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**INTERCULTURAL DIMENSIONS OF RELIGIOUS SPIRITUAL WELL-BEING IN
COLLEGE STUDENTS**

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ABSTRACT

Spirituality is one of the dimensions of human health. Religious spiritual characteristics including forgiveness, hope, transcendence, immanent and sense of integration to surroundings can cause better adjustment and more health and welfare in the life of individuals. Religious spiritual well-being has cultural features in different countries. There is a near relationship between culture and psychology in various issues including religion, spirituality, and well-being. The aim of the present research was to study crosscultural aspects of religious spiritual well-being among college students. It was a cross sectional descriptive study. 603 students (320 Iranian and 283 Austrian students) were selected by a multistage stratified cluster sampling.

They completed multidimensional inventory for religious spiritual well-being (MI-RSWB-48). Data were analyzed by independent t-test and one-way ANOVA. On the MI-RSWB-48, Iranian students had higher scores in subscales of General Religiosity (GR), Connectedness (CO), Transcendent perception, and total RSWB than Austrian students. Austrian students had higher scores in subscales of Forgiveness (FO), Experience of Sense and Meaning (SM), Hope transcendent (HT), and Immanent perception than Iranian students. Female students had higher score in subscale of Forgiveness (FO) than male students. There were significant differences between academic disciplines in all of subscales except Hope immanent (HI) and Experience of Sense and Meaning (SM). Quantitative, interview and group focused discussion studies for future research, are recommended. The results should be interpreted on the basis of cultural considerations and native viewpoints. Present findings can be considered in the spiritual religious-oriented interventions in two countries.

Keywords: Religious Spiritual Well-Being, Cross-cultural psychology, College students, Iran, Austria

INTRODUCTION

There are mechanisms that indicate religiosity and spirituality effect on mental health. Relationship between religiosity and mental health, subjective well-being and happiness was been shown in some studies [1-5]. Religiosity and spirituality positively relate to subjective well-being and have a main role in mental disorder [6-11].

Religions emphasizes on the effect of spirituality on humans' physical and psychological health. Spiritual capital and spiritual wellbeing are new constructs in spirituality issue [12-13]. Concept of Spiritual Well-Being (SWB) was introduced by Ellison and Paloutzian, and Religious/Spiritual Well-Being (RSWB)

was developed by an interdisciplinary clinical research team at the University Clinic in Graz, Austria and the result of an affair to extend of model of bio-psycho-social with a religious/spiritual element [6, 8, 14]. RSWB is ability to experience and integrate meaning and purpose in existence through a connectedness with self, others or a power greater than oneself [7]. RSWB has six dimensions which are placed in two fields of perception: An Immanent perception (bio-psycho-social) which includes Forgiveness (FO), Hope immanent (HI), Experience of Sense and Meaning (SM) and a Transcendent perception (religious-spiritual) which includes General religiosity (GR),

Connectedness (CO), and Hope transcendent (HT). Forgiveness (FO), Hope immanent (HI), and Experience of Sense and Meaning (SM) are related to various markers of subjective well-being and might therefore be conceptualized as either religious/spiritual dimensions or as general personality dispositions without necessarily having religious/spiritual connotations. They are not necessarily religious, but they have strong associations with religiosity and subjective well-being [9-10]. General Religiosity (GR) is defined as a person's faith being linked to institutions or bound to specific organized religious communities and traditions. Connectedness (CO) is described a more deinstitutionalized form of religious belief (for instance the belief in a higher power. Hope Transcendent (HT) is defined as consisting of facets such as the belief in "a better life after death", which might be related to a lower amount of existential fear or death anxiety/fear[7, 10]. Unterrainer, Lewis, Collicutt, and Fink (2013) indicated that RSWB played a main role in the development, course, and recovery of addictions. In their study, on the MI-RSWB-48, RSWB was lower in the patients with substance use disorders than the controls[15].

Religion is a specific cultural and epistemological context and had an important role in mental health [16-19, 3]. Religious attitudes and religious/spiritual well-being can impact on quality of life, life style, coping mechanisms [20-24]. Religious coping improves psychological stress (Baider et al. 1999, cited by Aberer et al, 2014)[23]. Spiritual well-being reduced depression and increased vitality in patients with malignant tumors [25]. Jafari, Farajzadegan, Loghmani, et al (2014) reported poor quality of life and spiritual well-being and high prevalence of depression in Iranian patients with type 2 diabetes. There was a significant positive correlation between quality of life and meaning, peace, and total score of spiritual well-being in the patients[26]. In study of Aberer et al (2014) patients with increased Hope Transcendent (HT) had significantly impaired coping styles. Patients with lesions in the face have a significantly increased General Religiosity (GR). Patients with photosensitivity had significantly reduced ability to Forgive. Patients with joint pains had significantly increased General Religiosity (GR). Patients had lower scores in total Spiritual Well-Being, Experience of Sense and Meaning (SM), General Religiosity (GR), Connectedness

