

# DAILY SPIRITUAL EXPERIENCES AS A DETERMINANT OF ENHANCED MENTAL WELL-BEING AMONG UNDERGRADUATE STUDENTS

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## ABSTRACT

*It was an analytical cross-sectional study that examined the predictive role of daily spiritual experiences in relation to mental well-being among undergraduate university students. Concerning this aim it was hypothesized that higher levels of daily spiritual experiences, would positively predict mental well-being among undergraduate university students. Secondly, daily spiritual experiences and mental well-being would vary significantly based on demographic factors. Using the purposive sampling technique, the data was collected from 200 undergraduate Muslim students (81 male and 119 female) with the mean age of 20.56 years old (SD= 1.79) belong to two different sectarian affiliation (i.e. Sunni and Shia) and two different public sector universities of Karachi. The data was gathered via self-administered Daily Spiritual Experience Scale (DSES) and the Warwick-Edinburgh Mental Well-being Scale (WEMWBS). Findings revealed daily spiritual experiences as a significant predictor of mental well-being among undergraduate Muslim students ( $p = .000$ ). Overall, the mean score for DSES and WEMWBS was  $79.31 \pm 10.02$  and  $47.36 \pm 9.23$ , respectively. Additionally, on DSES significant differences was observed regarding the religious sectarian and institutional affiliation of participants ( $p < 0.05$ ). Participants scores on WEMWBS significantly differed regarding family structure ( $p < 0.05$ ). No significant difference was observed based on gender, academic year, birth order and marital status on DSES and WEMWBS. These findings underline the importance of integrating spiritual dimensions into mental health interventions, advocating for holistic, culturally sensitive psychological care practices.*

**Keywords:** Mental Well-being, Daily Spiritual Experiences, University Students.

## INTRODUCTION

Nowadays, all over the world, instability in political, social, and economic conditions is affecting population health from all aspects (Walton, Nikpour, & Randolph, 2022). Their mental health is getting affected as well, where higher rates of depression and anxiety are common in such societies (Jenkins, Ducker, Gooding, James, & Rutter-Eley, 2021). For coping with poor mental wellbeing, people often approach mental health professionals to seek

help. In which they are either provided with therapeutic interventions or medication-based treatments, or often combination of both. On the hand, there are another proportion of people, who endeavor religious interventions for their mental peace and betterment. To overcome mental distress, people find their hearts at peace when they bow down to their God, while some find comfort in religious sermons. In nutshell, religious involvement of societies is associated

with positive mental wellbeing (Ellison & Levin, 1998).

Since Pakistan is a model Muslim society, majority of the population is practicing Muslim, in which religious coping in dealing with stress and depression is very common (Fatima, Mehmood, & Shakil, 2022). Moreover, research findings have also proved that recitation of holy Quran has been associated with the relieving of stress and anxiety (Gavgani, Ghojzadeh, Ghyassi, & Khodapanah, 2022). Especially, Surah Al-Rehman has been linked to reduce the stress level among Muslims (Bibi & Fatima, 2020). Furthermore, people reading and reciting Quran frequently, engaging in religious activities, having strong Islamic beliefs are better at neutralizing stress and distress. Such people also experience enhanced wellbeing and happiness (Koenig & Al Shoaib, *Religiosity and Mental Health in Islam*, 2019). Koenig also highlighted some of the researches which examined the relationship of depression and religion. He and his colleagues (Koenig, McCullough, & Larson, 2001) founded that there were lower rates of depressive disorders and fewer depressive symptoms in people who were more religious. They also found half of these researches indicated lower anxiety level among more religious people.

Moreover, a number of studies have suggested a positive influence between religious coping and mental wellbeing. For example, religious coping is found to be one of the most effective mechanisms to reduce the depression among infertile women (Vitorino, et al., 2018). Similarly, prayers, going to religious places (like church and mosque), and religion-based interventions have been a source of positive coping mechanism for depression and anxiety (Rosmarin, Bocanegra, & Hoffnung, 2019). It is also reported that spiritual counseling plays an essential role in reducing anxiety, stress, and depression among pregnant women (Dami, Setiawan, Sudarmanto, & Lu, 2019). It is also evident from the study that positive religious coping among Muslims and Christians was proved to be an effective way in dealing with the pandemic of Covid-19 (Thomas & Barbato, 2020). Another research finding suggested that, caregivers who were more into religiosity and spirituality, were associated higher level of positive coping skills, during Covid-19 (Sen, Colucci, & Browne, 2022). The findings from the given research can be explained in such word that

