



Prediction of adolescent happiness based on spiritual lifestyle with the mediation of mental health

Hamideh. Beyk^{1*}, Hengameh. Dehaghan², Shohreh. Farahmand³ & Elham. Bahador⁴

1. ***Corresponding Author:** M.A, General Psychology, Faculty of Psychology, Shiraz Branch, Islamic Azad University Shiraz, Iran
2. M.A, General Psychology, Faculty of Psychology, Zarin Shahr Branch, Payam Noor University, Zarin Shahr, Iran
3. M.A, Clinical Psychology, Department of Psychology, Khorasgan Branch, Islamic Azad University, Isfahan, Iran
4. M.A, Clinical Psychology, Department of Psychology, Najaf Abad Branch, Islamic Azad University, Isfahan, Iran

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Corresponding Author's Info

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hamideh.beik59@gmail.com

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ABSTRACT

Background and Aim: Happiness is one of the constructs proposed in positive psychology, which is related to many concepts in psychology. The aim of the present study was to predict the happiness of teenagers based on spiritual lifestyle with the mediation of mental health. **Methods:** The research design was a correlational type in which happiness was the dependent variable, spirituality was the independent variable, and mental health was the mediating variable. The statistical population of students were studying in high schools in Tehran, and 300 people were selected by cluster sampling. The tools included Hall and Edwards' spirituality questionnaire (1996), Schneider's life expectancy questionnaire (2002) and revised Oxford happiness scale (2001). The data were analyzed by path analysis. **Results:** The results show that spirituality and mental health are predictors of happiness and mental health has a relative mediating role in predicting happiness. Mental health is also predicted by spirituality. **Conclusion:** In the end, it was concluded that strategic hope completely mediates between the level of satisfaction and lack of negative feelings with spiritual lifestyle, and functional hope mediates partially between perception management and despair.



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Introduction

The importance of spirituality and spiritual growth in humans has attracted the attention of psychologists and mental health professionals more and more in the last few decades. The progress of psychological science on the one hand and the dynamic and complex nature of modern societies on the other hand, has caused the spiritual needs of human beings to grow and become more important than material demands and needs (Naqibi et al., 2015). It seems that the people of the world today are more inclined towards spirituality and spiritual issues, and psychologists and psychiatrists are increasingly realizing that the use of traditional and simple methods is not enough to treat mental disorders. Elkins (1998) considers spirituality as a human phenomenon that exists in the form of ability and capacity in all people (Guri, 2019). The term spirituality is so broad that it includes such efforts to find connection with a sacred existence outside of traditional religious frameworks (Faraji et al., 2021). Spirituality includes a person's ability for creativity, growth and transformation of a value system and includes a set of phenomena such as experiences, beliefs and actions (Singbhatia, 2019). Various psychological, spiritual, religious and transpersonal perspectives bring us closer to spirituality. Although spirituality is generally transmitted through culture, it precedes and transcends culture (Verrier, 2021). Therefore, according to many psychologists, a spiritual lifestyle contributes to psychological health and subsequently happiness.

Psychological health is not a single concept but a broad category of phenomena. The World Health Organization (2001) states that mental health, which has been neglected for a long time, plays a vital role in the overall health of individuals, societies and countries, and should be considered with a new perspective around the world. The concept of mental health is based on the approach of positive psychology. Instead of focusing only on human weaknesses, this approach pays attention to human capabilities (Iranzadeh & Zanjani, 2013). The beneficial effects of positive structures such as happiness on physical and mental health have been confirmed in various researches. Mental health is not a passive emotion that appears only in the dark moments of life, but a cognitive process through which people actively pursue their

goals. Those who see themselves as having positive traits, those who are optimistic about their future, and those who believe that they can control the important events in their lives work more and more seriously, because they expect a positive return from their work. When faced with an obstacle, they use different ways to succeed because they believe that they will eventually succeed (Gray et al., 2019).

