

THE MEDIATING ROLE OF SPIRITUALITY BETWEEN RELATIONSHIP OF RESILIENCE AND COPING

Original Research

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ABSTRACT

Background: Adolescence is a critical developmental stage characterized by profound cognitive, emotional, and behavioral changes. This period often leads individuals to seek meaning and purpose in life, with spirituality serving as a pathway for inner peace and coping during adversity. Spirituality has been linked to enhanced resilience and adaptive coping strategies, yet its role as a mediator in the relationship between resilience and coping remains underexplored. This study focuses on understanding the mediating influence of spirituality among adolescents and young adults.

Objective: The objective was to examine the mediating role of spirituality in the relationship between resilience and coping in adolescents and young adults.

Methods: A quantitative, correlational research design was employed to assess the mediation effect of spirituality. The sample included 200 participants (100 males and 100 females) aged 15–30 years, recruited through purposive convenient sampling from universities and colleges in Islamabad and Rawalpindi. Exclusion criteria included participants younger than 15 or older than 30, married individuals, and those with known psychological impairments. Data were collected using the Spiritual Health Assessment Scale (SHAS), Brief Resilience Scale (BRS), and Coping Scale. Participants provided informed consent, and confidentiality was maintained throughout the study. IBM SPSS Statistics was used for data analysis, including correlation, mediation, and t-test analyses.

Results: Findings indicated a significant positive relationship between coping, resilience, and spiritual health. Spirituality partially mediated the relationship between coping and resilience ($c' = 0.12$, $t = 2.233$, $p = 0.02$), with coping predicting spirituality ($a = 0.8$, $t = 6.35$, $p < 0.01$) and spirituality predicting resilience ($b = 0.07$, $t = 2.65$, $p = 0.009$). The total effect ($t = 3.66$, $p = 0.0003$) further supported this mediation. Gender differences were non-significant ($p > 0.05$), and spiritual health was found to be independent of age. Participants with stronger coping abilities exhibited higher resilience.

Conclusion: The study concluded that spirituality significantly mediates the relationship between coping and resilience, serving as a critical support mechanism for adolescents and young adults facing adversity. The findings underscore the value of fostering spiritual health to enhance psychological well-being, irrespective of age or gender.

Keywords: Adolescent, Adaptation Psychological, Coping, Resilience Psychological, Spirituality, Students, Young Adults.

INTRODUCTION

The current study examines the mediating role of spirituality in the relationship between resilience and coping in adolescents and young adults, a crucial developmental stage characterized by significant cognitive, emotional, and behavioral changes. Adolescence presents both challenges and opportunities, as individuals navigate the quest for meaning and purpose in life. This period often marks the emergence of spirituality, with individuals seeking solace, peace, and a deeper understanding of existence. Spirituality, rooted in the Latin word "spiritus," embodies multidimensional and transcultural constructs that extend beyond conventional definitions, evolving as individuals age. Crowther, building upon the Model of Successful Aging by Kahn and Rowe, highlighted the role of spirituality in fostering mental and physical well-being, reducing feelings of loneliness, and instilling a sense of purpose, although this model overlooked the integration of spirituality from adulthood to old age (5,6). Positive spirituality emphasizes building interpersonal relationships and creating a faith-driven, meaningful existence, which benefits individuals of all ages by alleviating stress and enhancing life satisfaction (7,8).

Spirituality encompasses dimensions such as transcendence, connectedness, meaning and purpose, and belief. Transcendence allows individuals to perceive reality beyond materialistic boundaries, fostering profound thought processes and neutrality (1,2). Connectedness emphasizes relationships with society, nature, and higher powers, while meaning and purpose address existential questions that guide one's actions and sense of belonging (3,4). Beliefs, as an integral dimension, drive behaviors and decision-making, fostering a sense of control and harmony in life (5,6).

Resilience, an essential construct in this study, refers to the capacity to adapt and recover from adversity. Defined as a process rather than an innate trait, resilience involves intrapersonal, interpersonal, and community factors shaped by cultural and environmental interactions (8,9). Individuals with resilience confront challenges, develop innovative coping strategies, and acquire the skills necessary to adapt to future stressors, demonstrating a dynamic and transformative process that strengthens their ability to navigate life's adversities (10,11).

