



RESEARCH ARTICLES

Spirituality and Psychological Well-Being in College Students: Does Resilience Mediate This Relationship

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Given continued challenges of college transition and recent changes (e.g., COVID) leading to increased use of college counseling services and past studies exploring spirituality/religion and resilience pertaining to psychological well-being (PWB), this study explored the relationship between spirituality, resilience, and PWB in college students. Three scales, the Connor-Davidson Resilience Scale, Daily Spiritual Experience Scale, and the Ryff Psychological Well-Being Scale, were used to measure the relationship between spirituality, resilience, and PWB. Results of this study showed support for the relationship between spirituality, resilience, and PWB in college students. Results also lend support for future research exploring therapeutic incorporation of spirituality and religion to promote resilience and PWB in college students. This study confirmed the association among spirituality/religion, resilience, and PWB though the exact relationship among variables is still unknown. Results confirm previous literature supporting spirituality contributes to higher well-being in the young adult population. Spirituality integration should enhance well-being and resilience in clinical and non-clinical populations, be part of training programs, be valued in clinical settings, especially college counseling, and is directly tied to the ethical expectations of professional helpers.

The transition to college has a longstanding association with significant social and emotional challenges affecting students' mental health and psychological well-being (PWB; Archana et al., 2014). During this stage, students face many changes as this transition is associated with a consistent worry between developing proficiency, attaining a target (goal), and struggling for autonomy while adapting to a new, diverse environment (Archana et al., 2014). This transition places students at risk of suffering significant life stress, anxiety, and uncertainty, especially for first year students (Karyotaki et al., 2020) and has been historically known as an onset of many mental illnesses and psychological disorders such as anxiety and depression (Tusaie & Dyer, 2004).

The World Health Organization (WHO) completed an international college student initiative exploring college student mental health through surveys of 20,842 college students among 24 universities and nine different countries investigating the most common sources of stress and mental disorders among university students (Karyotaki et al., 2020). Logistic regression analysis was used to examine associations of current perceived

stress in six life areas (finances, health, love life, relationships with family, relationships at work/school, and problems experienced by loved ones) as well as six different types of mental illness (major depressive disorder, bipolar disorder, generalized anxiety disorder, panic disorder, alcohol use disorder, and drug use disorder); 93.7% of students reported at least some stress in at least one of the six areas and that increased stress within these areas increased the odds of students experiencing one of the six mental disorders. Karyotaki et al. (2020) explored causal effects on stress disorders and found that up to 46.9-80.0% of 12-month disorder prevalence could potentially be eliminated if stress prevention interventions were developed blocking the associations of stress with these disorders.

Lipson et al. (2019) conducted a study exploring population-level trends in mental health service utilization by college students. Ten years of data was explored from the Healthy Minds Study, an annual web-based study with a sample of 155,026 students from 196 U.S. campuses. Results showed rates of treatment and diagnosis increased significantly from 19% in 2007 to 34% by 2017 and the percentage of students with a lifetime diagnosis increased from 22% to 36%. Wang et al. (2020) completed a cross-sectional survey study finding the COVID-19 pandemic increased levels of stress and depression among college students and their use of counseling services. These authors surveyed 2,031 students from Texas A&M University assessing for anxiety, depression, stress, and overall mental health. Results showed about 48.14% of participants had moderate-to-severe levels of depression, 38.48% showed moderate-to-severe levels of anxiety, and 18.04% experienced suicidal thoughts. Less than half of participants indicated they were able to adequately cope with stress, anxiety, depression, or suicidal thoughts which was a major contributing factor for the increase in students seeking campus counseling (Wang et al., 2020), and highlighting a need for more coping techniques among the college population to help students with mental health concerns, stress, and adversity, and to improve overall PWB and resilience.

According to Wu et al. (2020) resilience has been negatively correlated with depression and anxiety and resilience characteristics are associated with lowered anxiety and depression symptom levels. These authors conducted a study assessing the relationship between resilience and well-being and mental health in three phases over four years in a sample of 314 college students. The aim was to gain insight into the reciprocal relationship of higher levels of resilience predicting lower levels of mental illness, and higher levels of well-being and to track changes in levels of resilience and well-being over the 4-year period. Results showed first-year students and senior students experienced higher negative mental health levels and lower positive mental health levels than junior students. Cross-lagged structural equation modeling analyses showed that resilience could significantly predict well-being and mental health status in both the short and long term. The authors concluded that the significant predicting function of individual mental health and well-being for resilience was fully verified for both the short and long term and

that college mental health education and intervention could be tailed based on these findings, focusing on how to incorporate the promotion of resilience (Wu et al., 2020).

