

## Spiritual Intelligence versus General Health in Handicaps

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**Abstract:** The objective of this research was to examine spiritual intelligence versus general health in handicaps supported by Tehran State Welfare Organization. The statistical population of this study included all supported handicaps staying in Bonyad Shahid care centers or at their home. The study sample consisted of 200 subjects selected randomly from handicaps supported by Handicaps Foundation. Data collection tools were Religious Attitude Questionnaire and General Health Questionnaire. This study used Pearson correlation coefficient and regression analysis for data analysis. Findings of this study showed that handicaps' spiritual intelligence has significant negative relation with anxiety, social dysfunction, and depression attributes of general health. No significant relation was observed between spiritual intelligence and somatic symptom attribute of general health. [Anahita Nematzadeh. **Spiritual Intelligence versus General Health in Handicaps**. *J Am Sci* 2013;9(3s):99-104]. (ISSN: 1545-1003). <http://www.jofamericanscience.org>. 15

**Keywords:** Spiritual Intelligence, General Health, Anxiety-Insomnia, Social Dysfunction, Depression, Somatic Symptom, Handicaps

### Introduction

Spirituality refers to awareness of existence as a force beyond material life. It creates a deep feeling about union with and connection to the universe. Reliance on spirituality may have significant positive influence on mental and physical health, life satisfaction, and livelihood (Eckstein and Kern, 2002). Finding meanings in life is the main and basic concern of human being (Yazdani, 2003). Yazdani believes that a self-actualized individual seeks to elevate his essence in order to extend his insight about self and others. This tendency helps an individual to benefit from his personality in any endeavor. Such process is driven by a larger set of values which emphasize on goodness, beauty, and integrity.

Kole (2000) defined adolescence as a period for "development of religious belief and conduct". Religious beliefs improve about 60 percent in boys and 65 percent in girls in this period. The religious beliefs that are developed in adolescence remain with the individual throughout the life. Adolescence is a period for moral and spiritual adjustments. Those who achieve their religious objectives during spiritual development process feel closer to God. The ultimate goal of individuals is to arrive at their spiritual destiny (Shoari Nejad, 2001).

Religion and spirituality have provided a ground for discussion about stresses from lack of religious belief, religious sect change, extremism in religious beliefs and conducts, becoming a member of a meditation group, or joining a new religious movement (Faghihi, 2005).

A constructive framework for spiritual intelligence has the capacity to address the

shortcomings of religious and spiritual psychological studies. It also provides a new perspective for future spiritual studies. Spirituality creates a state called retrospect. Spirituality is passed through generations and is so engrained that could be related to our genetic making. This state of spirituality may handicap us in searching for or exploring new meanings for our existence, future life or after life (Yamini, 2003).

The impact of religion on human life is so great that some religious psychologists and researchers have concluded that better patient evaluation and diagnosis for the development of new comprehensive treatments require the addition of a new classification to Diagnostic and Statistical Manual of Mental Disorders. This new classification shall include subjects related to stresses resulting from the lack of religious belief, religious sect change, extremism in religious beliefs and conducts, becoming a member of a meditation group, or joining a new religious movement (Lukoff et al as quoted in Faghihi, 2005).

Earlier research has shown that religion and spirituality have significant relationship with health. The interest in exploring the role and importance of religion and spirituality for health is growing (Thune-Boyle et al, 2006, as quoted in Bahrami, 2006). Many US medical journals have recently offered new interpretation of the growing interest among patients about being questioned by physicians about their spirituality (Peach, 2003). King and Bushwick in a survey they conducted on 200 inpatients found out that 77 percent of them had the opinion that physicians should consider patients' spiritual needs. 37 percent of these patients

stated that physicians should ask more about patients' spiritual needs. And, 48 percent showed interest for their physicians to pray with them (Puchalski, et al, 2004).

