

IJACT 19-9-1

## The effect of spiritual well-being on stress coping

Jungae Kim<sup>1</sup>, Juok Kim<sup>2</sup>

Chodang University, Nursing Department

jjosha6615@naver.com

Bucheon University, Nursing Department

amicaa@hanmail.net

### Abstract

*This study was a cross-sectional descriptive investigation study that analyzed the effects of spiritual well-being on stress coping in twenties. Data collection period was from May 1, 2019 to May 20, and 207 people voluntarily participated in the study. The sub-factors of spiritual well-being consisted of religious well-being and existential well-being. The types of stress coping consist of active coping, passive coping, aggressive coping, evasive coping, and social supportive coping. Data was analyzed using frequency analysis, t-test, Pearson correlation and multiple regression analysis using SPSS 18.0. As a result of the analysis, 90 (43.5%) were male and 117 (56.5%) were female. The 71.0% of the participants had no religion, the Buddhists were 14.5%, other religions were 5.8%, Protestants were 4.3%, Catholics were 2.9%, and Won Buddhists were 1.4%. Active coping in stress coping was correlated with religious well-being ( $r=-.357, p<0.01$ ) and existential well-being ( $r=.301, p<0.01$ ) under statistical significance. Religious well-being was significantly higher in males (Mean=2.87, SD=.753) than females (Mean=2.49, SD=.772,  $p<0.01$ ). Existential well-being was also higher in males (Mean=4.25, SD=.841) than in females (Mean=3.95, SD=.694,  $p<0.01$ ). The religious well-being was significantly higher than active coping ( $t=6.183, p<0.01$ ), passive coping ( $t=-3.595, p<0.01$ ), aggressive coping ( $t=1.991, p<0.05$ ). Existential well-being was significantly higher than active coping ( $t=5.339, p<0.01$ ), aggressive coping ( $t=1.659, p<0.05$ ), evasive coping ( $t=-3.709, p<0.05$ ) at the statistical significance level. Based on the results, it can be suggested that it was necessary to systematically plan spiritual well-being program as a way to cope with stress by knowing that spiritual well-being positively affects active, aggressive stress coping.*

**Keywords:** Coping with stress in twenties, Religion, Spiritual well-being, Religious well-being, Existential well-being.

### 1. Introduction

Recently rapid social changes were causing people to experience as much stress as the rate of change, raising concerns that it was a serious level that people could not tolerate [1-3]. Especially young people were reported to be anxious and painful in their life as an early stage of social interpersonal relationship compared to other ages. A report on the serious problems of young people includes the results of community health surveys conducted from 2008 to 2012. According to this report, female college students in Korea reported that there were incidents of suicide due to pessimism about employment, interpersonal relationship, and appearance [4]. The characteristics of young people tend to seek perfectionism compared to other age groups, and feelings of alienation through social network service (SNS) act as a factor to deteriorate their mental health. It is reported that the most painful factor for young people was emotional anxiety. This was a very different result from other ages that the deterioration of physical health was the cause of disturbing life. The causes of the psychological distress of young people could be summarized as peer group, competitive stress, and solitude. Understanding how to cope with these stresses would be the first step in resolving stress. Recently, the causes