(CO), but they had higher scores in Forgiveness (FO), Hope transcendent (HT) than health persons. Patients with spiritual well-being showed significantly less anxiety and depression. Patients who had lower ability to Forgive used depressive coping styles. Patients with spiritual well-being used active, problem-oriented and religious coping styles [23]. The Spiritual and religious issues can lead to change of behavior in people [27]. Religion and spirituality can effect in therapy process which was applied by religious/non religious psychologists [28]. For providing of psychological interventions, religious and spiritual context should be considered [29-31]. The aim of the present research was to study crosscultural aspects of religious spiritual well-being among Iranian and Austrian college students.

MATERIALS & METHODS

The present research was a cross sectional descriptive study. Subjects were 603 college students (320 students of Tabriz University in Iran and 283 students of Vienna University in Austria). They were selected by a multistage stratified cluster sampling. In Iranian sample, in the first stage, two areas were randomly selected from each educational branches, and in the next stage, two classes were randomly selected among

all classes. All of students completed Multidimensional Inventory for Religious/Spiritual Well-Being 48 (MI-RSWB-48). For Austrian students, Original Austrian-German version made by Unterrainer, Huber, Ladenhauf, Wallner, et al (2010) [14], was used. For Iranian students, after procurable coordination and necessary correspondences with relevant officials, researchers presented Farsi version MI-RSWB-48 of Mahmood Alilu, Zarean, Beyrami, et al (2011) [32] along with its answer sheets to the sample based on class divisions. Then, after about 45 minutes, questionnaires and answer sheets were collected and they made ready for scoring in a classified form.

MI-RSWB-48 is based on a multidimensional approach to religion and spirituality and its central theoretical framework is based on the spiritual-religious well-being structure. MI-RSWB-48 consists in total of 48 items and six subscales. In addition to total score of Spiritual-Religious Well-Being (RSWB), the MI-RSWB-48 provides scores for six dimensions of General religiosity (GR), Forgiveness (FO), Hope immanent (HI), Connectedness (CO), Hope Transcendent (HT), and Experiences of Sense and Meaning (SM). Three subscales of Forgiveness (FO), Hope

immanent (HI), and Experiences of Sense and Meaning (SM) were included in perception of "Immanent". Other three subscales of General religiosity (GR), Connectedness (CO), and Hope Transcendent (HT) were placed in perception of "Transcendent". Items of the MI-RSWB-48 are evaluated by a six-point Likert scale which is rated from "I totally disagree" (1) to "I totally agree" (6), and 16 items out of 48 items are reversely scored. Six subscales of MI-RSWB-48 are measured with eight items each. Item number of General religiosity (GR) is 1, 7, 13, 19, 25, 31, 37, 43, item number of Forgiveness (FO) is 2*, 8*, 14*, 20*, 26*, 32*, 38*, 44, item number of Hope immanent (HI) is 3, 9, 15, 21, 27, 33, 39*, 45, item number of Connectedness (CO) is 4, 10, 16, 22, 28, 34, 40, 46, item number of Hope Transcendent (HT) is 5*, 11*, 17*, 23*, 29*, 35*, 41*, 47*, item number of Experiences of Sense and Meaning (SM) is 6, 12, 18, 24, 30, 36, 42, 48. (Notes: *= coded inverse)[14].

In the German version, the total scale displayed an internal consistency of $\alpha = 0.89$ (Cronbach's α for all subscales >0.7). The original version of the scale has been applied to different research contexts, where

the RSWB-dimensions were found to be substantially related to different parameters of psychological well-being and personality among varying clinical and nonclinical samples[14]. Mahmood Alilu, et al (2011) assessed psychometric properties of Farsi version of MI-RSWB-48 in a sample of Iranian university undergraduate students and showed high internal consistency ($\alpha = 0.81$) and its factors from 0.57 to 0.86 for it. They were measured criterion, convergent and factorial analysis validity of IM RSWB 48. Results indicated that 13 factors could predict more than 61% of variance of variations, and 3 main factors were loaded: The first factor was as a result of compound subscales of General religiosity (GR) (7 items), Hope immanent (HI) (7 items), and Experience of Sense and Meaning (SM) (8 items), the second factor was a compound of subscales of Forgiveness (FO) (8 items), and Hope transcendent (HT) (5 items), the third factor was an equivalent of Believe in the hereafter which comprises 4 items. They concluded that MI-RWSB-48 has satisfactory psychometric properties and it can consider as a useful measure for the evaluation of religious-spiritual wellbeing in college students[32]. Unterrainer, Nelson, Collicutt, & Fink (2012) developed an English version of the scale (MI-RSWB-E)