Coping, closely tied to resilience, is defined as the cognitive and behavioral efforts employed to manage stress and reduce its adverse consequences. These strategies are context-specific and can manifest as emotion-focused or problem-focused approaches, encompassing active and passive methods to address challenging situations. Coping mechanisms facilitate the assessment of one's capabilities to handle stress, playing a pivotal role in mental and emotional adjustment during adversity (17,18).

The interplay between resilience and coping has long been acknowledged, yet the role of spirituality as a potential mediator remains underexplored. By investigating this relationship, the study seeks to illuminate how spirituality influences the adaptive processes of resilience and coping, offering a deeper understanding of its importance in adolescent and young adult development. Through this research, it aims to provide evidence-based insights into fostering psychological well-being and resilience in challenging life stages.

METHOD

Permission was obtained from the administrative authorities of colleges and universities prior to the commencement of data collection. Participants, aged between 15 and 30 years, were approached through both personal interactions and electronic means. The sample predominantly consisted of students ranging from matriculation to master's level education. Before participating, each individual was required to sign an informed consent form, acknowledging their voluntary participation and understanding of the study's purpose. Confidentiality of the data was assured, and participants were explicitly informed that they could choose not to answer any questions or withdraw at any point.

Participants were provided with a structured questionnaire and were encouraged to respond as honestly as possible. For convenience, the questionnaire was distributed both physically during personal interactions and electronically through online platforms to ensure an adequate sample size. In educational settings, participants were asked to complete the survey within approximately 15–20 minutes, although there was no strict time limit imposed, ensuring that respondents had the freedom to thoughtfully complete the questionnaire without pressure. Instructions on how to fill out the questionnaire were clearly communicated, and any questions or concerns raised by participants were addressed prior to their submission.

RESULTS

The results demonstrated that the sample consisted of 200 participants, with an equal distribution of males and females (50% each). Regarding socio-economic status, 90.5% of participants identified as belonging to the middle class, 9% to the upper class, and only 0.5% to the lower class. The age distribution revealed that the majority of participants were aged between 18-22 years (61.5%), followed by those aged 23-40 years (38%), while only one participant was in the 14-17 age group (0.5%). In terms of education, 86% were undergraduate students, 10% were pursuing a master's degree, and 4% had completed intermediate-level education, with no participants at the matriculation level.

Psychometric properties of the study variables showed adequate reliability for most scales. The Spiritual Health Assessment Scale (SHAS) had an α -reliability of 0.80, indicating good internal consistency, while the Coping scale demonstrated an acceptable reliability of 0.63. However, the Brief Resilience Scale (BRS) presented a lower reliability at 0.41. Descriptive statistics revealed that the mean scores for SHAS, Coping, and Resilience were 74.30, 33.70, and 18.90, respectively, with standard deviations of 10.85, 5.78, and 3.42. These findings suggested greater variability in spiritual health scores compared to resilience.

Correlation analysis indicated significant positive relationships among coping, resilience, and spiritual health. Coping was moderately correlated with spiritual health ($r = 0.43, p < 0.01$) and resilience ($r = 0.29, p < 0.01$), while spiritual health exhibited a moderate correlation with resilience ($r = 0.31, p < 0.01$). Mediation analysis confirmed that spirituality partially mediated the relationship between coping and resilience, as the total effect of coping on resilience ($c = 0.17, p < 0.05$) was reduced in the direct pathway ($c' = 0.12, p < 0.05$) after accounting for spirituality. Both indirect pathways were significant, confirming the mediating role of spirituality.

