




Spiritual Health Reducers in Adolescents

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ABSTRACT

Objective: The study aimed to explore the barriers to spiritual health in adolescents.

Methods and Materials: This research employed a qualitative content analysis approach, utilizing semi-structured interviews to gather data. The study sample included 12 adolescents (born between 2003 and 2009), 8 parents, and 7 experts in spiritual health and adolescent psychology, all residing in Tehran. Data were collected over 2022–2023 through in-depth interviews, coded, and categorized into thematic areas. Participants were selected using purposive sampling until saturation was reached. The data analysis followed the Graneheim and Lundman (2004) content analysis methodology.

Findings: The study identified multiple barriers to adolescent spiritual health, categorized into environmental, belief-based, cognitive, behavioral, educational, and psychological-emotional themes. Key factors included urban distractions, social media, doubts about religious beliefs, religious laxity, instrumental use of religion, emotional instability, perfectionism, and lack of educational support. Adolescents were found to grapple with existential questions, self-identity issues, and a lack of understanding or support from their environment, leading to mental and spiritual conflicts.

Conclusion: Spiritual health in adolescents is deeply influenced by family, education, and environmental factors. Despite the innate potential for spiritual growth, external barriers such as excessive technological exposure, parental pressure, and societal distractions can hinder spiritual development. Policymakers and educators should focus on reducing these barriers by fostering supportive environments and integrating spiritual health into adolescent development programs.

Keywords: health, spirituality, religion, adolescent, high school, student.

1. Introduction

Adolescence, the developmental period from puberty to early adulthood, is a time of exploring new roles and beliefs to form an understanding of one's identity (Moghimian, 2024). During this process, adolescents face the psychosocial conflict of identity versus role confusion and seek solutions to cope with it (Feist & Feist, 2002). This age range is a sensitive period for developing specific expertise and enhancing individual skills, which are essential for entering the workforce and contributing to economic productivity (Salam et al., 2016). Adolescents place significant importance on their peers' opinions, and through frequent comparisons with others, any deviation from real or imagined standards may lead to feelings of inferiority and loss of self-esteem (Mikaeili & Samadifard, 2019). The conflict between their independence and an increasing need for intimacy with others is a factor in the heightened risk of loneliness (Mehrandish et al., 2019) and reduced life satisfaction (Abouei Mehryzi et al., 2010). It also interferes with mental and physical health, predicting lower health outcomes in later life (Dumontheil et al., 2010; Mehrandish et al., 2019).

This age group represents a significant population, making it a priority to develop strategies in health information systems to better identify their health risk factors (Moghad et al., 2016). Spiritual health, a dimension of overall health, has recently attracted the attention of researchers who consider its promotion as a protective and preventive factor (Isa Morad et al., 2021; Sheyvandi & Hasanvand, 2020). Spiritual health is the root and foundation of all aspects of human existence, and without its relative development, an individual will be unable to establish balance among other dimensions of their being (Haji Esmaeili et al., 2016).

Spiritual health is defined as a state of acceptance, connection to a higher power, and alignment with that power's will, leading to integration of one's entire existence based on the path set by the higher power (God) (Karahan et al., 2024; Safara et al., 2019). According to Michelson (2021), the practical value of spiritual health stems from everyday experiences, ideas, applications, understanding, and how individuals respond to them at different ages (Michaelson, 2021). Therefore, it may have different interpretations for adolescents. Despite international studies declaring this dimension of health essential for developmental models, research related to adolescence is limited and insufficient (Michaelson et al., 2016). Through

searching scientific resources and databases, the researcher found that existing studies, in addition to being limited, primarily focus on concepts, influencing factors, outcomes, and patients, with little attention to the barriers to adolescent spiritual health. For this reason, the researcher considers attention to adolescent spiritual health within a local context, and identifying barriers to its dynamism as a necessary and novel pursuit.

