

## SPIRITUALITY AND SOCIAL STRESS: AN ANTHROPOLOGICAL STUDY OF RELIGIOUS BELIEFS AND SPIRITUAL PRACTICES IN PAKISTANI

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### ABSTRACT

Social stress is part of the life of every individual. This qualitative study analyses the interrelationship between spirituality and social stress. The study finds that the respondents had strong religious beliefs on spirituality to overcome social stress. The respondents performed various spiritual practices to deal with different forms of social stress. This study was conducted in Rawalpindi and Islamabad and through convent and purposive sampling techniques two hospitals and three shrines were selected for this study. A sample of 46 respondents was selected to conduct in-depth interviews. An unstructured interview guide was developed to collect narratives about the respondents' social sufferings, spiritual beliefs, and spiritual practices. The respondent's information was crosschecked and verified through participant observations in the hospital settings and selected shrines. Field data reveals that spirituality was a common practice for the protection of the evil eye, to reduce the pain of patients in hospitals, to wish for easy death for terminal-stage patients, and to overcome unforeseen fear. The study reported internal peace and calmness among the respondents. This research answers the research question that spirituality reduces social stress and the respondents had a strong belief in spiritual practices.

**Keywords:** Spirituality, Social Stress, Beliefs, Loneliness.

### INTRODUCTION

In an increasingly complex and fast-paced world, social stress has become a widespread phenomenon affecting individuals across all strata of society (MacLeod et al., 2023). At present the unprecedented economic, demographic, and political change can be reasons for social stress but the studies of human societies and culture do value social stress that often results from interpersonal conflicts, societal pressures, and the demands of modern life, has significant psychological and physical health implications (MacLeod et al., 2023; Scheepers & Ellemers, 2018; WHO, 2024). Social stress can manifest as anxiety, depression, and other stress-related disorders, affecting one's

ability to cope with everyday challenges. The question of how to effectively manage social stress has been the subject of much debate in psychological and sociological circles. Among the many potential solutions, the role of spirituality in reducing social stress has gained considerable attention. Recent research suggests that spirituality may offer a pathway to better emotional regulation and resilience in the face of social stressors (Rakhshani et al., 2024). Spirituality, distinct from formal religious practices, refers to a personal sense of connection with something greater than oneself, often encompassing a search for meaning and purpose in

life (Y. Kim & Seidlitz, 2002). This inner connection has been shown to provide individuals with a framework for interpreting stressful experiences, allowing them to adopt more constructive coping mechanisms. For instance, studies during the COVID-19 pandemic revealed that people who turned to spiritual practices reported lower levels of anxiety and stress, suggesting that spirituality served as a buffer during times of social upheaval (Algahtani et al., 2022a; Carey et al., 2024; K. Kim et al., 2023; Tutzer et al., 2024). These findings are not limited to extraordinary circumstances like pandemics; rather, they point to spirituality's broader capacity to mitigate daily social stress by fostering a sense of calm, purpose, and resilience.

The stress-buffering hypothesis posits that spirituality can reduce the negative effects of stress on both mental and physical health by providing individuals with cognitive, emotional, and social resources (Barnes & Laird, 2017a; Dein, 2013; Sheldrake, 2012; Taylor, 1871). Furthermore, this work of Anthropologists shares that there is common belief of spirituality among humans. These scholarships, while describing the spiritual beliefs and practices claim that spirituality often enhances individuals' ability to reframe stressful situations, offering a sense of control or acceptance that can alleviate the impact of social stressors. For example, (K. Kim et al., 2023) highlighted that individuals who engaged in spiritual practices exhibited better emotional and physical adjustment to daily stress compared to those who did not, even after controlling for various coping strategies (Y. Kim & Seidlitz, 2002). This suggests that spirituality, independent of other forms of coping, has a unique ability to help individuals navigate social stress.

The mechanisms through which spirituality reduces social stress are multifaceted. Spirituality often encourages practices such as meditation, prayer, or communal worship, which can promote relaxation, reduce anxiety, and enhance emotional well-being (Hiimäe, 2021; Sheldrake, 2012). Furthermore, the social support derived from spiritual communities can provide individuals with a sense of belonging and reduce feelings of isolation, which are often key contributors to social stress. The positive effects of spirituality on stress reduction have been well-documented in diverse cultural contexts, from Islamic communities in

Saudi Arabia to working women in healthcare settings, where spiritual health was found to be inversely related to stress, anxiety, and depression (Rakhshani et al., 2024). In the context of Pakistan, an ethnographic contribution shares the culture of shrines and saints in Pakistan (Chaudhry, 2013). In addition to Chaudhary, (Ahmad et al., 2023; Lagziel et al., 2022) also share the culture of spiritual belief and practices in the context of shrine culture in Pakistan and spiritual practices to deal with critical health issues respectively.

