


Monastic Experiences in Fostering Mental Wellbeing and Psychotherapeutic Practices in Ethiopia: A Case Study in Selected Monasteries

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Abstract

It is agreed among mental health experts that Religiosity or issues relating to the human spirit has a role in fostering overall health. This study aimed to investigate the monastic experiences in fostering mental wellbeing and thoroughly explore the Monastic experiences in the Ethiopian Orthodox Tewahedo Church. A case study design was employed to achieve the objectives of the study. Purposive samples of nine monks/nuns were interviewed to generate conclusions. The generated findings suggest Monks/nuns in the Ethiopian Orthodox Tewahedo Church (EOTC) monasteries devote their time to undistracted prayer, meditation, obedience and fasting, which in turn supports and/or correlates with mental wellness and positive psychological conceptions. Mindfulness in the monasteries appears to be the solution, which is usually being practiced in the Ethiopian Orthodox Tewahedo Church Monasteries. Mindfulness-oriented therapy in Psychology is getting attention towards its role regarding holistic aspect of health. It is recommended that an updating of training programs for psychotherapists, including the monastic experiences either in formal instructional curriculum or short-term training programs that play its part in achieving the new paradigm in mental health sector. This research hoped to create an insight and courage to look for the faith-based



healing practices in order to develop enabling policy framework to promote mental health.

Keywords: *Ethiopian Orthodox Tewahedo Church; Mental Wellbeing; Mindfulness; Monastic Experiences; Monasticism; Positive Psychology; Psychotherapy*

INTRODUCTION

According to different available sources, the beginning of and inspiration for monasticism, an institution based on the Christian ideal of perfection, have traditionally been traced back to the first apostolic community in Jerusalem (Binns, 2021; Foster, 2020; Nam, 2024; Nehring, 2018). The official beginning of the practice of Monasticism dates back to the late 3rd century and had become an established religious based institution in the Christian church by the 4th Century. The early father whose contribution for the practice of monasticism and its expansion is strongly attributed to the first Christian monk who appeared in Egypt and Syria was Saint Anthony (Agaiby & Vivian, 2021; Bābāyi et al., 2015; Beiting, 2011; Downey, 2019; Peters, 2019; Rubenson, 2020).

In defining the term monasticism, Błażewicz (2000) tried to split the word by tracing to Greek terminology as “monos” meaning “single” therefore, it is a form of leaving the world so as to discard in solitude all desires and their temptations and then devote oneself to pursuing ultimate peace and inner perfection. Similarly, in defining the terminology, by citing Gorgeous Mantzardis, Monastery (plural, monasteries) in general included a place reserved for prayer, which may be chapel, church or temple and may also serve as an oratory. In English usage the term monastery is generally used to denote the building of community of monks and nuns. In modern usage—Covenants tend to be applied only by institution of female monastic’s (Nuns) particularly community of teaching or nursing

religion sister. Monasteries the place where the Monks and Nuns lived (Nigatu, 2014).

Mentioning the practice of Monasticism, he described the monks as the true disciple of Christ to learn again the historic practices of worship, spiritual friendship, brotherhood, unceasing prayer, and hospitality as a tool to shaping man's heart and mind to be faithfulness (Bradshaw, 2009; Carter, 2012; Harrold, 2010; McMahan, 2012; Paganopoulos, 2009; Stewart, 2010). Exploring the historical ties between religion and psychiatric disorders, N. T. Eriksson & Wiklund-Gustin (2014) arguing for the shift of focus to the monastic experiences as —caring and restorative environmentll instead of disorder oriented narration in the field.

Therefore, by thoroughly studying the monastic experiences in Ethiopian monasteries, it is possible and the time to utilize the millennium ago benefits of monastic experiences and apply some general principles to the holistic aspect of human health (McManus, 2024; Tadesse, 2025; Workneh, 2020).

The traditional biomedical model stresses medical explanation for psychological disorders and mental health, and therefore tends to frame mental suffering mainly through disease-oriented categories (Engel, 1977). However, health has also been defined more broadly as physical, mental, and social wellbeing, not merely the absence of disease or infirmity (Eren & Kılıç, 2017; Hachinski et al., 2021; Kühn & Rieger, 2017; Larsen, 2022; Misselbrook, 2014; Schramme, 2023). In this broader framework, caring theorists have questioned the dominance of medical-technical rationality in modern health care and argued for a caring science paradigm that recognizes the human being as an integrated unity of body, mind, spirit, and environment (K. Eriksson, 2002; N. T. Eriksson & Wiklund-Gustin, 2014; Parse, 2006) This perspective is particularly relevant to monastic traditions, since Christian monastic settings have been described as caring and

restorative environments that may support healing, meaning, and spiritual wellbeing .

Monasticism has treasured various healing resources, such as monastic asceticism, the practice of silence, prayer, and meditation. Psychotherapists can also use these techniques with their clients to promote spiritual growth and healing ([Bouwhuis-Van Keulen et al., 2024a](#); [Captari et al., 2018](#); [Hart, 2006](#); [Worthington Jr. et al., 2011](#)). According to [Park \(2013\)](#) Benedictine spirituality explicitly treasures asceticism, silence, prayer, and meditation for growth and healing, and monastery-stay participants report spiritual healing and learning contemplative daily life. Contemporary analyses of monasticism also frame ascetic practice as transformation of consciousness, attention, and inner silence rather than mere bodily denial ([Currier et al., 2024](#); [Mandelkow et al., 2022](#); [Worthington Jr. et al., 2011](#)).

