



Biblical Coping Mechanisms: A Theological Approach to David's Mental Health in the Psalms

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ABSTRACT

Human suffering and profound emotional distress are universal realities, yet modern approaches often overlook the spiritual dimension, creating a dichotomy between secular therapeutic practices and theological needs. Recognizing the anachronism of applying modern clinical diagnoses to ancient figures, this study analyzes David's expressions of extreme emotional anguish in the Psalms. The objective is to formulate a biblical model of emotional resilience that integrates deep emotional honesty with steadfast faith. Employing a qualitative approach with a hermeneutical design, this research dissects the texts of the Psalms as narratives of lived experience to understand how David processed severe psychological distress through a theological lens. The results indicate that David applied "Theocentric Coping" through three integrative strategies: (1) validating suffering through "lament" as a bold act of faith; (2) cognitive restructuring through theological remembrance (*zakar*); and (3) cultivating relational security through radical surrender. This study bridges the gap between psychological principles and classical exegesis by framing covenant theology not merely as dogma, but as an active emotional regulation mechanism. Ultimately, the research concludes that biblical emotional well-being is not the denial of suffering, but the capacity to integrate emotional disorientation into a secure covenant relationship with God.

Keywords: Coping Mechanisms; David; Psalms; Mental Health; Biblical Theology; Lament

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INTRODUCTION

Human suffering is an unavoidable universal reality. As noted in biblical literature, humanity is "born to trouble" (Job 5:7), a truth that crosses the boundaries of time and culture (Carlson, 2015, p. 1). In a modern context, life's challenges manifest complexly in mental health issues, where disorders such as anxiety and depression become increasingly prevalent. Physical and psychological symptoms often go hand in hand, as described by the psalmist: "I am weary with my moaning; every night I flood my bed with tears; I drench my couch with my weeping" (Ps. 6:7).

Clinically, efforts to manage this psychological pressure are known as coping. Smith, Eriksen, and Bor (2015) define coping strategies as proactive efforts to manage the psychological effects of illness or distress, which often involve therapeutic approaches such as Cognitive Behavioural Therapy (CBT) or mindfulness to relieve anxiety symptoms (pp. 1-2). However, purely clinical approaches often ignore the spiritual dimension that is the core of human existence, creating a dichotomy between medical treatment and theological needs.

David, a central figure in the Old Testament narrative, presents a unique case study regarding mental health in the context of extreme threats. David did not only face situational pressure, but what Breakwell (1986) calls "threatened identities". When David cried out, "Look to the right and see: there is none who takes notice of me... no one cares for my soul" (Ps. 142:5), he was experiencing social isolation that threatened his integrity. Breakwell explains that when someone's identity is threatened such as David's drastic transition from shepherd, to king, then fugitive the individual must make intra-psychic and interpersonal adjustments to maintain his integrity (pp. 3-4). In the situation of this "broken world", effective coping strategies are not just about surviving, but choosing "wholeness" in the midst of brokenness (Gillespie, 2015, p. 5). For David, these mechanisms are recorded poetically and theologically in the book of Psalms.

Modern psychology of religion studies are beginning to recognize that religion is not just an escape, but a comprehensive "meaning system". Paloutzian and Park (2005) in the *Handbook of the Psychology of Religion and Spirituality* emphasize that religion functions as a framework that helps individuals process trauma, provide purpose, and conduct self-regulation when facing crises (pp. 14-15). This is clearly seen when David regulates his emotions through an inner dialogue: "When the cares of my heart are many, your consolations cheer my soul" (Ps. 94:19). In this perspective, David's prayers are not just religious rituals, but cognitive and emotional mechanisms to rearrange his inner reality. However, Swinton (2025) reminds us that although the dialogue between theology and mental health is beginning to develop, there is still an urgent need to integrate deep theological perspectives so that the approach to mental health becomes more humane and holistic (p. 123)

The main challenge in the study of biblical theology is how to read ancient texts such as the Psalms as relevant mental health resources without falling into anachronism. Cook and Hamley (2020) argue that a "Biblical Theology of Mental Health" must be taken seriously, where narratives of suffering in the Bible are not censored but heard as a valid voice of human experience (p. 2). The Psalms, in particular, offer a language of "lament" such as the cry: "How long, O LORD? Will you forget me forever? How long will you hide your face from me?" (Ps. 13:2). Carlson (2015) asserts that biblical lament is a legitimate language of trauma ; a bold act of faith to validate pain before God, without which true mental health is difficult to achieve (p. 68).

