

Relationship between Spiritual Well-being, Mental Well-being and mindfulness

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ABSTRACT

Spiritual well-being is the understanding of life in terms of relationship with self, others, nature and God. Mental well-being refers to the individual's psychological functioning and ability to maintain and develop a sense of autonomy, self esteem, self acceptance, personal growth and mutually healthy relationships. Mindfulness entails living the details and experiences of life more fully and attentively. For the same, a quantitative and cross-sectional design was followed for the present study. A total of 86 participants from 20 to 40 years of age across India participated in the study. The tools used were Spiritual Well-being Scale, Mindful Attention Awareness Scale, and the Warwick-Edinberg Mental Well-being Scale. The data was analyzed using descriptive statistics, t-tests and correlation. The results found a significant positive relationship of mental well-being with spiritual well-being and with mindfulness. However, mindfulness and spiritual well-being were not found to be correlated. Additionally, no gender differences were found in any of the three variables. The personal and communal domains of the spiritual well-being questionnaire were found to have a positive significant correlation with mental well-being. The present study contributes to literature by adding an enriching understanding of the linkage between these variables, which can be studied further to develop appropriate interventions and programs.

Keywords: *Spiritual well-being, mental well-being, mindfulness, gender differences, young adults*

1. Introduction

"Your visions will become clear only when you can look into your own heart. Who looks outside, dreams; who looks inside, awakes"
– Carl Gustav Jung

Spirituality is innate to human beings. Puchalski et al. (2014) defined spirituality as a dynamic and integral component of mankind in which people seek ultimate meaning, purpose, and transcendence, while also experiencing relationships with themselves, their families, others, their communities, society, nature, and the important or sacred. Beliefs, values, traditions, and practises all contribute to spirituality. They explained spirituality with the subconcepts of meaning, purpose and connectedness. Meaning and purpose can be described as the effort to ascribe a greater purpose to life, a sense of self-integrity or self-worth, or to favourably reinterpret unpleasant circumstances with a transcendent vision. (Timmins et al., 2015) Individuals are said to be connected if they are a part of something bigger than themselves or if they are in some manner unified with something outside of themselves. (Clark & Hunter, 2019)

When talking about spirituality, we often confuse spirituality with religiosity. Though interrelated, the two

terms are fairly distinct. Membership or adherence to a specific religious group or denomination is not required for the practise of spirituality or the experience of spiritual well-being, but it can be. (Harlow, 2010) Separating the concepts of spirituality and religion can allow for it to be studied in a wider variety of sociocultural contexts as well as one's well-being in relation to oneself and others, and one's feeling of life purpose and fulfilment. It can often be observed that two aspects are sometimes intimately linked. Spirituality, for example, is defined as "union with the imminent, supernatural powers that guide people and the universe for good or evil" (Siporin, 1985, p. 210) and as "experiential awareness of transcendent realities reflected by the centre of value in one's life and the quality of one's relationships with the universe/God" (Ellison, 1983). Like such, when spirituality refers to manifestations of one's relationship with God, it comes to human relationships and life's activities; thus, the horizontal dimension appears to demand and reflect the vertical.

Mental Well-being

Mental well-being refers to the individual's psychological functioning and ability to maintain and develop a sense of autonomy, self esteem, self acceptance, personal growth

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and mutually healthy relationships (Stewart-Brown & Janmohamed, 2008). Mental health is regarded as a good state that allows individuals and populations to thrive and prosper (Clarke et al., 2011). Happiness, good functioning, subjective well-being, and self-realization are all part of the definition. Mental well-being is a complicated term, and social scientists who have sought to decipher it have presented it in various forms. In general, experts who have researched it agree that it is much more than the absence of mental illness.

Mindfulness

Mindfulness, in a short explanation, is our reception of the stimuli around us and our attention to the events and experiences taking place in our environment, Brown and Ryan (2003). Mindfulness is one of five Buddhist spiritual practices, along with faith, effort, concentration, and wisdom, that originated in Buddhist teachings Malinowski, (2013). Humans are innately mindful. Rather than distancing the practitioner from personal thoughts, emotions, behaviours, or experiences, the purpose of mindfulness is to try to experience those aspects of daily life more fully and vividly, Siegel et al., (2011).

