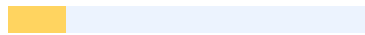




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<https://journal-gehu.com/index.php/gehu> The Relationship Between Spiritual Well-Being
and Psychological Distress in Indonesian College Students Devina Terencia Mulholland¹,
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Semarang State University, Indonesia Article Info ABSTRACT Article history: Received

2025-12-06 Revised 2025-12-30 Accepted 2026-01-02 This study addresses the high
prevalence of psychological distress among university students in Indonesia and the

limited empirical evidence regarding protective psychological resources within a

religious–cultural context. ¹ The objective of this research is to examine the relationship
between spiritual well-being and psychological distress, including its core dimensions of
depression, anxiety, and stress. A quantitative approach was employed using a cross-

sectional correlational design. Data were collected from 327 undergraduate students via an
online survey using the Spiritual Well-Being Scale (SWBS) and the Depression, Anxiety,
and Stress Scale (DASS-21). The data were analyzed using Spearman's Rho correlation
technique. The findings demonstrate a strong and statistically significant negative

relationship between spiritual well-being and overall psychological distress ($\rho = -0.662$),
indicating that higher spiritual well-being is associated with lower levels of psychological

distress. Further ⁴ analysis revealed that spiritual well-being was most strongly related to
depression ($\rho = -0.715$), followed by anxiety ($\rho = -0.618$) and stress ($\rho = -0.476$). These

results confirm ¹ the role of spiritual wellbeing as a significant protective factor against
psychological distress among Indonesian university students. Keywords: Spiritual Well-

Being Psychological Distress University Student This is an open-access article under the
CC BY-SA license. Corresponding Author: Devina Terencia Mulholland Psychology Study
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Email: devinaterencia@students.unnes.ac.id 1. INTRODUCTION Psychological distress

has increasingly been recognized as a critical global mental health concern, marked by
symptoms such as depression, anxiety, stress, and impaired daily functioning [1], [2], [3].

1 According to the World Health Organization, approximately one in eight individuals worldwide experiences a mental disorder, with depression and anxiety constituting the most prevalent conditions. This situation worsened substantially during the COVID-19 pandemic, when the prevalence of psychological distress rose sharply and reached nearly 50% of the general population in several contexts [4].

<https://doi.org/10.58421/gehu.v5i1.909> 416 Empirical evidence from Europe further illustrates this escalating trend. In the United Kingdom, the prevalence of severe psychological distress increased from 5.7% to 8.3%, with the most pronounced rise observed among young adults aged 18–24 years, whose distress levels grew from 13.6% to 20.2% between April 2020 and December 2022 [5]. Similarly, projections from Finland indicate that psychological distress is expected to continue increasing until 2040 [6]. These patterns suggest that psychological distress represents a persistent and long-term public health challenge rather than a temporary reaction to situational stressors. Beyond the European context, studies conducted in Southeast Asia—including Malaysia, Indonesia, Thailand, and Singapore have reported high proportions of severe to extremely severe psychological symptoms, with anxiety affecting 49% of respondents, depression 47%, and stress 36% [7]. In Indonesia specifically, research involving 1,067 participants revealed that 40.5% of individuals experienced psychological distress [8]. Collectively, these findings confirm that 5 psychological distress remains a growing global issue that requires serious attention. The consequences of unmanaged psychological distress are substantial. Elevated levels of distress have been associated with an increased risk of suicide [9]. From a physical health perspective, individuals reporting high psychological distress have been shown to face a 28% greater risk of cardiovascular disease events compared to those with lower distress levels [10]. 1 Among university students in Bandung, Indonesia, higher psychological distress was also linked to nearly double the likelihood of experiencing poor sleep quality [11]. University students, most of whom are aged 18 to 24, are in the developmental stage of emerging adulthood, a period characterized by identity exploration,

