

Prayer, Thanksgiving, and Peace: A Theological and Psychological Exploration of Philippians 4:6–7 in Contemporary Mental Health Contexts

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Abstract

This study undertakes a theological and psychological analysis of Philippians 4:6–7, exploring its applications for addressing mental health challenges such as anxiety, stress, and depression. Situated within the historical and literary context of Paul's letter to the Philippians, the research highlights the passage's enduring relevance across culturally diverse societies, with particular focus on Nigeria's socio-religious environment. The study argues that prayer, thanksgiving, and divine peace provide not only spiritual counsel but also a holistic framework that aligns with contemporary psychological insights. These principles correspond with evidence-based interventions such as mindfulness, gratitude-centred therapy, and resilience-building practices, while also offering a transcendent dimension grounded in faith. In addition, the study emphasizes the role of cultural and social factors in shaping mental health outcomes, drawing on global and African research that underscores the need for contextualized interventions (Patel et al., 2018; World Health Organization [WHO], 2022). By proposing integrative strategies that combine biblical wisdom with modern clinical practices, this paper contributes to interdisciplinary dialogue between theology, psychology, and public health. Ultimately, the findings affirm that Philippians 4:6–7 retains both spiritual depth and therapeutic relevance, providing a valuable resource for individuals, religious leaders, mental health practitioners, and policymakers seeking holistic and culturally sensitive approaches to mental health care.

Keywords: Philippians 4:6–7, Mental Health and Theology, Prayer and Gratitude, Faith-Based Interventions

Introduction

Mental health has emerged as one of the most pressing global issues of the twenty-first century, with around one in eight individuals affected by a mental health disorder worldwide (WHO, 2022). Conditions such as anxiety, depression, and stress-related illnesses significantly compromise well-being, productivity, and social stability. In

many developing nations, including Nigeria, the incidence of mental health challenges has been exacerbated by unemployment, political unrest, poverty, and cultural barriers that discourage open conversations about psychological distress (Emmanuel et al., 2022). Stigma often prevents individuals from seeking professional help, leaving them vulnerable to untreated conditions or reliance on unverified traditional remedies. Scholars increasingly argue that mental health, though often approached from biomedical or psychological angles, must also be understood as a cultural and spiritual issue to achieve sustainable interventions (Kleinman, 1980; Steuart, 1993). Against this backdrop, biblical texts—long recognized as sources of solace and moral guidance—continue to offer wisdom that may inform holistic approaches to well-being. Among them, Philippians 4:6–7, which exhorts believers to “be anxious for nothing” and instead engage in prayer, thanksgiving, and trust in divine peace, provides a theological response to the universal struggle with worry.

This passage has important implications for integrating spirituality with contemporary mental health discourse. Its relevance becomes particularly evident in societies where awareness remains low and stigma high, as is often the case in African contexts where religious belief strongly shapes daily life (Ojagbemi & Gureje, 2020). While secular paradigms dominate global mental health care, the contributions of biblical teachings remain underexplored, despite their potential to resonate powerfully with communities for whom faith is central. By bridging faith-based approaches with contemporary psychological strategies, this study aims to provide culturally relevant solutions that affirm the value of both science and theology. The intention is not to suggest that biblical principles should replace clinical treatment, but rather to explore how spiritual frameworks can complement and strengthen existing interventions. This paper therefore positions Philippians 4:6–7 as a vital resource for navigating the challenges of mental health in today’s complex and pluralistic societies.

Biblical Hermeneutics and Theological Context of Philippians 4:6–7

Philippians 4:6–7 stands as one of the most referenced texts in Christian theology concerning anxiety, peace, and reliance on God. Hermeneutically, the Apostle Paul, writing from imprisonment, sought to comfort the Philippians by redirecting their focus from fear to trust in God’s sovereignty (Fee, 1995). The letter is infused with themes of joy and encouragement despite hardship, suggesting Paul intended to model resilience under suffering. Within this framework, Philippians 4:6–7 functions as a pastoral exhortation, urging Christians to cultivate inner peace through prayer and gratitude. Theologically, Paul presents faith in Christ as a transformative force that reorders psychological states, replacing worry with serenity. Scholars such as Garland (2006) affirm that Paul’s counsel here reflects not denial of suffering but an invitation to reinterpret it within the assurance of divine care. In this way, the passage offers both timeless theological insight and practical guidance for navigating emotional struggles.

The Greek term *merimnate* (translated “be anxious”) conveys the sense of mental distraction or fragmentation, evoking the image of a mind divided by competing concerns (Cole, 2013). Paul’s imperative underscores the destructive effects of anxiety, which modern psychology also identifies as disrupting concentration, decision-making, and overall health (American Psychiatric Association, 2013). In contrast, Paul highlights the “peace of God” (*eirēnē*), a term that connotes wholeness, harmony, and restored relationships (Mustafa et al., 2023). This peace, Paul insists, surpasses human understanding because it is grounded in divine action rather than human effort. The imagery of God’s peace “guarding” the heart and mind draws on a military metaphor, likening it to a garrison protecting a city from threats. This metaphor resonates with

contemporary notions of resilience as a form of psychological fortification (Koenig, 2012).

Paul's concern with anxiety is consistent with his wider theology of suffering and resilience. Across his letters, Paul often portrays hardship as a context in which believers can grow in dependence on God's power (Yoe, 2024). Philippians 4:6–7 thus reflects a holistic vision of discipleship, where prayer and thanksgiving serve as spiritual disciplines that sustain believers during trials. Gratitude is particularly significant, as it shifts focus from scarcity to divine provision, a perspective now echoed by modern research on gratitude's ability to improve resilience and reduce depressive symptoms (Emmons & McCullough, 2004; Dalal & Singh, 2025). These parallels illustrate that Paul's pastoral counsel carries psychological validity, making it relevant not only to faith communities but also to broader therapeutic contexts.

Within the wider biblical canon, Philippians 4:6–7 resonates with themes found elsewhere in Scripture. Jesus' teaching in Matthew 6:25–34 similarly exhorts believers not to worry about material needs but to trust in God's care. The Psalms frequently model prayer and lament as pathways from distress to trust, providing a precedent for Paul's counsel (Maisch, 2021). Such canonical connections reinforce the idea that anxiety is not merely a clinical condition but also a spiritual struggle requiring integrative responses. Modern psychological therapies, such as cognitive-behavioural techniques, also highlight the power of reframing distressing thoughts, demonstrating surprising harmony with Paul's theological perspective. By situating Philippians 4:6–7 within both biblical tradition and modern psychology, the text emerges as a robust resource for addressing mental health challenges.