2. Review of literature

Vollman et al. (2009) discovered a link between perceived control and existential well-being (a concept closely related to spiritual well-being) when it came to mental health concerns. Perceived control is defined as a person's conviction that he or she can influence internal and external elements to obtain desired results. Existential well-being, as defined and operationalized in this study, is defined as a sense of purpose, fulfilment, and meaningful relationships in one's life. The expanding notion of spirituality is closely reflected in existential well-being.

K. S. Johnson et al., (2011) investigated that anxiety has also been found to be inversely associated to spiritual health. The study also found that only negative former religious experiences were linked to higher levels of anxiety, hence, supporting the notion that religion and religiosity are distinct ideas from spirituality, and that spirituality has distinct effects on people's anxiety levels.

Anyfantakis, 2015; Bekelman, (2007) The most common link found was between spiritual well-being and depression in those with heart failure. This indicates the close link between spiritual well-being and mental and/or emotional pain. The negative link between depression (mental suffering) and spiritual well-being offers credence to increased attempts to address spiritual needs when efforts to relieve suffering for those with advanced heart failure are made.

Carmody et al., 2008; Heshmati and Maanifar, (2018) reported that there is adequate evidence that shows a link between mindfulness and spiritual well-being.

Birnie, Speca, and Carlson (2010) examined self-compassion, empathy, and spiritual health of American adults (N=51) aged 24 to 70 years. They discovered that when participants' levels of mindfulness improved, their self-compassion, empathy, and spiritual well-being increased statistically significantly. During the study, participant's degrees of emotional distress, mood disturbance, and stress symptoms all decreased. As a result, mindfulness has demonstrated some promising results in terms of spiritual well-being and wellness promotion.

Carmody and Baer (2008) investigated the impact of mindfulness-based cognitive therapy techniques on medical and psychological symptoms and discovered a proportional relationship between the implementation of mindfulness-based coping strategies and the reduction of depression, anxiety, and somatization. There is considerable evidence in the literature about the association between mindfulness and mental well-being. For example, Anderson et al. (2007) and Grossman et al. (2010) both reported on mindful treatments and mental health, finding a substantial link between mindfulness interventions and the reduction of psychological symptoms such as stress, burnout, negative affect, and anger-related rumination.

Pidgeon et al. (2014), empirical data about the usefulness of mindfulness in increasing emotional regulation and self-compassion is thoroughly published. Many academics have articulated data supporting mindfulness as a tool for social care, and they are integrating mindfulness interventions into their practise. Now, social and health care practitioners are paying more attention to mindfulness (Botta, et al., 2016). Mindfulness has been linked to enhanced mental health in a variety of domains, including anxiety and depression, emotional regulation.

Jafari et. al. (2010) looks at the connection between spiritual well-being and mental health among university students. The study included 223 university students (110 men and 113 females) who completed the Spiritual Well-Being Scale and the General Health Questionnaire. According to the study's findings, there is a considerable link between spiritual well-being and mental health. Nonetheless, no link was found between spiritual well-being and bodily complaints, anxiety, social dysfunction, or depression. The regression study revealed that religious and existential well-being strongly predicted mental health. Another conclusion showed that females had much higher spiritual and existential well-being than males. In terms of mental health, there was no gender difference.

3. Relevance of the study

As humans, stuck in the worldly materialistic struggles, we often strive to understand ourselves and find meaning in life. One path people follow to achieve this goal is through

spirituality, which looks different for different individuals. Spiritual goals bring us closer to God and ourselves, help us again mental clarity and be more attentive to our environment. The aim is to gain not just physical, but mental, spiritual and emotional well-being as well. Lost in the chaos of life with various responsibilities and stressors, for young adults navigating through life, stress, tension and anxiety are inevitable experiences. However, they are manageable and controllable if we take charge of our mind and mental health. It has become essential to direct effort into creating a strong connection with oneself, to be more aware of and sensitive to our emotions, and be free from judgment of any kind. The study aimed at understanding the relationship between spiritual well-being, mental well-being and mindfulness.

4. Objectives of the study

1. To study the relationship between Spiritual Well-Being and Mindfulness
2. To study the relationship between Spiritual Well-Being and Mental Well-Being
3. To study the relationship between Mental Well-Being and Mindfulness
4. To investigate any gender differences in Spiritual Well-Being, Mental Well-Being, and Mindfulness

5. Hypotheses of the study

H_{01} There is no significant correlation between spiritual well-being and mindfulness.

