Original Research Paper

Volume - 16 | Issue - 07 | July - 2026 | PRINT ISSN No. 2249 - 555X | DOI : 10.36106/ijar

Clinical Psychology

PSYCHOLOGICAL DISTRESS AND SPIRITUAL COPING AMONG STUDENTS: EMPIRICAL ANALYSES

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ABSTRACT College mental health has become a current burning issue for mental health professionals, behavior scientists and society at large due to emerging mental health crises in recent times. For clinicians and researchers, it is become utmost important to understand students with the developmental issues of their stage of life, and also the quite specific stresses of living and studying at colleges and universities. With increasing life challenges, psychological distress has also increased among the college youths. Often they try to cope with their psychological distress using multiple ways of coping. In India, spirituality is often used to cope with life challenges and psychological distress. Coping through spirituality is often used by many including the students. Spirituality refers to having purpose and meaning in life and engaging in behaviors which fulfils this as life purpose is also used as coping during times of crises. The current research attempts to explore psychological distress and spiritual coping among college students. The objectives of the research were to examine a) Psychological distress & Spiritual coping among college students b) Gender differences in Spiritual coping & c) Relationship between psychological distress & spiritual coping. The sample of 132 students were collected using convenience sampling from Private Universities and Colleges of Delhi-NCR region. In the sample, 84 were male and 48 were female students. Of the total sample of 132 students, 99 were pursuing graduate programs and 33 were pursuing post Graduate programs. Psychological distress and Spiritual coping were measured by GHQ-12 and Spiritual Coping Scale. The research found significant gender differences in spiritual coping as female students were found to be using spiritual coping more than their male counterparts. The research also revealed significant negative correlation between psychological distress and spiritual coping. The research has significant implications for training students using cultural based and indigenous spiritual coping for effective dealing with psychological distress.

KEYWORDS : Psychological Distress, Spirituality, Coping, Spiritual Coping.

INTRODUCTION

Psychological distress is a negative emotional state which causes various affective, cognitive and somatic symptoms like feeling low, feeling worthless, indecisiveness, constant worry, low confidence, being under constant strain and difficulty in overcoming day to day difficulties (Goldberg and Hillier, 1979). Distress is the sum of physical and mental responses to an unacceptable disparity between real or imagined personal experience and personal expectations. It is a response that includes both physical and mental components. Lazarus and Folkman(1984) gave a transactional model of coping. The model posits that cognitive factor plays the most important role in coping with life challenges. Appraisal is the most strong factor which determine the coping with the current stressors. The concept of appraisal refers to how the situation is interpreted by the individual and the available resources.

In recent years there has been a surge of interests in relationships between spirituality, religious faith and health. Historically, religion and spirituality and healing have been closely tied. William James in his book Varieties of Religious Experiences (1917). Over the past several decades, the dualistic, biomedical model that evolved from this perspective has been increasingly supplanted by a broader more comprehensive biopsychsocial model given by Engel (1977). Health was mainly seen as comprises of social, emotional and physical from traditional lens and as per WHO (1946). Later on in 1984, WHO added the dimension of spirituality in health. Health was refined as "a dynamic state of complete physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity" (WHO, 1997). Spirituality and religion have also been increasingly viewed as important components of people's lives that can be successfully attended to in mental and physical health treatment. Spirituality implies that there is a deeper dimension to human life, an inner world of the soul. It assumes that humans are fundamentally spiritual beings living in a spiritual, as well as physical, universe. It is about the search for the sacred. The most fundamental concept of spirituality as posited by Koenig (1997) is that there is a transcendent dimension to life, something or someone beyond our own ego and sense experience. The experience of connection to this larger, sacred reality is what gives our lives ultimate meaning. Thus, spirituality also has to do with a sense of connectedness and interrelatedness, and with the search for meaning and purpose in life. Pargament (1999) a clinician a researcher in the area of spirituality contend that religion is more inclusive concept with spirituality as its major focus. Others contend that spirituality is the more inclusive term, of which religion and religiousness may or may not be a part. These two constructs are like two overlapping circles with spirituality being the larger circle sharing with religion many overlapping areas, although each has some distinct, non-overlapping areas. (Thoresen, 1999). Pargament (1997) provided a contextual definition of coping and developed a theory of spiritual coping. Pargament defined spiritual coping as "efforts to understand and deal with life stressors in way related to the sacred". It refers to application of spiritual beliefs, attitudes or practices to scale back the emotional distress caused by stressful events of life, like loss or change, which provides suffering meaning and makes it more bearable. Pargament(1997) provided eight assumptions based on his definition on coping process. These eight assumptions includes that people seek importance; events are constructed in terms of the their significance to people; human beings deliver an orienting system to the coping manner; humans translate the orientation machine into specific methods of coping; people are looking for significance in coping through the mechanisms of conservation and transformation; human beings cope in ways which might be compelling to them; and coping is embedded in subculture.

