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The Effectiveness of Spiritual Intelligence Training on Resilience and Psychological Well-Being of Adolescents with High-Risk Behaviors

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Quantitative Study

Abstract

Background: Psychological interventions may increase resilience and psychological well-being in adolescents with high-risk behaviors. This study aims to investigate the effect of spiritual intelligence training on resilience and psychological well-being in teenagers with high-risk behavior.

Methods: The current research was semi-experimental with a pretest-posttest design with a control group. The statistical population of the research included all teenage girls in the second year of high school who had high-risk behaviors in Tehran Province, Iran. In this study, 30 eligible patients were selected purposefully. The researchers randomly divided the participants into two spiritual intelligence training group (15 people) and the control group (15 people). Experimental group received spiritual intelligence intervention taken from research performed by Zohar and Marshall in eight sessions of 90 minutes once a week for two and a half months, while the control group continued their everyday life and was on the waiting list. Data collection was done using high-risk behaviors of Iranian teenagers questionnaire, the Connor-Davidson Resilience Scale (CD-RISC), and Ryff Psychological Well-Being Scale. The data were compared using multivariate and univariate analysis of variance (ANOVA). All statistical analyses were performed in SPSS software.

Results: Spiritual intelligence training intervention was effective on resilience ($F = 19.63$, $P = 0.001$, $\eta^2 = 0.625$) and psychological well-being ($F = 28.54$, $P = 0.001$, $\eta^2 = 0.672$). The results showed that using spiritual intelligence training increased resilience and psychological well-being in teenagers with high-risk behavior.

Conclusion: Using spiritual intelligence training increases resilience and psychological well-being in teenagers with high-risk behavior. Therefore, spiritual intelligence training is

recommended for teenagers with high-risk behavior to increase resilience and psychological well-being and improve their quality of life.

Keywords: Spiritual; Resilience; Psychological well-being; High-risk behaviors

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Introduction

Adolescence is a period that can be stressful due to physical and psychological changes and changes that occur in the brain. During this period, the teenager may react unexpectedly to distress and stress. Moreover, in this period, severe and irreparable damages may lead to behavioral problems and risky behaviors (Noury Ghasemabadi & Seydavi, 2021). The excessive spread of multidimensional developments and the high impact of students on destructive emotions and the actions of their peers facilitate the formation of high-risk behaviors such as suicide, drug addiction, theft, and running away from home in this group (Guo et al., 2023). According to previous studies, the prevalence rate of risky behaviors in Iran has reached 23% (Marzban, 2022).

The investigation of the research background showed that resilience could be effective in the occurrence of high-risk behavior (Arat & Wong, 2019). Resilience is a set of personality traits and coping styles that are usually used in facing and enduring situations and are effective in difficult life and help a person to have a more successful adaptation under challenging conditions (Joulaei et al., 2022). The findings of Joulani et al. (2022) study showed that increased resilience and mental health through training led to the prevention of personal injuries and the reduction of risky behaviors (Joulaei et al., 2022). Studies by Ross et al. (2023) have been conducted to identify vulnerability and protective processes to reduce health-damaging behaviors in adolescents, and it has been shown that resilience is an essential element in adapting and reducing risky behaviors (Ross, Scanes, & Locke, 2023).

The literature provides different measures and indicators of mental health, including psychological well-being, broadly covering the entire mental health continuum. Definitions of psychological well-being and the measures used in the literature vary (Panicheva, Mararitsa, Sorokin, Koltsova, & Rosso, 2022). One frequently used measure of psychological well-being is the World Health Organization Well-Being Index (WHO-5), which measures not only negative aspects, such as the presence of depression symptomology, but also positive aspects, such as positive mood, vitality, and interest (Topp, Ostergaard, Sondergaard, & Bech, 2015). A Slovenian survey reported the highest prevalence of poor psychological well-being in those aged 18 to 29 years compared to all other age groups. This study also revealed poorer psychological well-being among participants with chronic health conditions (Panicheva et al., 2022). Resilience is an essential building block of psychological well-being, and positive relationships between these two constructs have been found in different studies (Topp et al., 2015). Moreover, recent studies have identified resilience as essential to coping with mental health challenges (Ran, Wang, Ai, Kong, Chen, & Kuang, 2020).

