



1 Article

# 2 Spirituality and employment in recovery from severe 3 and persistent mental illness and psychological 4 well-being

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15 **Abstract:** People diagnosed with severe and persistent mental illness (SPMI) face multiple  
16 vulnerabilities, including when seeking employment. Among SPMI patients, studies show that a  
17 stronger sense of spirituality can help reduce psychotic symptoms, increase social integration,  
18 reduce the risk of suicide attempts and promote adherence to psychiatric treatment. This study  
19 examined how the variables spirituality and employment affect the recovery process and  
20 psychological well-being of people with SPMI who attend employment recovery services. The  
21 sample consisted of 64 women and men diagnosed with a SPMI. The assessment instruments  
22 included the Recovery Assessment Scale, Ryff Psychological Well-being Scale, Work Motivation  
23 Questionnaire, Daily Spiritual Experience Scale, and Functional Assessment of Chronic Illness  
24 Therapy-Spiritual Well-Being (FACIT-Sp12). **Hierarchical regression analyses were performed to  
25 compare three different models for each dependent variable (recovery and psychological  
26 well-being).** The findings showed that job skills predicted psychological well-being and recovery.  
27 When spiritual variables were included in the model, job skills dropped out and the dimension  
28 meaning/peace of the FACIT-Sp12 emerged as the only significant predictor variable. Integrating  
29 spirituality into recovery programs for people with SPMI may be a helpful complement to facilitate  
30 the recovery process and improve psychological well-being.

31 **Keywords:** Spirituality; recovery; severe and persistent mental disorder; employment;  
32 psychological well-being  
33

## 34 1. Introduction

35 In the United States, 20% of adults have or have had a common mental health problem (51.5  
36 million in 2019) and 5.2% have a serious mental illness (13.1 million in 2019) [1]. These numbers  
37 represent an increase **of mental health problems** from just 11 years ago. In Spain, for example, in  
38 2009, 9.6% of the population over 15 years old suffered from a mental health problem, while in 2017  
39 it had risen to 10.8% [2].

40 Severe and persistent mental illness (SPMI) is a complex concept that fundamentally covers  
41 three areas [3]: diagnosis, disability, and duration. Goldman et al. [4] (p.22) defined SPMI patients as  
42 “persons who suffer certain serious psychiatric and chronic disorders including schizophrenia,  
43 bipolar affective disorder, organic brain syndromes, paranoid disorders and other psychoses, as well  
44 as serious disorders of the personality which impede or prevent the development of their functional

45 capacities in relation to daily life aspects, such as personal hygiene, self-care, self-control,  
46 interpersonal relations, social interactions, leisure activities, and work. These later conditions also  
47 impede the development of their economic self-sufficiency. In addition, many of these persons have  
48 been hospitalized at some time in their lives, changing the duration of their condition”.

49 In this way, people with SPMI are in a vulnerable situation in which they find serious  
50 difficulties when performing certain activities, such as obtaining a job. Having a job is beneficial for  
51 mental health, offering personal empowerment and the construction of a life project. The process of  
52 obtaining a job for a person suffering from SPMI can be very difficult. In order to facilitate this  
53 process, there are specific recovery services for people with SPMI [5], including employment  
54 services [6].

### 55 1.1. Recovery from persistent mental disorders and psychological well-being

56 According to Anthony [7], recovery from a persistent mental disorder is “a unique, personal  
57 process, of changing attitudes, values, feelings, goals, abilities, and roles. It is a way to live a  
58 satisfying life, with hope and contribution, even with the limitations caused by illness. Recovery  
59 implies developing a new meaning and purpose in life, as the person grows beyond the catastrophic  
60 effects of mental illness...”(p. 527).

61 The core values in a recovery process have been identified as [8]: the involvement of the person,  
62 the need to increase self-esteem; the potential for growth, promoting and generating hope;  
63 orientation towards the person, focusing on strengths and abilities, not on difficulties; and  
64 self-determination and self-choice as a cornerstone during the recovery process. Other authors have  
65 also added [9]: meaning of life, identity, empowerment, and hope and optimism about the future.