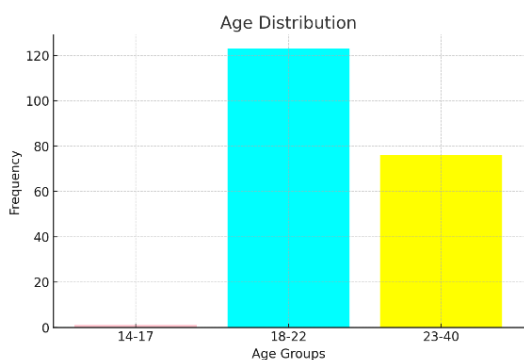


Figure 3 Age Distribution

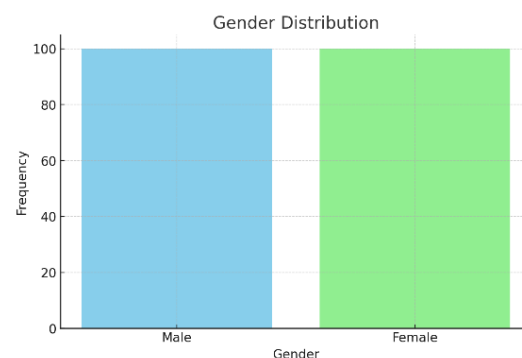


Figure 1 Gender Distribution

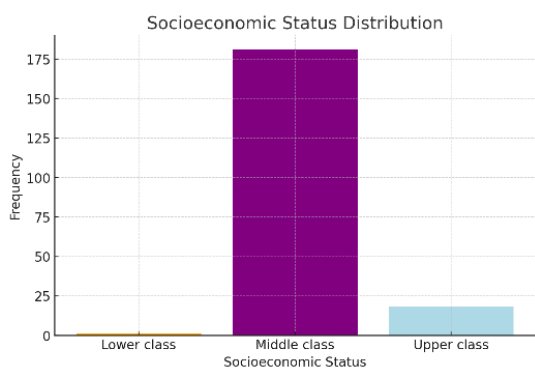


Figure 2 Socioeconomic Status Distribution

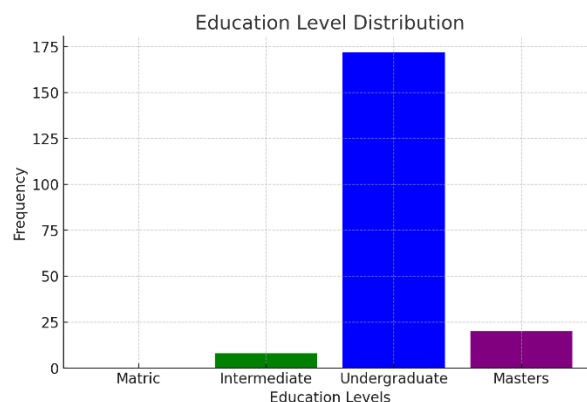


Figure 4 Education Level Distribution

The descriptive statistics revealed that the sample comprised 200 participants, with an equal gender distribution of 100 males (50%) and 100 females (50%). Regarding socio-economic status, the majority of participants (90.5%, $n=181$) were from the middle class,

followed by 9% (n=18) from the upper class, and a minimal 0.5% (n=1) from the lower class. Age-wise, most participants were aged 18-22 years (61.5%, n=123), while 38% (n=76) fell within the 23-40 age range, and only 0.5% (n=1) were aged 14-17 years. Education levels indicated that 86% (n=172) were undergraduates, 10% (n=20) were pursuing master's degrees, 4% (n=8) had completed intermediate education, and no participants were at the matriculation level. This distribution highlights a predominantly middle-class, undergraduate, young adult sample.

Table 1 Psychometric properties of study variables. (N=200)

Variables	No. of items	α- reliability	M	SD	Range		Skewness	Kurtosis
					Potential	Actual		
Coping	13	0.63	33.70	5.78	13-52	20-51	0.16	-0.09
Resilience	6	0.41	18.90	3.42	6-30	9-26	-0.36	0.38
SpiritualHealth	21	0.80	74.30	10.85	21-105	38-98	-0.24	-0.21

The psychometric properties of Coping scale, Brief Resilience Scale (BRS) and Spiritual Health Assessment Scale (SHAS) are mentioned in above table. The value of Cronbach's alpha shows that SHAS has alpha-reliability 0.80 which is good, Coping scale has 0.63 which is acceptable while BRS has 0.41 being noticeable. The values of standard deviations of these measures suggest that the scores obtained by sample on BRS are more close to mean M=18.9 while that of SHAS are more dispersed from average than others i.e. Cope and BRS.