Spiritual coping includes cognitive, experiential and behavioral aspects operating at an individual level when encountered with the stress situation. Literature has shown that when an individual is confronted with a stressful situation employs two different patterns of spiritual coping. Positive spiritual coping pattern includes strategies which include sympathetic and supportive image of the scared and

Negative spiritual coping pattern includes strategies which include the isolation and conflict with the scared. Positive spiritual coping strategies include spiritual forgiveness, spiritual support, collaborative coping, spiritual connection, and benevolent spiritual reappraisals. Negative spiritual coping includes spiritual discontent, punishing God reappraisals, interpersonal spiritual discontent, demonic reappraisals and reappraisals of God's power. Positive and Negative spiritual coping patterns help an individual to overcome the confronted stressful event but both of these patterns have different outcome in order to deal with the stress. Positive spiritual coping pattern leads to efficiently deal with the stressful condition leading to promoting individuals personal growth. Pargament (2009) and his colleagues identified three distinct styles of spiritual coping i.e., Self-Directing Style, Deferring Style and Collaborative Style. In self-directing style the individual accepts the presence of the sacred but relies on one's self rather than on God to solve a problem. The individual relies upon personal autonomy, self-esteem, spiritual quest orientation and control. In deferring style the individual puts God responsible for solutions. This type of style is related to orthodoxy, religious involvement, intolerance and higher God locus of control which may contribute to feelings of helplessness and passivity. In collaborative style the individual and God plays an active role in problem solving process. It includes prayer, spiritual salience and involvement, greater personal control, higher self esteem and psychosocial competence. It is associated with lower anxiety, less belief on top of things accidentally and better God locus of control. This type of spiritual coping is seen to play an important role in dealing with any kind of illness and is related to empowerment and participation in recovery enhancing activities.

Many aspects of spirituality are also associated with lowering the risk of engaging in suicidal behavior or thoughts, especially when there is a strong connection within a spiritual community. In addition, people who are more connected with spirituality and use spirituality as a coping style are less prone to anxiety disorders, panic disorders, and anxiety-related mood states than those who are not connected with spirituality.

Cavendish et al (2001) explain that young adults, in particular, are exploring spirituality and describe individuals, between the ages of 18 and 24. Webber (2002) describes the young adult as actively pursuing a reason for existence and at times, the search for self is equated with a search for God. The significance of spirituality, as it relates to college students in young adulthood, contributes to overall health and well-being of the individual, especially when observed within multidimensional domains such as those represented in the Holistic Wellness Model. Payne et al (2005) explain that the college student is particularly susceptible to emotional vulnerability, thereby experiencing feelings that may lead to rejection and failure, reducing productivity and satisfaction.

