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Spirituality and mental health among university students from Peru and Mexico: a thematic analysis

Espiritualidad y salud mental entre estudiantes universitarios de Perú y México: un análisis temático

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Abstract

With the aim of understanding the subjective perceptions of university students in Peru and Mexico regarding the relationship between spirituality and mental health, we adopted a qualitative, exploratory and interpretative approach. A total of 159 full-time undergraduate university students participated. We used a non-probabilistic snowball sampling. Information was collected through an online qualitative survey with open-ended questions. Analysis was carried out using thematic analysis, following the stages of initial coding, category construction, and theme synthesis. The analysis process was based on criteria of credibility and reflexivity. The findings show that spirituality has interpersonal, transcendent, relational, and ethical dimensions, while mental health is understood as a condition of health and internal balance, possessing also a social dimension. It is concluded that spirituality is a relevant resource for psychological well-being and the construction of meaning among university students, with implications for the design of comprehensive support programs in universities. We suggest future lines of research which aim at exploring differences among cultural contexts and which integrate mixed methodologies.

Keywords: Spirituality, mental health, university students, thematic analysis.

Resumen

Con el objetivo de comprender las percepciones subjetivas de estudiantes universitarios de Perú y México sobre la relación entre espiritualidad y salud mental, se adoptó un enfoque cualitativo, de tipo exploratorio e interpretativo. Participaron 159 estudiantes universitarios de pregrado y matriculados a tiempo completo. El muestreo fue no probabilístico por bola de nieve. La recolección de información se realizó mediante una encuesta cualitativa online con preguntas abiertas. El análisis de datos se llevó a cabo mediante un análisis temático, siguiendo las etapas de codificación inicial, construcción de categorías y síntesis de temas. El proceso de análisis se apoyó en criterios de credibilidad y reflexividad. Los hallazgos muestran que la espiritualidad posee las dimensiones interpersonal, trascendente, relacional y ética, y que la salud mental es comprendida como condición de salud y equilibrio interno, y que posee una dimensión social. Se concluye que la espiritualidad constituye un recurso relevante para el bienestar psicológico y la construcción de sentido vital en jóvenes universitarios, con implicaciones para el diseño de programas de acompañamiento integral en las universidades. Asimismo, se sugieren líneas futuras de investigación orientadas a explorar diferencias entre contextos culturales y a integrar metodologías mixtas.

Palabras clave: Espiritualidad, salud mental, estudiantes universitarios, análisis temático.

INTRODUCTION

This research seeks to understand *spirituality* and *mental health* from an interdisciplinary perspective of psychology and theology, based on a study of the perceptions of university students. With the aim of broadening the discussion on the meaning and significance of the notions of *spirituality and mental health*, our research shows that, in this specific group, both are identified with the relational dimension.

Spirituality

Spirituality is a category of study that has resisted definition by the exact sciences. What is said about it generally belongs to the realm of existential hermeneutics or a metaphysical model, that is, to the "essence" of the person, but it has not traditionally been the subject of empirical observation until recent years. Spirituality is linked to personal experiences, transmitted by testimonies from various cultures that indicate a connection with a transcendent dimension, usually identified with the divine. Since ancient times, this has been the basis of religious traditions that identified spirituality with a breath of life that comes from the divine (Angelini, 2021; De la Brose et al., 1986; Frisch & Schiffman, 2016; Vetö, 2016). The spiritual also refers to the binding experience of the person with themselves, with others, and with their environment.

In the West, Platonism, prologued by Cartesianism, has led to the perception of reality as essentially dual (spirit/matter). Moving away from this conceptual format would help to understand spirituality as an intrinsic dimension, even of the material corporeality of the person (Vigil, 2007). This alternative perspective on the term allows us to approach spirituality from the contributions of biology and neuroscience (Chalmers, 1997, 2010; Newberg, 2018), even though this research, which has grown in number over the last two decades (Kao et al., 2020; Klemn, 2019; Koenig, 2012), may limit the definition of spirituality to the biological and sensory realm. In addition, other researchers link spirituality to questioning the ultimate purpose of life, the search for meaning, and well-being (Quinn & Connolly, 2023; Simkin & Etchezar, 2013). Recently, Ransome (2020) established spirituality as a social determinant of public health.

Spirituality and religiosity

It is worth mentioning that, although there is a tendency to establish a symbiosis between spirituality and religiosity (Koenig, 2012; Vitorino et al., 2018; Zinnbauer et al., 1997), there is a difference between the two notions. Religiosity is more restricted, as it comprises an empirical and institutional dimension of spiritual experience. In other words, spirituality is experienced within institutional mediations, such as religion and religious authority (Peri, 2021). Other individuals, on the contrary, separate spirituality from religion or belonging to a religious institution in their experience, the so-called "nons": spiritual but not religious (Frigerio, 2016).