66 It is important to understand that recovery does not mean a clinical cure, but rather it is a  
67 change in order to build a life beyond the disease. According to Andresen, Oades and Caputi [10]  
68 there are a series of essential elements to complete this process:

- 69 • Establishment of a positive identity, with a positive sense of self that incorporates the disease.
- 70 • Building a meaningful life.
- 71 • Finding hope and keeping it, pursuing the goal of believing in yourself, achieving self-control  
72 and having an optimistic vision of the future.
- 73 • Assuming responsibility and control with the disease and with life.

74 There are many approaches to studying well-being. Keyes et al. [11] defined subjective  
75 well-being (p. 1007) as “the evaluation of life in terms of satisfaction and balance between positive  
76 and negative affect”, and psychological well-being (p. 1007) as “the perception of engagement with  
77 existential challenges of life”. Spiritual well-being has been described as a “dynamic and affective  
78 dimension of religion and spirituality that impacts the way that people experience, understand and  
79 live their lives” [12] (p. 2). In relation to psychological well-being and recovery, in a recent study  
80 carried out with people diagnosed of SPMI in recovery [13], it was found that those who were in  
81 more advanced stages of recovery scored higher in psychological well-being.

82 In this current study we focus on psychological well-being and spiritual well-being as they have  
83 been shown to maintain a close relationship with recovery.

### 84 1.2. Employment and recovery from persistent mental disorders

85 It is well known that work for people diagnosed with SPMI is beneficial in several aspects [14].  
86 For instance, it 1) provides a feeling of normality, acceptance, belonging and fulfilment of norms and  
87 values; 2) gives structure, energy and a balanced daily life; and 3) increases well-being and  
88 strengthens one's identity.

89 Lagerveld et al. [15] found that work-focused treatment improved outcome measures on  
90 duration until return to work, mental health problems, and costs to the employer in 89 clients with  
91 common mental disorders (depression, anxiety, or adjustment disorder) in comparison with 79  
92 clients that received only regular cognitive-behavioral therapy. Other authors [16] report that

93 for people in recovery from SPMI, work had personal meaning and promoted recovery. Specifically,  
94 they found that work fostered pride and self-esteem, offered financial benefits, provided coping  
95 strategies for psychiatric symptoms, and ultimately facilitated the process of recovery.  
96 Naranjo-Valentín et al. [17], showed that people with SPMI who had attended public services for  
97 employment and received training in skills such as job searching, CV preparation, and interview  
98 skills, had more success finding employment and progressed in their recovery process.

99 Finally, the inclusion of employment services in recovery-oriented programs has been  
100 suggested not only for people with SPMI, but also in addictive behaviour recovery [18].

### 101 1.3. Spirituality and recovery from persistent mental disorders

102 Despite the large number of definitions offered for religiosity and spirituality, there is a relative  
103 consensus to understand the terms as defined by Cook [19], who suggests that spirituality goes  
104 beyond religion, with a focus on interpersonal relationships and what they entail and including  
105 consciousness, meaning and purpose to life, self-knowledge, humanity, transcendence, values,  
106 authenticity, love and compassion. Spirituality appears in individuals' inner existence and in social  
107 groups. Cook divides spirituality into three dimensions: intrapersonal (the connection of the subject  
108 with himself), interpersonal (provides others with solidarity, understanding or acceptance) and  
109 transpersonal (search of the transcendence) [20]. In this study we adhere to Cook as well as other  
110 authors [21] to understand spirituality as a concept that includes religion, being broader than this,  
111 and encompassing questions of the meaning of life and relationships between the transcendent and  
112 the sacred.