growing independence, and instability in academic, relational, and financial domains [12]. These conditions place students at heightened risk for psychological distress. Contributing factors include academic pressure [13], peer-related challenges, financial difficulties [14], and lifestyle changes associated with the transition to adulthood [15]. Moreover, many ¹ higher education institutions lack comprehensive policies and adequate mental health services to support students experiencing psychological distress [16]. In Indonesia, this issue is particularly salient, as studies have shown high rates of depression, anxiety, and stress among students, including health science students, during the pandemic period [17]. Given the substantial burden of psychological distress among students, it is essential to examine protective factors that align with Indonesia's socio-cultural context. One such factor is spiritual well-being. Indonesia is widely recognized as one of the most religious countries in the world, with 96% of respondents reporting belief in God [18]. Within Indonesian society, religious values extend beyond personal belief systems and play a central role in daily life, including in coping with psychological stress [19]. Consequently, spiritual well-being is considered a culturally relevant protective factor that may help buffer against psychological distress [20]. Indonesia's religious, collectivistic, and culturally diverse social environment further shapes interpersonal dynamics in ways that may distinguish it from other cultural contexts [21], [22]. Previous research has demonstrated that spiritual well-being contributes significantly to both psychological and physical health. Individuals with higher spiritual well-being tend

<https://doi.org/10.58421/gehu.v5i1.909> 417 to report greater life satisfaction, a stronger sense of meaning in life, and improved psychological well-being [23]. Spiritual well-being has also been associated with healthier behaviors, enhanced social engagement, stronger social support networks, and a reduced risk of mental disorders [24]. From a physiological perspective, ² higher levels of spiritual wellbeing have been linked to lower blood pressure, reduced inflammatory markers, and better glucose regulation among healthy adults [25]. Although studies examining ¹ the relationship between spiritual well-being

and **psychological distress among university students** have been conducted in countries such as Hong Kong and Iran [26], [27], empirical research in Indonesia remains limited. Existing studies have largely focused on specific subgroups, such as final-year health science students [28], particular contexts, **such as the COVID-19 pandemic** [20], or on only one dimension **of psychological distress, such as stress** [29]. Accordingly, this study seeks to address this gap by providing empirical evidence on **the relationship between** spiritual well-being and **psychological distress among university students in** Indonesia. Given that spirituality represents a salient psychological resource within Indonesia's religious and collectivistic society, this research aims to contribute to cross-cultural psychology literature while **5 offering practical insights for** the prevention **6 and management of psychological distress** through culturally grounded, spirituality-based approaches.

2. LITERATURE REVIEW

Spiritual well-being can be **2 understood as a** condition arising from **spiritual health and** expressed through positive states of well-being, serving as an indicator of **quality of life** within the spiritual dimension of an individual [30], [31]. Within this framework, spiritual well-being is conceptualized as a multidimensional construct comprising religious wellbeing, reflecting the quality of an individual's relationship with God or a transcendent reality, and existential well-being, which relates to the experience **7 of meaning, purpose, and life satisfaction** [31]. These two dimensions function as internal psychological resources that enhance resilience and **support individuals in** managing psychological stressors [32]. Prior studies have **2 demonstrated that spiritual well-being is associated with** a wide range of psychosocial factors, including mental health, **spiritual coping mechanisms**, life satisfaction, hope, emotional regulation, self-awareness, self-compassion, **1 perceived social support**, overall **quality of life**, adaptation to chronic illness, psychological disorders, psychological well-being, and resilience [33]. **6 Psychological distress**, on the other hand, refers to a negative emotional condition characterized by **symptoms of depression, anxiety, and stress** that may interfere with an individual's ability to function effectively in daily life. This condition can emerge from various sources, including personality **1 characteristics such as** neuroticism, which

increase vulnerability to emotional instability, anxiety, and depressive symptoms [34]. In addition, the use of maladaptive coping strategies, particularly avoidance-oriented coping, 4 has been shown to intensify psychological distress [35]. Other contributing factors include physical health conditions [36], interpersonal and marital conflicts [37], socioeconomic hardship [38],