The daily experiences practiced in monastery may offer resources for contemporary psychotherapy, particularly when approached through careful clinical adaptation rather than direct transplantation. Several monastic disciplines—such as meditation, silence, prayer, disciplined attention, and self-reflection—share functional similarities with practices already used in modern psychotherapeutic approaches, especially mindfulness-based and spiritually integrated therapies ([Tang et al., 2015](#); [Wielgosz et al., 2019](#)). Prayer and Christian contemplative practices also have potential relevance for mental health, although their clinical evidence base remains less developed than that of Buddhist-derived mindfulness interventions ([Larrivee & Echarte, 2018](#)). Therefore, monastic experiences can contribute to a holistic understanding of mental health by linking attention, meaning, spirituality, and disciplined practice, while further empirical research is still needed to

clarify their efficacy, mechanisms, and appropriate integration into psychotherapy (Galante et al., 2023; Lindahl et al., 2017).

The relevance of this inquiry is strengthened by broader developments in health care and psychotherapy that increasingly question a narrowly biomedical understanding of illness (Matthews et al., 2026; Puchalski et al., 2014; Tadesse, 2026; Tsehay et al., 2025; Wade & Halligan, 2017). The biopsychosocial model has long argued that illness cannot be adequately understood only through biological mechanisms, because psychological, social, behavioral, and cultural dimensions also shape suffering and healing (Baheretibeb et al., 2021, 2022; Bolton, 2023; H. G. Koenig, 2023; Lehman et al., 2017; Mescouto et al., 2022). This broader view is consistent with the World Health Organization's understanding of health as more than the absence of disease and with holistic approaches that include spiritual and existential dimensions of human life (H. Koenig et al., 2012; Sulmasy, 2002).

In contemporary clinical literature, spirituality and religion are increasingly recognized as relevant to patient-centered care, psychiatric understanding, and psychotherapeutic practice, especially when they are approached ethically, culturally, and according to the client's own worldview (Balboni et al., 2022; Puchalski et al., 2014; Vieten et al., 2013). Recent consensus and review studies also suggest that spiritual care can contribute to whole-person care by addressing meaning, suffering, compassion, hope, and values in health-care settings. Therefore, studying EOTC monastic experiences may contribute to a more culturally grounded and holistic model of mental health care in Ethiopia (Bouwhuis-Van Keulen et al., 2024b; de Oliveira et al., 2019; Potthoff et al., 2025; Roman et al., 2020).

There are a very few studies in Ethiopia mentioning Monasticism in general, for example a study Nigatu (2014). Other study on Ethiopian monastic experiences does support applying some

general principles to holistic human health, especially in mental, social, and spiritual domains (Workneh, 2020). The evidence is strongest for culturally grounded psychosocial support and weaker for long-term clinical outcomes or direct biomedical effects (Tadesse, 2025). But, as far as the review of existing literature is concerned, there is no study specifically emphasizing the hidden Monastic experiences and assessing the existing interplay with psychotherapeutic practices. With having this existing gap in the literature in mind, the researcher interested, experienced “aha” state of mind and initiated this study.

Research Questions

The study tried to answer these research questions:

1. What is the connection between monastic experiences and mental health in the monastic environment?
2. What connection does the mental wellness paradigm currently have with monastic experiences?
3. What psychotherapy methods do monks use to treat visitors' mental health concerns?
4. How might contemporary psychotherapy techniques be combined with historic monastic practices?

METHOD

Research Design

To achieve the stated objectives, Descriptive type of design was choice of design for this research. The rationale for using descriptive design was because it paved the way to clearly describe what the conditions are looking in the realm of the Monastery. Case study was employed to provide an accurate and complete description of the case. A single person or a small group of people are thoroughly examined in case studies and intentionally selected monks were assessed how

their daily spiritual experience is looks like in relation to mental wellness.

Study Area

This study was conducted in the three geographical directions of Ethiopia; South, Northeast, and Central Ethiopia, Specific to Midre-Keb'd, Tana Lake monasteries, and Debre Libanos Monasteries, which are 206, 484, 70, kilometers far from the capital, Addis Ababa, respectively.

Study Population

The target populations of the study were Monks residing and living in the respective monasteries and distinguished by abbot (Abe Minet) depending on the monks devotion to daily spiritual experiences, praying, meditating, and supporting the monastery in physical labor and stayed in the monastery for at least ten years.

Samples and Sampling Techniques

Purposive sampling was employed. The rationale for using purposive sampling was that the nature of the monasteries selected and prevalence of a large amount of ascetic Monks. Therefore, as per the Abbot's determination, totally nine of the Monks were selected to be part of the study. In addition to Abe Minet's determination, the nature of case study (individual's ranging from 8-12) oblige to determine ad narrow the sample size into nine. Further, Monks who are serving in administrative positions and those who only engage on weekly basis of prayer were excluded from the study.

Data Collection

Self-developed interview questions were utilized in the process of collecting data. Document analyses of the case were made regarding Monastic experiences, wellness and criteria for the higher order of thinking in the Orthodox Tewahedo Tradition. To achieve

this, the so called “Mar-Yis’hak, Aregawi Menefesaw and Metsa’haf’e Fl’kesiyus’ or Metsa’haf’e Menekosat book (The Paradise of The Holy Fathers) in short, were assessed.

Procedures

Prior to this, self-developed interview questions, which were developed by considering the study context was allowed for assessment and evaluation whether the interview questions are in line with the goal of the study and achieve for what it was initially intended to measure, which is to know the extent of religiosity or monastic practices contributions to the mental wellbeing an holistic health. Regarding the participants, the researcher allowed to freely respond to the questions unless there is complete deviation from the objective of the interviews.

Ethical Considerations

Prior to none, the researchers received permission letter for the study from the department of Psychology (University of Gondar), College Research and Ethics Committee (CREC), Mahibere Kidusan-Gondar mae’kel. After all this, as per the APA’s Ethical Guidelines for Research the participants are free, they were also get informed about their right to withdraw from a study at any time if they consider their participation is not desirable.

Quality Control Mechanisms

To check for the quality and applicability of the self-developed instrument measuring religiosity and mental wellness, pilot study was conducted to reach a decision whether to apply the instrument in the respective monasteries or not. The area and participants for the pilot study for the self-developed instrument were Gorgora Tsion Mariyam Monastery, in Gondar. The Monks in this monastery were part of the pilot study. The result of the pilot study, data quality control

mechanisms (validity and reliability) was an assurance to implement the instrument with sample population in the study area.

