

Research Paper

Investigating the Relationship Between Spiritual Health and Identity Styles in Patients Referred to the Baharenko Center



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ABSTRACT

Background and Objectives: Spiritual health is one of the crucial dimensions of health in human beings, which provides a harmonious connection between the internal forces of a person, and ultimately, his/her overall health. Identity styles are also based on socio-cognitive processes, in which people are placed in different situations based on their preferred way of processing information, discussing issues related to identity, and making individual decisions. This study aimed to explain the relationship between spiritual health and identity styles in about-to-marry youths to determine how much spiritual health can predict people's identity styles.

Methods: The current study descriptive-analytical was done on 912 individuals who were referred to the Bahar Neko premarital education and counseling center in 2022 and selected using random cluster sampling. Paloutzian and Ellison's spiritual well-being scale (SWBS) and Berzonsky's Identity Style Inventory were the research tools. Reliability was evaluated using Cronbach's α . Data were analyzed with t-test, F-test, correlation, and step-by-step regression tests.

Results: Those with an informational identity style had more spiritual health in the existential ($P=0.000$) and religious ($P=0.012$) dimensions. A positive and significant relationship was observed between the two variables. However, the higher the score of avoidant identity style ($P=-0.032$) in individuals, the lower their spiritual health (both in the existential and religious dimensions).

Conclusion: Individuals with an informational identity style, who consciously and actively search for information, evaluate it, and use appropriate information, tend to be hardworking, self-regulating, introspective, and self-aware. They have an internal source of control, high self-esteem, problem-solving skills, and often experience a more meaningful life. The results of this study can be helpful for family policymakers, counselors, and support professionals.

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Introduction

Spiritual health has been introduced as a crucial dimension of health. In 1971, Lomberg proposed the concept of spiritual health titled “spiritual well-being” [1]. In recent years, there has been a significant increase in attention to spiritual health, emphasizing a holistic approach to health [2]. Alison believes that spiritual health has two dimensions: Religious health and existential health. Religious health expresses the relationship between God and infinite power, and existential health expresses our relationship with others, the environment, and ourselves, which can be considered the ability to integrate different dimensions of human existence [3]. He argues that spiritual health leads to a change in attitude toward life events, framing challenging experiences as divine tests or spiritual experiences. He considers spiritual health as having a sense of acceptance, morality, positive emotions, and a sense of positive mutual relationship with a ruling and superior power, as well as with others and oneself, all of which are achieved through an emotional process and personal outcomes [4].

Wolkove et al. stated that spiritual health is a religious attitude that can affect relationships, decision-making, commitment, and parenting among couples, thereby improving family performance and strengthening its foundation [5]. The spiritual health of a family enhances its success in fulfilling its unique functions and roles, such as socializing members, educating them and creating a nurturing environment. Foroughan et al. stated that religious beliefs predict family cohesion and functioning [6]. People with religious beliefs tend to be more sensitive to each other's values and interests within the family system, resulting in a heightened sense of responsibility and connection among family members [7]. In Islam, the concept of spiritual health encompasses the spiritual connection between individuals and the creator; it is the foundation for inner peace, freeing individuals from anxieties, worries, and concerns, and leading them to mental security. The Quran and traditions of the Imams of Athar (peace be upon them) refer to this state with phrases like peace of mind and heart confidence. Evidence indicates that spiritual experiences and beliefs are crucial for mental and physical health. These experiences, by increasing the level of hope of the individual, reduce stress and tensions, positively affect the correct management of stressful events, and can facilitate stress and crisis times [8, 9]. Considering that studies on support from spiritual or religious sources highlight the importance of having a connection with a higher power as an effective factor

in improving quality of life, reducing and controlling mental health disorders, increasing interpersonal support, reducing the severity of physical illness symptoms, and accelerating recovery [10, 11], spiritual health can increase happiness [12], life expectancy [13] and even social health [14]. Studies have also shown that spiritual health can lead to psychological well-being [15-17].