Spirituality for Helping Research

Spirituality in helping research can be defined in several ways, though we focus on two. The first defines spirituality as a “personal quest for understanding answers to ultimate questions about life, about meaning and about relationships to the sacred or transcendent, which may or may not lead to or arise from the development of religious rituals and the formation of community” (Koenig et al., 2012, p. 3). Tanyi (2002) defines spirituality as “a personal search for meaning and purpose in life, which may or may not be related to religion” (p. 506). This definition includes any belief that gives meaning to life, motivates individuals, and brings “faith, hope, peace, and empowerment” (Tanyi, 2002, p. 506). Accordingly, the effects or results of spirituality are joy, the forgiveness of oneself or others, acceptance of hardship and mortality, a heightened sense of well-being, and the ability to transcend beyond the infirmities of existence. Spirituality has a much broader conceptualization than religion as it is more individually constructed including both traditional religious denominations as well as non-traditional individual spiritual practices/beliefs (Benson et al., 2005). It has been suggested that treating these as two separate variables does not accurately reflect how individuals experience or practice them (Kapuscinski & Masters, 2010).

Trends within recent literature have shown that many young people, including college students, are no longer identifying with a specific religion, but rather identifying more so as spiritual; individuals aren’t losing their religion so much as they are doing religion differently (Singer & Packard, 2021). Singer and Packard (2021), in a survey of over 10,000 participants ages 13-25, showed an overlap among spirituality and religion; those who identified as being religious also identified as being spiritual, which supports treating spirituality and religion as connected, not separate, constructs.

Resilience

Aburn et al. (2016) conducted an integrative review of the empirical literature on resilience, including 100 articles in a constant comparison, concluding there is no universal definition of resilience though common themes such as rising above, adaptation and adjustment, dynamic process, “ordinary magic” (p. 993), and mental illness as a marker of resilience present in the literature. Resilience has been identified as the capacity to successfully cope and adapt to the presence of risk and adversity/stress and has been associated with positive mood, positive self-esteem, secure relationships, and overall better PWB (Archana et al., 2014). Manning et al. (2019) used qualitative research with 46 participants exploring experiences with adversity who also indicated that spirituality was an important resource for managing their hardship; results indicated that participants used spirituality as a tool

promoting and maintaining resilience in five domains: reliance on relationships, spiritual transformation, spiritual coping, power of belief, and commitment to spiritual values and practices, defining this process as “spiritual resilience” (p. 173). Spiritual resilience was further defined as a process where the key domains of spirituality included relationships rooted in spirituality, a belief structure and complementary worldview, spiritual coping, a commitment to spiritual practice or values, and openness to spiritual growth and transformation, along with one’s intentional use of spirituality as a tool to protect and promote well-being (Manning et al., 2019).

Psychological Well-Being

Classically, Ryff (1989) operationalized PWB using a eudaimonic model, encompassing multidimensional aspects of well-being such as personal growth, purpose in life, self-acceptance, environmental mastery, autonomy, and personal relations with others. Archana et al. (2014) have defined PWB as it relates to the positive forces of life including feelings of joy, happiness, positive emotions, hope, optimism, self-efficacy, and resilience as well as overcoming challenges and maintaining healthy coping strategies in response to stress, and as being closely related to individual levels of resilience. Dhananbhakyaam and Sarath (2023) completed a systematic review of the literature on PWB concluding it is a multifaceted and multidimensional construct encompassing individual overall happiness, satisfaction with life, and mental and emotional health focusing on several key components such as positive emotions, autonomy, positive relationships, low levels of negative emotions, purpose in life, life satisfaction, and personal growth (Dhananbhakyaam & Sarath, 2023).

Ethical Expectations for Spirituality/Religion

Though ethical expectations for helping professionals in various fields are not consistent for how to utilize spirituality/religion with clients, all major field-related ethical codes require helping professionals to consider spirituality and/or religion as aspects of diversity to be respected and valued when providing services (ACA, 2014; APA, 2017; 2021; NOHS, 2024). Some fields, such as professional counseling via the Competencies for Addressing Spiritual and Religious Issues in Counseling (Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC), 2009), provide additional guidelines for directly infusing spirituality/religion into helping work. ASERVIC’s competencies have been fully endorsed by ACA (2009) in essence mandating all professional counselors to be competent in utilizing spirituality/religion with clients. Though other codes or professional associations may not be as explicit with guidelines, respect for and use of client identified interest in spirituality is implied. For human services professionals, by example, NOHS (2024) lists several codes that pertain to embracing spirituality/religion of clients or students, by educators, such as standards 10 (pertaining to religion as a diversity inclusion category), standard 15 (requiring professionals to identify and incorporate client needs and assets

into their work, spirituality being such a need or asset), and standards 37 and 38, which focus on using pedagogical practices accepting of and including student diverse backgrounds, which would include spirituality/religion as a diversity category. Thus, professional helpers across fields are encouraged to utilize spirituality/religion as a tool for ethical practice, assuming appropriate training has been received, in their work with all clients, including college students.

