



**RESEARCH PAPER**

**Spiritual Intelligence and Psychological Distress during Covid-19  
Pandemic in Adults of Pakistan**

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**ABSTRACT**

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Amid COVID 19 it was planned to examine the presence of psychological distress including anxiety, depression, and stress, and its relationship with Spiritual Intelligence in Adults of Pakistan. A novel and an uncertain situation like COVID-19 that carries a burden on health, finance, industry, education, and nearly all spheres of life could rise psychological distress. Measuring its intensity and valence could be helpful in its intervention. It was a correlational study with a cross-sectional research design. A non-probability convenient sample of two hundred participants with the age range of 18 to 55 years (M=25.5 SD= 5.56) completed the online google survey. Depression, Anxiety, Stress -21 scale (DASS), and Spiritual Intelligence Self-Inventory was used to collect data. Correlation analysis revealed a significant positive relationship (.851\*\*, .802\*\* p< 0.001) between depression, anxiety, and stress. Moreover, no significant relationship could be found between spiritual intelligence and psychological distress. Significant gender differences were found for depression and anxiety as men reported more depression and anxiety. General population is experiencing depression, anxiety, and stress due to the COVID-19 though no relationship exists between psychological distress and spiritual intelligence within the present sample. Psychological intervention should be the part of usual regime to cater to COVID-19 and related diseases.

**Introduction**

The term 'pandemic' signifies any epidemic illness that spreads quickly among individuals and happens simultaneously in one nation as well as around the globe. As per WHO, The COVID-19 pandemic, also known as the Covid pandemic, is a global pandemic of Covid disease 2019 (COVID19), caused by the severe respiratory disease Covid 2 (SARSCoV2) (GOP, 2020).

The SARS-CoV-2 infection produces Covid-19 which caused a well-being crisis both physical and psychological internationally with quick results. (WHO,

2020). Covid starts in Wuhan and slowly spread in China after becoming a worldwide wellbeing danger (Nishiura, et al., 2020). The infection began in December 2019 when the number of pneumonia cases connected epidemiologically (Nishiura, 2020). In January, the pace of COVID-19 cases expanded and spread the 34 areas of China. As indicated by WHO (2020) Covid-19 has become a worldwide well-being crisis.

It was a novel situation for almost all of us both physical and psychological health was in danger. Multiple deaths and thousands of people hospitalized made the situation even worse as its permanent cure was not discovered yet. Misconceptions about vaccination and the slow process of its availability especially in developing and underdeveloped countries made the situation alarming. Many researchers come forwards to know its etiological factors and effects on the human body and mind. The researcher is also interested to know the coping mechanism to counter this novel situation.

Spiritual intelligence or spiritual well-being could be defined as a coping mechanism that helps individuals to take behavioural and cognitive steps to maintain a purpose in life, remain connected with the feelings of peace, and persist with resilience during catastrophic circumstances (Jafari, et al, 2010). Spirituality and religiosity are two different though related concepts. As far as health benefits are concerned the people belonging to religious groups felt more anxiety and stress as compared to the people who scored high on spiritual wellbeing (Saiz, et al, 2020). During the present novel and catastrophic situation of the COVID-19 Pandemic, the role of spiritual intelligence as a coping strategy was very important to study especially concerning mental health. The predictors of stable mental health along with physical health were a pressing need to understand. the present study was planned to examine the presence of psychological distress and its relationship with spiritual intelligence. Consequently, the general population could address the correlates of their mental health.

Several types of research indicated depression, stress, anxiety, and disturbing quality of life in the general population as well as among the survivors affected by COVID-19. People aged 60 and above were highly affected physically and psychologically. A study designed to examine the level of depression and stress in 290 people aged 60 and above in Spain was studied and the results indicated that high levels of fear, stress, and sadness were present in the elderly population (Maitane, et al 2020).

Another research was conducted to know about the factors which may be linked to hopelessness, anxiety, and PTSD symptomatology in the United States during the pandemic of COVID-19. This poll was conducted as part of a cross-sectional online investigation and 898 participants in the age range of 18-30 years participated in the research. Significant levels of hopelessness (43.3 %) and anxiety (45.4 %) were found in the research participants (Erdei & Liu, 2020). Another study was conducted in Bangladesh to assess COVID-19 impacts on its general population. A total of 340 Bangladeshi adults took part in the survey, which was conducted online. Sleep deprivation and irritability were reported in 85.60% of research participants (Islam et al, 2020).

Researchers were also interested to know whether those patients with COVID were positive but stable enough, how they were coping with it, and whether their

quality of life was related to their level of sadness. A total of 770 people in the Hubei region of China were assessed online across five clinics for COVID-19. Despair was found to be widespread in 43.1 % of the population (95 % CI: 39.6 % -46.6 %). Depression is extremely common in COVID-19 patients who are clinically stable (Ma, et al, 2020)

An investigation related to the presence of depression was also conducted by the doctors who were working in emergency departments during Covid- 19 Pandemic. From 65 regions 389 doctors were assessed through an online survey schedule including depression, and hopelessness scales. The findings revealed that among Pakistan's doctors working in emergency departments, there was a 43% predominance of hopelessness/depression, with nearly 94% feeling unprotected (Bashir, et al 2020).

