

The Correlation between Spiritual Health and Pleasure in Students of Qom University of Medical Sciences (Iran)

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Abstract

Background and Objectives: Spiritual health is the newest dimension of health without which other dimensions of health cannot be optimally efficient. Pleasure is an extended state of mind that people experience as a positive or valuable need. It includes certain psychological states such as happiness, joy, ecstasy, and feeling of satisfaction. Our aim was to investigate the correlation between spiritual health and pleasure in students of Qom University of Medical Sciences (QUMS).

Methods: In this study, 250 students of QUMS were randomly selected and then completed Snaith–Hamilton Pleasure Scale and Ellison and Paloutzian Spiritual Well-Being Scale if they provided informed consent to participate in the study. Data analysis was conducted by the SPSS version 16.

Results: The scores on total Ellison and Paloutzian Spiritual Well-Being Scale and religious and spiritual well-being subscales were significantly associated with pleasure in students ($p < 0.001$). Age, sex, marital status, and grade point average were not significantly associated with pleasure ($p > 0.05$).

Conclusion: Spiritual health and its dimensions were significantly associated with pleasure among QUMS students such that pleasure and joy, pivotal factors for prevention of depression, and mental health increased in the students with increasing their spiritual health.

Keywords: Spiritual health, Pleasure, Students, Iran

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Introduction

Recently, spiritual dimension has been incorporated into in many of the definitions of health, and certain recommendations have also been made to incorporate spiritual health, as an dimension of health, in the World Health Organization's definition of health (1). Spiritual health is one of the fundamental dimensions of health and well-being, and serves as the coordinating and complementing force of other dimensions of human health (2). Spiritual health is a state beyond religious sentiments and often manifests itself as relationship with God (3). Spiritual well-being represents the essential and genuine quality of humanity that entails human's belief in something greater than oneself and the belief that one definitely acknowledges life (4). In recent years, the position of spirituality in various areas of

health including mental health has been studied. The concepts of joy and pleasure represent one of the most important psychological concepts that have a special position in spiritual and religious debates (5). In definition of happiness, three concepts frequent positive emotions, life satisfaction, and infrequent negative emotions are emphasized. The concept of happiness is closely linked to that of pleasure so that even no definite boundary may be specified between these two concepts. But some theorists consider these two concepts to be completely independent and believe that happiness involves a feeling of confidence and satisfaction (6,7).

In fact, pleasure or perfectness is a widespread mental state that individuals experience as a pleasurable, positive, or worthwhile quest that

includes mental states such as happiness, ecstasy, great joy, and a feeling of satisfaction (8). Explaining the concept of pleasure psychologically, Rozin points to three types of pleasure: Sensory, aesthetic, and accomplishment. Sensory pleasures are related to physical and biological dimensions. Aesthetic pleasures have an abstract dimension, such as the pleasure of music. Accomplishment pleasures are derived from personal achievements (5).

With joy and happiness, life becomes meaningful and adolescents and young people can build themselves and take steps to making progression. Joy and happiness at the university cause students to thrive in all dimensions of their existence, (9) and if they feel happy and pleased, they can raise the likelihood of their achievements in all steps of education (10).

Considering the benefits of happy life for students, as prospective young workforce in the community, some psychologists and researchers have tried to propose ways to increase happiness among students. One of these methods is to strengthen spirituality among students, which is an important factor in promoting their health and, consequently, improving their mental health and happiness (9,11).

Fazlollahi et al. have suggested that ethical and religious behaviors should be increased to increase happiness among the students (9). In another study, psychodrama with spiritual content increased happiness, pleasure, and mental health of students (12), which highlights the necessity of such research.

Inability to gain and experience pleasure is due to a neurobiological and psychological disorder and is one of the symptoms of depression. Nevertheless, in studies, little attention has been paid to this issue and also it is not taken into account in measuring the severity of depression (13).

Studies have shown that religious and spiritual beliefs are associated with many dimensions of spiritual health (14), but such studies have not yet investigated many of these dimensions including pleasure.

Because in previous studies, spiritual health and happiness have been independently

investigated, and the pleasure concept and its correlation with spiritual health have not yet been studied, if spiritual health and pleasure are correlated among students and their problems in such areas are diagnosed early, then they can be assisted in mutually improving their spiritual health and pleasure by certain strategies such as counseling. Our aim was therefore to investigate the correlation between spiritual health and pleasure in the students of Qom University of Medical Sciences (QUMS).