Study Rationale

The literature discussed above suggests that spirituality/religion are associated with higher levels of resilience to adversity and enhanced subjective well-being. However, there is currently no research showing whether this increase in well-being is influenced by an increase in resilience as well. The exact relationship among variables remains ambiguous and understudied. The current study was designed to assess the relationship among these variables and how they may influence one another. The aim was to assess whether the relationship between spirituality and PWB is mediated by resilience and to gain better understanding of the exact influence of spirituality and religion and its relationship among overlapping constructs. The goal of conducting a mediational analysis was to allow for the relationships among these constructs to be examined in a way the current statistical models within the literature have not.

Methods

Hypotheses

The purpose of this study was to explore potential relationships between spirituality and resilience, resilience and PWB, and to see if resilience may mediate the relationship between spirituality and PWB. The hypotheses state: Hypothesis one, spirituality is related to enhanced PWB in college students; Hypothesis two, spirituality is related to increased resilience to adversity among college students; and Hypothesis three, that the relationship between spirituality and PWB is mediated by resilience.

Participants

The principal investigator (PI) recruited college students from a small Catholic university in Northeastern Pennsylvania enrolled in graduate and undergraduate psychology courses. IRB board approval was obtained prior to recruitment. Students were offered extra credit towards a psychology course for study completion using the SONA research platform and were recruited via three emails. According to G*Power, to receive a small to medium effect size via a linear multiple regression, at an alpha of 0.05, with a power of 0.8, at least 111 participants were needed (Faul et al., 2009).

Following informed consent, selected participants were informed of the study's purpose and were given definitions of resilience, spirituality, and religion. They were given a series of confidential questionnaires/rating scales

via Qualtrics. No participant was asked to provide their name and no identifiers were recorded and no IP addresses were recorded, ensuring anonymity. Reasonable efforts were taken to protect transmission of third-party access and no one outside of the research committee had access to participants' responses. Participants indicating an interest in extra credit did so before completion and received a direct link at the end of the survey to prevent identifying information from being recorded. A two-month collection window was used.

Convenience sampling was used to select for an equal amount of male and female participants. This allowed for examination of influences of sex on variables to address some of the limitations of generalizability associated with using a convenience sample. Participants completed a demographic questionnaire gathering information related to age, sex, ethnicity, spiritual and religious identification, and educational level, to explore the possibility of other relationships between participants and variables. The inclusion criteria of ages ranged from 18-30. After omitting two people for being over 30 and cleaning data (some participants omitted demographics and skipped questionnaires), the total number of participants was 91, with an average age of $M = 21.10$ ($SD = 3.34$), which was less than hoped for per power analysis. The study comprised 72 female and 21 males. There were 71 European American/White/Caucasian participants, 1 African American/Black participant, 2 Indigenous/Native American Participants, 3 Asian American participants, 2 Southeast Asian American participants, 1 Caribbean American participant, and 10 Latin American/Hispanic Participants. Three participants did not indicate level of schooling, 79 participants were undergraduate students, and 12 participants were graduate students. Half of participants completed three scales in this order: the Connor-Davidson Resilience Scale, Ryff's PWB Scale, and the Daily Spiritual Experience Scale. The other half completed these three rating scales in reversed order as a counterbalancing measure to attempt to control for possible order effects or response bias of the tests the different scales.

Regarding participants' spirituality, three did not respond whether they were spiritual or not, 35 identified as not being spiritual, two identified as somewhat spiritual, and 54 identified as being spiritual. Regarding participants' religiousness, one did not identify as religious or not, 36 identified as not being religious, and 57 identified as religious, comprising 39 identified with no religion, two as Baptist, two as Buddhist, 28 as Catholic, 11 as Christian, two as Hindu, two as Jewish, two as Lutheran, one as Methodist, three as Protestant, and one as Satanist.