One of the factors that can play a role in psychological well-being and resilience is the role of spiritual teachings and, as a result, spiritual coping methods. In the hearts and minds of all people, spirituality can be seen everywhere in religious habits and behaviors and has a significant positive impact on their lives. Having meaning and purpose in life, enjoying social and spiritual support, feeling belonging to a definitive source, having a good spiritual life, etc., are ways to reduce the damage to stressful events in life (Watts & Dorobantu, 2023). Andrei (2023) concluded that religious orientation, especially inner orientation, could strongly predict psychological well-being and resilience (Andrei, 2023). Regarding the consequences of spirituality and religiosity, several studies have pointed to increased mental health and life satisfaction (Watts & Dorobantu, 2023). Considering the increasing growth of studies in the field of positive psychology in the world and the little research history of this field of study in Iran, this research was conducted to assess the effectiveness of spiritual intelligence training on resilience

and psychological well-being of adolescents with high-risk behaviors.

Methods

The present research method was a semi-experimental type with a pretest-posttest design. The statistical population of the research included all teenage girls in the second year of high school who had high-risk behaviors in Tehran Province, Iran. Based on the result of the previous study with a mean difference of 8 and standard deviation (SD) of 2.40, power of 0.8, probability of type one error of 0.05, and attrition rate of 10%, a total of 30 samples were calculated. The inclusion criteria were female gender, having the age range of 16-18 years, attending the second secondary course, obtaining a high score in the high-risk behavior questionnaire (one SD above the average), not using psychiatric drugs, and willingness to participate in the study. Besides, the exclusion criteria were having more than two absent sessions, non-cooperation and not doing the specified tasks, unwillingness to continue participating in the research process, and the occurrence of an unwanted incident that could cause disruption.

Procedure: In this research, after obtaining permission from the Department of Education and Culture of Tehran Province, by referring to girls' schools in the second year of high school in Tehran Province, a questionnaire of high-risk behaviors was distributed among the students of these schools. After collecting and scoring the questionnaires and removing incomplete and distorted questionnaires, the students who scored higher than the cutoff score of the high-risk behaviors questionnaire were identified (one SD above the mean) in the last step. Thirty people were selected through purposive sampling and assigned to two experimental and control groups randomly. Each participant received an envelope containing a number and an identifier randomly chosen to determine whether they were in the experimental group (n = 15) or control (n = 15). Participants were informed about the research project. To protect the privacy of patient data, the researchers assured them that their data would be confidential. In the next step, the people of the experimental group received spiritual intelligence intervention taken from research performed by Zohar (2012) in eight sessions of 90 minutes once a week for two and a half months, while the control group continued their everyday life and was on the waiting list (Zohar, 2012). The structure of the training sessions is described in table 1. Finally, after collecting the data, the training was given to them in brochure format.

High-risk behaviors of Iranian teenagers questionnaire (2009): This questionnaire was created by Zadeh Mohammadi and Ahmad Abadi in 2009, based on the adolescent risk-taking questionnaire and considering the cultural conditions and social limitations of the Iranian society (Zadeh Mohammadi & Ahmad Abadi, 2009). This scale has 38 items to measure the vulnerability of teenagers against seven categories of high-risk behaviors (dangerous driving, violence, smoking, drug use, alcohol consumption, orientation towards the opposite sex, and sexual relations). The respondents express their agreement or disagreement with these items on a scale of 5 from completely agree = (5) to completely disagree = (1). Zadeh Mohammadi and Ahmad Abadi confirmed the validity of the risk-taking questionnaire of Iranian teenagers by using the construct validity of the exploratory factor analysis method, as well as Cronbach's alpha scale of this questionnaire for dangerous driving, 0.74 for cigarettes, 0.93 for narcotic drugs, and 0.90 for psychotropic substances. Friendship with the opposite sex was 0.90, and sexual relationship and behavior were 0.87. The reliability of the questionnaire in this study using Cronbach's alpha was calculated at 0.89. (Zadeh Mohammadi & Ahmad Abadi, 2009).