Research suggests that spirituality fosters resilience by promoting cognitive and emotional reappraisal, a process through which individuals reinterpret stressful situations in a more meaningful and manageable way (Algahtani et al., 2022b). This reappraisal helps individuals detach from immediate emotional reactions and instead view their stress through a broader, more existential lens. By framing their struggles as part of a larger life journey, spiritual individuals are often able to maintain emotional stability and focus on long-term goals despite short-term stressors (Tuck et al., 2006). Moreover, the transcendence associated with spirituality can provide individuals with a sense of peace that extends beyond material concerns, further buffering them from the pressures of social and economic stress.

While the beneficial effects of spirituality on mental health are increasingly recognized, the relationship between spirituality and social stress requires further exploration. Some scholars (Božek et al., 2020; Lucchetti et al., 2021; Verghese, 2008) have pointed out that not all forms of spirituality are equally beneficial. For instance, negative religious coping strategies, such as viewing stress as a form of divine punishment, have been linked to higher levels of distress and psychosomatic symptoms (Y. Kim & Seidlitz, 2002). Therefore, the type and quality of spiritual engagement are crucial in determining its effectiveness in reducing social stress. Constructive forms of spirituality, which emphasize personal growth, community support, and positive reappraisal, appear to be most effective in alleviating stress and promoting well-being.

Given the pervasive nature of social stress in modern life, this research paper helps to understand how spirituality can serve as a protective factor and is of vital importance. The intersection of spirituality and social stress opens new avenues for

holistic approaches to studying mental health, particularly in fields such as public health, psychology, anthropology, and sociology. As empirical evidence continues to grow, it becomes increasingly clear that fostering spiritual well-being may not only improve individual mental health but also enhance community resilience against social stress. Through the narratives and socio-religious practices of the respondents, this paper seeks to explore how and to what extent spirituality serves as a buffer against social stress, drawing on interdisciplinary research to provide a comprehensive understanding of this relationship.

### Research Methodology

This qualitative study was conducted in Rawalpindi and Islamabad. Through a convenient sampling technique, Benazir Bhutto Hospital from Rawalpindi and Pakistan Institute of Medical Sciences (PIMS) Hospital from Islamabad were selected. The easy road access and earlier contacts in the administration of both of the selected hospitals were reasons for the selection of the research sites. Purposive and convenient sampling techniques were used to select the Shrines of Hazrat Bari Imam Sarkar and Golra Sharief from Islamabad and the Shrine of Hazrat Shah Chan Chiragh from Rawalpindi. These are the Sufi Shrines that people visit because of strong spiritual beliefs. These shrines were easy to access and served the pure of this study to observe and document the spiritual beliefs and practices to deal with social stress. An unstructured interview guide was developed to collect in-depth interviews. Verbal consent of the respondents was ensured before collecting each of the in-depth interviews. The respondents were told about their rights and were also informed about the confidentiality of shared information. There were conducted in-depth interviews including 31 women and 15 men from selected 5 locations in Rawalpindi and Islamabad. The field data shows that the women with social stress were more in numbers and were more practicing spirituality in comparison to men. This is why the women were more in numbers as respondents of this study. Besides in-depth interviews, the rich observations were made and turned into field data. The interviews were transcribed from Urdu into English. The technique of thematic analysis was used for data analysis. The common themes of collected interviews were

brought under similar categories. The research ethics were strictly followed during the data collection and write-up of this research paper.

### Findings

The findings of this research reveal a complex interplay of socio-economic, cultural, and psychological factors that influence the choice between shrines and psychiatric care as coping mechanisms for social stress in Pakistan. In certain cases, the visitors of shrines thought that their ancestral spirits listened to their voices and kept their secrets with them. Several key themes emerged through in-depth interviews, case studies, and participant observations.