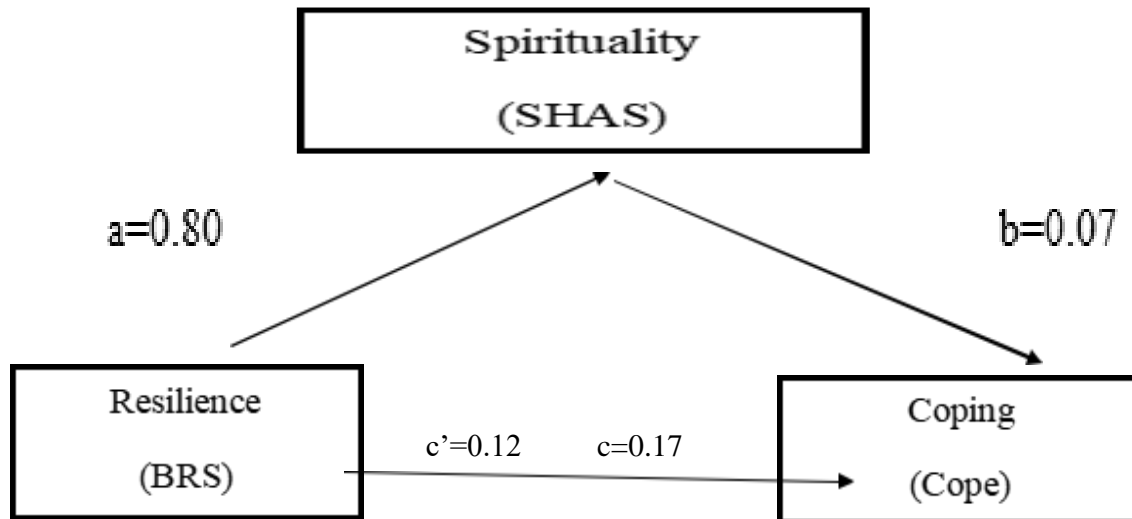
Table 2 Intercorrelations among study variables (N=200)

Variables	1	2	3
Coping	-	0.43**	0.29**
Spiritual Health	-	-	0.31**
Resilience	-	-	-

Note: **correlation is significant at 0.01 level of significance (two-tailed) p<0.01.

The values of correlation between coping strength (COPE) and resilience (BRS) is 0.29, between COPE and spiritual wellbeing of participants(SHAS) is 0.43 approximately while between SHAS and BRS is 0.31, indicating that there exists a significant positive correlations among coping strength, resilience and spiritual wellbeing of participants.

Mediating role of spirituality (SHAS) on relationship of coping (Cope) and resilience (BRS). (N=200)



Total effect is interpreted from above diagram that coping predict resilience level in an individual, $t=3.66$ and $p=0.0003$, 95% BCA CI [0.08, 0.27]. while Above diagram depicts that as in direct effect while controlling the effects of spirituality on resilience, coping being IV and the resilient behavior being DV, it was found out that $c' = 0.12$, $t = 2.33$, $p = 0.02$, 95% BCA CI [0.02- 0.21]. The pathway of indirect effect of a suggest that coping (IV) forecast spiritualism(DV) i.e. $a = 0.8$, $t = 6.35$, $p = 0$, 95% BCA CI [0.02-0.13] and the b pathway of indirect effect suggests that spirituality level (IV) predicts the resilience level (DV) i.e. $b = 0.07$, $t = 2.65$, $p = 0.009$, 95% BCA CI [0.02- 0.13].