113 The mechanisms in which spirituality affects health have been explored by various models and  
114 theories [22,23], and although much work remains to fully explain this relationship, Koenig's model  
115 [24] suggests spirituality as a resource that promotes health and well-being through positive  
116 psychological states, meaning of life, connection with others, harmony, hope, tranquility and moral  
117 values [25,26]. For instance, in patients with chronic diseases it has been observed that more  
118 spirituality is associated with better clinically-related symptoms such as depressed mood and  
119 anxiety, emotional variables (affect, anger), well-being (optimism, satisfaction with life), and  
120 physical health-related outcomes (fatigue, sleep quality) [27]. Other authors [28] find that lack of  
121 spirituality leads to lower levels of mental health.

122 Regarding the role of spirituality in the recovery process, some authors [29–31] have underlined  
123 the importance of taking spirituality into account in the process of recovery from SPMI. There is  
124 evidence that among SPMI patients, spirituality in most cases can help in recovery, reducing  
125 psychotic symptoms, increasing social integration, reducing the risk of suicide attempts and  
126 promoting adherence of psychiatric treatment [32]. Furthermore, within the model of the five  
127 recovery stages proposed by Andresen et al [10], authors [13] have identified the specific importance  
128 of gratitude in the rebuilding stage of recovery (4<sup>th</sup> stage); compassion, for awareness (2<sup>nd</sup> stage) and  
129 growth (5<sup>th</sup> stage); inner peace in the growth stage (5<sup>th</sup> stage); and connection with life in the stages of  
130 Awareness, Preparation, Rebuilding and Growth of the recovery process (2<sup>nd</sup> to 5<sup>th</sup> stages).

131 However, despite these advances, it is still necessary to contextualize spirituality within the  
132 process of recovery from SPMI and evaluate its influence along with other variables of proven  
133 recovery value, such as employment. For this reason, this study aims to understand how the  
134 variables spirituality and employment affect the recovery process and the psychological well-being  
135 of people with SPMI who attend to employment recovery services.

136 The following hypotheses are tested:

137 H<sub>1</sub>. Recovery will maintain a highly significant positive correlation with psychological  
138 well-being.

139 H<sub>2</sub>. Employed people with SPMI will score higher in recovery and psychological well-being.

140 H<sub>3</sub>. Spirituality will correlate positively and significantly with the recovery process and  
141 psychological well-being of people with SPMI.

142 H<sub>4</sub>. Spirituality and employment will be predictors of the recovery process from SPMI and  
143 psychological well-being.

## 144 2. Materials and Methods

### 145 2.1. Study Design and Procedure

146 To test our hypotheses, we performed an exploratory, ex post facto, simple retrospective study  
147 [33]. This project involved strategic collaboration with two employment recovery services within the  
148 public network for people with SPMI of the state of Madrid, Spain (CRL Nueva Vida and CRL  
149 Coslada). We used participants only from these specific employment services in order to explore  
150 deeper the role of employment in the recovery of people with SPMI.

151 We used convenience sampling, as participants were contacted by professionals at the  
152 aforementioned centers, who were requested by email for an appointment on which they could  
153 complete our questionnaires. The questionnaires were administered by a psychologist with  
154 experience in recovery for people with SPMI, in the same centers participants already attended.  
155 Before the administration of the questionnaires, the study was briefly explained, and participants  
156 were assured of their anonymity and the confidentiality of their information before providing  
157 written informed consent.

158 Participants took between 20 and 30 minutes to complete the questionnaires. The  
159 questionnaires were administered in small groups so, if needed, the participants could ask the  
160 psychologist any questions they may have. They were informed that they could stop filling out the  
161 questionnaire if they felt uncomfortable. Only one of the study participants left the questionnaire  
162 **undone** because of this issue. The study period was from January 2020 through May 2020. The study  
163 received the approval of the Deontological Commission of the Faculty of Psychology of the  
164 Complutense University of Madrid (2020/21-016).

### 165 2.2. Sample

166 The sample consisted of 64 people diagnosed with a SPMI, who attended two employment  
167 recovery services. **Employment recovery services are for a high profile of consumers, and they must**  
168 **have several cognitive and social skills and job interest. In these two services attended people with**  
169 **the following diagnosis: Schizophrenia (46.75%), Other psychotic disorders (27.13%), Personality**  
170 **disorders (16.91%) and Mood disorders (9.21%).** They were 39 men and 25 women. The age range  
171 was between 24 to 58 years old ( $M = 43.38$ ,  $SD = 9.12$ ) (see Table 1).

