The Relationship of Emotional Intelligence, Perceived Stress, Religious Coping with Psychological Distress among Afghan Students

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Abstract—The aim of present research was to study of the relationship between emotional intelligence, perceived stress, positive religious coping with psychological distress to in a sample of undergraduate students in Polytechnic University in Kabul. One hundred and fifty-two students (102 male, 50 female) were included in this study. All participants completed the Emotional Intelligence Scale (EIS), General Health Questionnaire (GHQ 12), Perceived Stress Scale (PSS-10), and the Brief RCOPE. The results revealed that EI was negatively associated with perceived stress and psychological distress. Also emotional intelligence was positively correlated with positive religious coping. Perceived stress was positive related with psychological distress and negatively correlated with positive religious coping. Eventually positive religious coping was significantly and negatively correlated with psychological distress. However, emotional intelligence and positive religious coping could influence on mental health.

Keywords—Emotional intelligence, perceived stress, positive religious coping, psychological distress.

I. INTRODUCTION

EMOTIONAL INTELLIGENCE (EI) captures individual differences in identifying, processing and regulating emotion [1]. Goleman has defined as “the capacity of recognizing our own feelings and those of others, for motivating ourselves, and for managing emotions well in us and in our relationships” [2], [3]. Emotional intelligence is considered essential for one’s physical and psychological adaptation [4]. Emotional intelligence can be a significant impact on various human activities such as education, training, leadership and guidance of others, personal life, mental health and well-being [5].

Research indicated that there is significant relationship between managing emotions ability and mental health [6]. Attempts have also been made to examine the relative significance of various component of emotional intelligence (EI) in predicting stress and health. Findings in general suggest that some forms of EI may protect people from stress and lead to better adaption [6]. Attempts have also been made to examine the relative significance of various component of emotional intelligence in predicting stress and health [6], and EI has been empirically associated with better mental health [7] and few studies have statistically controlled for the influence of these conceptually-related variables in analyses. Meyer and Salovey maintained that one of the significant benefits of regulating emotion is to improve negative emotions and nurturing pleasant and positive emotions [8].

Mental health is essential for living a full and productive life, and it is recognized as one of the crucial components of overall health [9]. According to the World Health Organization (WHO), health is defined as the bio- and psychosocial well-being of the individual and Mental health is defined as “a state of emotional and social well-being in which the individual realizes his or her own abilities, can manage the normal stresses of life, can work effectively, and is able to play a role in his or her community” [6]. A number of studies have shown that trait EI is a protective factor with respect to mental health and psychological well-being, showing for instance a negative association with depression, subjective fatigue, chronic diseases, chronic pain, substance abuse, anxiety and somatic symptom reporting, and chronic diseases, chronic pain, substance abuse, anxiety and somatic symptom reporting [10].

Perceived stress can be conceptualized as the degree to which a situation in one’s life is appraised as stressful [11] and therefore as an outcome of primary and secondary appraisals. In other words, perceived stress is a state outcome reflecting the global evaluation of the significance and difficulty in dealing with personal and environmental challenges. Children and adolescents who report high levels of perceived stress are at high risk for negative outcomes, such as depression [12]. Research evidence indicates that perceived stress is associated to both anxiety and depression [10]. Found that people who scored higher in emotional intelligence scale suffered less subjective stress, experienced better health and well-being, and demonstrated better management performance [10].

To further assess the relationship between EI and perceived stress, a multinational survey was completed including dental schools in seven countries [13]. The total participants included 596 dental undergraduate students. The study found that females, younger students, those without a previous graduate education experience, and those not satisfied with their decision to study dentistry were more likely to report perceived stress when compared to their counterparts with females reporting higher levels of perceived stress compared to males. The study also found a significant inverse relationship between EI and perceived stress. The significant predictors include gender, previous higher education qualification and lack of satisfaction with the decision to enter...
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completed emotional intelligence scale (EIS) and the general
Van Dyke et al., found that positive religious coping was
increasingly prevalent over the past couple of decades [16].
Research on religious coping has become
increased self-esteem and decreased depressive and anxiety
symptoms [15]. Religious coping is defined as
utilizing cognitive and behavioral skills during stressful life
events that arise from one’s religion [14]. Religious coping
has been linked to a number of positive outcomes such as
increased self-esteem and decreased depressive and anxiety
symptoms [15]. Research on religious coping has become
increasingly prevalent over the past couple of decades [16].
Van Dyke et al., found that positive religious coping was
associated with positive affect, and satisfaction with life, while
negative religious coping was associated with negative affect
and psychological distress [8].
Positive patterns of religious coping have been inversely
related to symptoms of depression, especially positive forms
of religious coping which involve the interpretation of
stressful live events within a framework of God’s love,
working collaboratively with God, and relying on support
from other religious people. In terms of criterion validity,
higher scores on the positive religious coping subscale were
associated with greater life satisfaction, spiritual growth, and
stress-related growth as well as lower levels of depression,
anxiety, distress, hopelessness, and guilt [17].
In general, researchers have found significant correlations
between use of religious coping strategies and mental and
physical well-being [16]. The prevalence of religious coping
generally depends on the type of stressor, sample
characteristics and situational factors (e.g. type of illness, time
since diagnosis, stage of illness, remission status and
treatment) [18].

