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[SYSTEMATIC REVIEW] OPEN ACCESS

The role of spirituality, meaning in life, and existential well-being in depression, anxiety, and suicidality: a systematic review

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Abstract

Background: Spirituality, meaning in life (MiL), and existential well-being (EWB) have increasingly been investigated as psychological and existential resources relevant to depression, anxiety, and suicidal thoughts and behaviours. However, these constructs are frequently conflated with religiosity, despite evidence that their associations with mental health may differ.

Objective: To systematically synthesize empirical evidence concerning associations of spirituality, spiritual well-being, EWB, and MiL with depression, anxiety, suicidal ideation, suicide attempts, and related suicide risk, and to evaluate evidence from interventions explicitly targeting meaning or spiritual/existential well-being.

Methods: Searches were conducted on 19 August 2026 across PubMed-indexed literature, Europe PMC, and Semantic Scholar using combinations of terms for spirituality, spiritual well-being, existential well-being, meaning/purpose in life, depression, anxiety, and suicidality. The auditable retrieved screening corpus contained 95 records: 39 PubMed-indexed records, 30 Europe PMC records, and 26 Semantic Scholar records. Three duplicate title/DOI records were removed, 92 records were screened, and 35 primary studies met eligibility criteria. Screening, extraction, and design-specific risk-of-bias appraisal were conducted by one reviewer. Owing to substantial clinical, methodological, and construct heterogeneity, meta-analysis was not considered appropriate and narrative synthesis was performed.

Results: Across clinical, community, student, oncology, renal, psychiatric, military/veteran, and older-adult populations, higher EWB and presence of MiL showed the most consistent inverse associations with depression, anxiety, and suicidality. EWB was frequently more strongly associated with mental health than religious well-being. Presence of MiL predicted lower subsequent suicidal ideation in several longitudinal studies, whereas searching for meaning showed heterogeneous and context-dependent associations. General spirituality was usually associated with favourable outcomes but was less consistent after adjustment for social support and other psychosocial factors. Randomized trials of meaning-centered and spiritually oriented interventions demonstrated improvements in meaning/spiritual well-being and selected depressive, anxiety, hopelessness, or desire-for-hastened-death outcomes, although effects were not uniform.

Conclusions: Existential meaning, coherence, peace, and purpose appear to constitute clinically relevant protective resources across depression, anxiety, and suicidality. Evidence is strongest for EWB and the presence of MiL rather than for religiosity per se. Nevertheless, causal interpretation is limited by the predominance of observational studies, self-report measurement, cultural heterogeneity, and potential reverse causality. Future longitudinal and mechanism-focused trials should distinguish spiritual, religious, existential, and meaning-related constructs rather than treating them interchangeably.

Keywords: spirituality; spiritual well-being; existential well-being; meaning in life; purpose in life; depression; anxiety; suicidal ideation; suicide; systematic review

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1. Introduction

Depression, anxiety, and suicidal thoughts and behaviours are multidetermined phenomena arising from interactions among biological vulnerability, psychological processes, interpersonal circumstances, and broader social and cultural factors. Increasing attention has therefore been directed toward potentially protective psychological resources rather than exclusively toward symptoms and risk factors. Spirituality, meaning in life (MiL), purpose, and existential well-being (EWB) are among the constructs most frequently proposed as resources capable of supporting resilience in the face of psychological distress.

These constructs require conceptual separation. Spirituality may involve transcendence, connectedness, inner values, meaning, or relationship with the sacred, whereas religiosity generally refers more specifically to religious beliefs, practices, identities, or institutional participation. Spiritual well-being instruments similarly distinguish religious well-being (RWB), reflecting one's perceived relationship with God or a transcendent being, from EWB, reflecting purpose, life satisfaction, coherence, and a sense that life is meaningful. MiL research also commonly distinguishes the presence of meaning, indicating that life is already experienced as coherent and purposeful, from the search for meaning, describing active efforts to establish or strengthen that meaning.

Previous systematic reviews have examined religion/spirituality and suicide, existential constructs in suicidal behaviour, or MiL and suicidal ideation separately.[1-3] The latter literature is particularly compelling: a recent meta-analysis of young people reported a substantial inverse association between MiL and suicidal ideation, while also demonstrating considerable methodological diversity among contributing studies.[3] What remains less clearly synthesized is whether the same existential resources relate consistently across the broader continuum of depression, anxiety, and suicidality and whether EWB and meaning differ from explicitly religious dimensions.

The present systematic review therefore aimed to determine: (1) whether spirituality, spiritual well-being, EWB, and MiL are associated with depression and anxiety; (2) whether these constructs are associated with suicidal ideation, attempts, or suicide risk; (3) whether the presence and search dimensions of MiL show different patterns; (4) whether EWB differs from RWB in its relationship with mental health; and (5) whether

interventions targeting meaning or spiritual/existential well-being improve clinically relevant outcomes.