In analyzing the concept of happiness, theorists have mostly pointed to two cognitive and emotional components. The cognitive component refers more to life satisfaction and the emotional component refers to states such as laughing, humor, and balance between positive and negative emotions (Chai, 2018). In middle childhood and adolescence, logical thinking skills develop faster than intuitive thinking skills, memory skills, reading skills, and advanced social perspective skills. This allows for happy, hopeful, and complex planning and following pathways to valued goals, and action in a social context that takes into account the lifestyles of parents, siblings, peers, and educators (Tomlinson et al., 2017). Children who develop a happy and hopeful nature usually have parents who act as hopeful role models, and guide them in formulating and implementing plans to overcome obstacles and achieve worthwhile goals. These children have a secure attachment to their parents who provide them with a warm family environment with a spiritual structure. In this environment, regulations are implemented in a consistent and predictable manner and conflicts are resolved in a predictable and appropriate manner (Bengson, 2017).

One of the reasons why spirituality has become a hot and attractive debate among mental health professionals is that the recognition of the limitations of psychotherapy and drug treatment in helping clients to cope has changed and grown. Even when the best treatment methods are used, patients still suffer greatly from their problems. During the recent advances in related theories and research, it has been shown that the spiritual and religious beliefs of clients who refer to psychotherapy centers play an important role in the process of dealing with all kinds of problems (Witten & Lukaf, 2022). On the other hand, the place of mental health in relation to these concepts deserves to be investigated.

It should be noted that religious teachings are made from the source of life and from the origin and

according to human requirements, and therefore it is for the purpose that it can elevate man in all aspects and human affairs. Therefore, it is very important to examine variables such as spirituality and mental health that are effective on happiness and cheerfulness and are related to it in some way. This research presents a model that discusses the relationship between these structures. Other researches have mainly examined mental health as a dependent variable, while the present study seeks to examine mental health as a mediating variable. This will promote the theoretical literature in this field. Based on this, the following goals were pursued during the current research:

1. Investigating the predictive role of spirituality on mental health
2. Investigating the predictive role of spirituality on happiness
3. Examining the predictive role of mental health on happiness
4. Investigating the mediating role of mental health between spiritual lifestyle and happiness.

Method

This research is a correlational type in which happiness is the dependent variable, spirituality is the independent variable, and mental health is the mediating variable. The statistical population includes students studying in high schools in Tehran, who were selected by cluster sampling from different schools of 10 classes and a total of 300 students.

Materials

1. Spirituality assessment questionnaire. This questionnaire was designed by Hall and Edwards (1996) in order to evaluate the two dimensions of spiritual development, that is, the awareness of the existence of God Almighty and the quality of the relationship with God. The original version of the test had 5 subscales of awareness, realistic acceptance, hopelessness, magnification, and instability. In 2002, Hall and Edwards revised the scale and added the impression management subscale. Therefore, the current version has 6 subscales. The subject must express his agreement or disagreement with each of the statements on a 5-point Likert scale. Cronbach's alpha of awareness, true acceptance, frustration, magnification, and instability and impression management subscales were reported as 0.95, 0.83, 0.90, 0.73, 0.84, and 0.77, respectively. In this research, the reliability of the components of the spirituality questionnaire was calculated and confirmed by Cronbach's alpha method.

2. Life expectancy questionnaire. This questionnaire was created by Schneider (2002)

to measure hope, which has 12 questions and is implemented as a self-assessment. There are four questions to measure operative thinking, four questions to measure strategic thinking, and four deviant questions. Therefore, the questionnaire includes two scales, agent and strategy. Many researches indicate the reliability and validity of this tool. The internal consistency of the entire test is 0.74 to 0.84, and the test-retest reliability is 0.80 and in periods longer than 8 to 10 weeks, it is higher than this amount (Schneider & Lopez, 2007). The internal consistency of the factor subscale is 0.71 to 0.76 and the strategic subscale is 0.63 to 0.80 (Schneider & Lopez, 2002). In this research, the reliability of the components of the life expectancy questionnaire to measure mental health was calculated with Cronbach's alpha method, and all the numbers were higher than 0.70, which indicates the good reliability of the questionnaire.

3. Revised Oxford Happiness Scale. This scale was prepared by Argyle et al. (1989, quoted by Argyle, 2001) and revised in 2001 (Argyle, 2001). This scale has 29 four-choice items and each item is graded in such a way that each statement indicates a higher degree of happiness than the previous statement. For scoring the questionnaire, in each item, the option that expressed the highest level of happiness was given a score of three and the expression that expressed the least amount of happiness was given a score of zero. The reliability and validity of this scale in Iran has been reported in several studies. In this study, the reliability of the components of the Oxford Happiness Questionnaire was calculated and confirmed by Cronbach's alpha method.