Total effect= indirect effect + direct effect

$$c = ab + c'$$

$$0.17 = (0.8)(0.07) + 0.12$$

$$0.17 = 0.056 + 0.12$$

$$0.17 = 0.17$$

Table 3 Mean, Standard deviation and t-values for male and female. (N=200)

Variables	Male		Female		t(198)	p	95%CI		Cohen's d
	(n=100)		(n=100)				LL	UL	
	M	SD	M	SD					
Coping	34.29	5.56	33.11	5.96	1.45	0.15	-2.79	0.43	0.20

Variables	Male (n=100)		Female (n=100)		t(198)	p	95%CI	Cohen's d	
Resilience	19.26	3.77	18.54	3.00	1.49	0.14	-1.67	0.23	0.21
SpiritualHealth	74.08	11.35	74.35	10.37	0.29	0.77	-2.58	3.48	0.03

The comparison of male and female participants on coping, resilience, and spiritual health showed no significant gender differences, as indicated by p-values greater than 0.05 for all variables. The mean coping score for males was 34.29 (SD = 5.56) compared to 33.11 (SD = 5.96) for females, with a t-value of 1.45 (p = 0.15). Resilience scores were slightly higher for males (M = 19.26, SD = 3.77) than females (M = 18.54, SD = 3.00), yielding a t-value of 1.49 (p = 0.14). Similarly, spiritual health scores were nearly identical for males (M = 74.08, SD = 11.35) and females (M = 74.35, SD = 10.37), with a t-value of 0.29 (p = 0.77). Confidence intervals for all variables overlapped substantially, further supporting the absence of gender-based differences in these measures.

Table 4 One-Way ANOVA for the groups based on age for Spirituality. (N=200)

	Age						F	P
	14-17		18-22		23-40			
Groups	(n=1)		(n=123)		(n=76)			
	M	SD	M	SD	M	SD		
SpiritualHealth	63	-	73.74	10.74	75.37	11.00	1.08	0.34

As seen from above table, the values of mean and standard deviation of the age groups on spirituality (SHAS) are 63 and no SD for Middle Adolescence (14-17), 73.74 and 10.74 for Late Adolescence (10-21) and 75.37 and 11.00 for early adulthood (23-40) so age has nothing to do with spiritual wellbeing of an individual as p value is larger than 0.05.

DISCUSSION:

The primary objective of the study was to examine spirituality as a mediating factor in the association between resilience and coping. Consistent with expectations, statistical findings established a positive relationship among these three study variables. The findings align with those of Pargament (1) and Roff (2), who pointed out that a large population uses spirituality to deal with adverse situations. According to the study, spirituality first helps in coping with multiple catastrophic situations, confirming the benefit of resilience for adaptive coping. All statistical analyses were carried out using IBM SPSS Statistics.

Demographic information about the sample is depicted in Table 1. As seen in Table 1, the data comprises an equal number of males (n = 100) and females (n = 100). Out of the sample of 200, 181 belonged to the middle social class, 18 to the upper, and 1 to the lower socio-economic status. The age ranges of the sample were 15–20 (n = 65), 21–25 (n = 127), 26–30 (n = 7), and 31–35 (n = 1). The table also depicts different levels of education in the sample. Table 2 demonstrates the psychometric properties of the scale used in the research. The value of Cronbach's alpha shows that SHAS has 0.80, which is a good reliability; the Coping Scale has 0.63, an acceptable

reliability; while BRS has 0.41, which is a noticeable reliability. Correlation among study variables can be seen in Table 3. The statistical analysis among study variables shows there is a positive correlation among coping strength (Coping Scale), resilience (BRS), and the spiritual well-being of participants (SHAS). It can be interpreted from the analysis that spirituality correlates strongly with coping (0.438) and moderately with resilience (0.294) at the 0.01 level of significance.

The primary objective of the study was to address how spirituality mediates the relationship between coping and resilience. The explanation for why spirituality mediates this relationship lies in its ability to help individuals bounce back or cope with adverse situations. To be precise, spirituality creates a structure for an individual, providing direction to face life's challenges and hardships, removing negativity, and facilitating a positive outlook (3). Emmons (4) believed that spirituality represents universal faith in life's robustness during stressful situations. Spirituality is an enhancing factor that helps individuals cope with adverse situations (5). Spirituality works in multiple facets: it helps individuals prepare for catastrophic situations in the future while boosting their resilience (6). The present findings imply that perceived spirituality mediates the relationship between coping and resilience. This aspect of the data aligns with explanations in the literature, where Pargament (1) and Roff (2) argued that spirituality and resilience form a mechanism through which individuals cope with negative situations. The result is tranquility and harmony (7). Spirituality plays an important role in reacting positively to negative problems, resulting in resilience, which further engages individuals to cope with adverse situations. Table 6 outlines the mediating role of spirituality between resilience and coping.