of stress were known as psychological and psychological factors, and it was reported that spiritual well-being was a protective factor [5]. When spiritual well-being was firmness, self-identity and the concept of life were firmly established, and the meaning of self-existence and life was positively viewed. When spiritual well-being was broken, psychological uneasiness was felt. And the foundation of life was shaken [6]. Based on this, WHO defines the definition of health as well as physical, mental and social as well as spiritual well-being [7]. According to WHO definition of spiritual health, spiritual health is a positive attitude to realize the meaning of one's life, to harmonize with people, to harmonize body, mind and spirit and to achieve meaningful purpose of life. Unlike animals, humans have an inner desire to pursue meaning. This inner desire could be experienced on the spiritual level by self-transcendence, self-discipline such as meditation and reflection. Therefore, a spiritually healthy state was defined as a dynamic state that was good for daily life with happiness and hope from the inside. Looking at the literature on spiritual well-being, [6] stated that "Spiritual well-being is the ability to develop human spiritual nature to the fullest, and to live a harmonious life in relation to the absolute, neighbor and environment that exists beyond time and space" [8]. While he focused on spiritual wellbeing merely on religious well-being, [9] distinguished between existential well-being with focus on the meaning and purpose of life and religious wellbeing with goodness in relation to God. Existential well-being refers to spiritual well-being on a horizontal level. Existential well-being was related to the satisfaction of life, the meaning and purpose of life, and the interaction with the worthy experience, self, neighbors, environment through the relationship with God. And religious well - being means fulfillment of the spiritual need which was obtained from the relationship with transcendent being higher than self. Chapman et al., Emphasized that religious well-being causes people to gain love, joy, and peace, and to maximize the potential resources of themselves and others [9]. A study of the effects of spiritual well-being. ES Kang et al., defined religious well-being as a sense of human well-being toward the Absolute, and this experience is based on the assumption that humans are able to cope with life crises such as illness, suffering, loss in the study [10-11]. There was also a study of psychological well-being related to the personality of individuals. McCullough et al. Have found that personality strengths consistently reflect the individual's thoughts and behaviors to benefit oneself and society [12]. MH Park also emphasized that these personality strengths had a positive effect on spiritual well-being in the study [13]. Furthermore, Hungelmann J., et al., Spiritual well-being was the internal resource of an individual who could get over the suffering and difficulties of reality by giving meaning to life and pursuing the purpose that was obtained by pursuing a dynamic relationship with God. When people have well-being, they were showing a positive attitude toward their life in spite of the negative environment, emphasizing the harmony and peace with the outside environment and themselves [14]. Through these research results, it could be seen that the leading factor for spiritual health was an in - depth inquiry into life, pursuing meaning and purpose of life. On the other hand, the obstacles to spiritual health were greed (greed, humiliation), doubt, anxiety, and anger. And the results of spiritual health emphasized the prevention and acceptance of diseases, the promotion of tolerance, the promotion of recovery, moral development, peaceful life, self-esteem, freedom, love and peace. In conclusion, spiritual well-being to physical, mental, and social health was generally categorized as affecting [15]. During the course of life, people experience various stresses. People experience various stresses. Stress was generally classified into developmental stresses occurring in the course of life and situational stresses arising from unexpected events. In particular, research on stress has been actively conducted in the Asian countries that have developed rapid economic development. In a recent study on stress in 20 countries in 23 countries, young people in Asian countries reported higher depressive symptoms due to stress than non-Asian countries [16]. In addition, psychological factors such as hopelessness, depression, isolation, alcoholism, and stressful life events have been reported to affect female suicide in existing studies on suicide among female university students in their 20s [17-18]. Stress was the result of any work or thoughts that make person frustrated, angry, or sensitive. Therefore stress referred to emotional physical tension. When people were stressed, the body reacted to the stress or demands something. Stress could therefore be said to be the body's way of responding to any demand or threat, and when the body was in danger, the body automatically and quickly responds to the "fight-or-flight" method. In an emergency situation, the stress response made additional people stronger to protect oneself, and people were clear and energetic when doing what they want. Thus, when people should do a given role or challenge themselves, stress could be helpful in productive and creative ways to help. Although stresses that were routinely experienced could be stressful to

