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The Effect of Spiritual Intelligence Training on the Indicators of Mental Health in Iranian Students: An Experimental Study

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Abstract

Mental health of students is one of the important issues in psychology, psychiatry and sociology and that is viewed as one of the main responsibilities of teachers and trainers. Recently the structure of spiritual intelligence as a component of mental health is a concept that emanates in light of interest in the field of psychology of religion and spirituality. This experimental study aimed to determine the effect of spiritual intelligence training on the indicators of mental health situation of Iranian students. To get sampling, we used a Multi-Stage Cluster method and high school students were randomly assigned to the two groups of control (n = 30) and experiment (n = 28). Experimental group was involved in seven weekly sessions of intervention by spiritual intelligence training and the control group received no intervention. The pre-test and post-test data were collected by the SCL-90-R scale. Results in the pre-test and post-test showed that spiritual intelligence as a key intervention decreased interpersonal sensitivity, somatization, obsessive-compulsive, depression, anxiety, aggression, phobic, paranoid ideation, and psychoticism in experimental group in compared with the control group. These experimental findings supported this notion that spiritual intelligence training as a new psychological and religious construction is able to decrease psychological disasters and to improve the experienced level of mental health among high school students.

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1. Introduction

This interest in the relationship between spirituality and mental health is being explored in a number of ways. Researchers in a range of disciplines, including theology, psychology, nursing, psychiatry and gerontology are

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exploring the connections between various elements of these two areas of human existence (e.g., Ai & Park, 2005; McSherry, Cash & Ross, 2004). In line with this, considering the mental health situation of students has been recognized as one of the main responsibilities of teachers and trainers (Tloczynski & Fritzsich, 2002). This is because school as an important social institution plays an inalienable role in education and personal growth of children and adolescents (D'Onofrio et al., 1999). Since the school years are considered as course builder of human development, the suitable school environment means somewhere promoting good health, self-esteem, life skills and appropriate behaviour (Yahyaei et al., 2012). The experts of the World Health Organization (WHO) consider mental health as the ability to adapt to other people's, social and personal settings, resolve conflicts and satisfy the desires of reasonable, fair and appropriate (Romazpour et al., 2002). The structure of spiritual intelligence as a component of mental health is a concept that emanates in light of interest in the field of psychology of religion and spirituality and can positively affect the mental health situation of student (Sohrabi & Naseri, 2009; Yaaghoubi et al., 2009; King, 2007).

2. The present study and hypotheses

The concept of spiritual intelligence for the first time in the psychology literature was emerged in 1996 and was developed in 1999 (Emmons, 1999). In view of primary researchers, spiritual intelligence is the adaptive use of spiritual information in order to facilitate daily problem solving and Achieving (Sohrabi & Naseri, 2009). Spiritual intelligence is the human ability to creatively plan questions of life and it helps parents of young children to affect the mental health of their children effectively. For instance, Mohammadyari (2012) showed that parents with a higher spiritual intelligence, they will grow children with higher mental health and vice versa. In the definitions and patterns of each expert about spiritual intelligence proposed on intellectual ability, capacity, and resources of the various states. In view of Emmons (2000), spiritual intelligence is adaptive use of spiritual information to solve problems in daily life and achieving. He innovatively introduces five dimensions of excellency capacity (physical, material world and the transcendental of it), the ability to enter into states of spiritual consciousness, the ability to embellish activities and events, and relationships with a sense of the sacredness of life, the ability to use the intellectual resources to the problems of life and capacity to engage in virtuous behaviour (forgiveness, gratitude, humility and compassion) has to offer for spiritual intelligence.

Research shows that an integral dimension of human is spirituality and the need to provide mental health and such as the other psychological structures firmly should be considered. Research in this area has dramatically increased over the past three decades and more than five thousand research confirms the positive relationship between religions, spirituality occupational health there. For example, recently one of the Iranian researcher examined relation between mental health, spiritual intelligence and results showed a significant relationship between spiritual intelligence and mental health, namely by increase the scale of spiritual intelligence, GHQ scores which were indicating psychological problems reduced (Moalemi et al., 2011; Marashi, 2011). Moreover, Amram (2009) conducted a research on 210 managers from 42 companies that emotional intelligence (EI) and spiritual Intelligence (SI) are distinct structures and they are correlated with effective management. Therefore, happy school and proper training are important factors in promoting mental health components in students, and including their spiritual intelligence. In line with the former research, this study is trying to determine the effects spiritual intelligence on student's mental health considering to Richard Boyle training package. Regarding to the literature review we expect the main following assumption:

H: Spiritual intelligence training will reduce health negative indicators.

3. Materials and Methods

Participants. Statistical population of the present study was all students who were studying in the 14 region of the Tehran province of Iran. To get sampling, we used a Multi-Stage Cluster method and secondary school students were randomly assigned to the two groups of control (n = 30) and experimental (n = 30). Social-economic situation and age were controlled.