The direct effect (c') of coping on resilience shows that coping predicts a positive relationship with resilient behavior ($c' = 0.12$, $t = 2.233$, $p = 0.02$), while controlling for the effects of spirituality on resilience. The indirect effect indicates that coping positively forecasts spirituality ($a = 0.8$, $t = 6.35$, $p = 0$), and the "b" pathway (from SHAS to BRS) demonstrates that spirituality positively predicts resilience ($b = 0.07$, $t = 2.65$, $p = 0.009$). The total effect (direct and indirect) suggests that coping positively predicts resilient behavior in individuals ($t = 3.66$, $p = 0.0003$). The values for total, direct, and indirect effects are significant, so spirituality (SHAS) partially mediates the relationship between coping and resilience (BRS).

The findings are also consistent with the hypothesis that there exist gender differences in resilience, coping, and spirituality (Table 5). Through statistical analysis, it is confirmed that there is a negligible role of gender among the three study variables. With respect to age, literature review evidence suggests that as individuals age, their use of spirituality, coping, and resilience increases. However, further research is needed to confirm this trend. Table 5 shows gender differences in SHAS, Coping, and BRS. While there are slight variations in the standard deviations and means for the Coping Scale (SD = 5.56, M = 34.29), BRS (SD = 3.77, M = 19.26), and SHAS (SD = 11.35, M = 74.08) in males and Coping Scale (SD = 5.96, M = 33.11), BRS (SD = 3.00, M = 18.54), and SHAS (SD = 10.37, M = 74.35) in females, the statistical findings indicate that gender does not significantly affect SHAS, BRS, or the Coping Scale ($p > 0.05$). Cohen's d is small ($d = 0.2$), indicating a small effect size that is not visually perceptible.

Another hypothesis in the research was to investigate the relationship between spiritual well-being and participants' ages (Table 6). The findings show that spirituality increases with age. However, the age range of 31–35 had lower values due to the limited number of participants in this category, which may have influenced the data. Nevertheless, the literature supports the hypothesis. Crowther (8) suggested that practicing spirituality helps decrease the intensity of diseases or ailments. He also proposed that engaging in spirituality brings positive change and outcomes in later life. Spiritual practices help liberate individuals and connect them with a divine power, which promotes successful living (9,10). These tendencies are more often observed in middle-aged adults, who appear more content and create environments that support their own and others' welfare (11). Table 6 represents the mean and standard deviation values for age groups in spirituality. Age groups 15–20 show a mean of 72.81 (SD = 9.99), 21–25 show a mean of 74.73 (SD = 11.29), 26–30 show a mean of 80 (SD = 9.73), and 31–35 show a mean of 77. The findings indicate that spirituality increases with age.

CONCLUSION

This study explored the mediating role of spirituality in the relationship between coping and resilience, emphasizing its significance for adolescents and young adults navigating challenging situations. The findings revealed a positive relationship among spirituality, coping, and resilience, with spirituality partially mediating this relationship. Additionally, the study found no significant gender differences in coping, resilience, or spiritual health, and spiritual well-being appeared to be independent of age. These results suggest that individuals with stronger coping abilities are likely to exhibit greater resilience, supported by the presence of spirituality as a buffering factor against maladaptive responses to adversity. Overall, the study highlighted the interconnected nature of these variables, underscoring the importance of fostering spiritual health as a resource for enhancing coping and resilience, and promoting psychological well-being in diverse populations.

AUTHOR CONTRIBUTIONS

Author	Contribution
Seemab Akhtar	Substantial Contribution to study design, analysis, acquisition of Data Manuscript Writing Has given Final Approval of the version to be published
Adeela Naureen	Substantial Contribution to study design, acquisition and interpretation of Data Critical Review and Manuscript Writing Has given Final Approval of the version to be published

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