Mental Health

When we talk about *mental health*, we are referring, first and foremost, to a person's health. Likewise, the notion of mind is understood in relation to the faculty of thinking, the capacity to make judgments, without thereby abstracting emotions. In other words, it has to do with conscious and unconscious phenomena. Throughout history, mental health has been addressed by philosophy, medicine, religion, psychiatry, and psychology. In the 20th century, the hygienist approach to health emerged, and in 1950, the World Health Organization (WHO) definition of mental health gained influence, although it was not without criticism (Lopera, 2015; Macaya et al., 2018; Miranda, 2018; Stolkiner & Ardilla, 2012). It is currently considered a fundamental right that requires protective environments and accessible, culturally relevant care systems (WHO, 2022). It should be noted that various researchers have contributed to the understanding of this term from a community perspective (Macaya et al, 2018).

This enables the perspective of *cultural determinants*, which emphasizes the relationship between the individual and their social context. This perspective recognizes changing realities as valid, questions the biological stance, and emphasizes an interdisciplinary, intersectoral, and even interinstitutional approach to mental health care (Miranda, 2018; Stolkiner & Ardila, 2012).

In this context, it is essential to note that the challenges to constructing the concept of mental health include the medicalization and extreme mercantilization of health, as well as the influence of various scientific paradigms (Ferreyra & Castorina, 2017; Stolkiner & Ardila,

2012). These approaches have impacted official definitions such as those from the World Health Organization and the Pan American Health Organization (PAHO), which establish that mental health is a state of physical, mental, and social well-being, beyond the mere absence of disease, and insist on the need for comprehensive strategies for promotion, prevention, and treatment with government commitment to its care (PAHO, 2020; WHO, 1946, 2022). From this perspective, it is understood that States must take an active role in formulating policies that protect and promote the mental health of their citizens. In this context, mental health is recognized as a fundamental right. However, the predominance of research focused on diseases rather than care and prevention has limited its comprehensive understanding (Fusar-Poli et al., 2020). Therefore, it is essential to broaden our view to include everything that surrounds and impacts people's overall health, considering the underlying imagery of the experiences that structure the meanings of the internal world and relationships, as well as the sociopolitical, cultural, religious, and spiritual contexts that decisively influence it.

Perceptions of spirituality and mental health in university students

Perceptions of spirituality and mental health in the university context have been the subject of study. In England, Spain, Korea, Iran, the United States, Brazil, Chile, and Cuba, research has been conducted on the relationship between spirituality and variables linked to mental health, such as academic stress, empathy, and transference in the educational process in vocational training centers (Fernández & Castillo, 2017; Kang & Yong, 2019; Nasrollahi et al., 2020; Rykkje et al., 2022), with a high implementation of these training programs in English-speaking contexts (Vasconcelos et al., 2020). In contrast, there is a notable absence of research on these topics in Latin America.

This opens up a gap for research into the understanding of spirituality and mental health in Latin America, especially when considering the spiritual and/or religious profile of the region. In Latin America, 69% of adults identified themselves as Catholic, 19% as Protestant, and 8% did not declare a religious affiliation (Pew Research Center, 2014). This last group refers to people who, despite not having a religious affiliation, have a spiritual practice, including those who approach post-Christian spiritualities (De la Torre et al., 2016). It is also worth noting that the concepts of spirituality—whether religious or not—and mental health are oriented toward the overall well-being of the person (WHO, 1946; Quinn & Connolly, 2023; Simkin & Etchezahar, 2013; Ransome, 2020). This profile contrasts with worrying indicators of psychological distress. In this regard, PAHO notes that the average treatment gap for severe and moderate affective, anxiety, and substance use disorders in adults is 73.5% in the Americas: 47.2% in North America and 77.9% in Latin America and the Caribbean (PAHO, 2020).

This disconnection between spirituality and mental health that we have just mentioned reinforces the importance of understanding the relationship between the two in Latin American populations, particularly among young university students, based on their own formulations. We recognize that an exploratory approach focused on the contexts of Peru and Mexico can provide an initial understanding of the issue. We therefore ask ourselves: what are the perceptions of university students in Peru and Mexico regarding spirituality and mental health?

METHOD

Type

An exploratory qualitative approach was adopted, based on a thematic analysis of open-ended responses, to identify and link thematic categories regarding perceptions of spirituality and mental health.

Design

The study design was a qualitative survey with thematic analysis (Braun & Clarke, 2006, 2019). The use of this design allowed us to map the diversity of perceptions between both cultural contexts.