Nevertheless, the passage requires careful interpretation in pastoral contexts. Some critics argue that exhortations to "be anxious for nothing" risk trivializing clinical anxiety or blaming sufferers for a perceived lack of faith (Condie, 2024). Others maintain that, properly understood, Paul's instruction does not condemn anxiety but offers a constructive way to redirect it into prayer and thanksgiving (Trunnel, 2024). Such nuance is critical, as misinterpretations can reinforce stigma rather than alleviate it. By acknowledging the complexity of mental illness, pastors and practitioners can present Philippians 4:6–7 as an invitation to hope rather than a judgmental command. Interpreted in this way, the text retains its theological depth while serving as a compassionate and relevant resource for contemporary mental health discourse.

Historical Understanding of Mental Health in Christian Thought

Christian interpretations of mental health have evolved significantly across history, reflecting both theological convictions and cultural contexts. Early Church Fathers such as Augustine viewed emotional distress as a consequence of disordered loves, where attachment to temporal goods caused anxiety and restlessness (Condie, 2024). In his *Confessions*, Augustine described his own turmoil as stemming from estrangement from God, highlighting the conviction that true peace could only be found in divine grace. Similarly, Chrysostom emphasized prayer and ascetic discipline as means of overcoming anguish, linking spiritual formation with emotional healing (Koenig, McCullough, & Larson, 2021). While these perspectives did not correspond with modern psychiatric categories, they reveal a longstanding attempt to frame psychological suffering within narratives of faith, sin, and redemption.

In the medieval period, monastic traditions shaped approaches to mental health, viewing prayer, contemplation, and communal life as therapeutic. Monasteries often served as havens where individuals found structure and stability through rhythms of

prayer and labour (Kleinman, 1980). Theologians like Thomas Aquinas introduced a more nuanced perspective by integrating Aristotelian philosophy, arguing that emotions were not inherently sinful but required moderation by reason and virtue. This represented a shift toward recognizing psychological complexity while affirming theological frameworks. Yet misconceptions persisted, as severe illnesses were sometimes attributed to demonic possession, reinforcing stigma. Even so, pastoral care in monastic infirmaries represents one of the earliest institutional responses to psychological distress.

The Reformation period also brought new perspectives on emotional suffering. Martin Luther, who himself battled melancholy and anxiety, emphasized faith in Christ as the antidote to despair. His pastoral writings framed anxiety as a spiritual battle against doubt, urging believers to cling to God's promises in Scripture (Trunnel, 2024). John Calvin likewise acknowledged psychological suffering but interpreted it as an opportunity for deeper reliance on divine sovereignty. This era also expanded expectations for pastoral care, as clergy became responsible for addressing both theological and emotional dimensions of congregants' lives. These developments reflected a growing recognition of the interconnectedness of faith and psychological well-being.

In the modern era, scientific psychology and psychiatry began reshaping Christian approaches to mental health. Rather than abandoning theological insights, many faith leaders sought integration, leading to the rise of pastoral theology in the twentieth century (Ellison & Levin, 1998). Figures like Seward Hiltner emphasized the role of clergy as counsellors equipped to address spiritual and psychological concerns. More recently, integrative therapies such as religiously adapted cognitive-behavioural therapy have demonstrated that biblical principles like prayer and meditation can complement evidence-based treatments (Pearce et al., 2014). These innovations highlight the potential for constructive dialogue between theology and psychology.

In African contexts such as Nigeria, Christian approaches to mental health continue to balance tradition and modernity. While cultural narratives often frame mental illness in terms of spiritual warfare or curses, churches increasingly embrace holistic approaches that include counselling and medical care (Ojagbemi & Gureje, 2020). Clergy often serve as the first point of contact, positioning them as key players in bridging the treatment gap. Research confirms that when clergy receive training in counselling, outcomes improve significantly (Iheanacho et al., 2021). This underscores the enduring role of the church as both a spiritual and social resource in addressing psychological suffering. By drawing on its historical heritage while adapting to contemporary needs, Christianity remains a vital contributor to global mental health care.

Exposition of Philippians 4:6–7

Paul's letter to the Philippians, often called the "epistle of joy," reflects a pastoral tone rooted in gratitude despite his imprisonment. Unlike other epistles that focus heavily on doctrinal correction, Philippians emphasizes encouragement and perseverance. The community at Philippi was marked by diversity and steadfast support, making it a fitting audience for Paul's exhortations (GotQuestions, 2024). Against this backdrop, Philippians 4:6–7 offers both theological depth and practical instruction. Its call to transform anxiety into prayer and thanksgiving speaks not only to the Philippians' immediate struggles but also to the enduring human experience of worry. The passage functions as both pastoral consolation and practical theology.

Verse 6 opens with the imperative: “Do not be anxious about anything” (*mēden merimnaō*). The verb *merimnaō* suggests a state of mental distraction, where worry divides and scatters attention (Cole, 2013). Paul contrasts this with the discipline of prayer and petition, directing believers to present their concerns to God. Importantly, Paul does not deny hardship but redefines the believer’s response to it. Modern psychology likewise acknowledges the destructive impact of rumination and promotes interventions that redirect anxious thoughts toward constructive outlets (American Psychiatric Association, 2013). In this respect, Paul’s counsel anticipates therapeutic insights by encouraging cognitive reframing rooted in trust in God.

The instruction to include thanksgiving (*eucharistias*) is particularly noteworthy. Gratitude transforms prayer from a list of demands into an act of trust, affirming God’s past faithfulness as a basis for hope. Contemporary psychology validates this perspective, with gratitude practices shown to reduce depressive symptoms and increase resilience (Emmons & McCullough, 2004; Dalal & Singh, 2025). For the Philippians, thanksgiving reoriented their perspective away from persecution and hardship toward recognition of divine provision. In both theological and psychological terms, gratitude functions as a counterbalance to anxiety, grounding individuals in stability amidst uncertainty.