2. Methods and Materials

The present study is a qualitative research based on conventional content analysis using an inductive approach, following the method of Graneheim and Lundman (2004). Qualitative content analysis reveals conflicting opinions and unresolved issues regarding the meaning and use of concepts, procedures, and interpretations. This method involves creating codes for units of meaning to conduct content analysis. A unit of meaning may be a sentence, paragraph, or the entire text. The purpose of coding is to condense and summarize units of meaning. Several codes combine to form a category, which refers to a group of content that is conceptually similar and points to a specific topic. A category may have subcategories. Categories are homogeneous within but heterogeneous compared to other categories. Each category must be comprehensive and unique. According to Graneheim and Lundman, no similar information should be shared between two categories, and no information relevant to the study's objectives should be excluded due to a lack of suitable categories. Finally, a theme or underlying pattern is formed. The levels of abstraction increase from codes to themes (Graneheim & Lundman, 2004).

The study population included adolescents from Tehran, their parents, and experts in spiritual health and adolescent psychology. Data collection tools included semi-structured interviews with volunteers and available participants, following ethical codes (e.g., informing participants of interview conditions and obtaining consent forms) in 2022 and 2023.

Based on interview transcripts and multiple reviews, codes were created for units of meaning. These codes were categorized based on content similarity, forming categories and subcategories. Ultimately, themes were developed based on the categories. To ensure the study's validity and reliability, the researcher adhered to the data and maintained fidelity to the findings throughout data collection and analysis to avoid introducing biases. The research process

was supervised by experts and qualitative researchers in the field to ensure accuracy.

In addition to interviews, the study reviewed scientific literature from the past decade in both English and Persian, sourced from databases. The Delphi technique, a suitable tool for gathering data from a group of experts on a specific topic, was also used. Participants in this phase were those interested in participating in the study, including experts in spirituality with at least two publications and psychologists licensed by the Iranian Psychological Organization in the field of adolescence.

3. Findings and Results

The participants in this study included accessible volunteers in the mid-adolescence age range (born between 2003 and 2009), parents of adolescents in this age group who were fluent in Persian, without a history of acute or chronic

illness, and residing in Tehran, as well as psychologists specializing in adolescence and experts in spiritual health. Given the nature of qualitative research, semi-structured interviews (based on a checklist that considered the study's objectives) were conducted, lasting between 45 and 75 minutes, depending on the relevance of responses to the research goals. The number of participants was limited to 12 adolescents and 8 parents based on the saturation of responses. In the expert phase, interviews with 7 individuals, all of whom were authors and active in the field of spiritual health and adolescent psychology, achieved saturation of responses. The core themes derived from this study identified the barriers to adolescent spiritual health, which were categorized into environmental, belief-based, behavioral, verbal, cognitive, educational, and psychological-emotional domains. Each category contained subcategories with semantic codes aligned with the respective themes (Table 1).