Participants

The sample consisted of 159 university students from two private Catholic universities in Mexico and Peru located in urban areas (n=159). The inclusion criteria were that participants: a) were enrolled; b) were full-time students at these universities; and c) belonged to undergraduate programs. Part-time students and graduate students were excluded. Non-probability

snowball sampling was used. The number reached allowed us to identify patterns of meaning and variability in the responses, achieving theoretical saturation for the objectives set. Their ages range from 18 to 22. The students come from different academic areas: in Peru, from Social Sciences; Education, Philosophy, and Humanities; and Engineering and Management; and in Mexico, from Humanities; Engineering; and Business. In terms of gender (Table 1), the majority of participants were women. In Peru, men represent half the number of female participants, unlike in Mexico, where men represent slightly more than half of the total number of female participants.

Table 1

Characterization of the surveyed population in Peru and Mexico

Country	Gender		Total
	F	M	
Peru	40	17	57
Mexico	66	36	102
TOTAL	**106**	**53**	**159**

Note. Source: Prepared by the authors

Instruments

The data collection instrument was an online qualitative survey (Jansen, 2012), which was designed to explore participants' perspectives on spirituality and mental health. The survey was validated by two experts knowledgeable about spiritual experience and mental health care in university settings. They proposed more open-ended formulations for the question exploring spirituality. The instrument was also piloted with 57 students in Peru. The objective of the pilot survey was to validate that it could be carried out smoothly and taking into account the saturation of concepts with respect to the variables indicated (Saunders et al., 2018). After expert validation and the pilot survey, a final survey was confirmed, which consisted of a sociodemographic data sheet, three closed questions, and two open-ended questions that explored the notions of mental health and spirituality: What does spirituality mean to you? And what does mental health mean to you? This article only analyzes the open-ended questions, as they directly address the stated objective. This instrument was administered to students at both universities, and participation was voluntary. The instrument was designed to be completed in approximately 15 minutes.

Students were contacted through the university welfare service offices of both institutions. Subsequently, those who agreed to participate were sent the online survey and informed of the purpose of the research. They were also asked to provide their informed consent. Contact information was provided in case of questions during the survey process at both universities.

Data analysis

A reflective thematic analysis was performed (Braun & Clarke, 2006, 2019). Initially, the researchers familiarized themselves with the information collected, and then generated an initial open coding, selecting units of analysis that corresponded to the study objectives. To ensure credibility in the process, triangulation of the researchers' independent coding was performed. Subsequently, the codes and themes were agreed upon, then named and defined. This process was carried out using the Atlas.ti 9 program. The researchers acknowledge that their experience as teachers in institutions with a Catholic tradition may have influenced their initial interpretation of spirituality as closely related to religion. To mitigate this bias, categories linked to secular concepts (internal peace, personal well-being, secular ethics) were also considered.

Ethical considerations

Participants gave their informed consent before responding to the survey, guaranteeing anonymity and confidentiality. Subsequently, the study was reviewed ex post by the Research Ethics Committee of Antonio Ruiz de Montoya

University, which issued a certificate of ethical suitability in April 2025, certifying that the research complied with the ethical principles established in the institutional regulations.

RESULTS

The analysis reveals recurring themes that reflect the perceptions of spirituality and mental health held by university students surveyed at two private universities in Mexico and Peru (Figure 1).

Figure 1

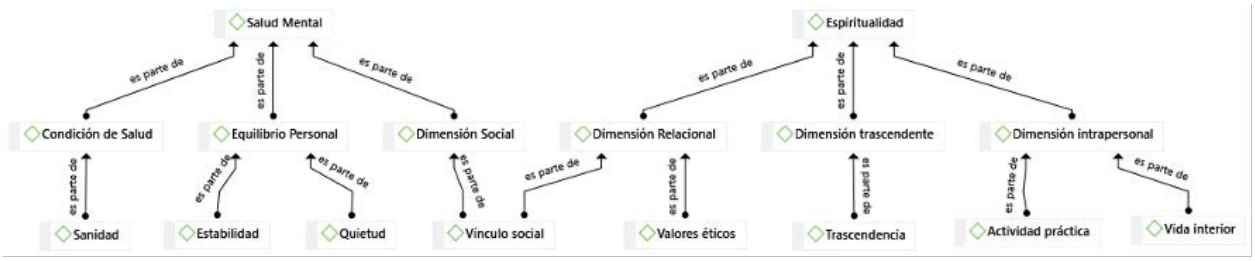

Figure 1 corresponds to the analytical network that summarizes the thematic analysis, representing the hierarchies between themes and subthemes identified from the participants' responses. Next, the themes, subthemes, and the categories that the latter encompass will be presented in detail.

