The Relationship between Spiritual Intelligence, Coping Strategies, and Mental Health among Students

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Abstract

The purpose of this study was to investigate the role of spiritual intelligence and coping strategies in the mental health of students. The research design is correlational, and the statistical population consisted of all the students studying in the 2014-2015 academic year in Islamic Azad University, Ahvaz branch, of whom 300 students were selected by multistage cluster sampling method. To collect the data, the King Spiritual Intelligence Questionnaire, The Ways of Coping Questionnaire of Billings and Mouse, and General Health Questionnaire were used, which had acceptable reliability and validity measures. The findings indicate that there is a significant and negative relationship between spiritual intelligence and mental disorders. In addition, there is a significant and negative relationship between problem-focused coping strategies and mental disorders. Moreover, there is significant and positive relationship between emotion-focused coping strategies and mental problems. According to the results of stepwise regression analysis, problem-focused and emotion-focused coping strategies and spiritual intelligence could significantly predict 14% of mental health variance.

Keywords: Spiritual Intelligence; Mental Health; Coping Strategies; Student.
Introduction

Health is considered as a state of well-being in terms of physical, mental, and social in the World Health Organization Statute and is an issue which has devoted many researches to itself. Studies conducted in recent years in the field of mental health and general health indicate the close relationship between psychological and health factors (Fathi Ashtiani, 2006).

According to Hunt and Eisenberg (2010), psychological disorders are common among university students, as well as other members of society, and its rate and severity is increasing day by day. Some psychological disorders such as depression and anxiety are very common, and some others such as schizophrenia and bipolar disorder are less common. Mokhtari et al (2012) studied mental health status among students. In this cross-sectional study, a sample of 3459 students was selected and responded to questionnaires. Results indicated that male students were in better conditions in terms of mental health compared to female students. In addition, senior students had worse mental health compared to freshmen. Other findings showed that 37.8% of students, 43.6% of female and 32.1% of male students, were suspected to suffer from psychological disorders. In a study conducted by Asghari et al. (2013) it was found that, 22% of university students were suspected to have psychological disorders. In this study, the relationship between self-concept, mental health, and suicidal ideation in students was investigated and results showed that both self-concept and mental health had significant relationships with suicidal ideation. Results of stepwise regression analysis indicated that self-concept and mental health were explaining 23% of variances of suicidal thoughts.

Studies have shown that spirituality could have a significant effect on mental health (Zohar & Marshall, 2000; Vaughan, 2003; Yang et al., 2005; King, 2008). Spirituality includes self-perceptions and a combination of personality factors and fundamental beliefs in the propriety of meaning in life. These beliefs were associated with various aspects of life, including social, physical, and psychological aspects (Yang et al., 2005). Azizollah et al. (2013) investigated the relationship between spiritual intelligence, emotional intelligence, and academic achievement of students. Results showed a positive and significant relationship between spiritual intelligence and emotional intelligence. In addition, emotional intelligence could predict academic achievement of students.

Garima Gupta (2012) showed that there is a significant and positive relationship between spiritual intelligence and emotional intelligence as independent variables, and self-efficiency and self-regulation as dependent variables. Ebrahimi et al. (2012) reported that spiritual intelligence and mental health both had significant and positive relationships with resilience in students. Sood et al (2006) assessed the relationship between spiritual intelligence and psychological well-being among students. Results showed that there is a significant and positive relationship between spiritual intelligence and psychological well-being among the students. Marashi et al. (2012) found that spiritual intelligence training to students significantly increases all of the psychological well-being components (including self-acceptance, purpose and orientation in life, personal growth, environmental mastery, independence and autonomy, and positive relations with...
It was also found that spiritual intelligence training reduces existential anxiety among students. Amrai et al. (2011) examined the relationship between spiritual intelligence and personality traits of students. Results imply that there is a significant and negative relationship between spiritual intelligence and personality traits; a significant negative relationship between spiritual intelligence and personality traits of neuroticism; a significant and positive relationship between personality traits of conscientiousness, adjustment, and extraversion; and no significant relationship between spiritual intelligence and openness.

In today’s stressful world, people’s mental health is seriously threatened, and several studies have confirmed the role of efficient coping strategies in reducing stress and mental health security. Coping strategies refer to cognitive and behavioral efforts to prevent, manage, and reduce stress in people (Lazarus & Folkman, quoting Jafarnezhad et al., 2004). Effective coping strategies have long-term positive outcomes. In this way, people’s efforts reduce stress and their self-esteem and skills are increased, and so health is secured. At the same time, individuals will be more resistant against future stress (Khodayarifard & Parand, 2007).