### Life Priorities and Social Stress

Generally, people work hard to meet their basic needs. In certain cases, it was found that the respondents could not use their capabilities owing to their lazy behavior. Because of this behavior, they failed to accomplish their work and remained unable to meet their family expectations and responsibilities. This situation turned into a stressful situation for the family and the individual. This damaged the social reputation of the individuals. Respondent number 16 of this study was male and 35 years of age. He could not meet the expectations of his family and never reached to social and economic sustainability. Sharing his belief in shrines and spirituality to reduce his stress he said,

*“The sufferings that I am facing are the result of my act. I have spent my whole life in laziness. I have never been punctual on my job and I always took everything for granted. My boos used to curse me for this behavior. Not to mention my job, this also affected my marital life. So, with this much stress, I hope to get some opportunity to bring change in my behavior. For this reason, I visit this shrine and feel relaxed. I visit Bari Sarkar and pray for a better future. . . . When I come here, I am sad and on leaving I carry satisfaction and peace with me.”*

During the fieldwork, many respondents claimed that after visiting the shrine they felt relaxed. It was observed that in the study area, women were facing more social stress in comparison to men. The men were of the view that they had more freedom to

hang out and discuss the causes of social stress with their peers. This social capital helps them to get favors from their peers and to find solutions for their social stress which was because of unemployment. Whereas in the case of women, they had the responsibility of taking care of the home and raising children. So they had limited access to the world outside of home.

### Progress and Evil Eye

The evil eye was the most common finding among the respondents of this study, who linked the evil eye with the socio-economic progress of families and individuals. The vast majority of the respondents were of the view that the relatives usually have an evil eye on the progress of their family or the academic success of their children. Respondent number 9 was the mother of 6 children and her eldest son was in 12<sup>th</sup> grade. She shared her experience of social stress and stated that her relatives do not want his family to grow educationally and economically. Moreover, she said that the family of her husband was envious of the education of her children. She had a fear of getting affected by such envy. She was a regular visitor of the Shrine of Hazrat Shah Chan Chiragh. She shared her belief in amulets and said, *"I have put an amulet around the neck of each of my children. Whoever puts an evil eye on them, the amulet reverts back to them. I have a very strong belief in my Pir Sahib (Spiritual Healer). Today I am carrying three amulets. One is to put in water and I will give that water to my children to drink. The second is for the bring good sales in the business of my husband. The third one is for my other who is having a temperature. . . . My mother used to visit this shrine and used to pray for us, and so do I."*

There were many ways to deal with the evil eye. Some respondents said that they do *Sadqa* (charity) to protect their family, business, and livestock from the evil eye of their enemies (social competitors). It was a common observation in the field that local people had hung a shoe on the front of their vehicles to get it protected from the evil eye of competitors and relatives. The visitors of the Shrine of Hazrat Bari Imam Sarkar and Golra Sharief used to do charity by cooking and distributing meals. They believed that this charity

would bring prosperity to their agricultural production in the next year.

### Social Suffering and Mistrust

Various forms of social suffering were documented during this study including death of loved ones, divorce, low income of the family, disgrace, and humiliation owing to low social or economic class. In some of the cases, the concept of ancestral spirits was commonly found among the respondents. Respondent number 6 was a widow of three children (one boy and two girls). Her husband died in a road accident, however, her in-laws believed that she was a curse on the family. After the death of her husband, she had to live with her parents and raise her children. She used to talk to the picture of her mother who died before her marriage. Narrating the reasons she said,

*"I do not have trust in anyone, as they can share my words with others. I used to share my feelings and insults of my brother's wives with the trusted ones. But a number of times I had to face humiliation. Now, I share everything with my mother. I take her picture in my lap and share everything. She never share my words with others during her life. I weep and cry after facing dual faces of people. . . . I have lost all trust in my relations."*

Such narratives were common among the respondents, whereas some of the respondents used to visit the graves of their parents every Thursday. In certain cases, the height of social stress forced the respondents (women in the vast majority) to visit the graves of their parents whenever under great stress. Respondent number 16 was a woman of fifty-eight years of age. She was very upset owing to the misbehaving of her sons and their wives. She had tears in her eyes during every visit to this study. During an informal discussion, she said,

*"I have done a lot for my family. Today, my sons are at higher status and have become officers. They hate me because of my simplicity. I tell the story of my humiliation to my father. Whenever I am in stress I go to his grave and hug it. He listens to me and on that night he (my father) is in my dream. I feel very comfortable after sharing my pain (social stress)."*

Such narratives reveal that with the development of human society, the level of social trust is decreasing every day. The women are more affected by the taunting and disrespectful behavior of their relatives. This is a common understanding in society that the ancestors are vigilant to the sorrows and happiness of their left-behind family members. So, the respondents with low control over their emotions have more tilt towards their ancestral spirits.

