Spiritual Well-Being and Mental Health of Students in Indonesia

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Abstract: Mental health is very important in human life, especially for students studying at university. This is because problems with mental health can lead to mental disorder or emotional distress, such as depression or anxiety or psychological disfunction. Spiritual well-being can affect mental health in students. Interpersonal relationships with the environment, social, groups and God are part of the process of spiritual well-being. Therefore, this study aims to show that there is a relationship and influence of spiritual well being on mental health possessed by students in learning. The research method used is quantitative research methods. The data was collected through questionnaire (N = 209; ages 14-23 years old; 100 men and 109 women). The analysis used linear regression analysis, correlation, and independent-sample t-test. The result show that there is a significant relationship between spiritual well-being and mental health in students in Indonesia.

Keywords: spiritual well-being, mental health, students, Indonesia

Introduction
Mental health is an important thing in human life. Mental health can influence human life. According to the WHO guidelines on health services (2005), mental health is the well-being of every individual in realizing his potential, to cope with life pressures, and to be able to work productively and contribute to his community. Stress and depression are part of mental health disorders (Heim & Binder, 2012; Saputri & Indrawati, 2011). Sometimes students experience mental disorders such as stress and depression (Sawatzky et al., 2012). This is because students are required to resolve various kinds of conflicts.

In the field of mental health, there is a concept called mental health literacy, which means "knowledge and beliefs about mental disorders that help with recognition, management or prevention." (Jorm, 2012). It is the knowledge that is linked to the possibility of action to benefit one's own mental health or that of others (Jorm, 2012). Mental health literacy has many components, including (a) an introduction to the stages in preventing mental disorders, (b) knowledge about developing disorders, (c) an introduction to choosing help in treating mental health disorders, (d) an introduction to effectiveness in helping military problem techniques and strategies, and (e) the ability of help in supporting individuals experiencing mental disorders or extreme mental health disorders (Jorm, 2012), and spiritual well-being (Jafarei et al., 2010).

Several studies have shown that there is a good relationship between spiritual well-being (SWB) and mental health, which can reduce depression and stress. Palouzian, Bufford, & Wildman (2012) reported two studies that showed SWB had a strong inverse relationship with negative moods. Girme, Overall, Faingataa, & Sibley (2016) in a sample of mostly white high school students found that after controlling for demographics and religiosity, SBW contributed an additional 29% of the variance in predicting depression. SWB was the only predictor that contributed significantly to their final model. Spiritual well-being is the affirmation of life in relationships with God, others, the environment, and the person. From the concept above, spiritual well-being is defined in the form of positive feelings towards one's behavior and relationship with others so as to provide satisfaction, joy, respect, love, positive attitude and purpose in life.

Based on the initial concepts of intrinsic/extrinsic religiosity (Darvyri et al., 2014)), there are several concepts of spiritual well-being that have been mentioned (Hill & Roberts, 2012). Initially, the internal spiritual is explained more fully when compared to the external spiritual - "the extrinsically motivated person uses his religion, whereas the intrinsically motivated lives his religion" (Hill & Roberts, 2012). Spiritual well-being is described as welfare associated with God or the almighty. In addition, spiritual well-being includes welfare related to life goals, the meaning of life and life satisfaction (H.-F. Unterrainer, Ladenhau, Moazedi, Wallner-Liebmann, & Fink, 2010).

In addition, quality of life and mental health can be demonstrated by spiritual well-being that has a positive relationship with various aspects of health, both psychological health and physiological health (Human-Friedrich Unterrainer, Lewis, & Fink, 2014). In addition, there are five main dimensions of personality, but it requires the sixth dimension, which is spiritual
dimension or spiritual factor (Ispas, Iliescu, Ilie, & Johnson, 2014; Meléndez, Satorres, Cujiño, & Reyes, 2019). There is a positive relationship between spirituality and the three dimensions in the Big Five, namely external, approval, and awareness. The external spiritual has a higher score on neuroticism (Saroglou, 2013; Van Cappellen, Toth-Gauthier, Saroglou, & Fredrickson, 2016). Therefore, this study aims to identify the effectiveness of the relationship and the influence of spiritual well-being on mental health. This study also aims to look at differences of spiritual well-being between men and women.

**Methods**

**Respondent**

The respondents of this study were students from various universities in Indonesia, especially universities in East Kalimantan, Indonesia, whose study period commenced in 2017. From this population, there were 209 students selected based on a random cluster consisting of 100 male students and 109 female students. Participants aged between 18-24 years.

