

# Relationship between Spiritual Well-being with Mental Health of Students (Case study: Islamic Azad University, Shiraz)

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## ABSTRACT

The present study has been done to investigate the relationship between spiritual well-being and mental health among students. Research methods in this study is Descriptive - correlation, the number of 485 students of Islamic Azad University, Shiraz Branch ( boys and girls ) and by a relative stratified random manner were selected.. Results show that varied spiritual well-being predict 26% of mental health. In addition, there is a significant correlation between spiritual well-being and mental health. Results showed that only in the religious Social Welfare subscale, female students had better scores and in the other subscale were not observed any significant difference.

**KEYWORDS:** spiritual well-being, existential well-being, religious well-being, mental health; students, Shiraz, university

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## 1. INTRODUCTION

Students are a significant portion of the active population of a country. In all countries academic issues and student problem shave a wide range and it seems psychological health factors, to be a risk. These factors can be combine of internal stimuli, such as underlying personality and failure to difficulties that surrounded a person or is external factors such as environmental stresses. Most extreme stress among students lead to, academic failure, unemployment, drug addiction and drug abuse, health problems, poor performance, dropout, and in some cases even lead to suicide and other killing. Faced with different stress and its responses students generally try to use of different coping ways such as avoiding stress, seeking social support or turning to religion and to perform certain religious rituals and negative coping methods are such as use of the alcohol materials drug.

Advocates of the role of spirituality in mental health to improve the compatibility between the individual, have done numerous efforts to establish the relationship between health and spirituality that called spiritual welfare structure.

A review of professional literature suggests that spirituality often gives the definitions of spirituality are two dimensional. The first is religious spirituality of the ultimate reality expressed by concept to religious style, and second, spiritual existence in which certain psychological experiences that to be considered not in communication with God or ultimate reality. (1)

Thus the spiritual welfare can be defined as the sense of connection with others, having meaning and purpose in life and having faith and relationship with a transcendent power.(2)

Ellison has expressed that spiritual well-being is include of an psychosocial element and a religious element.

Religious well-being is the religious element, indicating a connection with the superior power of God. Existential well-being is a social and psychosocial element that indicating a sense of what someone is doing what and why and where it belongs.

Welfare includes both religious and existential well-being consist of excellence moving beyond their own. Dimension of the religious welfare will guide us to God while dimension of existential well-being, will lead us to the others and our environment. Because human acts as an integrated system while the two are separated interact and overlap with those and therefore we feel spiritual health, satisfaction and we are oriented. (3)

There are several studies support the hypothesis that spiritual well-being, show a psychological operation can enhance compatibility. Significant correlations are between scores on the administrative spiritual well-being scale and variables such as religious practices (4), depression, self-esteem and religious orientation, internal (5), emotional well-being and life satisfaction (6) emotional instability and mood disturbances (7) and stress (8) have been reported.

On the other hand, relatively good mental health have defined in the adaptive mode, a feeling of well-being and prosperity and a person's talents. The term generally used for someone who works at a high level of emotional adjustment and adaptation, and not merely someone who is not sick, In general, researches that investigate the relationship between religion and health in normal subjects, patients with physical, mental patients were cancer patients and have concluded that religious beliefs and practices have a positive effect to prevent and improve physical illness and cope with mental and physical illness. On one hand given the structural importance of spiritual well-being and its role in promoting mental health, and with considering that has not been conducting any research in Iran to examine the relationship between spiritual well-being and mental health, such research among students is important. (Safa'i Rad et al 1389)

Given the above object and considering the history of research in this area, this study seeks to answer the question is whether there is exist any relationship between mental health and spiritual well-being?

## 2. RESEARCH METHOD

This study is Descriptive - correlated. Sample of 360 male students and 125 female students of Islamic Azad University of Shiraz who were randomly selected with stratified relative from different colleges; research tools include: Spiritual well-being scale and the GHQ, General Health Questionnaire, is a 28 item scale with four subscales are physical symptoms, anxiety, depression and social function. Validity and reliability of this questionnaire is determined by test-retest reliability and Cronbach's alpha. Spiritual well-being questionnaire Paloutzin and Ellison (12) includes 20 questions and has two subscales. Odd test questions is tested the related subscale to the religious welfare of the individual experience of satisfactory relationship with God; couple questions related to existential well-being subscale, which measures the sense of purpose and life satisfaction. Likert scale questions is 6 degrees from "completely agree" to "completely disagree". Ellison and paloutzin reported its reliability of religious and existential well-being and the total scale in a study. And also the reliability of this scale by Dehshiri and colleagues (13) on male and female students has been confirmed by Cronbach's alpha and test-retest method.

## 3. RESULTS

### Descriptive findings:

A: The average age of participants was 21.14 years, the mean scores for general health, female students, the mean scores of public health of male students, spiritual well-being scores, female students, the mean score for spiritual well-being of male students, respectively were:

Table 1-4 - Mean scores for general health and spiritual well-being of students

The mean scores		Variables
male	female	
51.15	58.23	Public Health
80.11	84.28	Spiritual well-being

### Analytical results:

- A. Hypothesis One: There was significant correlation between spiritual well-being and mental health. To analyze this hypothesis use of the Pearson correlation method. Between the correlation spiritual well-being with scores of four mental health subscale as was a significant relationship. Most correlated spiritual well-being () has been observed with anxiety () and the lowest correlation with physical symptoms.