pandemics and natural disasters disrupt one's life. In such situations, religious practices can help individuals to formulate that negative event in a positive manner. Considering above empirical evidences, the present study is aimed to examine the predictive role of daily spiritual experiences in relation to mental well-being among undergraduate university students and it is hypothesized that higher levels of daily spiritual experiences, would positively predict positive mental well-being among undergraduate Muslim university students. Secondly, Daily spiritual experiences and mental well-being will vary significantly among undergraduate university Muslim students based on demographic factors.

### Literature Review

According to Durkheim (1912), religion is “a unified system of beliefs and practices relative to sacred things, that is to say set apart and forbidden, beliefs and practices which unite into one single moral community, all those who adhere to them” (p. 62). Religion is also known as a set of beliefs, values, rituals, and practices which are considered sacred and spiritually significant. Since religion is a social institution, it helps to organize and integrate set of beliefs, norms, and values, for basic social needs (Little, 2013).

According to the stats and analyses provided on *Britannica*, the world's primary religions are divided into two categories. Abrahamic religions include Christianity, Islam, and Judaism; and Indian religions include Hinduism, Buddhism, Sikhism, and others. Following the stats on *Britannica*, Islam is the second most practiced religion, approx. 1.8 billion followers across the globe. Since Islam is one of the most influential religions, it states that the religion was revealed for the mankind to achieve the perfection and loftiness; religion came to build up a society, where mankind can accomplish intellectual abilities beyond the horizon; a society that eliminates the physical and mental disorders, which are impediment in the way of perfection for the humanity (Khamenei, 1971). Moreover, in the holy book Quran, Allah SAWT, clearly states the reason for the manifestation of Islam. The holy book Quran states that, “We have already sent Our messengers with clear evidences and sent down with them the Scripture and the balance that the people may maintain [their affairs] in justice” (Quran 57:25).

Religion and its practices have been a key factor in positive mental wellbeing; a meta-analysis study concluded that participation in religious activities is significantly related to a healthy mental wellbeing (Garssen, Visser, & Pool, 2020). As cited in (Zarzycka & Krok, 2021), prayers of thanks giving and private prayers have been associated to positive mental health in a Christian sample. It is also included in the study that disclosing personal distressing information to God has positive mental health effects. Historically, yoga is connected Hinduism and Buddhism. Many researchers emphasize on the effectiveness of yoga. For example, yoga is proved to be constructive in the reduction of depressive symptoms among people dealing with mental disorders (Brinsley, et al., 2020). Moreover, many religion-based interventions are popular in Muslims. These interventions are quite helpful in overcoming depression and anxiety (Saged, et al., 2022). For prevention and treatment of mental disorders, Islam has provided essential framework dealing with mental illnesses. For example, Islam beliefs that neglecting the remembrance of God, is regarded a mental illness and induce distress in life (Taheri, 2016). In holy Quran, Allah SAWT has also stated that, “*But whoever turns away from My Reminder will certainly have a miserable life*” (Quran 20:124).

However, Religion has often been seen by mental health professionals in Western societies as irrational, outdated, and dependency forming and has been viewed to result in emotional instability (Crossley, 1995). For example, Freud (1927) claimed religion as illusion and a form of neurosis. Freud believed that religious beliefs and practices hinder one’s intellectual and reasoning ability. His book, “*The Future of an Illusion*” also expressed his hope that in near future, religion will be obsolete, and scientific methods and laws will displace the faith in God. Another one of the most influential personalities, Karl Marx (1844) labelled religion as the opium of masses. Some other studies have also indicated towards the no correlation between religiosity and mental wellbeing. For example, Watters (1992), in his book, “*Deadly Doctrine: Health, Illnesses, and Christian God-Talk*” also claimed that religious beliefs play a huge part in the development of low self-esteem, depression, and even schizophrenia. Not only this, the higher level or religiosity is also

correlated with the higher level of personal distress (King & Schafer, 1992).