### Loneliness, Stress and Fear

Humans are inherently social beings, and the absence of a supportive social circle can lead to isolation, amplifying feelings of loneliness and stress. Without the ability to share joy or sorrow with others, individuals may face emotional instability, ultimately affecting their mental health. Such social stress can be owing to multiple reasons including the death of loved ones in the family, divorce, betrayal, marriage of close ones (among women), or social isolation due to the migration of sons and daughters.

The most common finding of the study was fear (having many kinds) among the respondents. This fear was mostly imagined and sometimes real. This fear, either real or imagined, is used to cripple the sense of security and well-being among the individuals. For a vast majority of the respondents, this fear manifests in concerns over family disputes, which can lead to loss of property or fear of harm by the family members. Respondent number 27 was 63 years old and mother of 4 sons and 3 daughters. While sharing the nature of her fear and spiritual practices she said,

*"We have a patch of disputed land in Chakkri (a town of Rawalpindi District), but I always have fear about the killing of my sons. I recite Surah Yaseen and this protects my family. . . . Every day I wake up with the thought that today might be the day they kill any of my son for my land. It is always in my mind, and I cannot escape it. Even when I lock my door at night, I cannot sleep properly. I pray a lot now. Sometimes it feels like God is the only one who can save my family from them."*

Respondent number 37 was resident of Sadiq Abad Rawalpindi. Her husband was in Saudi Arabia for job and she had fears about the break in of thieves in her house. She said that she recites Char Qur

Sharief (four Surah of Holy Quran), Ayat ul Qursi and Sura Yasin for the protection of her household and her belongings from the thieves. Besides this the fear of witches and the evil eye of the competitors were also common among the respondents.

### Health and Old Age Issues

It was widely documented during fieldwork in two of the selected hospitals that the patients with chronic health problems and their attendants were inclined to the recitation of Holy Quran. They were of the opinion that this practice brings peace to patients. Respondent number 6 was an attendant of a terminal-stage patient who was fighting with blood cancer. She shared her belief in the spiritual effects of recitation of Holy Quran and said,

*"The patient on the death bed is always in a very difficult situation. The Olama (Religious Clerks) say that the recitation of Surah Yaseen makes death easy. . . . This is why I am doing this recitation so that the soul of my father may depart very easily."*

The recitation of the Holy Quran was also common for the early health recovery of the patients admitted to the hospitals. The respondents had affirmed belief that the recitation of Rurah Faihha, Sura Al-Ikhlās, Ayat ul-Kursi, Surah Al-Baqarah, Sura Yaseen, Sural Al-Kafirun, Surah Al-Falaq, and Surah Al-nas had a direct impact and reduces the level of stress among patients. This eventually brings power to the body immune system of the patients brings betterment in health. During observation in the Mosque of PIMS Hospital, the researcher had an informal discussion with a male caretaker of a patient who was going through major heart surgery. He said that the recitation of the Holy Quran also gives him internal peace and calmness that reduces the stress of fear of losing a loved one. A male respondent, who was 69 years of age, spoke about how his declining health had left him socially isolated. He shared,

*"I used to be strong, but now I can't even do simple tasks without help. It's humiliating, and it makes me angry at myself. I read the Quran every morning, and it helps. It reminds me that life is in Allah's hands, and I feel a little calmer knowing that."*

His growing frustration with his aging body had become a source of constant stress. Nonetheless, he

remarked that spirituality played a role in easing his emotional burden. Such narratives show that there is a deep link between health (both physical and mental) and spirituality.

### **Discussion and Analysis**

This study explores various reasons for social stress and its coping mechanisms among the respondents. The findings reveal that people have multiple priorities in life and that society has certain expectations from members of the society. But human behavior and social circumstances become barriers to materializing priorities in life. The failure to reach the level of social expectations brings social stress among society members. The males are generally earning hand of the family and on not fulfilling the basic family needs they are under great social stress. A study conducted on resilience to the effects of social stress (Wood & Bhatnagar, 2015) claims that the social environment is the main source of social stress within which individuals manage to cope with its effects. The study concludes that the change or shifting of the social environment is a mechanism to overcome social stress. Studies conducted on the role of social support in overcoming social stress (Ozbay et al., 2007; Smith, 1992) claim that social support is remarkably important for maintaining good physical and mental health. In the context of this discussion, it was observed that in highly dense populated cities, the social support mechanism was limited to family. But, if the individual faces regular criticism for not fulfilling the requirements of the family then this leads to social stress. There is a close relationship between social stress and spirituality. In certain cases, the sufferers of social stress had to visit the psychiatry ward of two selected hospitals. However, the caretakers were applying spiritual methods to overcome stress that was not having a defined name as a disease.