Spirituality:

Three themes emerged in relation to *spirituality* (Table 2). First, the *intrapersonal dimension of spirituality*: a set of internal realities and practices through which people consciously relate to themselves, focusing on well-being and personal growth. Second, the *transcendent dimension of spirituality*: the experience of connection and openness to realities that go beyond the limits of the empirical and the material. The third theme is the *relational dimension of spirituality*: updating the spiritual experience in the social and ethical fabric, which manifests itself in the construction of social connections and commitment to principles for coexistence.

Table 2
Spirituality

Theme	Subthemes	Categories
Intrapersonal dimension	Inner life	Internal peace; calmness; security; personal reflection; self-awareness; personal growth
	Practical activity	Action; religious and non-religious practices; perception of the world
Transcendent dimension	Transcendence	Connection with the divine or spiritual; ethereal dimension; extracorporeality
Relational dimension	Social connection	Community; ties with others; social support; belonging; subjectivity
	Ethical values	Honesty; respect; solidarity; shared moral principles; compassion; humility; empathy; coherence with personal values; acting with values within the society

Note. Source: Prepared by the authors

Below, we present each of the subthemes reported by participants, including quotes that reflect the categories that comprise them.

Inner life

The students agreed that spirituality is related to inner life, which they associate with *inner being* and *inner peace*. Furthermore, this inner life generates feelings of fulfillment and security. Thus, a Peruvian student states that spirituality "is an inner life that I can nurture through contact with nature or activities that help me grow and feel better about myself" (EtP35). A Mexican student states that spirituality is "connecting with your inner self, with yourself, feeling fulfilled, accompanied, secure, calm. Knowing yourself, being able to be with yourself, developing to your fullest potential" (EtM42).

According to participants' responses, another characteristic of spirituality as an "inner life" is feelings of 'peace' and "calm." They report that this experience of personal growth strengthens their connection with the outside world and makes them aware that they can go beyond the common expectations of a life focused solely on material well-being. For them, spirituality motivates them to have a different perception of reality and, consequently, to take action based on "confidence" or "security." In this regard, a Mexican student links spirituality with "feeling confidence and security in something inside and outside of us that moves us to grow as people" (EtM11).

This perception of a purpose beyond common expectations of security based on material well-being, defined as "interiority," goes hand in hand with a 'growth' that is inseparable from an exercise in self-analysis. In this regard, one student mentions that spirituality is "connecting with an inner aspect of each of us and the ability to reflect" (EtM85).

Practical activity

Another sub-theme relates spirituality to its more concrete dimension, i.e., practice—beyond whether it is religious or not—and how this can influence self-acceptance and the way the world is perceived. A student from Peru responded: "It is our inner life, our practices, religious or not, that we have forged throughout our lives and the way we perceive the world" (EtP7). A Mexican student states: "It is connecting and having the awareness to approach, work on, and put into practice your ethereal side" (EtM28). In other words, from their point of view, there is no spirituality without action.

Transcendence

The students surveyed believe that there is a "connection" between their "inner self" and something that transcends material life, which they identify as 'sacred' or "divine." They identify it with Christian concepts such as "soul," "God," or "Holy Spirit," which they consciously associate with religious beliefs, faith in a particular doctrine, and, in some cases, nature. Thus, a student from Peru expressed that spirituality "goes beyond the physical, it involves the essence of the human being, their soul, their innermost being. [...]. According to different religions, it is believed that the soul transcends the body and survives beyond death" (EtP47). For her part, a Mexican student mentioned that spirituality means accepting that "living beings are more than just physical bodies and go beyond what we can see, but rather feel a sense of trust and security in something inside and outside ourselves that moves us to grow as people" (EtM13).

Social connection

Spirituality is also understood as the bond that is established with other people and dimensions of their lives. In Peru, they specified that it is linked to the social and work spheres, although in a more subjective way: "An area of life such as the social sphere, the work sphere, among others. Only this sphere has a more personal aspect and refers to subjective issues "(EtP55). This dynamic is formulated by a student from Mexico as a peaceful relationship with others:" It is an act where you feel at peace with yourself and with other people, it is feeling good and not letting anything pressure or frustrate you" (EtM80).

Ethical values

Most participants considered spirituality to be related to values concerning the common good, morality, and ethics, as well as attitudes based on empathy, such as compassion, hospitality, and humility. Likewise, sensitivity to environmental issues was another quality highlighted as a moral value. One respondent from Peru pointed out that it could be said that "it is our inner being that makes us more charitable towards others, compassionate, hospitable, and humble" (EtP35). Another student from Mexico stated: "being consistent with my values [...] living with awareness of what is happening around me

when necessary, knowing how to be present, empathizing, and knowing how to express my opinions and perspective to contribute to my environment" (EtM85).

