Shahid Sadoughi University of Medical Sciences School of Public Health

Social Behavior Research & Health

Social Behavior Research & Health

Social Determinants of Health Research Center

Evaluating Spiritual Experiences and Some Psychological Components in Medical Students

Zahra Taheri Kharameh [a, d], Vahid Khosravi [a], Tahereh Ramezani [b], Alireza Alinoori [c]*, Shabanali Khansanami [c], Fatemeh Sharififard [d]

[a] Department of Public Health, Hamadan University of Medical Sciences, Hamadan, Iran.
[b] Department of Public Health, Qom University of Medical Sciences, Qom, Iran.
[c] Department of Theology, Qom University of Medical Sciences, Qom, Iran.
[d] School of Paramedical Sciences, Qom University of Medical Sciences, Qom, Iran.

ARTICLE INFO

ORIGINAL ARTICLE

Article History:
Received: 8 Apr 2017
Revised: 30 Apr 2017
Accepted: 17 May 2017

***Corresponding Author:**
AlirezaAlinoori

Email:
alireza_alinouri@yahoo.com

Tel: +98 2533209123

Citation:
Taheri Kharameh Z, Khosravi V, Ramezani T, Alinoori A, Khansanami Sh, Sharififard F. Evaluating Spiritual Experiences and Some Psychological Components in Medical Students. Social Behavior Research & Health (SBRH). 2017; 1(1): 36-41.

ABSTRACT

Background: Spiritual experiences seem to be an important component in Religious and spiritual life of some one. Aim of the present study was to determinate relation between daily spiritual experiences, and psychological variables in students of Qom University of Medical Sciences.
Methods: In this descriptive and analytical study, 138 students of the Qom University of Medical Sciences were selected via random sampling methods. These students completed the Daily Spiritual Experiences Scale, Depression, Anxiety, Stress Scale (DASS-21) and General Health Questionnaire (GHQ-12). Data were analyzed in $SPSS_{16}$ software environment utilizing descriptive statistics and the Independent t-test, ANOVA and Pearson correlation coefficient.
Results: Mean and standard deviations of daily spiritual experiences scores was 28.27(4.90). The daily spiritual experiences was associated with mental health (r = -0.22, P-value = 0.01) depression(r = -0.25, P-value = 0.005), and stress (r = -0.23, P-value = 0.01).
Conclusion: The findings indicated that spiritual experiences were respectively the most important religious - spiritual components which may affect psychological health in students.

Keywords: Spiritual Experiences, Depression, Anxiety, Stress, Psychological Health, Students

[Downloaded from sbrh.ssu.ac.ir on 2026-10-08]

[DOR: 20.1001.1.27832104.2017.1.1.5.1]

Copyright: This is an Open Access article distributed under the terms of the creative commons Attribution 4.0 license (http://creativecommons.org/licenses/by/4.0) which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Introduction

Mental health is a very important component of life. The concept of mental health includes the inner feeling of well-being and confidence of self-efficiency, self-reliance, capacity of competition, intergenerational dependency and self-actualization potential intellectual abilities and emotion. According to the World Health Organization, mental health is a person's capability to forge a harmonious relationship with others, ability to change and reform the social environment and solve emotional conflicts and personal interests appropriately and logically, mental health is in relation with emotions, thought and behavior of humans.[1] A person with sound mental health can usually cope with daily problems and events better, follow his purposes in life and have more effective performance in society.[2] Koenig et al. (2001) believe that spirituality is the search to understand those responses which are related to basis of being and life and finding answers about the meaning of life. Most importantly, it includes an inner relationship with beyond the existence and God.[3] The inner experience of emotions and spiritual awareness is the real part of spiritual and religious life for each person among various people. The daily experience of spirituality includes finding meaning in life which consists of understanding the meaning of life, positive experiences in life, feeling of happiness and satisfaction.[4] Spiritual experiences are the personal beliefs of a person that help him to devise and cope with problems and give meaning and concept to his life. This has been widely accepted in the care field as a part of the contemporary culture.[5] One of the effective factors in the daily experience of spirituality is the relationship with God. Man engages in this relationship using worship, prayers, intimacy and friendship with God, feeling God's attention and having a positive feeling about the relationship with God. McSherry et al. (2004) consider the experience of spirituality to include hopefulness in life, ability to forgive others' mistakes, ethical beliefs and values, spiritual care, having good relationship with others, belief in God, being moral, creativity, and self-assertion.[6]