Verse 7 presents the outcome of this discipline: “And the peace of God, which transcends all understanding, will guard your hearts and minds in Christ Jesus.” The term *eirēnē* draws on the Hebrew concept of *shalom*, encompassing not only calm but also wholeness and harmony (Mustafa et al., 2023). Paul emphasizes that this peace is beyond human comprehension, rooted in divine action rather than circumstantial relief. The military metaphor of *phrouresei* (“will guard”) evokes the image of a garrison protecting a city, underscoring God’s active role in defending believers from the corrosive effects of fear (Maisch, 2021). Modern resilience research similarly frames peace as a protective factor that enables individuals to face adversity with stability (Koenig, 2012).

Theologically, Philippians 4:6–7 articulates a balance between human responsibility and divine sovereignty. Believers are called to practice prayer and gratitude, yet the ultimate experience of peace is presented as a divine gift (Yoe, 2024). This prevents the text from being misread as either a demand for self-reliance or an excuse for passivity. Instead, it reflects Paul’s broader theology of synergy, where human faithfulness and divine grace operate together. In psychological terms, this parallels models that integrate personal discipline with external support, affirming the role of both agency and transcendence in coping. Thus, Philippians 4:6–7 continues to offer practical relevance alongside theological richness.

Finally, the communal dimension of the text must not be overlooked. Paul addressed his exhortation not to isolated individuals but to a community of believers who were expected to practice prayer and thanksgiving together. This collective orientation resonates with African and other collectivist cultures, where communal support structures are vital for coping with distress (Ojagbemi & Gureje, 2020). In such contexts, Philippians 4:6–7 encourages practices that strengthen social bonds and collective resilience. Its relevance therefore extends beyond individual psychology to the broader dynamics of community health and spiritual well-being.

Theological Themes in Philippians 4:6–7

Philippians 4:6–7 reveals a theological framework that intertwines prayer, thanksgiving, and divine peace as resources for the anxious believer. At the heart of the passage lies the conviction that worry is not merely a psychological burden but

also a spiritual condition reflecting divided trust between human effort and God's sovereignty (Fee, 1995). Paul identifies prayer as the discipline that reorients believers toward God's sufficiency, transforming anxiety into an occasion for communion with the divine. In doing so, he portrays prayer not as a last resort but as a primary mode of resilience. This is consistent with his broader theology, which locates human flourishing in dependence upon God's presence. The first theological theme, therefore, is the integration of spiritual practice with psychological well-being, positioning prayer as both a therapeutic act and an expression of faith.

Thanksgiving emerges as a second major theme, functioning as a spiritual discipline that reorients attention toward God's provision. Paul consistently emphasizes gratitude throughout his letters, viewing it as a safeguard against despair and bitterness (Garland, 2006). In Philippians 4:6–7, thanksgiving is not optional but central to the process of overcoming anxiety, as it affirms God's faithfulness even in adversity. Contemporary psychology validates this claim, with gratitude interventions demonstrating reductions in depressive symptoms and increases in resilience (Emmons & McCullough, 2004; Dalal & Singh, 2025). By linking gratitude with prayer, Paul highlights that thanksgiving is not merely an emotional response but a theological act of trust. Gratitude thus bridges theology and therapy, serving as both a spiritual discipline and a practical coping strategy.

The third theme is the *peace of God*, which Paul describes as surpassing human understanding. Unlike peace derived from favourable circumstances, divine peace is presented as transcendent, rooted in God's unchanging nature rather than external conditions (Mustafa et al., 2023). This peace reflects the biblical concept of *shalom*, encompassing wholeness and relational harmony. Its promise to "guard" the heart and mind invokes imagery of divine protection, suggesting that peace is not passive calm but an active defence against despair (Maisch, 2021). Psychologically, this aligns with resilience frameworks that identify inner calm as a buffer against stress. Theologically, Paul emphasizes that this peace is a divine gift, not a human achievement, underscoring the synergy between divine grace and human participation.

A further theme is the interplay of divine sovereignty and human responsibility. Believers are commanded to practice prayer and gratitude, yet the experience of peace is described as God's gift (Yoe, 2024). This dual emphasis prevents extremes of legalism or fatalism, offering a balanced vision where human effort and divine grace operate in tandem. In terms of mental health, this suggests that while individuals are called to adopt constructive practices, ultimate healing is rooted in resources beyond human control. This tension reflects Paul's broader theology of sanctification, where divine action empowers human transformation. It also provides a framework for integrating faith-based practices with clinical interventions, affirming the value of both.

Finally, Philippians 4:6–7 emphasizes the communal dimension of Christian resilience. Paul's instructions were addressed to a collective body, not isolated individuals, implying that prayer and thanksgiving were to be practiced corporately. In collectivist societies, this communal aspect resonates strongly, as shared rituals of prayer and gratitude foster solidarity and collective resilience (Ojagbemi & Gureje, 2020). Such practices demonstrate that peace is not merely an individual experience but a communal reality shaped by shared faith. Theologically, this affirms the church as a community of care where believers support one another through spiritual and psychological struggles. Collectively, these themes demonstrate that Philippians 4:6–7

offers a multi-layered vision of mental well-being that continues to speak with relevance today.

The Relevance of Philippians 4:6–7 in Contemporary Society

In today's world, characterized by heightened stress and widespread anxiety, Philippians 4:6–7 remains remarkably relevant. Anxiety disorders rank among the most prevalent mental health conditions, with millions experiencing their debilitating effects (WHO, 2022). Paul's exhortation to "be anxious for nothing" may appear unrealistic in such a context, yet it offers more than a simplistic solution. Rather, it functions as an invitation to reframe anxiety through trust in divine providence, cultivating resilience amidst uncertainty (Unwin, 2024). This reframing aligns with cognitive-behavioural strategies, which encourage reinterpretation of distressing thoughts. The passage thus provides a faith-based approach that resonates with modern therapeutic principles while maintaining its theological depth.

Prayer, as emphasized in the text, has been shown to promote emotional stability and connectedness. Research indicates that individuals who engage regularly in prayer report higher levels of resilience and social support, both protective factors against mental illness (Upenieks, 2022). Physiological studies also suggest that prayer can lower cortisol levels and improve cardiovascular health, extending its impact beyond psychology (Koenig, 2012). In communal settings, prayer fosters solidarity, creating networks of care that enhance collective resilience. This is particularly relevant in African contexts, where communal religious practices form the backbone of cultural identity (Ojagbemi & Gureje, 2020). Thus, prayer functions simultaneously as a spiritual discipline, therapeutic practice, and social resource.