Implementation

To test the hypothesis and analyze the data, the statistical method of path analysis was used using the method of Baron and Kinney (1986). During this statistical model, the predictor role of spirituality for happiness and spirituality for mental health was investigated simultaneously. Through the simultaneous entry of the variables of spirituality and mental health, the direct and indirect effect of each of these variables and finally the mediating role of mental health were examined, and at each stage, research assumptions and related evidence were presented.

Results

In terms of demographic characteristics, the average age of the research subjects was 16.23 and the standard deviation was 3.18. The

average age of female students was 16.71 years and male students was 15.76 years.

Table 1. Descriptive findings and correlation coefficients between the components of spirituality and mental health with happiness

Var.	M	SD	1	2	3	4	5	6	7	8	9	10
1	24/26	3/88	1									
2	72/98	12/35	**0/44	1								
3	26/42	5/56	**0/22	**0/55	1							
4	15/34	5/46	** -0/27	** -0/25	-0/02	1						
5	18/81	3/99	**0/15	**0/39	**0/20	-0/004	1					
6	27/98	5/82	-0/002	**0/16	**0/27	**0/42	-0/01	1				
7	15/89	2/79	**0/46	**0/50	**0/24	** -0/21	**0/39	-0/03	1			
8	12/71	2/63	**0/33	**0/26	**0/16	** -0/41	0/05	* -0/13	**0/41	1		
9	12/98	2/81	**0/23	**0/16	0/02	** -0/39	0/003	** -0/36	**0/16	**0/57	1	
10	13/43	2/61	*0/12	**0/21	0/03	** -0/26	**0/24	** -0/28	**0/27	**0/46	**0/50	1

1= Hope, 2= Awareness, 3= Acceptance, 4= Despair, 5= Magnification, 6= Instability, 7= Management, 8= Positive affect, 9= Level of satisfaction, 10= Lack of negative feelings

** P<0.01 *P<0.05

Table No. 1 shows the Pearson correlation coefficients to the components of the variables. This table reports that the relationships between disappointment and positive emotion ($P < 0.01$ and $r = -0.41$), satisfaction level and positive emotion ($P < 0.01$ and $r = 0.57$), positive

emotion and lack of Negative feeling ($P < 0.01$ and $r = 0.46$) is positively significant. These coefficients are further analyzed in the form of regression analysis and path analysis to test the hypotheses and answer the research question.

Table 2. Results of regression analysis to predict the level of satisfaction based on spiritual lifestyle and spiritual health

Predictor	Beta	t	Sig.	R	R ²
Consciousness	0/10	1/53	0/12	0/54	0/28
Reception	0/01	0/21	0/82		
Disappointment	-0/007	-0/08	0/92		
magnification	0/11	1/75	0/08		
Instability	-0/11	-1/62	0/10		
Management	0/29	4/38	0/001		
Agent hope	0/19	2/37	0/02		
Strategic hope	0/19	2/54	0/01		

Based on the results of regression analysis, the management component of spirituality perception ($B = 0.29$, $p < 0.01$) positively, and hope ($B = 0.19$, $p < 0.05$) positively and strategic hope ($B = -0.19$, $p < 0.01$) of mental health positively predicted the level of satisfaction. Spiritual lifestyle and mental health explained 28% of the variance of satisfaction

level. Therefore, based on the results of the analysis of the path of strategic hope, there is complete mediation between the components of spiritual lifestyle and the level of satisfaction. Based on the results of path analysis, hope is a relative mediating factor between impression management and disappointment with satisfaction level.

Table 3. Results of regression analysis to predict positive affect based on spiritual lifestyle and spiritual health

Predictor	Beta	t	Sig.	R	R ²
Consciousness	0/36	5/14	0/001	0/61	0/36
Reception	-0/03	-0/57	0/57		
Disappointment	-0/09	-1/33	0/18		
magnification	-0/15	-2/63	0/009		
Instability	0/11	1/82	0/07		
Management	0/29	4/69	0/001		
Agent hope	0/08	1/10	0/26		
Strategic hope	0/21	3/01	0/003		

Based on the results of regression analysis, the components of awareness (B= 0.36, $p < 0.01$), impression management (B= 0.29, $p < 0.01$) positively, magnification (B= -0.15, $p < 0.01$) negatively predicted strategic hope. The

components of spirituality and mental health explained 36% of the variance of positive affect. Therefore, based on the results of path analysis, strategic hope is a relative mediator between spiritual lifestyle and positive affect.