Identification is a crucial factor in predicting spiritual health. According to Berzonsky and Kuk, identity is a mental representation of the self, and individuals differ in terms of their use of cognitive and social processes, as well as self-constructed theories, to solve personal problems and make decisions regarding their identity styles [18]. These styles represent various ways of processing information and dealing with problems arising from identity crises [19].

Therefore, one of the significant roles that identity plays in the fate of society is its influence on decision-making and choosing a spouse. Identification plays a crucial role in family cohesion. Identification and spiritual health can increase the quality of life in a mutual relationship. Studies have demonstrated that rationality is a predictor of spiritual health. Rationality is directly related to spirituality, which leads to a person's spiritual health [20]. Therefore, spiritual teachings should encourage individuals to clarify their understanding of themselves as they evaluate their relationships, assessments, opinions, feelings, actions, and existence. This study aimed to investigate the relationship between identity style and spiritual health.

Methods

This study was conducted using a descriptive-analytical approach and survey technique. The statistical population included all about-to-marry girls and boys in Shiraz Province, Iran, who attended the pre-marriage counseling center of [Bahar Neko](#). Random sampling was used; thus, the days of visits to [Bahar Neko](#) Center and classes were randomly selected. Initially, 60 questionnaires were administered as a pre-test, and 912 participants were studied.

The research tools were Paloutzian and Ellison's spiritual well-being scale (SWBS) and Berzonsky's identity style inventory. Reliability was evaluated using the Cronbach's α coefficient. The SWBS contains 20 statements that measure spiritual health in two existential and religious dimensions. The Cronbach's α for this questionnaire was 0.82. This questionnaire was implemented in Iran by Mozhgan Abbasi in 2005, involving 283 nurs-

ing students from Tehran Province and [Shahid Beheshti University](#) [21, 22]. In Rezaee et al.'s study, the SWBS's validity was determined through content validity [23].

Data were analyzed using the t-test, F-test, correlation, and step-by-step regression tests.

Results

This study examined 912 participants, of whom 596 were women and 316 were men. In addition, 158 participants were under 20 years old, 651 were between 21 and 35 years old, and 103 were over 35. The youngest person in this survey was 13 years old, and the oldest was 68. Among the people who participated in this survey, 647 were from the Fars ethnic group, 86 were from the Lor ethnic group, 117 were from the Turkish ethnic group, and 35 were from other ethnicities. Of the 912 participants, two were illiterate, 107 had not completed their diploma, 267 had a diploma, 76 had an associate degree, 353 had a bachelor's degree, 85 had a master's degree, and 22 had a doctorate (Table 1).

According to Table 2, the mean difference test (F-test) for spiritual health based on the variables of age ($F=920$; $P=0.396$) and ethnicity ($F=0.269$; $P=221.1$) was not statistically significant. However, as indicated by the significance level, the average difference between men and women was statistically significant ($t=138.949$, $P=0.000$). Also, the significance level ($F=5.223$; $P=0.001$) shows that the average difference among social classes was statistically significant. Regarding education, spiritual health ($F=1.949$; $P=0.07$) suggests that the average difference is not statistically significant.

According to Table 3, spiritual health in the existential and religious dimensions had a significant and direct relationship with informational identity style ($P<0.001$). Spiritual health had an inverse relationship with avoidant identity style, but this relationship was not significant with normative identity style.

Discussion

This study was conducted to assess the relationship between spiritual health and identity styles. Spiritual health is crucial because many studies have shown that it can increase quality of life and well-being, happiness, family harmony, and mental disorders.