RESULTS

Codes were given to each participant for the issue of privacy and keeping confidentiality. A total of 9 participants (including 4 participants for pilot study) completed the interviews in which they were asked about their experience of living in the respective monasteries. Each interview started with the same question: “*Aba/emahoy: What can you tell me about your experience of living in this monastery?*” and was then primarily guided by the participants’ answers. Clarifying questions were used, together with other relevant questions related to the topics of monastic practices, daily routines, perceptions about health and wellness.

Analysis Related to the Holistic Aspects of Health

“A day of the Monk”

In the first place, most of the monks in the monastery were not interested with this question considering it as it opens the door for “*Kentu-Wudassie*” (getting appreciation from the individuals around prohibits the glory and gifts from the God they will receive later).

All the participants expressed their day as follows:

“It is the worldly topic because in all Ethiopian Orthodox Monasteries, it is obvious that the twenty four hours are proportionally divided to different activities accordingly. There are guided standards: prayer in church, obedience and personal time. The standards (foundation of Monastic life) should include eight hour of prayer in church, eight hour of work in obedience and eight hours for personal life. Eight hour personal time split accordingly between personal prayer, reading, and meditation, rest and so on and so forth.”

The other great Orthodox father St. John Chrysostom, on the issues about monks work in the monastery stated that “*The Monk,*

whether he eats, whether he drinks, whether he sitting, working, whatever else may be doing, should repeat without ceasing....Lord Jesus Christ, Son of God , Have mercy upon me, the sinner."

In relation to the feeding, according to participant GH 1,9, and 6 , the usual feeding schedule is every day to each monk giving half. Three or more crops are grinded together. Although naming differences are there for foods according to the tradition of particular monastery, the most commonly served food is known as Dab'ea or Mekorae'ta (ዳቤ መኮረታ). Some monks are given once a day, and the others once in three days. Quarf (ቋርፍ) is also prepared depending on the availability of the inputs. For instance, said the monk " *Quarfe is made up of banana or from the roots of different plants.* ሥራስሮች ይቆፈሩና /ሐምሌ/ገሐሴ ወር ላይ ከዚያ ይቀቀላል፣ ያደርቁትና በጆኒያ በማድረግ በወራጅ ወንዝ ላይ መርዙን እንዲያጥበው እናስቀምጣለን ይኸ የሚሆነው ለ 7 ቀናት ነው... እንደገና አውጥተው አድርቀው ከጎተራ ይቀመጣል። ሌላ ጊዜ ደግሞ ንፍሮ (የባቄላ፣ በቆሎ) ይዘጋጅና ለአንድ መነኩሴ አንድ ጭልፋ ነው የሚሠጥ..." the above-mentioned feeding routine is for the beginners (The "Waetani" (ወጣኒ). The solitary dweller, having chosen his place of abode, at once began to eat sparingly with the view of reducing the strength of the passions of his body, and he drank nothing but water. Those who lived in the mountains and near the river had little difficulty in obtaining water, but many of them lived at considerable distances from a stream or well and deliberately made the task of obtaining a supply of water as difficult as possible. Some of the monks who exceed on spirituality, fasting, prayer, meditation, asceticism even forgets to use their daily foods. This is due to their earnest devotion to the prayer and singing of the Psalms.

Health in the Monks' or Nuns' Eye

The five monk's explanation about the meaning of Health, according to the Orthodox Tewahedo's teaching was more or similar

on the basic tents. Participant (GH 3,5.7,2) boldly mentioned that the ultimate source of health and wellbeing is our Lord Jesus Christ. “ከአማናዊው ሐኪም ጋር ስላለን ምድራዊ በሽታ አያስፈራንም” (We are here together with our savior (true medical Man, we no longer get frustrated about illness”).

The source of our health is deeply rooted on our Faith on the God. We believe that our faith has an influence on our mental and physical health. Despite the great challenges from the devil, feelings such as Pain, weakness and abandonment are all tolerable because of our faith on God. Adding more, *“Through the power of prayer, we get personal contact with Lord, saints, and Apostles, which is an integral component of the spiritual life of humans. While praying, we get spiritual communion with our Lord, and it is the true source of power to tackle illness and diseases.”*

The other explanation is regarding holistic aspects of health or health from different categories, not understanding from merely physical or biological perspective. Father GH2 put it as the following: *“We human beings are great creatures and created on the symbol of God, our creator as well. We have biological body, spiritual body (Soul) and heart on the other side. Our soul and heart work together with our body. Similarly, our physical body is incapacitated to perform without having soul and heart togetherness or cooperation. When we encounter physical illness, it is not the illness alone that worsens the disease. Rather, our feelings, emotions and perception about the illness all matters.*

Analysis Related to Mental Wellbeing Daily Meditation Routines

In all of the monasteries on which this study is conducted, the daily meditation routine of all the monks and nuns is similar with a minor difference. This is attributed to the unity-nature of the church (አሐቲ ቤተክርስቲያን) though in different places, regions and condition. More than eight hours of the day is devoted to personal prayer (singing psalms, meditating).

It is unusual among fathers to give detail accounts of their daily meditation and prayer related behaviors in the day. To at least get informed about the routine of meditation and specific experiences related to it, the researcher approached the ረድ'ዕ (Ra'ed) (a man with a role of helping the monks and monastery in time of service) and interviewed the ra'ed. He described the meditation routine as follows from the other book instead of disclosing his father's prayer.

