International Journal of Science and Research (IJSR)
ISSN: 2319-7064
SJIF (2019): 7.583

Effect of Spirituality on Health and Physical Wellbeing in Chinese Young Adults

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Abstract: ***Health is a state of physical, mental, social, and spiritual wellbeing of an individual and not merely absence of disease. The role of spirituality in health and wellness has been long understood by the humans. However, the scientific understanding of its relevance has started to gain importance from the scientific world. Spirituality is largely differed in definition by the culture and country of the individual. Despite the cultural definitions, it is being established that spirituality mediates several psychological, social and psychological factors. This pilot study was aimed at understanding the correlation between spirituality and incident physical symptoms in Chinese healthy population. Healthy volunteers, both males and females of age between 18 and 30 years were recruited from a Chinese University. Subjects diagnosed with any clinical illness were not included in the study. A digital survey was administered to 133 volunteers for the Chinese versions of physical symptom checklist and psychomartix spirituality inventory. Our results indicate that females are more prone to physical manifestation of symptoms on exposure of stressors. Even though there are no correlations that exist amongst the symptoms and spirituality indicators in the other group, we speculate that the effects of non-mindfulness might take a longer time for physical manifestation of a disease condition.***

Keywords: Health, Spirituality, Young Adults, Mindfulness, Divinity, Chinese.

1. Introduction

The connections between mind and body have been acknowledged via human experiences throughout history; however, the biological mechanisms of the mind-body connection have only begun to be understood. Health care requires attention to all aspects and dimensions (physical, mental, emotional, social, spiritual, etc.) that make individuals human(Sorajjakool, S., & Lamberton, 2004) and the need for health care providers to address the connection between spirituality and health is widely identified (Young & Koopen, 2004). Among health care professionals and the public in general, there has been a growing interest in the relationship between spirituality and health, and research addressing this topic has increased tremendously since late 1980s (Sorajjakool, S., & Lamberton, 2004). The resurgent interest in spirituality and health not only encouraged researchers to investigate the relationships between religion/spirituality and health but also increased emphasis on training professionals to develop an awareness of and respect for cultural diversity related to religion and/or spirituality. Furthermore, the strength of one's religion and/or spirituality has been recognized as a cultural force(Shafranske & Maloney, 1996).

"Spirituality is distinguished from all other things—humanism, values, morals, and mental health—by its connection to that which is sacred, the transcendent. The transcendent is that which is outside of the self, and yet also within the self—and in Western traditions is called God, Allah, HaShem, or a Higher Power, and in Eastern traditions may be called Brahman, manifestations of Brahman, Buddha, Dao, or ultimate truth/reality. Spirituality is intimately connected to the supernatural, the mystical, and to organized religion, although also extends beyond organized religion (and begins before it). Spirituality includes both a search for the transcendent and the discovery of the transcendent and so involves traveling along the path that leads from no consideration to questioning to either staunch nonbelief or belief, and if belief, then ultimately to devotion and finally, surrender. Thus, our definition of spirituality is very similar to religion and there is clearly overlap"(Koenig, King, & Carson, 2012).

The definition of religion is restricted to institutionally based dogma, rituals, and traditions, whereas the term "spirituality," which is generally described as a highly individualized search for the sense of connectedness with a transcendent force, implies an inner and more personal process (Pargament, 1997). In the literature on spirituality, the centrality of the relationships between self, others, and a Higher Power or God is a major focus and a prominent emerging theme (Young & Koopen, 2004). Sorajjakool and Lumberton (2004) noted that when defining spirituality two practical points for health care professionals must be considered. First is the importance of clarifying how spirituality is defined and measured in studies of spirituality and health. The other is to be aware that the meanings of religiousness and spirituality will vary significantly depending on who is using the terms. Although more sophisticated research has been conducted to address how spirituality/religion affects health, measurement of spirituality/religion constructs in health research has usually been poor in quality, often consisting of a single question, and spirituality has been narrowly defined within Western traditions (Miller & Thoresen, 2003). While researchers have suggested various possible psychological, social, and physiological mediators that may account for the connection between spirituality/religion and health, the nature of religion and spirituality may also explain these effects.

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More finely delineated measures of spirituality/religion might be related more directly to physical and mental health(Hill & Pargament, 2003). Having a clear definition of spirituality is a critical component when conducting spirituality-related studies, since spirituality may have many different meanings. Having different cultural views on the practice of spirituality, we had designed this study to assess any possible relationship between physical wellness and spirituality in healthy Chinese volunteers using the Psychomatrix Spirituality Inventory, developed by Wolman (2001) and the Physical symptom checklist developed by Cohen.