Various studies have indicated that the experiences of this transcendence world can have a divine feeling of spirituality or play an important role in positive psychological consequences and health. Sorajjakool et al. (2008) in their research concluded that spirituality has a major role in depression. Also, these researchers found that the depression level is lower in spiritual people.[7] Based on a study by Desrosiers and Miller (2007), spirituality and religion including daily spiritual experiences, forgiveness and generosity and religious coping are associated with a low level of depression.[8] Wachholtz et al.'s (2013) research showed that there is an inverse relationship between spirituality and mental distress and exhaustion.[9] Some other studies expressed that an effective relationship with God decreased stress, anxiety, and depression. This helped to better mental health.[10, 11] This relationship has been defined in our religious literature as well using words like trusting, appealing, and submitting. But, conducting such researches is new in Iranian Islamic culture. The present research was designed and carried out in order to test and determine the relation between spiritual experiences and some psychological components.

Methods

This descriptive analytical study with a cross-sectional method was conducted in 2015. The participants in this research were students studying in Qom University of Medical Sciences. A sample of 138 students were selected and studied through multi-stage sampling. The inclusion criteria were that they had to be current students and willing to participate in the research. The researchers were granted permission by the university and faculty. Then, the designed questionnaires were given to students in accordance with the sampling method and filled. In addition, they were assured that their answers would be kept strictly confidential.

[Downloaded from sbrh.ssu.ac.ir on 2026-10-08]

[DOR: 20.1001.1.27832104.2017.1.1.5.1]

The tools used in this research in addition to the demographic questionnaire included:

Scale of Daily Spiritual Experiences: This scale was made by Underwood and Teresi (2002) to provide a multidimensional tool of spirituality which can be used effectively in health studies. This scale intends to evaluate people's perception of a superior power in daily life and perceptions of their interactions during daily life.[12] The validity and reliability in the Persian version of the scale have been evaluated by Taghavi, et al. (2010) through Cronbach's alpha coefficient which is equal to 0.91.[13]

General Health Questionnaire - 12 questions (GHQ-12): This questionnaire is a widely used tool which has been prepared by Goldberg in order to evaluate mental health and identification of mental disorders in various centers and environments. The questions in the questionnaire evaluate a person's mental health in the past four weeks and some signs such as abnormal thoughts and feelings and some aspects of behavior can be observed. This questionnaire has 28 questions. Of these, 12 questions have been used a lot in Iran and other countries. Twelve out of 20 questions are part of the main questionnaire. Each one of the questions evaluates the intensity of mental problems in the past few weeks. Scoring is based on Likert scale in the form of 0, 1, 2, and 3. The maximum score of the subject through this method will be equal to 36 in the questionnaire.[14] The validity and reliability of the Persian version are confirmed by Ebadi et al. (2002).[15]

Depression Anxiety Stress Scale (DASS-21): This self-report questionnaire with 21 questions is about anxiety, depression, and stress which has been designed by Lovibonds (1997).[16] Depression subscale includes some phrases that evaluate unhappy mood, lack of self-esteem, hopelessness, worthlessness of life, lack of interest to involve in matters, lack of enjoyment of life and lack of energy and power. Depression subscale has phrases that attempt to evaluate physiological hyper arousal, fears and situational anxiety and stress subscale consists of phrases such as difficulty in achieving peace, nervous tension, irritability, and restlessness. Each one of the subscales includes seven questions. The final score of each one is obtained by totalling up scores for questions related to that. Each question has a Likert quadruple scale between 0 and 3 (never = 0, low = 1, medium = 2, very high = 3). After reading each phrase, participants were required to rate the intensity of the represented sign in that phrase as he/she experienced it during the past week on a Likert scale. The validity and reliability of the Persian version are confirmed by Naeemiyan.[17]

The data related to this study was analysed through $SPSS_{16}$ by using descriptive statistics tests and one-way ANOVA tests, t-test, and Pearson correlation. The significance level was considered lower than 0.05 in all tests.

Results

The average age of the participants was 21.37 years and the standard deviation was 2.99 within an age range of 18 and 41 years. Of this, 88.4% of the participants were single and 14.5% were living in a dormitory.

The mean score of depression for study units was 12.57. The mean scores of anxiety and stress were 11.76 and 13.25 respectively. Exactly 21.7% of the students had a higher mean cut-off point in the general health questionnaire.[15] The mean of spiritual experiences in female and male students was 28.45 and 28.09 respectively and it was 28.27 in all students which was not significant statistically. The mean and standard deviation for variables of the research are shown in Table 1.