«በእንደ ወቅትም በዘጠኝ ሰዓት ለጸሎት ቆመ፤ በልቡናውም ተደም እንደ መጣበት አስተዋለ። እጅግም የሚያስደንቀው ነገር፣ አካሉ በዚህ ምድር ሹኖ ሳለ ልቡናው ግን ተለውጦበት (ተመስጦበት) ነበርና በዚህ ምድር ላይ እንዳለ አይሰማውም ነበር። ከመ ተመስጦ ሕሊናሁ»

Analysis Related to Mental Wellness Paradigm

This concept, according to the monastic community is referred to as the earnest relationship or communion with God (Ye'Hilina, Menfes and Nefs Netsanet: freedom of the conscience, spirit and the Soul. The source of all this glory is undistracted praying, obedience, fasting, brotherly love and living as per the commandments. The central to all this is prioritizing the God at the expense of the world and worldly lives. The fruits of spirit (love, obedience, fasting, humbleness, Faith, and calmness) as mentioned by the participants were all part and parcel of how they feel happy with their communion with God.

Positive Psychology

Generally, Mindfulness practices in monasteries are linked with the notions of the science of Positive Psychology in the modern era. This reveals the importance of exploiting faith-based approaches in the EOTC

Describing the calmness in relation to the meditational aspects Father (GH3) puts it as follows: *“inner calmness, the peacefulness of the soul, which is made up of the tranquility of the heart and thoughts. From this*

also comes calmness of speech and behavior. The person, who is really calm, is calm in every way. His behavior is calm, his dealings with people are calm. He lives with an inner peace which radiates as peace on the outside. Whatever peace there is inside him overflows as peace outside him. If he speaks, he speaks calmly, even if he is being firm and correcting another, he does so calmly. He does not lose his calmness whatever the reason might be, whatever the provocation from outside, because he is accustomed to being calm, and calmness has become part of his character.” the monks and nuns concentrate on the positive aspect of life, meaning that how the God is guiding them through all the ups and downs of the earth despite being sinful nature of human kind.

The Monk GH6, extracting the text form the work of H.H Pope Shenouda about tranquility said that *“It is not enough that the person be calm just on the outside, in his speech and nerves, but he must also be calm on the inside. His spirit must be tranquil. Serenity on the outside springs from calmness of the soul on the inside. As for the soul which is boiling from within, wherever it settles comes tension and a rise in temperature. It lives like a flame which burns and spreads its fire here and there wherever it is thrown.”*

In relation to the stillness of the body and the senses, which the Abbots of the Ethiopian Orthodox Tewahedo Monasteries strictly follows, it is impossible to the Monks to leave the cell of the prayer unless they are called by the Abe Minet and the senior monks, in some conditions of the Monastery for special purposes. In this regard, the monk GH4 emphasized the following: «ወኢያብሕ ዐቃቤ እንቀጽ ለመኑሂ እመነኮሳት ከመ ይጻእ እምእንቀጸ ምኔት ወኢይጎድግ መነሂ ከመ ይባእ ጎባ አኃው...» *devoting oneself to his/her cell is the first challenge the monks and nuns encounter as the beginner (wetan'ie) usually prefer to gather and have a dialogue with other monks community.”* the monk concluded.

Therapeutic Techniques and Treatment

Type of treatment, as per the interview and observations made during the field travel, can be divided into six as follows: Tsebel, Emnet, Niseha, Meskel, Qiba"Qidus (Holy Oil), and Tsom. Initially, Tsebel is just water and becomes the holy water after reading from the scriptures and practice of the liturgy take place. According to the Ethiopian Orthodox Tewahedo tradition, *"it is only the priest has an authority in the process of changing the water into the Holy water and healing taking place onwards"* says Father GH2.

In the study areas (as observed by the researcher) there are plenty of spaces, places reserved for the visitors to the monastery to get showered so as to relieve the tension and stresses they have. For visitors of any kind, there are two options as far as showering is concerned. The first one is a'end suba'e, which is seven days and the other one is hulet suba'e, which lasts for 14 days.

Integration Windows? Awareness to Worldly?

From the critical observations made by the researcher, it was found that half of the monks being interviewed were willing to work in collaboration with the „modern" psychotherapeutic approach experts and they put precondition as follows: *"If and only if the so the called moderns are earnestly motivated and devote themselves for the true fasting and prayer after being baptized. That is God's work in our lives, and we are eager to guide the young generation throughout the roads of belief transcending from the age old materialistic world beliefs"*

The other father (GH 1) although, agreed on the basic concepts of integration of the monastic experiences with psychotherapy, but hesitant about the process of integration because of other factors.

Puts his concern as follows:

"I understand that the integration of monastic experience (prayer, fasting, stillness, asceticism, tranquility) to the field psychotherapy is for the benefit of the human being and I believe that my religion,

the Ethiopian Orthodox Tewahedo church (EOTC) is the source of my holistic health. But I doubt the willingness of the professionals to fully engage on the mentioned Monastic experience.” the father paused his speech for a while the researcher was carefully following the gesture of the monk. It was full of suspicious feeling about the experts might failing to follow the challenged routines of monastic experiences. The monk resumed the speech and claimed that “the monastic experiences and practices here we are doing are not because of our strength, but due to the mercy of our God up on us and the blessings from the prophets, and the saints. You need to have this belief, too, in order to achieve the success which is also according to your shoulder.”

Father GH3 started the speech by saying:

“Our apostolic church is open for study and had come this way throughout history. St. John Chrysostom, St. Ambrose, St. Athanasius, Aba Giorgis of the Gase’cha and St. Gregory of the Nanzianus all the saints, our fathers encourage study and investigation about the role of Orthodox church with exceptions of failing to comply the dogmatic teaching of the church.

DISCUSSION

The main objectives of this research study were to examine the Monastic experiences in the context of Ethiopian Orthodox Tewahedo Church (EOTC), how the day to day experiences in the Debre Libanos, Midre Keb’d, and Tana lake monasteries are approached as far as mental wellbeing and mental wellness paradigm is concerned. The findings of this study were based on the interpretation and analysis of data obtained through the process of self-developed interviews of 9 participants who are currently living in the respective EOTC monasteries.