172 The inclusion criteria were:

- 173 • Diagnosis of SPMI;
- 174 • Age greater than 18 years;
- 175 • Attend an employment service for people with SPMI;
- 176 • Accept voluntary participation through informed consent; and
- 177 • Psychopathological stability confirmed by service's staff.

### 178 2.3. Measures

#### 179 2.3.1. Recovery and Psychological Well-being

180 There are several scales to evaluate recovery, some of them provide information about the  
181 stages of recovery, as the Stages of Recovery Instrument [34], and others offer information about the  
182 recovery and its related factors [35]. Here, since we were interested in getting a comprehensive  
183 measure of recovery, we chose the Recovery Assessment Scale (RAS) [36]. The RAS is a widely  
184 validated scale which includes the assessment of five different recovery factors for people with  
185 SPMI, with a special focus on hope and self-determination. In addition, this test has been previously  
186 validated and adapted to Spanish [37,38]. The RAS includes 41 items, uses a 5-point Likert scale that  
187 ranges from 1 = "totally disagree" to 5 = "totally agree" and groups these items into five factors:  
188 Personal confidence and hope (e.g., "I have a purpose in life"); Willingness to ask for help (e.g., "I  
189 ask for help when I need it"); Goal and to success orientation (e.g., "I have a desire to succeed");  
190 Reliance in others (e.g., "I have people I can count on"); Not dominated by symptoms (e.g., "My

191 symptoms interfere less and less in my life"). The RAS offers a final score by obtaining the average of  
192 the scores of the five factors, where higher the score the better recovery. The Cronbach's Alpha  
193 obtained for the current sample was 0.90.

194 To explore psychological well-being, the adaptation to Spanish [39] of the Ryff psychological  
195 well-being scale (PBW) [40,41] was used. It is comprised of 39 items distributed in 6 dimensions  
196 (self-acceptance, positive relationships, autonomy, environmental mastery, personal growth, and  
197 purpose in life) and on a 6-point Likert-type scale (from "Totally disagree" to "Strongly agree"). The  
198 subscales have a reliability greater than 0.70. In order to reduce the time to complete all of the  
199 questionnaires, only the dimensions corresponding to autonomy (e.g., "I have **confidence** in my  
200 opinions even if they are contrary to the general consensus"), personal growth (e.g., "I have the  
201 sense that I have developed a lot as a person over time") and self-acceptance (e.g., "the past had its  
202 ups and downs, but in general I wouldn't change it") were applied in this research. These three  
203 dimensions were selected to assess well-being in relation to the ability to maintain individuality and  
204 independence in different social settings; positive attitude towards the self, associated with  
205 self-esteem and self-knowledge; as well as the idea of learning and positive evolution of the person.  
206 The final score was obtained as the average of the scores of the three factors, where a higher score  
207 indicated better psychological well-being. The reliability of the measure for the sample used here  
208 was 0.82.