The concept of the evil eye is found very common among all cultures. The earlier studies conducted on evil eye and cultural beliefs in various societies (Abu-Rabia, 2005; Dundes, 1992) argue that economic progress was a common reason for evil eye and witchcraft. A study conducted on the economic origins of the evil eye (Gershman, 2015) argues that the evil eye belief is more prevalent in agro-pastoral societies that tend to sustain higher levels of inequality and where vulnerable material wealth plays a dominant role in the subsistence

economy. In certain cases, physical and mental sickness was associated with the evil eye among the natives of Ghana (Bell et al., 2020), where it was a common belief that health deterioration was not simply a hospital-based sickness. The findings of the study, conducted in Ghana, are similar to the findings of the current study conducted in Rawalpindi and Islamabad, where the respondents believed that owing to the jealousy of economic progress the opponents (clan or family members) used to do magic to the person. Some of the respondents used to visit the Shrine of Shah Chan Charragh and Bari Imam every week for spiritual practices. The documentation of spiritual beliefs and practices explains that there are some daily-based spiritual practices to protect the family members from the evil eye. The study conducted in the context of Pakistan The women (especially mothers) were performers of spiritual practices. They were of the view that through the recitation of the Quranic Versace their family remains protected from the evil eye.

The increase in population and the capitalist market has erected new challenges for the people in urban settings. The studies conducted on the role of social capital for the social support of persons with social stress (Bayer et al., 2011; Burt, 2000; Chen et al., 2009; MacLeod et al., 2023) are of the opinion that the higher level of social interaction among in-group members reduces social stress. In Pakistan social networks are of chief importance for healthy mental and physical life. But over period the inflation and the capitalist market have been a barrier to regular interaction among populations. During this study, the respondents claimed that owing to social suffering and mistrust of their friends and family members were the basic reasons for social stress. They found spirituality and spiritual practices as medicine to overcome social stress. The field data shows that the level of social interaction was low among respondents of this study about which (Durkheim, 1963; Glaeser et al., 1999) claims that this has negative impacts on humans' mental and physical health. Although the respondents considered spirituality as the best remedy for social stress owing to social sufferings and the mistrust of their close ones, the earlier literature has given importance to the social engagement of the individuals. According to the findings of the current study, the higher level of

social engagement exposes people to their critics and they become victims to evil eye and jealousy. Loneliness is a growing public health concern and has serious repercussions on both mental and physical health. The earlier studies conducted on the interrelationship between social isolation along with perceived isolation (loneliness) and social stress (Brandt et al., 2022; Campagne, 2019; Hawkey & Cacioppo, 2010) claimed that humans being social species rely on social surroundings to survive. The isolation, either social or perceived, has negative outcomes and affects the mental and physical health of the individuals. During this study, it was found that social isolation was more common compared to perceived isolation. The respondents shared that loneliness brings social stress to them and they are inclined to spirituality and various spiritual practices. A study conducted on loneliness and experiences of everyday stress (Kang et al., 2024) claims that loneliness had a higher probability of stress and Loneliness was correlated with greater depressive symptoms. This study also finds that there is a direct relationship between loneliness and stress. The respondents used to do spiritual practices to divert their attention from consistent thoughts of social and perceived social stress. The study conducted on social anxiety and loneliness among older adults (Sun et al., 2024) shares the findings that older adults were facing narrowing social networks that contributed to social stress and anxiety. There was a common belief among the respondents of this study that on perceived fear they used to do spiritual practices.

The work of earlier medical anthropologists (Barnes & Laird, 2017b; Rhi, 2001) in the domain of medicine, religion, and spirituality claims that people believe in spirituality for the betterment of health. The studies conducted in Pakistan (Ahmad et al., 2023; Lagziel et al., 2022; Sohail & Yasin, 2017) shared the findings that despite advancements in medical technology in the era of biomedical practices, the patients with wounds and end life stage have strong belief on spirituality. It was believed that spiritual practices reduce the pain of death and wounds. The study conducted on the terminal stage of the disease (Ahmad et al., 2023) further concludes that religion, spirituality, and social support normalize the fear of death, lessen pain, and improve resilience among Muslim hepatitis C patients in Pakistan. During this study,