Critical Analysis

The research had intended to recruit 12 participants to interview but the final number totaled 9 participants. The final three participants

could not be recruited as no further Monk/nun expressed interest to participate despite the study made persistent phone calling and visiting. But recruitment was left open whilst the initial coding began taking place on the interview transcripts. Two decisions played a role in closing recruitment before the intended 12 participants were reached. Firstly, after the initial coding was done it was suggested that no new themes were identified and thus it was felt that data saturation had been met. Saturation refers to the point at which new themes no longer emerge from the data (Saunders et al., 2018). Secondly, in order to complete the research within a designated timeframe, recruitment was ceased after no further participants (the monks and nuns) put themselves forward.

Understanding the Findings in Relation to the Research Questions

The monastic experiences and their relationship with mental wellbeing emerged similar and as a main theme across all the 9 interviews. All participants reported that Monastic experiences can have a great positive impact on psychological health and wellbeing. As the church is apostolic, there is no difference in terms of monastic from monastery to monastery. This signifies as the father mentioned the unity of the church (Ahati/አሐተ ቤተክርስቲያን: Oneness of the church). As the findings of this study highlight, the most common monastic experiences practiced by the monks are prayer, fasting, stillness, obedience and silence. For some of the participants, prayer and fasting exceed obedience and to some others, obedience and silence surpass the time of prayer.

In addressing the monastic experience's role towards holistic aspects of health, the EOTC monasteries are filled with lots of healthy and constructive habit building practices. Extending the spiritual value the monks and nuns get from the practices, its role in promoting, fostering overall health is found to be significant. It is strongly

believed that issues related to human spirit, soul and heart are becoming central in helping the person to fully aware of how life in the earth a base is to transcend oneself to the supernatural and heavenly forces.

All the participants that are in the three monasteries agreed that meditation, which is an act of the mind, but still physical aspect of the human body cooperates on the process is the main factors positively impacting mental wellbeing. This is the main reason apostles boldly put on the testaments. "We do not see this grace with our physical eye, it is amongst the unseen matters, but we feel its presence in our lives. The grace of God in us is beyond our senses as we accept this grace from God. The church grants grace every time it repeats Saint Paul's words "The grace of the Lord Jesus Christ, and the love of God, and the communion of the Holy Spirit be with you all."

As far as the existing link between monastic experiences and mental wellness paradigm is concerned, all of the monks and nuns included in the study said that the life of their monastic experience is associated with purity of behavior and feels the presence of God, who sees, hears and records all that he/she does. In this way, they claim: God's children live in peace, happiness and satisfaction with all that God grants them.

The other significant number of monks (5 out of the total) and the two out of them, knowing the science of Psychology and mental wellness paradigm explained that calmness (inner calmness) they feel with the peacefulness of the soul, tranquility of the heart and thoughts is all that matters. With regard to the integration techniques with the 'modern' psychotherapeutic techniques, there are two kinds of opinions among the monks. The one is in favor of the integration after the so called 'modern therapy professionals' are willing to comply with the basic teachings of the EOTC. The other nearly half of the monks, without asking for the conversion, agreed to provide

training in the compound of the respective monasteries. Here saying 'training' refers to telling their experiences in the monastery with having in mind and focusing on the early desert fathers teaching.

CONCLUSION

The aim of this research was to investigate the Monastic Experiences in Ethiopia in relation to the mental wellbeing and psychotherapy. In doing so, the other related issues concerning the aim like holistic aspect of health, mental wellbeing, mental wellness paradigm and kinds of therapy by the monks was addressed. The positive connection between religiosity and psychological well-being has for a long time captured the attention of most researchers. Considering the existing literature of which most has been mentioned in the present study, issues related to the human spirit (EOTC monastic experiences in this context) play an indispensable role to overall health and contributing to mental wellbeing.

In this finding, it is tried to highlight Monastic experiences (Prayer, silence, fasting, obedience, and stillness) on the side of the monks/nuns. The monks/nuns who devoted their life to the monastic community are claiming as they are the happiest, healthiest and living a transcendental life with the Lord. This study has documented spiritual remedies to the positive psychological paradigm along with specific monastic experiences practiced by the EOTC monks.

All the practices in the Ethiopian Orthodox Tewahedo monasteries are with aim of glorifying the lord. But, in the process paving the way to sustain and guarantee holistic health. To conclude, this research aims to contribute towards the field of positive psychology as well as the broader Psychology and psychotherapy field. With the growing presence of mental health promotion campaigns in all areas of life, Monastic experiences-oriented therapy is also an important option in this regard.

Recommendations

Based on the findings of this study, the following recommendations are made. The Ethiopian Orthodox Tewahedo Church (EOTC), in Teklay bête khinet level has to set up a standing committee evaluating the health service provision in each monastery, organizing research symposiums about monastic healing process in comparison with the ministry of health service provision for both physiological and psychological disease and disorders.

The Monastic administration, by setting a structure to enforce is expected to document all the healing practices and process from starting to the end via different electronic means and assign individuals (with training for instance in health, tourism, archeology, etc.) responsible for carrying out all tasks regarding documentation and facilitating the visitors' affairs. The Monks and Nuns should be willing to be interviewed and disclose information about the monastic practices as far as the EOTC is concerned. Generalizing all this generation as still incapable to hold and transfer basic church practices is not a good attitude with which we go far. Those monks and nuns who are totally uncomfortable to be interviewed are still responsible to share their knowledge and monastic stay experiences through written form, via books.

As scholars affirm, our times concentrate on such a comprehension of the human being and should respond to its need in a holistic approach: considering the body, soul and spirit. These important conceptions shall guide practice and training in Mental Health Care in Ethiopia. Department/field of studies whose focus is mental health should bear in mind the role of spirituality/religiosity play in man's life and approach the EOTC monastic fathers/nuns by eroding stereotypical age old perception towards religion; open minded and look for windows the life of man will be flourishing, healthy and happy.

