

Human Flourishing in Times of Conflict: Religion as a Protective Factor

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Citation: Olunlade T.B. (2026). Human flourishing in times of conflict: Religion as a protective factor. UKR Journal of Arts, Humanities and Social Sciences, 2(8), 19-26.	<i>This article examines the role of religion as a protective factor for human flourishing in contexts of armed conflict and forced displacement. Drawing on recent empirical research, systematic reviews, and case studies from conflict zones including Iraq, Gaza, and displacement contexts globally, it reveals that faith serves as a central organizing force in how individuals interpret suffering, seek support, and imagine healing. The article synthesizes evidence from multiple studies demonstrating that religious practices including prayer, scripture reading, and fasting provide comfort, stress relief, and a sense of divine protection for displaced populations. It examines the mechanisms through which faith promotes resilience, including meaning-making, social support through faith communities, and the cultivation of virtues such as hope, gratitude, and compassion. The article critically analyzes the conditions under which religion functions as protective versus risk-inducing, including the mediating role of perceived divine care and the dangers of negative religious coping. It explores the intersection of faith with gender, age, and minority status, drawing on systematic review evidence that religiosity predicts reduced suicidality in adolescents across diverse global contexts. The article concludes with recommendations for integrating faith-sensitive approaches into humanitarian mental health and psychosocial support interventions, arguing that neglecting the spiritual dimension of human experience in crisis response constitutes a failure to address the holistic needs of affected populations.</i> Keywords: human flourishing, conflicts, religion, protective factor, crisis.

Introduction

In contexts of armed conflict and forced displacement, the erosion of safety, identity, and belonging often intersects with significant challenges to mental health and psychosocial well-being. Nearly 120 million individuals equivalent to 1.5% of the global population are estimated to have experienced forced displacement (Editorial, 2025). For many of these individuals, faith is not a peripheral concern but a central, organizing force in their lives (Editorial, 2025). Yet mental health research and interventions in humanitarian settings have largely failed to adequately incorporate or acknowledge the profound role of religion and spirituality in shaping how displaced individuals interpret suffering, seek support, and imagine healing (Editorial, 2025). This neglect has significant consequences: when faith is ignored or dismissed, interventions targeting mental health or psychosocial outcomes may fail to resonate with affected communities

and may inadvertently deepen feelings of distrust or alienation (Editorial, 2025).

This article provides a comprehensive examination of religion as a protective factor for human flourishing in times of conflict. It draws on recent empirical research from diverse contexts including internally displaced persons (IDP) camps in Iraq, refugee populations in Jordan and the United States, conflict-affected communities in Gaza, and global systematic reviews to illuminate the mechanisms through which faith promotes resilience and psychological well-being. The central argument is that faith functions at multiple levels: as a resource for individual meaning-making, as a family- and community-based framework for mutual support, and as a lifeline in social systems that are exclusionary or discriminating (Editorial, 2025). Effective humanitarian response must therefore integrate faith-

sensitive approaches that respect and leverage these protective functions.

Theoretical Framework: Understanding Religion as Protective

The Concept of Flourishing

The Global Flourishing Study, one of the most ambitious empirical efforts to understand and measure human well-being across the globe, recognizes flourishing as more than subjective well-being. It is a rich, integrated state of life marked by meaning, connection, and completeness (Richardson, 2025). Through a "Secure Flourishing Index," researchers identify six core domains of a flourishing life: happiness and life satisfaction, mental and physical health, meaning and purpose, character and virtue, close social relationships, and financial and material stability (Richardson, 2025).

Importantly, flourishing is not the absence of hardship but the sustainable integration of diverse and interconnected aspects of life at personal, communal, institutional, and even ecological levels (Richardson, 2025). This framework is particularly relevant for understanding how religion functions in conflict contexts, where hardship is inevitable but flourishing remains possible through meaning-making, social connection, and spiritual resources.

The Religious Engagement Paradox

Research on religion and well-being reveals what scholars term the "religious engagement paradox": religious engagement correlates negatively with well-being across aggregate levels (nations, states) and positively across individuals (Myers, 2013). In countries where most people say religion is not an important part of their daily life, people tend to report on high quality of life. Yet within those same nations, the most religiously engaged individuals exhibit higher well-being than their less religious counterparts (Myers, 2013).

This paradox has been observed across multiple measures: across states, religious engagement predicts shorter life expectancy, but across individuals, it predicts longer life expectancy; across states, it predicts higher divorce rates, but across individuals, it predicts lower divorce rates (Myers, 2013). The implication for conflict contexts is clear: while macro-level comparisons may be misleading, the individual-level protective effects of religious engagement are robust and meaningful.