H_{02} There is no significant correlation between spiritual well-being and mental well-being.

H_{03} There is no significant correlation between mental well-being and mindfulness.

H_{04} There are no significant gender differences in spiritual well-being, mental well-being and mindfulness

6. Method

Design

The purpose of the present study was to understand the relationship among the three variables of spiritual well-being, mental well-being and mindfulness. The study was conceptualized with a cross-sectional and quantitative design. Data was collected through an online survey using Google forms. Variables like location and age of the participants were controlled.

Sample

For the purpose of data collection, purposive sampling along with convenience and snowball sampling techniques were used. The participants of the study were young adults aged between 20 to 40 years and were residents of India. The sample consisted of 86 individuals from across India, among which 43 were males and 43 were females.

Tools

Demographic information regarding the participant's age, gender, state of residence, occupation, religion, and perceptual spirituality was obtained. The tools used for this study are:

The Spiritual Well Being Questionnaire was published by Rapson Gomez and John W. Fisher in 2003. The scale was built to assess the spiritual well being of a person in four different domains, namely, personal, communal, environmental and transcendental. There are 20 items in total, with five questions per sub-domain. For allowing self-rating, the respondents are asked to select the option that best describes their experience from the last 6 months on a five-point Likert Scale ranging from very low (rating 1) to very high (rating 5). Gomez and Fisher (2003) also analysed the psychometric properties of the scale through the Item Response Theory (IRT) identifying Cronbach's alpha values as 0.89, 0.86, 0.76, 0.79 for personal, communal, environmental and transcendental domains, respectively. The overall value for all items together was found to be 0.92, indicating a high internal consistency for all domains. The composite reliability for the overall score was found to be 0.73, with a Cronbach's alpha value of 0.89. The overall variance extracted score was 0.41. However, it was above 0.50 for the four spiritual well-being constructs.

The Warwick-Edinburg Mental Well-being Scale (WEMWBS) The starting point of development of the Warwick-Edinburg Mental Well-being Scale was the pre-existing research on the scale called Affectometer 2, developed by Kamman and Flett in 1983, which was developed further by research at the Universities of Warwick and Edinberg. The WEMWBS comprises of positively worded 14 items that aim to assess individual's state of mental well-being or thoughts and feelings. It covers most but not all attributes of mental well-being, including both hedonic and eudaimonic perspectives. The participants are required to select an option ranging from 'none of the time' to 'all of the time' for each item, based on what describes their experience best over the last two weeks.

The validation of the scale and testing of its psychometric properties was done in UK at the Warwick and Edinberg Universities in 2006 with a student sample of 16 years and above.

With a sample of 348, the Cronbach's alpha coefficient was found to be 0.89, suggesting a high internal consistency. The Intra-class correlation coefficient was found to be 0.83 (n=124), suggesting a high test-retest reliability for the scale after one week.

The Mindful Attention Awareness Scale was developed by Kirk W. Brown and Richard M Ryan in 2003. The scale consists of 15 items that have to be rated on a six point

Likert Scale, ranging from 'almost always' to 'almost never', on the basis of the frequency or infrequency of the same in participant's recent experiences. This scale aims to assess mindfulness as an attribute that differs between and within people. This scale was developed with the understanding that individuals' internal and external experiences are varied and so is their innate discipline,

self-regulation, and personality. Therefore, this scale assesses the dispositional mindfulness, tapping into the consciousness of self-regulation and other areas of well-being. Barros et al. (2015) conducted a study on Brazilian population finding high validity and reliability of the MAAS. They tested the construct and criterion validity of the scale. The Cronbach's alpha value for the total scale was found to be 0.83, suggesting a high internal consistency. For test-retest reliability, Pearson's coefficient of linear correlation obtained was 0.80 ($p < 0.001$).

Procedure

The objectives of the present study were to study the relationship between spiritual well-being, mental well-being and mindfulness, and to assess gender differences with respect to the three variables. To measure the variables, standardised scales were identified and used in the questionnaire - Spiritual Well-being Questionnaire (SWBQ), The Warwick-Edinberg Mental Well-being Scale (WEMWBS), and The Mindfulness Attention Awareness Scale (MAAS).