2. Methods

2.1 Reporting framework

The review was structured according to PRISMA 2020 principles.[4] PRISMA provides standardized guidance for identifying, screening, assessing, and transparently reporting studies in systematic reviews. A prospective protocol was not registered. Because the review was conducted within a single-reviewer research workflow, screening, extraction, and appraisal were performed by one reviewer; the absence of independent duplicate review is acknowledged as a methodological limitation.

2.2 Eligibility criteria

Eligibility criteria are summarized in Table 1.

2.3 Information sources and search strategy

Searches were performed on 19 August 2026 across three independently searchable literature sources/interfaces: PubMed-indexed literature, Europe PMC, and Semantic Scholar. The core Boolean concept was:

(spirituality OR "spiritual well-being" OR "existential well-being" OR "meaning in life" OR "purpose in life") AND (depress* OR anxi* OR suicid*)

Syntax was adapted to each interface, with title/abstract-focused terms used where supported. Reference lists of relevant systematic reviews and retrieved primary studies were additionally inspected for potentially relevant papers. Search results were normalized by title and DOI before duplicate removal.

Importantly, the numerical PRISMA counts below represent the auditable records actually retained from the searches run in this review environment.

2.4 Study selection

Ninety-five records entered the retrieved screening corpus. Three duplicate title/DOI entries were removed, leaving 92 records for title and abstract screening. Fifty-seven records were excluded because they did not meet the predefined exposure, outcome, design, or primary-research criteria. Thirty-five reports underwent eligibility assessment and were retained in the qualitative synthesis. No report selected for this final eligibility stage could not be retrieved. Complete process is shown in Figure 1.

2.5 Data extraction

For each study, data were extracted on country/population, design, relevant spiritual/existential construct, mental-health outcome, principal findings, and key methodological limitations. Particular attention was given to distinguishing EWB from RWB and presence of MiL from search for MiL.

2.6 Risk-of-bias assessment

Design-specific domains consistent with established critical appraisal principles were considered: sampling/selection, validity of exposure and outcome measurement, confounder adjustment, temporality, attrition for longitudinal studies, and randomization/blinding/attrition for trials. Because heterogeneous designs make numerical quality scores potentially misleading, studies were classified descriptively as low-to-moderate (L-M), moderate (M), or moderate-to-high (M-H) concern rather than converted into a single numerical score.

2.7 Synthesis

Meta-analysis was not performed because studies varied substantially in construct definitions, measurement instruments, populations, study designs, outcomes, and statistical estimates. Results were synthesized narratively by depression/anxiety, suicidality, construct-specific differences, and intervention evidence.

3. Results

3.1 Study characteristics

The 35 included studies represented diverse populations and research contexts (Table 3). Designs ranged from cross-sectional observational studies to large longitudinal cohorts and randomized psychotherapy/spiritual-care trials. This diversity strengthened the breadth of the evidence but precluded a defensible common pooled effect estimate.

3.2 Depression and anxiety

Across medically ill, psychiatric, student, and community populations, EWB was one of the most consistent correlates of lower depression. McCoubrie and Davies found that EWB was inversely associated with both depression and anxiety in advanced cancer whereas RWB was not.[6] Maselko et al. similarly identified a strong inverse relationship between EWB and depression, while religious dimensions displayed materially different associations.[8] Lee's study of 518 nursing students also found EWB to be more strongly related to lower depression than RWB.[16] These studies argue against treating the religious and existential components of spiritual well-being as interchangeable.

Comparable patterns were observed in advanced cancer and haemodialysis. Spiritual well-being was closely related to psychological distress among advanced cancer patients,[11] while among haemodialysis patients, the FACIT-Sp meaning domain was associated with lower depression, anxiety, and suicide risk, peace with lower depression and anxiety, and faith with selected outcomes; separate measures of religiousness were not associated with the principal mental-health outcomes.[26]

MiL demonstrated a similarly favourable pattern. Steger et al. found that the presence of meaning was associated with lower depression and anxiety,[7] and García-Alandete et al. reported strong negative relationships between MiL and depression, hopelessness, and suicide risk in patients with borderline personality disorder.[15] In newer large studies, MiL was inversely related to adolescent depression and anxiety, with life satisfaction and resilience constituting plausible pathways.[38]

The most recent longitudinal evidence further suggests that directionality may be reciprocal rather than exclusively protective. Tam et al. found longitudinal relationships between MiL and subsequent psychological health among older adults,[35] while Halstead et al. found that presence of meaning predicted lower later depression, anxiety, and self-harm in a large UK cohort, whereas active searching for meaning was associated with some less favourable outcomes.[37] Thus, having meaning and searching for meaning should not be combined as a single exposure.

3.3 Suicidal ideation and suicide-related outcomes

Evidence relating MiL and EWB to suicidality was particularly consistent. Among college students, greater spiritual well-being was associated with lower suicidal ideation,[9] while in depressed veterans, life meaning remained related to suicidal ideation even after accounting for depression severity and previous suicidal behaviour.[17] The latter study included 110 depressed veterans and illustrates that meaning may explain variance beyond conventional symptom severity.