Positive Religious Coping

Positive religious coping following potentially traumatic events and in times of crisis is widely evidenced as resilience-promoting (Rutledge, 2025). This framework, developed within the psychology of religion, distinguishes

between positive religious coping characterized by a secure relationship with the divine, spiritual connectedness, and benevolent religious appraisals and negative religious coping marked by spiritual struggle, doubt, and punitive divine appraisals.

Research among displaced Muslim women in Iraq found that the function of faith practices in distress alleviation was mediated by the individual's beliefs regarding the afterlife and by their perception of God's "care" for their life and situation (Rutledge, 2025). Self-appraised "inadequate" faith practice and feeling that God does not "care" were variables associated with higher distress and poor mental health (Rutledge, 2025). This finding underscores that religious coping is not uniformly protective; its effects depend on the quality of the individual's relationship with the divine.

Empirical Evidence from Conflict Zones

Iraq: Faith Among Displaced Sunni Muslim Women

Kathleen Rutledge's mixed-methods study of 160 Sunni Muslim women in an Iraqi internally displaced persons (IDP) camp provides the most detailed examination to date of faith-based coping among conflict-affected populations (Rutledge, 2025). The study, which included 160 questionnaires, 50 interviews, and four focus groups, found that religious meanings were attributed to every aspect of daily life, shaping fundamental understandings of well-being, the ultimate goals of life, and the coping strategies employed (Rutledge, 2025).

Religiosity among participants was high. Prayer, reciting or reading the Qur'an, and fasting were widely reported as means of comfort, stress relief, divine protection, and daily provision (Rutledge, 2025). One participant explained: "When I pray, I feel that God is with me. I feel that He sees my suffering and will reward me for my patience. Without this belief, I would have lost hope long ago" (Rutledge, 2025).

The study identified a critical mediating variable: the perception of God's care. Women who felt that God cared about their situation and had a benevolent plan for their lives reported significantly better mental health outcomes than those who felt abandoned by God (Rutledge, 2025). This finding has profound implications for humanitarian response: interventions that strengthen individuals' sense of connectedness to a benevolent, responsive God are likely to boost mental health outcomes (Rutledge, 2025).

Critically, the study also documented how humanitarian failures compounded distress. Gender-blind approaches in the camp and exclusion of faith needs from assessments and response actions created access barriers and deepened suffering (Rutledge, 2025). Women reported that their

spiritual needs were ignored by aid providers who viewed religion as irrelevant or irrational, leaving them without access to faith-sensitive coping resources (Rutledge, 2025).

Gaza: Religious Faith, Social Support, and Active Coping

Research examining coping mechanisms employed by Palestinians in Gaza during the 2023-2024 war found that religious faith, social support, and active coping strategies such as problem-solving and behavioral engagement played crucial roles in building resilience (Hamamra et al., 2025). Through semistructured interviews with 30 refugees from Rafah, thematic content analysis revealed that positive religious coping and social networks helped participants endure the psychological challenges of war (Hamamra et al., 2025).

The study highlighted the distinction between adaptive and maladaptive coping: while positive religious coping and active engagement with challenges promoted resilience, avoidance coping was found to exacerbate distress (Hamamra et al., 2025). Participants who relied solely on avoidance trying not to think about the war, withdrawing from social connections experienced worse mental health outcomes than those who actively engaged with their circumstances while drawing on faith-based resources.

The importance of community resilience in conflict zones emerged as a key theme. Participants described how communal worship, shared prayer, and mutual support within faith networks provided resources that individual coping could not (Hamamra et al., 2025). This finding aligns with broader research on the social dimensions of religious coping: faith is not merely an individual resource but a collective one, sustained and amplified through community.

Aging Refugees: Faith Across the Life Course

Bridi and colleagues' life-course qualitative study examined how faith shapes understandings of mental illness and dementia among aging Arab refugees in Jordan and the United States (Editorial, 2025). Participants shared openly how faith and spirituality inform their epistemologies of illness and healing, suggesting the importance of tailoring public health and clinical interventions to meet the spiritual needs of this population (Editorial, 2025).

The study expanded the concept of resilience beyond periods of crisis, demonstrating that faith remains a sustaining force across the aging process (Editorial, 2025). For older refugees who have experienced displacement, loss, and chronic illness, religious beliefs provide frameworks for making meaning of suffering and maintaining hope in the face of physical decline.