Thanksgiving, another pillar of the passage, has gained recognition as a therapeutic tool in contemporary psychology. Gratitude practices, such as journaling or daily reflection, improve mood and foster resilience. Neuroscientific studies show that gratitude activates brain regions associated with empathy and motivation, reinforcing positive emotions (Emmons & McCullough, 2004). Paul's emphasis on thanksgiving anticipates these insights, presenting gratitude not as a secondary virtue but as central to coping with anxiety. In contexts marked by instability, such as economic or political crises, thanksgiving offers a stabilizing practice that nurtures hope. The enduring relevance of this discipline lies in its ability to reframe adversity into an opportunity for trust and appreciation.

The promise of divine peace in verse 7 also speaks to contemporary concerns about restlessness and uncertainty. Psychological research underscores the importance of meaning and purpose in sustaining resilience (Patel et al., 2018). Paul's description of peace that transcends understanding aligns with these findings, locating well-being not in circumstances but in transcendent relationship with God. Importantly, this peace is not escapism but a form of fortification that enables believers to confront adversity with courage. Neuroscientific research further supports the link between spiritual practices and emotional regulation, with prayer and meditation associated with reduced amygdala activity during stress (Koenig, 2012). Philippians 4:7 thus offers a profound resource for contemporary society, addressing both existential and clinical dimensions of anxiety.

Cross-cultural psychology also highlights the passage's adaptability across diverse societies. While Western contexts emphasize individual coping, many African and Asian cultures prioritize communal strategies such as collective prayer and ritual. Philippians 4:6–7 resonates strongly within these cultural frameworks, reinforcing the

value of shared resilience (Steuart, 1993). Mental health programs that incorporate scriptural wisdom into culturally sensitive interventions have greater effectiveness and acceptance among religious populations. In Nigeria, for instance, framing interventions through passages like Philippians 4:6–7 increases trust and engagement with mental health services (Iheanacho et al., 2021). This adaptability demonstrates the text's capacity to remain relevant across time and culture.

Taken together, the contemporary relevance of Philippians 4:6–7 lies in its ability to unite theological insight with psychological and neuroscientific validation. Prayer, thanksgiving, and divine peace are not abstract ideals but practices with measurable impact on mental health. While secular paradigms often prioritize clinical interventions, this passage demonstrates that spiritual disciplines can enrich therapeutic strategies. The challenge lies in contextualizing these practices within secular frameworks without diluting their theological significance. Nevertheless, the enduring resonance of Paul's exhortation underscores its potential as a resource for individuals and communities navigating the complexities of modern life.

Philippians 4:6–7 as a Framework for Coping Strategies

Philippians 4:6–7 provides a coherent framework for coping with anxiety, integrating spiritual and psychological practices. The sequence of prayer, thanksgiving, and divine peace reflects a rhythm of engagement and surrender, paralleling therapeutic processes of expression and acceptance. In contemporary terms, this framework aligns with integrative therapies that combine personal agency with acceptance-based practices. For example, mindfulness-based stress reduction encourages individuals to acknowledge distress without being overwhelmed, similar to Paul's exhortation to present concerns to God (Pearce et al., 2014). By combining practical disciplines with theological assurance, Philippians 4:6–7 offers a holistic coping strategy. Its relevance lies in its ability to bridge biblical faith and modern therapeutic models, demonstrating complementarity rather than conflict.

Prayer functions as both expressive and reflective coping. Expressively, it allows individuals to externalize worry, reducing rumination and isolation. Reflectively, it fosters contemplation and reorientation, turning attention from fear toward trust in divine sovereignty (Smith, 2024). Psychological research affirms the therapeutic value of expressive practices, showing their capacity to reduce physiological stress markers and enhance well-being (Koenig, 2012). Prayer engages similar mechanisms while also nurturing spiritual intimacy. For Christians, prayer thus carries dual significance: it is both a therapeutic act and a theological affirmation. This dual role makes prayer a uniquely powerful strategy for coping with anxiety.

Thanksgiving reorients the mind toward recognition of blessings, breaking cycles of negativity. In therapy, gratitude exercises are used to cultivate resilience and counter depressive thought patterns (Emmons & McCullough, 2004). Theologically, Paul presents thanksgiving as essential to prayer, transforming it from petition into trust-filled remembrance of God's faithfulness. By adopting this posture, individuals shift from anxiety about scarcity to confidence in divine provision. Research confirms that consistent gratitude practices improve mood, foster resilience, and encourage healthier interpersonal relationships (Dalal & Singh, 2025). As such, thanksgiving provides both spiritual grounding and psychological benefits, strengthening its role as a coping mechanism.

The peace of God represents the culmination of these practices, functioning as both theological promise and psychological outcome. Unlike fleeting calm, this peace is

portrayed as a divine safeguard over the heart and mind. Modern therapies, such as cognitive-behavioural therapy (CBT), seek similar protective effects by teaching clients to reframe maladaptive thoughts. Yet Paul adds a transcendent dimension, describing peace as surpassing human understanding and grounded in Christ (Yoe, 2024). The theological claim that peace is a gift prevents overreliance on human effort, situating resilience within divine sovereignty. This perspective enriches psychological models by integrating transcendence into frameworks for coping.

When applied in therapy, Philippians 4:6–7 provides a flexible model adaptable to diverse contexts. Religiously adapted CBT, for example, integrates scriptural reflection and prayer alongside cognitive restructuring, yielding positive outcomes among Christian patients (Pearce et al., 2014). Such interventions demonstrate that spiritual practices can be harnessed without undermining clinical integrity. Beyond Christian populations, the principles of prayer, gratitude, and peace carry resonance that can be contextualized across traditions, making Philippians 4:6–7 a valuable resource for interfaith dialogue. Its enduring value lies in its ability to bridge personal practice, communal faith, and clinical care, offering a comprehensive framework for resilience.