### 209 2.3.2. Employment

210 First, participants were asked directly if they had a job or not, coding Yes = 1 and No = 2.

211 As a second measure of employment, and with the aim of knowing the employment  
212 motivations of the participants, the Work Motivation Questionnaire (WMQ) for people with SPMI  
213 was also applied [42]. This is an instrument that evaluates the degree of motivation for work and  
214 integration into the world of work, and differentiates between eight motivational factors: job  
215 satisfaction, integration into the work environment, social acceptance, social performance, job skills,  
216 self-esteem, perception of family support and job assertiveness. It consists of a total of 38 items, in a  
217 dichotomous response scale ("true" or "false"), where true was coded as 1 and false as 2. The total  
218 scores were obtained by adding the items of each factor. **Only when necessary, the responses were**  
219 **recoded and higher scores meant more work motivation.** For this study, in order to reduce the  
220 response time of the questionnaires and specifically explore the motivation for employment, the  
221 following dimensions were used (26 items): job satisfaction (e.g., "When I work I feel better" ),  
222 integration into the work environment (e.g., "**Changes in working conditions make me nervous**"),  
223 job skills (e.g., "You are likely to have problems with punctuality") and job assertiveness (e.g., "I  
224 would never do similar jobs where I had problems again"). **To the people that were unemployed at**  
225 **the application time, we asked to respond in a hypothetical way, as if they were employed, recalling**  
226 **previous employments when it was possible.** Cronbach's alpha for the original test is 0.87 and for the  
227 version used here was 0.71.

### 228 2.3.3. Spirituality

229 There are numerous scales to assess spirituality in health contexts [43], in order to provide an  
230 assessment as broad as possible, without making it too time **consuming** for the participants, we used  
231 two complementary instruments. One of them refers to behavioral aspects and the other explores  
232 spiritual well-being from cognitive and affective approaches.

233 The Daily Spiritual Experience Scale (DSES) [44] was designed to quantify ordinary experiences  
234 of spirituality. It is made up of 16 items where the first 15 explore the frequency of different spiritual  
235 experiences, using a 6 options Likert-type scale (ranging from "many times during the day" to "never  
236 or almost never"), while item 16 offers 4 possible answers ("not at all", "something close", "very close"  
237 and "as close as possible"). The DSES encompasses elements such as: connection, transcendent sense  
238 of self, strength and comfort, peace, divine help, perception of divine love, admiration, gratitude and  
239 appreciation, compassionate love, union and closeness to the divine (e.g., "During worship, or at  
240 other times when connecting with God, I feel joy which lifts me out of my daily concerns"; "I feel a



241 selfless caring for others"). The final score was obtained by adding the scores from all the items.  
 242 Higher scores indicate a higher level of spirituality in one's life. The validation into Spanish [45]  
 243 obtained a Chronbach's alpha of 0.91, and for the current sample it was 0.96.

244 The Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being (FACIT-Sp12) [12]  
 245 was chosen to evaluate the spiritual well-being. This test includes 12 Likert-type items with 5  
 246 response options (ranging from "not at all" to "a lot"). The FACIT-Sp12 assesses three dimensions of  
 247 spirituality: meaning, peace and faith, which group into two factors: meaning / peace and faith, the  
 248 first including 8 items and the second 4. Meaning is based on a cognitive component (e.g., "My life  
 249 has been productive"), while peace (e.g., "I feel a sense of harmony within myself") and faith (e.g., "I  
 250 find strength in my faith or spiritual beliefs") are considered more affective components. The  
 251 Cronbach's alpha of the FACIT-Sp 12 in the Spanish adaptation [46,47] is 0.85, and for the current  
 252 sample it was 0.79.

253 Additionally, gender, age and education degree were taken into account. Gender was coded as  
 254 female = 2 and male = 1; age was coded in actual years; and education degree included the following  
 255 categories: "without studies", "elementary studies", "secondary studies", "high school or vocational  
 256 training", and "university studies".

#### 257 2.4. Data Analysis

258 First, reliability analyzes were performed, obtaining Cronbach's alpha coefficient to assess the  
 259 internal consistency of the instruments used in this study. Subsequently, the assumptions of  
 260 normality of the data were verified by means of the Levene test, since these were fulfilled, T  
 261 Student's tests and Analysis of the Variance (ANOVA) of one factor were performed.

262 Next, in order to investigate the relationships between recovery and psychological well-being  
 263 and motivation for employment and spirituality, Pearson's bivariate correlation analyzes were  
 264 performed.