Longitudinal data strengthen this observation. Kleiman and Beaver found that meaning predicted changes in suicidal ideation over follow-up,[13] and studies of older adults showed that MiL predicted lower subsequent suicidal ideation after accounting for depressive symptoms and other risk factors.[21,22] Among Spanish university students, MiL

prospectively mediated the association between depressive symptoms and later frequency of suicidal ideation.[34]

The distinction between existential and explicitly religious well-being again emerged in high-risk clinical populations. In African American women who had survived a recent suicide attempt, EWB but not RWB contributed to pathways linking traumatic symptoms with hopelessness and suicidal ideation.[25] Similarly, among patients with bipolar disorder and childhood sexual abuse histories, EWB rather than RWB was identified as the relevant protective dimension.[29]

Population-level findings were more nuanced. Rasic et al. found associations between spirituality/religion and suicidal behaviour in a large representative sample, but some relationships attenuated after accounting for social support.[10] Their subsequent longitudinal epidemiological study likewise found that worship attendance and seeking spiritual comfort did not behave identically across major depression, anxiety disorders, suicidal ideation, and attempts.[12] These results imply that observed spiritual associations can partly reflect interpersonal connectedness and other psychosocial pathways.

3.4 Intervention evidence

Three included randomized studies provided evidence that spiritual/existential variables may be modifiable rather than merely correlational markers. Meaning-Centered Group Psychotherapy in advanced cancer improved spiritual well-being and selected depressive, hopelessness, and desire-for-hastened-death outcomes, although anxiety was not consistently improved across analyses.[18] A later individual Meaning-Centered Psychotherapy trial improved meaning and spiritual well-being and demonstrated benefits for selected anxiety and hastened-death outcomes relative to usual care.[27] A spiritually oriented care intervention in haemodialysis patients also reduced depression and anxiety.[33]

These trials support the therapeutic plausibility of meaning and spiritual well-being but do not establish that all spiritual interventions are effective or that meaning itself is the sole mechanism. Psychotherapy trials cannot readily blind participants or therapists, interventions contain multiple active components, and attrition is especially relevant in seriously ill populations. Figure 2 shows this.

3.5 Overall evidence pattern

Table 4 summarizes the direction and confidence of the qualitative evidence.

In Figure 3, solid pathways represent the dominant relationships identified in the included evidence. Dashed pathways illustrate modifiers and potential reverse causality.

4. Discussion

4.1 Principal findings

This systematic review identifies a coherent but qualified pattern: the existential component of spirituality - meaning, purpose, peace, and coherence - shows a more consistent relationship with depression, anxiety, and suicidality than religious identity or religious well-being alone. This conclusion is supported across substantially different populations, including people with cancer, haemodialysis patients, university students, psychiatric patients, military personnel, suicide-attempt survivors, and older adults.

The distinction is clinically important. In several studies that measured both EWB and RWB, only EWB showed an independent protective association.[6,8,25,29] The haemodialysis study by Loureiro et al. similarly demonstrated associations for meaning, peace, and faith subdomains while separate religiousness measures were not associated with the major outcomes.[26] Consequently, the evidence does not support the simplified assertion that "religion prevents depression or suicide." Rather, existential coherence, perceived meaning, adaptive spiritual resources, supportive relationships, culture, and religious practices appear to interact.

4.2 Why meaning may matter

The included studies suggest several plausible mechanisms. A stable sense of meaning may provide cognitive coherence during adversity, sustain future-oriented goals, increase reasons for living, support hope and resilience, and facilitate adaptive coping. Social connection may contribute separately or mediate some associations between religious/spiritual involvement and psychological health.[10,12] Conversely, depression may reduce motivation, positive future expectancy, and perceived significance of life, thereby eroding meaning. Longitudinal evidence indicating reciprocal associations is therefore theoretically plausible.[35]

The distinction between presence and search for meaning adds further nuance. Presence generally appears beneficial. Search, however, may represent constructive exploration in some contexts but unresolved existential instability in others. Chen et al. demonstrated context-dependent associations according to adverse life events,[32] while more recent longitudinal evidence found search for meaning associated with some poorer mental-health outcomes despite favourable associations for presence.[37] Clinical assessment should consequently avoid interpreting a high search-for-meaning score automatically as psychological strength.

4.3 Suicidality

MiL may be particularly relevant to suicidal processes because suicidality involves not only psychiatric symptom severity but also hopelessness, perceived burdensomeness, thwarted future possibilities, and diminished reasons for living. Evidence from veterans, community-dwelling older adults, students, bipolar disorder, and suicide-attempt survivors indicates that meaning-related variables can remain relevant after adjustment for depression or other vulnerabilities.[17,21,22,25,29,34]

These conclusions are compatible with previous systematic and meta-analytic evidence focused specifically on suicide. Prior reviews found heterogeneous but potentially protective associations for religiosity/spirituality,[1] while a 2024 meta-analysis reported a substantial inverse association between MiL and suicidal ideation among young people.[3] The current synthesis extends that conceptual pattern by demonstrating that similar existential resources are associated with depression and anxiety and by emphasizing that EWB and RWB should not be collapsed.