some people, they could act as a major factor in harming the physical and mental health, while others could lead to a developmental direction. As described above, Lazarus et al. (1984) and Compas (1988) defined the coping behaviors that respond to stress and emphasized that the results of physical and psychological adaptation vary according to stress coping behavior [19-20]. Short, tempered stress could be a positive stress period, but long-term repetitive and unbearable stress exposure could lead to serious problems as the body's line of defense collapses, resulting in various symptoms. Major symptoms could be categorized into cognitive, emotional, physical, and behavioral symptoms. Cognitive symptoms included memory problems, inability to concentrate, poor judgment, seeing only the negative, anxious or racing thoughts, constant worrying, emotional symptoms included Depression or general unhappiness, anxiety and agitation, moodiness, irritability, or anger, feeling overwhelmed, loneliness and isolation, other mental or emotional health problems, physical symptoms included pains, diarrhea or constipation, nausea, dizziness, chest pain, rapid heart rate, loss of sex drive, frequent colds or flu, behavioral symptoms included eating more or less, sleeping too much or too little, withdrawing from others, procrastinating or neglecting responsibilities, using alcohol, cigarettes, or drugs to relax, nervous habits. The factors that cause stress were external and internal. External stress was known as major life changes, work or school, relationship difficulties, financial problems, Being too busy, children and family. In addition, internal stressors were known as pessimism, inability to accept uncertainty, rigid thinking, insufficient flexibility, negative self-talk, unrealistic expectations, perfectionism, and all-or-nothing attitude [21]. Many scholars have been interested in coping with stress because people's stress could be caused by various factors and unexpected negative consequences if proper stress was not addressed. Stress coping was generally intended to maintain an emotional balance with positive self-image when negative events occur, occurring in the context of changes in life. [3] defined coping behavior as an individual's response to an event or situation that directly or potentially stressed it. [19], [22] emphasize that the analysis of coping behavior focuses on the intentional responses of individuals [22]. The types of coping behaviors were reported to have a significant relationship with individual psychological and emotional characteristics such as depression tendency and control. [20] [22]. The depressive tendency showed a positive relationship with emotion-oriented coping behaviors in stress coping behaviors, and an inadequate relationship with problem-oriented coping behaviors and social support seeking coping behaviors [23-24]. Based on the above literature review, it was important to find out how spiritual well-being affects the stress coping style and it was important to develop a practical coping program according to stress coping style. However, research to date has focused on studies that contribute to the physical and mental well-being of stress types, coping, and spiritual well-being. Therefore, this study aimed to provide the basic data for the development of a practical stress coping program with the following specific purpose. First, identify differences in spiritual well-being and stress coping styles according to general characteristics. Second, analyze the effects of spiritual well-being on types of stress coping.

## 2. Research Method

### 2.1. Research Design

This study was a descriptive research analyzing the effects of spiritual well-being on stress coping styles in twenties (Figure 1). A total of 207 people participated in this research who wanted to participate in the research voluntarily. Data collection period was from May 1, 2019 to May 20, 2013. The sub-factors of spiritual well-being consisted of religious well-being and existential well-being. The types of stress coping consist of active coping, passive coping, aggressive coping, evasive coping, and social supportive coping.

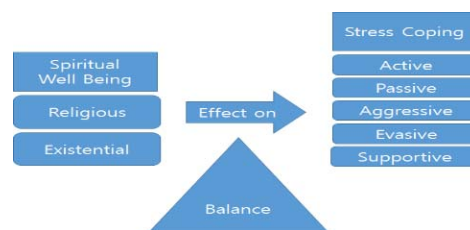


Figure 1.

## 2.2. Research tool

### 2.2.1. Spiritual well-being

A tool for measuring spiritual well-being was measured using the tools developed by Paloutzian et al., [25] The spiritual well-being, which was composed of subordinate elements of religious well-being and existential well-being, was rated as 6 points likerts, 1 point that it was not at all, and 6 points was very highly (Figure 2). The higher the score, the higher the spiritual well-being. To improve the reliability of the tool, spiritual goodwill items consist of reverse scoring and regular scoring. The reliability of the scale was Religious well-being's Cronbach  $\alpha=0.757$  and Existential Well-Being Cronbach  $\alpha=0.841$ .

	Religious well-being	Existential well-being
Reverse scoring	1,5,9,13	2,6,12,16,18
Regular scoring	3,7,11,15,17,19	4,8,10,14,20

Figure 2.

### 2.2.2. Stress coping type

The instrument for measuring stress coping type was measured using tools developed by Min Ha Young [26]. The types of stress coping consist of five sub-elements: active coping, passive coping, aggressive coping, evasive coping, and social support seeking coping (Figure. 3). The stress coping tool has 5 points likerts, and the higher the score, the higher the coping type. The reliability of each sub-factor was as follows; active coping Cronbach  $\alpha=0.869$ , passive coping= $0.717$ , aggressive coping Cronbach  $\alpha=0.734$ , evasive coping Cronbach  $\alpha=0.723$ , and social support seeking coping Cronbach  $\alpha=0.856$ .