265 Finally, **hierarchical regression analyses were performed to compare three different models for**  
 266 **each dependent variable (recovery and psychological well-being). Model 0 included age and gender;**  
 267 **Block 1 included age, gender, employment, job satisfaction, integration into the work environment,**  
 268 **job skills and job assertiveness; and Model 2 included all the previous variables plus DSES,**  
 269 **FACIT-Sp12-Meaning/Peace, and FACIT-Sp12-Faith.** Those whose *p* value was less than or equal to  
 270 .01 were taken as definitive models. The tolerance level of the independent variables is reported as a  
 271 control measure for the degree of collinearity, assuming values less than .10 as problematic. SPSS 25  
 272 was used for the statistical analysis.

### 273 3. Results

274 As shown in Table 1, it was observed that the highest percentage of participants (42.2%) had  
 275 completed university studies, 32.8% vocational training or high school, 14.1% secondary studies and  
 276 10.9% elementary studies. Likewise, it was found that 54.7% had a job. There were no differences in  
 277 recovery and psychological well-being by gender. Nor did we found significant correlations  
 278 between age and the recovery and psychological well-being. Although the ANOVA indicated that  
 279 there were significant differences in recovery according to the studies of the person ( $F [3, 60] = 2.81, p$   
 280  $<.05$ ), post hoc tests did not reveal any clear difference between the study groups. Nor were  
 281 differences found for the psychological well-being variable.

282 **Table 1.** Sociodemographic variables.

Variables		N	%
Age <sup>1</sup>		43.3	9.1
Gender	Man	39	60.9
	Woman	25	39.1
Studies	Elementary studies	7	10.9
	Secondary studies	9	14.1
	Vocational training or high school	21	32.8

	University studies	27	42.2
Employment	Yes	35	54.7
	No	29	45.3
Total		64	100.0

<sup>1</sup> Mean and Standard Deviation (SD).

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Finally, as it can be seen in Table 2, consistent with what was proposed in the first hypothesis, the measures of psychological well-being and recovery showed a highly significant correlation ( $r = .70, p < .001$ ).

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### 3.1. Employment and recovery

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Contrary to what was established in the second hypothesis, we did not find significant differences in recovery between people who had a job and those who did not,  $t(59) = .27, p = .786$ . Similarly, we did not find differences in their psychological well-being,  $t(62) = .41, p = .681$ . **In addition we did not find differences in the WMQ dimensions between people who had a job and those who did not (work environment,  $t(62) = -.92, p = .359$ ; job skills,  $t(62) = -.38, p = .700$ ; job assertiveness,  $t(62) = .79, p = .431$ ; Job satisfaction  $t(62) = .84, p = .403$ ).**

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Alternatively, as shown in Table 2, we found significant correlations in the variables integration to the work environment, job skills and job assertiveness with the variables psychological well-being and recovery, with the variable job skills showing the higher correlation with recovery ( $r = .477, p < .001$ ) as well as with psychological well-being ( $r = .392, p < .01$ ). Job satisfaction was the only employment dimension that did not correlate with measures of recovery or psychological well-being.

300

**Table 2.** Correlations between the studied variables.

Variables	Psychological well-being	Recovery
Psychological well-being		.700*** [.569, .789]
Recovery	.700*** [.569, .789]	
FACIT-Sp12-meaning/peace	.722*** [.597, .811]	.841*** [.769, .891]
FACIT-Sp12-faith	.451*** [.202, .609]	.544*** [.357, .696]
DSES	.507*** [.300, .658]	.534*** [.347, .673]
WMQ-job integration	.296* [.137, .484]	.334** [.126, .516]
WMQ-job skills	.392** [.209, .556]	.477*** [.316, .640]
WMQ-job assertiveness	.252* [.058, .504]	.353** [.153, .541]
N	64	61

Note: Only significative differences are shown. **Values in square brackets indicate the 95% confidence intervals for each correlation.** FACIT-Sp12: Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being; DSES: Daily Spiritual Experience Scale; WMQ: Work Motivation Questionnaire. Three participants did not respond to some items of the Recovery measure.

\*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$ .