The Impact of Exclusionary Policies

Albahsahli and colleagues explored the downstream impacts of the "Muslim ban" in the United States on Iraqi

and Syrian refugees with hypertension (Editorial, 2025). Beyond the immediate stressors of forced displacement and chronic illness, participants emphasized how discrimination, Islamophobia, and family separation introduced new layers of trauma and exacerbated their chronic diseases (Editorial, 2025). This study illustrates how sociopolitical conditions can constrain the protective potential of faith in crisis contexts. When exclusionary policies target religious communities, they attack not only individual well-being but the very methods entrenched in frameworks of faith and spirituality that individuals rely on to cope with adversity (Editorial, 2025). The implication is clear: protecting religious freedom and combating discrimination are not separate from mental health promotion but integral to it.

Mechanisms of Protection: How Faith Promotes Flourishing

Meaning-Making and Existential Coherence

One of the primary mechanisms through which faith protects mental health in conflict contexts is meaning-making. When individuals face suffering that seems senseless and arbitrary, religious frameworks provide narratives that situate suffering within a larger cosmic order. The belief that suffering has purpose, whether as test, purification, or part of a divine plan that will ultimately be revealed allows individuals to endure with dignity rather than despair.

Research among displaced Muslim women in Iraq found that beliefs regarding the afterlife fundamentally shaped how participants interpreted their suffering (Rutledge, 2025). The goal of entering Paradise after death provided a framework within which present suffering could be understood as temporary and meaningful. Women who maintained this eschatological perspective reported better mental health than those for whom suffering had become meaningless.

Social Support Through Faith Communities

Faith communities constitute a second mechanism of protection. In contexts where formal mental health services are absent or inaccessible, religious congregations provide psychosocial support that is culturally resonant and continuously available. As research from Gaza demonstrated, communal worship and shared prayer create networks of mutual care that buffer against isolation and despair (Hamamra et al., 2025). The social support function of faith communities operates at multiple levels: emotional support through caring relationships, instrumental support through material assistance, informational support through guidance and advice, and spiritual support through shared ritual and prayer. For displaced populations who have lost their homes, livelihoods, and social networks, faith

communities often provide the only remaining source of stable social connection.

Cultivation of Virtues

Religious engagement fosters virtues that promote resilience and flourishing. Research has documented that religiousness is empirically linked to a range of human virtues, including forgiveness, kindness, and compassion (Myers, 2013). In both laboratory and clinical intervention studies, forgiveness has predicted improved emotional and physical well-being (Myers, 2013). Gratitude a felt sense of wonder, thankfulness, and appreciation for life is another faith-promoted virtue that fosters well-being (Myers, 2013). Students who keep weekly journals of things for which they are grateful report feeling better about their lives as a whole (Myers, 2013). In conflict contexts, the capacity for gratitude despite suffering represents a form of psychological resistance to despair.

Compassion and its related virtues kindness, nurturance, care, and altruistic love are likewise shared across faiths. Research across multiple religious contexts has found that highly religious people express less hedonism and self-focus, pursuing causes greater than their personal desires rather than self-indulgent materialism (Myers, 2013).

Self-Regulation and Healthy Behaviors

Religious engagement promotes self-regulation and healthy behaviors that protect mental health. Compared with never-attenders, the most religiously engaged Americans are about one-fourth as likely to be smokers (Myers, 2013). Religious communities typically encourage behaviors that support physical and mental health while discouraging those that undermine it. In conflict contexts where substance use may increase as a maladaptive coping strategy, religious prohibitions against alcohol and drugs can protect individuals from this additional source of harm. The structure provided by religious practices daily prayer, weekly worship, seasonal rituals also provides predictability and routine in contexts where everything else is uncertain.

Terror Management

Religion provides resources for managing the terror of mortality? a function particularly relevant in conflict zones where death is a daily presence. Belief in an afterlife, the soul's immortality, and divine justice all serve to mitigate the psychological impact of exposure to death. For individuals who have lost loved ones to violence, religious beliefs about reunion after death and divine justice for perpetrators can provide comfort that secular frameworks cannot offer.

Religion and Adolescent Suicide Risk: Global Evidence Systematic Review Findings

A 25-year global systematic review examining the role of spirituality and religiosity in suicidal risk assessment among adolescents provides compelling evidence for religion's protective function (Systematic Review, 2025). The review, which included 61 studies with 340,170 participants, found that 67.2% of studies demonstrated protective associations between religiosity/spirituality and suicidality (Systematic Review, 2025).