The relationship between general health, stress, anxiety, depression and spiritual experiences (Table 2). As the table shows, there is a significant inverse correlation between spiritual experiences and stress, depression, mental health. Given that high scores in the GHQ indicate lower mental health the negative relation between these two variables shows that with an increase in the scores of spiritual experiences, scores in the general health questionnaire decrease. This issue shows

[Downloaded from sbrh.ssu.ac.ir on 2026-10-08]

[DOR: 20.1001.1.27832104.2017.1.1.5.1]

better mental health in people with a higher level of spiritual experience. The maximum correlation of spiritual experiences with depression and the minimum correlation with mental health were (P-value = 0.005, r = -0.25) and (P-value = 0.01, r = -0.22) respectively. Additionally, the maximum correlation coefficient in all variables such as general health, stress, anxiety, and depression was related to two items 'I have deep feeling of peace and harmony' and 'I feel God's love to myself directly or through others'.

Table 1. Mean and standard deviation for scores of spiritual experiences and stress, anxiety and depression, and mental health in students

Scale	Mean	Standard deviation	Range of changes in scale
Spiritual experiences	28.27	4.90	6-36
Stress	13.25	4.68	7-28
Anxiety	11.76	4.21	7-28
Depression	12.57	4.83	7-28
Mental health	12.62	6.40	0-36

Table 2. Correlation between spiritual experiences and stress, anxiety and depression, and mental health in students

Scale		Stress	Anxiety	Depression	Mental health
Spiritual experiences	Correlation coefficient	-0.23	-0.15	-0.25	-0.22
	Significance level	0.01	0.08	0.005	0.01

Discussion

The results of the present research showed a relation between spiritual experiences and stress, depression and mental health is significant. People who had more spiritual experiences in daily life reported lower stress and depression and better mental health. People have an emotional connection and intimacy with God even with difficulties and also have peace of mind and a positive relationship with others. Evaluating the role of religiosity in increasing a human being' capacity has always been emphasized by the positive psychology approach. Spirituality operates as a shield against people's problems and discomforts and leads to a reduction in mental disorders and promotion of mental health.[18] Generally, based on conducted researches in the recent decades it has been found that spirituality has been effective in promoting peoples' mental and physical health and reducing disorders caused by that. Papazisis et al. (2013) evaluated the relation between self-esteem and depression and anxiety in 123 nursing students and reported the positive and strong relation between religious and spiritual beliefs and high self-esteem and negative relation with stress.[19] Sanders et al. (2015) evaluated the relationship between religious beliefs and depression, anxiety, self-confidence in 898 students. The results of the study showed inner religion, spiritual maturity, and self-transcendence are significant indicators of mental health and positive mental performance.[20] Also, in a study by Shiraz on hospital personnel, all religious-spiritual components have a significant correlation with mental health.[21]

The most important limitation of this research is that it is sectional. So, more longitudinal studies are needed to clarify the relation shown between variables. Another limitation in this research is related to the evaluated sample which comprised of young students from the university. Therefore, in order to generalize data to general population; other researches should be conducted in various populations. Also, owing to

[Downloaded from sbrh.ssu.ac.ir on 2026-10-08]

[DOR: 20.1001.1.27832104.2017.1.1.5.1]

the relation of spiritual experiences with all variables (mental health, stress, and depression) it is suggested to emphasize on those plans which improve spirituality in our youth.

Conflicts of Interest

The authors declare that there is no conflict of interest in this work.

Acknowledgments

This article is result of a part of research project (code: 94554) which was approved by the ethical committee of Qom University of Medical Sciences by number: Ir.muq.rec.1394.125. This article is a part of a research project which has been approved and financially supported by the Qom University of Medical Sciences. We appreciate the Research Deputy of the Faculty and University and all those students who helped us by filling questionnaires to conduct the research.

Authors' Contribution

Investigation, Z.T.Kh.; Methodology, Z.T.Kh.; Formal Analysis, T.R., V.Kh., and F.Sh.; Data Curation, Z.T.Kh., T.R., V.Kh., and F.Sh.; Writing – Original Draft, Z.T.Kh.; Writing – Review & Editing, Sh.Kh. and A.A.; Supervision, A.A. and Sh.Kh.