Table 1. Teaching spiritual intelligence protocol sessions

Sessions	Contents
1	Participants were asked to introduce themselves. In the second stage, a brief description of 8 sessions was given to them, and explanations were given about the concepts of resilience, psychological well-being, and spiritual intelligence and the relationship between them.
2	At the beginning of the second session, the participants were encouraged to do body meditation. Then explanations were given about the benefits of spiritual intelligence and its effects on improving daily performance.
3	At the beginning of the third session, the participants were encouraged to do body meditation. Then mental imagery and the way to enter spiritual states were taught. Finally, sitting meditation and a body scan were done.
4	This session started with sitting meditation, paying attention to breathing, body sounds, and thoughts, also called four-dimensional sitting meditation
5	Participants were asked to do sitting meditation. In the following, effective coping responses, mental imagery and indoctrination, and the ability to use spiritual intelligence resources to solve daily life problems were taught.
6	The session started with a three-minute breathing exercise. Then stress and anger management with a spiritual approach, and pious behaviors such as forgiveness, gratitude, patience, etc. were taught and discussed.
7	This session started with four-dimensional meditation and awareness of everything that comes into consciousness at the moment.
8	The session started with body scan meditation. Then there was a discussion about how to use what they have learned so far.

Friendship with the opposite sex was 0.90, and sexual relationship and behavior was 0.87. The reliability of the questionnaire in this study using Cronbach's alpha was calculated at 0.89.

The Connor-Davidson Resilience Scale (CD-RISC): The scale is a 25-item instrument that measures resilience structure in a five-point Likert-type from zero to four, with zero being the minimum resilience score (Connor & Davidson, 2003). Therefore, the range of test scores is between 0 and 100. Higher scores indicate higher resilience of the subject. The factor analysis results show that this test has five factors: personal competence, high standards, and tenacity, trust in one's instincts, tolerance of negative affect and strengthening effects of stress, positive acceptance of change and secure relationships, control, and spiritual influences. CD-RISC authors found that test-retest reliability [intraclass correlation coefficient (ICC) = 0.87] and internal consistency (α = 0.89) were acceptable (Connor & Davidson, 2003). Additionally, Yu and Zhang (2007) reported a strong internal consistency coefficient (α = 0.89) for their sample of Chinese adolescents (Yu & Zhang, 2007). In this study, Cronbach's α coefficient of the scale was 0.967. Haghranjbar et al. (2011) estimated the reliability of the Conner and Davison scale as 0.89, using Cronbach's alpha, and also its validity was satisfactory (Haghranjbar, Kakavand, Borjali, & Bermas, 2011). The reliability of the questionnaire in this study using Cronbach's alpha was calculated at 0.88.

Ryff Psychological Well-Being Scale: The short version of the 18-question Ryff Psychological Well-Being Scale was designed in 1995 and revised in 2002 (Ryff & Keyes, 1995). This version consists of 6 factors (independence, mastery of the environment, personal growth, positive communication with others, purpose in life, and self-acceptance). The total score of these six factors is calculated as the total psychological well-being score. This test is a self-assessment tool that is answered in a 6-point continuum from "agree" to "completely disagree", where a higher score indicates better psychological well-being. Out of all the questions, ten questions are scored directly, and eight questions are scored in reverse. The correlation of the short version of Ryff's Psychological Well-Being Scale with the significant scale has

fluctuated from 0.7 to 0.89 (Ryff & Keyes, 1995). Iranian questionnaire's psychometric indicators have also been reported as favorable (Khanjani, Shahidi, Fathabadi, Mazaheri, & Shokri, 2014). The internal consistency of this scale using Cronbach's alpha was 0.71%. The reliability of the questionnaire in this study using Cronbach's alpha was calculated at 073.

Spiritual intelligence can aid an individual to choose the correct path to accomplishing objectives in the face of crises and problems considering personal priorities and values. Since adolescence is a critical and sensitive period in regard to the path of life decisions, besides widening the spiritual solutions and methods of coping with pressures and hardship, it seems to relieve individuals from their distress and crises (Shateri, Hayat, & Jayervand, 2019).