Measurement. Data gathering was done by the SCL-90-R scale. This test consists of 90 questions assessing psychological symptoms which were completed by the respondents. It should be noted that this scale paid its attention to the psychological aspects of physical and mental patients simultaneously. Dimensions are: somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychosis.

Research Design. This research was an experimental study with pre-test, post-test, control and experiment groups. After randomly selection of subjects, we divided them into two groups and Experimental group was involved in 7 weekly sessions of intervention by spiritual intelligence package and the control group received no intervention. The pre-test and post-test data were collected by the SCL-90-R scale.

4. Results

To investigate the effect of the intervention, subjects were randomly assigned to experimental and control groups. The experimental group consisted of 30 students with an average age of 14.93 and there were 30 students with an average age of 14.82 in the control group. Two groups (experimental and control) in terms of demographic characteristics (age, sex, indigenous and non-indigenous) and the pre-test score were equal ($p > 0/05$). To investigate the effects spiritual intelligence and its components on mental health, paired t-test was used in order to compare these effects between pre-test and post-test. Spiritual intelligence significantly reduced interpersonal sensitivity, somatization, obsessive-compulsive, depression, anxiety, aggression, phobic, paranoid ideation and psychoticism were (Table 1).

Table 1. Comparing the scores of pre-test and post-test in experimental group and control group

Post-test – pre-test	P-value	Post-test		Pre-test		groups	dimensions
		Std. Deviation ± Mean	Std. Deviation ± Mean	Std. Deviation ± Mean	Std. Deviation ± Mean		
5.266.67	0.02	3.73±5.32	7.13±6.98	7.13±6.98	0.12	experimental	interpersonal sensitivity
0.1±11.32	0.96	10.21±8.90	10.32±6.37	10.32±6.37	0.12	control	
5.2±6.98	0.02	3.46±4.71	6.86±6.66	6.86±6.66	0.12	experimental	somatization
.39±10.52	0.84	10.21±9.12	10.60±6.35	10.60±6.35	0.12	control	
7.1±7.46	0.02	4.5±5.8	8.77±8.28	8.77±8.28	0.33	experimental	obsessive-compulsive
0.71±10.96	0.73	10.85±9.54	11.57±4.93	11.57±4.93	0.33	control	
7.16±7.12	0.07	4.9±6.49	8.63±7.91	8.63±7.91	0.10	experimental	depression
-1.10±14.63	0.69	14.28±12.45	13.18±8.67	13.18±8.67	0.10	control	
4.03±5.26	0.02	9.07±5.55	7.64±5.11	7.64±5.11	0.11	experimental	aggression
-0.67±11.32	0.75	9.07±5.55	7.64±5.11	7.64±5.11	0.11	control	
4.23±6.30	0.3	3.93±5.39	5.33±5.91	5.33±5.91	0.08	experimental	anxiety
-0.07±11.92	0.97	9.14±10.07	9.07±5.55	9.07±5.55	0.08	control	
3.53±3.82	0.18	1.43±2.67	2.6±3.31	2.6±3.31	0.13	experimental	phobia
-2.10±7.77	0.16	5.46±6.55	3.35±3.64	3.35±3.64	0.13	control	
5.6±4.91	0.008	4.3±4.8	8±5.42	8±5.42	0.35	experimental	Paranoia
1.92±9.81	0.30	8.28±7.03	10.21±6.67	10.21±6.67	0.35	control	
5.43±5.36	0.13	3.33±4.63	5.46±5.58	5.46±5.58	0.12	experimental	psychosis
2.21±11.85	0.33	8.60±9.05	10.82±7.62	10.82±7.62	0.12	control	
27.09±67.64	0.03	34.36±42.72	62.26±52.16	62.26±52.16	0.11	experimental	total
3.75±97.69	0.84	92.42±82.85	96.17±50.22	96.17±50.22	0.11	control	
	0.27					P-value	

5. Discussion and Conclusions

These findings clearly revealed that the intervention of spiritual intelligence led to a significant reduction in the amount of interpersonal sensitivity, somatization, obsessive-compulsive, depression, anxiety, aggression, phobic, paranoid ideation, and psychosis in the experiment group than control one. In fact, this finding means that an improvement in the mental health component of spiritual intelligence is in consistent with the findings of teacher intervention and colleagues (Moalemi, et al., 2011; Hamid et al., 2013; Goodarzi, 2012; Saad, Hatta, & Mohamad, 2010). According to the results of this study, the most important implication of this study is that to open a new horizon in front of school teachers and also the parents of student to realize the importance of paying attention to the spirituality in the growth of mental health in children and students. Another important implication of the study was giving a new insight to high school students in order to develop the concept of spiritual intelligence as a new construct in their daily life.

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