Stress coping type	Item number
Active coping	1,2,3,4,11,18,25,29
Passive coping	5,8,13,14,15,21,22,23,
Aggressive coping	6,12,17,20,24,
Evasive coping	7,19,26,28,
Social support coping	9,10,16,27,

Figure 3.

## 3. Result

### 3.1. General characteristics

Frequency analysis was conducted to identify the general characteristics of participants (Table 1). As a result, 90 (43.5%) males and 117 females (56.5) were female, there were 159 (76.8) patients aged 20-24 years, and 48 (23.2%) were 25-29 years old, The majority of people without religion were 147 (71.0%), followed by Buddhism 30(30.5%), others 12(5.8%), protestant 9(4.3%), catholic 6 (6.9%), and Won Buddhism 3(1.4%). Among the participants, 147 (71.0%) were alcohol drinkers, 57 (27.5%) were non-alcohol drinkers and 3 (1.4%) were quit the alcohol drinkers. There were 60 (29.0%) smoker, 144 (69.6%) non-smoker, and 3 (1.4%) quit

the smoker. Interests were Culture 48 (23.3%), Leisure 15 (7.2%), Politics 9 (4.3%), Economy 6 (6.9%), others 39 (39.8%), None 48 (23.2%) were found.

**Table 1. General characteristics**

Variable		N (%)	Variable		N (%)
Gender	Male	90 (43.5)	Age	20-24	159 (76.8)
	Female	117 (56.5)		25-29	48 (23.2)
Religion	Protestant	9 (4.3)	Interested Field	Politics	9 (4.3)
	Catholic	6 (2.9)		Economics	6 (2.9)
	Buddhism	30 (14.5)		Culture	48 (23.2)
	Won Buddhism	3 (1.4)		Leisure	15 (7.2)
	Others	12 (5.8)		Exercise	42 (20.3)
	None	147 (71.0)		Others	39 (18.8)
Alcohol	Yes	147 (71.0)	Smoking	Yes	60 (29.0)
	No	57 (27.5)		No	144 (69.6)
	Quit	3 (1.4)		Quit	3 (1.4)

### 3.2. The difference between spiritual well-being and stress coping type

T-test was performed to test the difference between spiritual well-being and stress coping type according to gender (Table 2). The results of the analysis showed that male was significantly higher ( $p < 0.01$ ) than female in female (mean=2.49, SD=.772) at the statistical significance level ( $p < 0.01$ ), Existential Well-Being was significantly higher ( $p < 0.01$ ) in male (mean =4.25, SD=.841) than female (mean=3.95, SD=.694), Active Coping was significantly higher ( $p < 0.01$ ) in male (Mean=2.88, SD=.482) than female (Mean=2.68, SD=.543), Passive coping was significantly higher ( $p < 0.05$ ) in male (Mean=2.03, SD=.385) than female (Mean=2.17, SD =.510), Social coping showed that male (Mean=2.48, SD=.558) was higher than female (Mean=2.29, SD= .638) at statistical significance ( $p < 0.05$ ).

**Table 2. The difference between spiritual well-being and stress coping type**

Variable	Mean		SD		t	p
	Male	Female	Male	Female		
Religious well-being	2.87	2.49	.753	.772	3.470	.001**
Existential well-being	4.25	3.95	.841	.694	2.815	.005**
Active coping	2.88	2.68	.482	.543	2.739	.007**
Passive coping	2.03	2.17	.385	.510	-2.214	.028*
Aggressive coping	1.73	1.65	.427	.494	.996	.320
Evasive coping	2.04	2.05	.609	.453	-.209	.835
Social coping	2.48	2.29	.558	.638	2.223	.027*

\*\* ,  $p < 0.01$  level, \* ,  $p < 0.05$  level.