301

### 3.2. Spirituality and recovery

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Consistent with what was established in the third hypothesis, and as it can be observed in Table 2, all the spirituality variables showed significant correlations with the recovery and psychological

304 well-being measures. Highlighting the strongest correlation of the Meaning/peace dimension both  
 305 for psychological well-being ( $r = .722, p < .001$ ) and for recovery ( $r = .841, p < .001$ ).

### 306 3.3. Predictive models of recovery and psychological well-being

307 As it is shown in Table 3, the regression analysis procedure showed that, considering recovery  
 308 as a dependent variable, only when employment variables were added, the variable most relevant to  
 309 explain recovery was job skills (22.8% of the variance explained;  $p < .001$ ). Alternatively, when the  
 310 variables related to spirituality were introduced, the only variable that emerged in the model was  
 311 the Meaning/peace dimension of spiritual well-being, explaining the 70.8% of the variance;  $p < .001$ .

312 **Table 3.** Predictive models of recovery.

Models <sup>a</sup>	R <sup>2</sup>	B	SE	p	95% CI		Tolerance
					LL	UP	
Model 1 WMQ-job skills	.228	1.650	.396	.000	.859	2.442	1.000
Model 2 FACIT-Sp12-meaning/peace	.708	.551	.046	.000	.459	.644	1.00

Note: a. Only significant models are shown; **Model 0 included age and gender; Model 1 included employment, job satisfaction, integration into the work environment, job skills and job assertiveness; Model 2 included all the previous variables and Daily Spiritual Experience Scale measure, FACIT-Sp12-meaning/peace and FACIT-Sp12-faith.** FACIT-Sp12: Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being; WMQ: Work Motivation Questionnaire.

313 We found very similar results when the predictive variables of psychological well-being were  
 314 explored (see Table 4). For the **model** that included only the employment variables (**Model 1**), the  
 315 most relevant variable was job skills (15.4% of the variance explained;  $p < .001$ ). Additionally, when  
 316 the variables related to spirituality were introduced (**Model 2**), the variable that emerged was the  
 317 dimension meaning/peace of spiritual well-being, explaining 52.1% of the variance;  $p < .001$ .  
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319 **Table 4.** Predictive models of psychological well-being.

Models <sup>a</sup>	R <sup>2</sup>	B	SE	p	95% CI		Tolerance
					LL	UP	
Model 1 WMQ-job skills	.154	1.545	.460	.001	.624	2.465	1,000
Model 2 FACIT-Sp12-meaning/peace	.521	.540	.066	.000	.408	.671	1.00

Note: a. Only significant models are shown; **Model 0 included age and gender; Model 1 included employment, job satisfaction, integration into the work environment, job skills and job assertiveness; Model 2 included all the previous variables and Daily Spiritual Experience Scale measure, FACIT-Sp12-meaning/peace and FACIT-Sp12-faith.** FACIT-Sp12: Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being; WMQ: Work Motivation Questionnaire.

320 Thus, the findings partially confirmed the fourth hypothesis since although the employment  
 321 variables explained a significant percentage of recovery and psychological well-being, when all the  
 322 variables were included the dimension of meaning/peace of spiritual well-being was the only  
 323 predictor for the recovery and psychological well-being models. Finally, this variable presented a  
 324 better fit for the recovery model than for the psychological well-being one.  
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## 326 4. Discussion

327 This study aimed to explore how the variables spirituality and employment affect the process of  
 328 recovery and psychological well-being in people with SPMI who attend an employment recovery  
 329 service. The data showed that job skills are important elements to consider in the recovery and



330 psychological well-being, but that the search for peace and meaning is even more important for  
331 people who are in a recovery **process**.