Table 1

Barriers to Adolescent Spiritual Health

Semantic Codes	Subcategories	Categories
Urban noise – virtual space – hedonistic society	Social consequences	Environmental
Bad companions – unhealthy friends – parental neglect	Undesirable companionship	Belief-based
Persistent questioning about God – thinking more about God during adolescence – questioning the existence of God during adolescence – questioning why God doesn't intervene in the face of injustice – questioning God's attributes	Ambiguity about God	
Possibility of distortion in the Quran – differences between the real Quran and the accessible Quran – decline in belief in religious leaders – distance from meaning in life – trial and error in spiritual experiences	Doubt in religious and spiritual beliefs	Religious-spiritual negligence
Delay in performing prayer without intention – possible failure to perform religious rituals – possible interruption of prayer at some point – spiritual experiences in adolescence are not stable enough to judge	Religious-spiritual negligence	
Positive effect of seeking intercession from religious figures during fear – seeking intercession without complete belief – remembering God only in times of need	Instrumental use of religion	
God is dissatisfied with human actions – preoccupation with worldly affairs – neglect of divine rights is forbidden	Religious laxity	Cognitive
Negative emotions resulting from unmet desires – dislike for losing desired things	Perfectionism	
Feeling hurt when a close friend complains about me – not liking direct criticism – feeling hurt by criticism from others	Criticism aversion	Psychological-emotional
Dislike for excessive emphasis on something – feeling of coercion even in enjoyable activities	Aversion to compulsion	
Self-blame after making a mistake – excessive worry about bad events	Negative thoughts	
Questioning one's existence – meaning-oriented adolescent questioning of self-identity	Identity confusion	
Excessive questioning about creation	Ambiguity about creation	
Mental preoccupation – suffering from low concentration	Mental confusion	
The world is meaningless – belief that creation is meaningless – perception of the world as harsh	Pessimism about the world	
People lie – people betray – human behavior contributes to the meaninglessness of the world	Pessimism about people	
Speech disorders during distress – crying – impulsive emotions	Emotional behavior	
Hurt by disrespectful behavior – avoidance of disrespectful people	Sensitivity to emotional pain	
Lack of effect of educational system on spiritual education – greater influence of peers on abstract matters	Educational gap	Educational
Repeated reminders of religious duties – excessive encouragement for religious activities – guilt from not performing religious duties	Excessive religious upbringing	Behavioral
Parental pressure on adolescents for religious rituals – excessive insistence on performing prayers	Excessive religious parenting	
Unjustified bias – isolation imposed on others	Controlling behavior	
Mistakes are human – despite control, humans can still err	Tolerance for error	
Discomfort speaking in front of elders	Timidity	
Using inappropriate coping mechanisms for problems	Ineffective coping	

High risk-taking in difficult situations	Risk-taking	
Inappropriate speech – verbal aggression	Inappropriate speech	Verbal
Insulting nationalities and ethnicities	Insults	
Aggressive tone – harsh tone during anger	Harsh tone	

4. Discussion and Conclusion

Based on the findings of this study, several factors emerged as barriers to adolescent spiritual health. The results indicate that social consequences, such as urban noise and virtual spaces, and the influence of undesirable companions, play a significant role in disrupting adolescents' environmental health and, in turn, reducing their spiritual well-being. These environmental factors are seen as contributing to deviant behaviors and disorientation among adolescents. According to Feuer and Berkman (2018), adolescents, during this critical developmental phase, explore their emerging identities and seek methods to balance their desire for independence with the need to maintain connections with others. In this context, role models and social companions who influence adolescent thinking are crucial, especially for those who have not yet fully developed the skills needed to navigate complex social environments independently (Feist & Feist, 2002). When an adolescent is exposed to environments saturated with materialistic values and inhuman experiences, they may struggle significantly in their process of self-discovery, leading to serious harm to their spiritual development.

This study also highlights the importance of religious and belief-based exploration during adolescence. Adolescents are found to reexamine their worldviews, often experiencing ambiguity, doubt, and confusion regarding religious beliefs and the purpose of creation. This reevaluation creates mental distress, which can manifest as religious-spiritual negligence, instrumental use of religion, and overall spiritual laxity. Such turmoil, when combined with a lack of understanding or support from others, may lead to a sense of isolation and pessimism toward both the world and other people. This is consistent with Berk's (2023) argument that cognitive development during adolescence allows for more abstract thinking and hypothetical reasoning. Adolescents begin to systematically test possibilities, becoming more argumentative, idealistic, and critical (Berk, 2023). These findings suggest that during adolescence, this developmental shift can lead to questioning not only religious and spiritual beliefs but also social norms and authority figures.