<https://doi.org/10.58421/gehu.v5i1.909> 418 exposure to stressful life events [39], experiences of discrimination 1 and social stigma [40], and limited access to adequate health care services [41]. Based on theoretical perspectives and empirical findings from previous studies, this research hypothesizes the existence of a significant inverse relationship between spiritual well-being 5 and psychological distress among university students in Indonesia. 2 Higher levels of spiritual well-being are expected to correspond with lower levels of psychological distress. Furthermore, this study also examines 1 the role of specific components of psychological distress, namely depression, anxiety, and stress, in relation to spiritual wellbeing. Accordingly, an additional hypothesis proposes that each of these components contributes significantly to variations in psychological distress among Indonesian university students. 3. METHOD Population and Sample The sampling technique applied in this study was purposive sampling, which was used to select participants based on predetermined criteria, namely: (1) active undergraduate students (S1/D4) enrolled in higher education institutions in Indonesia, and (2) willingness to participate as indicated by informed consent. The minimum required sample size was calculated using G*Power [42]. The calculation employed an effect size of 0.21, derived from previous empirical findings [43], a significance level of 0.05, and a statistical power of 0.80, yielding a minimum 8 sample size of 175 participants. Research Design and Procedure This study employed a quantitative correlational design with a cross-sectional approach to 1 examine the relationship between spiritual well-being and psychological distress among university students in Indonesia. Data were collected by distributing questionnaire scales via Google Forms, which were disseminated through social media

platforms. Data Collection Techniques The data collection instruments **1** employed in this study consisted of an adapted version of the Depression, Anxiety, and Stress Scale 21 (DASS-21) and an adapted version of the Spiritual Well-Being Scale (SWBS) [44], [45]. The adapted DASS-21 demonstrated satisfactory psychometric properties, as indicated by adequate item discrimination, with most items presenting corrected item–total correlation values exceeding 0.30. Reliability analysis produced a Cronbach’s alpha coefficient of 0.912, indicating high internal consistency. The reliability coefficients for the individual subscales were 0.853 for depression, 0.776 **1** for anxiety, and 0.905 for stress. The DASS-21 comprises 21 items rated on a four-point Likert scale ranging from 0 to 3 and is structured into three dimensions: depression, anxiety, and stress. The Spiritual Well-Being Scale also showed good reliability, with a Cronbach’s alpha coefficient of 0.865 [1sd5], [16]. This instrument **10** consists of 20 items measuring two core dimensions, namely Religious Well-Being (RWB) and Existential Well-Being (EWB).

<https://doi.org/10.58421/gehu.v5i1.909> 419 Each item is rated on a six-point Likert scale from 1 to 6, yielding a total score range of 20 to 120, with higher scores indicating greater spiritual well-being. Data Analysis The collected data were entered into SPSS version 27 for further analysis. This study involved several stages of data analysis to test the research hypotheses. Preliminary assumption tests were conducted, including tests of normality, linearity, and heteroscedasticity, to ensure the appropriateness of the statistical analyses. Subsequently, Spearman correlation analysis **1** was performed to examine the relationship between spiritual well-being (religious well-being and existential well-being) and psychological distress among university students. The analytical process was finalized through statistical significance testing using t-tests and F-tests to support decision-making based on the obtained p-values [37]. 4. **8** RESULTS AND DISCUSSION This study involved 338 participants, but after evaluation, only 327 individuals met the eligibility criteria. The distribution of respondents is described based on three main characteristics: gender, age, and religion. Table 1. Respondent demographic data (N = 327) Description

Category Frequency Percentage Gender Female 222 67.9% Male 105 32.1% Age 18 3 0.9% 19 37 11.3% 20 64 19.6% 21 129 39.4% 22 73 22.3% 23 18 5.5% 24 3 0.9%

Religion Islam 242 74.0% Protestant Christianity 60 18.3% Catholicism 22 6.7% Buddhism 2 0.6% Hinduism 1 0.3%

Based on ⁸ Table 1, the majority of respondents were female (67.9%), while males accounted for 32.1%. The age range of respondents was 18-24 years, with the largest age group being 21 years old (39.4%), followed by 22 years old (22.3%), 20 years old (19.6%), 19 years old (11.3%), and smaller age groups of 18 and 24 years old (0.9%), respectively, and 23 years old (5.5%). ¹¹ In terms of religion, the majority of respondents were Muslim (74%), followed by Protestant Christians (18.3%), Catholics (6.7%), Buddhists (0.6%), and Hindus (0.3%). This distribution provides a general overview of the ¹⁵ demographic characteristics of the study participants.