Methods

This descriptive-analytical, cross-sectional study was conducted to investigate the correlation between spiritual health and pleasure among the students of QUMS during the second semester of academic year 2015. In this study, 250 students of QUMS were randomly enrolled. Sample size was calculated by a formula of correlation sample size estimation. Participants were selected by systematic random sampling. For this purpose, the names of all students of QUMS were enlisted and then the names of participants were selected by random number table. Not having the history of undergoing the treatments for definite psychiatric disorders according to the participant's statements and available records and studying at QUMS at the time of completing questionnaires were considered the inclusion criteria. After the participants provided written informed consent to participate in the current study, they filled out Snaith-Hamilton Pleasure Scale (SHAPS) and Ellison and Paloutzian Spiritual Well-Being Scale (SWBS).

SHAPS was developed by Snaith et al. in 1995. This scale has 14 items and measures the capacity and ability to gain pleasure. This scale can serve both clinical and research purposes (15). The respondent rates each item using a 4-point Likert scale to show his/her agreement with the item's statement (16). This scale consists of four subscales [interests and habits (the items 1, 2, 9); social interaction (the items 3, 7, 8, 13, 14); sensory experience (the items 5, 6, 11, 12); and foods and beverages (the items 4 and 10) (17).

Lower scores on this scale represent higher levels of capacity to gain pleasure. The translation and adaptation of this scale in Iran were carried out by Kaviani et al. in 2001. Preliminary studies at the Psychiatric Research Center, Roozbeh Psychiatric Hospital in Tehran confirmed the relative validity and reliability of this scale (16). Besides that, Kaviani (17) reported the correlation coefficient of this scale with the Beck Depression Inventory 0.8 and with the Beck Disappointment Inventory 0.73. In the current study, the correlation coefficient of this scale was derived 0.81.

To measure spiritual health, Ellison and Paloutzian SWBS was used. This scale consists of 20 items, 10 of which for religious well-being and the rest for existential well-being. The respondent expresses his/her opinion on each item's statement using a 6-point Likert scale (ranging from Absolutely agree to Absolutely disagree), and the minimum and maximum possible scores are 20 and 120, respectively, with higher scores reflecting higher levels of mental health. The scores on this scale were divided into three levels: low (20-40), medium (41-99), and high (120-100).

The items of this scale generally assess the philosophy of life, having purpose and meaning in life, love, and forgiveness. Existential health refers to the feelings of purposefulness and life satisfaction and religious health is represented by the satisfaction due to a sense of relationship with a superior power, i.e. God. In the study of Rezaei et al. in Tehran, the internal consistency of Ellison and Paloutzian SWBS was derived 0.82 by the Cronbach's alpha and confirmed (18). Seyedfatemi et al. confirmed the content validity of this scale and reported its Cronbach's alpha reliability coefficient 82% (19). Data analysis was conducted by descriptive statistics, Pearson's correlation coefficient, and univariate and multivariate linear regression analysis.

Result

50.2% of the participants were females and the rest were males. The mean(\pm standard deviation) age of the participants was

21.72(\pm 5.02) and only 18.4% of them were married.

The mean(\pm standard deviation) scores on pleasure and spiritual health are shown in Table 1. The scores on whole Ellison and Paloutzian SWBS and the religious and existential well-being subscales were significantly correlated with pleasure ($p < 0.001$) (Table 1). In addition, age, gender, marital status, and grade point average were not significantly correlated with pleasure in our participants ($p > 0.05$).

Table 1. Mean(\pm standard deviation) scores on pleasure and spiritual health and their correlation

Variable	Mean \pm SD	Min	Max	Pearson's correlation coefficient	P-value
Pleasure	33.21 \pm 9.59	0	42	-	-
Religious health	48.62 \pm 8.06	25	75	0.31	<0.0001
Existential health	44.26 \pm 9.25	13	87	0.29	<0.0001
Spiritual health total score	92.88 \pm 15.35	46	137	0.41	<0.0001

Univariate linear regression analysis showed that religious well-being and existential well-being explained, respectively, 9% and 14% of the variations in pleasure (Table 2). According to multivariate linear regression analysis, only existential well-being was significantly correlated with pleasure and explained 15% of the variations in this variable (Table 2).