There is a use of cognitive and behavioral coping strategies which are totally based on individual beliefs and values, dealing with stress and life satisfaction according to previous studies. Graca & Brandao (2024) studied on university students on religious/spiritual coping, emotional regulation, psychological well-being, and life satisfaction. Findings show that there is positively as well as negatively religious/spiritual is associated with lower life satisfaction and reduced psychological well-being. Spiritual coping, along with emotional regulation, works together in promoting psychological stability.

Larson and Larson (2003) cite significant evidence whereas young adults who are more religious or spiritual tend to be less likely to experiment with alcohol, drugs, and tobacco. From this, it is implied that young adults who are more spiritual often might be experiencing less psychological distress. Empirical research has consistently highlighted the relevance of spirituality for psychological adjustment and wellbeing. Rishi and Shukla (2018) demonstrated that spiritual wellbeing is associated with healthier coping and reduced death anxiety among individuals facing advanced illness, suggesting its role in fostering resilience under conditions of severe psychological stress. Similarly, Craig, Fardouly, and Rapee (2022) reported that higher levels of spirituality were linked to greater self-esteem, social support, meaning in life, and adaptive coping among young adults.

In terms of gender and spirituality, females are found to be more spiritual than males (Loewenthal, MacLeod, & Cinnirella, 2002). Brynt (2007) found in the research on college students that female students scored higher than males on the measures of spirituality. Simpson, Cloud, Newman, and Fuqa (2008), however, did not find any gender differences on the measure of spirituality. Luqman, Puri, and Tanwar (2015) and Pradhan and Khan (2015) in their research found females to be more spiritual than males.

METHODOLOGY

Aim & Objectives

The aim of the present study was to examine Psychological stress and Spiritual coping among college students

Objectives

The main objectives of the current research were to

(i) Examine Psychological distress and spiritual coping among college students
(ii) Examine Gender differences on Spiritual coping
(iii) Examine relationship between psychological distress and Spiritual coping

Hypotheses

HO1: There will be no gender difference in on the variable of Spiritual coping among male and female students

HO2: There will be no correlation between Spiritual coping and Psychological distress in a sample of college students

Sample

The sample consisted of 132 college* going students from different colleges and universities of Delhi-NCR region. Out of the total sample, 84 were boys & 48 were girl students. The mean age of the students were 22.56 years and SD of 2.07. The sample comprised of 99 under graduate and 33 post graduate students.

*It includes university students also in this research

Procedure

The researcher first met the Faculty administration and informed them about the current study and its possible implications for the students. The permission was sought from them and details about the administration of the psychological tests and possible time taken was explained. Having sought the permission, the administration of the tests was done in group. The administration and the students were assured about the confidentiality of their responses and that the name of the University will not be disclosed in subsequent publications without their prior written permission. The data was collection between June and December 2025.

Tools

i) **Sociodemographic Data Sheet:** It was developed by the investigators to obtain information about respondents' name, age, gender, class, and course.
ii) **Spiritual Coping Scale:** The Spiritual Coping Scale was developed by Husain and Khatoon (2016). This scale consisted of 16 items with four factors, namely, 'spiritual practices', God's support', 'spiritual resource' and 'spiritual transformation'. The scoring is done on 5 point Likert scale ranging from Strongly disagree (1) to Strongly agree (5). Higher the score, the higher the spiritual coping and vice versa. The overall reliability obtained for the scale was 0.797.
iii) **General Health Questionnaire – 12 (GHQ-12):** Goldberg and Hillier developed GHQ-12 in 1979 in order to identify psychiatric morbidity in general practice. It is a 12-item self- administered questionnaire and screening tool aimed at examining psychological distress among individuals. It has four response categories. Bimodel method was used to score the questionnaires (0-0-1-1).The test retest reliability ranges from 0.70 to 0.95 and the concurrent validity is 0.80.The scale in the present study was used to assess psychological distress among college students. The total score ranges from 0 to 12. Higher the score greater the psychological distress

Analysis of Data

The protocols were scored and descriptive statistics like mean and SD were calculated. Pearson Product moment correlation was used to examine correlation between the variables. Independent t- test was used to examine gender differences.