Measures

The Connor-Davidson Resilience Scale

The Connor-Davidson Resilience Scale (CD-RISC) is a unidimensional resilience measure available in a 25, 10, or 2-item self-report scale measuring the ability to cope with stress and adversity (Davidson, 2020). The PI used

the shortened version of this scale, the CD-RISC 10, as literature has shown this version to have the best combination of validity, reliability, and practicality (Kuiper et al., 2019). This version is comprised of 10 questions from the original 25-item version created in 2007 by Campbell-Sills and Stein. Participants respond by indicating their level of agreement using a 5-point Likert scale from strongly disagree (0) to strongly agree (4). Total scores are calculated by summing all responses, with scores ranging from 0 to 40, with higher scores reflecting greater resilience (Davidson, 2020). Campbell-Sills and Stein (2007) tested whether scores on this measure moderated the relationship between childhood maltreatment and current psychiatric symptoms. They hypothesized that if the 10-item measure was a valid measurement of resilience, scores would moderate this relationship (Campbell-Sills & Stein, 2007). Additional validity analyses conducted on a subset of 131 individuals offered preliminary support for the construct validity of the 10-item scale as well as good internal consistency (Cronbach's alpha of 0.85). A hierarchical regression was conducted including CTQ-SF and CD-RISC scores as predictors on the first step and the CRQ-SF x CD-RISC interaction on the second step. The main effect model was significant, $r = 0.51$, $r^2 = 0.26$, $F(2,127) = 22.76$, $p < 0.001$, and the regression model that included the interaction term was superior, $r = 0.56$, $r^2 = 0.31$, $F(3, 126) = 19.00$, $p < 0.001$. The 10-item CD-RISC captures the core features of resilience supported by scores on this short unidimensional measure being highly correlated with scores on the original instrument ($r = 0.92$; Campbell-Sills & Stein, 2007).

The Daily Spiritual Experience Scale

The Daily Spiritual Experience Scale (DSES; Underwood & Teresi, 2002) is a self-report assessment designed to measure the frequency of ordinary positive spiritual experiences. It includes constructs such as awe, gratitude, mercy, a sense of connection with the transcendent, compassionate love, awareness of discernment/inspiration, and a sense of deep inner peace and was originally developed for use in health studies but has also been extensively used in social sciences, counseling, addiction treatment settings, and religious organizations (Underwood, 2011). There have been translations made into 20 languages including Hindi, Hebrew, and Arabic and the scale has been effectively used in a variety of cultures, groups, and settings (Underwood, 2011). It consists of 16 items scored on a five-point Likert scale ranging from every day (5) to never (0), including an item assessing the everyday experiences of spirituality, rather than just particular religious beliefs or commitments, to transcend boundaries of religion (Underwood & Teresi, 2002). Underwood and Teresi (2002) conducted exploratory principal component analyses on the DSES using data from several different studies. Their analysis of psychometric properties showed high internal consistency with a Cronbach's Alpha of 0.95, high test-retest reliability which was 0.92, and moderately to high convergent validity (Underwood & Teresi, 2002). The authors

concluded that the DSES demonstrated good internal consistency reliability estimates across all samples (Cronbach's alpha = 0.94 and 0.95 for the 16-item and 0.91 for the 6-item; Underwood & Teresi, 2002). The Cronbach's alpha estimate of internal consistency was 0.88 for the test and 0.92 for the retest (Underwood & Teresi, 2002). The high internal consistency estimates suggested the items function together to consistently measure the spiritual experience construct; preliminary interrater reliability data showed acceptable agreement for the subset of items examined (coefficients ranging from 0.64-0.78; Underwood & Teresi, 2002). Preliminary construct validity was established through examination of the mean scale scores across sociodemographic subgroups (Underwood & Teresi, 2002). The 16-item DSES appears to discriminate between religion, sex, and racial subgroups (Underwood & Teresi, 2002). Evidence of construct validity was also provided from examinations of correlations with health and quality of life variables with correlations ranging from -0.394 -0.352 (Underwood & Teresi, 2002). Examination of the item distributions across several samples indicated that the items and the scale have adequate item distributions and are not skewed (Underwood & Teresi, 2002).

Ryff Psychological Well-Being Scale

This eudaimonic multidimensional model explores psychological well-being (PWB) including constructs of self-acceptance, positive relations with others, personal growth, purpose in life, autonomy, and environmental mastery from 120 self-report items that comprised six dimensions that were assessed by a set of 20 items; it used a Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree; Ryff, 1989). For this study, the 42-item PWB scale was used as research has validated its use among college students and across various ages and sociodemographic backgrounds, permitting the PI to attempt to control for testing effects, and the smaller size may have reduced question fatigue given our use of multiple measures (Changhong & Chengchieh, 2021; Shryock & Meeks, 2018).

