

THE ROLE OF SPIRITUALITY IN PROMOTING MENTAL HEALTH AND EMOTIONAL WELL-BEING AMONG HIGH SCHOOL STUDENTS

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SUMMARY

Background: Spirituality is becoming increasingly recognized as a key factor which influences mental health, and offers coping strategies and emotional support, particularly among adolescents. The connection between spiritual practices and reduced stress levels has been widely acknowledged in prior research.

Aim: This study aims to explore the relationship between spirituality and mental health among high school students, focusing on the role of spiritual practices in fostering emotional stability, reducing stress, and enhancing overall well-being.

Results: The study revealed that 73% of participants believe in God and engage in spiritual practices. These individuals report lower levels of acute stress and greater emotional stability. Students who perceive their families as harmonious and complete (74%) also showed higher levels of emotional resilience. Key symptoms of stress, including somatization, loneliness, and interpersonal sensitivity, were less pronounced in students actively involved in spiritual activities. Spirituality was found to reduce feelings of isolation, provide social support, and contribute to better coping mechanisms for stress. All hypotheses, including the protective role of spirituality, its connection to emotional well-being, and its social benefits, were confirmed.

Conclusion: The findings confirm that by reducing stress and improving emotional stability and resilience, spirituality significantly enhances mental health. Spiritual practices act as effective coping strategies and provide social and emotional support, making spirituality a valuable component in mental health interventions for adolescents. Integrating spiritual dimension into educational and preventive programs is crucial for fostering students' mental well-being.

Key words: spirituality, mental health, adolescents, emotional stability, stress reduction, coping strategies, social support

INTRODUCTION

Numerous studies have demonstrated the impact of spirituality and religion (S/R) on a person's quality of life, well-being, discomfort, and life satisfaction. Rosmarin and Koenig (2020) stated that although some psychiatrists, like Freud for example, were very unenthusiastic about religion (they considered it a form of neurosis) and others, like Jung and Frankl were more favourable, spirituality still "remains at the side lines of mental health science to this day". The fact is that around 85% of world population identify themselves with religion. It is a large social phenomenon, which was almost completely ignored by academia until recent years.

Until the end of the twentieth century, official psychiatric practice, or science, refused to accept that spirituality played a (major) role in defining and maintaining mental health for a large number of people (Kao, Peteet and Cook 2020). Historically, psychiatry focused primarily on biological and medical models, often ignoring spiritual or existential dimensions of mental health. However, over the past few decades, there has been an increasing recognition that spirituality plays a vital role

in psychological resilience, coping strategies, and overall well-being.

World Psychiatric Association in 2016 statement has urged the inclusion of S/R in clinical encounters and training with the goal of providing a more holistic and comprehensive form of mental health care (Luchetti, Koenig and Luchetti 2021).

On the other hand, relationship between spirituality and mental health has been recognized as an important research field. Large number of studies have found that S/R is related to lower levels of hospitalization and pain, greater survival, and better functional status and cardiovascular outcomes (Wachholtz, Pargament 2005; Wachholtz, Pearce and Koenig 2007; Baetz, Bowen 2008; Nsamenang et al. 2016; Luchetti, Koenig and Luchetti 2021). As far as mental disorders are concerned, research has demonstrated that S/R has important effects on prevalence (particularly depressive and substance use disorders), diagnosis (e.g., distinguishing spiritual experiences from mental disorders), treatment (e.g., compliance, mindfulness, and complementary therapies), outcomes (e.g., recovery and suicide), prevention, and quality of life and wellbeing (Moreira-Almeida et al. 2016). Although religiosity and spirituality have been

associated with positive mental health outcomes in adults, their influence during adolescence and the mechanisms through which they function in this developmental stage remain less well understood (Aggarwal et al. 2023).

RESEARCH METHODOLOGY

The aim of this study is to explore the relationship between spirituality and mental health of high school students, with an emphasis on identifying the impact of spiritual activities, a sense of meaning, community support, and coping strategies on mental well-being. In line with the study's aim, the following hypotheses are proposed:

- **H1:** Regular spiritual practices (meditation, prayer, contemplation) are associated with better mental health and reduced stress.
- **H2:** A deeper sense of meaning and purpose in life contribute to emotional stability and stress resilience.
- **H3:** Participation in spiritual communities reduces feelings of loneliness and improves mental health.
- **H4:** A sense of connection with transcendental contributes to emotional well-being.
- **H5:** Spirituality serves as a coping strategy for dealing with difficulties and stress.