Keeping in mind the psychological distress among the masses around the world researchers of the present study were also planned to investigate the presence of depression, anxiety, and stress among adults in Pakistan and see whether spiritual intelligence could play its role in it. Based on the literature review and general perception following hypotheses were established.

### **Hypotheses**

- Depression, anxiety, and stress will likely be present in the general population due to the COVID-19 outbreak.
- Spiritual intelligence is inversely related to the psychological distress in the general population due to the COVID-19 outbreak.
- Gender differences will likely be present regarding spiritual intelligence, depression, anxiety, and stress in the general population due to the COVID-19 outbreak.

### **Materials and Method**

The current study is a correlational study with a cross-sectional research design. The study's goal was to assess the level of psychological distress and look at the relationship between Spiritual intelligence and psychological distress (anxiety, depression, and stress) in adults of Pakistan living during the time of the Covid-19 pandemic. An online survey was designed including a research information sheet, informed consent, demographic information sheet, scales related to spiritual intelligence, and DASS -21(Lovibond & Lovibond, 1995) for measuring spiritual intelligence and psychological distress respectively. The spiritual intelligence scale consists of four subscales including Critical Thinking, Discovery of Personal Meaning, Spiritual Awareness, and Conscious Development. Adequate psychometric properties of the Urdu version of the spiritual intelligence scale made it reliable and valid to use. DASS 21 consisted of depression, anxiety, and stress subscales. Through convenient sampling, participants were approached over social media platforms like what's app, Facebook, and Instagram. Two hundred participants with the age range of 18 years to 55 years (M=25.15, SD=5.56) participated in the survey. Women outnumbered 82.5% and most of the participants

completed their postgraduation (45%) and had regular employment (49.5%) As far as their marital status was concerned 53% were married.

## Results

SPSS- version 21 was employed to analyze and interpret the data. For demographical variables, descriptive analysis and relationship exploration Pearson product-moment correlation analysis were carried out. Gender differences were also reported using the independent sample t-test.

**Table 1**  
**Descriptive Statistics for Depression, Anxiety, Stress, and Spiritual Intelligence (N=200)**

Variables	Mean	No. of items	<i>a</i>	SD	Min	Max
DASS						
Depression	14	.91	15.7	10.47	0	41
Anxiety	14	.85	14.0	8.59	0	39
Stress	14	.87	18.6	9.29	0	42
SIS						
CT	7	.56	16.61	4.21	6	26
PM	5	.61	12.35	3.37	4	20
SA	7	.62	16.89	4.17	4	27
CD	5	.61	11.86	3.51	3	20

*Note.* *a*= Cronbach,s Alpha, CT=critical thinking, PM=personal meaning, SA=spiritual awareness, CD=conscious development

Table 1 shows the mean, standard deviation, and reliability (Cronbach Alpha) of study variables and it also indicated that people were suffering from psychological distress in the form of depression, anxiety, and stress. The overall stress level was significantly high. Likewise, high scores on all the subscales of spiritual intelligence could be seen. Adequate internal reliability made the results reliable enough to be interpreted.

**Table 2**  
**Relationship between Depression, Anxiety, Stress, and Spiritual Intelligence**

Variables	1	2	3	4	5	6	7
Depression	...	.851**	.802**	.087	-.136	.098	.128
Anxiety	...	...	.772**	.136	.002	.135	.198**
Stress	...	...	...	.096	-.001	.076	.184**
CT	...	...	...	...	.639**	.618**	.580**
PM	...	...	...	...	...	.624**	.636**
SA	...	...	...	...	...	...	.622**
CD	...	...	...	...	...	...	...
M	15.74	14.04	18.66	16.61	12.35	16.89	11.86
SD	10.47	8.59	9.29	4.21	3.379	4.17	3.507

*Note.* CT=Critical Thinking, DOPB=Discovery of Personal Meaning, SA=Spiritual Awareness, CD=Conscious Development \* $p < 0.05$ , \*\* $p < 0.01$

Table II shows the relationship between psychological distress and spiritual intelligence in the population during Covid-19. The result indicated there was a significant positive relationship between depression, anxiety, and stress and no relationship could be found between spiritual intelligence and psychological distress.