Statistical Analysis

The PI conducted separate simple correlations for each variable and assessed the correlation matrix and descriptive statistics with SPSS. Positive correlation coefficients were assessed of 0.5-1 among the variables and a simple mediational analysis using Hayes plug-in model using PROCESS was run (Hayes, 2017). Mediation analysis is a statistical method used to assess to test hypotheses about how some causal antecedent variable X transmits its effect on a consequent variable. This model used multiple regressions to test if a relationship existed between an independent and an outcome variable while also testing if an additional mediating variable was significantly correlated with both. A Bootstrapping test was used to assess the significance of the indirect effects of the spirituality-resilience-PWB relationship, which allowed seeing if mediation was present among the variables as well as the strength of the mediation. The Bootstrapping method was used instead of a Sobel

Test as it has been suggested to have a higher power and is less likely to miss an indirect effect (Hayes, 2017). This allowed assessment of the indirect effects of resilience between spirituality and PWB, which was necessary to assess if spirituality was correlated with well-being (x-y), if spirituality was correlated with resilience (x-m), if resilience was correlated with PWB (m-y), and if resilience completely mediated the relationship between spirituality and PWB.

Results

Hypotheses

The first hypothesis stated that spirituality is related to enhanced PWB in college students. After running a correlation, hypothesis 1 was supported with a significant positive correlation; students with higher spirituality tended to also score higher in well-being ($r = 0.251$, $N = 81$, $p = .024$). The second hypothesis stated that spirituality is related to increased resilience to adversity among college students. This hypothesis was also supported showing a significant positive correlation; students with higher spirituality tended to also score higher in resilience ($r = 0.275$, $N = 86$, $p = .010$). The final hypothesis stated that resilience would mediate the relationship between spirituality and PWB. For the final hypothesis, the mediation analysis, a plug-in named PROCESS by Hayes (2017) was used according to Hayes' (2009) mediation analysis model. Only 81 participants completed all 3 measures in their entirety so only 81 participants were considered for the mediation. This model accounted for 5.84% of the variance in the dependent variable, well-being ($R^2 = .0584$, $R = .2418$). The a-path, the indirect effect of the independent variable (spirituality) on the mediator variable (resilience), was significant as there were no zeros in the confidence interval, significant $b = .1289$, $t(81) = 2.2145$, $p = .0297$, 95% CI [.0130, .2447]. The b-path, the indirect effect of the mediator variable (resilience) on the dependent variable (well-being), was also significant as there were no 0s in the confidence interval, significant $b = .5156$, $t(81) = 5.0041$, $p < .01$, 95% CI [.3104, .7207]. The indirect effect of the independent variable (spirituality) on the dependent variable (well-being) was .0664, $SE = .0369$, 95% CI [-.0022, .1444]. According to Hayes (2017), this is not a significant mediation effect because the 95% CI includes a zero. Therefore, all three variables are related, however, the hypothesis that resilience would mediate the relationship between spirituality and well-being was not supported.

Discussion

The hypothesis for the current study was that the relationship between spirituality and PWB is mediated by resilience; in other words, the reason people who score high in spirituality also score high in PWB is because an increase in spirituality is related to an increase in resilience, and in turn, an increase in resilience leads to an increase in PWB. Using SPSS and PROCESS, mediational analysis was run. It was expected to obtain significant results

showing that spirituality is positively correlated with well-being, spirituality is positively correlated with resilience, and resilience is positively correlated with PWB. Each of these three conditions must be met for a mediation to be possible. In addition, the results of the Bootstrapping test must be significant, thus supporting the indirect effects of resilience as a mediator between spirituality and well-being (Richards et al., 2010). According to Baron and Kenny (1986) a perfect mediation is present when a relationship between the independent and outcome variable no longer exists after the mediating variable is held constant (Richards et al., 2010). Based on current literature showing these variables are individually positively correlated with one another, it was predicted that these correlations would be strongest. Since there is no current literature providing evidence supporting resilience as a mediator among spirituality and resilience, it was predicted this correlation will not be as strong. Results support the relationship among spirituality/religion, resilience, and PWB among college students. Results provided support for the first two hypotheses but the mediation itself was not significant or supported and provide findings consistent with previous research that individuals with higher ratings of spirituality or religion show higher levels of resilience and PWB. These relationships are correlational and not causal, and they build upon previous literature supporting the notion that spirituality/religion may be an associated method in promoting PWB in college students.