Table 2-4 - Correlation spiritual well-being and mental health coefficients.

Mental health	Social symptoms	Physical symptoms	Anxiety	Depression	Spiritual well-being	Religious welfare	Although Welfare	Variables
**0/56	**0/56	**0/56	**0/56	**0/56	**0/56	**0/56	1	Although Welfare
**0/80	**0/80	**0/80	**0/80	**0/80	**0/80	1	**0/56	Religious welfare
**_0/42	**_0/42	**_0/42	**_0/42	**_0/42	1	**0/88	**0/80	Spiritual well-being
**_0/52	**_0/52	**_0/52	**_0/52	1	**0/41	**0/41	**_0/42	Depression
**_0/41	**_0/41	**_0/41	1	**0/50	**0/38	**_0/40	**_0/52	Anxiety
**_0/53	**_0/53	1	**0/41	**0/88	**_0/37	**_0/38	**_0/41	Physical symptoms
**_0/59	1	**0/48	**0/45	**_0/72	**_0/40	**_0/32	**_0/53	Social symptoms
1	**0/80	**0/81	**_0/52	**_0/60	**_0/46	**_0/40	**_0/59	Mental health

Hypothesis two: the spiritual well-being has the ability to predict mental health.

Assumption of multivariate regression analysis (stepwise method) was used.

Results of multivariate analysis using stepwise method showed that the three variables of spiritual well-being and its two subscales, first, religious well-being subscales were entered into the regression equation. Only religious well-being alone, 26 percent of variance mental health for students explained by the significant F ratio. (Statistically equal to  $B = 0.80$  ( $P < 0/012$ , which was at the level of / 001 is meaningful). But the spiritual welfare alone has not any effect on mental health variables.

In order to compare the scores of spiritual well-being and mental health of male and female students, multivariate analysis of variance were used (Table 4-4), Tukey post hoc test results showed that only the religious well-being subscale, there was a difference between male and female students (average of female students was higher than the average male).

(  $F=3.22$  )

Table 3-4 - Table: Stepwise regression analysis for predicting mental health based on religious and existential well-being variables

P	T	B	P	F	R2	R	Prediction	Model
0/001	-11.23	0/80	0/001	4.23	0/26	0/51	Spiritual well-being	1

Table 4-4 - Comparison between spiritual well-being and mental health of girls and boys

P	F	Mean square	Degrees of freedom	Sum of squares	Indicators	Predict the response variable
0.01	3.22	235.36	1	23.56	Religious	Welfare
0.11	0.45	185.19	1	18.62	Although	
0.25	1.01	420.55	2	42.18	The total	
0.11	0.23	135.26	1	32.65	Depression	Mental health
0.25	0.45	275.85	1	42.15	Physical symptoms	
0.08	1.02	211.02	1	38.26	Anxiety	
0.23	1.33	111.59	1	25.36	Social function	
0.06	0.45	1102.69	4	138.42	The total	

#### 4. Conclusion

The purpose of this study was to determine the relationship between spiritual well-being and mental health among students and based on the findings, there are a positive correlation between spiritual well-being and mental health, and religious welfare can predict mental health. The results are consistent with other results. The assumption is that religious well-being is associated with mental health significantly. For example, patients with chronic pain that is difficult to trust God to know and feel God has abandoned them to their own devices, lack of daily spiritual experiences, and do not receive any support from the religious community and they do not know themselves a religious - spiritual person; This people are also at higher risk for loss of mental health than other people It seems that loss of trust and negative religious coping with mental health and may be associated with experience more severe pain in these patients. (Wrath of God). God (due to punctures felt abandoned by God) is related with lower mental health and the weaker coping strategies. Thus, spirituality and religion work as a shield facing the problems and upset and acts as a buffer, and decreased mental disorders and cause mental health promotion. In reviewing the research conducted in recent decades this can be achieved that spiritual is effective in promoting mental and physical health of individuals, and reduces its related disorders. Spiritual well-being by increasing self-awareness,

build relationships and bond with others and receive social support from others, increased sense of confidence, meaning and purpose in life and deal effectively with psychological problems and physical compatibility with other components related to mental health, improve and promote mental and physical health of individuals and increases the level of coping with life events. Other results of this study was that there is a significant difference between male and female religious welfare but significant difference was not found between existential well-being. These findings of the research results to be consistent with Klams and hamster and colleagues that the higher scores for girls than boys in the religious welfare scale gain. In explaining this finding can be said that higher women score on religious well-being may be due to socialization, roles that is expected of them, they have different life experiences and coping strategies than men, Levine and colleagues also believe this is possible roles, traits and behaviors that are socially attributed to women is compatible with the principles and religious norms.

At the end can be said that the findings of this study was coordinate with to research and related spiritual welfare and the results of this research is confirmed. It is also a significant relationship between spiritual well-being and mental health and it is never means having causal relationships between these variables. Obviously, it is clear that a research on student class in the relationship with mental health and spiritual well-being is not enough and the results cannot be extended to other persons. In confirmation of this claim there is evidence that shows levels of spiritual well-being that people may over time and in different situations be changed, however, other research on normal populations and in different ages and social statistical different times and in different intervals is necessary.

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