Psychomatrix Spirituality Inventory (PSI) developed by Wolman using confirmatory factor analysis (CFA): divinity, mindfulness, extrasensory perception, and intellectuality.

2. Materials and Methods

The study was a simple survey design, A digital survey was administered to 133 volunteers for the Chinese versions of physical symptom checklist and psychomartix spirituality inventory.

73 students of Tianhe College of Guangdong Polytechnical Normal University and 60 students of Guangdong Food and Drug vocational College, age between 18~35, were participated for the survey subjects. The inclusion criteria were; students of Tianhe College of Guangdong Polytechnical Normal University and Guangdong Food and Drug Vocational College, age between 18~30, willing to volunteer to the study. The current study set the exclusion criterion; any self-reported diagnosed clinical illness.

Data Collection
Data of sample subjects were collected by using online survey tool, “sojump.com”

Assessment Tools

Wolman developed the PSI in 2001
PSL is a self-reported 80-item measure on a 4-point likert scale.
Reliability levels estimated in Wolman’s study among 4737 respondents for the four factors were 0.87 for the divinity, 0.80 for the mindfulness, 0.79 for the extrasensory perception, and 68 for the intellectuality (Matthews, 2004).

Physical symptom checklist
The Cohen-Hoberman Inventory of Physical Symptoms (CHIPS) is a list of 33 common physical symptoms. Items were selected so as to exclude items of an obvious psychological nature. Each item is rated on a 5-point Likert scale for how much that item bothered or distressed the individual during the past two weeks.(Cohen & Hoberman, 1983)

3. Results

The data was analysed for normality using shapiro wilk’s test. The data was not normally distributed. Therefore, non-parametric tests for correlation (Kendall’s Tau and Spearman’s Rho) were used to estimate the relationship between mindfulness, divinity and physical symptoms. A ranking of commonly presenting symptom was made in the study population.

The data was assessed for correlation between genders and based on the mindfulness and divinity factor scores. Results indicate a moderate correlation between physical symptoms and divinity (p=0.003, r=0.41) & mindfulness factors (p=0.003, r=0.41) in Female gender. Whereas, no correlations among these were observed in Male gender (Table 1).

Table 1: Correlations (female)

Correlations					
			Total_PSC	Div_Factor	Mf_Factor
Kendall's tau_b	Total_PSC	Correlation Coefficient	1.000	.295**	.303**
		Sig. (2-tailed)	.	.003	.003
		N	51	51	51
	Div_Factor	Correlation Coefficient	.295**	1.000	.466**
		Sig. (2-tailed)	.003	.	.000
		N	51	51	51
	Mf_Factor	Correlation Coefficient	.303**	.466**	1.000
		Sig. (2-tailed)	.003	.000	.
		N	51	51	51
Spearman's rho	Total_PSC	Correlation Coefficient	1.000	.408**	.413**
		Sig. (2-tailed)	.	.003	.003
		N	51	51	51
	Div_Factor	Correlation Coefficient	.408**	1.000	.611**
		Sig. (2-tailed)	.003	.	.000
		N	51	51	51
	Mf_Factor	Correlation Coefficient	.413**	.611**	1.000
		Sig. (2-tailed)	.003	.000	.
		N	51	51	51

**. Correlation is significant at the 0.01 level (2-tailed).

Table 1: Representing the correlations in female gender (Total_PSC = Total Physical Symptom Checklist scores; Div_factor =Divinity Factor; Mf_Factor = Mindfulness Factor). Results also indicated that, female gender having less of mindfulness were moderately associated with physical symptoms (p=0.024, r=0.35) (table 2).

Table 2: Correlations (female with mindfulness factor ≤2.6)

Correlations					
			Total_PSC	Div_Factor	Mf_Factor
Kendall's tau_b	Total_PSC	Correlation Coefficient	1.000	.203	.252*
		Sig. (2-tailed)	.	.071	.025
		N	42	42	42
	Div_Factor	Correlation Coefficient	.203	1.000	.381**
		Sig. (2-tailed)	.071	.	.001
		N	42	42	42
	Mf_Factor	Correlation Coefficient	.252*	.381**	1.000
		Sig. (2-tailed)	.025	.001	.
		N	42	42	42
Spearman's rho	Total_PSC	Correlation Coefficient	1.000	.282	.347*
		Sig. (2-tailed)	.	.071	.024
		N	42	42	42
	Div_Factor	Correlation Coefficient	.282	1.000	.500**
		Sig. (2-tailed)	.071	.	.001
		N	42	42	42
	Mf_Factor	Correlation Coefficient	.347*	.500**	1.000
		Sig. (2-tailed)	.024	.001	.
		N	42	42	42

*. Correlation is significant at the 0.05 level (2-tailed).
**. Correlation is significant at the 0.01 level (2-tailed).