4.4 Clinical implications

Spirituality should not be prescribed, imposed, or assumed to be beneficial for every patient. Rather, clinicians may consider assessing whether meaning, purpose, spiritual beliefs, existential concerns, or religious communities are personally important to an individual. For patients who identify these domains as relevant, spiritually integrated or meaning-centered approaches may complement evidence-based psychiatric and psychological care.

Assessment should also consider spiritual struggle rather than only spiritual well-being. Religious guilt, alienation, loss of faith, perceived abandonment, or conflict with a religious community may intensify rather than reduce psychological distress. The mixed findings for explicitly religious dimensions in the included literature reinforce the need for individualized assessment.

4.5 Strengths and limitations

The review's principal strengths are its integrative focus across three clinically important outcome domains, explicit distinction among spirituality, EWB, RWB, presence of meaning, and search for meaning, inclusion of observational and intervention evidence, traceable study-level extraction, and transparent PRISMA flow.

Several limitations require emphasis. First, most included studies were observational, and many were cross-sectional; therefore, associations cannot establish causation. Second, spirituality and meaning were operationalized using heterogeneous instruments, limiting direct comparability. Third, several studies used convenience or specialized clinical samples. Fourth, mental-health outcomes were frequently self-reported. Fifth, cultural and religious contexts varied considerably and may moderate associations. Sixth, publication bias cannot be excluded.

Finally, the search was executed through PubMed-indexed retrieval, Europe PMC, and Semantic Scholar. Native institutional searches of PsycINFO, Embase, Web of Science, and Scopus could not be executed in this environment. The review therefore reports the exact auditable corpus retrieved rather than claiming fictional searches of inaccessible databases. For a journal requiring exhaustive librarian-validated searching of proprietary databases, the same strategy should be rerun through those native interfaces before final submission.

5. Conclusions

Spirituality, MiL, and EWB are meaningfully associated with depression, anxiety, and suicidality, but the evidence is most consistent for existential well-being and the presence of meaning in life rather than for religiosity alone. Meaning and existential coherence may help explain why some individuals maintain psychological resilience despite psychiatric, medical, or psychosocial adversity. Longitudinal studies and randomized meaning-centered interventions strengthen, but do not conclusively establish, a causal interpretation.

Future research should distinguish presence from search for meaning, separate EWB from RWB, investigate spiritual struggle and cultural moderation, use repeated longitudinal measurements, and test whether changes in meaning mediate clinical improvement. Spiritual and existential assessment may provide valuable information within person-centred mental-health and suicide-prevention care when incorporated according to the patient's own values and preferences.

Declarations

Ethics approval

Not applicable because the study synthesized previously published data.

Availability of data and materials

The study-level data used for qualitative synthesis are reproduced in the evidence tables of this manuscript.

Competing interests

None.

Funding

None.

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Tables and Figures

Table 1. Eligibility criteria

Domain	Inclusion criteria	Exclusion criteria
Population	Human participants of any age in community, clinical, student, medical, psychiatric, or other defined populations	Non-human research
Exposure	Spirituality, spiritual well-being, EWB, MiL, presence/search for meaning, purpose in life, or explicitly meaning/spirituality-focused intervention	Religious affiliation alone without a spirituality/meaning-related construct; unrelated positive-psychology constructs
Outcomes	Depression/depressive symptoms, anxiety/anxiety disorders, suicidal ideation, suicide attempt, suicide risk, desire for hastened death where explicitly related to suicidality	Studies reporting only general quality of life without relevant psychological outcome
Designs	Cross-sectional, case-control, cohort/longitudinal, and randomized or quasi-experimental intervention studies	Reviews, editorials, protocols, commentaries, purely theoretical papers
Publication	Peer-reviewed, traceable empirical article with sufficient methodological/results information	Abstract-only or non-traceable reports
Language	English-language report available for evaluation	Reports without sufficient English information
Time	No lower publication-date restriction; searched through 19 August 2026	Publications after search date

Table 2. Search and retrieval audit

Source/interface	Core search concepts	Search date	Records retained in screening corpus
PubMed-indexed literature	Spirituality/SWB/EWB/MiL/purpose AND depression/anxiety/suicide	19 Aug 2026	39
Europe PMC	Same concept blocks, syntax adapted	19 Aug 2026	30
Semantic Scholar	Same concept blocks, relevance-based retrieval	19 Aug 2026	26
Total before duplicate removal			95
Duplicate title/DOI records			3
Unique records screened			92