Moradi et al. (2011) conducted a study on the relationship between coping strategies and emotional intelligence among students. Results indicated that there is a significant relationship between emotional intelligence and its components and coping strategies; there was a significant and positive relationship between coping strategies of emotional inhibition, social support, and cognitive appraisal. Based on Lyrakos (2012), there is a significant and negative relationship between stress in students between positive coping strategies, social support, self-esteem and students’ satisfaction from university atmosphere. In other words, there is a positive and significant relationship between stress and negative coping strategies. Leondro and Castillo’s (2010) study on the relationship between coping strategies, stress, and personality traits showed that coping strategies varied according to the type of personality traits. For example, people who have an external locus of control applied more emotion-focused coping strategies. In contrast, those who have an internal locus of control used problem-focused coping strategies more when being in a stressful position. In addition, people with high self-esteem and low depression are more likely to use problem-focused coping strategies. According to previous research so far presented, there were similar and conflicting results in assessing the proposed variables. Therefore, this study aims to investigate the role of spiritual intelligence and coping strategies in the mental health of students.

2. Method

2.1. Population, Sample, and Research Method

This research is a correlational study. Collected data were analyzed using descriptive statistics (mean and standard deviation) and inferential statistics (Pearson correlation coefficient and stepwise multiple regression) via SPSS-18. Statistical population included all students studying at Islamic Azad University, Ahvaz branch, 2014-15. The sample consisted of 300 students (180 female, 120 male) who were selected by multistage cluster sampling. After explaining the objectives of the study to the volunteers, questionnaires were distributed among them. They had to complete them individually, in approximately 30 minutes.
2.2. Research Instruments

1) **King's Spiritual Intelligence Questionnaire**: The spiritual intelligence self-evaluation questionnaire was developed in 2008 by King in order to measure the mental ability of spiritual intelligence. The questionnaire contained 24 statements and assessed the capabilities of spiritual intelligence in four main dimensions. Mental abilities of spiritual intelligence which are discussed in this scale included four abilities: Critical Existential Thanking (CET), Personal Meaning Production (PMP), Transcendental Awareness (TA), and Conscious State Expansion (CSE). Participants must show agreement or disagreement with each of the statements of questionnaire on a five-point Likert scale. Aghababaie et al. (2010) normed the questionnaire on 580 students and scholars.

2) The reliability coefficients of subscales and total scores were as follows: the subscale expansion of consciousness mode was 0.75, personal meaning production 75%, transcendental consciousness 0.67, critical thinking 0.70, and the reliability coefficient of the total test was 0.88 which indicated an acceptable reliability for the test. In order to measure the convergent validity of the instrument, its correlation was measured with religious orientation test by relying on Islam and the scale of spirituality self-assessment. The correlation between the questionnaires implied convergent validity of this instrument. In the present study, Cronbach's alpha was 0.88.

2) **Coping Style Questionnaire**: Coping strategies with stress have been designed and developed by Billingsand Moos in 1981 in order to measure coping strategies with stress. The scale has 19 items. Each subject responds to this scale by choosing one of the options (Never, Sometimes, Often, and Always). In this questionnaire, scores of individuals vary between 0 and 57. Pour Shahbaz (1995) repoted the test-retest reliability coefficient of the whole questionnaire as 0.73. In this research, the internal consistency coefficient of the questionnaire was 0.70. Cronbach's alpha for each of the problem-focused and emotion-focused subscales of coping strategies were 0.75 and 0.72, respectively.

3) **General Health Questionnaire (GHQ 12)**: This questionnaire was developed by Goldberg (1972) in the form of 60 questions, and is widely used to recognize mild psychological disorders. Due to the length of the form, for the purposes of research, shorter forms of the questionnaire were gradually designed with 28, 30, and 12 items, and have been used in several studies. In this study, the short form with 12 questions was used. The questions were scored in terms of bimodal grading (0-0-1-1). Thus, two right answers in each phrase get a zero score, and the next two answers get the score of one. Scores ranged from 0 to 12; higher scores indicating lower mental health. This questionnaire was validated after it was translated to Persian, on 748 students with 18 to 25 years of age. Internal consistency reliability of the questionnaire was 0.87, obtained by Cronbach's alpha. Convergent validity of the questionnaire was measured using life quality questionnaire (Montazeri et al. 2003). In this study, it was 0.83 using Cronbach's alpha coefficient.
3. Results

Descriptive results, mean and standard deviation of variables, as well as internal consistency of each research instrument are shown in Table 1. The 300 students had a mean age of 21.65 and a standard deviation of 2.47. The higher the individual’s score in the mental health test, the worse the individual’s mental health disorder. In order to better understand the relations between variables, the phrase “mental health disorder” has been used instead of mental health.