Table 4. Results of regression analysis to predict lack of negative feelings based on spiritual lifestyle and spiritual health

Predictor	Beta	t	Sig.	R	R ²
Consciousness	0/19	1/40	0/16	0/48	0/26
Reception	0/09	0/23	0/78		
Disappointment	-0/09	-0/03	0/24		
magnification	0/01	1/32	0/122		
Instability	-0/31	-1/11	0/09		
Management	0/37	5/34	0/001		
Agent hope	0/14	3/22	0/02		
Strategic hope	0/29	3/38	0/01		

Based on the results of regression analysis, the management component of the impression of spirituality (B= 0.37, $p < 0.001$) positively predicted functional hope (B= 0.14, $p < 0.05$) and strategic hope (B= 0.19, $p < 0.01$) of mental health, and the absence of negative feelings. Spiritual lifestyle and mental health explained 26% of the variance of not feeling negative. Therefore, based on the results of the analysis of the path of strategic hope, there is complete mediation between the components of spiritual lifestyle and lack of negative feelings. Based on the results of path analysis, hope is a relative mediating factor between impression management and disappointment with no negative feelings.

Conclusion

The purpose of this research was to provide a causal model of suicidal thoughts among high

school students in Ilam and to determine the direct and indirect effect of parenting styles (permissive, authoritarian, and authoritarian) with a mediating role: self-esteem and social support. As observed, the obtained data supported the optimal fit of the model with the collected data.

The findings of the present research are consistent with the following research: Nouri et al. (1400); Shamsi et al. (2019); Jamali (2014); Azami et al. (2015); Bidgley et al. (2012); Akbarinejad et al. (2008); Garthy et al. (2011); Meisters and Morris (2004); Mancini et al. (2000); Kitamura et al. (2000); Afsharo colleagues (2018); Narimani, Yousefi and Kazemi (2013); Rezaei Kargrou Qureshi (2014); Cole and Rome (1996); Gersten et al. (1981); Tejali, Javidi, Mehyar and Mirjafari (2018); Abdulahi and Dawoodi (2018); Kokhaei and Holy River (2015); Abbasi, Asgari,

Mehrabi (2014); Haji Yazdi and Alagband (2012); Fengjing et al., (2020); Kleiman et al. (2014) and Azadi (2017) and Rutter et al., (2004); Yaqoubi et al. (2009); Feldman et al. (1998); King et al. (1995); Greenberg et al., (2000); Clobton et al., (1992); Mirdrikund, Edavi, Amirian, Khodayi (2015); Bukhari and Afzal (2016) Salimi and Shabani (2012); Alimoradi, et al. (2012); and the researches of Friedlander et al. (2017); Defala et al. (2016); Roger et al. (2016), Kogby (2015); Gloza (2013); Safari and Zolkifli (2010); Mikaili et al. (2019); Maleki et al. (2019); Beshraporou colleagues (2017); Pour Hossein et al., (2014); Fateh et al. (2019); Asgarian et al. (2021); Rahmani et al. (2019); Khairkhah et al. (2012); Masoud Nia (2009); Kohi et al. (2018); Leo et al. (2019) Goldberg et al. (2019); Kim et al. (2019); Madrigal Deleon et al. (2019); March et al. (2019); Abdullah (2018) Soko et al. (2008); Pourhossein et al. (2014) Namdari (2015); Vasal and Guderzi (2015); Princetin et al. (2000); Bentley et al. (2016); Scardra et al. (2020).

Family life plays an essential role in maintaining the mental, social and physical health of children and parents. Considering that parents are the main and primary elements of every family, the type of their relationship and upbringing is effective in shaping the personality of children. On the other hand, children react to their parents' actions. The nature of these actions and reactions is manifested in the children's personality over time. One of the basic characteristics of the formed personality is self-esteem. The type of treatment and parenting of parents is a factor that can influence the formation of children's self-esteem and bring their self-esteem to a minimum or maximum and cause children to know themselves correctly or incorrectly (Aghayari et al., 2014). High self-esteem in students is like a capital and a vital value for them (Melki et al., 2016) and it is one of the main factors for the flourishing of talent and creativity in them. (Sari, Black and Selik, 2018). The study of Debiri et al. (2012) in a structural equation modeling research has determined the direct effect of parenting styles on self-esteem. It can be concluded that parents who use permissive and authoritarian models will have children with communication problems with peers, passive or aggressive behaviors, lower