Despite these researches, where religion has been seen as outdated and irrational, a large number of studies assert that religious beliefs and healing are proved to be effective for the mental health (Dein, 2020). Since religious faith is affiliated with positive mental health (Louca, 2021), increased faith in God provides spiritual energy and help to release anxiety (Keshavarzi, Awaad, Khan, & Ali, 2020). Religion has also been positively linked to the lower level of depression (Honarvar & Taghavi, 2020). Not only for depression, have religious affiliations protected against suicide as well. Suicide attempts are seen more common in people non-affiliated to religion as compared to the people affiliated with strong religious beliefs (Burlaka, et al., 2021).

## Methodology

### Sample:

The study was carried out using an analytical cross-sectional research design. The sample was extracted by using the purposive sampling technique and it was comprised of 200 undergraduate Muslim students, including 81 male (40% of participants) and 119 female (60% of participants), ages ranging from 18 to 24 years old students (M= 20.56, SD= 1.79) and Muslim (from different sects of Islam i.e. Sunni and Shia). The data was recruited from different departments and faculties of University of Karachi and NED University of Engineering and Technology.

### Measure:

**The Warwick – Edinburgh Mental Well-being Scale: (Tennant et al., 2007)**

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) is a 14-item mental health scale that measures psychological functioning and subjective well-being. All of the items are written favorably and focus on components of good mental health. Each response to an item on the scale, which can range from 1 to 5, is added up to determine the score. The rating is 1 = None of the time, 2 = Rarely, 3 = Some of the time, 4 = Often, 5 = All of the time. The scale has a minimum score of 14 and a maximum score of 70.

### The Daily Spiritual Experience Scale: (Underwood & Teresi, 2002)

The Daily Spiritual Experience Scale (DSES), a 16-item self-report tool, was created to evaluate commonplace daily connections with the transcendent. It contains ideas like awe, appreciation, mercy, a feeling of connectedness to something greater than ourselves, and compassionate love. It also includes indicators of creativity and discernment as well as a profound inner serenity. The scale was used to operationalize religiosity. The scale is developed by Lynn Underwood in 2002. The scale consists of 16 items. The 15 items are rated as below: 1 = Never, 2 = Once in a while, 3 = Some days, 4 = Most days, 5 = Every day, 6 = Many times a day. While the 16<sup>th</sup> item is rated as: 1 = Not at all, 3 = Somewhat close, 5 = Very close, 6 = As close as possible.

#### Procedure:

Prior to data collection, ethical approval was obtained from the relevant institutional review board, ensuring compliance with ethical guidelines for research involving human participants. The study followed a two-phase procedure. In the first phase, participants were briefed about the purpose and objectives of the research. They were provided with an informed consent form that outlined their rights, including the voluntary nature of their participation, the confidentiality of their responses, and their right to withdraw from the study at any point without penalty. Participants completed a demographic questionnaire in this phase to gather basic information, including age, gender, birth order, marital status, academic year, religion, sect and family structure.

In the second phase, both of self-administered questionnaire i.e. Daily Spiritual Experience Scale (DSES) and the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) were provided to the participant. To administer these questionnaires, participants were approached

individually and the administration of these instruments took approximately 15 minutes per participant. Data collection was conducted in a controlled environment to minimize distractions and ensure consistency in responses. The researcher personally managed the process to address any questions or concerns, further ensuring clarity and compliance with procedural standards. All data were treated with strict confidentiality, stored securely, and used exclusively for academic purposes in accordance with institutional and ethical guideline.

#### Data Analysis:

Data of present study was analysed using SPSS V. 22. The Psychometric properties of the both scales were identified through reliability analysis (Cronbach's alpha value), descriptive statistics (frequency, percentage, mean, standard deviation, skewness, kurtosis, actual and potential values). Data was stated as frequencies and percentage, and mean and standard deviation. That is further analysed by applying independent sample t-test and one-way analysis of variance (ANOVA) to identify the difference between Daily Spiritual Experience Scale (DSES) and the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) scores. To examine the predictive relationship of Daily Spiritual Experience and Mental Well-being linear regression was applied considering  $P < 0.05$  was taken as statistically significant value.