### 3.3. Correlation between spiritual well-being and stress coping

Pearson correlation analysis was performed to examine the correlation between spiritual well-being and stress coping (Table 3). Active coping showed a significant correlation with Religious well-being ( $r=-.357$ ,  $p<0.01$ ) and existential well-being ( $r=.301$ ,  $p<0.01$ ), passive coping was correlated with relational well-being ( $r=-.249$ ,  $p<0.01$ ) and active coping ( $r=.233$ ,  $p<0.01$ ), aggressive coping was significantly associated with passive coping ( $r=.140$ ,  $p<0.01$ ), evasive coping was significantly associated with passive coping and aggressive coping ( $r=.420$ ,  $p<0.01$ ), social coping was significantly correlated with religion well-being ( $r=.141$ ,  $p<0.01$ ), active coping ( $r=.518$ ,  $p<0.01$ ), passive coping ( $r=.217$ ,  $p<0.01$ ), aggressive coping ( $r=.246$ ,  $p<0.01$ ), and evasive coping ( $r=.292$ ,  $p<0.01$ ). Supportive seeking coping appeared positive correlation with active coping ( $r=.518$ ,  $p<0.01$ ) and aggressive coping ( $r=.246$ ,  $p<0.01$ ) and negatively correlated with passive coping ( $r=-.217$ ,  $p<0.01$ ) and evasive coping ( $r=-.292$ ,  $p<0.01$ ).

**Table 3. Correlation between spiritual well-being and stress coping**

Variable	Mean	SD	1	2	3	4	5	6	7
1. Religious well-being	2.66	.784	1						
2. Existential well-being	4.08	.774	.073	1					
3. Active coping	2.77	.527	-.357**	.301**	1				
4. Passive coping	2.11	.465	-.249**	-.102	.233**	1			
5. Aggressive coping	1.69	.466	-.125	.165	.140**	.312	1		
6. Evasive coping	2.05	.525	.078	-.244	.113	.420**	.451**	1	
7. Supportive seeking coping	2.38	.610	.141**	.052	.518**	-.217**	.246**	-.292**	1

\*\* , The correlation coefficient is at 0.01 level (both sides), \* , the correlation coefficient is at 0.05 level (both sides).

### 3.4. The effect of spiritual well-being on stress coping

Multiple regression analysis was performed to analyze the effect of spiritual well-being on stress coping (Table 4). The results of the analysis showed that religious well-being was significantly higher than acting coping ( $t=-6.183$ ,  $p<0.01$ ), passive coping ( $t=-3.595$ ,  $p<0.01$ ), aggressive coping ( $t=-1.991$ ,  $p<0.05$ ) at the statistical significance level. Existential well-being was significantly higher than acting coping ( $t=-5.339$ ,  $p<0.01$ ), aggressive coping ( $t=-1.659$ ,  $p<0.05$ ), evasive coping ( $t=-3.709$ ,  $p<0.05$ ) at the statistical significance level.

**Table 4. The effect of spiritual well-being on stress coping**

Dependent Variable	Independent Variable	Non-standardization factor		B	t	p	Tolerance limit
		B	SD				
Active Coping	A constant	2.533	.198		12.774	.000**	
	Religious well-being	-.255	.041	-.382	6.183	.000**	.994
	Existential well-being	.223	.042	.330	5.339	.000**	.994
	R <sup>2</sup> =.236, Modified R <sup>2</sup> =.228, F=31.029, p=.000, Durbin Watson=1.844						
Passive	A constant	2.704	.193		14.011	.000**	

Coping	Religious well-being	-.144	.040	-.243	-3.592	.000**	.995
	Existential well-being	-.051	.041	-.085	-1.250	.213	.995
	R <sup>2</sup> =.069, Modified R <sup>2</sup> =.060, F=7.601, p=.001, Durbin Watson=1.855						
Aggressive Coping	A constant	2.253	.197		11.461	.000**	
	Religious well-being	-.068	.041	.114	1.659	.099*	.995
	Existential well-being	-.094	.041	.156	2.271	.024*	.995
R <sup>2</sup> =.040, Modified R <sup>2</sup> =.031, F=4.251, p=.016, Durbin Watson=1.950							
Evasive Coping	A constant	2.575	.218		11.800	.000**	
	Religious well-being	.064	.045	.096	-1.419	.157	.995
	Existential well-being	-.170	.046	-.251	-3.709	.000**	.995
R <sup>2</sup> =.069, Modified R <sup>2</sup> =.060, F=7.541, p=.001, Durbin Watson=1.616							
Social Coping	A constant	2.796	.260		10760	.000**	
	Religious well-being	-.108	.054	.138	-1.991	.048*	.995
	Existential well-being	-.033	.055	.041	-.597	.551	.995
R <sup>2</sup> =.022, Modified R <sup>2</sup> =.012, F=2.259, p=.107, Durbin Watson=1.940							

\*\* , p< 0.01 level, \* , p< 0.05 level.