Mental health

Three themes were identified in relation to *mental health* (Table 3). First, *mental health as personal balance*: a state of psychological harmony that allows individuals to experience stability in various aspects of their lives, including their capacity for self-regulation. Second, *the social dimension of mental health*: the manifestation of psychological well-being through the quality of interpersonal relationships and community support. This dimension values the influence of the environment on psychological well-being. Finally, *mental health as a health condition:* optimal functioning of the person, free from psychological pathologies, which enables well-being and is part of the person's overall health.

Table 3
Mental Health

Theme	Subthemes	Codes
Personal balance	Quietness	Emotional well-being; peace of mind; calmness, rest, tranquility
	Stability	Balance; stability; internal regulation; clarity; internal peace
Social dimension	Social connection	Interpersonal relationships; support; social belonging
Health condition	Health	Health; general well-being; absence of discomfort

Note. Source: Prepared by the authors

Below, we present each of the subtopics reported by participants, including quotes that reflect the categories that comprise them.

Quietness

Participants considered mental health to be personal balance that influences emotional and psychological well-being. It also brings calmness and peace, impacting personal, social, work, and spiritual aspects of life. They also related it to a sense of emotional balance. In their words: "It is a person's emotional and psychological well-being. It is feeling good about yourself, being able to feel calm and peaceful, and not having thoughts that in one way or another can affect the performance of our activities "(EtP2), or "... necessary for human beings to be well; having good mental health affects you in all areas of your life, from the personal, social, work, spiritual, etc." (EtM59).

Stability

The participants include mental health within the concept of well-being as stability in managing emotions, having clear thoughts and critical judgment, which can be reflected in a person's behavior through their actions and decision-making. As one student from Peru puts it: "Mental health is being mentally well, that is, having clear emotions, clear thoughts, confidence to act and live, make decisions, always thinking about our well-being" (EtP13). A student from Mexico said that it means "having a clear mind, that is, not overthinking things and having clear thoughts" (EtM 44). They also conceptualize mental health as harmony between oneself (between one's "spirit") and the outside world, through beliefs, values, and the way in which these help them face life. A student from Peru said: "Mental health is having inner and outer peace" (EtP54). Another Mexican participant stated that it is "the way we think and how we relate to the outside world, controlling our emotions and thoughts while taking into account our values and beliefs, always caring for and respecting ourselves and others" (EtM11).

Social connection

Participants also linked mental health to both general health and the environment, considering that it benefits human development through emotional, social, economic, and spiritual

aspects. A student in Peru states: "Mental health is the tranquility that exists between our spirit and our 'self.' In addition to emotional, social, and economic tranquility" (ETP4). In the case of Mexico, some respondents said that it involves healing painful childhood experiences: "Healing the wounds of our childhood, being aware of who you are, what you do, what you think, knowing how to act in the best way possible in everyday life and in difficult times" (ETM 60). Another response relates mental health to overall well-being and relationships with others: "Well-being in all areas and coping with crucial moments; having friends, talking to them, joking around" (ETM 82).

Health

Finally, some respondents from Peru indicated that mental health was related to overall health, given its importance for human development and its relationship with the environment: "Everything that has to do with our environment, whether it be different illnesses such as depression, etc." (EtP23). Another Peruvian respondent relates the spiritual to the emotional, social, and economic: "Mental health is the tranquility that exists between our spirit and our self. In addition to emotional, social, and economic tranquility "(EtP4). In the case of Mexico, one respondent replied that mental health meant "Having healed the wounds of our childhood, being sane [regarding] who you are, what you do, what you think, knowing how to act in the best way in everyday life and even more so in difficult times" (EtM 60).

DISCUSSION

The common perception among students who identify spirituality is that of "interiority." This theme is linked to their perception of the world and the way they interact with their environment, allowing them to experience peace and even identify that there is something within them that goes beyond the physical. References to the sacred and transcendent are present in both groups of respondents. Paradoxically, both the transcendent and the physical (immanent) are experienced as dimensions that belong to the same reality. Peri (2021) defines spirituality by taking into account this paradox in which consciousness and self-knowledge confer balance, thus experiencing the spiritual dimension as linked to the most everyday aspects of life, but at the same time imbued with something that goes beyond pure immanence.

Relating spirituality to self-knowledge, self-care, and one's relationship with the environment refers to the physical dimension of the person. Peri (2021) points out that this can be considered the ontological dimension, as it implies the dynamism with which subject and object constantly feed back into each other. For this same author, spirituality considers the different perceptions that individuals have of themselves. This, in turn, entails a high level of consciousness (Chalmers 1997; Chalmers 2010; Dunbar 2022) and has its counterpart in cognition and behavior. This in turn leads us to the analysis of some theologians, philosophers, and sociologists who relate spirituality to self-reflective processes inherent in self-knowledge, the search for meaning in life, or the conceptualization of a transcendent reality (Fernández & Castillo, 2017; Vigil, 2007).