RESULTS AND DISCUSSION

Table 1 (a): Distribution of Students According to Gender (N =132)

Sl. No.	Gender	Students	
		Frequency	Percent

1	Boys	84	63.63%
2	Girls	48	36.36%
	Total	132	100%

Table 1 (b): Distribution of Students According to Courses (N =132)

Sl. No.	Course	Students	
		Frequency	Percent
1	UG Students	99	75%
2	PG Students	33	25%
	Total	132	100%

Table 1 (c): Mean and SD of Psychological Distress (PD) & Spiritual Coping (SC) in a Sample of Students (N =132)

Variable	Mean	SD
PD	5.46	2.77
SC	62.35	4.83

Table1 (d): Mean, SD, t-value of Spiritual Coping Scores on in Males and Females (N =132)

Group	N	M	SD	t	p
Males	84	51.42	5.50	5.17**	< .01
Females	48	57.17	7.14		

p < .01 the result is statistically significant

In the current research, significant gender differences was found among female and male students on the variable of spiritual coping. Female students appear to be using more spiritual coping strategies than male students. The framed Null hypothesis is rejected.

From this, it is inferred that female students might using spiritual coping methods like spiritual practices like reading spiritual and religious scriptures, listening religious video tapes etc God's support like praying to God and working with God and spiritual resources like meditation, observing prayer and spiritual transformation like asking others to pray for them more than the male students as in this research spiritual coping as assessed by the tool focused on these spiritual coping dimensions. Day to day observations also indicate more participation of females than males in spiritual coping to deal with life challenges. Females being more spiritual than males were found by researchers (Bryant, 2007., Loewenthal, MacLeod, & Cinnirella., 2002, Luqman, Puri & Tanwar, 2015., Pradhan & Khan,2015). This could explain that high on spirituality might lead females to use coping based on spirituality. This gender differences can be explained on the basis of social role theory which argue that the pattern in which young boys and girls are socialized into gender based roles impact perceptions and constructions of behaviors. According to the Social role theory each gender employs different coping mechanisms in stressful situations (Eagly & Wood, 2012). In this way, people internalize gender stereotypes, resulting in different coping behaviours during stressful life circumstances.

The theory also suggests that the influence of social norms generates different psychological expectations and behaviours in men and women. In particular, male college students tend to show more optimism, autonomy and active behaviour in adversity (e.g. isolation, crises etc). In contrast, women college students are more inclined toward emotion-focused coping such as being emotional, relying on others, and holding negative expectations when encountering difficulties (Basow & Rubenfeld,2003). Consistent with social role theory, an empirical study of gender-based differences in applying coping strategies with crises situations found that women tend to adopt more emotional coping (such as feeling overwhelmed, anxious, stressed, etc.) than effective coping strategies (Hennekam & Shymko,2020).

Table 1(e): Correlations Among Psychological Distress (PD) & Spiritual Coping (SC) N =132

Variables	PD	SC
Psychological Distress (PD)	1	-.632**
Spiritual Coping (SC)	-.632**	1
**. Correlation is significant at the 0.01 level (2-tailed).		

The findings of the current research indicates significant negative correlation (r= -0.632) between psychological distress and spiritual coping as can be seen be from the above table. This means as spiritual coping increases, psychological distress decreases. Thus, the framed Null hypothesis is rejected. As per Cohen's criteria, the r value belongs to high (Cohen, 1992).