<https://doi.org/10.58421/gehu.v5i1.909> 420 Table 2. Mean (α) Spiritual Well-Being ⁴ and Psychological Distress Scores for Each Characteristic Variable Category

Spiritual Well-Being	Psychological Distress	Gender	Female	Male							
85.09	56.70	76.26	63.45								
Age	18	19	20	21	22	23	24				
91.00	47.33	78.20	61.30	85.64	59.97	82.80	55.97	82.85	60.14	71.50	66.11
Religion	Islam	Protestant Christianity	Catholicism	Buddhism	Hinduism	Total					
83.12	58.73	78.53	61.86	82.91	55.73	82.34					

58.78 Table 2 shows that the female group ¹¹ had a higher average spiritual well-being (SWB) of 85.09 than the male group, which had an average of 76.26. A similar pattern was also seen ¹ in psychological distress, where women showed a score of 56.7, while men had a higher score of 63.45, which can be interpreted as a greater level of psychological distress. Based on age, the 18-year-old group had an average SWB of 91 ⁴ and psychological distress of 47.33. The 19-year-old group had an SWB of 78.2 and a distress score of 61.3. The 20-year-old group had an SWB of 85.64 and psychological distress of 59.97. At age 21, the average SWB was 82.8 with psychological distress of 55.97, while 22-year-olds had an SWB of 82.85 and psychological distress of 60.14. Twenty-three-year-olds showed a lower SWB of 71.5 with psychological distress of 66.11, while 24-year-olds

recorded an SWB of 81.33 and psychological distress of 62. Based on religion, the Hindu group had the highest average SWB of 107, with the lowest level of psychological distress (24). The Buddhist group had an SWB of 81 and psychological distress of 41, while Catholics had an SWB of 82.91 with psychological distress of 55.73. The Protestant Christian group showed SWB of 78.53 and psychological distress of 61.86, while the Muslim group had SWB of 83.12 and psychological distress of 58.73. These overall characteristics provide a general overview of the sample's demographic structure and help contextualize the analysis conducted in the next stage, data analysis. Data analysis was conducted using Spearman's Rho correlation because the data did not meet the assumptions for parametric tests. Table 2. Results of Major Hypothesis Tests Variable ρ (Spearman's rho) Sig. (2-tailed) N Spiritual Well-Being and Psychological Distress -0.662** < 0.001 327 **. Significant at the 0.01 level Based on the output, the Sig. (2-tailed) value is recorded as <0.001. Since this value is below the 0.05 significance level, it can be concluded that there is a significant relationship

<https://doi.org/10.58421/gehu.v5i1.909> 421 between spiritual well-being and psychological distress. Furthermore, the correlation coefficient of -.662** indicates a strong negative relationship between the two variables. Table 3. Results of Minor Hypothesis Tests on Spiritual Well-Being and Depression Variable ρ (Spearman's rho) Sig. (2-tailed) N Spiritual Well-Being and Depression -0.715** < 0.001 327 **. Significant at the 0.01 level Based on the output, the Sig. (2-tailed) value is recorded as <0.001. Since this value is below the 0.05 significance level, it can be concluded that there is a significant relationship between spiritual well-being and depression. Furthermore, the correlation coefficient of .715** indicates a strong negative relationship between the two variables. Table 4. Results of Minor Hypothesis Testing on Spiritual Well-Being and Anxiety Variable ρ (Spearman's rho) Sig. (2-tailed) N Spiritual Well-Being and Anxiety -0.618** < 0.001 327 **. Significant at the 0.01 level Based on the output, the Sig. (2-tailed) value is recorded as <0.001. Since this value is below the 0.05 significance level, it