The participants' perception relates self-knowledge and their personal and collective reality to that which cannot be explained definitively, but only described by its internal or external manifestations. However, there are other practices that, according to the respondents, are linked to the spiritual dimension, such as religious expressions and ethical values. All of this affects the relational dimension of spirituality, which takes into account the different expressions of the individual within society. Spirituality thus becomes more concrete, not only as an expression of the subject's connection with the transcendent, but also as an integral dimension that involves the social role of the individual.

With regard to mental health, the respondents' perceptions coincide with the themes raised in relation to spirituality. It is related to various dimensions of the person: behavioral, cognitive, and emotional. It is important to note that both survey groups also mentioned factors related to context, that is, to a relational dimension. This last finding refers us to the perception of mental health from a cultural perspective and its social determinants (Bang, 2014; Ferreyra & Castorina, 2017; Macaya et al, 2018). Thus, we can say that external factors can contribute to or undermine people's mental health. Situations of tranquility or risk affect the individual in a positive or negative way.

One aspect that is not mentioned in the theoretical development of mental health is the inner self of the person. However, respondents considered that inner peace and harmony with themselves were related to mental health. As we have seen, these are aspects mentioned as an expression of the spiritual dimension. Consequently, the sub-theme of inner life can complement—or even be identified with—the theme of "well-being" mentioned in the students' perception of mental health.

Similar to what was observed in the analysis of spirituality, mental health is understood by the participants in this survey in both its biological or physical dimension and its sociocultural (religious and ethical) dimension. Although the transcendent dimension does not always appear explicitly in mental health, the truth is that, as with the notion of spirituality, it is also perceived as an integral dimension of a person.

Regarding the relationship between spirituality and mental health, respondents indicated that there is some connection between the two, although not always. Some considered that there was no link between these concepts. However, extensive research shows positive results in this regard. This has led to its application in epidemiological studies and in therapy and psychological counseling (González, 2017; Vitorino et al., 2018; Warner et al., 2021).

Throughout the course, we have noted aspects that need to be addressed in a relevant way. One of these is that spirituality can also be studied by taking into account people's biological, emotional, cognitive, and behavioral aspects, as long as they can engage in dialogue with other perspectives of interpretation that come from the field of study of older disciplines such as philosophy or theology, which are the ones that have traditionally accounted for this category from their own perspectives of interpretation.

Mental health, on the other hand, also requires the same treatment. Comprehensive care for the individual involves considering all aspects of their life and taking responsibility for their care as a matter of public interest rather than an individual one. At this point, ethics plays an important role, in that it allows us to take into account the importance of not losing sight of the dignity of the person and the importance of justice as a cross-cutting issue in the pursuit of the well-being of society. Recognizing the relational and connective nature of humanity should lead us to take responsibility for mutual and comprehensive care.

The study acknowledges limitations in its population, as it was restricted to private universities with a Catholic tradition. Furthermore, the study did not consider variables such as gender or socioeconomic status. Methodologically, it is recognized that the online survey could be enhanced by in-depth interviews.

This research allows us to propose practical recommendations. First, university programs should integrate spirituality into mental health promotion. This would enable the creation of safe spaces for expression and the strengthening of healthy social bonds among students. Likewise, spiritual counseling services should be included in student support services. Finally, teachers and staff should be trained in approaches that promote the holistic well-being of students.

CONCLUSIONS

As can be seen in the analysis of the results, perceptions of spirituality and mental health are related terms. Students consider common elements such as self-care, values, and the transcendent, as well as the social, cultural, and economic context. These aspects mean that studying spirituality from a mental health perspective requires interdisciplinary work that considers contributions from different scientific fields. The proximity in the relational dimension of both categories stands out. This dimension affects well-being.

Spirituality is associated with well-being. The findings suggest that spirituality is understood as inner peace, transcendence, and social support in both countries. We therefore highlight the importance of integrating this dimension into university and youth mental health policies. This means that policies must recognize spirituality as a cultural determinant of mental health. This perspective may enable the implementation of human and professional training programs that provide support adapted to the student. The study opens up areas for future research that should be taken into account when addressing

the two concepts of spirituality and mental health. We recommend conducting comparative studies between public and private universities, differentiated by gender and socioeconomic context.

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JD: Conceptualization, Formal analysis, Fund acquisition, Supervision, Writing—review and editing.

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NV: Formal analysis, Research, Methodology, Writing - original draft, Writing - revision and editing.

RI: Formal analysis, Research, Writing - original draft, Writing - revision and editing.