In this study, descriptive and inferential statistics were used to analyze data. The mean and SD and the analysis of covariance (ANCOVA) test (to control pre-test scores) were used for inferential statistics in descriptive statistics. Normal distribution was assessed using Kolmogorov-Smirnov test. Multivariate analysis of variance (MANOVA) was used to assess the effect of an intervention on two dependent variables. Then, univariate ANCOVA was used to separately assess the effect of an intervention on dependent variables adjusted for baseline values. The variance homogeneity assumption was assessed using Levene's test. The multivariate equality of covariance matrices was evaluated using Box's M. All statistical analyses were performed in SPSS software (version 26, IBM Corporation, Armonk, NY, USA).

Results

The age range of participants was from 14 to 18 years in experimental (mean = 16.43, SD = 1.25) and control (mean= 16.39, SD = 1.12) groups. The female gender only participated in this study as inclusion criteria. Most individuals were in ten (n = 8, 26.6%) and eleven (n = 12, 40%) school grades.

Table 2 shows the pretest and posttest values of resilience and psychological well-being scores for the experimental and control groups. There was no significant difference between the two groups in pretest values in terms of resilience and psychological well-being.

Considering dependent variables, table 3 shows a significant difference between the test and control groups at a $P \leq 0.001$. As a result, at least one of the dependent variables differs significantly between the two groups (resilience and psychological well-being). In multivariate ANCOVA (MANCOVA) text, two covariance analyses were conducted to determine this difference.

Table 2. Mean and standard deviation (SD) of variables in experimental and control groups

Variable	Groups	Statistical index	Mean ± SD
Resilience	Pre-test	Control	70.94 ± 8.43
		Experimental	71.22 ± 8.05
	Post-test	Control	71.25 ± 8.99
		Experimental	86.14 ± 8.74
Psychological well-being	Pre-test	Control	44.17 ± 7.81
		Experimental	45.52 ± 7.39
	Post-test	Control	45.60 ± 7.11
		Experimental	64.74 ± 8.25

SD: Standard deviation

Table 3. Results of multivariate analysis of covariance (MANCOVA) on variables

Test statistic	Value	F	df	df error	P-value	Effect size	Eta
Pillai's trace	0.709	43.17	2	28	0.001	0.673	1
Wilks' lambda	0.253	43.17	2	28	0.001	0.673	1
Hotelling's trace	7.360	43.17	2	28	0.001	0.673	1
Roy's largest root	6.120	43.17	2	28	0.001	0.673	1

df: Degree of freedom

In the experimental and control groups, 67.3% of the variances are explained by the independent variable based on the calculated effect size. A test with a statistical power of 1.00 rejects the null hypothesis with 100% power.

According to table 4, spiritual intelligence group therapy findings had a favorable and substantial impact on resilience (P = 0.001, F = 19.63) and psychological well-being (P = 0.001, F = 28.54) in adolescents with risky behavior. In addition, it can be seen that the most significant effect size is related to the psychological well-being variable (0.672), and the smallest effect size is related to resilience (0.625), which shows that 49% of the total variances of the experimental and control groups in the variable of the resilience of adolescents with risky behaviors is caused by the effect of the independent variable.

Discussion

The present study examined the effectiveness of spiritual intelligence training on resilience and psychological well-being of adolescents with high-risk behaviors. The data analysis findings show that spiritual intelligence training improves resilience and psychological well-being in adolescents with high-risk behaviors. The obtained results were in line with studies carried out by Andrei (2023), Seena and Sundaram (2018), Sreeja and Jain (2019), and Watts and Dorobantu (2023).

It is important to note that spiritual intelligence is a capacity that all people benefit from to an extent and with which they understand their most profound concepts, goals, and highest motivations, which leads to a deeper sense of meaning and purpose (Watts & Dorobantu, 2023). Spiritual intelligence has become adaptive in daily life, and a large part of this adaptive action is the result of answering existential questions and finding meaning and purpose in life's activities and events. In fact, improving spiritual intelligence causes deep self-awareness of different layers and dimensions of oneself, checking one's goals, paying attention to intuitive messages and signs, and finding meaning in external experiences (Andrei, 2023). The first finding about the effectiveness of spiritual intelligence training in promoting adolescents' resilience to high-risk behaviors was consistent with the study of Seena and Sundaram (2018), which showed that spiritual intelligence training improved emotional intelligence and resilience in misbehaving adolescent girls (Seena & Sundaram, 2018). In order to explain the current findings, according to Sreeja and Jain (2019), it can be said that spiritual skills, by affecting the situation evaluation, cognitive evaluation of the person, coping activities, support resources, etc., can reduce anxiety and the feeling of vulnerability in a person.