Training and sensitization toward spirituality should be included in academic programs and the University of Gondar, Psychology department is expected, in this regard, to take the leading role. Providing psychologists and psychotherapists with educational and training programs that focus on learning about how to bring Monastic experiences (meditation, prayer and stillness) into therapy would be the next steps for the field of counseling, psychotherapy and positive psychology. The Ministry of Health (Ethiopia) in collaboration with the Ethiopian Orthodox Tewahedo fathers should work in restructuring its health (mental health) promotion strategy in line with the practices.

Author Contributions

Conceptualization: A.T. & Z.E.; Data curation: A.T. & Z.E.; Formal analysis: A.T. & Z.E.; Funding acquisition: A.T. & Z.E.; Investigation: A.T. & Z.E.; Methodology: A.T. & Z.E.; Project administration: A.T. & Z.E.; Resources: A.T. & Z.E.; Software: A.T. & Z.E.; Supervision: A.T. & Z.E.; Validation: A.T. & Z.E.; Visualization: A.T. & Z.E.; Writing – original draft: A.T. & Z.E.; Writing – review & editing: A.T. & Z.E. All authors have read and agreed to the published version of the manuscript.

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Informed Consent Statement

Informed consent was obtained before participants filled out the questionnaire for this study.

Data Availability Statement

The data presented in this study are available upon request from the corresponding author due to privacy and ethical restrictions.

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Conflicts of Interest

The authors declare no conflicts of interest.

REFERENCES

- Agaiyby, E., & Vivian, T. (2021). *Door of the wilderness: The Greek, Coptic, and Copto-Arabic sayings of St. Antony of Egypt*. Brill. <https://brill.com/display/title/60976>
- Bābāyi, Y., Fahim, A.-R., Mosayebi, M., & Āghāsi, M. (2015). Monasticism from the point of view of Christianity. *Mediterranean Journal of Social Sciences*, 6(6 S4), 383–389. <https://doi.org/10.5901/mjss.2015.v6n6s4p383>
- Baheretibeb, Y., Soklaridis, S., Wondimagegn, D., Martimianakis, M. A. (Tina), & Law, S. (2022). Transformative learning in the setting of religious healers: A case study of consultative mental health workshops with religious healers, Ethiopia. *Frontiers in Psychiatry*, 13, 897833. <https://doi.org/10.3389/fpsy.2022.897833>
- Baheretibeb, Y., Wondimagegn, D., & Law, S. (2021). Holy water and biomedicine: A descriptive study of active collaboration between religious traditional healers and biomedical psychiatry in Ethiopia. *BJPsych Open*, 7(3), e92. <https://doi.org/10.1192/bjo.2021.56>
- Balboni, T. A., VanderWeele, T. J., Doan-Soares, S. D., Long, K. N. G., Ferrell, B. R., Fitchett, G., Koenig, H. G., Bain, P. A., Puchalski, C., Steinhauser, K. E., Sulmasy, D. P., & Koh, H. K. (2022). Spirituality in serious illness and health. *JAMA*, 328(2), 184–197. <https://doi.org/10.1001/jama.2022.11086>

- Beiting, C. J. (2011). Anthony, Saint (c.250–356). In *The Encyclopedia of Christian Civilization*. John Wiley & Sons, Ltd. <https://doi.org/10.1002/9780470670606.wbecc1300>
- Binns, J. (2021). Monasticism—Then and now. *Religions*, 12(7), 510. <https://doi.org/10.3390/rel12070510>
- Błażewicz, K. P. (2000). *Ethiopian monasticism*. <https://theologos.pl/bitstreams/250da33b-3217-431d-846c-93b2d2b2f00d/download>
- Bolton, D. (2023). A revitalized biopsychosocial model: Core theory, research paradigms, and clinical implications. *Psychological Medicine*, 53(16), 7504–7511. <https://doi.org/10.1017/S0033291723002660>
- Bouwhuis-Van Keulen, A. J., Koelen, J., Eurelings-Bontekoe, L., Hoekstra-Oomen, C., & Glas, G. (2024a). The evaluation of religious and spirituality-based therapy compared to standard treatment in mental health care: A multi-level meta-analysis of randomized controlled trials. *Psychotherapy Research*, 34(3), 339–352. <https://doi.org/10.1080/10503307.2023.2241626>
- Bouwhuis-Van Keulen, A. J., Koelen, J., Eurelings-Bontekoe, L., Hoekstra-Oomen, C., & Glas, G. (2024b). The evaluation of religious and spirituality-based therapy compared to standard treatment in mental health care: A multi-level meta-analysis of randomized controlled trials. *Psychotherapy Research*, 34(3), 339–352. <https://doi.org/10.1080/10503307.2023.2241626>
- Bradshaw, D. (2009). The mind and the heart in the Christian east and west. *Faith and Philosophy: Journal of the Society of Christian Philosophers*, 26(5), 576–598. <https://doi.org/10.5840/faithphil200926558>
- Captari, L. E., Hook, J. N., Hoyt, W., Davis, D. E., McElroy-Heltzel, S. E., & Worthington Jr., E. L. (2018). Integrating clients' religion and spirituality within psychotherapy: A comprehensive meta-analysis. *Journal of Clinical Psychology*, 74(11), 1938–1951. <https://doi.org/10.1002/jclp.22681>