The studies spanned diverse geographical and cultural contexts, suggesting that the protective effect of religion on adolescent suicide risk is not limited to particular religious traditions or regions. Mediators included general social support, indicating that faith communities provide relational resources that buffer against suicidal ideation. Moderators included levels of parental monitoring, suggesting that religious families may provide closer supervision that protects adolescents from risk behaviors (Systematic Review, 2025).

At-Risk Populations

The systematic review paid particular attention to at-risk groups, including racial, religious, and sexual minorities. Studies of ethnoracially minoritized adolescents suggested a protective role for religiosity, whereas results in religiously minoritized and LGBTQ+ adolescents were equivocal (Systematic Review, 2025). This finding underscores that religion's protective function is not uniform across all populations but depends on the fit between the individual and their religious context. For LGBTQ+ adolescents who may experience rejection from religious communities, religiosity may be associated with increased distress rather than protection. This highlights the importance of distinguishing between religious engagement per se and the quality of an individual's experience within their religious community.

Implications for Prevention

The systematic review's findings suggest that religiosity and spirituality can provide adolescents with reasons for living and should be addressed in clinical practice and prevention efforts (Systematic Review, 2025). Mental health providers may collaborate with religious groups on suicide prevention efforts, recognizing faith communities as strategic partners in reaching adolescents at risk (Systematic Review, 2025). However, the review also noted limitations, including the cross-sectional design of most included studies, which prevents causal inferences (Systematic Review, 2025). Future research should evaluate spiritually inclusive therapeutic and preventive

interventions for adolescents, generating evidence on what works, for whom, and under what conditions.

The Family as Locus of Faith-Based Resilience

The Strong Families Program

El-Khani and colleagues explored the social ecological level of the family, using the United Nations Office on Drugs and Crime (UNODC)'s implementation of the Strong Families program across more than 30 countries to reflect on the role of faith within family structure in building and fostering resilience (Editorial, 2025).

The authors emphasize four key principles for faith-sensitive family programming: recognizing local religious practices, ensuring materials are faith-appropriate, avoiding forced discussions of belief, and training facilitators to respectfully engage with questions of faith (Editorial, 2025). These principles challenge traditionally secular humanitarian frameworks, arguing for an approach that integrates religious literacy into program design to foster trust between aid providers and beneficiaries and improve mental health outcomes (Editorial, 2025).

Intergenerational Transmission

Faith-based resilience is often transmitted across generations within families. Parents who model religious coping teach their children frameworks for making meaning of suffering. Family rituals prayer, scripture reading, religious observances provide structure and continuity even when external circumstances are chaotic. Research on the Strong Families program demonstrates that family-based interventions can strengthen these protective processes, helping parents support their children's mental health through faith-sensitive approaches (Editorial, 2025). When families are equipped to draw on their religious resources, they become more resilient to the psychological impacts of conflict and displacement.

The Dark Side: When Religion Harms

Negative Religious Coping

While this article focuses on religion as protective, it is essential to acknowledge that religion can also function as a risk factor for mental health problems. The narrative review of spirituality and mental health found that negative religious coping and guilt are associated with increased distress (Narrative Review, 2026). Spiritual struggle characterized by doubt, feelings of abandonment by God, and punitive divine appraisals predicts worse mental health outcomes.

Research among displaced Muslim women in Iraq found that self-appraised "inadequate" faith practice and feeling that God does not "care" were associated with higher distress (Rutledge, 2025). Women who believed their

suffering was evidence of divine punishment or abandonment experienced more severe psychological symptoms than those who maintained a sense of divine care.

Over-Spiritualization and Treatment Avoidance

A related concern is the tendency to over-spiritualize mental health conditions, interpreting depression, psychosis, or trauma reactions as purely spiritual problems requiring only religious intervention. In contexts where supernatural interpretations of mental illness dominate, individuals may avoid evidence-based mental health care, delaying treatment and compounding suffering.

Research in Saudi Arabia found that absence of knowledge about mental health disorders exacerbated public stigma and fears that the individual is under the influence of the "Evil Eye" or lacks prayers and devotion (Sharif et al., 2025). While religious frameworks can provide meaning, they can also create barriers to care when they displace rather than complement clinical approaches.

Discrimination and Exclusion

For religious minorities and those who do not conform to community norms, religion can be a source of trauma rather than protection. LGBTQ+ individuals rejected by religious communities, members of minority faiths facing persecution, and those who question or doubt may experience religious contexts as harmful rather than healing.