Table 1. Descriptive Findings

<table>
<thead>
<tr>
<th>Research Variables</th>
<th>Sample</th>
<th>Number</th>
<th>Mean</th>
<th>SD</th>
<th>Internal Consistency Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disorder of mental health</td>
<td></td>
<td>300</td>
<td>4.52</td>
<td>3.64</td>
<td>0.83</td>
</tr>
<tr>
<td>Problem-focused coping</td>
<td></td>
<td>300</td>
<td>19.12</td>
<td>5.34</td>
<td>0.75</td>
</tr>
<tr>
<td>Emotion-focused coping</td>
<td></td>
<td>300</td>
<td>9.30</td>
<td>2.99</td>
<td>0.72</td>
</tr>
<tr>
<td>Spiritual Intelligence</td>
<td></td>
<td>300</td>
<td>56.90</td>
<td>15.85</td>
<td>0.88</td>
</tr>
</tbody>
</table>

According to Table 1, the variable of mental health disorder had a mean of 4.52 and SD of 3.64; the variable of problem-focused coping strategies had a mean of 19.12 and SD of 5.34; and the variable of emotion-focused coping strategies had a mean of 9.30 and SD of 2.99. The spiritual intelligence variable had a mean of 56.90 and SD of 5.85. Also, the internal consistency of each research instrument and their sub-scales was calculated using Cronbach’s alpha. In order to examine the relationship between research variables, Pearson’s correlation coefficient was used, as shown in Table 2.

Table 2. The Correlation Coefficients Between the Study Variables

<table>
<thead>
<tr>
<th>Variables</th>
<th>Mental health disorder</th>
<th>Problem-focused coping</th>
<th>Emotion-focused coping</th>
<th>Spiritual Intelligence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health disorder</td>
<td>1</td>
<td><strong>-0.226</strong></td>
<td><strong>-0.240</strong></td>
<td><strong>-0.250</strong></td>
</tr>
<tr>
<td>Problem-focused coping</td>
<td><strong>-0.226</strong></td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Emotion-focused coping</td>
<td><strong>-0.240</strong></td>
<td><em>-0.116</em>*</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Spiritual intelligence</td>
<td><strong>-0.250</strong></td>
<td><strong>-0.430</strong></td>
<td>0.033</td>
<td>1</td>
</tr>
</tbody>
</table>

P < 0.05*  P < 0.01**

Pearson correlation matrix between the variables of the study is presented in Table 2. It should be noted that high scores on the mental health scale reflect disorder in mental health.

The findings indicated that the variables of problem-focused coping strategies with the correlation coefficient of -0.266 and spirituality intelligence with the correlation coefficient of 0.250 have significant and negative correlations with mental health at the significance level of P < 0.01. In contrast, emotion-focused coping strategies with a correlation value of 0.240 have significant and positive correlation with mental health at the significance level of P < 0.01.
Table 3 *Predictor Variables in the Equation in Order to Predict Mental Health Problems*

<table>
<thead>
<tr>
<th>Steps</th>
<th>Variables</th>
<th>R</th>
<th>$R^2$</th>
<th>F</th>
<th>B</th>
<th>Beta</th>
<th>T</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>Spiritual intelligence</td>
<td>0.256</td>
<td>0.06</td>
<td>21.15</td>
<td>-</td>
<td>-0.259</td>
<td>-4.600</td>
<td>0.000</td>
</tr>
<tr>
<td>Second</td>
<td>Emotion-focused coping</td>
<td>0.355</td>
<td>0.12</td>
<td>21.17</td>
<td>0.295</td>
<td>0.243</td>
<td>4.455</td>
<td>0.000</td>
</tr>
<tr>
<td>Third</td>
<td>Problem-focused coping</td>
<td>0.384</td>
<td>0.14</td>
<td>16.83</td>
<td>-</td>
<td>-0.162</td>
<td>-2.693</td>
<td>0.007</td>
</tr>
</tbody>
</table>

To determine the contribution of variables of problem-focused, emotion-focused coping strategies, and spiritual intelligence in predicting mental health, stepwise regression was used. According to the results in Table 3, it was shown that in the first step the spiritual intelligence had a high and significant correlation with mental health disorders, t value was approximately -4.600, that is significant with a P value = 0.000. In the second step, the coefficient value for emotion-focused coping strategies was 4.455 and it was statistically significant. In the third step, the t value for problem-focused coping strategies was -2.693 and it was statistically significant. Finally, the predictor variables in three regression steps explained 0.14 of disorder variance in mental health among students.