Furthermore, the theological structure of the Psalms itself reflects psychological dynamics. Brueggemann (1984) maps the movement of the Psalms from "orientation" to "disorientation" and finally towards "new orientation". The disorientation phase which is full of chaos, anger, and fear is an accurate mirror of a mental health crisis (pp. 19-20). This is reflected when David said: "But I am a worm and not a man, scorned by mankind and despised by the people" (Ps. 22:7). In a more recent exposition, Brueggemann and Bellinger (2014) show how the Psalms provide space for "brutal honesty" about human vulnerability, which is a prerequisite for recovery (pp. 3-4). This is supported by Waltke and Houston (2010), who emphasize that the interpretation of the Psalms must not stop at historical-critical analysis, but must listen to the "voice of the author" and the "voice of the church" that use these texts as a liturgical means of healing the soul throughout history (pp. 2-3).

Based on the explanation above, there is a gap in the literature. On the one hand, secular psychology offers structured but often secular coping mechanisms (Smith et al., 2015). On the other hand, classical theological commentaries (Waltke & Houston, 2010) often focus on historical exegesis without explicitly using the lens of modern mental health. There are not many studies that specifically dissect David's strategies in the Psalms as a coping mechanism that meets modern mental health criteria (such as emotional regulation and cognitive restructuring) while remaining firmly rooted in covenant theology. For example, when David says, "When I am

afraid, I put my trust in you" (Ps. 56:4), it serves as an active coping mechanism that meets modern emotional regulation criteria but is rooted in covenant theology.

This study aims to delve deeper into how David used theology his understanding of God and the covenant as an active coping mechanism in facing psychological disorientation. And how these mechanisms can be reconstructed into a theological approach to mental health. Therefore, the writing of this article aims to theologically analyze David's coping mechanisms in the book of Psalms, in order to formulate a biblical mental health model that integrates emotional honesty (lament) with steadfast faith (doxology), as a response to identity crises and suffering.

RESEARCH METHOD

This study uses a Qualitative approach. According to the definition formulated by Creswell & Creswell (2018), qualitative research is an approach for exploring and understanding the meaning individuals or groups ascribe to a social or human problem. In the context of this study, the "human problem" investigated is the psychological distress (disorientation/depression) experienced by David, and the "meaning" explored is how he interpreted this suffering through a theological lens as a coping mechanism.

Furthermore, this study is based on an interpretative paradigm. Citing Denzin & Lincoln (2018), qualitative research is a situated activity that locates the observer in the world. Qualitative researchers study things (in this case, the ancient text of the Psalms) in their natural settings, attempting to make sense of or interpret phenomena in terms of the meanings people bring to them. Therefore, this study does not aim to test statistical hypotheses, but rather to build a holistic understanding of David's inner dynamics.

Given that the object of study is an ancient text containing personal experiences, the specific design used is Hermeneutics. Denzin & Lincoln (2018) explain that in qualitative research, the researcher acts as a *bricoleur* (craftsman) who assembles representations from various pieces of reality. Hermeneutics was chosen because the text of the Psalms is not merely dead data, but a narrative that requires deep interpretation to bridge the historical gap between David's context and modern mental health contexts.

The focus of this design is to analyze the text to find the structure of David's lived experience. This is in line with the view of Creswell & Creswell (2018) regarding Narrative Research (or in this context, narrative document analysis), where researchers study the lives of individuals, asking one or more individuals to provide stories about their lives (through the text of the Psalms), and then retelling that information in a narrative chronology (the pattern of coping from lament to praise).

According to the classification of qualitative data collection by Creswell & Creswell (2018), this study uses data in the form of Documents. Primary Data consists of the Old Testament biblical texts, specifically the Book of Psalms explicitly associated with David (Psalms of David) and his crisis situations (e.g., Psalms 3, 6, 13, 32, 51). Meanwhile, Secondary data consists of theological literature, biblical commentaries, psychology of religion journals, and relevant mental health books to support the theoretical analysis. The data collection method used is Documentation Study, with the researcher as the Key Instrument. Data analysis was conducted using a Thematic Analysis model adapted from the "Data Analysis Spiral" by Creswell & Creswell (2018).

RESULTS AND DISCUSSION

The narrative Research on the manuscripts of the Psalms, particularly those attributed to David, reveals that mental health in a Biblical perspective is not defined as the absence of mental suffering (such as anxiety or depression), but rather how an individual processes that suffering before God. The results of the analysis show that David used an integrative coping mechanism: he did not separate his emotional reality from his theological reality.