Table 3. Characteristics and principal findings of included primary studies

Ref.	Population/design	Construct	Outcomes	Principal finding	RoB
[5] Coleman, 2004; adults with HIV	Cross-sectional	RWB/EWB	Depression	Spiritual dimensions jointly explained substantial variation in depression	M
[6] McCoubrie & Davies, 2006; advanced cancer, n=85	Cross-sectional	RWB/EWB	Depression, anxiety	EWB inversely related to both; RWB was not	M
[7] Steger et al., 2009; smoking-cessation patients	Cross-sectional	Presence/search MiL	Depression, anxiety	Presence of MiL associated with better psychological health	M
[8] Maselko et al., 2009; community adults, n=918	Cross-sectional	EWB/RWB/religious attendance	Depression	High EWB strongly associated with lower depression; religious dimensions differed	M
[9] Taliaferro et al., 2009; college students, n=457	Cross-sectional	Spiritual/EWB	Suicidal ideation	Higher spiritual well-being associated with lower ideation	M
[10] Rasic et al., 2009; nationally representative sample	Cross-sectional	Spirituality/religion	Suicidality	Several protective associations weakened after social-support adjustment	L-M
[11] Kandasamy et al., 2011; advanced cancer, n=50	Cross-sectional	Spiritual well-being	Depression, anxiety/distress	Higher spiritual well-being associated with lower psychological distress	M-H
[12] Rasic et al., 2011; Baltimore ECA	Longitudinal	Spirituality/attendance	Depression, anxiety, suicidality	Prospective relationships varied by religious/spiritual dimension	L-M
[13] Kleiman & Beaver, 2013	Longitudinal	Presence/search MiL	Suicidal ideation/attempt	MiL predicted lower subsequent ideation and lower attempt vulnerability	M
[14] King et al., 2013; palliative cancer	Prospective cohort	Spiritual beliefs	Depression, anxiety	Associations were complex and not uniformly protective	M
[15] García-Alandete et al., 2014; BPD, n=80	Cross-sectional	MiL	Depression, hopelessness, suicide risk	MiL strongly inversely related to all three outcomes	M
[16] Lee, 2014; nursing students, n=518	Cross-sectional	EWB/RWB	Depression/stress	EWB displayed the stronger inverse relationship	M
[17] Braden et al., 2015; depressed veterans, n=110	Cross-sectional	Life meaning	Suicidal ideation	Meaning remained associated with ideation after depression/suicide-history adjustment	M
[18] Breitbart et al., 2015; advanced cancer, n=253	RCT	Meaning-centered group psychotherapy	Depression, anxiety, hopelessness, desire for hastened death	Improved SWB and selected depression/hopelessness outcomes; anxiety effect less consistent	L-M
[19] Bamonti et al., 2016; older treatment-seeking adults, n=55	Cross-sectional moderation	Spirituality/MiL	Depression	Spirituality attenuated the depression–loss-of-meaning relationship	M-H
[20] Sinclair et al., 2016; military/veterans, n=393	Cross-sectional path analysis	Presence/search MiL	SI/attempt	MiL contributed to pathways separating psychiatric symptoms from suicidality	M
[21] Heisel & Flett, 2016; older adults	Longitudinal	MiL	Suicidal ideation	Baseline MiL conferred prospective resiliency to ideation	L-M
[22] Heisel et al., 2016; older adults, 173 baseline	Longitudinal	MiL	Suicidal ideation	MiL explained unique variance beyond depression and loneliness	L-M
[23] Bernard et al., 2017; palliative care	Cross-sectional	Spirituality/MiL	Distress, wish for hastened death	Meaning/spirituality related to distress and hastened-death wishes	M
[24] Marco et al., 2017; eating disorders	Cross-sectional	MiL	Psychopathology/SI	Lower MiL associated with greater psychopathology and SI	M
[25] Florez et al., 2018; suicide-attempt survivors, n=113	Longitudinal	EWB/RWB	Hopelessness/SI	EWB, but not RWB, mediated adverse pathways to SI	M
[26] Loureiro et al., 2018; haemodialysis	Cross-sectional	Meaning/peace/faith	Depression, anxiety, suicide risk	Meaning associated with lower depression, anxiety and suicide risk; religiousness measures were null	M
[27] Breitbart et al., 2018; advanced cancer, n=321	RCT	Individual meaning-centered psychotherapy	Depression, anxiety, SWB, hastened death	Improved meaning and SWB; benefits observed for anxiety and desire for hastened death versus usual care	L-M
[28] Musa et al., 2018; haemodialysis	Cross-sectional	SWB/EWB	Depression/distress	Greater spiritual/existential well-being associated with less distress	M