- Carter, E. C. (2012). The new monasticism: A literary introduction. *Journal of Spiritual Formation and Soul Care*, 5(2), 268–284. <https://doi.org/10.1177/193979091200500207>
- Currier, J. M., McDermott, R. C., Sanders, P., Barkham, M., Owen, J., Saxon, D., & Richards, P. S. (2024). Practice-based evidence for spiritually integrated psychotherapies: Examining trajectories of psychological and spiritual distress. *Journal of Counseling Psychology*, 71(4), 291–303. <https://doi.org/10.1037/cou0000727>
- de Oliveira, J. A. C., Anderson, M. I. P., Lucchetti, G., Ávila Pires, E. V., & Gonçalves, L. M. (2019). Approaching spirituality using the patient-centered clinical method. *Journal of Religion and Health*, 58(1), 109–118. <https://doi.org/10.1007/s10943-017-0534-6>
- Downey, M. E. (2019). Monasticism, monotheism, and monogamy: Past and present expressions of the undivided life. *Religions*, 10(8), 489. <https://doi.org/10.3390/rel10080489>
- Engel, G. L. (1977). The need for a new medical model: A challenge for biomedicine. *Science*, 196(4286), 129–136. <https://doi.org/10.1126/science.847460>
- Eren, H. K., & Kılıç, N. (2017). Well-being therapy. *MOJ Addiction Medicine & Therapy*, 4(2), 62–65. <https://doi.org/10.15406/mojamt.2017.04.00076>
- Eriksson, K. (2002). Caring science in a new key. *Nursing Science Quarterly*, 15(1), 61–65. <https://doi.org/10.1177/089431840201500110>
- Eriksson, N. T., & Wiklund-Gustin, L. (2014). Blessed alienation: The christian monastery as a caring and restorative environment. *Qualitative Health Research*, 24(2), 172–182. <https://doi.org/10.1177/1049732313519708>
- Foster, P. (2020). Monasticism in the Latin West in the middle ages. *The Expository Times*, 131(7), 312–314. <https://doi.org/10.1177/0014524620913159>

- Galante, J., Grabovac, A., Wright, M., Ingram, D. M., Van Dam, N. T., Sanguinetti, J. L., Sparby, T., Van Lutterveld, R., & Sacchet, M. D. (2023). A framework for the empirical investigation of mindfulness meditative development. *Mindfulness*, 14(5), 1054–1067. <https://doi.org/10.1007/s12671-023-02113-8>
- Hachinski, V., Avan, A., Gilliland, J., & Oveisgharan, S. (2021). A new definition of brain health. *The Lancet Neurology*, 20(5), 335–336. [https://doi.org/10.1016/S1474-4422\(21\)00102-2](https://doi.org/10.1016/S1474-4422(21)00102-2)
- Harrold, P. (2010). The “new monasticism” as ancient-future belonging. *Theology Today*, 67(2), 182–193. <https://doi.org/10.1177/004057361006700204>
- Hart, P. (2006). *A monastic vision for the 21st century: Where do we go from here?* Liturgical Press.
- Koenig, H. G. (2023). Person-centered mindfulness: A culturally and spiritually sensitive approach to clinical practice. *Journal of Religion and Health*, 62(3), 1884–1896. <https://doi.org/10.1007/s10943-023-01768-w>
- Koenig, H., King, D., Carson, V. B., Koenig, H., King, D., & Carson, V. B. (2012). *Handbook of religion and health* (2nd ed.). Oxford University Press.
- Kühn, S., & Rieger, U. M. (2017). Health is a state of complete physical, mental and social well-being and not merely absence of disease or infirmity. *Surgery for Obesity and Related Diseases*, 13(5), 887. <https://doi.org/10.1016/j.soard.2017.01.046>
- Larrivee, D., & Echarte, L. (2018). Contemplative meditation and neuroscience: Prospects for mental health. *Journal of Religion and Health*, 57(3), 960–978. <https://doi.org/10.1007/s10943-017-0475-0>
- Larsen, L. T. (2022). Not merely the absence of disease: A genealogy of the WHO’s positive health definition. *History of the Human Sciences*, 35(1), 111–131. <https://doi.org/10.1177/0952695121995355>

- Lehman, B. J., David, D. M., & Gruber, J. A. (2017). Rethinking the biopsychosocial model of health: Understanding health as a dynamic system. *Social and Personality Psychology Compass*, 11(8), e12328. <https://doi.org/10.1111/spc3.12328>
- Lindahl, J. R., Fisher, N. E., Cooper, D. J., Rosen, R. K., & Britton, W. B. (2017). The varieties of contemplative experience: A mixed-methods study of meditation-related challenges in Western Buddhists. *PLOS One*, 12(5), e0176239. <https://doi.org/10.1371/journal.pone.0176239>
- Mandelkow, L., Austad, A., & Freund, H. (2022). Stepping carefully on sacred ground: Religion and spirituality in psychotherapy. *Journal of Spirituality in Mental Health*, 24(3), 288–308. <https://doi.org/10.1080/19349637.2021.1939834>
- Matthews, J. A., Lianov, L., Anandarajah, G., Puchalski, C. M., Jones, N. M., Miller, C., Suhie, M. M., Frates, E. P., Gannon Kaufmann, M., Ito, S., Smith, V. A., Sannidhi, D., Hayes, T. B., Miller, L., Miller, G., Chen, S. S., & Phillips, E. M. (2026). Integrating meaning, purpose, and spirituality (MPS) within lifestyle medicine education and training: Core competencies to support whole-person care. *American Journal of Lifestyle Medicine*, 20(1_suppl), 52S-66S. <https://doi.org/10.1177/15598276261421064>
- McMahon, L. M. (2012). “O God, come to my assistance”: A journey with Cassian’s prayer. *Journal of Spiritual Formation and Soul Care*, 5(1), 135–143. <https://doi.org/10.1177/193979091200500108>
- McManus, D. T. (2024). The intersection of spirituality, religiosity, and lifestyle practices in religious communities to successful aging: A review article. *Religions*, 15(4), 478. <https://doi.org/10.3390/rel15040478>
- Mescouto, K., Olson, R. E., Hodges, P. W., & Setchell, J. (2022). A critical review of the biopsychosocial model of low back pain care: Time for a new approach? *Disability and Rehabilitation*,