The results revealed a significant negative correlation between Psychological distress and Spiritual coping, $r(130) = -.632$, $p < .01$. Research has shown that that higher levels of spirituality is frequently associated with lower levels of psychological distress and improved mental health outcomes. Studies conducted among individuals facing serious illness have shown that spiritual well-being is linked to reduced depression and anxiety, enhanced resilience, and better overall quality of life (Johnson et al., 2011; Araj et al., 2018). Similarly, research among student populations has demonstrated that spirituality is positively associated with emotional stability, life satisfaction, and adaptive coping, while being negatively related to symptoms of depression, anxiety, and psychological distress (Craig et al., 2022; Aggarwal et al., 2021). This finding indicates that higher levels of spiritual coping are associated with lower levels of psychological distress among the participants. Conversely, individuals with lower levels of spiritual coping tend to report higher psychological distress. The significant negative association suggests that spiritual coping may serve as a protective factor against psychological distress. Students more frequently engaged in spiritual coping strategies experienced lower levels of distress, highlighting the potential role of spirituality in promoting psychological well-being. Spiritual coping may provide meaning and purpose of life during crises situations. It might reduce hopelessness and despair, may provide emotion comfort through faith, prayer and spiritual practices. This might promote social support through religious and spiritual communion and may increase resilience through cognitive reframing.

CONCLUSION

The current research in a sample of 132 college students boys 84 and girls 48 using a convenience sampling method examined psychological distress and spiritual coping among the students. The research indicated that female students were found to be engaged more in spiritual coping than male students. The findings also indicate significant negative relationship between psychological distress and spiritual distress.

Implications

Students need to be trained in pro-active methods of coping to deal with life crises. Indigenous methods of coping using spirituality as a medium like reading religious scriptures, prayer, meditation etc need to be incorporated along with contemporary coping and problem solving training as part of college mental health programs.

Areas of Improvement

A negative correlation indicates correlation and association only. While greater spiritual coping is associated with lower distress, the study cannot conclude that spiritual coping directly causes the reduction in distress. Other factors, such as personality, social support, age or overall well-being, may also influence this relationship.

Future Directions

Students from different programs also need to be studied in future research. Besides, different semester wise research can also be useful as students shift from lower semester to higher semester, academic challenges increase so worth exploring. Incorporating demographic factors like age, faith, residence etc might also give more broader picture in understanding these variables. Since spirituality is more experiential based construct, qualitative research might give more thematic aspects which might help in understanding from cultural lens.

Conflict of Interest: None
Contributions: Author 1 conceptualize the study & engaged in writing the paper, Author 2 facilitate the data collection, Author 3 ,4 ,5 and 6 did scoring, data entry, and related work.
Source of Funding: None
Acknowledgement: The authors are grateful to all research participants who gave their consent to participate in the research.

REFERENCES

1. Aggarwal, R., Khanna, A., & Negi, A. S. (2021). Spirituality as a predictor of depression, anxiety and stress among engineering students. Journal of Public Health, 29(1), 103–116.
2. Araj, S., Chaar, E. A., Hajj, A., et al. (2018). Evaluating the impact of spirituality on quality of life, anxiety, and depression among patients with cancer. Supportive Care in Cancer, 26(8), 2581–2590.
3. Basow, S. A, Rubenfeld, K.(2003). "Troubles talk": effects of gender and gender typing. Sex Roles. 48(3/4),183–187
4. Bryant, A.N. (2007). Gender differences in spiritual development during the college years. Sex Roles, 56 (11-12), 835-846.
5. Cavendish, R., Luise, B.K., Bauer, M., Gallo, M.A., Horne, K., Medefindt, J., et al. (2001, July-Sept). Recognizing opportunities for spiritual enhancement in young adults. Nursing Diagnosis. 12(3), 77-92.

