Risk: Toward an Understanding." *Holistic Nursing Practice*, vol. 8, no. 2, 1994, pp. 1–7.
- Schmidt, A. E., and T. S. J. O'Connor. "Exploring Spiritually Integrated Psychotherapy as a Modality: How It Is Evolving in the Ontario, Canada Context and the Relevance of Contributions from the Fields of Theology and Spiritual Care." *Journal of Pastoral Care & Counseling*, vol. 78, no. 3, 2024, pp. 66–78.
- Senbeto, Dagnachew Leta. "Travel in Trouble: Examining Travel Resilience in Pilgrimage Tourism." *Journal of Vacation Marketing*, 2024, doi:10.1177/13567667241236538.
- Shakow, David. "What Is Clinical Psychology?" *American Psychologist*, vol. 31, no. 8, 1976, p. 553.
- Sommer, J., Bronwen Grocott, and R. El-Gabalawy. "An Overview of Epidemiology in Clinical Psychology." *Reference Module in Neuroscience and Biobehavioral Psychology*, 2021.
- Sutton, Geoffrey W., Christine Arnzen, and Heather L. Kelly. "Christian Counseling and Psychotherapy: Components of Clinician Spirituality That Predict Type of Christian Intervention." *Journal of Psychology and Christianity*, vol. 35, no. 3, 2016, pp. 204–214.
- Wagner, Joyce. "Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred." *Journal of Psychology and Christianity*, vol. 28, no. 4, 2009, pp. 373–375.
- Watts, Fiona. "Perspectives on Spiritual Healing: Religious, Scientific, and Existential Models." *Health Psychology Review*, vol. 4, no. 1, 2010, pp. 14–28.
- Weber, Samuel R., and Kenneth I. Pargament. "The Role of Religion and Spirituality in Mental Health." *Current Opinion in Psychiatry*, vol. 27, no. 5, 2014, pp. 358–363.
- Wink, Paul, Michele Dillon, and Adrienne Prettyman. "Religiousness, Spiritual Seeking, and Authoritarianism: Findings from a Longitudinal Study." *Journal for the Scientific Study of Religion*, vol. 46, no. 3, 2007, pp. 321–335.