332 This study presents some limitations that must be recognized. The sample, possibly due to  
333 difficulty of accessing potential participants, was limited in number. Also, due to the nature of our  
334 study, we selected participants only from employment services for people in recovery from SPMI,  
335 **who presented a very specific profile (e.g. high levels of educational attainment, cognitive and social**  
336 **skills, job interest)**. In future studies, it would be appropriate to broaden the scope of recovery  
337 services (housing services, daily center services, so on), include other important variables of  
338 recovery different than employment (such as social support or community participation) and  
339 increase the number of participants. Further, quantitative research for a subject as sensitive as  
340 spirituality in people suffering from SPMI obliges researchers to establish precautions, such as  
341 reducing items to avoid fatigue, administering the study in small groups to provide sufficient  
342 explanations, or discontinuing the tests if someone feels uncomfortable with them. Therefore, we  
343 had to limit the scope of our instruments, such as reducing the dimensions of the PWB and the  
344 WMQ. **In line with this, we didn't collect more data about the participants employment history, and**  
345 **this should be explored deeper because it could have some impact in the results too**. Finally, our  
346 participants were Spanish individuals who used public services for people with SPMI, so the  
347 generalization of our findings are culturally limited. Nevertheless, considering these limitations, we  
348 might extract from our data significant information for the understanding of spirituality in recovery  
349 process.

350 In the first place, our findings partially coincide with another study [48] that, when evaluating  
351 the predictive variables of a recovery process in people with a diagnosis of schizophrenia, found  
352 adaptive coping strategies among the most significant variables, such as problem solving, as well as  
353 participation in socially valued activities. In this way, helping people in recovery to acquire job skills  
354 that allow them to participate more effectively and adaptively in productive environments can be an  
355 important strategy to improve their recovery and psychological well-being.

356 Additionally, this study extends what has been found in previous researches [13] when  
357 describing the effect of spirituality in different stages of recovery. Thus, even in people who are in  
358 employment services for the recovery of people with SPMI, it seems that spirituality could have a  
359 greater importance in their own recovery and psychological well-being than other classic elements  
360 of recovery, such as a job itself. The most significant aspects of spirituality were those that implied  
361 spiritual well-being, especially in terms of peace and meaning with life. **Hypothetically, this could be**  
362 **because recovery, as defined by Anthony [7], implies developing a new meaning and purpose in life,**  
363 **and living a satisfying life, kindly incorporating the catastrophic effects of mental illness. These**  
364 **results go in the same direction as other authors' [49], who previously signaled that failure to**  
365 **address meaninglessness can lead to psychopathologies such as depression, anxiety, addiction,**  
366 **lower levels of well-being, and suicide. Accordingly, applying meaning-centred therapies [50] might**  
367 **be also a good strategy to facilitate the recovery of people with SPMI**. However, coinciding with Saiz  
368 et al. [13], here it was also found that behavioral components of spirituality showed a positive  
369 correlation with psychological well-being and recovery, suggesting that daily spiritual experiences  
370 are also helpful for people in recovery.

371 Finally, of the four job motivations we explored (job satisfaction, integration into the work  
372 environment, job skills and job assertiveness), we found that job satisfaction did not show a  
373 correlation with psychological well-being nor recovery. This could suggest that, as pointed out by  
374 other authors [16], if employment is mediated by other elements as pride and self-esteem, it may  
375 represent an important element for recovery, regardless of the degree of satisfaction of people with  
376 it.

377 Considering all of this, for the future, it is recommended to design interventions aimed at  
378 improving SPMI patients' spirituality, which could be experimentally evaluated in randomized  
379 controlled studies, and empirically verified by examining the efficacy of spirituality in the recovery  
380 of SPMI. Lukoff [51] already noted that in the United States, mental health systems are undergoing a  
381 "quiet revolution," as mental health providers, government agencies, consumers, and other

382 advocates work together to introduce spirituality into the field of mental health. Maybe it is time to  
383 step further and consolidate a holistic mental health system which considers human beings in the  
384 most complete way.

## 385 5. Conclusions

386 For the recovery of people diagnosed with SPMI, attaining adequate job skills is an important  
387 element. However, providing these patients with peace and meaning in their lives turns out to be a  
388 more significant element, both for their recovery and for their psychological well-being. Integrating  
389 spirituality into recovery programs for people with SPMI seems to be a necessary complement for  
390 facilitating the recovery process and improving their psychological well-being.

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