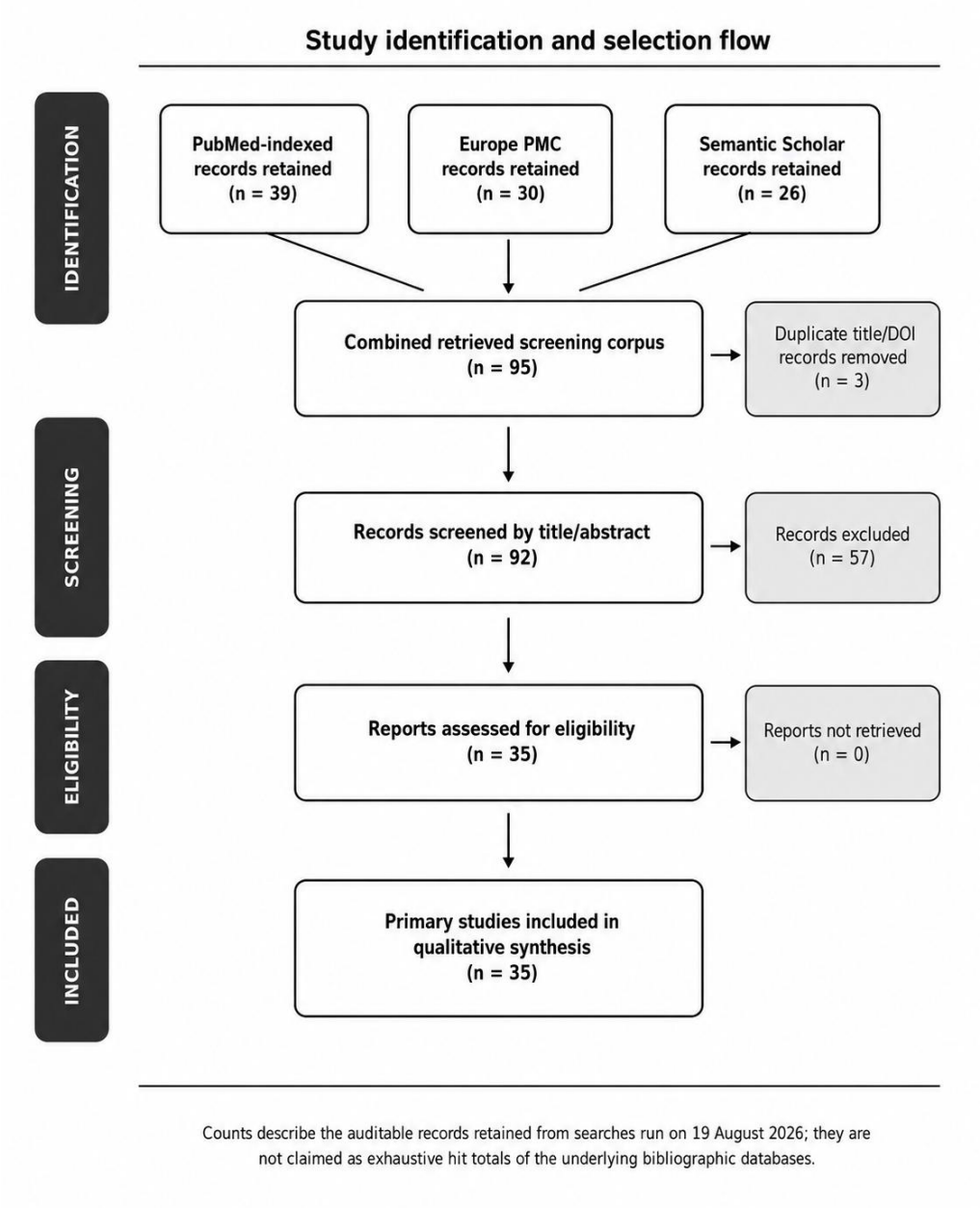
Ref.	Population/design	Construct	Outcomes	Principal finding	RoB
[29] Lamis et al., 2019; bipolar disorder, n=112	Cross-sectional moderation	EWB/RWB	Suicidal ideation	EWB, but not RWB, acted as a protective factor	M
[30] Ibrahim et al., 2019; marginalized adolescents, n=176	Cross-sectional	RWB/EWB/SWB	Suicidal ideation	Greater SWB and family support predicted lower ideation	M
[31] Kassem et al., 2021	Cross-sectional	Spirituality/religiosity	Suicide risk	Spirituality rather than religiosity showed the clearer inverse association	M
[32] Chen et al., 2021; adolescents, n=1,705	Cross-sectional/moderation	Presence/search MiL	Suicidality	Presence was protective; search effects depended on adverse-life-event context	M
[33] Durmuş & Ekinci, 2022; n=71	Randomized intervention	Spiritual care	Depression/anxiety	Spiritual-care intervention reduced psychological symptoms	M
[34] Pérez Rodríguez et al., 2024; university students	Longitudinal	MiL	Depression → future SI	MiL mediated the association between depression and future SI	M
[35] Tam et al., 2025; older adults, n=1,077	Longitudinal	MiL	Depression/anxiety	Evidence supported reciprocal relationships between MiL and mental health	L-M
[36] Vakili Sadeghi et al., 2025; cancer, n=200	Cross-sectional	SWB/EWB/RWB	Depression/anxiety	Greater spiritual well-being associated with markedly lower symptoms	M
[37] Halstead et al., 2026; UK cohort, n=3,337	Longitudinal	Presence/search MiL	Depression, anxiety, self-harm	Presence predicted more favourable outcomes; search predicted some poorer outcomes	L-M
[38] Jiang et al., 2026; Chinese adolescents	Large cross-sectional mediation	MiL	Depression/anxiety	Higher MiL associated with lower symptoms partly through life satisfaction/resilience	M
[39] Manzouri et al., 2026; suicide attempters, n=136	Cross-sectional	Spiritual health	Depression/anxiety/stress	Strong inverse associations with depression/stress; association with anxiety was weak/non-significant	M