Clinical and Helping Implications

Although this study did not identify the exact relationship among these three variables, doing so could lead to benefits for understanding spirituality/religion and how they may be effective in promoting stress management/adaptation, coping, positive development, and overall better PWB for clinical and other populations. Specifically, there has been an increase in the number of college students receiving mental health treatment at college counseling centers, especially post-COVID, and research suggests this is a result of issues with adjustment, stress management/adaptation, emotional functioning, and resilience (Son et al., 2020; Wang et al., 2020). Assessing if spirituality is a predictor of resilience and PWB among college students may allow clinicians and other helping professionals to identify if focusing on spirituality and the enhancement of resilience through this practice is the best route towards improving PWB, or if resilience is not the mediating variable. Future helping professionals should promote college students' resilience through usage of spirituality during their transition through this developmental period which may enhance overall PWB and assess for interests and/or participation in spirituality/religion and resilience/PWB factors already present at the intake process, as a starting point. Our results lend support for the integration and promotion of spirituality and religion as forms of coping through practices such as prayer, spiritual text readings, the promotion of spiritual or religious support groups or scriptural study groups, and the promotion of further inclusion of spiritual and religious practices (e.g., through faith/spiritual

groups, worship music, journaling, spending time in nature) on university campuses and in the community for this population. Incorporating a student's spiritual or religious beliefs into their clinical/helping work and therapeutic goals may promote well-being, adequate coping with mental health concerns and adversity, positive emotions such as hopefulness, and identity development. Given that resilience is associated with higher well-being, incorporating means of increasing and promoting resilience in clients who do not identify as spiritual/religious could also be effective in promoting well-being among the whole college population. Ways this could be implemented is through interventions targeted around providing psychoeducation on resilience, the practice of flexibility and acceptance, and worksheets and skills that promote resilience, as well as secular forms of spirituality. Regarding the integration of spirituality, professional helpers may encourage clients to find something for themselves they believe in that promotes self-improvement, healthy coping, obtaining peace, comfort, empowerment, or a sense of identity.

Limitations

The use of a convenience sample comprised of college students from one institution in Northeastern Pennsylvania, potentially limits generalizability of our findings. As a Catholic college in a city with a high population of Jewish, Catholic, and Christian religious who attend it, there is a potential limitation of diversity in the sample, particularly regarding spiritual or religious identification. Although this may not have impacted the presence or strength of the mediation it may have impacted the generalizability of results. It is also possible results may have been impacted by response bias due to the college being religious and the assumption or idea that one may need to be spiritual/religious in some sense to attend, though this is not inherently true about the institution. This could relate to a limitation self-report bias. A limitation may result from not being able to recruit the number of participants based on G-POWER analysis. Another limitation may stem from the two-month data collection period. There may not have been a significant mediation shown due to not having enough participants, therefore participant size could be a large limitation. Also, a larger percentage of participants were male, limiting our ability to examine differences among sex. Despite finding positive correlations among the constructs, the mediation analysis was not significant, therefore the exact relationship among these three constructs remains unknown. Also, the constructs were explored regarding their general definition rather than looking at the multiple dimensions of each definition. Utilizing a general definition may have limited the information obtained and may not have provide an in-depth analysis of each construct relating to one another. Other limitations may have been present within this study.

Future Research

The prominent role spirituality plays in PWB and positive development from adolescence throughout adulthood needs to be further investigated. Given that our mediation results were not significant, a gap within the literature pertaining to these three constructs remains. Gaining a better understanding of how each variable interacts and ultimately enhances well-being may assist helping professionals and clients promote the development of resilience to stress later in life. Future research should assess the relationship among variables using a longitudinal design assessing this relationship more accurately. It would be valuable to know if spirituality and its associated psychological benefits remain constant through adulthood or if there is a plateau. It would also be interesting to examine participants past involvement with spirituality and religion and how it may have changed over time to further explore patterns that may be consistent with research suggesting individuals are moving away from religion and identifying more with spirituality. Assessing this relationship may provide insight on more effective means of incorporating spirituality into helping practices to promote resilience and well-being. Future research exploring the relationship between spiritual coping and spiritual resilience, specifically, may provide a deeper understanding of how to incorporate spiritual practices clinically to promote resilience and exactly what this looks like in practice. Future research could also benefit from addressing some of the limitations faced within the current study: using a larger sample size, seeking greater demographic diversity, running the study longer, and expanding geographically beyond one university and including non-religious schools. It would also be helpful to screen participants for mental illness and use this as an exclusion criterion to mitigate mental diagnoses' impact on results. Examining the multiple dimensions of each construct may provide a more in-depth analysis of each variable as well as the relationship among variables, which may provide information and direction regarding use of spirituality and religion within clinical and other contexts promoting well-being and resilience in college student populations.