and the German version was translated into the English language and re-translated into German by Austrian and British psychologists. They reported that MI-RSWB-E had good psychometric properties with a six-factor structure, and its dimensions were related to mental health, subjective wellbeing and mental illness in British college-students[33].

In the present study, for analyzing, valid and completely filled answer sheets were separated from defected and incomplete ones, and they were scored. Scores of each individual were entered into the computer and data were analyzed by independent t-test and one-way ANOVA using SPSS statistical software. Ethical considerations were considered in the study.

RESULTS

Findings showed that 53.1% of participants were Iranian, with a mean age of 20.17 yr. (SD=1.31). 36.3% of them were male and 63.8% of them were female. 46.9% of participants were Austrian, with a mean age of 24.91 yr. (SD=5.36). 18.7% of them were male, and 48.4% of them were female. For Iranian students, academic principles were including human sciences (23.8%), engineering (20.3%), agriculture (30.9%), and basic sciences (25%). For Austrian students were including human sciences

(47%), engineering (32.5%), and agriculture (20.5%).

Mean scores of the two groups of Iranian Students and Austrian Students were close to each other in subscales of Forgiveness (FO), Hope immanent (HI), Experience of Sense and Meaning (SM), and Immanent (immanency) perception. But means scores of the two groups were not closed in subscales of General religiosity (GR), Hope transcendent (HT), Transcendent perception, and total Spiritual-Religious Well-Being (SRWB). There were significant differences between scores of Iranian and Austrian students in all dimensions, except Hope immanent (HI). Iranian students had higher scores in subscales of General religiosity (GR), Connectedness (CO), Transcendent perception, and total RSWB than Austrian students. Also results showed that Austrian students had higher scores in subscales of Forgiveness (FO), Experience of Sense and Meaning (SM), Hope transcendent (HT), and Immanent perception than Iranian students. Difference between the two groups in scores of Immanent perception, Transcendent perception, subscale of General religiosity (GR), and total RSWB, was more than other subscales (**Table 1**).

There was a significant difference in subscale of Forgiveness (FO) amongst male

and female students ($P < 0.03$), and female students had higher score than male students. There were no significant differences between other subscales and totals RSWB in male and female students (Table 2).

There were significant differences in various academic disciplines in all of subscales of MI-SRWB-48, except Hope immanent (HI), and Experience of Sense and Meaning (SM) (Table 3).

Table 1: Means and Standard Deviation of Iranian Students (N= 320) and Austrian Students (N= 283) on IM-RSWB-48

IM-RSWB-48	Iranian students		Austrian students		t	p
	M	SD	M	SD		
Forgiveness (FO)	26.65	8.42	31.109.87		-5.97	0.001
Hope immanent (HI)	36.44	7.26	36.536.65		-0.17	-
Experience of Sense and Meaning (SM)	36.53	5.62	37.78	5.87	-2.66	0.008
Immanent perception	99.63	14.66	105.4215.65		-4.69	0.001
General religiosity (GR)	42.33	5.35	25.5912.41		21.93	0.001
Connectedness (CO)	36.23	5.52	26.608.16		17.13	0.001
Hope transcendent (HT)	24.17	6.32	29.628.95		-8.72	0.008
Transcendent perception	102.73	10.06	81.8822.72		14.84	0.001
Total RSWB	202.35	21.23	187.3633.87		6.58	0.001

Table 2: Means and Standard Deviation of Gender of Students (N= 603) on IM-RSWB-48

IM-RSWB-48	Male students		Female students		t	p
	M	SD	M	SD		
Forgiveness (FO)	26.18	8.11	27.999.28		2.16	0.03
Hope immanent (HI)	36.026.71		36.146.87		0.19	-
Experience of Sense and Meaning (SM)	36.766.19		36.69	5.42	-0.13	-
Immanent perception	98.9613.62		100.8214.80		1.37	-
General religiosity (GR)	35.1611.47		35.5212.86		.31	-
Connectedness (CO)	32.618.06		31.898.43		-0.93	-
Hope transcendent (HT)	24.92	6.82	25.817.95		1.25	-
Transcendent perception	92.85	19.45	93.2220		0.20	-
Total RSWB	191.84	26.52	194.0428.23		0.84	-