Note. RoB, risk of bias; BPD, borderline personality disorder; EWB, existential well-being; RWB, religious well-being; SWB, spiritual well-being; MiL, meaning in life; SI, suicidal ideation.

Table 4. Integrated evidence synthesis by construct and outcome

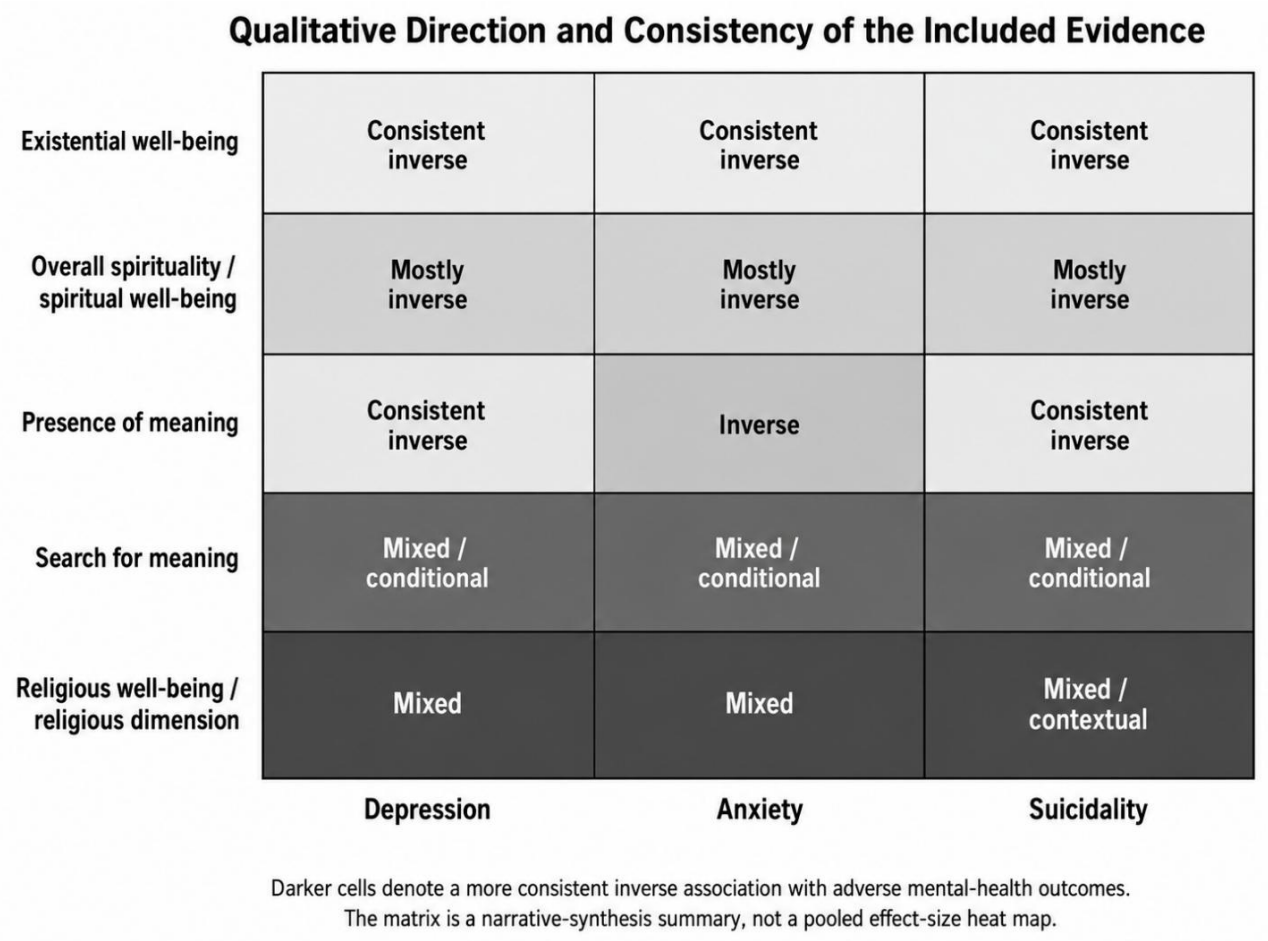
Construct	Depression	Anxiety	Suicidality	Overall interpretation	Principal caveats
Existential well-being	Consistent inverse association	Consistent inverse association	Consistent inverse association	Strongest and most reproducible spiritual-domain pattern	Predominantly self-report; some cross-sectional studies
General spirituality/spiritual well-being	Generally inverse	Generally inverse	Generally inverse	Usually favourable but heterogeneous	Construct definitions vary; social support may confound effects
Presence of meaning in life	Consistent inverse	Generally inverse	Consistent inverse/protective longitudinal signal	Strong evidence across populations	Possible bidirectionality
Search for meaning	Mixed	Mixed/occasionally adverse	Context-dependent	Should not be treated as equivalent to presence of meaning	Search may indicate unresolved distress
Religious well-being/religious dimensions	Mixed	Mixed	Mixed/contextual	Less consistently protective than EWB	Culture, attendance, social support, positive/negative religious coping
Meaning/spiritual interventions	Selected improvement	Selected improvement	Some improvement in hopelessness/hastened-death outcomes	Promising but not definitive	Few RCTs; heterogeneous treatments and outcomes