Practical Applications for Individuals and Communities

At the individual level, Philippians 4:6–7 encourages believers to adopt daily practices of prayer, gratitude, and reflection. Disciplines such as setting aside quiet time for prayer, journaling blessings, or practicing short breath prayers during stress provide structured ways to manage anxiety (Roberts, 2023). These practices parallel therapeutic techniques like mindfulness and journaling, which help individuals externalize worries and develop self-awareness. For Christians, however, such disciplines are not merely techniques but acts of faith that deepen intimacy with God. By embedding these practices into daily life, individuals cultivate resilience and emotional stability. The passage thus serves as both theological instruction and practical guide.

Communally, Philippians 4:6–7 offers a framework for faith communities to support members through collective practices. Group prayer, gratitude circles, and communal worship create environments where individuals can share burdens and foster solidarity (Quora Contributors, 2025). Research shows that collective religious practices enhance social support networks, which protect against mental illness (Koenig, 2012). In African contexts, where communal identity is central, these practices resonate strongly with cultural values (Ojagbemi & Gureje, 2020). Churches can thus serve as centres of psychosocial as well as spiritual care, addressing both individual and collective needs. By embedding Philippians 4:6–7 in communal life, faith communities embody its vision of resilience.

In Nigeria, where access to clinical services is limited, churches are often the most accessible providers of support. Clergy can frame sermons, counselling, and workshops around Philippians 4:6–7, equipping congregants with practical coping strategies. Research indicates that congregants trust clergy more than clinical professionals, particularly women who express preference for church-based counselling (Iheanacho et al., 2021). Training clergy in basic counselling skills and referral pathways ensures that support is both spiritually resonant and clinically effective. In this context, the church becomes a critical partner in addressing the treatment gap. The integration of biblical principles into pastoral care thus has both theological and public health significance.

Practical applications also extend to family life. Shared prayer and gratitude rituals within households foster cohesion, resilience, and healthier relationships (Upenieks, 2022). Parents who model these practices provide both spiritual formation and emotional tools for children, helping them develop resilience early in life. Family-based practices also help normalize open discussions about stress and mental health, reducing stigma in environments where such topics are often avoided. By framing mental health practices as integral to family spirituality, Philippians 4:6–7 extends its influence into everyday domestic life. This demonstrates the text's adaptability beyond formal worship settings.

Beyond the church and family, Philippians 4:6–7 can inform broader civic and educational initiatives. Schools, community centres, and NGOs can incorporate gratitude and stress management workshops rooted in scriptural principles while maintaining inclusivity (Mama et al., 2020). Such initiatives equip individuals with practical skills while respecting cultural and spiritual frameworks. Public health campaigns, particularly in religiously oriented societies, benefit from grounding interventions in trusted texts like Philippians. This ensures that programs resonate with communities that might otherwise reject clinical approaches as foreign. By extending its application into public life, Philippians 4:6–7 demonstrates its capacity to contribute to societal well-being.

Faith-Based Interventions in Mental Health Programmes

Faith-based interventions have proven effective across global contexts, offering holistic care that integrates spiritual, psychological, and social dimensions of health. By drawing on prayer, scripture, and communal support, these programs resonate deeply with communities where religion is central to identity. In the United States, the *Harmony & Health* study demonstrated the effectiveness of a faith-based mind-body intervention, reducing stress and depressive symptoms among rural churchgoers (Mama et al., 2020). The program combined mindfulness techniques with spiritual reflection, showing that faith-based delivery can enhance accessibility and impact. These findings underscore the potential of faith-oriented approaches to complement clinical models. Far from being marginal, such initiatives represent vital pathways for integrating cultural and spiritual resources into mainstream mental health care.

Similar interventions have been implemented in Asian contexts. Leung and Li (2023) designed a faith-based spiritual intervention for individuals with mild to moderate depression, incorporating practices of forgiveness, gratitude, and reconnection with the divine. Participants reported decreased depressive symptoms alongside enhanced coping skills and self-esteem. Crucially, they also experienced greater meaning and spiritual growth, demonstrating the dual benefit of addressing both psychological and existential concerns. Such outcomes highlight the unique contribution of faith-based programs, which speak to the full complexity of human experience. They also reveal how Philippians 4:6–7 can be operationalized into therapeutic frameworks, bridging theology and psychology.

In Nigeria, faith-based platforms play a particularly critical role due to the shortage of mental health professionals and infrastructure. The *Healthy Beginning Initiative* (HBI), for example, mobilizes churches to screen and counsel congregants for depression and other conditions (Iheanacho et al., 2021). Clergy, trusted as spiritual authorities, are trained to identify symptoms and provide referrals, helping close the treatment gap. Among Nigerian women surveyed, more than 90% expressed preference for clergy-led counselling over clinical alternatives, underscoring the legitimacy of religious leaders in mental health outreach. When clergy are equipped with basic psychological

training, outcomes improve significantly. These findings affirm that in Nigeria and similar contexts, faith-based interventions are not optional but essential to effective mental health care.

Faith-based programs also play a critical role in reducing stigma. Religious leaders, by framing mental illness as a condition deserving compassion and support, can challenge harmful narratives that equate suffering with weak faith or spiritual failure (Koenig, 2020). Churches and mosques that incorporate mental health education into sermons or workshops normalize conversations about anxiety and depression. Group-based interventions often create supportive environments where individuals can share experiences without shame. In this way, faith-based initiatives not only promote healing but also reshape cultural perceptions of mental health. The integration of passages such as Philippians 4:6–7 provides theological grounding for these efforts, affirming God’s care for those who struggle.

Interfaith perspectives further expand the value of faith-based programs. While this study emphasizes Christian applications, parallels exist across traditions. Islamic therapy incorporates Qur’anic recitation and trust in Allah to reduce anxiety, while Buddhist mindfulness practices have been widely adopted in secular therapies (Ellison & Levin, 1998). Hindu traditions also emphasize meditation and gratitude, offering additional pathways to resilience. These parallels illustrate that spirituality as a coping resource is not confined to one tradition but represents a universal human insight. Situating Philippians 4:6–7 within this broader interfaith dialogue highlights its contribution to global mental health strategies. Faith-based approaches, therefore, provide a foundation for inclusive, culturally resonant, and effective interventions across diverse societies.