Table 3: One-way ANOVA of Academic disciplines of Iranian and Austrian Students on The IM-RSWB-48

IM-RSWB-48		Sum of squares	df	Mean Square	F	P
Forgiveness (FO)	Between groups	1997.70	3	665.90	7.81	0.001
	With in groups	51087.94	599	85.29		
	Total	53085.64	602			
Hope immanent (HI)	Between groups	23.11	3	7.70	0.16	-
	With in groups	29225.46	599	48.79		
	Total	29248.59	602			
Experience of Sense and Meaning (SM)	Between groups	117.30	3	39.10	1.18	-
	With in groups	19888.10	599	33.20		
	Total	20005.40	602			
Immanent perception	Between groups	2908.07	3	969.36	4.16	0.006
	With in groups	139719.88	599	233.26		
	Total	142627.94	602			
General religiosity (GR)	Between groups	17617.51	3	5872.50	45.67	0.001
	With in groups	76888.88	598	128.58		

Connectedness (CO)	Total	94506.39	601			
	Between groups	3974.14	3	1324.71	20.65	0.001
	With in groups	38354.72	598	64.14		
	Total	42328.86	601			
Hope transcendent (HT)	Between groups	1119.39	3	373.13	5.78	0.001
	With in groups	38680.01	599	64.57		
	Total	397999.40	602			
Transcendent perception	Between groups	38394.74	3	12798.25	37.55	0.001
	With in groups	203504.94	597	340.88		
	Total	241899.67	600			
Total RSWB	Between groups	49706.83	3	16568.94	22.04	0.001
	With in groups	448886.25	597	751.90		
	Total	498593.08	600			

DISCUSSION & CONCLUSION

Findings of present study showed that Iranian students had higher scores in subscales of General Religiosity (GR), and Connectedness (CO) than Austrian students, and Austrian students had higher scores in subscales of Forgiveness (FO), Experience of Sense and Meaning (SM), and Hope transcendent (HT) than Iranian students. Items such as "It is possible for me to find contentment in intimate conversations with God" (item 7 of GR), "I will be able to overcome all problems with God's help" (item 13 of GR), "I believe that I will be reborn after my death"(item 10 of CO), and "I believe in further existence after death" (item 28 of CO) frequently use in everyday dialogues of Iranian Students while Austrian students lower pay attend to direct arguments related to God and the hereafter. It seems that Iranian students solve problems of their life with using of relationship with

God and the hereafter. For example, they may leave to God some harmful persons to them or they may decide retaliate with them in the hereafter. But Austrian students solve their problems of their life with using of forgiveness and spiritualization in working. For example, Austrian students less reported the statements of "There are people whom I hate" (item 8 of FO), and "There are people whom I will never be able to forgive "(item 14 of FO) that inverse scored in subscale of Forgiveness (FO), but Iranian students more reported these statements in the relationship with others. There is the same pattern in other two subscales that were specified with the statements such as "It is hard for me to think that my loved ones will one day no longer live"(item 17 of HT),"All hope ends with death"(item 41 of HT), "I have experienced deep affection"(item 12 of SM), and" I have had one or more experiences in which the meaning of life became clear to

me"(item 48 of SM).Abdel-Khalek and Lester (2013) reported that Kuwaiti college students had higher score on religiosity compare to American college students, and there was a positive correlation between optimism and religiosity, and religiosity and health was a factor in both Kuwaiti and American samples [5].

Iranian students had higher scores in Transcendent perception, and total RSWB than Austrian students, and Austrian students had higher scores in Immanent perception than Iranian students. Given the factor structure of IM-RSWB-48 and results reported in above, this finding is expected. Based on two-dimensional view of spiritual health, Transcendent perception is representative of religious health and well-being, and Immanent perception is indicator of existential health and or spiritual well-being that shows being targeted and stratification of life. Therefore, the results of the present study indicate Iranian students have more religious well-being that in fact is crystallization of the rate and extent of relationship with God and the hereafter. It seems that this issue is heavily influenced by the religious atmosphere of the Iran country and its influence rate on their relational skills and abilities of problem-solving. Austrian students had higher scores in

spiritual well-being, and they more access to forgiveness and spiritual experiences constructs. This issue, given the emergence and spread of spirituals points of view in the West, and the abandonment of the traditional concept of God in newly emerged religions is justifiable.

