5.0 STUDY I: PSYCHO-SPIRITUAL RELATIONSHIP AMONG EMERGING PROFESSIONALS

5.1 INTRODUCTION

Spirituality is the dynamic and inherent dimension of humanity (Puchalski, 2014). It relates to the way persons search for meaning in life; it includes connectedness to others, self, nature, and transcendence (Fisher, 2011; Weathers et al., 2016). Spiritual health represents the principles that guide human life (Fisher, 2013). Spirituality health is recognized as a central element of holistic development and plays a key role in mental health. Results highlights spiritual adaptiveness protects youth them from negative outcomes (e.g., risk behaviors and mental illness), and promotes positive and flourishing development (Hardy et al., 2019). Further, spiritual based coping strategies can help in demanding situation to enhance their psychological and physical health (Hill & Pargament, 2003). Furthermore, systematic review and meta-analysis of the efficacy of spiritual based interventions for substance use have shown the evidence of efficacy in helping people with substance use problems (Hai et al., 2019a).

The concept of spirituality is multidimensional. Based on extensive literature review, Fisher and Gomez conceptualized a comprehensive hierarchical multidimensional definition and measure of spiritual health (Gomez & Fisher, 2003). The model encompasses four complex domains (Gomez & Fisher, 2005), namely personal, communal, environmental and transcendental. The personal factor expresses how oneself related to meaning, purpose and values in life. While the communal domain is stated in interpersonal relationships, between self and others. Further, the environmental construct refers how a person relates to nature and environment. Finally,

transcendental domain deals with the connection of self with something beyond the human level or God. The collective results of the four domains encompass the global dimension of spiritual health (Fisher, 2011). Based on the multidimensional model of spiritual health, the Spiritual Health and Life-Orientation Measure (SHALOM) was developed (Fisher, 2010). The 20-item SHALOM questionnaire comprises five items reflected the four domains of spiritual health. The SHALOM consists of two responses per item. The Spiritual Health Measure(SHM) which assesses lived experience andLife Orientation Measure(LOM)reflects on ideals for spiritual health. Spiritual dissonance is additional facet of Fisher's spiritual health model (Fisher & Brumley, 2008a). The non-congruence between the ideals and lived experience scores is considered as Spiritual Dissonance.

Studies on the association between Spirituality and Psychological Well-Being have augmented in recent decades (Gonçalves et al., 2017a). Spirituality embraces religious practices and cultural beliefs (Sadat hoseini et al., 2019); in other words, Spiritual Health is mingled into the faith and ethos of the populace. Further, Spiritual Health is interwoven into the culture of the community. Hence, present study evaluates the relationship between spiritual health and psychological wellbeing (Mindfulness and Emotional Regulation) among a sample of French emerging adults, further explores the importance of religion and spirituality among the sample.

5.2 SUBJECTS AND METHODS

5.2.1 Participants

An online cross-sectional survey design was used to observe the relationship between Spiritual Health and Psychological Well-Being. Four hundred and twenty-one non-probabilistic, intentional samples were recruited from different universities at Strasbourg, France. A snowball sampling technique was adopted to recruit participants, with persons who have initially joined

the research referred others. Participants age ranged from 18 to 28 years with a mean age of 20.77 years (SD=2.22). Most of the respondents (77.4%) identified as women while 22.6% identified as man. The areas of education are various but health area represents 65.1% of the population. Participants were not provided with any incentives for their participation.

Inclusion Criteria

- Participants who are currently enrolled in a professional program or have graduated recently.
- Participants age range of 18-35 years
- Participants who are willing to participate in the study
- Participants who have the ability to understand and speak French

Exclusion Criteria

- Participants with a history of major medical or psychiatric disorders that would affect their ability to participate in the study.
- Participants who have a history of regular practice of yoga or meditation, as it may affect the outcome of the study
- Participants who have recently undergone any sort of spiritual or psychological therapy which may affect their current spiritual health, mindfulness and emotion regulation.

5.2.2 Procedure

The study used an electronic format to share the cover letter and online version of the questionnaire with the subject population. The cover letter provided information on the aim of the study and the online version of the questionnaire included all the questions that the participants were required to respond. These documents were shared with the subject population

via Google Form, which is a web-based survey-hosting service provided by Google.Participants were instructed to complete the questionnaire through the Google Form link that was shared with them. The Google Form allowed the participants to complete the questionnaire online, and the data were automatically and anonymously collected and stored in an Excel file. The use of Google Form ensured that the data collection process was efficient, convenient, and easily accessible to the participants. Google Form also provided a secure and anonymous platform for data collection. The participants' responses were collected anonymously, which ensured that the participants' privacy was protected.