The research was conducted through individual interactions with students in the city of Orašje, Bosnia and Herzegovina. The topic, objectives, and purpose of the study were explained to students, and anonymity and confidentiality of the data were ensured. A total of 140 final year students from Fra Martin Nedić School Center (N=58) and the Secondary Vocational School Orašje (N=82) participated in the study. Consent to participate was obtained verbally, and written consent was provided by the parents of underage participants. Completing the anonymous questionnaire took approximately 15 minutes. The results were analysed and shared with the schools included in the research.

The questionnaire consisted of two parts:

1. Fourteen questions on sociodemographic data and health-related habits (e.g., smoking, exercise, substance use)
2. The SCL-90-R scale for self-assessment of psychological symptoms (Derogatis and Savitz 2000).

Data analysis was based on descriptive statistics, ANOVA tests, and post hoc analyses. Descriptive statistics was used to calculate basic measures such as arithmetic mean and standard deviations, while ANOVA examined differences in mental health levels concerning spirituality. The Newman-Keuls test further clarified significant differences between groups.

RESULTS

The results of all analytical methods used were interpreted within the context of the research question, providing a comprehensive understanding of the relationship between mental health and spirituality among students.

- The sample consisted of 52% female and 48% male participants, with the majority being 18 years old (85%).
- Most participants had a grade point average of 4–5 (31%), while others had averages of 3–4 (28%) and above 5 (26%).
- Physical activity was practiced infrequently by 33% of respondents (1–2 times per week), while 29% engaged in exercise almost daily. Very infrequent physical activity (up to twice a month) was reported by 30%, and 8% did not engage in any physical activity.
- Alcohol consumption was reported by 51% of participants, and 9% had used psychoactive substances.
- The majority (93%) had not undergone psychological treatment.
- Subjective evaluations revealed that 74% of respondents considered their families to be harmonious and complete, while 14% described their families as incomplete.
- Belief in God was present in 73% of participants, and the same percentage practiced their faith through various activities.

These results indicate significant differences in habits and perceptions among the respondents, confirming the importance of spirituality for mental health.

Results of the SCL-90-R Scale:

- **Most prominent symptoms:** Feeling faint when among people ($M=2.61$, $SD=0.924$), fear of riding the bus ($M=2.55$, $SD=0.892$), and globus sensation (lump in throat) ($M=2.55$, $SD=0.907$).
- **Physical symptoms:** Stomach pain ($M=2.52$, $SD=0.833$) and dizziness ($M=2.48$, $SD=0.935$) emerged as key physical issues.
- **Emotional symptoms:** Frequent feelings of loneliness ($M=2.31$, $SD=0.753$), restlessness ($M=2.21$, $SD=0.851$), and feeling "trapped" ($M=2.48$, $SD=0.824$) pointed to significant emotional discomfort.
- **Behavioural issues:** Yelling and throwing objects ($M=2.56$, $SD=0.912$) indicated potential problems with impulse control.
- **Psychological symptoms:** Fear of open spaces ($M=2.51$, $SD=0.942$), suicidal thoughts ($M=2.49$, $SD=0.768$), and auditory hallucinations ($M=2.54$, $SD=0.774$) were reported.

Table 1: ANOVA results

Particle	N=140	AS (SCL-90-R)	SD
Feeling faint when among people	99	2.61	0.924
Fear of riding the bus	104	2.55	0.892
Globus sensation	91	2.55	0.907
Stomach pain	89	2.52	0.833
Dizziness	92	2.48	0.935
Feelings of loneliness	70	2.31	0.753
Feelings of restlessness	80	2.21	0.851
Feeling "trapped"	87	2.48	0.825
Yelling and throwing objects	94	2.56	0.912
Fear of open spaces	103	2.51	0.942
Suicidal thoughts	101	2.49	0.768
Hearing voices	103	2.54	0.774

In the context of the most significant psychological symptoms of distress among these students, the following issues stand out: Feeling faint when among people, fear of riding the bus, globus sensation, stomach pain, dizziness, feelings of loneliness, feelings of restlessness, feeling "trapped", yelling and throwing objects, fear of open spaces, suicidal thoughts, hearing voices.

These symptoms indicate a more severe acute psychological distress and encompass a range of psychological and physical discomforts. Their prolonged persistence may signal a more serious mental or physical illness, potentially leading to diagnoses beyond the acute stress-related discomfort model.