It seems that religious spiritual well-being construct, influenced by cultural issues two Iran and Austria countries, well has been divided to two alternatives, and were displayed its religious alternative in Iran and its spiritual alternative Austria. While, according to theoretical formulations of Unterrainer at (2010), access to full health and well-being requires to both religious and spiritual health. Hence, the overall planning of mental health in both countries need to focus on less-developed components, and generally it is necessary to step, in order to promotion of religious and spiritual health of college students.

Despite there were significant differences in students' scores on the basis of their nationality, it was interesting to note that on the basis of gender, there was a difference only in subscale of Forgiveness (FO), in a small amount, among male and female students. Female students had higher scores in subscale of Forgiveness (FO) than male students, and it is possible that female

students use forgiveness in their relational situations.

There are some studies about religious spirituals well-being dimensions in different publications. For example Kalateh Sadati, Bagheri Lankarani, Gharibi, et al (2014) reported that religious concepts have an important role in the interpretation and understanding, coping strategies, and gaining new concepts for life and death patients with cancer. Two main themes were fatalism, and the hope and empowerment. Religion reconciles fatalism, and the hope and empowerment; that these concepts are form a unitary structure of meaning and activity. Semantic coherence and concrete experience leads patients with cancer to a new meaningful system, which shapes a new path for living well [19]. Bahrami, Dadfar, & Dadfar (In press) reported that religious teachings were effective in decreasing depression and dysfunctional attitudes in elders [34]. To maintain of spiritual issues and strengthen of religious or spiritual beliefs help to all eviated expression in elderly [35-37]. Farhadi, Ahmadi Tahouri Soltani, Ramezani, and Gharekhani (2009) showed that spiritual welfare had an important role in the mental health and having hope in the life of elders [38]. Gholammohammadi, Foroughan, Bahrami,

et al (2013) reported that religious training was effective on life meaning and its components in elderly men resident in sanatorium, but was not meaningful compare to controls. Religious training could increase elderly's hope, and meaningfulness of their life. They suggested for more significant effectiveness of religious training, more pay attention to assignment, should be considered in the manual [39]. In the study of Bahrami, Dadfar, & Dadfar (in press) the effectiveness of religious teachings in the treatment of depressed elders was been reported [34]. Rreligious cognitive behavioral models is effective in treatment of anxiety and obsessive-compulsive disorder [40]. Religious Spiritual interventions can reduce clinical correlates associated with deathand dying [41]. Religious/spiritual well-being dimensions related to personality, psychological well-being, and mental health problems [42-47]. Dimensions of religious spiritual well-being were important facets of personality and mental health, and RSWB associated with personality dimensions, also it negatively related with mental illness [48]. Religiosity/spirituality is an important component of care [49]. Spirituality and religious coping can predict health related

quality of life [50]. Diaz, Horton, and Malloy (2014) reported that two different constructs of spirituality including existential purpose and meaning in life, and religious well-being or the perceived relationship with God that may play roles in different ways to clinical outcomes. In their study, higher levels of existential purpose and meaning in life were significantly associated with lower levels of depressive symptoms, and existential purpose and meaning in life was a stronger predictor of depressive symptoms in addicted patients [51]. Forgiveness, as a component of religious spiritual well-being, is a mediator of the religiosity-health relationship [52].

On the bases of the findings, we can conclude that 1) a religious spiritual well-being construct, as one of the newest theoretical constructs was offered in paradigm of religion and mental health, can evaluate important components of religious spiritual well-being comprehensively and multidimensional, and can provide a general, explicit, and clear image of the health status of individuals, 2) however, we should be always considered that a religious spiritual well-being construct has very important cultural dimensions and obtained results should be interpreted on the basis of cultural considerations and native

viewpoints, and 3) health and religious well-being components have been mostly used by Iranian students, while Austrian students mostly have used spiritual well-being and have taken its advantages.

Selection of Austrian and Iranian college students merely is an indicator of differences and similarities between two countries. Therefore, findings of the present study cannot generalize to other countries and cultures. Conducting of systematic studies is recommended. Results of the study is only based on data obtained from questionnaires, so it is probability that through application of qualitative research methods, different results would be achieved. Hence, it is suggested that in order to investigate cultural differences in the field of religious spiritual well-being, qualitative research methods such as interview and focused group discussions should be used, so that concepts above would be appropriately formed among samples. Also conducting of the study for patients with physical, psychological and mental health problems is recommended, so that specific modeling of those groups would be investigated and compared with these ones. According to the theory proposed in the present study, treatment protocols should be designed based on spiritual interventions and they are

applicable in target groups such as patients and normal people.

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