Regarding the primary independent variable, identity styles, the results showed that individuals with informational identity styles had more spiritual health than

others. Specifically, the more a person consciously and actively seeks out information, evaluates it and applies appropriate knowledge, the more indicators they exhibit—such as hard work, self-regulation, high self-esteem, introspection, an internal locus of control, self-awareness, problem-solving skills, and a deeper sense of life's meaning—leading to greater spiritual health. This finding is consistent with research confirming the relationship between logical problem-solving, rationality, and spiritual health in both existential and religious dimensions [24]. Conversely, there is an inverse relationship between avoidant identity style and spiritual health, where more indicators—such as extreme fear before making decisions, behaviors unrelated to the task, and a lack of academic and career goals—correlate with lower levels of spiritual health.

The results showed that the average spiritual health score differed significantly based on demographic variables (sex, class and education). However, the average difference between ethnic and age groups was insignificant.

The spiritual health score of women was significantly higher than that of men; while others cite gender and physiological orientations, gender socialization, personal differences and risk aversion theory. The social role of women puts them in a relationship with religion more than men, particularly in areas, such as childbearing, child-rearing, and caring for the elderly. The more individuals are exposed to the care of the elderly and the unfortunate events related to them, the more likely they are to develop empathy toward religious components. Loewenthal et al. [25] and Inglehart [26, 27] pointed out that women are more religious than men. Also, Modiri [28], Azad Aramaki et al. [29], Tavasli and Morshidi [30] and Sirajzadeh and Poyafar [31] reported that gender differences exist in the religiosity of Iranians, with these differences favoring women.

The average spiritual health score of the middle class was significantly higher than other classes because the middle class occupies an intermediate position in society. The middle class is subject to the fundamental laws of society and rulings issued by the higher authorities of its country. Members of the middle class are educated and contribute to society based on their expertise and professions. While they do not possess the wealth of the affluent class, they are also not as impoverished as the destitute class. They lead an average life with moderate prosperity and carry the knowledge, cultural, moral, and social responsibilities of society. In this class, people

Table 1. Frequency distribution and percentage of spiritual health items

Items	No. (%)				
	I Completely Disagree	I Disagree	No Idea	I Agree	I Completely Agree
1. Life is entirely of suffering and discomfort.	43(5.5)	95(12.1)	91(11.6)	357(45.5)	198(25.3)
2. Life has no meaning.	25(3.2)	37(4.7)	51(6.5)	356(45.4)	315(40.2)
3. God's communication plays a role in the feeling of health.	13(1.7)	12(1.5)	35(4.5)	256(32.7)	468(59.7)
4. There is a special purpose in my life.	21(2.7)	24(3.1)	48(6.1)	277(35.3)	414(52.8)
5. My relationship with God makes me not feel alone.	11(1.4)	16(2.0)	56(7.1)	282(36.0)	419(53.4)
6. I feel great satisfaction with prayers and solitude toward God.	34(4.3)	74(9.4)	89(11.9)	359(45.8)	228(29.1)
7. I do not know who I am, where I came from, or where I would go.	62(7.9)	106(13.5)	103(13.1)	301(38.4)	212(27.0)
8. I believe God loves and cares for me in all situations.	11(1.4)	12(1.5)	51(6.5)	220(28.1)	490(62.5)
9. I feel that life is a positive and pleasant experience.	19(2.4)	44(5.6)	97(12.4)	280(35.7)	344(43.9)
10. I believe God has a role in my life.	33(4.2)	22(2.8)	46(9.5)	244(31.1)	439(56.0)
11. I have an unknown future.	80(10.2)	135(17.2)	129(16.5)	275(35.1)	165(21.0)
12. I have a unique spiritual connection with God.	19(2.4)	47(6.0)	119(15.2)	277(35.3)	322(35.3)
13. I have achieved perfection in life, and I feel delighted.	52(6.6)	181(23.1)	166(21.2)	245(31.2)	140(17.9)
14. I feel that I am not supported or strengthened by God.	37(4.7)	51(6.5)	78(9.9)	298(38.0)	320(40.8)
15. I feel good about my future life.	22(2.8)	43(5.5)	98(12.5)	341(43.5)	280(35.7)
16. I believe that God pays attention to my problems.	16(2.0)	23(2.9)	56(7.1)	294(37.5)	395(50.4)
17. I don't enjoy life enough.	84(10.7)	158(20.2)	105(13.4)	275(35.1)	162(20.7)
18. I do not have a satisfying personal relationship with God.	38(4.8)	94(12.0)	97(12.4)	284(36.2)	271(34.6)

who usually do not struggle to meet their basic needs tend to contemplate the deeper aspects of life [32].