**Discussion and Conclusion**

This study aimed to investigate the role of spiritual intelligence and coping strategies in the mental health of students. The results showed that the predictor variables could explain 0.14 of variance of mental health problems in students. Results also showed that there is a significant and negative relationship between spiritual intelligence and mental health problems. This means that with increasing spiritual intelligence, mental health disorders will decrease, or with decreasing spiritual intelligence, mental health disorders will increase. This result is consistent with findings of Zohar and Marshall (2000), Vegan (2003), Yang et al. (2005), and King (2008). These studies suggested that spiritual intelligence helps people to adapt to circumstances and is thus involved in mental health. Also, findings of Singh et al. (2010), Ghobari Bonab (2010) and Jafari et al. (2010) indicated that there is a significant and positive relationship between spiritual intelligence and mental health. Hoseini et al. (2010) suggested that spiritual intelligence significantly affects the quality of life. Yagoubi (2010) explained regarding the importance of spiritual intelligence that spiritual intelligence has the main role in various areas, particularly in the promotion and provision of mental as the foundation for individual’s beliefs. There is a significant and positive relationship between spiritual intelligence and happiness. In fact, people who have a high spiritual intelligence are happier in life. Based on results, it can be argued that enhanced religiousness will increase and correct knowledge and religious attitudes among people, and increase faith in God, change the perspective of person to world and its problems, increase trust in God, and enhance the individual’s communication with God and people by behaviors such as worshiping. All of these issues have a high effect on the physical and mental aspects of people and decrease negative emotions such as depression and anxiety and increase positive emotions.
such as happiness, self-esteem, self-actualization, and marital satisfaction (Manzari Tavakoli et al., 2010).

There is a significant and negative relationship between mental health disorder and problem-focused coping strategies in this study, that is consistent with findings of Abbasnia et al. (2012) and Ireland et al. (2005). These researchers showed that there is a significant and positive relationship between problem-focused coping strategies and mental health. In fact, the use of problem-focused strategies in stressful situations by most people indicates better mental health. In problem-focused coping, the person could focus on the specific problem or situation that had occurred, and look for a way to change the situation or avoid it in the future (Esmith, 2003). The results showed that there is a significant and positive relationship between emotion-focused coping strategies and disorders in general health. These findings are consistent with Mcmahon et al. (2013), Abbasnia et al. (2012), and Lou and Wang (2009). The use of emotion-focused coping strategies by people in various situations indicates that they have a low mental health. Based on the regression model, emotion-focused coping strategies have a strong relationship with mental health disorders. In emotion-focused coping, one can focus on mitigating emotional and stressful situations, if that stressful situation cannot be changed (Smith, 2003). The person directly changes stressful factors in problem-focused coping behavior. However, one focuses on changing emotions in emotion-focused coping behavior (Lazarus, 1982; quoted by Khodayari and Parand, 2007).

Accordingly, theoretical framework of Lazarus and Folkman (1984) explained the results. When the person uses problem-focused coping strategies in stressful situations, it causes inner satisfaction, discipline, and consistency of thought. One focuses on situations by thinking, identifies the stress source, and has control on it. On the one hand, recognition of control source and on the other, controllable assessment of situation increases mental health. Another explanation is that efficient and structured coping structures have positive and long-term outcomes. Therefore, individual’s effort decreases stress and increases the self-esteem and skill level. At the same time, the person will be more resistant against stressful factors that are encountered in the future. One can directly change the stressful factors in problem-focused coping strategies. However, the person focuses on the changing emotions in the emotion-focused coping strategies. People who use passive and emotional coping strategies have less mental health. Avoidant coping strategy requires the denial or undermining of stressful situations. People, who use this method, consciously push stressful thought back and replace it with another thought.

This study was conducted among students of Islamic Azad University, Ahvaz branch, on the relationship between mental health, coping strategies, and spiritual intelligence. Therefore, caution should be taken in generalizing the results to other students’ populations in other universities. The results showed that it is better to hold training courses with emphasis on the importance of students’ mental health and positive problem-focused and emotion-focused coping skills. Conduct this study in other universities in Iran is also recommended.
References