There are many evidences indicating that spirituality development and spiritual experiences are good for human health. It is proven that spiritual experiences correlate with healthy self-esteem and religious faith. Spiritual experiences can be interpreted as a self-treatment mechanism (West, 2011). When spirituality was mentioned as a personality attribute, Meir (2010) objected to such conceptualization and suggested that more thinking was required about the issue. As Pendment pointed out, spiritual intelligence means having a certain potential - a kind of cognitive intelligence or capability.

When a psychological structure is introduced as intelligence, it should refer to a capacity and not a tendency. Therefore, evaluation of intelligence requires certain scales with true or false answers. Intelligence is made of a set of related capacities which increases by aging (Bahrami, 2006). Wolman (2012) believes that spiritual intelligence is noble and valid. It includes concepts such as thinking, conceptualization, and problem solving.

Maturity is a state characterized by rapid mutation of thinking. Personality elevation requires support and religion can provide the required support in adolescence. The development of religious concept goes through several stages. Children acquire and internalize religious concepts from their parents and society. Young individuals grow doubtful about religious concepts such as eternity or infinity in early adolescence, when they fail to understand complicated religious philosophies.

Any definition of spiritual intelligence depends on spirituality at its core. Spirituality has different meanings from one culture to another. Cultural differences greatly influence spiritual and religious conducts and skills related to spiritual intelligence. Spiritual intelligence is a universal concept. Yet; this universal concept has different meaning to various individuals and cultures. The manifestation spiritual intelligence in various individuals and cultures vary (Emmons, 2011).

Wolman divided spiritual intelligence into seven attributes, namely, divinity, mindfulness, extrasensory perception, community, intellectuality, trauma, and childhood spirituality. Spiritual intelligence includes capabilities that contribute to a person's welfare and adaptability. Awareness, personal experiences, adjustments, self-consciousness, understanding, religious rituals, and

spiritual experiences are among factors that contribute to spiritual intelligence development. Education and awareness are very important in spiritual intelligence growth (Wolman, 2012). Spiritual intelligence makes us aware of our limited power and teaches us how to rely on the absolute power (Emmonz, 2011).

There are many evidences that there is an increasing public tendency to embrace spirituality. Personal experiences in Iran show that psychological, emotional, and even interpersonal disorders interact with religious and spiritual issues. Diagnosis and treatment will fail if enough attention and sensitivity are not paid to such interactions. For examples, disorders such as obsessive-compulsive, anxiety, depression, and guilt feeling are related to religious beliefs and attitudes (Etemadi, 2006).

Spiritual intelligence and its attributes (i.e. divinity, mindfulness, extrasensory perception, community, intellectuality, trauma, and childhood spirituality) can be used as a complementary tool to improve individuals' general and psychological health. This study attempts to find answers to the question whether spiritual intelligence in handicaps has significant relations with general health and its attributes.

#### **Research Hypotheses**

##### **Primary hypothesis:**

Spiritual intelligence is related to general health of handicaps.

##### **Secondary hypotheses:**

- 1) Spiritual intelligence is related to physical health of handicaps.
- 2) Spiritual intelligence is related to anxiety-insomnia of handicaps.
- 3) Spiritual intelligence is related to social dysfunction of handicaps.
- 4) Spiritual intelligence is related to the depression level of handicaps.

#### **Research Methodology**

This study is a correlation research. The statistical population of this study included all handicaps supported by Tehran State Welfare Organization. The study sample was 200 according to Morgan table. The subjects were selected randomly. Data collection tools in this study were General Health Questionnaire (GHQ-28) and Wolman Spiritual Intelligence Questionnaire. This study used Pearson Correlation Coefficient and Multivariate Regression Analysis for data analysis

##### **Research Findings:**

**Primary Hypothesis:** *Spiritual intelligence is related to general health of handicaps.*

**Table 1:**  
**Analysis of Variance and Regression Statistics**  
**Spiritual Intelligence versus General Health**

Model	Index							
	SS	df	Ms	F	P	R	R <sup>2</sup>	SE
Regression	2443.08	6	1165.89	3.419	0.013	0.334	0.463	17.961
Remainder	43244.19	194	340.342					
Total	45687.27	200						

