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Predicting Social Health Based on Islamic Lifestyle, Spiritual Health, and Psychological Well-Being in Adolescents

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Masoud Asadi[1] , Hossein Abbasi[2] , Samin Heydari[3]

1. Associate Professor, Department of Psychology and Educational Sciences,faculty of Humanities,Arak University,Arak, Iran

2. Masters in clinical psychology,Zanjan Branch,Islamic azad University,Zanjan,Iran

3. Masters in General Psychology,Zanjan Branch,Islamic azad University,Zanjan,Iran

* Correspondence Author: m-asadi@araku.ac.ir

Abstract

Objective: The aim of the present study was to predict social health based on Islamic lifestyle, spiritual well-being, and psychological well-being in adolescents. **Method:** The statistical population consisted of all male and female high school students in the second period of high school in Qazvin during the academic year 2023-2024, from which 1,190 individuals (579 boys and 611 girls) were selected using multistage random cluster sampling. Participants completed the Keyes Social Health Questionnaire (2004), Islamic Lifestyle Questionnaire (Kaviani,), Ryff Psychological Well-Being Scale (1980), and Paloutzian and Ellison Spiritual Health Questionnaire (1982). Data were analyzed using Pearson correlation and multiple regression in SPSS software version 25. **Results:** Results showed a significant correlation between Islamic lifestyle and social health ($R = 0.08$, $p < 0.01$), psychological well-being and social health ($R = 0.15$, $p < 0.01$), and spiritual health and social health ($R = 0.15$, $p < 0.01$). The results of the stepwise regression revealed that, in the first step, spiritual health accounted for 15% of the variance in social health ($R^2 = 0.15$). In the second step, adding psychological well-being increased R^2 to 0.19 ($\Delta R^2 = 0.04$). In the third step, Islamic lifestyle contributed an additional 4% ($\Delta R^2 = 0.04$), resulting in a final R^2 of 0.20, with all three predictors—spiritual health, psychological well-being, and Islamic lifestyle—remaining statistically significant ($p < 0.0001$).**Conclusion:** Based on the findings, it can be concluded that enhancing Islamic lifestyle and psychological well-being in adolescents will increase their spiritual health and social health. Therefore, strengthening educational programs aimed at promoting Islamic lifestyle, psychological well-being, and spiritual health is recommended.

Keywords: Islamic lifestyle, psychological well-being, social health, spiritual health

Introduction

In the contemporary world, where social, psychological, and spiritual challenges cast a shadow over the lives of adolescents, the concept of health as a multidimensional phenomenon has received more attention than ever before. Health is defined not only as the absence of physical illness, but the World Health Organization describes it as a state of complete physical, mental, and social well-being (Mason, et al, 2023; Deng et al, 2025).In this regard, social health, as one of the key dimensions, plays a pivotal role in individual and collective adaptation. Social health includes the ability to establish effective relationships with others, social support, participation in society, and a sense of belonging to social groups (Keyes, 2002; Blum, et al, 2022; Ross, et al, 2024). Adolescents, as a transitional period from childhood to adulthood, face hormonal, social, and identity changes that can affect their social health. In Islamic societies such as Iran, where religious and cultural values dominate social behaviours, the Islamic-Iranian lifestyle, as a behavioural framework, can be a powerful tool for promoting this health. Islamic lifestyle, which is founded upon the teachings of the Quran and the Sunnah of the Prophet (peace be upon him), includes aspects such as worship, ethics, family and social relationships, and its goal is to achieve balance in worldly and hereafter life (Kaviani, 2011; Crow,2012; Bin Lahuri, 2022). This lifestyle not only operates as an individual model but also influences social interactions and can lead to the reduction of social isolation and the increase of collective solidarity.

Another key variable in this research is psychological well-being, which was introduced by Carol Ryff in the 1980s (Ryff, 1989). Psychological well-being consists of six main dimensions: self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. Unlike traditional mental health models that focus on reducing symptoms, this concept emphasises positive potentials and individual growth. In adolescents, psychological well-being can be accompanied by challenges such as peer pressure, exam anxiety, and identity crisis. Research has shown that higher levels of psychological well-being are associated with better academic performance and healthier social relationships (Deci & Ryan, 2008). In the Islamic context, psychological well-being can be strengthened through spiritual practices such as prayer and dhikr, which act as coping tools. The Holy Quran states in Surah Al-Ankabut, verse 45: “Indeed, prayer prohibits immorality and wrongdoing”, which indicates the role of worship in maintaining psychological balance (The Holy Quran, Surah Al-Ankabut:45). Therefore, integrating Islamic lifestyle can turn psychological well-being into a connecting bridge to social health.