Conclusion

The transition into college is associated with significant social and emotional challenges that affect student's mental health and PWB which has been demonstrated among the increase of students utilizing counseling services offered by colleges recently. This study was able to confirm the association among spirituality/religion, resilience, and PWB through obtaining positive correlations among variables. Due to the mediation not being significant the exact relationship among these variables is still unknown and the current study was not able to expand on the current literature; however, these results do confirm previous studies showing that spirituality contributed to higher subjective well-being both cross-sectionally and longitudinally among the young adult population. Given the results of the

current study as well as professional ethical guidelines for diversity and inclusion, spirituality should be integrated to enhance well-being and resilience in both clinical and non-clinical populations, be added to mental health training programs, and overall be more valued within campus counseling and other professional helping settings working with college-age populations.

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References

- Aburn, G., Gott, M., & Hoare, K. (2016). What is resilience? An Integrative review of the empirical literature. *Journal of Advanced Nursing*, 72(5), 980–1000. <https://doi.org/10.1111/jan.12888>
- American Counseling Association. (2014). *2014 ACA code of ethics*. <https://www.counseling.org/docs/default-source/default-document-library/ethics/2014-aca-code-of-ethics.pdf>
- American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct (2002, amended effective June 1, 2010, and January 1, 2017)*. <https://www.apa.org/ethics/code/>
- Archana, Kumar, A., & Singh, R. (2014). Resilience and spirituality as predictors of PWB among University Students. *Journal of Psychosocial Research*, 9(2), 227–235. <https://doi.org/10.4236/psych.2018.93030>
- Association for Spiritual, Ethical, and Religious Values in Counseling. (2009). *Competencies for addressing spiritual and religious issues in counseling*. <https://aservic.org/spiritual-and-religious-competencies/>
- Baron, R. M., & Kenny, D. A. (1986). The moderator-mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology*, 51(6), 1173–1182. <https://doi.org/10.1037/0022-3514.51.6.1173>
- Benson, P. L., Scales, P. C., Sesma, A., & Roehlkepartain, E. C. (2005). Adolescent spirituality. In K. A. Moore & L. Lippman (Eds.), *What do children need to flourish? Conceptualizing and Measuring Indicators of Positive Development* (pp. 25–40). Springer. https://doi.org/10.1007/0-387-23823-9_3
- Campbell-Sills, L., & Stein, M. (2007). Psychometric analysis and refinement of the Connor-Davidson Resilience Scale (D-RISC): Validation of a 10-item measure of resilience. *Journal of Traumatic Stress*, 20(6), 1019–1028. <https://doi.org/10.1002/jts.20271>
- Changhong, X., & Chengchih, L. (2021). Development and validation of the Psychological Well-Being Scale for undergraduates in China. *Advances in Social Science, Education, and Humanities Research*, 554, 552–555.
- Davidson, J. R. T. (2020). *Connor-Davidson Resilience Scale (CD-RISC) manual* [Unpublished].
- Dhananbhakyam, M., & Sarath, M. (2023). Psychological wellbeing: A systematic literature review. *International Journal of Advanced Research in Science, Communication and Technology (IJARSCT)*, 3(1), 603–607. <https://doi.org/10.48175/IJARSCT-8345>
- Faul, F., Erdfelder, E., Buchner, A., & Lang, A.-G. (2009). Statistical power analyses using G*Power 3.1: Tests for correlation and regression analyses. *Behavior Research Methods*, 41, 1149–1160. <https://doi.org/10.3758/BRM.41.4.1149>
- Hayes, A. F. (2009). Beyond Baron and Kenny: Statistical mediation analysis in the new millennium. *Communication Monographs*, 76, 408–420. <https://doi.org/10.1080/03637750903310360>
- Hayes, A. F. (2017). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach*. Guilford Press.
- Kapuscinski, A. N., & Masters, K. S. (2010). The current status of measures of spirituality: a critical review of scale development. *Journal of Psychology, Religion, Spirituality*, 2(4), 191–205. <https://doi.org/10.1037/a0020-498>

