

Original article

## Relationship between Spiritual Health, Mindfulness and Emotion Regulation among French Emerging Adults

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### ABSTRACT

Spirituality is the dynamic and inherent dimension of humanity. This study aims to evaluate the relationship between Spiritual Health, Mindfulness and Emotion Regulation among French Emerging Adults. An online cross-sectional survey design consisted of four hundred and twenty-one samples were recruited from different universities at Strasbourg, France. Participant's age ranged from 18 to 28 years with a mean age of 20.77 years (SD=2.22). The results, highlights that Spiritual Health Measure was significant and positive association with 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 ( $r=.24$ ,  $p < .01$ ). These findings support emerging literature on Spiritual Health. Future studies should evolve an intervention model to promote Spiritual Health and Positive Health.

**Keywords:** France, spiritual health, mindfulness, emotion regulation, university students

### INTRODUCTION

Spirituality is the dynamic and inherent dimension of humanity (Puchalski, 2014). It relates to the way person's search for meaning in life; it includes connectedness to others, self, nature, and transcendence (Fisher, 2011; Weathers, McCarthy, & Coffey, 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. Result's highlight spiritual inclination protects youth from negative outcomes (e.g., risk behaviors and mental illness), and promotes positive and flourishing development (Hardy, Nelson, Moore, & King, 2019). Further, spiritual based coping strategies can help in demanding situations 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, Franklin, Park, DiNitto, & Aurelio, 2019).

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 as 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). Hence, Spiritual health is operationalized as an active state of being, echoed in the quality of relationships that people have in up to four domains of spiritual well-being: Personal domain; Communal domain; Environmental domain, and Transcendental domain. Based on the multidimensional model of Spiritual Health, the Spiritual Health and Life-Orientation Measure (SHALOM) was developed (Fisher, 2010). The 20-items SHALOM questionnaire comprises five items reflecting the four domains of spiritual health. The SHALOM consists of two responses per item. The Spiritual Health Measure (SHM) which assesses lived experience, and Life Orientation Measure (LOM) reflected on ideals for Spiritual Health. Spiritual Dissonance is an additional facet of Fisher's Spiritual Health model (Fisher & Brumley, 2008). 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, Lucchetti, Menezes, & Vallada, 2017). Spirituality embraces religious practices and cultural beliefs (Sadat hoseini, Razaghi, Khosro Panah, & Dehghan Nayeri, 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 Well-Being (Mindfulness and Emotional Regulation) among a sample of French emerging adults, additionally explores the importance of religion and spirituality among the sample.

### MATERIALS AND METHODS

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,

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Received Sep 28, 2019; Accepted Jan 03, 2020; Published Feb 28, 2020  
doi: <http://dx.doi.org/10.5667/tang.2020.0003>

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intentional sample 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. The cover letter containing information about the aim of the study and paper version of the questionnaire was shared to subject population via electronic format, built on the Google Form. Data were automatically and anonymously collected and stored into Excel file by the Google Form. Participant's 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 men. The areas of education were various but health areas represented 65.1% of the population. Participants were not provided with any incentives for their participation.

## ASSESSMENTS

### Spiritual Health and Life-Orientation Measure (Gomez & Fisher, 2005)

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 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 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 (Trousselard et al., 2010)

Mindfulness was measured on unidimensional model using the Freiburg 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 score (Cronbach's alpha) was .86.

### Emotion Regulation Questionnaire (Christophe, Antoine, Leroy, & Delelis, 2009)

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 alpha was 0.76 for the cognitive Reappraisal and 0.72 for the Suppression.

## 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 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 compared to the importance of religion (totalized high and very high- 17.8%).

**Table 2.** Descriptive statistics of participants' Religious and Spiritual characteristics

Variable	Frequency	Percent	
Importance of religion	Very Low	62	14.7
	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 ( $r=.14, p < .01$ ). Furthermore, the significant negative correlation observed with Suppression

**Table 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).

( $r=.12, p < .01$ ). The Spiritual Dissonance was significant and negative relation observed with Mindfulness ( $r=.31, p < .01$ ) and no statistically significant correlation with Reappraisal. As well, a 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 no statistically significant correlation between Mindfulness and Suppression. Reappraisal was significant and positive association observed with Suppression ( $r=.10, p < .05$ ).

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

**Table 4.** Summary of multiple regression analysis

Variable	B	SE <sub>B</sub>	$\beta$	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<sub>B</sub> = Standard error of coefficient;  $\beta$  = Standard coefficient

## 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., 2017;

Hai et al., 2019). Further, the Spiritual Dissonance results are consistent with the previous results (Fisher & Brumley, 2008; 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 earlier result has reported the highly spiritual individuals to have the ability to adapt and cope with adverse times (Rosmarin, Alper, & Pargament, 2015). Further, prior findings suggest that taking care of the spiritual may help in risky behaviors (Beckwith, 2006). This study reflects that students who have better Spiritual Health may be 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 in nurtured in individuals. There is mounting empirical direction to support the association between spirituality and stress management (Kim & Seidlitz, 2002). Efforts to the upsurge the awareness of spirituality and endorse spiritual growth, and well-being has been prevailing on implications for stress reduction. It 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 (Kim & Seidlitz, 2002) 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.

In conclusion, the results of this study shown a significant relationship between Spiritual Health and Well-Being. The different dimensions of spirituality may have a beneficial and an effective role in the students' 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.

## ACKNOWLEDGEMENTS

We thank Damien Corubolo for his help in developing the

Google Form. Further, we thank all the participants of the study. Thanks to Professor John Fisher who has granted permission to translate the SHALOM questionnaire to French language.

## CONFLICT OF INTEREST

None

## SOURCE(S) OF SUPPORT

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors

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