II. METHODOLOGY
A. Participants
Statistical population of this research was all students of
postgraduate in Polytechnic University in Kabul, in
Afghanistan. One hundred and fifty-two students, 102 male
and 50 female (67.1 % male, 32.9 % female) voluntarily
participated in this research. After encouraging the subjects to
completed emotional intelligence scale (EIS) and the general
health questionnaire (MHQ -12), perceived stress scale (PSS),
and brief RCOPE. The range age of participants was from 20
to 31 (M= 22.7, SD= 2.71).

B. Measures
Emotional Intelligence Scale (EIS): The EIS is a 33-
question test which has been made by Schutte et al. [19], [20].
The EIS is founded on Salovey and Mayer’s original model of
emotional intelligence, as well as the revised model Mayer,
Salovey, and Caruso [13]. The questions of test assess three
subjects of emotional intelligence including regulation of
emotion, utilization of emotion and appraisal of emotion in
Likert –degree scale from score 1 (quite opposing) to score 5
(quite agreeing). Internal consistency of test questionnaire is
on Chronbach alpha from 0.84 to 0.90 [19]. Test-retest
reliability coefficient of scale in a 28-individual sample of
students was calculated with a time interval of two weeks at
0.78 [20]. Reliability of emotional intelligence scale has been
reported sufficient through its correlation with relevant
structures. In Farsi form of this scale, Chronbach alpha of
scale questions in a 135-individual sample of students was
calculated 0.88 which shows good internal consistency of test.
Correlation coefficient of the scores of 42 individuals of the
said scale was calculated 0.83 with an interval of 0.83, which
showed reliability of satisfactory retesting [11].
The General Health Questionnaire-12: GHQ-12 was
developed by Goldberg et al. [21], [22]. It is a 12-item
questionnaire which assesses the severity of a mental problem
each item being followed by four possible responses, typically
being “much less than usual”, “same as usual”, “more than
usual”, and “much more than usual”. Many studies, however,
have reported that the GHQ-12 is not unidimensional, but
instead assesses psychological morbidity in two (positive and
negative items) or three dimensions (“anxiety and depression”,
“social dysfunction” and “loss of confidence”) [23], [24]. Five
of the items assess positive mental well-being while the
remaining seven items assesses negative mental well-being.
Analysis used during the development of GHQ-12 ensured
that it has good content validity and Internal consistency has
been reported in a range of studies using Cronbach’s Alpha,
with correlations ranging from 0.77 to -0.93 [25], [26].
Perceived Stress Scale: Cohen, Kamarck, and Mermelstein
developed the Perceived Stress Scale (PSS) in 1983 [13]. The
current 10-item scale was a shortened version of their original
14-item index and had been found to maintain the same
psychometric properties. The items on this scale were based
on psychological stress theory, which states that a person
interacts with his or her environment, and in turn, appraises
stressors in light of available coping resources. PSS-10 scores
were obtained by reversing the scores on four positive items
and then summing across all 10 items. Items 4, 5, 7, and 8
were the positively stated items. High PSS scores were related
to harmful health behaviors such as failure to stop smoking
and depression [7]. Data obtained in 1987 by a random digit
dialing national area-probability sample of adults revealed that
internal reliability of the PSS as measured by Cronbach’s
alpha was .78 and was at least as good a measure of perceived
stress as the original 14-item scale. The PSS has been used
frequently to measure perceived stress among college students
study variables. were significantly and negatively correlated (r = -0.23, p <.01), presented between research variables in Table II. Pearson’s correlation coefficient was used. The correlation is with psychological distress in undergraduate students, intelligence, perceived stress and positive religious coping respectively). Perceived stress and psychological distress were significantly and negatively correlated with psychological distress (r = -0.24, p < .01, and r = -0.18, p <.05, respectively). As specified from correlation analysis, there was a positive and significant correlation between emotional intelligence and positive religious coping and there was a positive and significant correlation between psychological distress and perceived stress. In addition, there was a negative correlation between perceived stress, psychological distress with emotional intelligence. Eventually, positive religious coping was negative correlated with perceived stress and psychological distress.