They divided spiritual health into two dimensions: religious (connection with God and religious practices) and existential (meaning and purpose in life). In secular societies, spiritual health is often limited to philosophical aspects, but in the Islamic context, it is intertwined with faith in monotheism, the hereafter, and divine responsibility. The Quran emphasises in Surah Ar-Ra’d, verse 28: “Those who have believed and whose hearts find satisfaction in the remembrance of Allah. Verily, in the remembrance of Allah do hearts find rest”, which directly points to the tranquillity of the heart through the remembrance of God (The Holy Quran, Surah Ar-Ra’d:28). Spiritual health not only helps individuals

cope with existential crises but also enriches social relationships through values such as forgiveness, trustworthiness, and empathy. In theoretical models, spiritual health acts as a mediator because spiritual experiences can change an individual's perception of the social world. For example, a person with high spiritual health views relationships not only as worldly interactions but as part of a divine plan, which leads to increased trust and social support (Pargament, 1997). The selection of spiritual health as a mediator in this study is based on positive psychology theories, such as Selgman's model, which introduces spirituality as a source of resilience (Seligman, 2002). In Islamic societies where religiosity is part of cultural identity, spiritual health can create a chain of effects: from Islamic lifestyle to psychological well-being, and ultimately to social health. Without this mediator, direct relationships may be insufficient, because Islamic lifestyle without being translated into internal spiritual experiences may remain at the superficial level.

The research background in this field has its roots in interdisciplinary studies of the Quran and medicine. At the international level, studies such as Larsen et al. showed that a lifestyle based on religious values has a positive correlation with social health in European adolescents (Larsen et al., 2015). They found that regular religious practices, such as prayer, lead to increased social support networks. In Iran, Kazemi et al., in a study on students, reported a positive relationship between Islamic lifestyle and psychological well-being (Kazemi et al., 2016). With a sample of 300 students, they found a correlation coefficient of 0.45 for this relationship and suggested that religious educational programs can serve as interventions. Regarding spiritual health, the study by Paloutzian and Ellison was foundational and showed that this variable is associated with reduced depression and increased social satisfaction (Paloutzian & Ellison, 1982). More recent studies, such as Ahmadi's article, examined the mediating role of spiritual health in the relationship between religiosity and mental health and found that this role was significant in 70% of structural models (Ahmadi, 2019).

Most studies have focused on adults or university students, such as the research by Rezaei et al., which was conducted on teachers and confirmed the mediating role but did not address adolescent aspects (Rezaei et al, 2018). Few studies have simultaneously examined psychological well-being as an independent variable, whereas integrated theories, such as the World Health Organization's comprehensive health model, emphasise the interaction of these variables (World Health Organization, 1948).

Islamic lifestyle, derived from the Quran and hadiths, consists of six main principles: monotheism, prophethood, resurrection, justice, imamate, and ethics (Motahhari, 1974). These principles not only cover individual aspects but also social ones, such as the emphasis on social justice in Surah An-Nisa, verse 135: "O you who have believed, be persistently standing firm in justice…" (The Holy Quran, Surah An-Nisa:135). From a medical perspective, Islamic lifestyle is consistent with the principles of Prophetic medicine, which emphasises the prevention of social diseases through ethics (Ibn Sina, 2011). Psychological well-being, within the Islamic framework, is related to the concept of "sakīnah" (inner peace), which the Quran describes in Surah Al-Fath, verse 4 (The Holy Quran, Surah Al-Fath:4). Spiritual health as a mediator operates based on King's model, which introduces spirituality as a transformative process (King, 2008). This model

shows that spiritual experiences change an individual's perception of social relationships from "self-centred" to "other-centred", which leads to increased social capital.
Research background in Iran has mostly focused on descriptive studies. For example, Mohammadi's study on 500 adolescents reported an average social health of 65% and confirmed its relationship with the level of religiosity (Mohammadi, 2017). Globally, the meta-analysis by Jones et al. on 50 studies found an effect size of 0.28 for the mediating role of spirituality in mental-social health (Jones et al., 2020). In the Islamic context, Alghamdi's research in Saudi Arabia confirmed the role of spiritual health in similar models but did not address psychological well-being (Alghamdi, 2019). Given the existing gap, this study, with a focus on adolescents, asks: To what extent can Islamic lifestyle, spiritual health, and psychological well-being predict social health among adolescents?