#### Results

The psychometric properties of the Daily Spiritual Experience Scale (DSES) and the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) are presented in Table 1. The mean score for DSES was 79.31 (SD = 10.02), while WEMWBS showed a mean score of 47.36 (SD = 9.23). The Cronbach alpha value of both scales was 0.85, representing good internal consistency. The skewness and kurtosis values indicate a normal distribution, supporting the validity of parametric tests (Table 1).

**Table 1: Psychometric properties of DSES and WEMWBS**

Scales	No. of items	N	Mean (SD)	Alpha	Skewness	Kurtosis	Range	
							Actual	Potential
DSES	16	200	79.31 (10.02)	0.85	-.965	1.89	37-96	14-96
WEMWBS	14	200	47.36 (9.23)	0.85	-.579	0.94	14-67	0-100

DSES: Daily Spiritual Experience Scale, WEMWBS: Warwick-Edinburgh Mental Well-being Scale.



Among 200 participants, 81 (40.5%) were male participants and 119 (59.5%) were female participants. The overall mean age of the participants was 20.56 (SD= 1.79) years. There was no significant difference observed between the score of DSES and WEMWBS concerning gender, academic year, birth order, marital status ( $p>.005$ ). Participants belong to Shia sect scored significantly higher ( $p=.028$ ) on the DSES as compared to participant belong to Sunni sect. On the other hand, no significant difference was

observed on the score of WEMWBS concerning sect. Participant belong to nuclear family system scored significantly higher ( $p=.017$ ) on WEMWBS. While, no significant difference was observed on the score of DSES concerning family system. Participant studying in University of Karachi scored significantly higher ( $p=.002$ ) on the DSES as compared to participant belong to NED University and no marked difference was observed concerning WEMWBS (Table 2).

**Table 2**  
**Demographic Characteristics of Participants in relation to DSES and WEMWBS (N=200)**

Characteristics	f	%	Mean (SD)	p-value	Mean (SD)	p-value
			DSES		WEMWBS	
<b>Gender<sup>a</sup></b>						
Male	81	40.5%	80.77 (9.34)	.082	48.53 (9.74)	1.47
Female	119	59.5%	78.31 (10.37)		46.56 (8.80)	
<b>Academic year<sup>b</sup></b>						
1 <sup>st</sup> year	68	34%	79.25 (7.87)	.242	47.51 (9.56)	.905
2 <sup>nd</sup> year	39	19.5%	79.43 (11.37)		47.07 (8.24)	
3 <sup>rd</sup> year	51	25.5%	77.37 (11.28)		46.74 (9.52)	
4 <sup>th</sup> year	42	21%	81.643 (10.03)		48.11 (9.4)	
<b>Birth order<sup>b</sup></b>						
Eldest	57	28.5%	80.08 (8.55)	.391	47.31 (9.05)	.320
Middle	89	44.5%	79.97 (9.89)		48.44 (10.26)	
Youngest	48	24%	77.12 (11.47)		45.35 (7.21)	
Only Child	6	3%	79.50 (12.45)		47.66 (8.26)	
<b>Marital Status<sup>a</sup></b>						
Single	187	93.5%	79.02 (10.12)	.062	47.364 (9.19)	.958
Married	13	6.5%	83.46 (7.50)		47.30 (10.03)	
<b>Sect<sup>a</sup></b>						
Shia	58	29%	81.41 (7.50)	.028*	46.98 (9.67)	.713
Sunni	142	71%	78.45 (10.79)		47.51 (9.06)	
<b>Family system<sup>a</sup></b>						
Nuclear	133	66.5%	78.84 (11.06)	.295	46.29 (9.47)	.017*

Joint	67	33.5%	80.23 (7.52)		49.47 (8.38)	
<b>Universities<sup>a</sup></b>						
UoK	147	73.5%	78.07 (10.26)	.002*	47.07 (8.63)	.504
NED University	53	26.5%	82.75 (8.47)		48.17 (10.75)	

SD: Standard deviation, DSES: Daily Spiritual Experience Scale, WEMWBS: Warwick-Edinburgh Mental Well-being Scale. ;

<sup>a</sup>Independent sample t-test; <sup>b</sup>One-way analysis of variance (ANOVA); UoK: University of Karachi; \*Statistical significant  $p < 0.05$ .