can be concluded that there is a significant **2** relationship between spiritual well-being and anxiety. Furthermore, **9** the correlation coefficient of -0.618^{**} indicates a strong negative relationship between the two variables. Table 5. Results of Minor Hypothesis Tests on Spiritual Well-Being and Stress\ Variable ρ (Spearman's rho) Sig. (2-tailed) N Spiritual Well-Being and Stress $-0.476^{**} < 0.001$ 327 ** . Significant at the 0.01 level Based on this output, the Sig. (2-tailed) value was recorded as <0.001 . Because this value is below the 0.05 significance level, it can be concluded that there is a significant **2** relationship between spiritual well-being and stress. Furthermore, **9** the correlation coefficient of -0.476^{**} indicates a moderately negative relationship between the two variables. Discussion The respondent distribution indicated that females **13** constituted the majority of the sample (67.9%), while males accounted for 32.1%. This imbalance may be explained by women's greater participation in studies on psychological and mental health topics [38]. In addition, women are generally more inclined to express emotional experiences and to seek psychological assistance compared to men, which increases **8** their likelihood of involvement in mental health research [19]. The mean psychological distress score was higher among male students (63.45) than among female students (56.7). This finding contrasts with evidence from studies on full-time workers, which report higher **1** psychological distress among women due to factors such as loneliness, job dissatisfaction, and family-related conflicts [40]. Conversely, **6** the present results are consistent with findings from studies on older adult populations, indicating that

<https://doi.org/10.58421/gehu.v5i1.909> 422 women report higher **levels of psychological distress** than men [11]. These inconsistencies suggest that contextual factors, including sample characteristics, developmental stage, and cultural background, strongly influence psychological distress. Regarding spiritual well-being, female students had a higher average score (85.09) than male students (76.26). This pattern aligns with previous research among university students, which consistently shows higher spiritual well-being scores among women [42]. Such differences may be attributed to women's

greater involvement in 11 religious and spiritual activities, as well as to the influence of social and cultural expectations related to gender roles and to the distinct coping strategies adopted by men and women [12]. The age range of respondents 3 in this study was 18 to 24 years. The findings indicate that levels of spiritual well-being and psychological distress varied across this age range. Such variation is considered normative, given that participants were situated in the developmental phase of emerging adulthood. This stage is characterized by intensive exploration of identity, career direction, lifestyle preferences, interpersonal relationships, and personal values. As a result, individuals commonly experience instability across multiple life domains, leading to fluctuations in both spiritual well-being and psychological distress [33]. 1 In terms of religious affiliation, most respondents identified as Muslim (74%), followed by Protestants (18.3%), Catholics (6.7%), Buddhists (0.6%), and Hindus (0.3%). This distribution reflects Indonesia's predominantly Muslim demographic profile. Comparatively similar levels 3 of psychological distress and spiritual well-being were observed among respondents identifying as Muslim, Protestant, and Catholic. In contrast, respondents from Hindu and Buddhist groups exhibited more extreme score patterns. However, these findings 1 should be interpreted with caution, as the number of participants representing Hinduism and Buddhism was very limited (less than 2%), restricting the stability and generalizability of conclusions drawn for these groups. Hypothesis testing revealed a moderate-to-strong negative correlation 2 between spiritual well-being and psychological distress ($r = -0.662$), indicating that higher spiritual well-being is associated with lower psychological distress. This inverse relationship was consistently observed across the components 1 of psychological distress, where reduced levels of depression, anxiety, and stress corresponded with higher spiritual well-being. These findings are consistent with previous research conducted among Muslim populations 5 during the COVID-19 pandemic [43] and among university students in Hong Kong [27], both of which demonstrated that spiritual well-being plays a significant role in reducing 1 depression, anxiety, and stress. The convergence of these results supports the interpretation that spiritual well-being

functions as a comprehensive psychological buffer, **7 contributing to resilience** across multiple **dimensions of psychological** distress. Spiritual well-being contributes **2 to emotional regulation**, the development of adaptive coping mechanisms, the expansion of **social support networks**, and the ability to interpret life stressors within a broader framework of meaning [29], [45]. Within the context of Indonesia's religious culture, this protective role is further reinforced, as spirituality is embedded in social values that are continuously strengthened by family structures, community interactions, and educational institutions [5], [11]. Such a socio-cultural setting