As expected, emotional intelligence and perceived stress were significantly and negatively correlated (r = -0.23, p <.01), and both emotional intelligence and positive religious coping were significantly and negatively correlated with psychological distress (r = -0.24, p <.01, and r = -0.18, p <.05, respectively). Perceived stress and psychological distress were also significantly and positively correlated with each other (r14ca0h0031=0.59, p <.01,). Eventually, positive religious coping was significantly correlated with emotional intelligence (r = 0.33, p <.01) and it was significantly negative correlated with perceived stress (r = -0.159, p <.05).

As specified from correlation analysis, there was a positive and significant correlation between emotional intelligence and positive religious coping and there was a positive and significant correlation between psychological distress and perceived stress. In addition, there was a negative correlation between perceived stress, psychological distress with emotional intelligence. Eventually, positive religious coping was negative correlated with perceived stress and psychological distress.

IV. DISCUSSION

The purpose of the present research was to study of the relation between emotional intelligence, perceived stress, and religious coping with psychological distress among Afghan college students. The results of the present research indicated that there is a significant relationship between emotional intelligence, perceived stress, and positive religious coping with psychological distress.

The results of the study indicated that emotional intelligence was negatively related to psychological distress. A number of studies have shown that emotional intelligence is a protective factor with respect to mental health and psychological well-being, showing for instance a negative association with depression, subjective fatigue, anxiety and somatic symptom reporting [7], [8]. The result of this study showed a significant negative relationship between emotional intelligence and perceived stress, with respect to the influence of EI on health; indicate that EI has a mediating role in the relationship between psychological health and stress. It means people with high EI are able to deal with environmental demands better than people who score low in this variable [10], [13]. Found that people who scored higher in emotional intelligence scale suffered less subjective stress, experienced better health and well-being, and demonstrated better management performance [10]. High EI individuals exhibit good stress management skills and an ability to appraise, express and manage their emotions [10]. There positive relation between emotional intelligence and positive religious coping. However, EI and positive coping skills were negatively correlated with reported stress and perceived stress [13]. Also in this study perceived stress was positively correlated with psychological distress and pervasive research evidence indicates that perceived stress is associated to both anxiety and depression [10].

Additionally, in this study was positive religious coping negatively correlated with psychological distress and perceived stress. Previous research has found positive religious coping to be related to lower levels of mental health symptomatology and higher scores on the positive religious coping subscale were associated with greater life satisfaction,
spiritual growth, and stress-related growth as well as lower levels of depression, anxiety, distress, hopelessness, and guilt [17],[28]-[30].

The study of the relation between emotional intelligence, perceived stress, religious coping and psychological distress is of importance, since it allows us to understand the ways that emotional intelligence and religious coping relate to personal beliefs in shaping outcome expectations. However, emotional intelligence and positive religious coping could influence on mental health.

REFERENCES

Mustafa Jahanara was born in Samangan, Afghanistan, July 2, 1986. He got bachelor’s degree in psychology in Imam Khomeini International University, Qazvin, Iran, in 2009. In the next year, he continued her study to pursue Master degree clinical psychology in Pune University, Pune, India. He finally got the degree in 2012.

Since 2013, he actively participated as a moderator, and a trainer in many events and seminars related to his field. He was also active as a counselor in High School, Kabul. Currently, he works as a psychologist in Ibn-e-Sina Institute of Higher Education, Kabul, Afghanistan.

There are some works he has written. One of them is Mental health and physical health benefits of exercise/physical activity: A review of literature ([IJPJC 2278-5833] Research India Publication, India), and Optimism, Hope and Mental Health: Optimism, Hope, Psychological Well-Being and Psychosocial Distress among Students, University of Pune, India,(accepted in ICEPS 2014,Barcelona, Spain ). His research mainly focuses on mental health psychology, and positive psychology.