David's mental health, as recorded in the book of Psalms, is not a static condition filled solely with inner peace (stoicism), but rather an honest and "brutal" fluctuating dynamic before God. David does not deny the reality of his psychological suffering; instead, he embraces it as an integral part of faith. His true mental health lies in his ability to integrate deep emotional trauma with the theological memory of God's covenant.

Based on the analysis of the Psalms text, it was found that David applied unique coping mechanisms. While secular psychology often defines coping as cognitive and behavioral efforts to manage taxing external/internal demands (Smith, Eriksen, & Bor, 2014, p. 1), David expanded this definition by including a transcendent dimension. For David, mental health is not an autonomous condition, but a derivative of his relationship with God. Swinton (2025, p. 129) in his editorial on theology and mental health asserts that the integration of theological perspectives is crucial to support human well-being in all its dimensions. This is clearly seen in the Psalms, where David does not seek "healing" separate from God, but rather finds mental stability *within* God's presence.

In secular psychology, coping often focuses on symptom reduction or functional adaptation. Smith, Eriksen, and Bor (2020), in their book on the psychological effects of illness, explain that coping strategies are often divided into problem-focused and emotion-focused strategies. They note:

"Coping strategies are the thoughts and behaviors deployed to manage stressful situations, whether internal or external... This is distinct from the initial emotional reaction to the event." (Smith, Eriksen, & Bor, 2020, p. 16)

However, David transcends this dichotomy. He practices what can be called Theocentric Coping (God-centered coping). These findings align with the views in the *Handbook of the Psychology of Religion and Spirituality*, where religion is not merely a passive defense mechanism, but an active meaning system. Paloutzian and Park (2005) assert that religious attribution in coping helps individuals change their appraisal (reappraisal) of threatening stressors into spiritually meaningful challenges (Paloutzian & Park, 2005, p. 316).

The most significant finding in the Psalms of David is the use of the "Language of Lament" as the primary mechanism for emotional regulation. David does not engage in denial regarding the trauma he experienced. Instead, he validates that pain through extreme and honest verbalization to God.

Trauma Validation Through the Liturgy of Lament

The first and most fundamental finding in David's coping mechanism is the use of lament as a means of trauma validation. David did not deny his negative emotions (denial) or suppress them (repression). Instead, he gave "voice" to his suffering. Many modern readers often misinterpret David's complaints as a lack of faith. However, theological analysis shows otherwise. Carlson (2015), in his article *Lament: The Biblical Language of Trauma*, provides a very strong argument regarding this. He quotes Estes and states:

"Biblical lament, 'with all its painful rhetoric, is in fact a bold act of faith in God.'... By including lament in the regular rhythm of corporate worship... trauma victims will be given the opportunity to express pain, anger,

alienation, and feelings of abandonment by God amidst the supportive voice of the congregation". (Carlson, 2015, p. 68) .

This quote affirms that for David, complaining to God was not a sign of disbelief, but a bold act of faith. This mechanism prevents social and spiritual isolation that often exacerbates depression. David uses lament (such as in Psalms 13, 22, and 69) to bring his traumatic experiences whether the threat of death, betrayal, or guilt into the liturgical space. This is a psychologically healthy coping mechanism because it prevents destructive emotional repression. In Psalm 22:1, David cries out, "My God, my God, why have you forsaken me?". This is not atheism, but a cry from within the covenant relationship.

Brueggemann and Bellinger (2014) in their commentary on the Psalms add a sociological dimension to this lament. They explain that David's laments give voice to suffering that is often silenced by social structures or theology that is too triumphalist (oriented solely toward victory). Brueggemann (1984, pp. 51-52) categorizes the Psalms into three phases of life: orientation, disorientation, and new orientation. Psalms of lament are expressions of the disorientation phase, where life becomes chaotic and nonsensical. David uses lament to process this chaos verbally before God. In Psalm 13:1-2, David cries out, "How long, Lord? Will you forget me forever?" This is a form of extreme honesty. Carlson (2015, p. 68) explains this phenomenon very sharply:

"Psalms of lament insist that legitimate prayer includes embracing the negative... It is a bold act of faith to insist that this world is not okay and that God is responsible for making it right" (Brueggemann & Bellinger, 2014, p. 9). David's coping mechanism has a dynamic movement pattern. Walter Brueggemann (1984) in his seminal work *The Message of the Psalms*, offers a highly relevant theoretical framework for dissecting David's psychology, namely the movement from Orientation, toward Disorientation, and ending in New Orientation. David's mental health is disrupted when he enters the disorientation phase when his life's order collapses (chased by Saul, betrayed by Absalom). However, the Psalms show that David did not get "stuck" there (Brueggemann, 1984, p. 51). His coping mechanism is the courage to enter into that pit of disorientation with God. David rejects absolute despair by holding fast to the memory of the past and hope for the future, which leads us to the next point.