Challenges in Applying Biblical Principles in Secular Contexts

Despite their potential, integrating biblical principles into secular mental health systems presents several challenges. One issue is the tension between religious and secular worldviews, which operate with different assumptions about knowledge and well-being. While Philippians 4:6–7 offers a spiritual framework for managing anxiety, secular institutions often dismiss such approaches as unscientific or inappropriate in clinical contexts (Koenig, 2020). Mental health professionals are bound by evidence-based standards and ethical neutrality, limiting explicit incorporation of scripture into practice. As a result, biblical insights are often sidelined despite their potential to enhance therapeutic outcomes. Bridging this divide requires careful negotiation between spiritual authenticity and clinical rigor.

A second challenge is the risk of misinterpretation. Some Christians read Paul’s instruction “do not be anxious about anything” as a condemnation of anxiety, reinforcing stigma for those who struggle (Condie, 2024). Such misreadings can create guilt and discourage individuals from seeking help. Conversely, secular practitioners may avoid integrating biblical texts for fear of misuse, leading to underutilization of resources valued by clients. Addressing this challenge requires careful hermeneutics that present Philippians 4:6–7 as encouragement rather than condemnation. Proper interpretation situates the passage as an invitation to resilience, not a simplistic dismissal of mental illness.

Pluralism in modern societies also complicates integration. While Philippians 4:6–7 resonates strongly with Christians, it may be irrelevant or alienating to individuals from other traditions. Practitioners working in multicultural contexts must ensure inclusivity by engaging with diverse spiritual frameworks (Ellison & Levin, 1998).

This requires cultural competence and sensitivity to clients' identities. For Christian clients, biblical texts may provide valuable support, but for others, parallels in their own traditions may be more appropriate. The challenge lies in honouring religious diversity while recognizing the therapeutic potential of faith.

Institutional barriers further reinforce these tensions. Schools, hospitals, and workplaces often adopt policies of religious neutrality that exclude overtly scriptural interventions (Koenig, 2020). Yet mindfulness programs rooted in Buddhism have been widely secularized and adopted in such contexts, creating a double standard. This raises questions about fairness in how spiritual practices are integrated. While adaptations of Philippians 4:6–7 emphasizing gratitude and peace could be framed in secular terms, such translation risks stripping the text of its theological depth. These dilemmas highlight the difficulty of navigating spiritual authenticity within secular institutions.

Finally, the lack of empirical validation presents another obstacle. While growing research supports the benefits of prayer and gratitude, more rigorous studies are needed to confirm the effectiveness of biblically grounded interventions across cultures (Pearce et al., 2014). Without sufficient data, such practices risk being dismissed as anecdotal. Interdisciplinary collaboration between theologians, clinicians, and researchers is essential to establish credibility. Only through robust evidence can biblical principles gain broader acceptance in secular systems. Addressing these challenges requires humility, dialogue, and commitment to integration that respects both theology and science.

Tensions between Spiritual and Secular Mental Health Approaches

Spiritual and secular approaches to mental health often diverge in their assumptions about human flourishing. Secular models prioritize clinical techniques such as psychotherapy and pharmacology, whereas faith-based approaches emphasize prayer, gratitude, and divine peace (Ellison & Levin, 1998). While both aim to reduce suffering, they differ in epistemological foundations: secular frameworks rely on scientific naturalism, while religious frameworks draw on revelation and faith. This divergence can foster suspicion, with secular practitioners dismissing faith-based practices as unscientific and religious adherents viewing secular models as spiritually incomplete. Bridging these perspectives requires mutual recognition of their complementary strengths.

Agency is another point of tension. Secular therapies often stress self-efficacy, teaching clients to take responsibility for managing symptoms. Philippians 4:6–7, by contrast, emphasizes surrender to divine sovereignty, portraying peace as God's gift rather than human achievement (Yoe, 2024). From a secular perspective, such dependence may appear disempowering. Yet from a theological lens, surrender relieves individuals of the burden of self-reliance, fostering trust and freedom. These contrasting views of agency complicate integration, yet they also suggest opportunities for synthesis, balancing human effort with divine trust.

Differences also arise in evaluating outcomes. Secular frameworks measure success primarily through quantifiable reductions in symptoms and improved functioning. Spiritual frameworks, however, often prioritize intangible outcomes such as peace, hope, and strengthened faith (Koenig, 2012). While these may indirectly improve mental health, they do not always fit secular metrics. This discrepancy risks undervaluing spiritual resources, even when they provide meaningful relief.

Developing models that capture both clinical and spiritual outcomes is therefore critical for integration.

Individual versus communal orientation creates further tension. Secular therapies typically focus on individual sessions, emphasizing personal responsibility. Philippians 4:6-7, however, was addressed to a community and presupposes collective practices of prayer and thanksgiving (Garland, 2006). In many cultures, communal approaches resonate more deeply, while individual therapy may feel isolating. Secular models that ignore communal dimensions risk alienating clients from collectivist backgrounds. Integrating communal spiritual practices can therefore enrich therapeutic models by addressing both individual and collective needs.

At the epistemological level, secular and spiritual approaches clash in their sources of authority. Secular models privilege empirical evidence, while spiritual models affirm scripture and personal experience (Koenig, 2020). Each side may discount the legitimacy of the other, creating barriers to dialogue. Yet emerging interdisciplinary research demonstrates that these paradigms need not be mutually exclusive. Recognizing that mental health encompasses biological, psychological, social, and spiritual dimensions enables a more holistic framework. Such integration requires humility and openness to the strengths of both approaches.

Secularisation and Marginalisation of Religious Perspectives

The secularization of modern societies has led to the marginalization of religious perspectives in mental health discourse. As secular frameworks increasingly dominate public life, spiritual approaches are often dismissed as subjective or unscientific (Koenig, 2020). Within clinical practice, this trend has resulted in the exclusion of explicitly biblical resources, even when they resonate deeply with clients' experiences. Philippians 4:6-7, for example, may be sidelined despite offering valuable coping strategies. This marginalization reflects broader cultural shifts that prioritize individual autonomy and rationalism over communal or transcendent frameworks of meaning. The result is an impoverished vision of care that overlooks critical resources for resilience.

Institutional policies reinforce this marginalization. Schools, hospitals, and workplaces frequently adopt neutrality policies that discourage religious content in mental health programming. Yet practices like mindfulness, rooted in Buddhism, have been widely secularized and embraced (Koenig, McCullough, & Larson, 2021). This double standard highlights inconsistencies in how spirituality is treated across traditions. Christian practices such as prayer and scripture meditation are often excluded, leaving Christian clients to compartmentalize their faith. Such exclusions not only undermine inclusivity but also compromise therapeutic efficacy. A more equitable approach would allow faith traditions equal space to contribute, provided participation remains voluntary.