The systematic review of adolescent suicide risk found that results for religiously minoritized and LGBTQ+ adolescents were equivocal (Systematic Review, 2025), suggesting that religion's protective effects do not extend uniformly to all youth. For adolescents who experience their religious community as rejecting, religiosity may increase rather than decrease suicide risk.

Faith-Sensitive Humanitarian Response

The Case for Integration

The studies reviewed in this article collectively point to a single, urgent insight: faith is not only a source of individual and communal resilience but also a dimension of health that humanitarian response systems must acknowledge and better accommodate (Editorial, 2025). When faith is ignored or dismissed, interventions targeting mental health or psychosocial outcomes may fail to resonate with affected communities and may inadvertently deepen feelings of distrust or alienation (Editorial, 2025).

Conversely, when faith is integrated thoughtfully and respectfully into programs and service delivery, it can become a powerful tool for healing and connection (Editorial, 2025). The challenge is to develop approaches

that respect religious diversity while maintaining professional standards and protecting vulnerable individuals from harmful practices.

Principles for Faith-Sensitive MHPSS

Drawing on the research reviewed, several principles for faith-sensitive mental health and psychosocial support (MHPSS) in humanitarian contexts emerge:

1. Recognize local religious practices: Understand the religious landscape of affected communities, including dominant traditions, minority groups, and how faith is lived in daily life (Editorial, 2025).
2. Ensure materials are faith-appropriate: Adapt communication materials, interventions, and assessments to be culturally and religiously resonant without imposing particular beliefs (Editorial, 2025).
3. Avoid forced discussions of belief: Respect individuals' right to privacy regarding their faith while creating space for those who wish to discuss spiritual dimensions of their experience.
4. Train facilitators to engage respectfully: Equip humanitarian workers with religious literacy skills, enabling them to understand how faith intersects with mental health and to respond appropriately.
5. Provide access to faith-sensitive coping resources: When requested by affected individuals, ensure access to resources that support religious coping, including connections to faith leaders and communities.
6. Address discrimination and exclusion: Be attentive to how humanitarian policies and programs may inadvertently exclude or discriminate against members of various faith groups.

Gender-Sensitive Approaches

Rutledge's study of displaced Muslim women in Iraq highlighted the importance of gender-sensitive approaches that account for the specific ways women experience and express faith (Rutledge, 2025). Gender-blind approaches in the camp compounded distress by creating access barriers, preventing women from accessing faith-sensitive coping resources (Rutledge, 2025).

Effective faith-sensitive MHPSS must attend to gender dynamics within religious communities, ensuring that women have access to spiritual resources on their own terms and that interventions do not reinforce patriarchal structures that may themselves be sources of distress.

Collaboration with Faith Leaders

Faith leaders occupy a unique position at the intersection of spiritual authority and community trust. They are often the first responders to mental health crises in their communities

and can serve as crucial partners in MHPSS delivery. However, effective collaboration requires training, clear referral protocols, and mutual respect between humanitarian actors and faith leaders.

Research in Rwanda has demonstrated the potential of such collaboration. The Muslim community, through partnerships with health workers, established mental wellness programs focusing on educating Muslims about religious and clinical perspectives (Editorial, 2025). Trained counselors attend to people with mental health crises, while Muslim doctors intervene when situations exceed their capacity, arranging for specialized care (Editorial, 2025).

Implications for Policy and Practice

For Humanitarian Organizations

1. Integrate religious literacy into staff training: Ensure that all humanitarian personnel understand the role of faith in affected communities and can engage respectfully with religious dimensions of experience (Editorial, 2025).
2. Develop faith-sensitive assessment tools: Adapt needs assessments and monitoring instruments to capture spiritual dimensions of well-being and identify faith-based coping resources (Rutledge, 2025).
3. Partner with faith-based organizations: Recognize FBOs as essential partners in MHPSS delivery, leveraging their community trust and cultural knowledge.
4. Create referral pathways to faith leaders: Develop protocols for referring individuals to faith leaders when spiritual support is appropriate, while maintaining clinical oversight.
5. Fund research on faith-sensitive interventions: Support rigorous evaluation of approaches that integrate faith into MHPSS, generating evidence on effectiveness and implementation.

For Governments and Policy Makers

1. Protect religious freedom in humanitarian contexts: Ensure that displacement, camp management, and resettlement policies do not discriminate against religious minorities or restrict access to religious practice (Editorial, 2025).
2. Include faith leaders in mental health planning: Engage religious leaders as stakeholders in national suicide prevention and mental health strategies (Systematic Review, 2025).
3. Address discrimination and Islamophobia: Recognize how exclusionary policies undermine mental health

by attacking the very resources individuals rely on to cope (Editorial, 2025).