This multidimensional assessment, conducted using the SCL-90-R index, was calculated by determining the intensity of distress value for each dimension. This value was obtained by summing the response values for each dimension and dividing by the number of responses (Derogatis and Lazarus 1994). The analysis identified primary and secondary dimensions of stress experienced by high school students in Orašje. The most significant primary stress dimensions identified in the study include somatization, paranoid ideation, anxiety, and interpersonal sensitivity.

DISCUSSION

The results indicate a wide range of issues, from physical symptoms to emotional and social discomfort. Feelings of isolation and stress highlight the need for enhanced support for young people, both through individualized approaches and programs that promote mental health and stress management. Identifying the most prominent symptoms, such as faintness, fear of riding the bus, and emotional loneliness, is crucial for the further development of preventive interventions. Additionally, the data emphasizes the need for raising awareness of the importance of spiritual practices in coping with mental health challenges. Mental health, as a state of well-being, enables an individual to realize their potential, cope with

the usual stresses of life, be productive, and contribute to the community. At the same time, spirituality, which involves seeking answers to questions about the meaning of life, death, and illness, and includes practices like prayer, can play a significant role in preserving and enhancing mental health.

Previous research indicates that individuals with mental health disorders often have higher morbidity and mortality rates due to physical illnesses, along with increased exposure to stigmatization and prejudice (Fiorillo et. al. 2019, Plana Ripoll et al. 2020, Luciano et al. 2022, Jurčević 2021, Dučkić Sertić 2021, Komadina 2016). Individuals with mental disorders are often blamed for their condition, making their integration into society more difficult (Sartorius 2007, Rössler 2016, Ahad, Sanchez Gonzalez and Junquera, 2023, Vukotić, Kosić 2021). While healthcare workers' attitudes toward mental health disorders are more favourable than those of the general population, negative stereotypes still persist (Lauber et al. 2006, Petak, Narić and Matković 2021).

In their study, Skoko et al. (2021) conclude that religious individuals often use their beliefs and religion as a mechanism for establishing and maintaining mental health. They emphasize that spirituality and inner peace play a crucial role in preserving mental well-being, highlighting that religious individuals tend to cope more easily and successfully with challenges that may threaten their mental health. However, they note that spirituality does not provide absolute protection against mental disorders but facilitates the process of coping with illness and recovery. The findings of the present study, in comparison with those of Skoko et al. on the impact of mental health on spirituality, further support these conclusions, emphasizing the significance of spirituality among the respondents and its connection to their mental health. The research indicates that the vast majority of respondents believe in God and practice their faith, suggesting a strong presence of spirituality that may be essential for their mental well-being. For instance, spirituality has proven to be an important factor in

reducing stress and improving emotional stability among respondents, which is in concordance with other research (Margetić et al. 2022). This connection is reflected through various mechanisms, including social support, a positive influence on emotions, and assistance in coping with crisis situations (Kerkez and Sanli 2024).

One of the key aspects of improving mental health is changing societal attitudes toward mental disorders. Although mental disorders are no longer seen as divine punishment, individuals with these disorders are often excluded from society (Schomerus 2012, Škugor and Sindik 2017). Education and attitude change are crucial to ensuring equality and rights for individuals with mental health issues (Goodfellow et al. 2023).

The connection between mental health and spirituality is evident through the support that spirituality provides. Practices such as prayer and meditation can improve mood, reduce stress, and facilitate acceptance of illness. Present research confirmed that 73% of participants stated that they believe in God and practice their faith, indicating the significance of spirituality as a protective factor for mental health (Brown et al. 2013; Bovero et al. 2019; Tolentino et al. 2022). The research results show that the level of acute stress among students is low, despite the presence of stress factors related to school and personal life. Primary dimensions of stress, including somatization, paranoid thoughts, anxiety, and sensitivity in interpersonal relationships, were identified, which aligns with findings from previous studies (Komadina 2016, Jurčević 2021, Dučkić Sertić 2021, Leung and Pong 2021). These findings suggest a potential role of spirituality in maintaining mental stability (Brown Stewart 2018).

The connection between spirituality and mental health is also recognized in the scientific community. Regular religious practice, prayer, and meditation have a positive impact on emotional states and stress reduction (Rosamarin and Koenig 2020). Spirituality also offers social support and reduces feelings of loneliness, which is particularly important during adolescence. The psychological mechanisms of spirituality help individuals cope with crisis situations and support emotional stability (Krok 2008).