The marginalization of spirituality also manifests in social discomfort with public expressions of faith. In workplaces and universities, individuals may hesitate to reference scripture or prayer when discussing stress, fearing ridicule or exclusion (Koenig, 2020). For Christians, this creates a dissonance between personal coping strategies and socially acceptable behavior. The absence of safe spaces for spiritual expression can exacerbate isolation and stigma. By contrast, institutions that create inclusive environments for diverse spiritual practices foster greater belonging and resilience. Inclusivity does not require privileging one tradition but respecting the role of faith across traditions.

Case studies from Nigeria illustrate how marginalization in policy can undermine effective care. Despite widespread reliance on clergy for support, national health policies often overlook the role of churches in mental health delivery (Emmanuel et al., 2022). This disconnect leads to a mismatch between services and cultural expectations, perpetuating treatment gaps. Studies show that integrating clergy into referral systems improves outcomes (Iheanacho et al., 2021). Failure to acknowledge such realities reflects not neutrality but neglect of culturally relevant resources. Addressing marginalization requires reimagining policy frameworks that value both secular and spiritual contributions.

Ultimately, the sidelining of religious perspectives represents a challenge to the development of holistic mental health systems. While secular concerns about inclusivity are valid, excluding spirituality diminishes care by ignoring critical aspects of human identity. Philippians 4:6–7, emphasizing prayer, thanksgiving, and peace, provides an example of how scripture can enrich mental health strategies. By engaging these resources thoughtfully, practitioners can move toward models that are both scientifically rigorous and culturally sensitive. Correcting marginalization is not about imposing religion but about honoring the full range of human experience.

Navigating Religious Diversity in Secular Spaces

Religious diversity adds complexity to integrating spirituality into mental health care. In pluralistic societies, clients draw on diverse traditions, including Christianity, Islam, Hinduism, and Buddhism, to cope with distress. While this diversity enriches resources for resilience, it complicates the application of explicitly Christian texts such as Philippians 4:6–7 (Ellison & Levin, 1998). Mental health practitioners must therefore ensure inclusivity, tailoring interventions to clients' worldviews rather than imposing a single framework. Failure to navigate diversity sensitively risks alienating clients and undermining trust. Inclusivity requires cultural competence and openness to interfaith dialogue.

Practitioners face the ethical challenge of balancing neutrality with respect for spiritual identity. Counsellors are trained to avoid imposing beliefs, yet they must also affirm clients' worldviews. For Christian clients, Philippians 4:6–7 may be a valuable resource; for Muslim clients, Qur'anic verses may serve a similar function. Sensitivity to such distinctions ensures that clients feel understood and supported (Koenig, 2020). This approach involves asking open-ended questions about spiritual coping and integrating practices when requested. Such respect strengthens therapeutic alliances and enhances outcomes.

Intra-faith diversity also requires attention. Even among Christians, interpretations of Philippians 4:6–7 vary widely, ranging from literal readings to more nuanced integrations with psychology (Condie, 2024). Some view anxiety as a failure of faith, while others see the passage as an invitation to resilience. Denominational differences also shape application, with Catholic, Pentecostal, and Protestant traditions emphasizing different aspects of care. Practitioners must avoid simplistic assumptions and instead engage with the complexity of lived faith. Recognizing intra-faith diversity ensures interventions remain relevant and authentic.

The communal dimension of spirituality adds further complexity. Many traditions emphasize collective rituals such as prayer groups and worship services as sources of support. While beneficial, these practices may appear exclusionary in secular contexts that prioritize individual autonomy (Steuart, 1993). For example, prayer circles in schools may raise concerns about inclusivity, even as mindfulness clubs are permitted.

Such inconsistencies highlight the need for balanced policies that respect communal spiritual practices while ensuring inclusivity. Interfaith support groups or universal themes such as gratitude may provide bridges across traditions.

Clients also face fears of judgment when integrating spirituality into therapy. Christian clients may worry that therapists will dismiss their faith, while minority faith clients may fear misunderstanding. These concerns discourage disclosure of spiritual coping strategies. Training practitioners in interfaith literacy helps address these barriers, creating safe environments where clients can integrate their full identity (Koenig, 2012). Respect for religious diversity not only enhances therapy but also promotes equity in mental health care. Inclusivity thus becomes both an ethical responsibility and a practical necessity.

Strategies for Integration

Educational training is a primary strategy for integrating spirituality into mental health care. Clergy, often the first responders to psychological distress, benefit from training in counselling and referral pathways (Iheanacho et al., 2021). Similarly, clinicians gain from training in spiritual sensitivity, learning how to incorporate clients' beliefs into therapy when appropriate. Such cross-training fosters collaboration and respect between religious and clinical professionals. It also equips communities to address mental health more holistically. Training ensures that biblical principles like Philippians 4:6–7 are applied with nuance, avoiding misuse while maximizing benefit.

Cultural competence in therapy provides another pathway for integration. Practitioners must recognize and engage with clients' spiritual identities rather than dismissing them as irrelevant. Asking about spiritual resources and incorporating practices when requested enhances therapeutic alliances (Pearce et al., 2014). For Christians, Philippians 4:6–7 can provide a scriptural framework for resilience; for others, equivalent resources may be drawn from their traditions. Culturally competent therapy ensures inclusivity while honouring individual identity. This approach reflects best practice in pluralistic societies where spirituality remains central to many clients' lives.

Interdisciplinary collaboration strengthens integration by combining theology and psychology. Research on religiously adapted therapies demonstrates the effectiveness of combining scriptural practices with clinical methods (Koenig, McCullough, & Larson, 2021). More studies are needed to explore how texts like Philippians 4:6–7 can be operationalized across cultures. Such collaboration legitimizes faith-based approaches within secular systems by grounding them in evidence. It also enriches theology by incorporating insights from psychology and neuroscience. Interdisciplinary work thus advances both scholarship and practice.