the respondents shared similar narratives by saying that death is reality but the spirituality and social supports make it pain-free. The old-age respondents of this study used to spend time more offering prayers and performing various other spiritual practices for two reasons. Firstly, they were facing social isolation and this was the best way to get enraged and overcome social stress. Secondly, this was a belief that through spirituality they would welcome easy death without any pain. The analysis of data, collected from this anthropological study, claims that social stress had diverse causes. The traditional religious beliefs and faith in the power of spirituality had gained the attention of people with social stress. In the case of Shah Daula Community of Pakistan (Hussain et al., 2024) shares the beliefs and spiritual practices of residents of the shrines of Shah Daula. The study presents that the aforementioned community is practicing both biomedical and spiritual practices. The peace and calmness, reported by the respondents, after performing spiritual practices was one of the top reasons for strong belief on spirituality to deal with social stress.

### **Conclusion**

This qualitative anthropological work concludes that the belief in spirituality to overcome social stress was common in the cultures of Rawalpindi and Islamabad. The findings show that the low social support was a reason for approaching spirituality. The religious beliefs had a strong footing in spiritual practices among the respondents. In the modern era social stress has become a widespread phenomenon and it has diverse forms. In certain cases, social stress was a very overlapping concept with mental health. Spirituality was considered a religious remedy to reduce the pain and bring easy death for terminal-stage patients. Through the narratives of the respondents, this study proves that spirituality plays a significant role in reducing social stress and bringing internal satisfaction to the sufferers of social stress, patients, and their caretakers. This proves the stress-buffering hypothesis by claiming that spirituality does reduce the negative effects of stress on both mental and physical health by providing individuals with cognitive, emotional, and social resources. The spiritual practices do not have high economic costs for the sufferers, patients, and caretakers.