For the online questionnaire, a Google Form was created wherein informed consent was taken, and the demographic questions along with the tools were contained. An online pilot study was conducted with 5 participants, and relevant feedback was considered. The

finalised Google Form was circulated for data collection. A total of 100 responses were received. Respondents who did not meet the demographic criteria (age and place of residence) were removed during the filtration process. Correlational analysis was conducted to understand the relationship between the variables (spiritual well-being, mental well-being and mindfulness). An independent sample t-test was conducted to compare the gender differences in all three variables.

7. Results

The study aimed at understanding the relationship between spiritual well-being, mental well-being and mindfulness. The sample consisted of 86 young adults aged between 20 to 40 years and were Indian residents. Descriptive analysis is used to understand the details of the population and their average scores in all three scales. Correlation and t-tests have been applied to study the relationship among the variables and gender differences within them.

Table 1 explains descriptive statistics of the three main variables of the present study: Spiritual Well-being (M = 67.7, SD = 11.9), Mental Well-being (M = 47.3, SD = 8.54), and Mindfulness (M = 59.7, SD = 12.2).

Table 2 explores the gender differences in the three main scales of the study. There are no significant gender differences shown by the results.

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Table 4 indicates the correlations between mental well-being and the four domains of spiritual well-being. The

Table 1: Descriptive Statistics

	Spiritual Well-being	Mindfulness	Mental Well-being
N	86	86	86
Mean	67.7	59.7	47.3
Median	67.0	59.5	47.5
Standard Deviation	11.9	12.2	8.54
Minimum	33	31	28
Maximum	94	88	70

Note. Males=43, Females=43

Table 2: T-Test Scores Assessing Gender Differences among The Three Main Variables

	Gender	N	Mean	SD	df	t statistic	p
Spiritual	Male	43	67.0	13.0	84.0	-0.46	0.64
Well-being	Female	43	68.3	10.8			
Mental	Male	43	48.4	7.16	84.0	1.22	0.22
Well-being	Female	43	46.2	9.68			
Mindfulness	Male	43	60.1	12.8	84.0	0.34	0.73
Well-being	Female	43	59.2	11.7			

Note. Males=43, Females=43

Table 3: Pearson's Correlation Between Study Variables

	Spiritual Well-being	Mindfulness	Mental Well-being
Spiritual Well-being	—		
Mindfulness	0.156	—	
Mental Well-being	0.281**	0.396***	—

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

Table 4: Pearson's Correlation Between Mental Well-being and SWBQ Domains

	Mental Well-being	Personal (SWB)	Communal (SWB)	Transcendental (SWB)	Environmental (SWB)
Mental Well-being	—	—	—	—	—
Personal (SWB)	0.452***	—	—	—	—
Communal (SWB)	0.289**	0.446***	—	—	—
Transcendental (SWB)	0.034	0.217*	0.210	—	—
Environmental (SWB)	0.148	0.440***	0.477***	0.194	—

Note. * $p < .05$, ** $p < .01$, *** $p < .001$, SWB=Spiritual Well-being

results suggest a positive significant correlation between mental well-being and the personal ($r = 0.452$, $p < 0.001$) as well as communal ($r = 0.289$, $p < 0.01$) domains of the SWBQ. It also shows a positive correlation of personal domain with communal and transcendental, and of communal with environmental.

8. Interpretation and Discussion

The objective of the current study was to understand the relationship between spiritual well-being, mental well-being and mindfulness. The study also tried to assess gender differences between the main variables.

Table 1 presents the descriptive statistics for the Spiritual Well-being Scale, Mental Well-Being Scale and Mindfulness Attention Awareness Scale. From 86 responses, for Spiritual Well-being Scale, the mean was 67.7, the median was 67.0 and standard deviation was 11.9.

While for the Mental Well-Being Scale, the mean was 59.7, median was 59.5 and the standard deviation was calculated as 12.2. On Mindfulness Attention Awareness Scale, the mean score was of 47.3, the median score was 47.5 and there was a standard deviation of 8.54. The Means of all three scales fall in the medium range as observed. This might be due to the fact that the sample had an almost equal number of perceived spiritual and non-spiritual participants, which might have also defined their mental well-being and mindfulness states.

As seen in Table 2, no significant differences in gender were observed in any of the scales. Hence, the null hypothesis, H_{04} (There are no significant gender differences in spiritual well-being, mental well-being and mindfulness), is retained.