- Karyotaki, E., Cuijpers, P., Albor, Y., Alonso, J., Auerbach, R. P., Bantjes, J., Bruffaerts, R., Ebert, D. D., Hasking, P., Kiekens, G., Lee, S., McLafferty, M., Mak, A., Mortier, P., Sampson, N. A., Stein, D. J., Vilagut, G., & Kessler, R. C. (2020). Sources of stress and their associations with mental disorders among college students: Results of the World Health Organization world mental health surveys international college student initiative. *Frontiers in Psychology, 11*(1759), 1–11. <https://doi.org/10.3389/fpsyg.2020.01759>
- Koenig, H. G., McCullough, M. E., & Larson, D. B. (2012). *Handbook of religion and health*. Oxford University Press.
- Kuiper, H., van Leeuwen, C. C. M., Stolwijk-Swuste, J. M., & Post, M. W. M. (2019). Measuring resilience with the Connor–Davidson Resilience Scale (CD-RISC): Which version to choose? *Spinal Cord, 57*, 360–366. <https://doi.org/10.1038/s41393-019-0240-1>
- Lipson, S., Lattie, E., & Eisenberg, D. (2019). Increased rates of mental health service utilization by U.S. college students: 10-year population-level trends (2007-2017). *National Institute of Mental Health, 70*(1), 60–63. <https://doi.org/10.1176/appi.ps.201800332>
- Manning, L., Ferris, M., Rosario, C. N., Prues, M., & Bouchard, L. (2019). Spiritual resilience: Understanding the protection and promotion of well-being in the later life. *Journal of Religion and Spiritual Aging, 31*(2), 168–186. <https://doi.org/10.1080/15528030.2018.1532859>
- National Association of Social Workers. (2021). *National Association of Social Workers code of ethics*. <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>
- National Organization for Human Services. (2024). *Ethical standards for human services professionals*. <https://www.nationalhumanservices.org/ethical-standards/>
- Richards, K., Campenni, E., & Muse-Burke, J. (2010). Self-care and well-being in mental health professionals: the mediating effects of self-awareness and mindfulness. *Journal of Mental Health Counseling, 32*(3), 247–264. <https://doi.org/10.17744/mehc.32.3.0n31v88304423806>
- Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology, 57*(6), 1069–1081. <https://doi.org/10.1037/0022-3514.57.6.1069>
- Shryock, S., & Meeks, S. (2018). Internal consistency and factorial validity of the 42-item PWB scales. *Journal of Innovating Aging, 2*(1), 690–691. <https://doi.org/10.1093/geroni/igy023.2568>
- Singer, K., & Packard, J. (2021). Trust in religious institutions is low among Gen Z-but young people are keeping the faith in other ways. *Springtide Research*.
- Son, C., Hedge, S., Smith, A., Wang, A., & Sasangohar, F. (2020). Effects of COVID-19 on college students' mental health in the United States: Interview survey study. *Journal of Medical Internet Research, 22*(9), 1–14. <https://doi.org/10.2196/21279>
- Tanyi, R. A. (2002). Towards clarification of the meaning of spirituality. *Journal of ADV Nurses, 39*(5), 500–509. <https://doi.org/10.1046/j.1365-2648.2002.02315.x>
- Tusaie, K., & Dyer, J. (2004). Resilience: A historical review of the construct. *Holistic Nursing Practice, 18*(1), 3–8. <https://doi.org/10.1097/00004650-200401000-00002>
- Underwood, L. G. (2011). The Daily Spiritual Experience Scale: Overview and results. *Journal of Religions, 2*(1), 29–50. <https://doi.org/10.3390/rel2010029>
- Underwood, L. G., & Teresi, J. A. (2002). The Daily Spiritual Experience Scale: Development, theoretical description, reliability, exploratory factor analysis, and preliminary construct validity using health-related data. *Annals of Behavioral Medicine, 24*(1), 22–33. https://doi.org/10.1207/S15324796ABM2401_04

- Wang, X., Hedge, S., Son, C., Keller, B., Smith, A., & Sasangohar, F. (2020). Investigating mental health of U.S. college students during the COVID-19 Pandemic: Cross-sectional survey study. *Journal of Medical Internet Research*, *22*(9), 1–11. <https://doi.org/10.2196/22817>
- Wu, Y., Sang, Z., & Margraf, J. (2020). The relationship between resilience and mental health in Chinese college students: A longitudinal cross-lagged analysis. *Frontiers in Psychology*, *11*(108), 1–11. <https://doi.org/10.3389/fpsyg.2020.00108>