**Bibliography**

- Abu-Rabia, A. (2005). The Evil Eye and Cultural Beliefs among the Bedouin Tribes of the Negev, Middle East []: RESEARCH ARTICLE. *Folklore*, 116(3), 241–254. <https://doi.org/10.1080/00155870500282677>
- Ahmad, A., Asim, M., Malik, N., Safdar, M. R., Sher, F., & Sohail, M. M. (2023). Between Life and Death: How do Muslim Terminal Patients in Pakistan cope with Hepatitis C utilizing their Beliefs and Social Support? *Journal of Religion and Health*. <https://doi.org/10.1007/s10943-023-01828-1>
- Algahtani, F. D., Alsaif, B., Ahmed, A. A., Almishaal, A. A., Obeidat, S. T., Mohamed, R. F., Kamel, R. M., Gul, I., & Hassan, S. U. N. (2022a). Using Spiritual Connections to Cope With Stress and Anxiety During the COVID-19 Pandemic. *Frontiers in Psychology*, 13, 1–9. <https://doi.org/10.3389/fpsyg.2022.915290>
- Algahtani, F. D., Alsaif, B., Ahmed, A. A., Almishaal, A. A., Obeidat, S. T., Mohamed, R. F., Kamel, R. M., Gul, I., & Hassan, S. U. N. (2022b). Using Spiritual Connections to Cope With Stress and Anxiety During the COVID-19 Pandemic. *Frontiers in Psychology*, 13, 915290. <https://doi.org/10.3389/fpsyg.2022.915290>
- Barnes, L. L., & Laird, L. D. (2017a). *Anthropologies of Medicine, Religion, and Spirituality and Their Application to Clinical Practice* (Vol. 1). Oxford University Press. <https://doi.org/10.1093/med/9780190272432.003.0017>
- Barnes, L. L., & Laird, L. D. (2017b). *Anthropologies of Medicine, Religion, and Spirituality and Their Application to Clinical Practice* (Vol. 1). Oxford University Press. <https://doi.org/10.1093/med/9780190272432.003.0017>
- Bayer, L., Pedro, S. Z., Peterson, C. A., Scarbrough, S., Crawford, T., King, D., McGrath, D., Nielsen, T., Barclay, L., Hirst, J., Paik, P., Anderson-Smith, Y., Walker-Robertson, C., Pietzsch, D., Locke, P. W., Owens, N. C., Nourse, S., & Shower, A. (2011). *The Power of Civility: Top Experts Reveal the Secrets to Social Capital*. THRIVE Publishing.
- Bell, A. J., Arku, Z., Bakari, A., Oppong, S. A., Youngblood, J., Adanu, R. M., & Moyer, C. A. (2020). This sickness is not hospital sickness?: A qualitative study of the evil eye as a source of neonatal illness in Ghana. *Journal of Biosocial Science*, 52(2), 159–167. <https://doi.org/10.1017/S0021932019000312>
- Bożek, A., Nowak, P. F., & Blukacz, M. (2020). The Relationship Between Spirituality, Health-Related Behavior, and Psychological Well-Being. *Frontiers in Psychology*, 11, 1997. <https://doi.org/10.3389/fpsyg.2020.01997>
- Brandt, L., Liu, S., Heim, C., & Heinz, A. (2022). The effects of social isolation stress and discrimination on mental health. *Translational Psychiatry*, 12(1), 398. <https://doi.org/10.1038/s41398-022-02178-4>
- Burt, R. S. (2000). The Network Structure of Social Capital. *Research in Organizational Behavior*, 22, 345–423.
- Campagne, D. M. (2019). Stress and perceived social isolation (loneliness). *Archives of Gerontology and Geriatrics*, 82, 192–199. <https://doi.org/10.1016/j.archger.2019.02.007>
- Carey, L. B., Koenig, H. G., Hill, T., Drummond, D., Gabbay, E., Cohen, J., Aiken, C., & Carey, J. R. (2024). Spirituality, Mental Health, and COVID-19. *Journal of Religion and Health*, 63(1), 1–5. <https://doi.org/10.1007/s10943-024-02000-z>
- Chaudhry, H.-R. (2013). *Saints and shrines in Pakistan: Anthropological perspective*. National Institute of Historical and Cultural Research, Centre of Excellence, Quaid-i-Azam University.
- Chen, X., Stanton, B., Gong, J., Fang, X., & Li, X. (2009). Personal Social Capital Scale: An instrument for health and behavioral research. *Health Education Research*, 24(2), 306–317. <https://doi.org/10.1093/her/cyn020>
- Dein, S. L. (2013). Religion and mental health: The contribution of anthropology. *World Psychiatry*, 12(1), 34–35. <https://doi.org/10.1002/wps.20007>
- Dundes, A. (Ed.). (1992). *The evil eye: A casebook*. Univ. of Wisconsin Press.
- Durkheim, E. (1963). *Suicide: A Study in Sociology* (First Edition edition). The Free Press of Glencoe.
- Gershman, B. (2015). The economic origins of the evil eye belief. *Journal of Economic Behavior & Organization*, 110, 119–144. <https://doi.org/10.1016/j.jebo.2014.12.002>
- Glaeser, E. L., Laibson, D., Scheinkman, J. A., & Soutter, C. L. (1999). *What is Social Capital? The Determinants of Trust and Trustworthiness* (Working Paper No. 7216). National Bureau of Economic Research. <https://doi.org/10.3386/w7216>
- Hawkley, L. C., & Cacioppo, J. T. (2010). Loneliness Matters: A Theoretical and Empirical Review of Consequences and Mechanisms. *Annals of Behavioral Medicine*, 40(2), 218–227. <https://doi.org/10.1007/s12160-010-9210-8>
- Hiiemäe, R. (2021). A Hundred Forms of Spirituality in the Least Religious Country in the World. *Journal of Religion in Europe*, 13(3–4), 214–240. <https://doi.org/10.1163/18748929-13040001>
- Hussain, M. H. A. G., Rasheed, A., & Zia, M. A. (2024). A Qualitative analysis of Health among Microcephalies (Shah Daula Community):