- 44(13), 3270–3284.
<https://doi.org/10.1080/09638288.2020.1851783>
- Misselbrook, D. (2014). W is for Wellbeing and the WHO definition of health. *British Journal of General Practice*, 64(628), 582–582.
<https://doi.org/10.3399/bjgp14X682381>
- Nam, S. H. (2024). Christian perfection in Basilian monastic hospitals from the fourth to sixth centuries. *Religions*, 15(7), 793.
<https://doi.org/10.3390/rel15070793>
- Nehring, P. (2018). Dwie monastyczne koncepcje – o tym co łączy a zarazem dzieli Jana Kasjana i św. Augustyna [Two monastic concepts – what unites and at the same time divides John Cassian and St. Augustine]. *Vox Patrum*, 69, 527–545.
<https://doi.org/10.31743/vp.3273>
- Nigatu, G. A. (2014). History of Itisa Tekle Haimanot Monastery from its foundation up to present. *International Journal of Science and Research (IJSR)*, 3(6), 1342–1350.
<https://doi.org/10.21275/2014160>
- Paganopoulos, M. (2009). The concept of ‘Athonian economy’ in the monastery of Vatopaidi. *Journal of Cultural Economy*, 2(3), 363–378. <https://doi.org/10.1080/17530350903345595>
- Park, J. C. A. (2013). *Spiritual growth and healing through monastic experience: A South Korean Benedictine exploration of the monastery stay experience* [Master’s thesis, Regis College, University of Toronto]. <https://scispace.com/pdf/spritual-growth-and-healing-through-monastic-experience-a-s3cw04rj45.pdf>
- Parse, R. R. (2006). Nursing and medicine: Continuing challenges. *Nursing Science Quarterly*, 19(1), 5–5.
<https://doi.org/10.1177/0894318405283527>
- Peters, G. (2019). Introduction to the special issue “exploring the future of Christian monasticisms.” *Religions*, 10(12), 643.
<https://doi.org/10.3390/rel10120643>

- Potthoff, S., Koesling, D., & Bozzaro, C. (2025). Social dimensions as explanatory approaches for the development of chronic pain: A meta-ethnography of qualitative studies. *International Journal for Equity in Health*, 24(1), 198. <https://doi.org/10.1186/s12939-025-02560-w>
- Puchalski, C. M., Vitillo, R., Hull, S. K., & Reller, N. (2014). Improving the spiritual dimension of whole person care: Reaching national and international consensus. *Journal of Palliative Medicine*, 17(6), 642–656. <https://doi.org/10.1089/jpm.2014.9427>
- Roman, N. V., Mthembu, T. G., & Hoosen, M. (2020). Spiritual care – ‘A deeper immunity’ – A response to Covid-19 pandemic. *African Journal of Primary Health Care & Family Medicine*, 12(1), 3. <https://doi.org/10.4102/phcfm.v12i1.2456>
- Rubenson, S. (2020). Monasticism in the oriental Orthodox churches. In B. M. Kaczynski (Ed.), *The Oxford Handbook of Christian Monasticism* (p. 0). Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780199689736.013.21>
- 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(4), 1893–1907. <https://doi.org/10.1007/s11135-017-0574-8>
- Schramme, T. (2023). Health as complete well-being: The WHO definition and beyond. *Public Health Ethics*, 16(3), 210–218. <https://doi.org/10.1093/phe/phad017>
- Stewart, C. O. (2010). The origins and fate of monasticism. *Spiritus: A Journal of Christian Spirituality*, 10(2), 257–264. <https://muse.jhu.edu/pub/1/article/403001>
- Sulmasy, D. P. (2002). A biopsychosocial-spiritual model for the care of patients at the end of life. *The Gerontologist*, 42(suppl_3), 24–33. https://doi.org/10.1093/geront/42.suppl_3.24
- Tadesse, G. M. (2025). Linking faith and health: Spiritual care in the Ethiopian Orthodox Tewahedo Church and its contribution to

- SDG 3. *Explore*, 21(4), 103199.
<https://doi.org/10.1016/j.explore.2025.103199>
- Tadesse, G. M. (2026). Sacred suffering and stigma: Cultural pathways to mental health in Ethiopia. *Explore*, 22(1), 103289.
<https://doi.org/10.1016/j.explore.2025.103289>
- Tang, Y.-Y., Hölzel, B. K., & Posner, M. I. (2015). The neuroscience of mindfulness meditation. *Nature Reviews Neuroscience*, 16(4), 213–225. <https://doi.org/10.1038/nrn3916>
- Tsehay, M., Kelkile, T. S., Fekadu, W., Cohen, A., Kiros, D., & Hanlon, C. (2025). Experiences and perspectives on traditional and faith healers' involvement in the care of people with severe mental health conditions in Ethiopia: A scoping review. *International Journal of Mental Health Systems*, 20(1), 1.
<https://doi.org/10.1186/s13033-025-00691-9>
- Vieten, C., Scammell, S., Pilato, R., Ammondson, I., Pargament, K. I., & Lukoff, D. (2013). Spiritual and religious competencies for psychologists. *Psychology of Religion and Spirituality*, 5(3), 129–144. <https://doi.org/10.1037/a0032699>
- Wade, D. T., & Halligan, P. W. (2017). The biopsychosocial model of illness: A model whose time has come. *Clinical Rehabilitation*, 31(8), 995–1004. <https://doi.org/10.1177/0269215517709890>
- Wielgosz, J., Goldberg, S. B., Kral, T. R. A., Dunne, J. D., & Davidson, R. J. (2019). Mindfulness meditation and psychopathology. *Annual Review of Clinical Psychology*, 15(1), 285–316.
<https://doi.org/10.1146/annurev-clinpsy-021815-093423>
- Workneh, M. B. (2020). The nexus between religious practices and rural community development in Ethiopia: The study of Ethiopian Orthodox Church monasteries experience. *Journal of Culture, Society and Development*, 60, 24–28.
<https://iiste.org/Journals/index.php/JCSD/article/view/53007>

Worthington Jr., E. L., Hook, J. N., Davis, D. E., & McDaniel, M. A. (2011). Religion and spirituality. *Journal of Clinical Psychology*, 67(2), 204–214. <https://doi.org/10.1002/jclp.20760>



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