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Table 4: Table representing female gender correlations with mindfulness factor ≤ 2.6

Ranking of common and predominant physical symptom was performed and the top five physical symptoms and their percentage incidence are reported in table 3

Table 3: Physical Symptoms

No	Symptom	% incidence
1	8. Constant fatigue	9.77
2	2. Weight change	9.02
3	3. Back pain	5.26
4	20. Felt weak all over	5.26
5	22. Feeling low in energy	5.26

Table 3: Table representing predominant five physical symptoms present in the study population

Results also suggest that females with physical symptoms score of above 99 were strongly associated with decreased mindfulness (r=0.8) and divinity factors (r=0.9) (Table 4)

Table 4: Correlations (physical symptoms score >99)

Correlations					
			Total_PSC	Div_Factor	Mf_Factor
Kendall's tau_b	Total_PSC	Correlation Coefficient	1.000	.667	.913
		Sig. (2-tailed)	.	.174	.071
		N	4	4	4
	Div_Factor	Correlation Coefficient	.667	1.000	.548
		Sig. (2-tailed)	.174	.	.279
		N	4	4	4
	Mf_Factor	Correlation Coefficient	.913	.548	1.000
		Sig. (2-tailed)	.071	.279	.
		N	4	4	4
Spearman's rho	Total_PSC	Correlation Coefficient	1.000	.800	.949
		Sig. (2-tailed)	.	.200	.051
		N	4	4	4
	Div_Factor	Correlation Coefficient	.800	1.000	.632
		Sig. (2-tailed)	.200	.	.368
		N	4	4	4
	Mf_Factor	Correlation Coefficient	.949	.632	1.000
		Sig. (2-tailed)	.051	.368	.
		N	4	4	4

Table 4: Table representing the correlation between Physical symptom score above 99 with divinity and mindfulness factors

4. Discussion

The present study was conducted with an objective to understand the correlations between individual's spirituality and presence of physical symptoms in Young adult Chinese population. Several studies conducted earlier have reported association between an individual's psychological well-being to state of physical wellness. Earlier studies have indicated the positive role of mindfulness and spirituality in better health. However, the concept of understanding and assessing spirituality differs amongst cultures – an aspect that remains to be addressed until now in ascertaining the beneficial effects of spirituality in mental and physical wellbeing.

The present study was a preliminary survey conducted to understand if any correlations exist between one's spirituality and physical wellness even while an individual is healthy. Result indicate female gender's states of divinity and mindfulness to be associated with subjective incidence of physical symptoms. No correlations were observed amongst mindfulness, divinity and physical symptoms in male gender.

The findings of the present study indicate that

- Moderate correlation between physical symptoms and divinity (p=0.003, r=0.41) & mindfulness factors (p=0.003, r=0.41) in Female gender
- Female gender having less of mindfulness were moderately associated with physical symptoms (p=0.024, r=0.35)
- Females with physical symptoms score of above 99 were strongly associated with decreased mindfulness (r=0.8) and divinity factors (r=0.9)

The observation of female gender, mindfulness and physical symptoms are very unique and require further understanding as why these changes are evident in female gender and why not in male gender. However, we speculate that these changes might be due to increased attention to health by the females than the males.

5. Strength

The study was directed to find out and identify spirituality and the common threat which often takes place in day to day events among the youth. The research included 133 volunteers who cooperated this study to happen. The findings indicate that they were more sensitive towards the issues like spirituality and divinity. This is the study where effect of spirituality on health and physical being was main domain to explore.

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6. Limitation

This study was a one-time assessment conducted on healthy individuals. Study requires to be conducted on ailing population of various age ranges to ascertain the association between spirituality indicators and physical symptoms.

7. Conclusion

Our results indicate that females are more prone to physical manifestation of symptoms on exposure of stressors. Even though there are no correlations that exist amongst the symptoms and spirituality indicators in the other group, we speculate that the effects of non-mindfulness might take a longer time for physical manifestation of a disease condition.

Further studies are warranted to ascertain the role of spirituality in larger population with different age groups and varying health states. We speculate that decreased mindful states might facilitate the stress response to prevail for longer periods, which might act as a factor for incident non-communicable diseases.

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