**Table 3**

**Summary of linear regression for predictable relation of Daily Spiritual Experience Scale with Mental Well-being (N = 200)**

Predictors	B	SE B	$\beta$	t	p
(Constant)	22.902	4.928		4.647	.000
Daily Spiritual Experience Scale	.308	.062	.335	5.003	.000*

Notes:  $R^2 = .112$ , Adjusted  $R^2 = .108$ ,  $P < .005$

The overall linear regression analysis pointed out DSES as a significant predictor of WEMWBS ( $R^2 = .112$ ,  $t = 5.003$ ,  $p < .001$ ) among Muslim students and the total explained variance in WEMWBS is 11.2% (Table 3).

### Discussion

The study's findings demonstrate the strong predictive association between university students' regular spiritual encounters and mental wellbeing. This result is consistent with earlier studies that indicate spirituality is essential for improving psychological well-being (Koenig, McCullough, & Larson, 2001). According to the regression expression of this study, 11.2% of the variance in mental well-being can be explained by daily spiritual encounters. Despite its modest effect size, this study supports other researches in the field that indicates spirituality has a moderate but significant influence on psychological outcomes (Božek, Nowak, & Blukacz, 2020). According to Smith, McCullough, and Poll (2003), spirituality serves as a supplementary resource that promotes mental health when combined with other elements like interpersonal coping mechanisms, physical health, and social support.

The beneficial impacts of spirituality and religion on well-being are widely acknowledged, primarily through mechanisms of coping, meaning-making, and emotional resilience (Krok, 2008). The results of the current study affirm these theoretical hypotheses, demonstrating that people, who experience divine spiritual

connections consistently, are more likely to report higher mental well-being. The research findings are also well supported by Garssen, Visser, and Pool (2020), which suggests greater life satisfaction, low depression, and reduced anxiety are some of the factors associated with higher levels of spirituality experiences.

The importance of spirituality in mental health can be better appreciated when examined through the perspective of coping theory. Demonstrated by Lazarus and Folkman (1984), coping refers to "cognitive and behavioral efforts to manage external and internal demands that are appraised as taxing or exceeding one's resources". Spirituality as a coping mechanism, offers people a sense of purpose for life, emotional support, and a framework for comprehending and coping with stress. In this study, participants who engaged in daily spiritual practices may have experienced enhanced emotional regulation and a stronger sense of control over their circumstances, which, in turn, contributed to improved well-being (Brandao, 2025).

Additionally, it has been demonstrated that religious coping safeguards against the detrimental impacts of stress and suffering. For example, religious practices such as prayer, meditation, or association with the communal worship develop a sense of belonging and offer psychological relief during personal adversity (Pargament, 1997). Many researches have revealed that spirituality as a coping mechanism is strongly correlated with associated with improved mental health outcomes

in different contextual manners, for example chronic illness, grief, and interpersonal conflicts (McLean Hospital, 2023). The research findings of this study further highlight the importance of integrating spirituality into mental health care, as it offers a distinct advantage in buffering stress and promoting resilience.

The study also highlighted a significant difference observed concerning sectarian affiliation, where participants belonging to the Shia sect reported higher scores on the Daily Spiritual Experiences Scale (DSES) than those from the Sunni sect ( $p = .028$ ). This finding supports prior literature indicating subtle variations in spiritual expression across different sectarian contexts (Abu-Raiya & Pargament, 2015). Participants belonging to nuclear families scored significantly higher ( $p = .017$ ) on the WEMWBS compared to those from extended family systems, suggesting a possible influence of family structure on wellbeing. This finding aligns with previous studies, which indicate that nuclear family structures typically provide an environment that fosters individual autonomy, clearer communication, and emotional support, contributing positively to psychological outcomes and potentially encouraging personal spiritual exploration (Luthar & Kumar, 2018). Another significant finding of the present study pertains to institutional differences: students enrolled in different universities displayed varying levels of daily spiritual experiences. Specifically, some institutions may inherently support or encourage spiritual and religious practices through structured curricula, campus-wide activities, or religiously affiliated student groups (Bowman & Small, 2012). In this study, significant institutional differences were observed, with students from University of Karachi reporting higher scores on the DSES. Such differences can be attributed to the varying emphases placed by institutions on spirituality-related programs, extracurricular activities, availability of supportive environments, and campus climate (Rossin-Slater & Wüst, 2020).