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REFERENCES

Angelini, A. (2021). *L'imaginaire du démoniaque dans la Septante: Une analyse comparée de la notion de "démon" dans la Septante et dans la Bible Hébraïque.* Brill. https://www.jstor.org/stable/10.1163/j.ctv29sfq5d

Bang, C. (2014). Estrategias comunitarias en promoción de salud mental: Construyendo una trama conceptual para el abordaje de problemáticas psicosociales complejas. *Psicoperspectivas,* 13(2), 109–120. https://doi.org/10.5027/psicoperspectivas-Vol13-Issue2-fulltext-399

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology,* 3(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health,* 11(4), 589–597. https://doi.org/10.1080/2159676X.2019.1628806

Cabanyes, J. (2017). *La salud mental en el mundo de hoy.* EUNSA.

Chalmers, D. (1997). *The conscious mind: In search of a fundamental theory.* Oxford University Press.

Chalmers, D. (2010). *The character of consciousness.* Oxford University Press.

De la Brose, O., Henry, A.-M., & Rouillard, P. (1986). *Diccionario del cristianismo.* Editorial Herder.

De la Torre, A., Del Refugio, M. & Juárez-Huert, N. (2016). *New Age in Latin America. Popular Variation and Ethnic Appropriations.* Brill.

Dunbar, R. (2022). *How religion evolved and why it endures.* Oxford University Press.

Fernández, R., & Castillo, S. (2017). El fenómeno de la secularización: Una investigación filosófica y empírica desde la realidad peruana. *Miscelánea Comillas,* 147(75), 261–292. https://dialnet.unirioja.es/servlet/articulo?codigo=6334898

Ferreyra, J., & Castorina, J. (2017). El aplicacionismo de las neurociencias en el campo de la salud mental. *Revista Investigaciones en Psicología,* 22(2), 25–36. https://www.psi.uba.ar/publicaciones/investigaciones/indice/trabajos_completos/anio22_2/ferreyra.pdf

Frigerio, A. (2016). Epílogo: La ¿'nueva'? espiritualidad: Ontología, epistemología y sociología de un concepto controvertido. *Ciencias Sociales y Religión,* 18(24), 209–231. https://doi.org/10.22456/1982-2650.67123

Frisch, A., & Schiffman, L. H. (2016). The body in Qumran literature: Flesh and spirit, purity and impurity in the Dead Sea Scrolls. *Dead Sea Discoveries,* 23(2), 155–182. http://www.jstor.org/stable/44075621

Fusar-Poli, P., Salazar de Pablo, G., De Micheli, A., Nieman, D. H., Correll, C. U., Kessing, L. V., Pfennig, A., Bechdolf, A., Borgwardt, S., Arango, C., & van Amelsvoort, T. (2020). What is good mental health? *European Neuropsychopharmacology,* 31, 33–46. https://doi.org/10.1016/j.euroneuro.2019.12.105

González, J. (2017). Integrando la espiritualidad en la consejería profesional y la psicoterapia: Modelo multidimensional de conexión espiritual. *Revista Griot,* 10(1), 56–69. https://revistas.upr.edu/index.php/griot/article/view/8827

Jansen, H. (2012). La lógica de la investigación por encuesta cualitativa y su posición en el campo de los métodos de investigación social. Paradigmas: Una *Revista Disciplinar de Investigación,* 5(1), 39–72. https://dialnet.unirioja.es/servlet/articulo?codigo=4531575

Kang, S., & Yong, J. (2019). Effects of a spirituality promotion program on spirituality, empathy and stress in nursing students. *Journal of Korean Academy of Fundamentals of Nursing,* 26(4), 240–247. https://doi.org/10.7739/jkafn.2019.26.4.240

Kao, L., Peteet, J., & Cook, C. (2020). Spirituality and mental health. *Journal for the Study of Spirituality,* 10(1), 42–54. https://doi.org/10.1080/20440243.2020.1726048

Klemn, W. (2019). Whither neurotheology? *Religion,* 10(11), 1–16. https://doi.org/10.3390/rel10110634

Koenig, H. G. (2012). Religion, spirituality, and health: The research and clinical implications. *ISRN Psychiatry,* 2012, 1–33. https://doi.org/10.5402/2012/278730

Lopera, J. (2015). El concepto de salud mental en algunos instrumentos de políticas públicas de la Organización Mundial de la Salud. *Revista Facultad Nacional de Salud Pública*, 32(1), 11–20. https://revistas.udea.edu.co/index.php/fnsp/article/view/19792/18466

Macaya, X., Vyhmeister, R., & Parada, B. (2018). Evolución del constructo de salud mental desde lo multidisciplinario. *Humanidades Médicas,* 18(2), 338–354. http://scielo.sld.cu/pdf/hmc/v18n2/1727-8120-hmc-18-02-338.pdf

Miranda, G. (2018). ¿De qué hablamos cuando hablamos de salud mental? *Utopía y Praxis Latinoamericana,* 23(83), 86–95. https://doi.org/10.5281/zenodo.1438570

Nasrollahi, Z., Eskandari, N., Adaryani, M. R., & Tasuji, M. H. (2020). Spirituality and effective factors in education: A qualitative study. *Journal of Education and Health Promotion,* 9(52), 1–8. https://doi.org/10.4103/jehp.jehp_430_19

Newberg, A. (2018). *Neurotheology: How science can enlighten us about spirituality.* Columbia University Press.