5.2.3 Measures

Spiritual Health and Life-Orientation Measure

SHALOM, Spiritual Well-Being questionnaire has scales for personal, communal, environmental, and transcendental spiritual well-being. In all there are 20 items, with five items for each of the four scales (Gomez & Fisher, 2005). To allow for self-ratings of these items using a five-point Likert scale, ranging from very low (rated 1) to very high (rated 5). This scale is comprised of 20 items—five items for each domain, asking respondents to evaluate how each item reflects their experience most of the time: personal (e.g. meaning in life), communal (e.g. love for other people), environmental (e.g. oneness with nature) and transcendental (e.g. oneness with God). Each item requires the respondents to consider: (a) How important the item is for optimal spiritual health, in their opinion? And (b) how this item reflects their daily personal experience?. SHALOM is a valid and reliable instrument for assessing spiritual health.

Freiburg Mindfulness Inventory

Mindfulness was measured on unidimensional factor, i.e. being present using the Freiberg Mindfulness Inventory (FMI). The 14-item self-reported questionnaire uses a 4-point Likert scale

rating from 1 (Rarely) to 4 (Almost always). Scores range from 14 to 56, with higher scores indicating higher levels of mindfulness. This scale has robust psychometric properties, the internal reliability scores (Cronbach's alpha) was.86 (Trousselard et al., 2010).

Emotion Regulation Questionnaire

The Emotion Regulation Questionnaire (ERQ) comprises 10 items assessing the emotion regulation strategies.ERQ assesses the typical use of Emotion Suppression (four items, e.g., "I keep my emotions to myself") versus Reappraisal (six items, e.g., "When I want to feel less negative emotion, I change the way I'm thinking about the situation"). Each item is rated on a scale from 1 (strongly disagree) to 7 (strongly agree). The reported Cronbach's a was0.76 for the cognitive Reappraisal and 0.72 for the Suppression (Christophe et al., 2009).

5.3 RESULTS

All statistical analyses were performed using the statistical package(Love et al., 2019) JASP (Version 0.10.2). Descriptive statistics of SHALOM and its four domains, Spiritual Health, Life-Orientation, Spiritual Dissonance, Mindfulness, and Emotion Regulation are summarized in Table 1. Notably, emerging adults lived experience on each domain is less than the ideal scores on SHALOM questionnaire.

Table 5.1 Descriptive statistics of SHALOM and its four domains, Spiritual Health, Life-Orientation, Spiritual Dissonance, Mindfulness, and Emotion Regulation

Variables	Mean	Std. Deviation
Personal (ideal)	4.48	0.52
Personal (lived experience)	3.21	0.73
Communal (ideal)	4.52	0.49
Communal (lived experience)	3.56	0.64
Environmental (ideal)	3.90	0.79
Environmental (lived experience)	3.06	0.77

Transcendental (ideal)	2.63	1.24
Transcendental (lived experience)	1.99	0.95
Spiritual Health Measure	11.82	2.09
Life Orientation Measure	15.54	2.13
Spiritual Dissonance	3.72	1.95
Mindfulness	37.04	6.09
Reappraisal	27.88	6.67
Suppression	14.48	5.26

Descriptive statistics of participants' religious and spiritual characteristics, are summarized in Table 2. The results, highlights that sample of French emerging adults reported the importance of spirituality (totalized high and very high- 57.2%) is higher compare to the importance of religion (totalized high and very high- 17.8%).

Table 5.2 Descriptive statistics of participants' Religious and Spiritual characteristics

Variable		Frequency	Percent
Importance of religion	Very Low	229	54.4
	Low	62	14.7
	Moderate	55	13.1
	High	42	10.0
	Very High	33	7.8
Importance of spirituality	Very Low	48	11.4
	Low	51	12.1
	Moderate	81	19.2
	High	131	31.1
	Very High	110	26.1

Pearson correlations were used to examine the association between Spiritual Health, Life-Orientation, Spiritual Dissonance, Mindfulness, and Emotion Regulation. Zero-order correlation between variables summarized in Table 3. Spiritual Health Measure was significant and positive association observed with Life Orientation Measure (r=.57, $p< .01$), Mindfulness (r=.45, $p< .01$) and Reappraisal (r=.22, $p< .01$). Further, the significant negative correlation observed with Spiritual Dissonance (r=.44, $p< .01$) and Suppression (r=.24, $p< .01$). Life Orientation Measure was significant and positive association observed with Spiritual Dissonance (r=.47, $p< .01$), Mindfulness (r=.16, $p< .01$) and Reappraisal (r=.14, $p< .01$). Further, the significant negative correlation observed with and Suppression (r=.12, $p< .01$). The Spiritual Dissonance was

signficant and negative relation observed with Mindfulness (r=.31, $p< .01$) and no statistically significant correlation with Reappraisal. Further, the significant positive correlation was observed with Suppression (r=.12, $p< .05$). Mindfulness was significant and positive association observed with Reappraisal (r=.33, $p< .01$). Further, there was a no statistically significant correlation betweenMindfulness and Suppression. Reappraisal was significant and positive association observed with Suppression (r=.10, $p< .05$).