In this study, no discernible differences were found in the daily spiritual experiences and mental well-being across gender, academic year, birth order and marital status. This gets along with some of the prior findings that suggest gender and birth order may not significantly influence the impact of spirituality on well-being (Cokley et al., 2013). Researchers have attempted

to examine the gender differences in the context of spiritual experiences, with some studies indicating that women tend to report higher levels of religiosity and spirituality (Koenig et al., 2001). Since both men and women exhibit comparable degrees of improved mental wellness through spiritual practices, the psychological benefits of spirituality appeared to be universal across the genders (Tyagi & Sharma, 2018). Similarly, while some research suggests that firstborns may exhibit more responsible and conscientious behaviors, it is less clear whether these traits influence the relationship between spirituality and mental health (Alabbasi et al., 2021).

The lack of significant differences based on birth order in our study is consistent with recent meta-analyses, which suggest that birth order effects on personality and behavior are generally small and context-dependent (Rohrer, Egloff, and Schmukle, 2015). Birth order may not significantly moderate the relationship between spirituality and well-being, as the primary influence of spirituality on mental health appears to transcend individual family dynamics. Spirituality provides individuals with a broad, cross-cultural framework for coping, which is not restricted by gender or family position.

The findings from this study carry important implications for mental health practice. Given the positive association between daily spiritual experiences and mental well-being, incorporating spiritual practices into therapeutic settings could benefit clients, especially those who hold strong spiritual or religious beliefs. This is particularly relevant in diverse cultural contexts, where spirituality and religion play central roles in coping with stress and mental health challenges (Malviya, 2023). According to research by Lucchetti, Koenig, and Lucchetti (2021), integrating spirituality into mental health care can enhance the therapeutic relationship, foster trust, and promote holistic healing.

Furthermore, spirituality has been identified as an effective tool for resilience building, which is increasingly important in the context of modern mental health challenges. As highlighted by Royal College of Psychiatrists, addressing the spiritual needs of patients can improve overall well-being, reduce symptoms of anxiety and depression, and encourage long-term mental health maintenance. Given the clear benefits of spirituality for well-being, clinicians may consider adopting spiritually

integrated therapies that take into account clients' spiritual backgrounds, values, and coping mechanisms, especially when working with religiously diverse populations (Johnson, Shannon, Galan-Cisneros, & Heaton, 2022).

Despite its valuable insights, the study has several limitations. First, the cross-sectional design restricts the ability to infer causal relationships between spirituality and well-being. It is important to conduct longitudinal studies to examine whether deeper spiritual involvement contributes to long-term and sustainable accomplishments in mental wellbeing. Second, the use of self-reported data introduces the possibility of response bias, as participants may have underreported or overreported their spiritual practices and well-being. Future research should consider using mixed-methods approaches, combining quantitative surveys with qualitative interviews, to gain a deeper understanding of the nuanced ways spirituality impacts mental health.

Finally, the study sample was drawn from a single cultural and religious context—university students in Pakistan—making it difficult to generalize the findings to other populations. Further studies should examine the role of spirituality in diverse cultural and religious settings to understand how universal or context-dependent these findings may be.

### Conclusion

The study was conducted to explore the role of spiritual experiences in safeguarding mental wellness among university students in Pakistan. The results of the research reveal significant positive association between spirituality and psychological well-being, reinforcing the notion that spiritual engagement fosters emotional resilience, stress regulation, and overall mental health. However, there were no significant differences observed for gender or birth order, indicating that the benefits of spirituality extend across diverse demographic groups.

The study's findings have important implications for mental health interventions, highlighting the need for integrating spirituality-based approaches into counseling and therapy. Given the cross-sectional nature of this research, future studies should employ longitudinal and experimental designs to explore the causal mechanisms underlying the spirituality-mental well-being relationship. Additionally, examining cultural and

religious variations in different populations could provide deeper insights into the role of spirituality in psychological health.

By acknowledging the growing relevance of spiritual well-being in mental health frameworks, this study advocates for a more holistic approach to psychological care, where spirituality is recognized as a valuable resource for mental well-being.

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