#### 4. Conclusion

This study was a cross-sectional descriptive investigation study that analyzed the effects of Spiritual Well Being on stress coping behavior in twenties. There were a total of 207 people in the study, 71.0% of them did not have religion, 71.0% were drinking alcohol, 69.6% did not smoke, and they were interested in politics, exercise, and culture. Therefore the results should be interpreted with reference to them.

According to the results of the study, spiritual well-being was found to be higher in male than female in both religious well-being and existential Well-Being. The results of this study were very different from the ones that have been studied so far. For example, [27] emphasized that women are deeply involved in religion and health, especially in maternal care [27]. It was also said that women act as catalysts when they face certain illnesses due to high religious devotion [28]. Also [29] studied age, sex, and emotional changes in 6640 survivors of cancer patients at a rehabilitation center in Denmark, research has shown that women have more spiritual or religious interest than men [29]. However, in recent years, there has been a significant difference in the severity of alcohol dependence among stresses among men in the biological study of blood and the stress and drinking severity in the healthy twenties. In general, the results are different from what women expect to be vulnerable to stress than men [30]. Therefore, it is necessary to escape the usual judgment that women are vulnerable to stress and sensitive to religion. Through this research, it was concluded that women should be free from stereotypes that humanity will be more interested in religion than men. This will need to be studied further. [25] argue that spiritual well-being could be divided into Religious well-being and Existential well-being. The existential well-being of spiritual well-being was interpreted as a horizontal dimension that affects man's life crisis, such as illness, suffering, loss, etc., Religious well-being was the ultimate value experienced in the relationship with God that affected the interaction of oneself, neighbors, and the environment through human beliefs, values, and lifestyles. Therefore, religious well-being was described as a vertical dimension related to the meaning and purpose of life such as satisfaction with human life, which mean that those who were high in spiritual well-being appeared a positive attitude toward their life despite their negative

circumstances and circumstances, and they had internal harmony, peace, and appreciation and supportive relationships with others [31-32]. Based on the above literature review, it was necessary to analyze various aspects of how the situation and factors of the 20s who are relatively exposed to stress recently showed difference in spiritual well-being. In addition, Hvidt NC et al., Reported that even in a religion-prohibited society religion is being accepted as an emotional challenge, urging health care managers to have systemic attention to religious well-being and existential well-being [29]. The results appeared that active coping and social supportive coping were higher in males and passive coping was higher in females than males. [26] Classified the type of coping when people experience stress as five types based on the results of the research so far. Types of stress coping behaviors consisted of active coping, passive coping, aggressive coping, evasive coping, and social support seeking coping. Among these five types, active coping was the act of coping positively without avoiding stress. It has the characteristic to positively accommodate change, likes to intervene without avoiding what is related to others, it was a type that has confidence that it can lead itself on. This type of behavior was believed to be able to change one's life in a desirable way through one's own efforts and influence. The results of this study appeared that the active coping was higher in males than females. Active coping was also correlated with relational well-being ( $r = .357, p < 0.01$ ) and Existential well-being ( $r = .301, p < 0.01$ ). Active coping accepts stress as an event to be experienced in the context of life, and spiritual well-being was very effective in coping with stress positively. Evasive coping, on the other hand, appeared a significant relationship with passive coping and aggressive coping, based on these results, evasive coping people were found to be passive and aggressive about stress. It could be state that this kind of stance avoids stress and sees itself as an object to attack. Thus, spiritual well-being correlated with positive stress coping.

As a result of analyzing the effect of Spiritual Well-Being on stress coping, religious well-being significantly affected all sub-factors of stress coping except evasive coping, and existential well-being significantly affected all sub elements except Passive Coping. However, the literature review compared with the present study was compared with the results of a study of cancer patients rather than healthy people. Therefore, a more extensive study is required for accurate comparison and low comparison is necessary. And it could be suggested that it was very necessary to systematically plan spiritual well-being program as a way to cope with stress by knowing that spiritual wellbeing has a positive effect on active coping of stress.

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