6. Cohen, J. (1992). A power primer. Psychological Bulletin, 112(1), 155–159.
7. Craig, D.J., Fardouly, J. & Rapee, R.M. (2022). The Effect of Spirituality on Mood: Mediation by Self- Esteem, Social and Meaning in Life. Journal of Religion and Health 61, 228–251.
8. Craig, D.J., Fardouly, J. & Rapee, R.M. (2022).The Effect of Spirituality on Mood: Mediation by Self- Esteem, Social and Meaning in Life. Journal of Religion and Health 61, 228–251.
9. Eagly A.H, Wood, W. (2012). Social role theory. In: van Lange PAM, Kruglanski AW, Higgins ET, editors. Handbook of theories in social psychology. Thousand Oaks (CA): Sage;. p. 458–476.
10. Engel, G. (1977). The need for a new medical model: a challenge for biomedicine. Science.196, 129-136.
11. Goldberg, D. P. and Hillier, V.F. (1979). A scale version of General Health Questionnaire. Psychological Medicine, 9, 139-145.
12. Graca, L., & Brandao, T. (2024). Religious/Spiritual Coping, Emotion Regulation, Psychological Well-Being, and Life Satisfaction among University Students. The Journal of Psychology and Theology, 52(3).
13. Hennekam, S, Shymko, Y. Coping with the COVID-19 crisis: force majeure and gender performativity. (2020). Gender Work Organ, 27(5), 788–803
14. James. W. (1917). The Varieties of Religious Experience: A Study in Human Nature. Longman. p. vi.
15. Johnson, K. S., Tulsky, J. A., Hays, J. C., Arnold, R. M., Olsen, M. K., Lindquist, J. H., & Steinhauser, K. E. (2011). Which domains of spirituality are associated with anxiety and depression in patients with advanced illness? Journal of general internal medicine, 26(7), 751–758
16. Khatoon, F., Hussain, A. & Khan, S.M . (2017). Manual for Spiritual Coping scale, Agra Psychological Research cell
17. Koenig., H.G. (1997) Is religion Good for your Health: The effects of religion on physical and mental health. Binghamton, NY: The Haworth Press.
18. Larson, D.B. & Larson, S.S. (2003). Spirituality's Potential Relevance to Physical and Emotional Health: A Brief Review of Quantitative Research. Journal of Psychology and Theology, 31(1), 37-51.
19. Lazarus, R., & Folkman, S. (1984). Stress, Appraisal, and Coping. New York: Springer.
20. Loewenthal, K, M., MacLeod, A. K., & Cinnirella, M. (2002). Are women more religious than men? Gender differences in religious activity among different religious groups in the UK. Personality and Individual Differences, 32(1), 133-139.
21. Luqman, N., Puri, A., & Tanwar, K.C. (2015). Gender differences in spiritual personality. International Journal of Multidisciplinary and Current Research, 3,719-722.
22. Pargament K. I. (1997) The Psychology of Religion and Coping: Theory, Research, Practice, New York, Guilford.
23. Pargament, K. I. (2009). The spiritual dimension of coping: Theoretical and practical considerations. In International handbook of education for spirituality, care and wellbeing (pp. 209-230). Springer, Dordrecht.
24. Pargament., K. I (1999). The psychology of religion and spirituality? Yes and no, International Journal for the Psychology of Religion, 9(1), 3–16.
25. Payne, W.A., Hahn, D.B. & Mauer, E.B. (2005). Understanding Your Health (8th Ed.). Boston: McGraw-Hill.
26. Pradhan, M., & Khan, S. M. (2015). Spirituality among Indian young adults: Gender differences. Asian Resonance, 4(3), 173-177.
27. Rishi, P., & Shukla, P. (2018). Health locus of control, psychosocial and spiritual wellbeing, and death anxiety among advanced stage cancer patients. Psychological Studies, 63(2), 200–207.
28. Simpson, D. B., Cloud, D. S., Newman, J. L., & Fuqua, D. R. (2008). Sex and gender differences in religiousness and spirituality. Journal of Theology and Psychology, 36, 42-52
29. Thoresen, C.E. (1999). Spirituality and health: Is there a relationship? Journal of Health Psychology, 4,291-300.
30. Webber, R. (2002). Young People and their Quest for Meaning. Youth Studies Australia, 21(1), 40-43.
31. World Health Organization (1997) Review of the Constitution. EB 10 1/7, p.2
32. World Health Organization Basic Documents, (1946) p. 1, Constitution of the World Health Organization.