If lament is the affective/emotional aspect of David's coping, then "remembrance" is its cognitive aspect. In modern cognitive psychology terms (CBT), David performs cognitive restructuring or reframing. He replaces automatic negative thoughts with objective theological facts. Cook and Hamley (2020, p. 4) highlight that the Bible does not avoid the reality of mental suffering; David uses specific trauma language. In Psalm 6:6, he says "I am worn out from my groaning".

Brueggemann and Bellinger (2014, p. 48) in their commentary on Psalm 6 note that this lament is a movement from a desperate plea toward the certainty of being heard. David does not let his trauma settle into internal poison, but externalizes it through prayer. This aligns with modern psychology principles where the articulation of emotion is the first step to healing.

Cognitive Restructuring Through Theological Remembrance

The second dominant coping mechanism is cognitive restructuring (changing thought patterns). However, unlike CBT (Cognitive Behavioral Therapy) which centers on human logic, David performs reframing using theological memories of God's past works.

Smith, Eriksen, and Bor (2014, p. 72) explain that anxiety is often triggered by catastrophic "what if" thought patterns. The strategy for managing this is by challenging those thoughts. David does this in Psalm 77.

When his soul refuses to be comforted, he says, "I will remember the deeds of the LORD" (v. 11). Paloutzian and Park (2005, pp. 341-342) in the *Handbook of the Psychology of Religion* explain that a person's meaning system strongly determines how they respond to stress. When David remembers the history of Israel's salvation (Exodus), he is activating his religious meaning system to override his current anxiety.

Waltke and Houston (2010, p. 102) emphasize that in the Hebrew tradition, the "heart" (*lev*) is the center of thought and will, not just feeling. Therefore, when David advises his soul to remember (as in Psalm 103), he is engaging in a deliberate intellectual and spiritual exercise to restore self-control (Paloutzian & Park, 2005, p. 319). David performs this virtuous striving by forcing his memory back to the character of a faithful God, thereby altering his perception of the situation he faces.

Intrapersonal Dialogue (Self-Talk)

Gillespie (2015, p. 12) in his book *The Coping Strategy* emphasizes the importance of choosing "wholeness" amidst a broken world. David practices this through self-talk or dialogue with his own soul. In Psalm 42:5, David asks, "Why, my soul, are you downcast?" and then answers himself, "Put your hope in God". Cook and Hamley (2020, p. 88) note that in the literature of Paul and the Psalms, suffering is often the place where theological identity is reshaped. David uses this internal dialogue to separate "himself" (as a believing agent) from his "feelings" (which are depressed), so that he is not controlled by his emotions.

Surrender and Relational Security

The culmination of David's coping mechanisms is total surrender that produces a sense of security (secure attachment). In Psalm 139, David dives into God's omniscience. Waltke and Houston (2010, p. 766) in their commentary on Psalm 139 explain that God's perfect knowledge of David even before he speaks provides profound security, not fear. The realization that he is "fully known" by God allows David to drop his defensive masks. In developmental psychology, this is similar to the concept of a secure base. David feels safe exploring the valley of the shadow of death (Psalm 23) because he has a secure attachment to his Shepherd.

Brueggemann (1984, p. 25) in *The Message of the Psalms* states that biblical faith does not deny the darkness, but moves *through* it. "Faith does not deny the darkness, but faces it and passes through it toward a new orientation..." (Brueggemann, 1984, summarized from the argument in chapter 2). David's resolution is often marked by the words "But I...", signaling a shift in focus from the enemy to God. Swinton (2025, p. 123) adds that a theological approach to mental health must be humanizing and attentive to suffering in all its complexity. David achieves resolution not by erasing his problems, but by placing those problems under God's feet (Psalm 110).

CONCLUSION

This study concludes that the coping mechanisms displayed by David in the book of Psalms go beyond standard definitions of secular coping strategies, which are generally only understood as "thoughts and behaviors mobilized to manage stressful situations" (Smith, Eriksen, & Bor, 2014, p. 1). The main finding of this study affirms that mental health from a biblical perspective is a dynamic, theocentric process. David's mental stability was not achieved through the denial of suffering, but through a profound integration of human frailty and divine sovereignty. This aligns with contemporary views emphasizing the need for a "thoughtful integration between theological

perspectives and mental health" to create a more humane approach to understanding suffering (Swinton, 2025, p. 123).