- Narratives from Gujrat, Punjab Pakistan. *Journal of Professional Research in Social Sciences*, 11(1), 270–289.
- Kang, J. eun, Graham-Engeland, J. E., Scott, S., Smyth, J. M., & Sliwinski, M. J. (2024). The relationship between loneliness and the experiences of everyday stress and stressor-related emotion. *Stress and Health*, 40(2), e3294. <https://doi.org/10.1002/smi.3294>
- Kim, K., Lim, H. J., Moon, E., & Moon, S. I. (2023). Influence of Optimism, Social Support, and Spirituality on COVID-19 Stress in Christian Church Community. *Psychiatry Investigation*, 20(2), 130–136. <https://doi.org/10.30773/pi.2022.0243>
- Kim, Y., & Seidlitz, L. (2002). Spirituality moderates the effect of stress on emotional and physical adjustment. *Personality and Individual Differences*, 32(8), 1377–1390. [https://doi.org/10.1016/S0191-8869\(01\)00128-3](https://doi.org/10.1016/S0191-8869(01)00128-3)
- Lagziel, T., Sohail, M. M., Koenig, H. G., Janis, J. E., Poteet, S. J., Khoo, K. H., Caffrey, J. A., Lerman, S. F., & Hultman, C. S. (2022). Spiritual Healing: A Triple Scoping Review of the Impact of Spirituality on Burn Injuries, Wounds, and Critical Care. *European Burn Journal*, 3(1), Article 1. <https://doi.org/10.3390/ebj3010016>
- Lucchetti, G., Koenig, H. G., & Lucchetti, A. L. G. (2021). Spirituality, religiousness, and mental health: A review of the current scientific evidence. *World Journal of Clinical Cases*, 9(26), 7620–7631. <https://doi.org/10.12998/wjcc.v9.i26.7620>
- MacLeod, K. J., English, S., Ruuskanen, S. K., & Taborsky, B. (2023). Stress in the social context: A behavioural and eco-evolutionary perspective. *The Journal of Experimental Biology*, 226(15), jeb245829. <https://doi.org/10.1242/jeb.245829>
- Ozbay, F., Johnson, D. C., Dimoulas, E., Morgan, C. A., Charney, D., & Southwick, S. (2007). Social Support and Resilience to Stress. *Psychiatry (Edgmont)*, 4(5), 35–40.
- Rakhshani, T., Saedi, P., Kashfi, S. M., Bazrafkan, L., Kamyab, A., & Khani Jeihooni, A. (2024). The relationship between spiritual health, quality of life, stress, anxiety and depression in working women. *Frontiers in Public Health*, 12, 1366230. <https://doi.org/10.3389/fpubh.2024.1366230>
- Rhi, B.-Y. (2001). CULTURE, SPIRITUALITY, AND MENTAL HEALTH. *Psychiatric Clinics of North America*, 24(3), 569–579. [https://doi.org/10.1016/S0193-953X\(05\)70248-3](https://doi.org/10.1016/S0193-953X(05)70248-3)
- Scheepers, D., & Ellemers, N. (2018). Stress and the stability of social systems: A review of neurophysiological research. *European Review of Social Psychology*, 29(1), 340–376. <https://doi.org/10.1080/10463283.2018.1543149>
- Sheldrake, P. (2012). *Spirituality: A Very Short Introduction*. Oxford University Press. <https://doi.org/10.1093/actrade/9780199588756.010001>
- Smith, T. W. (1992). A life events approach to developing an index of societal well-being. *Social Science Research*, 21(4), 353–379. [https://doi.org/10.1016/0049-089X\(92\)90002-X](https://doi.org/10.1016/0049-089X(92)90002-X)
- Sohail, M. M., & Yasin, M. G. (2017). A systematic review on religiosity, spirituality and health. *Rawal Medical Journal*, 42(4), 575–575.
- Sun, S., Wang, Y., Wang, L., Lu, J., Li, H., Zhu, J., Qian, S., Zhu, L., & Xu, H. (2024). Social anxiety and loneliness among older adults: A moderated mediation model. *BMC Public Health*, 24(1), 483. <https://doi.org/10.1186/s12889-024-17795-5>
- Taylor, Edward B. (1871). *Anthropology: A Study of Religion*. Encyclopaedia of Social Sciences.
- Tuck, I., Alleyne, R., & Thinganjana, W. (2006). Spirituality and Stress Management in Healthy Adults. *Journal of Holistic Nursing*, 24(4), 245–253. <https://doi.org/10.1177/0898010106289842>
- Tutzer, F., Schurr, T., Frajo-Apor, B., Pardeller, S., Plattner, B., Schmit, A., Conca, A., Fronthaler, M., Haring, C., Holzner, B., Huber, M., Marksteiner, J., Miller, C., Perwanger, V., Pycha, R., Schmidt, M., Sperner-Unterweger, B., & Hofer, A. (2024). Relevance of spirituality and perceived social support to mental health of people with pre-existing mental health disorders during the COVID-19 pandemic: A longitudinal investigation. *Social Psychiatry and Psychiatric Epidemiology*, 59(8), 1437–1448. <https://doi.org/10.1007/s00127-023-02590-1>
- Verghese, A. (2008). Spirituality and mental health. *Indian Journal of Psychiatry*, 50(4), 233. <https://doi.org/10.4103/0019-5545.44742>
- WHO. (2024). *Stress* [Organization]. <https://www.who.int/news-room/questions-and-answers/item/stress>
- Wood, S. K., & Bhatnagar, S. (2015). Resilience to the effects of social stress: Evidence from clinical and preclinical studies on the role of coping strategies. *Neurobiology of Stress*, 1, 164–173. <https://doi.org/10.1016/j.ynstr.2014.11.002>