**Table 2:**  
**Regression Coefficients**  
**Spiritual Intelligence versus General Health**

Variable	Index				
	B	SEB	Beta	t	p
Constant	-39.12	8.621		-4.475	0.0001
Anxiety	-1.721	0.693	-0.289	-2.485	0.014
Dysfunction	-1.508	0.767	-0.239	-2.421	0.025
Severe Depression	-2.027	0.521	-0.279	-1.970	0.051
Somatic Symptoms	0.258	0.814	0.029	0.316	0.752

The results show that observed F is significant ( $P < 0.013$ ). The predicting general health attributes can predict 46 percent of spiritual intelligence covariance ( $R^2 = 0.463$ ). Therefore, the linear regression model is significant.

Findings show that spiritual intelligence as criterion variable has significant relations with predictor variables, i.e., somatic symptoms, anxiety, social dysfunction, and severe depression. The estimated results of significant model in regression coefficient table show that coefficients for anxiety ( $B = -0.289$ ), social dysfunction ( $B = -0.239$ ), and

severe depression ( $B = -0.301$ ) can inversely predict spiritual intelligence in handicaps.

The estimates are made based on t-statistics and indicate that general health in handicaps has significant negative relations with anxiety, social dysfunction, and severe depression subscales. But, t-statistics also shows that general health in handicaps has no significant relation with somatic symptom attribute. Therefore, we can conclude that the higher the spiritual intelligence, the higher the general health in handicaps.

**Secondary hypotheses 1:** *Spiritual intelligence is related to physical health of handicaps.*

**Table 3:**  
**Correlation Coefficients**  
**Spiritual Intelligence versus General Health**

Attribute	N	r	P-value
Somatic Symptom	200	0.039	0.005

Secondary hypothesis 1 was tested based on the data reported in regression and correlation tables. The result showed that spiritual intelligence has no significant relation with physical health ( $\alpha=0.05$ ). Hence, null hypothesis is confirmed and study hypothesis is rejected at 95 percent level of

confidence. Therefore, spiritual intelligence in handicaps has no significant relation with physical at 95 percent level of confidence.

**Secondary hypotheses 2:** Spiritual intelligence is related to anxiety-insomnia of handicaps.

**Table 4:** Correlation Coefficients  
Spiritual Intelligence versus Anxiety-Insomnia

Attribute	N	r	P-value
Anxiety-Insomnia	200	-0.425	0.001

Secondary hypothesis was tested using regression and correlation tables. The result showed that spiritual intelligence has significant relation with anxiety level in handicaps ( $\alpha=0.01$ ). Hence, null hypothesis is rejected and study hypothesis is confirmed at 99 percent level of confidence. Therefore, spiritual intelligence in handicaps has a

significant negative relation with anxiety-insomnia at 95 percent level of confidence. It means that the higher the spiritual intelligence, the lower the anxiety level in handicaps and vice versa.

**Secondary hypotheses 3:** *Spiritual intelligence is related to social dysfunction in handicaps.*

**Table 5:** Correlation Coefficients  
Spiritual Intelligence versus Social Dysfunction

Attribute	N	r	P-value
Social Dysfunction	200	-0.654	0.005

Secondary hypothesis 3 was tested using regression and correlation tables. The result showed that spiritual intelligence has significant negative relation with social dysfunction ( $\alpha=0.05$ ). Hence, null hypothesis is rejected and study hypothesis is confirmed at 95 percent level of confidence. Therefore, spiritual intelligence in handicaps has a

significant relation with social dysfunction at 95 percent level of confidence. It means that the higher the spiritual intelligence in handicaps, the lower social dysfunction; and vice versa.