**Data Collection**

Data were collected based on the scale of the spiritual welfare scale (SWB) (Ellison, 1983) and the Warwick Edinburgh Mental Health Scale. Spiritual Welfare (SWB) has two sub-aspects, namely existential welfare and religious welfare with a rating scale of 1 (strongly disagree) to 6 (strongly agree). The Cronbach pilot score performed was alpha SWB = 0.89. This is supported by previous research (Jafari et al., 2010) with a score of 0.93. Warwick Edinburgh Mental Health Scale (WEMWBS) is related to stress and depression. Warwick Edinburgh Mental well-being Scale consists of 14 items with a Cronbach Alpha score = 0.86.

**Data Analysis**

The data were analyzed through linear regression analysis using SPSS version 25. Linear regression is a method used to express the pattern of relationships between responsible variables and predictor variables (Seber & Lee, 2012).

**Result**

Table 1 shows that R Square = 0.151, which means that the independent variable can explain the dependent variable by 15.1%, while 84.9% is explained by other factors that are not examined.

Table 1. Chi square for linear regression analysis

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R Square</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.389</td>
<td>.151</td>
</tr>
</tbody>
</table>

Table 2 shows that the t = -6.079 > 1.652212, sig = 0.000 < 0.05, so it can be concluded that there is an influence of spiritual well-being (SWB) on mental health in students in Indonesia. In this analysis, there is a constant number of unstandardized coefficients of 62,148, which shows that if there is no spiritual well-being, the value of mental health increases by 62,148.

The regression coefficient is -0.3333. It shows that for every 1% increase in spiritual improvement, mental health will increase by -0.333. Because the regression coefficient value is minus (-) then SWB has a negative influence on mental health.

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficient</th>
<th>Standardized Coefficient</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>(Constant)</td>
<td>62.148</td>
<td>-333</td>
<td>-389</td>
</tr>
</tbody>
</table>

a. Dependent Variable: Mental Health

The significance value in table 3 is 0.000 < 0.05, so there is a relationship between spiritual well-being and mental health. While the value of help is r = -0.389 > 0.138, it can be denied that there is a relationship between spiritual well-being and mental health, because Pearson correlation value = -0.389.

Table 3 Correlation

Table 4 shows that the average difference in spiritual well-being in men = 31.05 and in women = 30.41, while in mental health the average difference in values of men = 51.73 and women 51.92. It can be concluded that there are differences in spiritual well-being and mental health in men and women.

Table 4 Group Statistics, Independent Sample T-Test

Table 5 Independent Sample Test
Discussion

The aims of this study were to determine the relationship, influence, and differences between men and women's spiritual well-being (SWB) on mental health in students studying at university. From these results it is found that there are a negative influence and a very significant relationship between spiritual well-being and mental health. In addition, there is a significant relationship between spiritual well-being and health, but there is no difference in spiritual well-being and mental health between men and women. Several studies conducted previously showed similar findings. There are negative and positive association between religiosity and mental health (G. Koenig & Larson, 2001). Basically, there is a relationship between spiritual and mental health. However, there is no spiritual difference and mental health in men and women. Mental health is indicated by an average dimension that is dominantly negative, whereas positive dominant is indicated in the last dimension (Ventis, 1995). Mental health can be significantly anticipated by spiritual well-being (Jafari et al., 2010). Mental health can be predicted by daily experiences of spiritual, religious support, religious quality improvement, religious coping and forgiveness (Rippentrop et al., 2005).

Spirituality has a big influence on mental health. Mental health disorders such as stress and depression can be reduced or eliminated by improving spirituality (Human-Friedrich Unterrainer et al., 2014). Spiritual well-being is associated with various indicators of mental health (Human-Friedrich Unterrainer et al., 2014). The more experiences an individual has in practicing spirituality, the easier for him to regulate and reduce mental health disorders.

Some previous research showed that spirituality could reduce mental health disorders. Some researchers mentioned that there is an effect of a combination of spiritual therapy on anxiety levels (Iswari, 2017). Other research found that recovery of mental illness could be controlled by religiosity/spirituality so that it could remove addiction or symptoms for suicide (Human-Friedrich Unterrainer et al., 2014). Basically, positive emotions can be mediated by religiosity, spirituality, and well-being. In the religious/spiritual context, it is increasingly relevant to distinguish between positive emotions and negative emotions. Positive emotions are often resulted from admiration, gratitude, love and sovereignty (Van Cappellen et al., 2016; Yonker, Schnabelrauch, & DeHaan, 2012).

There is no causal relationship between spiritual well-being and mental health. A better mental health is obtained from other positive factors. However, further research is required to identify ways of improving mental health.

Conclusion

Mental health is influenced by spirituality, although not very much. Also, there is a significant relationship between spiritual well-being and mental health. However, there is no difference in spiritual well-being and mental health between men and women.

References