Table 4. Results of analysis of covariance (ANCOVA) in the multivariate ANCOVA (MANCOVA) context

Dependent variable	SS	df	MS	F	P-value	Effect size
Resilience	1465.34	1	146.345	19.63	0.001	0.625
Psychological well-being	1271.62	1	127.621	28.54	0.001	0.672

SS: Sum of squares; df: Degree of freedom; MS: Mean square

In addition, Pearce et al. (2015) have shown in their research that spirituality has effectively reduced mental illnesses such as depression, anxiety, anxiety-related injuries, stress, hostility, and psychosomatic illnesses and has increased mental health and resilience (Pearce et al., 2015).

The results of the present study also showed that the intervention of spiritual intelligence instruction was effective in the enhancement of resilience and psychological well-being in adolescents with high-risk behavior by enriching life with meaning and creating a purpose, which was consistent with the results of prior studies (Alrashidi et al., 2022; Herren et al., 2019; Ibrahim, Sanuddin, Zohri, Salim, & Mohamad, 2022; O'Sullivan & Lindsay, 2023).

Herren et al.'s study (2019) results are in this direction. They showed that spiritual intelligence led to a higher experience of flexibility and patience. People with patience in facing stress do not lose control and do not get frustrated (Herren et al., 2019). They solve problems related to anxiety-provoking situations adaptively. People with higher spiritual intelligence value life experiences, feel more in control of life events and have more resistance, and have higher mental health and psychological well-being (Sreeja & Jain, 2019). Accordingly, adolescents with high-risk behaviors can improve their spiritual intelligence, find meaning in life, and achieve higher resilience and psychological well-being. Regarding psychological well-being, the current research findings showed that training to improve spiritual intelligence had a statistically significant effect on the well-being of this variable. This finding was consistent with the results of Ibrahim et al. (2022) research (Ibrahim et al., 2022). They proved that applying spirituality in daily life led to an increase in a person's adaptability and an improvement in his psychological well-being. To explain the present findings, spiritual intelligence is a shield against psychological problems through the creation and expansion of positive emotions, and thus increases the psychological well-being and happiness of people. This approach creates meaning, reduces psychological problems, and increases happiness and adaptive coping power (Alrashidi et al., 2022).

Spirituality by influencing coping strategies, document styles, communication with the surrounding environment, and feeling meaningful in life, is related to reducing negative emotions and increasing mental health, well-being, and happiness (O'Sullivan & Lindsay, 2023). Previous findings show that a spiritual intelligence teaching approach can be successfully implemented in clinical settings (Sreeja & Jain, 2019). Based on this, Ajele et al. (2021) investigated the psychological well-being of patients with diabetes before and after the intervention, considering psychological and social well-being, life satisfaction, psychological happiness, and ontological well-being (Ajele, Oladejo, Akanni, & Babalola, 2021). The results of the studies showed that increasing spiritual intelligence effectively improved the psychological well-being of patients, significantly increased their mental health and resilience, and reduced their depression. The intervention group significantly improved their well-being, while the control group did not. In a study conducted by Midi et al. (2019) on the effect of spiritual intelligence on young people's educational progress and psychological well-being, the findings showed that spiritual intelligence could promote psychological well-being and academic progress (Midi, Cosmas, & Sinik, 2019).

This study has limitations, such as the limited number of adolescents with high-risk behaviors in Tehran, the absence of random sampling methods, and the lack of follow-up. Therefore, other studies should be conducted in this field to generalize the results at the research level better. It is recommended to replicate this study in

various cities and regions with diverse cultures, focusing on different women and utilizing follow-up and random sampling for generalizing the findings. .

Conclusion

The results indicate a significant effect of spiritual intelligence training on resilience and psychological improvement of adolescents with high-risk behaviors. According to the findings of this study, at the functional level, it is recommended that schools and families improve the psychological components of adolescents by focusing on the components of spiritual intelligence.