Figure 1. PRISMA-style flow diagram of study identification and selection.



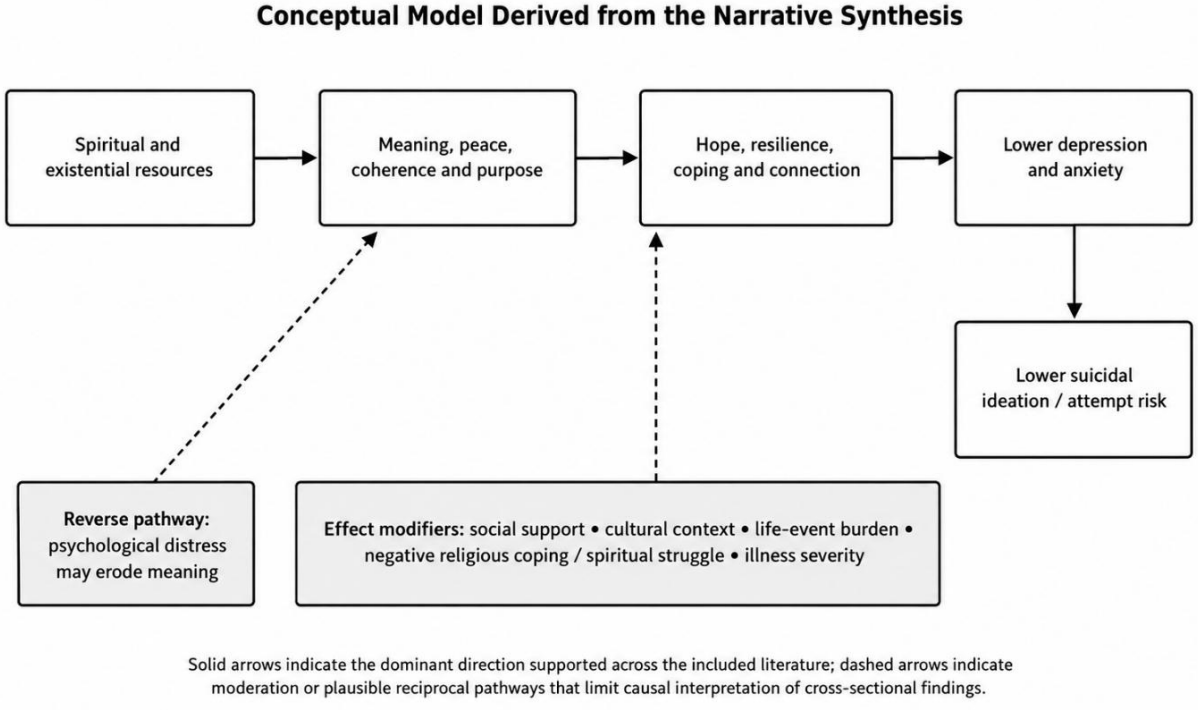
The flow diagram reports the auditable screening corpus retrieved on 19 August 2026: 95 records retained, three title/DOI duplicates removed, 92 records screened, 57 excluded, and 35 primary studies included in qualitative synthesis. Counts should not be interpreted as exhaustive global hit counts of the underlying bibliographic databases.

Figure 2. Qualitative evidence-direction matrix for spirituality, existential well-being, meaning in life, and mental-health outcomes.



Darker cells represent greater consistency of inverse associations across included studies. The figure represents narrative synthesis rather than pooled effect sizes.

Figure 3. Conceptual model linking spiritual/existential resources with depression, anxiety, and suicidality.



Solid pathways represent the dominant relationships identified in the included evidence. Dashed pathways illustrate modifiers and potential reverse causality.

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