Community-based programs offer a practical model for integration. Churches and faith organizations, deeply embedded in local communities, can deliver interventions that combine scripture with psychosocial support. Group sessions on Philippians 4:6–7, for example, could include prayer, gratitude exercises, and discussion of coping strategies. Such programs reduce stigma and increase accessibility by leveraging trusted institutions (Steuart, 1993). In rural or underserved areas, they may provide the only viable mental health resources. Community-based approaches thus extend the reach of care in culturally resonant ways.

Policy-level strategies ensure sustainability. Governments and health systems can formally recognize the role of faith-based institutions as partners in mental health care.

This might include funding joint initiatives, supporting training, and developing referral systems. Policies must balance inclusivity with respect for theological integrity, ensuring no tradition is excluded. Philippians 4:6–7 illustrates how scriptural principles can inform interventions that are both spiritually and clinically relevant. Institutionalizing such partnerships creates a holistic mental health ecosystem that bridges secular and sacred.

Conclusion

Mental health remains a global crisis, with millions affected by anxiety, depression, and stress-related conditions. In contexts such as Nigeria, the lack of infrastructure and persistent stigma exacerbate these challenges (Emmanuel et al., 2022). Philippians 4:6–7 provides a timeless resource for addressing these concerns, offering prayer, thanksgiving, and peace as pathways to resilience. This study demonstrates that Paul's exhortation is not merely theological but also psychologically valid, anticipating insights now confirmed by empirical research. By reframing anxiety through faith, the passage offers a holistic vision of well-being. Its enduring relevance lies in its ability to bridge ancient wisdom with contemporary therapeutic needs.

The integration of theology and psychology reveals that prayer, gratitude, and divine peace function as both spiritual disciplines and therapeutic practices. Prayer externalizes worry, thanksgiving reorients perspective, and peace provides a protective buffer against stress. These practices align with interventions such as cognitive reframing, gratitude journaling, and resilience training (Pearce et al., 2014). Yet Paul adds a transcendent dimension, situating peace in God's sovereignty rather than human effort. This theological perspective enriches psychological models by grounding resilience in divine presence. Together, these insights affirm the value of faith-based approaches in mental health care.

Challenges remain in applying biblical principles within secular contexts. Secularization, pluralism, and institutional barriers complicate integration, while misinterpretations risk reinforcing stigma (Condie, 2024). These tensions call for careful hermeneutics, cultural competence, and interdisciplinary collaboration. Rather than sidelining scripture, practitioners should explore how it can complement clinical care when requested by clients. In this way, Philippians 4:6–7 can be presented not as a simplistic solution but as a resource for resilience. Its careful application ensures both theological integrity and therapeutic relevance.

The implications extend beyond individuals to communities and societies. Faith communities, especially in regions where clinical care is limited, can function as vital centres for psychosocial as well as spiritual support. By incorporating prayer, gratitude, and peace into worship and teaching, churches can normalize mental health discourse and provide practical coping strategies (Ojagbemi & Gureje, 2020). Partnerships between clergy and clinicians further strengthen these efforts, bridging cultural gaps while ensuring clinical integrity (Iheanacho et al., 2021). At the societal level, policy frameworks that recognize the role of faith-based organizations can foster inclusive and holistic mental health systems. Philippians 4:6–7 thus emerges as more than a personal exhortation; it is a resource for communal resilience and public health innovation.

In sum, Philippians 4:6–7 continues to speak with clarity and relevance in a world marked by anxiety and uncertainty. Its theological depth and psychological resonance make it uniquely positioned to contribute to interdisciplinary conversations on mental health. By affirming the practices of prayer, thanksgiving, and peace, the passage

provides a holistic framework for addressing human distress. When interpreted with sensitivity and applied alongside evidence-based therapies, it enriches both theological reflection and clinical care. While challenges remain, the integration of faith and psychology holds promise for more inclusive and culturally relevant approaches to mental health. Ultimately, Paul's exhortation remains a timeless guide, pointing toward a vision of well-being that is both profoundly spiritual and deeply human.

Recommendations

First, churches and faith-based organizations should establish structured mental health programs rooted in the principles of Philippians 4:6–7. Initiatives such as guided prayer groups, gratitude workshops, and peer-support circles can create environments that normalize mental health discussions. By embedding these practices into congregational life, churches become safe spaces where stigma is reduced, and resilience is nurtured. Partnerships with clinicians further ensure that such programs are both spiritually nourishing and clinically effective (Koenig, 2020). Clergy training in basic counselling and referral practices is also essential, enabling pastors to function as trusted first responders in contexts where professional resources are scarce (Iheanacho et al., 2021). These steps would strengthen both individual well-being and community health.

Second, congregations should provide accessible resources that encourage integration of biblical principles into daily practice. Sermons, Bible studies, and devotional materials can highlight Philippians 4:6–7 as a practical tool for coping with stress and anxiety. Congregants should also be taught concrete exercises, such as gratitude journaling or brief breath prayers, that align with therapeutic practices. For mental health practitioners, engaging with clients' spiritual resources can improve satisfaction and outcomes (Pearce et al., 2014). By normalizing these practices within church and clinical settings, the passage's transformative message can be translated into lived experience. Such integration strengthens faith while equipping individuals with effective coping strategies.

Third, policymakers and researchers should prioritize evidence-based studies of faith-informed interventions. While anecdotal evidence abounds, rigorous empirical work is needed to demonstrate long-term outcomes of prayer, gratitude, and peace practices (Patel et al., 2018). Randomized controlled trials testing biblically rooted interventions could provide valuable data on their efficacy relative to secular equivalents. For example, comparative studies might evaluate whether gratitude framed through Philippians 4:6–7 produces stronger effects among Christian participants than secular gratitude journaling. Policymakers can support such work by funding interdisciplinary projects that bridge theology and clinical research. This would enhance the credibility of faith-based practices in public discourse.

Finally, cultural sensitivity should shape the application of Philippians 4:6–7 in diverse contexts. In African societies, communal practices such as family prayer or church-based support groups may be more effective than individual interventions (Ojagbemi & Gureje, 2020). Faith-based programs should also be adapted to different demographics, such as youth fellowships, women's groups, and intergenerational settings. In pluralistic contexts, inclusive approaches are required to ensure that spiritual care supports rather than excludes. By tailoring applications to cultural realities, practitioners can preserve theological authenticity while maximizing relevance. Philippians 4:6–7 thus provides not only personal guidance but also a flexible framework adaptable to varied cultural landscapes.

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