Conflict of Interests

Authors have no conflict of interests.

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References

Ajele, W. K., Oladejo, T. A., Akanni, A. A., & Babalola, O. B. (2021). Spiritual intelligence, mindfulness, emotional dysregulation, depression relationship with mental well-being among persons with diabetes during COVID-19 pandemic. *J Diabetes Metab Disord, 20*(2), 1705-1714. doi:927 [pii];10.1007/s40200-021-00927-8 [doi]. Retrieved from PM:34746039

Alrashidi, N., Alreshidi, M. S., Dator, W. L., Maestrado, R., Villareal, S., Buta, J. et al. (2022). The mediating role of spiritual intelligence on well-being and life satisfaction among nurses in the context of the COVID-19 pandemic: A path analysis. *Behav Sci (Basel.), 12*(12). doi:bs12120515 [pii];behavsci-12-00515 [pii];10.3390/bs12120515 [doi]. Retrieved from PM:36546998

Andrei, O. (2023). Enhancing religious education through emotional and spiritual intelligence. *HTS Teologiese Studies / Theological Studies, 79*(1), a7887. doi:10.4102/hts.v79i1.7887 [doi]

Arat, G., & Wong, P. (2019). Examining the association between resilience and risk behaviors among south Asian minority students in Hong Kong: A quantitative study. *Journal of Social Service Research, 45*(3), 360-372. doi:10.1080/01488376.2018.1480561 [doi]

Connor, K. M., & Davidson, J. R. (2003). Development of a new resilience scale: The Connor-Davidson Resilience Scale (CD-RISC). *Depress.Anxiety., 18*(2), 76-82. doi:10.1002/da.10113 [doi]. Retrieved from PM:12964174

Guo, Y., Yang, Y., Deveaux, L., Dinaj-Koci, V., Schieber, E., Herbert, C. et al. (2023). Exploring effects of multi-level factors on transitions of risk-taking behaviors among middle-to-late adolescents. *Int J Behav Dev, 47*(3), 210-220. doi:10.1177/01650254221148117 [doi]. Retrieved from PM:37746313

Haghranjbar, F., Kakavand, A., Borjali, A., & Bermas, H. (2011). Resilience and quality of life of mothers with mentally retarded children. *Journal of Health and Psychology, 1*(1), 179-189.

Herren, O. M., Burris, S. E., Levy, S. A., Kirk, K., Banks, K. S., Jones, V. L. et al. (2019). Influence of spirituality on depression-induced inflammation and executive functioning in a community sample of African Americans. *Ethn.Dis, 29*(2), 267-276. doi:ed.29.2.267 [pii];10.18865/ed.29.2.267 [doi]. Retrieved from PM:31057312

Ibrahim, N., Sanuddin, N. D., Zohri, M., Salim, S. S., & Mohamad, N. I. (2022). Can physical activity and emotional intelligence control psychological well-being of counseling

clients in Malaysia during the Covid-19: Spiritual intelligence as a mediator. *Journal of Positive School Psychology, 6*(3), 6525-6540.

Joulaei, H., Fathi, F., Rakhshani, T., Nazari, M., Hosseinkhani, Z., Fatemi, M. et al. (2022). Gender differences in the effect of resilience training on emotional intelligence in at-risk students in Shiraz, Iran. *Int J High Risk Behav Addict, 11*(2), e121942. Retrieved from Brieflands.

Khanjani, M., Shahidi, S., Fathabadi, J., Mazaheri, M. A., & Shokri, O. (2014). Factor structure and psychometric properties of the Ryff's scale of Psychological well-being, short form (18-item) among male and female students. *Thoughts and Behavior in Clinical Psychology, 9*(32), 27-36.

Marzban, A. (2022). Prevalence of high risk behaviors in high school students of Qom, 2016. *Pars J Med Sci, 16*(3), 44-51. doi:10.52547/JMJ.16.3.44 [doi]

Midi, M. M., Cosmas, G., & Sinik, S. (2019). The effects of spiritual intelligence on academic achievement and psychological well-being of youths in Kanibungan Village, Pitas. *Southeast Asia Psychology Journal, 9*, 1-14.