Table 2. Correlation between spiritual health and pleasure (univariate linear regression analysis)

Variable	B	SE	β	t	P	F	R	R ²
Religious health	0.19	0.06	0.31	4.01	0.000	15.31	0.24	0.9
Existential health	0.16	0.04	0.29	5.82	0.000	12.83	0.34	0.14
Model 1								
Religious health	0.08	0.05	0.07	0.85	0.35	17.02	0.36	0.15
Existential health	0.19	0.30	0.28	2.18	0.001			

Discussion

To investigate the correlation between spiritual health and pleasure among the students of QUMS, we investigated their scores on spiritual health and pleasure. The results showed that the scores on both the Ellison and Paloutzian SWBS and the religious and existential well-being subscales were

significantly correlated with pleasure. In addition, age, gender, marital status, and grade point average were not significantly correlated with pleasure among our participants.

Because the subject in question in the current study is a new subject, the relevant information in literature is scant. The studies conducted in this area have mainly investigated certain subjects such as spiritual health and religiosity as well as their correlation with pleasure and similar concepts, and few studies have yet been conducted to examine the correlation between spiritual health and pleasure.

Ahmadi Foroushani and Yazd Khasti reported that there are significant associations among mental health, happiness, and pleasure in the students, but religious attitude was not found to be associated with these variables (5), which is inconsistent with our study. This inconsistency in the findings can be attributed to the difference in the quality of spiritual health and how it is that this variable does influence the cognitive-emotional system.

In another study, Foroushani et al. argued that psychodrama with spiritual content can be used as an effective intervention to enhance happiness, pleasure, and mental health in students (12), which is consistent with our study as we also observed a significant correlation between spiritual health and pleasure and joy.

Because inability to gain and experience pleasure is one of the main symptoms of depression, studies in this area may be in agreement with our study. For example, the study of Lee et al. (2014) on a population of nursing students in Korea showed that spiritual health and perceived stress were inversely correlated with depression. In addition, existential well-being was more inversely correlated with depression and stress than religious well-being (20). This reflects that existential well-being is an important factor for decreasing the levels of depression and perceived stress and increasing the feelings of pleasure in life, and that spiritual health is needed to develop a positive understanding for adapting to student life.

In this regard, Dehghani et al. studied the effective factors on spiritual health and

pleasure among the personnel, and observed that among age, gender, work experience, and education level, only gender was significantly associated with the mean score on spiritual health and that the female participants attained higher spiritual health scores than the male ones (21). Inconsistently, none of these variables were found to be significantly associated with pleasure in our study, which may be due to difference in the concepts of pleasure and joy as well as different target groups.

Other studies have also investigated pleasure. Because the concepts of happiness and joy are closely linked from a theoretical viewpoint and some theorists define happiness on the basis of hedonism, the studies on this area have also been cited.

In this regard, Dehghani et al. studied the correlation between spiritual health and pleasure among the administrative staff of Semnan University of Medical Sciences, and observed that these two variables were directly and significantly correlated among the participants (21). Mozafarinia et al. also reported a direct and significant correlation between spiritual health and pleasure (22). The study of Najafi et al. indicated a direct correlation between spirituality and feeling of pleasure (23), which confirms the findings of the current study.

The study of Manzari-Tavakoli and Eraqipoor showed a direct correlation between pleasure and religiosity (24). Dooltil and Fareel found that the levels of depression were lower in the people with higher levels of spiritual health (25), and because depression is one of the indicators of lack of joy and pleasure, the findings of Dooltil and Fareel reflect that the people with higher levels of spiritual health have higher levels of pleasure, which is consistent with the current study.

One of the limitations of our study, which we could not control for, was the difference in living conditions and cultural patterns among the students' families that can affect their levels of pleasure; in addition, the stimulus threshold could be different among the participants, which might affect their responding to the items.

Conclusion

Spiritual health is one of the dimensions of health without which other dimensions of health cannot be optimally efficient. Given the significant correlation between spiritual health and pleasure as well as their effects on other dimensions of health and in improving students' performance, planning for increasing pleasure and spiritual health are necessary. We recommend to investigate other interventions to improve spiritual health and subsequently joy and pleasure in additional studies.

In addition, it is possible to help students improve spiritual well-being and feelings of joy and pleasure by conducting cultural and religious consultations and holding student's free discussions about religion and religious beliefs.

Conflict of interest

The authors declare that they have no conflict of interest regarding this study to disclose.

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