According to the results of the hypothesis tests, people with lower levels of education exhibit less spiritual health. In a two-way relationship, spiritual health likely leads to academic progress by creating motivation. Other studies have confirmed this result [33, 34].

Conclusion

Spiritual health has been studied in many studies using several variables, as independent and dependent variables. However, it is important to note that the results of this study showed that spiritual health is more closely related to rationality and awareness. Religious individuals tend to make more rational decisions and utilize wisdom rather than relying on emotions. When a society lacks rationality, systematic organization, or legal frameworks, it negatively impacts symbols, institutions, government, and civil society. Given that societies foster rationality

through educational systems, cultural domains, and the production of symbols, it is necessary to identify the elements of rationality. The present study confirmed that spiritual health is one of these elements of rationality. A crucial element that can help strengthen married life and reduce conflicts is rationality, the correlates of which should be recognized and reinforced.

The consequences of a decision should be highlighted to strengthen informational identity style and rationality. The archive of movies is filled with scenarios featuring romantic and ideal outcomes that often disregard rationality, failing to demonstrate or emphasize rational actions. This avoidant identity style results from many genres. Rational socialization should be established as a strategy for addressing the dominant logical issues that need to be resolved, not only at the level of individual actions but also within structures. For example, rationality should be reinforced in pre-marriage education and other formal and informal educational settings within family institutions. Future studies should examine the informa-

Table 2. Average problem-solving test according to demographic variables

Variables	Category	No.	Mean±SD	t/F	P
Sex	Male	316	0.25854±0.166	138.949	0.000
	Female	596	0.25587±0.56945		
Age (years)	Younger than 20	158	2.5833±0.55790	0.532	0.588
	20-35	651	2.5607±0.56344		
	Older than 35	103	2.6214±0.52611		
Class	Low	66	2.4242±0.63393	5.223	0.001
	Moderate to down	398	2.5126±0.57975		
	Moderate to high	443	2.6388±0.51276		
	High	5	2.6000±0.89443		
Ethnicity	Fars	674	2.5801±0.55883	221.1	0.269
	Lor	86	2.5349±0.54660		
	Turk	117	2.4957±0.56666		
	Others	35	2.6571±0.53922		
Education	Illiterate	2	1.5000±0.57469	1.949	0.07
	Under diploma	267	2.5581±0.47757		
	Diploma	76	2.6579±0.58789		
	Associate degree	353	2.5411± 0.48420		
	Bachelor's degree	85	2.6353±0.50965		
	Master's degree	22	2.5888±0.51310		
	Doctorate	107	2.5680±0.55813		

Table 3. Correlation analysis of spiritual health and identity styles

Dependent Variables		Informational Identity Style	Normative Identity Style	Avoidant Identity Style
Spiritual health	r	0.161	0.004	-0.032
	P	0.000	0.902	0.335
Existential spiritual health	r	0.150	0.031	0.002
	P	0.000	0.359	0.952
Religious spiritual health	r	0.083	0.004	-0.033
	P	0.012	0.910	0.324

tional identity style, a logical and rational identity, based on the mechanisms and processes that predict spiritual health. The results of this research moderate the suspicion of conflict between rationality and religiosity.

Ethical Considerations

Compliance with ethical guidelines

In this research, participants were studied with an understanding of the research objective and with full consent. In addition, the questionnaires were anonymous, and individuals' privacy was fully respected.

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