Noury Ghasemabadi, R., & Seydavi, M. (2021). A brief review of the relationship of childhood maltreatment and non-suicidal self-injury (NSSI) in adolescence. *Rooyesh-e-Ravanshenasi, 10*(2), 161-170.

O'Sullivan , L., & Lindsay , N. (2023). The relationship between spiritual intelligence, resilience, and well-being in an Aotearoa New Zealand sample. *J.Spiritual.Ment.Health, 25*(4), 277-297. doi: 10.1080/19349637.2022.2086840 [doi]

Panicheva, P., Mararitsa, L., Sorokin, S., Koltsova, O., & Rosso, P. (2022). Predicting subjective well-being in a high-risk sample of Russian mental health app users. *EPJ.Data.Sci, 11*(1), 21. doi:333 [pii];10.1140/epjds/s13688-022-00333-x [doi]. Retrieved from PM:35402139

Pearce, M. J., Koenig, H. G., Robins, C. J., Nelson, B., Shaw, S. F., Cohen, H. J. et al. (2015). Religiously integrated cognitive behavioral therapy: a new method of treatment for major depression in patients with chronic medical illness. *Psychotherapy (Chic.), 52*(1), 56-66. doi:2014-45468-001 [pii];10.1037/a0036448 [doi]. Retrieved from PM:25365155

Ran, L., Wang, W., Ai, M., Kong, Y., Chen, J., & Kuang, L. (2020). Psychological resilience, depression, anxiety, and somatization symptoms in response to COVID-19: A study of the general population in China at the peak of its epidemic. *Soc Sci Med, 262*, 113261. doi:S0277-9536(20)30480-9 [pii];113261 [pii];10.1016/j.socscimed.2020.113261 [doi]. Retrieved from PM:32758794

Ross, P. M., Scanes, E., & Locke, W. (2023). Stress adaptation and resilience of academics in higher education. *Asia Pac Educ Rev.* doi:10.1007/s12564-023-09829-1 [doi]

Ryff, C. D., & Keyes, C. L. (1995). The structure of psychological well-being revisited. *J Pers Soc Psychol, 69*(4), 719-727. doi:10.1037//0022-3514.69.4.719 [doi]. Retrieved from PM:7473027

Seena, N. S., & Sundaram, S. (2018). The efficacy of psycho-spiritual intervention on emotional intelligence, spiritual intelligence and psychological resilience among maltreated juvenile girls. *Indian Journal of Health and Wellbeing, 9*(1), 125-130.

Shateri, K., Hayat, A. A., & Jayervand, H. (2019). The Relationship Between Mental Health and Spiritual Intelligence Among Primary School Teachers. *International Journal of School Health, 6*(1), 1-6. doi:10.5812/intjsh.74031 [doi]

Sreeja, R., & Jain, K. (2019). Peer influence, spiritual intelligence, emotional intelligence and resilience as predictors of social justice commitment among adolescents. *IAHRW International Journal of Social Sciences Review, 7*(5), 1242-1247.

Topp, C. W., Ostergaard, S. D., Sondergaard, S., & Bech, P. (2015). The WHO-5 Well-Being Index: A systematic review of the literature. *Psychother Psychosom., 84*(3), 167-176. doi:000376585 [pii];10.1159/000376585 [doi]. Retrieved from PM:25831962

Watts, F., & Dorobantu, M. (2023). Is There 'Spiritual Intelligence'? An evaluation of strong and weak proposals. *Religions, 14*(2), 265. doi:10.3390/rel14020265 [doi].

Yu, X., & Zhang, J. (2007). Factor analysis and psychometric evaluation of the Connor-Davidson Resilience Scale (CD-RISC) with Chinese people. *Soc.Behav.Pers, 35*(1), 19-30. doi:10.2224/sbp.2007.35.1.19 [doi]

Zadeh Mohammadi, A., & Ahmad Abadi, Z. (2009). Investigation of high-risk behaviors among adolescen's strategies for crime prevention in the family environment. *Journal of Family Research, 5*(20), 467-485.

Zohar, D. (2012). *SQ: Connecting with our spiritual intelligence*. New York, NY: Bloomsbury USA.