4. Support community-based mental health: Invest in faith communities as platforms for mental health promotion, recognizing their reach and cultural resonance.

For Researchers

1. Conduct longitudinal studies: Move beyond cross-sectional designs to establish causal relationships between religious engagement and mental health outcomes in conflict contexts (Major-Smith et al., 2025).
2. Develop culturally validated measures: Create assessment tools that capture religious coping in ways that are meaningful across diverse faith traditions and cultural contexts.
3. Examine mechanisms: Investigate the pathways through which faith protects mental health, including meaning-making, social support, self-regulation, and virtue cultivation.
4. Study at-risk populations: Attend to how religion functions differently for minorities, LGBTQ+ individuals, and others who may experience religious communities as rejecting rather than supportive (Systematic Review, 2025).
5. Evaluate interventions: Conduct rigorous trials of faith-sensitive MHPSS approaches, establishing evidence for what works, for whom, and under what conditions.

For Faith Communities

1. Invest in mental health training: Equip faith leaders with basic mental health knowledge, including recognition of serious mental illness, first aid skills, and awareness of referral resources (Sharif et al., 2025).
2. Develop referral relationships: Establish partnerships with mental health professionals who can provide backup support and receive referrals when conditions exceed spiritual care capacities.
3. Create welcoming spaces for all: Ensure that religious communities are safe and supportive for minorities, LGBTQ+ individuals, and those who struggle with doubt.
4. Combat harmful teachings: Address interpretations of faith that increase distress, such as teachings that mental illness reflects spiritual failure or divine punishment (Narrative Review, 2026).

Conclusion

The evidence reviewed in this article demonstrates that religion functions as a powerful protective factor for human flourishing in times of conflict. From displaced Muslim women in Iraq to refugees in Gaza, from aging Arab refugees in Jordan to adolescents across the globe, faith provides resources for meaning-making, social support, virtue cultivation, and terror management that sustain psychological well-being in the face of extreme adversity (Rutledge, 2025; Hamamra et al., 2025; Editorial, 2025; Systematic Review, 2025).

Yet the relationship between religion and mental health is neither simple nor uniform. The protective effects of faith depend on the quality of the individual's relationship with the divine, the supportiveness of their religious community, and the fit between their identity and their religious context (Rutledge, 2025; Systematic Review, 2025). When these conditions are not met when individuals experience divine abandonment, community rejection, or religiously based discrimination faith can become a source of distress rather than protection.

The implications for humanitarian response are clear. For too long, mental health and psychosocial support in crisis contexts has been shaped by secular frameworks that marginalize or ignore the spiritual dimensions of human experience (Editorial, 2025). This neglect has real consequences: interventions that fail to resonate with affected communities, deepened feelings of distrust and alienation, and missed opportunities for healing and connection (Editorial, 2025).

A paradigm shift is urgently needed. Faith-sensitive MHPSS approaches that respect religious diversity, engage faith leaders as partners, and provide access to spiritually-grounded coping resources offer a path forward (Editorial, 2025). Such approaches do not require humanitarian actors to share the faith of affected communities, but they do require religious literacy, cultural humility, and willingness to take seriously what matters most to those they serve. The Global Flourishing Study reminds us that flourishing is not the absence of hardship but the sustainable integration of diverse aspects of life emotional, physical, social, and spiritual (Richardson, 2025). In conflict contexts where hardship is inevitable, religion provides resources for this integration, helping individuals hold suffering within a larger framework of meaning, connection, and hope. As one displaced woman in Iraq explained, "When I pray, I feel that God is with me. I feel that He sees my suffering and will reward me for my patience. Without this belief, I would have lost hope long ago" (Rutledge, 2025).

The challenge for humanitarian systems is to create conditions in which such faith-based resilience can flourish

protecting religious freedom, supporting faith communities, training providers in religious literacy, and integrating faith-sensitive approaches into MHPSS programming. The alternative continuing to ignore the spiritual dimension of human experience is failure measured in lives not fully supported, suffering not fully alleviated, and flourishing not fully achieved.

As the global displacement crisis continues to grow, and with it the burden of poor mental health, faith-informed approaches offer cultural relevance and profound potential for healing and hope (Editorial, 2025). The question is whether humanitarian systems will rise to this challenge or continue to close their eyes while the spiritual needs of millions go unaddressed.

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