<https://doi.org/10.58421/gehu.v5i1.909> 423 enables spiritual well-being to operate not only as an individual psychological resource but also as a collective mechanism that fosters **2 a sense of connectedness** and enhances resilience when individuals encounter stressors [22]. At a more specific level, **3 the dimensions of psychological distress** demonstrate varying degrees of association **with spiritual well-being**. Among these dimensions, depression exhibits the strongest negative correlation ($r = -0.715$), indicating **12 that it is the most** sensitive component of psychological distress **in relation to** spiritual well-being. Depression is commonly marked by a diminished **2 sense of meaning in life**, feelings of helplessness, and hopelessness, which stand in direct opposition to the existential function **of spiritual well-being** [38]. This result is consistent with prior findings among elderly populations, which also identified a strong inverse **relationship between spiritual well-being and depressive symptoms** [15]. The heightened sensitivity of depression to spiritual wellbeing can be explained by the central role of **meaning in life** and hope, core elements **of spiritual well-being** that directly counteract the negative cognitive patterns characteristic of depression [1]. Anxiety also demonstrated **9 a strong negative** association with spiritual well-being ($r = -0.618$), although its magnitude was slightly weaker than that observed for depression. Anxiety is closely **5 linked to heightened** sensitivity toward uncertainty and perceived threats [41]. Spiritual well-being contributes to emotional calmness by fostering beliefs that life events are under divine control, supported

by spiritual practices that may reduce physiological arousal. Empirical evidence supports this mechanism, as students with **2** higher levels of spiritual well-being have been shown to report lower anxiety levels [27]. This buffering effect is further explained by the theoretical view **11** that religiosity and spirituality function as acceptance-based coping resources, enabling individuals to tolerate uncertainty more effectively [31]. In contrast, stress exhibited the weakest **3** relationship with spiritual well-being, falling within the moderate correlation range ($r = -0.476$). This relatively lower association can be attributed to the situational nature of stress, which is often driven by immediate external demands **1** such as academic workload, performance pressure, and social obligations [35]. Although spirituality may help individuals reinterpret stressors and reduce perceived stress, its influence tends to be less pronounced than for depression and anxiety, as stress frequently arises from environmental conditions that cannot be alleviated solely through enhanced meaning-making or spiritual beliefs. Overall, **3** the findings of this study indicate that respondent characteristics play a significant role in understanding the relationship between spiritual well-being and psychological distress. The results confirm that spiritual well-being functions **5** as a protective factor, consistently reducing psychological distress (-.662), including depression (-.715), followed by anxiety (-.618), and stress (-.476). These findings offer important benefits in clinical and educational psychology, as they **7** can serve as relevant intervention strategies to enhance individual psychological resilience. The results **4** of this study can serve as a basis for developing counseling services, mental health promotive and preventive programs, and spirituality-based intervention designs.

<https://doi.org/10.58421/gehu.v5i1.909> 424 5. CONCLUSION This study **3** underscores the importance of spiritual well-being as a psychological resource in understanding mental health conditions among university students. **5** The findings indicate that spiritual well-being functions as a protective factor, systematically linked to students' overall psychological functioning, particularly in reducing vulnerability to emotional disturbances. From a theoretical perspective, this research reinforces existing

psychological and spiritual frameworks by demonstrating that ⁷ spirituality plays a meaningful role in students' capacity ^{to cope with} internal pressures during emerging adulthood. Practically, the results suggest that ¹ higher education institutions and mental health practitioners may consider integrating spirituality-sensitive approaches into counseling services, ^{mental health promotion} programs, and student development initiatives, especially within culturally religious societies. Despite its contributions, ⁴ this study is bound by several limitations. Data collection relied on self-reported online questionnaires, which ¹² may be subject to response bias and limit the accuracy of participants' reflections of their psychological states. In addition, ¹³ the sample was not evenly distributed across demographic and religious groups, which constrains the generalizability of the findings ^{to the broader} student population. Future studies are encouraged to expand on this research by ¹⁴ incorporating mediating and moderating variables, such as coping strategies, social support, and personality traits, to better explain the mechanisms by which spiritual well-being influences mental health. Longitudinal or experimental designs would also be valuable in clarifying causal relationships and evaluating ⁵ the effectiveness of spirituality-based interventions. This research contributes to the general public by highlighting spirituality as a culturally relevant and accessible resource for strengthening students' mental resilience, thereby offering insights that may inform preventive ¹ mental health strategies and promote holistic well-being in educational settings.

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