Pan American Health Organization. (2020). *Mental health.* https://www.paho.org/en/topics/mental-health

Peri, F. (2021). Epistemología de la espiritualidad. *Revista de Investigación,* 45(103), 13–38. http://revistas.upel.digital/index.php/revinvest/article/view/9168

Pew Research Center. (2014). *Religion in Latin America: Widespread change in a historically Catholic region.* Pew Research Center. https://www.pewresearch.org/religion/2014/11/13/religion-in-latin-america/

Quinn, B., & Connolly, M. (2023). Spirituality in palliative care. *BMC Palliative Care,* 22(1), 1–2. https://doi.org/10.1186/s12904-022-01116-x

Ransome, Y. (2020). Religion, spirituality, and health: New considerations for epidemiology. *American Journal of Epidemiology,* 189(8), 755–758. https://doi.org/10.1093/aje/kwaa022

Rykkje, L., Søvik, M. B., Ross, L., McSherry, W., Cone, P., & Giske, T. (2022). Educational interventions and strategies for spiritual care in nursing and healthcare students and staff: A scoping review. *Journal of Clinical Nursing,* 31(11–12), 1440–1464. https://doi.org/10.1111/jocn.16067

Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H., & Jinks, C. (2018). Saturation in qualitative research: Exploring its conceptualization and operationalization. *Quality & Quantity,* 52, 1893–1907. https://doi.org/10.1007/s11135-017-0574-8

Simkin, H., & Etchezahar, E. (2013). The extrinsic and intrinsic religious orientations: Validation of the 'Age Universal' I-E Scale in the Argentinian context. *Psykhe: Revista de la Escuela de Psicología,* 22(1), 97–106. https://doi.org/10.7764/psykhe.22.1.477

Stolkiner, A., & Ardila, S. (2012). Conceptualizando la salud mental en las prácticas: Consideraciones desde el pensamiento de la medicina social/salud colectiva latinoamericana. *Vertex Revista Argentina de Psiquiatría,* 23(10), 57–67. https://ri.conicet.gov.ar/handle/11336/195112

Vasconcelos, A. P., Lucchetti, A. L. G., Cavalcanti, A. P. R., da Silva Conde, S., Gonçalves, L. M., do Nascimento, F. R., Chazan, A. C. S., Tavares, R. L. C., da Silva Ezequiel, O., & Lucchetti, G. (2020). Religiosity and spirituality of resident physicians and implications for clinical practice: The SBRAMER multicenter study. *Journal of General Internal Medicine,* 35(12), 3613–3619. https://doi.org/10.1007/s11606-020-06145-x

Vetö, E. (2016). Praying in the Holy Spirit: Spirituality and pneumatology. *New Blackfriars,* 97(1068), 157–172. http://www.jstor.org/stable/24766553

Vigil, J. (2007, 8 de julio). Otra espiritualidad es posible. *Redes Cristianas.* http://redescristianas.net/otra-espiritualidad-es-posible-jose-maria-vigil/

Vitorino, L. M., Lucchetti, G., Leão, F. C., Vallada, H., & Prieto, M. (2018). The association between spirituality and religiousness and mental health. *Scientific Reports,* 8(17233), 1–9. https://doi.org/10.1038/s41598-018-35380-w

Warner, E. T., Kent, B. V., Zhang, Y., Argentieri, M. A., Rowatt, W. C., Pargament, K., Koenig, H. G., Underwood, L., Cole, S. A., Daviglus, M. L., Kanaya, A. M., Palmer, J. R., Huang, T., Blais, M. A., & Shields, A. E. (2021). The Study on Stress, Spirituality, and Health (SSSH): Psychometric evaluation and initial validation of the SSSH Baseline Spirituality Survey. *Religions,* 12(3), 1–17. https://doi.org/10.3390/rel12030150

World Health Organization. (1946). *Constitution of the World Health Organization.* https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf

World Health Organization. (2022). *Comprehensive mental health action plan 2013–2030.* https://www.who.int/publications/i/item/9789240031029

Zinnbauer, B., Pargament, K., Cole, B., Rye, M., Butter, E., Belavich, T., Hipp, K., Scott, A., & Kadar, J. (1997). Religion and spirituality: Unfuzzying the fuzzy. *Journal for the Scientific Study of Religion,* 36(4), 549–564. https://doi.org/10.2307/1387689