**Table 3**  
**Gender-wise Difference for Depression, Anxiety, Stress, and Spiritual Intelligence.**

Variables	M Men	SD	M Women	SD	t	p	Cohen's d
Depression	19.8	11.4	14.9	10.1	2.54	.01	0.42
Anxiety	17.2	9.13	13.4	8.35	2.41	.01	0.72
Stress	20.8	9.73	18.2	9.16	1.51	.13	0.27
C.T	17.7	4.18	16.4	4.20	1.68	.09	0.31
P.M	13.3	3.16	12.2	3.40	1.82	.07	0.33
S.A	17.6	3.70	16.8	4.26	1.06	.29	0.33
C.A	12.3	3.35	11.8	3.54	.83	.40	0.14

Note. M=mean, SD=Standard Deviation, CT=Critical Thinking, PM= Personal Meaning, SA=Spiritual Awareness, CA= Conscious Awareness

### Discussion

The purpose of this study was to explore the occurrence of psychological distress and to examine if there is any link between spiritual intelligence and psychological distress (anxiety, depression, and stress) in adults living in Pakistan during the Covid-19 pandemic.

Results indicated that adults in the age range of 18 years to 55 years reported significantly high levels of psychological distress and a significant positive relationship was found between depression, anxiety, and stress in the research participants at the time of COVID-19 in the present study. A plethora of research found psychological distress among the masses during COVID -19 Pandemic both national and international. During the COVID-19 pandemic, a meta-analysis of studies was conducted concerning the presence of depression, anxiety, and stress among the general population. In seventeen studies with a total sample of 63,439 people, the prevalence of anxiety was found to be 31.9 % (95% CI: 27.5–36.7). Furthermore, depression was found to be prevalent in 33.7% of 44,531 people in 14 studies (Salari, et al., 2020).

Similar results were found in a study conducted to investigate the psychological effects of COVID-19 prevalent on Chinese college students. The questionnaires were answered by 7143 people. According to the findings, 24.9% of college students have suffered anxiety because of the COVID-19 outbreak. A total of 0.9% of these pupils had extreme anxiety, while 21.3 % had mild anxiety (Cao et al, 2020). Likewise, a study conducted on Adolescents in Pakistan results indicated depression, anger problems, and anxiety. As far as gender differences were considered so somatic complaints were common in girls whereas boys reported more anger issues (Majeed & Ashraf, 2020)

Though present study results were not able to establish a strong relationship between spiritual intelligence and psychological distress as per hypothesis. A study conducted with 248 older adults during the pandemic indicated that those participants who were high on anxiety showed the use of religious coping less and

consequently appear to have a low sense of wellbeing (Rababa., Hayajneh., & Bani-Iss, 2021). Researchers shed light on the importance of spiritual intelligence regarding the quality of life, especially in the scenario of COVID -19. According to them if in a time of catastrophe people will explore spirituality in them and get affiliated with their faith and religion, there will be less chance of psychological distress, and they live with adequate quality of life. As depicted in the results of the present study people were experiencing the symptoms of depression, anxiety, and stress and their score on SI was not high (Leong Bin Abdullah, et al. 2020). Likewise, research done in Italy with a general population and 1250 adults has participated in online research. The results indicated that participants perceived lower levels of mental health and spiritual well-being was reported very low if they compared it with the pre-pandemic period. The relationship between spiritual intelligence and perceived tension, anxiety, and depression among Lorestan Medical Science University students. According to the results of this research, spiritual wisdom has a significant positive relationship with perceived tension, anxiety, and depression. People experience stress, fear, and depression, among other emotions (Coppola, 2021).

Present study results also indicated that men scored high on psychological distress including depression anxiety and stress as compared to women. The present results are also supported by another indigenous research conducted to measure the presence of COVID-19-related anxiety and OCD-related symptoms. Results indicated that men reported a high level of coronavirus-related anxiety and exhibited more OCD-like symptoms than women even though the research participants were more women (Majeed et al, 2021). Men's anxiety and depression could be related to the high prevalence of COVID-19 in them and its fatal nature. Grief, financial constraints fear of fatal disease cause psychological distress which may increase anxiety, insomnia, and alcohol consumption (WHO, (2020). On the contrary, no gender differences were reported regarding depression and anxiety in adolescents in the age range of 13 to 17 years. Irrespective of gender all participants reported depression and anxiety due to social distancing that they are observing due to COVID -19 and the closures of educational institutions (Majeed & Ashraf, 2020).

## **Conclusion**

Adults in the age range of 18 years to 55 years were having the symptoms of depression, anxiety, and stress, and all these symptoms were related to each other. Conversely, no significant connection between psychological distress could be found with the spiritual intelligence of the present sample. Men scored higher on psychological distress as compared to women.

## **Recommendations**

The sample size was limited so the findings could not be generalized. Online participation could be one factor that may be a contributor to less understanding and willingness to research questions. Only such adults can participate who have smartphones and are literate. The sample size should be broad enough to allow for further investigation and generalization of findings. Other confounding variables like education, socioeconomic status, and the presence of any diagnose psychological disorder could be ruled out or controlled.

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