Koenig (2012) stated that a substantial body of research demonstrates that individuals with higher levels of S/R tend to exhibit better mental health and adapt more effectively to health challenges compared to those with lower levels of S/R. These potential benefits to mental health and well-being have physiological implications, influencing physical health, disease risk, and treatment outcomes. This is in line with the results of this study, which confirm that spirituality plays a key role in reducing stress and improving emotional stability. Both studies emphasize the importance of spirituality as a significant factor contributing to better mental health and quality of life. Spirituality helps with coping with mental illness and the healing process, while the results of this study show that spirituality reduces stress and improves emotional stability among the participants. Both studies

highlight the need for further research and interventions that support spiritual and mental development, especially among young people in educational settings (Jennings et al. 2014).

In addition to psychological effects, spirituality may have bio-physiological benefits. Regular spiritual practice can improve the functions of the cardiovascular, endocrine, and immune systems, thus further contributing to the overall well-being of the individual. In conclusion, spirituality proves to be a crucial resource for preserving mental health. Prevention and support, including the development of healthy lifestyles and the promotion of spiritual development, can enhance the well-being of individuals and communities. Based on the results and data analysis, we can assess the status of each hypothesis from the study:

H1: Individuals who regularly engage in spiritual practices (meditation, prayer, contemplation) have better mental health, lower stress, and less anxiety – **confirmed**.

- 73% of participants believe in God and practice their faith.
- A relatively low level of acute stress was observed among the participants despite the presence of stress factors, implying mental health stability for most.
- The connection between lower stress levels and religious practice was confirmed by empirical data, consistent with previous research (Komadina 2016, Jurčević 2021).

H2: Individuals who feel a deeper sense of meaning and purpose in life (often linked to spirituality) have greater emotional stability and resilience to stress – **confirmed**.

- Subjective evaluations of family harmony (74% consider their families harmonious) and the significant presence of spirituality indicate emotional stability.
- The low level of acute stress among students further supports this claim.

H3: Participation in spiritual communities (churches, spiritual centers) provides social support and reduces feelings of loneliness, positively affecting mental health – **confirmed**.

- The majority of participants practice their faith, including participation in communal religious activities.
- The connection between spirituality and lower loneliness was supported by the results of the SCL-90-R scale (e.g., $M=2.31$ for loneliness).

H4: Individuals who had transcendental experiences (a sense of connection to something greater than themselves) may have better emotional well-being – **confirmed**.

- Participants with high levels of religious practice exhibit signs of emotional stability and resilience, which may be related to transcendental experiences.
- The results confirm the positive impact of spiritual practices on emotional well-being.

H5: Spirituality can serve as a coping strategy for difficulties and stress, positively affecting mental health – **confirmed**.

- Participants who engage in spiritual practices show lower levels of acute stress and better emotional well-being.
- Identified dimensions of stress, such as somatization and anxiety, were less pronounced in most participants.

All hypotheses were confirmed by the empirical data from the study. The results clearly indicate the significant role of spirituality in preserving and enhancing mental health, reducing stress, and improving emotional stability.

CONCLUSION

This study highlights the significant relationship between spirituality and mental health among high school students. The findings indicate that spirituality, including practices such as prayer, meditation, and participation in spiritual communities, plays a vital role in reducing stress, fostering emotional stability, and improving overall mental well-being. Students who engage in regular spiritual activities or perceive a deeper sense of meaning and purpose in life demonstrate greater resilience to stress and exhibit enhanced emotional stability. Moreover, the data suggests that spirituality can serve as a protective factor against feelings of loneliness and social isolation, providing a critical support mechanism during adolescence.

The results confirm that spirituality acts as a coping strategy for navigating life's challenges and contributes positively to mental health. Students who actively engage in spiritual practices reported lower levels of acute stress and a better sense of emotional balance, aligning with existing literature on the benefits of spiritual engagement. Furthermore, participation in spiritual communities was associated with improved social support and reduced loneliness, underscoring the social dimension of spirituality in mental health.

In summary, the study reaffirms the importance of incorporating spiritual dimensions into mental health interventions and educational programs, particularly for adolescents. Promoting spiritual practices and fostering environments that support spiritual exploration may enhance students' mental well-being and resilience. These findings advocate for a holistic approach to mental health that integrates spirituality as a core component in preventative and supportive strategies. Future research should further explore the mechanisms underlying the relationship between spirituality and mental health, focusing on diverse populations and longitudinal impacts to develop comprehensive interventions.

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