Table 5.3 Correlation between Spiritual Health, Life-Orientation, Spiritual Dissonance, Mindfulness, and Emotion Regulation

	Spiritual Health Measure	Life Orientation Measure	Spiritual Dissonance	Mindfulness	Reappraisal
Life Orientation Measure	.575**				
Spiritual Dissonance	-.447**	.475**			
Mindfulness	.453**	.160**	-.312**		
Reappraisal	.229**	.141**	-.092	.337**	
Suppression	-.243**	-.127**	.123*	-.092	.108*

**. Correlation is significant at the 0.01 level (2-tailed).
*. Correlation is significant at the 0.05 level (2-tailed).

A multiple regression was run to predict Spiritual Health from Spiritual Dissonance, Mindfulness, Reappraisal and Suppression. The multiple regression model statistically significantly predicted Spiritual Health, F (4, 416) = 56.228, $p <$ .0005, adj. R^2 = .345. Regression coefficients and standard errors can be found in Table 4.

Table 5.4 Summary of multiple regression analysis

Variable	***B***	***SE_B***	**β**	**p**
Intercept	9.379	0.672		< .001
Dissonance	-0.345	0.045	-0.321	< .001
Mindfulness	0.101	0.015	0.295	< .001
Reappraisal	0.038	0.013	0.121	0.005
Suppression	-0.075	0.016	-0.189	< .001

B = Unstandardized regression coefficient; SE_B = Standard error of coefficient; β= Standard coefficient

5.4 DISCUSSION

The purpose of this study was to examine the relationship between Spiritual Health, Mindfulness and Emotion Regulation as well as to understand the role of Spiritual Dissonance in a sample of French emerging adults. The present study result highlights the significant positive relationship between self-reported Spiritual Health and Mindfulness. Further, results shed light on the significant association of Spiritual Health with the aspects of emotional processes. Furthermore, Spiritual Dissonance has shown a negative relation with Spiritual Health and Mindfulness. The strong associations between various areas of Psychological Well-Being and Spiritual Health are in line with what has been found in different studies (Gonçalves et al., 2017b; Hai et al., 2019b). Further, the Spiritual Dissonance results are consistent with the previous results (Fisher & Brumley, 2008b; Gomez & Fisher, 2003).

The emerging adults meet a lot of stress and pressures in order to do well in the personal and to accomplish later professional success in life. The previous result has reported the highly

spiritual individuals to have the ability to adapt and cope with adverse times (Rosmarin et al., 2015). Further, previous findings suggest that taking care of the spiritual may help in risky behaviours (Beckwith, 2006). This study reflects that students who have better Spiritual Health may able to cope with the demanding situation and the Mindfulness will help to reframe or reinterpret adverse experiences. Further, Spiritual Well-Being will be shielding against negative outcomes because of the sense of belonging it nurtured in individuals. There is mounting empirical direction to support the association between spirituality and stress management (Kim & Seidlitz, 2002). Efforts to upsurge the awareness of spirituality and endorse spiritual growth and well-being have prevailing implications for stress reduction. Agreed the importance of Spiritual Health and Well-Being outcomes, family and school education should focus on enhancing Spiritual Well-Being may be beneficial for dealing with risky behaviors and positive health.

The limitations of this research must also be considered. First, this data originated from an online cross-sectional survey, so the analyses precluded causal relationships. Longitudinal studies can help to detect the potential cause-and-effect relationships between Spiritual Health and Well-Being. Participants completed a self-report anonymous survey, so they could have altered their responses due to social desirability. Then, the sample included was emerging adults attending university, excluding people who did not attend. Further, participants' history of risky behaviors was not assessed. Furthermore, the assessment of Spiritual Well-Being through a single tool may not apprehend all the facets of spirituality.

5.5 CONCLUSION

In conclusion, the results of this study had shown a significant relationship between Spiritual Health and Well-Being. Since different dimensions of spirituality may have a beneficial and

effective role in the emerging professional's health. Repetition of our models utilizing prospective assessments and interventions to promote Spiritual Health among the diverse demographics, community, and clinical samples will offer useful directions for positive health.Future research should focus on further investigating the relationship between these variables in different populations and cultures, as well as examining the potential mechanisms underlying these relationships. Additionally, further research could explore the potential benefits of interventions that aim to enhance Spiritual Health and Mindfulness, such as yoga, meditation, or spirituality-based interventions.

The findings of this study have practical implications for the application of Yoga, meditation, and spirituality-based interventions to promote the well-being of emerging professionals. The study suggests that fostering spiritual well-being and mindfulness can help individuals to improve their emotional regulation and reduce spiritual dissonance. This study highlights the importance of considering spiritual well-being and mindfulness in the prevention and treatment of emotional and mental health issues among emerging professionals.