In terms of upbringing, the findings of this study suggest that educational and parental influences play a substantial

role in adolescents' spiritual health, both positively and negatively. Deficiencies in education, such as a lack of emphasis on spiritual development, can diminish spirituality in adolescents. Goli (2015) also emphasizes the negative role of upbringing, stating that educational and pedagogical neglect reduce spirituality (Goli, 2015). Furthermore, excessive religious parenting, often marked by authoritarian or neglectful approaches, was identified as a major barrier to spiritual health. The rapid advancement of technology, particularly through digital platforms, also presents challenges for spiritual health by offering distractions and fostering environments that prioritize materialistic values. These factors are consistent with previous research (Moghadami & Javadpour, 2016; Morovati Sharif Abad et al., 2019), which highlight the negative effects of technological advancement on adolescent spiritual health.

Another significant barrier identified in this study is the instrumental use of religion, where adolescents may engage in religious practices not out of genuine belief or spirituality, but rather for personal gain or to meet societal expectations. Spiritual growth during this time can shift from instrumentalism to a more authentic and meaningful engagement with religion (McSherry, 2000; Mehrandish et al., 2019; Michaelson, 2021).

Several studies (Goli, 2015; Haji Esmaeili et al., 2016; Isa Morad et al., 2021; McSherry, 2000; Michaelson, 2021; Michaelson et al., 2016; Mikaeili & Samadifard, 2019; Moghadami & Javadpour, 2016; Morovati Sharif Abad et al., 2019; Safara et al., 2019; Shaygannejad & Mohamadirizi, 2020) emphasize the importance of meaning and purpose in life for overall well-being. In the face of adversity, individuals often seek meaning to endure suffering, and spiritual health plays a key role in facilitating this process. A healthy relationship with oneself, God, society, and the environment fosters resilience in the face of stress and adversity. Therefore, spiritual health acts as a protective factor, helping individuals to navigate the emotional and psychological challenges of life (Mikaeili & Samadifard, 2019; Moghadami & Javadpour, 2016). The absence of such meaning, as highlighted in the present study, can lead to mental health disorders, including anxiety and depression. This aligns with McSherry's (2000) argument that spirituality, science, and religion must work together to help individuals find life's deeper truths and resolve

conflicts (McSherry, 2000). Adolescence, being a period of vulnerability to mental health challenges (Kessler et al., 2012), further supports the need to address spiritual health during this developmental stage.

Emotional and psychological well-being, as identified in this study, plays a significant role in adolescent spiritual health. Emotional reactivity and sensitivity to pain, as well as behaviors like perfectionism, pessimism, and emotional instability, were all identified as barriers. Research has shown that emotional and psychological care is a top priority for adolescent health (Panjalipour et al., 2020). Addressing emotional distress and promoting emotional regulation can support adolescents in navigating the challenges of this developmental period, thereby fostering their overall spiritual health.

5. Limitations & Suggestions

In conclusion, this study reinforces the critical role that spiritual health plays in the overall well-being of adolescents. Despite their innate potential for spiritual growth, external factors—such as family, education, and environment—can either accelerate or hinder their spiritual development. Adolescents' spiritual health is influenced by their interactions within these three contexts, and it is essential that appropriate support systems are put in place. Policymakers and professionals in the fields of education, healthcare, and family counseling must prioritize the spiritual health of adolescents. It is recommended that parents, educators, and specialists receive proper training and resources to guide adolescents in their spiritual development. Investment in programs designed to enhance spiritual health, as well as the identification and reduction of barriers to such health, is crucial for the development of a resilient, emotionally balanced, and spiritually mature generation.

The study faced several limitations, including the inability to generalize qualitative findings, frequent closures of educational institutions in 2022, and limited access to adolescents, which delayed data collection. Additionally, the scarcity of recent articles and the inconsistent quality of available studies posed challenges for comparison and analysis. The diversity of sampling methods and sample sizes, lack of shared tools for measuring spiritual health, and reliance on specific religious frameworks also limited the scope of the findings. It is recommended that future research design studies to improve adolescent spiritual health, focusing on cultural and contextual relevance.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. This research adhered to the ethical requirements of the Alzahra University Research Ethics Committee and was approved under the code IR.ALZAHRA.REC.2022.093.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

This article is derived from the first author's doctoral dissertation. All authors equally contributed to this article.

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