**Secondary hypotheses 4:** *Spiritual intelligence is related to depression level of handicaps.*

**Table 6:** Correlation Coefficients  
Spiritual Intelligence versus Depression

Attribute	N	r	P-value
Depression	200	-0.458	0.001

Secondary hypothesis 4 was tested using regression and correlation tables. The result showed that spiritual intelligence has significant negative relation with depression level ( $\alpha=0.01$ ). Hence, null hypothesis is rejected and study hypothesis is confirmed at 99 percent level of confidence. Therefore, spiritual intelligence in handicaps has a significant negative relation with depression at 95

percent level of confidence. It means that the higher the spiritual intelligence in handicaps, the lower the depression level; and vice versa.

#### **Discussion and Conclusion**

**Primary Hypothesis:** *Spiritual intelligence is related to general health of handicaps.*

Since calculated r is significant at 0.001 levels according to table, we can conclude with 99

percent level of confidence that spiritual intelligence affects general health of handicaps. The findings of this study correspond to the findings of another study conducted by Noorbala (1378/1999) on handicaps with 70 percent impairment. The findings of this study also correspond to the findings of Mohagheghi, et al (1387/2008) who examined the relation between spirituality and mental health of students in Bu Ali Sina University in Hamedan, Iran. The latter study was conducted in 86-87 and found significant relation between spirituality and mental health. Mental health of students increased as their spirituality improved. The effect of spirituality on psycho cognitive process and the relationship between the two have been reported in different studies (Vaughan, 2002). The findings of this study also correspond to Peterson's findings (1985). Peterson in his research concluded that belief in God and spiritual intelligence increased individuals' mental health.

**Secondary hypotheses 1:** *Spiritual intelligence is related to physical health of handicaps.*

Since calculated  $r$  is not significant at 0.005 levels according to table, we can conclude with 99 percent level of confidence that spiritual intelligence does not have significant relation with physical health of handicaps. The findings of this study correspond to the findings of another study conducted by Hosseini (1384/2005). The findings also correspond to the findings of Abidi (1387/2008) who examined the relation between spirituality and mental health of students. The findings of the latter study showed that spirituality had significant relations with anxiety, depression, and social dysfunction attributes of mental health. But, there was no significant relation between spirituality and somatic symptoms.

**Secondary hypotheses 2:** *Spiritual intelligence is related to anxiety-insomnia of handicaps.*

Since calculated  $r$  is significant at 0.001 levels according to table, we can conclude with 99 percent level of confidence that spiritual intelligence has significant negative relation with anxiety/insomnia levels in handicaps. Negative relation represents an inverse effect, i.e., the higher the spiritual intelligence, the lower the anxiety level and vice versa. The findings of this study correspond to the findings of another study conducted by Pakizeh (1387/2008). The findings also correspond to the findings of Khalili (1385/2006) who examined the relation between religious practice and anxiety and found significant relation between the two. It means that the persons who resort to religious practice in challenging situations gradually experience lower anxiety. Another corresponding study was conducted by

Burgin (2000) who reported internalized religious practice positively related to individuals' well being and negatively related to anxiety.

**Secondary hypotheses 3:** *Spiritual intelligence is related to social dysfunction in handicaps.*

Since calculated  $r$  is significant at 0.005 levels according to table, we can conclude with 99 percent level of confidence that spiritual intelligence has significant negative relation with social dysfunction in handicaps. Negative relation represents an inverse effect, i.e., the higher the spiritual intelligence, the lower the social dysfunction and vice versa. The findings of this study correspond to the findings of another study conducted by Sabahi (1387/2008) who examined the relation between Islamic religious beliefs and social dysfunction in university students. His study showed that strengthening spiritual intelligence leads to lower social dysfunction.

**Secondary hypotheses 4:** *Spiritual intelligence is related to depression level of handicaps.*

Since calculated  $r$  is significant at 0.001 levels according to table, we can conclude with 99 percent level of confidence that spiritual intelligence has significant negative relation with the level of depression in handicaps. Negative relation represents an inverse effect, i.e., the higher spiritual intelligence, the lower level of depression and vice versa. The findings of this study correspond to the findings of another study conducted by Nateghian (1387/2008) who examined the relation between spiritual intelligence and depression. His study showed a significant negative relation between spiritual intelligence and depression.

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