References

1. Moshki M, Ghofranipoor F, Azad Fallah P, Hajizadeh E. Effect of an educational program with self-esteem and health control beliefs on mental health promotion of university students. KAUMS Journal (FEYZ). 2009;12(4):38-45. [Persian]
2. Taheri-Kharameh Z, Abdi M, OmidiKoopaei R, Alizadeh M, Vahidabi V, Mirhoseini H. The relationship between religious-spiritual well-being and stress, anxiety, and depression in university students. Health Spiritual Med Ethics. 2016;3(1):30-35.
3. Koenig HG, McCullough ME, Larson DB. Handbook of religion and health. Oxford University Press; 2001.
4. Wachholtz A, Rogoff M. The relationship between spirituality and burnout among medical students. J Contemp Med Educ. 2013;1(2):83-91. http://doi.org/10.5455/jcme.20130104060612
5. Nejat S. Standardization quality of life questionnaire of the world health organization. Journal of the School of Public Health and Institute of Public Health Research. 2007;4(4):1-12. [Persian]
6. McSherry W, Cash K, Ross L. Meaning of spirituality: Implications for nursing practice. J Clin Nurs. 2004;13(8):934-941.
7. Sorajjakool S, Aja V, Chilson B, Ramírez-Johnson J, Earll A. Disconnection, depression, and spirituality: A study of the role of spirituality and meaning in the lives of individuals with severe depression. Pastoral Psychology. 2008;56(5):521-532. http://doi.org/10.1007/s11089-008-0125-2
8. Desrosiers A, Miller L. Relational spirituality and depression in adolescent girls. J Clin Psychol. 2007;63(10):1021-1037. http://doi.org/10.1002/jclp.20409
9. Wachholtz A, Rogoff M. The relationship between spirituality and burnout among medical students. Journal of Contemporary Medical Education. 2013;1(2):83-91. http://doi.org/10.5455/jcme.20130104060612
10. Beck R. Communion and complaint: attachment, object-relations, and triangular love perspective on relationship with God. Journal of Psychology and Theology. 2006;34(1):43-53.
11. Laurin K, Kay A C, Mosovitch DA. On the belief in God: Towards an understanding of the emotional substrates of compensatory control. Journal of Experimental Social Psychology. 2008;44(6):1559-1562.
12. Underwood LG, Teresi JA. The daily spiritual experience scale: development, theoretical description, reliability, exploratory factor analysis, and preliminary construct validity using health-related data. Annals of Behavioral Medicine. 2002;24(1):22-33.
13. Taghavi M, Amiri H. Psychoanalysis characteristic investigation daily spiritual experience scale (DSES). Biquarterly Journal of

[Downloaded from sbrh.ssu.ac.ir on 2026-10-08]

[DOR: 20.1001.1.27832104.2017.1.1.5.1]

Islamic Education. 2010;5(10):149-165. [Persian]
14. Goldberg DP, Gater R, Sartorius N, et al. The validity of two versions of the GHQ in the WHO study of mental illness in general health care. Psychol Med. 1997;27(1):191-197.
15. Ebadi M, Harirchi AM, Shariati M, GarmaroudiGh, Fateh A, Montazeri A. Translation, reliability and validity of the 12-item general health questionnaire among young people in Iran. Payesh Journal. 2002;1(3):39-46. [Persian]
16. Lovibond SH, Lovibond PF. Manual for the Depression Anxiety Stress Scales. 2ed ed. Sydney, NSW: Psychology Foundation; 1995.
17. Asgharimoghaddam M, Saed F, Dibajnia, P, Zangeneh J. A preliminary validation of the depression, anxiety and stress scales (DASS) in non-clinical sample. CPAP. 2008;1(31):23-38. [Persian]
18.Safee Rad I, Karimi L, Shomoossi N, Ahmaditahor M. The relationship between spiritual wellbeing and mental health of university students. Journal of Sabzevar University of Medical Sciences. 2011;17(4):274-280. [Persian]
19. Papazisis G, Nicolaou P, Tsiga E, Christoforou T, Sapountzi-Krepia D. Religious and spiritual beliefs, self-esteem, anxiety, and depression among nursing students. Nursing & Health Sciences. 2014;16(2):232-238. http://doi.org/10.1111/nhs.12093
20. Sanders PW, Allen GE, Fischer L, Richards PS, Morgan DT, Potts RW. Intrinsic religiousness and spirituality as predictors of mental health and positive psychological functioning in latter-day saint adolescents and young adults. Journal of Religion and Health. 2015;54(3):871-887. http://doi.org/10.1007/s10943-015-0043-4
21. Ghahremani N, Nadi M. Relationship between religious/spiritual components, mental health and hope for the future in hospital staff of Shiraz public hospitals. Iran Journal of Nursing. 2012;25(79):1-11. [Persian]

[Downloaded from sbrh.ssu.ac.ir on 2026-10-08]

[DOR: 20.1001.1.27832104.2017.1.1.5.1]