self-concept and self-esteem. This condition can show itself in reducing the quality of education, job and interpersonal relationships. On the other hand, parents who use warm and accepting styles such as authoritative style, while raising children with high self-esteem level, face fewer social problems in their children. It can also be explained that adopting the type and method of education and interaction with children can be effective in the formation of social support and also the type of interaction with the environment by children and students in the school and community environment. Since social support is defined as the degree of affection, companionship and attention of family members, friends and other members of society, the role of parents and teachers is considered as the core of the formation of social support in teenagers. In fact, family members are the primary source of providing emotional and instrumental support to people, especially outside the work environment, and they can play an important role in controlling the stressful process of education and work (Hashemian, 2012). Based on this, it can be concluded that the parenting style of parents, especially adopting a positive and assertive approach, is a multi-dimensional variable, which indicates an increase in the family's understanding of cohesion and stability at home and the low level of conflict among family members. This provides the conditions for positive and constructive interaction of teenagers with peers and social environment. Since the family is considered the first source of care and protection for people and the first nucleus of communication and interaction of the child is established in the family and by the parents. Therefore, the way parents relate to their children and their upbringing can be the basis for the formation of other social interactions and the acceptance or non-acceptance of support and collective identities. Undoubtedly, the role of family and school in the formation and stabilization of more adaptive parenting methods can provide more positive and facilitative results for this sensitive and endangered group to get out of the current stressful situation. The damages caused to the family center and privacy, as well as the many ups and downs and challenges of the country's education system in recent years caused by various economic, cultural and social

interventionists have made the conditions more difficult for high-risk and high-risk groups, especially young people. Increasing public awareness and empowering families and schools, especially psychological therapeutic interventions for parenting skills and increasing the level of knowledge and efficiency of the school counseling system can be effective in reducing social harm, especially the painful phenomenon of suicide and the formation of suicidal thoughts and ideas before that. Especially in Ilam province, which is considered one of the main centers of suicide risk in the country. The fact is that preventing, confronting and curbing suicide in Ilam requires a comprehensive, practical and comprehensive program, so that while carefully examining the causes and contexts and economic, cultural and social interveners of the formation of suicidal thoughts and ideas, especially among the youth and teenagers prevent.

The current research has been associated with limitations that need to be taken into account in the interpretation and generalization of the results. These limitations are: 1- Although the data of this research are consistent with the tested structural model, but their application in cause and effect relationships should be done with caution. 2- Due to conducting the research in Ilam city, the generalization of the results to other societies should be done with caution and according to cultural and regional considerations. 3- Since the studied sample included high school students of Ilam city, therefore, the generalization of the results to general samples and samples with different demographic characteristics such as age, education and similar issues is limited. 4- It should be noted that suicide and suicidal thoughts have wide risk and etiology factors in the biological, social and psychological fields. The present research only examined a small part of the psychological variables. Therefore, important variables in the field of suicide should not be reduced to the variables discussed in the current research. Based on the total results obtained and in order to solve the limitations of the current research, suggestions are made for researchers who are interested in working in this field: 1- It is suggested that if it is possible to conduct longitudinal studies, the researchers will provide stronger evidence about the paths leading to suicidal thoughts and the difference between these paths in those who think about

suicide by conducting longitudinal studies in this field. 2- It is suggested that the role of other variables, including parents' mental health, parents' personality traits, be investigated as predictive variables in separate models. 3- The use of other evaluation methods in parallel with self-report questionnaires can increase the accuracy of the results.

Finally, the present study provides the following guidelines for future clinical interventions in the field of prevention and treatment of suicide and suicidal thoughts. 1- Paying attention to two basic variables, i.e., self-esteem and social support in psychological interventions and psychometric monitoring in schools as two important factors whose low levels call and predict suicidal thoughts. 2- Conducting effective trainings with the aim of improving the role of social support and self-esteem in students, especially for parents through education, welfare, academic and academic centers, etc. 3- Specialized training of school counselors, focusing on the diagnosis and treatment of suicidal behavior. thoughts and action) using the latest scientific methods and methods.

Conflict of Interest

According to the authors, this article has no financial sponsor or conflict of interest.

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