In Table 3, positive significant results can be observed between mental well-being and spiritual well being ($r = 0.281$, $p < 0.01$), and between mental well-being and

mindfulness ($r = 0.396$, $p < 0.001$). Hence, the null hypothesis, H_{02} (There is no significant correlation between spiritual well-being and mental well-being), and H_{03} (There is no significant correlation between mental well being and mindfulness), are rejected.

This finding is in line with that of Fehring et al.(1987) which observed a strong correlation between spiritual well-being and psychological well-being in college students. It showed a negative relationship between spiritual well-being and negative mood. The spirituality of a person is linked with hope and faith. In students, for example, it helps in regulating stress, sleep disturbances, and maintaining good mental health, Martínez & Custódio,(2014). Spiritual practices are able to lend an individual some discipline and sense of connectedness and control in life, which is helpful in maintaining mental peace and health.

Table 4 shows the correlation between of mental well-being with the four domains of spiritual well-being, namely, personal or relating to self, communal or relating to others, environmental or relating to nature, and transcendental or relating to God and the Higher Power. The results show a significant positive relationship between mental well-being along with personal ($r=0.452$, $p<0.001$) and communal ($r=0.289$, $p<0.01$) domains of the SWBQ. When one's relationship with self is prioritised and worked on, their self esteem, confidence and

self-acceptance gets a boost, keeping in check their mental well-being. This positive relationship with self manifests as personal growth.

Results also show a significant positive correlation between personal domain and the other three domains of the SWBQ, which are, communal ($r=0.446$, $p<0.01$), environmental ($r=0.440$, $p<0.01$), and transcendental.

While it is understood that your relationship with self will define your relationship with others and your connectedness with nature, a stronger correlation is visible between personal and transcendental ($r=0.217, p<0.01$).

9. Conclusion

With the limited sample collected, this study has identified that mental well-being is affected by spiritual well-being and the mindfulness of a person. The study shows no gender differences among the variables under study which can be understood by the dissolving of stereotypes of the nature of the two specific genders in today's times. Though distinct, these variables are interrelated and can affect the overall psychological well-being of an individual. From this study, we have also been able to gather the importance of 'self' in connecting with not just others but with nature and God, and its positive effects in maintaining a healthy mental well-being by keeping our self esteem, self-acceptance, confidence, and thoughts in check. The findings of this research contribute to literature as there is a dearth of studies identifying spiritual well-being in relation to mindfulness and mental well-being, especially in the Indian context. These findings can also be used for further research in the development of interventions for young adults for increasing mental well-being, spiritual well-being or mindfulness.

10. Limitations

Firstly, it was conducted online and therefore, there was a disadvantage of misinterpretation of questions and terms as spirituality is understood differently by different people. Secondly, the data collection being online implied that only the privileged few with access to electronic devices could fill the form. Thus, it can be said that the sample is composed of a particular financial class. Thirdly, the sample size of the study was small and not representative of the population. Hence, the results of the study cannot be generalised. Moreover, the sample consisted of people who were both spiritual and non spiritual, giving us mixed responses. Fourthly, self-report measures are subjected to biases such as social desirability and the Hawthorne effect. Participants were aware that their responses will be analysed, hence, there is a chance that they selected responses perceived as ideal by them, thus making the responses less authentic. Additionally, this study was purely quantitative implying that the results could not be triangulated with qualitative

research methods. It does not dive into the practices or mediators that help enhance spiritual well-being, mental well-being or mindfulness. Lastly, this study has taken a binary approach to gender, not considering the views of non-binaries.

11. Suggestions for further studies

Firstly, it is suggested to communicate with each participant the purpose of the study and the meanings of

the terms used, since spirituality and spiritual well-being often get multiple interpretations, making the responses inconsistent. This will also help build rapport and reduce the chances of the Hawthorne effect and social desirability, which in turn will also increase the response rate and help future researchers to obtain a larger sample that is representative of the chosen population. Secondly, it is suggested to take a sample from a different age group or conduct a comparative study with a younger or older sample. The sample can also have participants with either only perceived spiritual or only perceived non-spiritual beliefs to understand the results in a comparative study. Thirdly, future researchers can design a mixed-methods study so that the results can be triangulated, making them more credible.

Research can try to reflect on the practices done by participants that help them with better mindfulness, mental well-being and spiritual well-being.

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