David was frequently in a phase that Walter Brueggemann calls disorientation. In this phase, the old order of life collapses, and David experiences intense inner turmoil. The coping mechanisms displayed by David in the Psalms transcend definitions of stress management in secular psychology, which often focus merely on symptom reduction or human self-reliance. The primary finding of this study asserts that biblical mental health is a dynamic, theocentric process, where mental stability is achieved not through the denial of suffering, but through a profound integration of fragile human emotional reality with the theological reality of a sovereign God. David demonstrates that the path to mental recovery is not a shortcut (bypassing), but a journey through the "valley of the shadow of death" alongside the Shepherd.

Brueggemann and Bellinger (2014) explain that the Psalms contain not only praise but also expressions of despair that "reflect the movement of a genuine life of faith from orientation, to disorientation, and finally to new orientation" (pp. 3-5). David does not engage in spiritual bypassing to avoid pain. He boldly states, "Have mercy on me, LORD, for I am faint; heal me, LORD, for my bones are in agony" (Ps. 6:2). This honesty shows that biblical mental health begins with the acknowledgment of vulnerability, not denial.

The core of David's coping mechanism lies in the courage to validate suffering through the liturgy of lament. David demonstrates that extreme honesty before God is the most fundamental act of faith. David does not repress trauma or pretend to be strong, which in modern psychology is often the root of mental disorders. Instead, he externalizes his pain as prayer material. David's cry, "I am worn out from my groaning; all night long I flood my bed with weeping and drench my couch with tears" (Ps. 6:6), proves that tears and complaints have a legitimate place in the spiritual realm.

In conclusion, biblical mental health begins when an individual feels safe bringing the "disorientation" of their life before God without fear of rejection. Lament becomes the primary mechanism that preserves David's sanity amidst trauma. In modern psychology, this is akin to expressive therapy. Nathaniel Carlson (2015) asserts that biblical lament, "with all its painful rhetoric, is in fact a bold act of faith in God" (p. 68). When David shouts, "My God, my God, why have you forsaken me?" (Ps. 22:1), he is not losing faith, but rather processing his trauma within the corridors of faith. Carlson notes that by voicing pain, anger, and feelings of abandonment, David validates his suffering before God, which is a crucial step in preventing mental disintegration. Lament is the language of trauma permitted by God to preserve the mental health of His people.

David also engages in cognitive restructuring based on covenant memory. This mechanism reflects a conscious decision to "choose a life of wholeness in a broken world" (Gillespie, 2015, p. 2). David actively challenges his irrational anxieties with the historical facts of God's salvation, a discipline visible in his theological self-talk: "Why, my soul, are you downcast? Why so disturbed within me? Put your hope in God, for I will yet praise him" (Ps. 42:5). This demonstrates that biblical coping involves using the intellect to remember (zakar) God's character as an anchor of stability.

David's mental health is supported by a robust covenant theology. In the book edited by Cook and Hamley, it is emphasized that the Bible views mental health holistically, where psychological suffering is not immediately deemed a sin or spiritual failure. Cook and Hamley (2020) highlight that biblical narratives, including David's experiences, provide space for "experiences of darkness and alienation" as part of the journey with God (pp. 2-4). David uses theological self-talk to restructure his depressed cognition: "Why, my soul, are you downcast...?"

Put your hope in God, for I will yet praise him" (Ps. 42:5). Here, David does not let his emotions lead his theology, but he uses his theology to lead his emotions toward hope.

The culmination of all of David's coping mechanisms is radical surrender. Unlike fatalistic resignation, David's surrender is a form of active trust that views God as a "Secure Base". Amidst real threats, David finds peace not because his enemies vanish, but because of God's presence. The theological conviction that "Even though I walk through the darkest valley, I will fear no evil, for you are with me" (Ps. 23:4) becomes the ultimate resolution for human anxiety. Thus, David's mental health model offers a paradigm where true healing does not always mean a change in external circumstances, but an internal shift in orientation from paralyzing fear to liberating trust, where suffering is placed within the framework of God's sovereign, steadfast love.

Essentially, David's mental health is a paradox: he is healthy precisely because he dares to admit that he is "sick" before the Great Physician. He does not repress his anxiety or depression, but brings them into the covenant dialogue. As concluded from the three literature sources above, David teaches that mental stability is achieved through a cycle: daring to enter into disorientation (Brueggemann & Bellinger, 2014), voicing it through bold lament (Carlson, 2015), and anchoring it back to theological hope (Cook & Hamley, 2020).

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