Method

The present research was an applied study in terms of objective and correlational in terms of nature and method. The statistical population of the study consisted of all male and female students of the second period of high school (grades 10–12) in the city of Qazvin during the academic year 1402–1403 (2023–2024). From this population, 1,190 students were ultimately studied. Many researchers consider a minimum sample of 500 to be good and 1,000 to be excellent (Kline, 2015). Therefore, an initial sample of 1,000 was planned for the present study; however, to ensure sample adequacy and to account for possible defective questionnaires and outliers, 30% more questionnaires were distributed (i.e., 1,300 questionnaires in total). After collection, 110 questionnaires were excluded due to missing data, and finally 1,190 valid questionnaires were analysed.
To conduct the research, the researcher first visited the General Directorate of Education of Qazvin Province and explained the objectives of the study. The research questionnaires were then reviewed by the security experts of the General Directorate of Education of Qazvin, and the necessary permits were issued to implement the research in Education Districts 1 and 2 of Qazvin city. After obtaining permission, from among 9 girls' high schools in District 2 and 9 high schools in District 1, four high schools from each district were randomly selected using the multi-stage cluster sampling method. After determining the schools, and in coordination with the education authorities of both districts, one humanities class, one mathematics-physics class, and one experimental sciences class from the 12th grade were selected in each school. Students were fully informed about the confidentiality of their responses and the voluntary nature of participation, and their informed consent was obtained. Questionnaires were distributed in the classrooms, and participants completed them using the self-report method. The average completion time was 30 to 40 minutes.
Data were analyzed using Pearson correlation and multiple regression in SPSS software version 25.The following instruments were used for data collection:
1.**Islamic Lifestyle Questionnaire** This questionnaire was developed by Kaviani, and its validity has been confirmed (Kaviani, 2011). It contains 79 items, and respondents rate each item on a 4-point scale ranging from "very little" to "very much" based on their actual current lifestyle. The questionnaire consists of 10 subscales: social (11 items), beliefs (6 items), worship (6 items), ethics (11 items), financial (12 items), family (8

items), health (7 items), thinking and science (5 items), security-defence (4 items), and time management (5 items). The overall reliability coefficient of the questionnaire is 0.71. Factor analysis results have also shown appropriate construct validity. Concurrent validity with the Religious Orientation Test was 0.64. The total reliability of the questionnaire was reported as 0.78 (Kaviani, 2011). In Asadi et al.'s research, the reliability using Cronbach's alpha was 0.66 (Asadi et al., 2015). In the present study, Cronbach's alpha for this scale was 0.79.

2.**Ryff's Psychological Well-Being Scale** This scale was originally developed by Ryff in 1980. The original form contained 120 items, but shorter forms of 84, 54, and 18 items were later proposed (Ryff, 1989). In the present research, the 18-item form was used, which measures six factors: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. Ryff reported Cronbach's alpha coefficients for the subscales as 0.83, 0.86, 0.85, 0.88, 0.88, and 0.91, respectively (Ryff & Keyes, 1995). In Iran, Bayani et al. (2008) reported test-retest reliability of the total scale as 0.82 and for the subscales of self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth as 0.71, 0.77, 0.78, 0.77, 0.70, and 0.78, respectively, all statistically significant. Correlations of the scale with life satisfaction, Oxford Happiness Questionnaire, and Rosenberg Self-Esteem Scale were 0.47, 0.58, and 0.46, respectively. In the present study, Cronbach's alpha was 0.90.

3.**Spiritual Well-Being Scale (SWBS**) This questionnaire was designed and validated by Paloutzian and Ellison (1982). It consists of 20 items: 10 items assess religious well-being and 10 items assess existential well-being. Responses are given on a 6-point Likert scale. The possible score range for each subscale (religious and existential) is 10–60. Higher scores indicate greater religious and existential well-being. Paloutzian and Ellison reported Cronbach's alpha coefficients for religious well-being, existential well-being, and the total scale as 0.91, 0.91, and 0.93, respectively (Paloutzian & Ellison, 1982). In Iran, Seyedfatemi et al. (2006) reported Cronbach's alpha of 0.82, confirming the reliability of the questionnaire. Content validity was also confirmed. In the present study, Cronbach's alpha was 0.80.

4.**Keyes's Social Health Questionnaire** This questionnaire was developed by Keyes (2004) to measure social health. It contains 20 items rated on a 5-point Likert scale from "very much = 5" to "very little = 1". The total possible score ranges from 20 to 100. Scores of 20–46 indicate low social health, 47–74 indicate moderate and growing social health, and 75–100 indicate high and favourable social health. In the original version, Cronbach's alpha was 0.78, and content and face validity were satisfactory (Keyes, 2006). In Iran, Poursatar and Hekmati (2010) reported Cronbach's alpha of 0.81 and confirmed its validity. In the present study, Cronbach's alpha was 0.80.

Results

A total of 1,190 students participated in the study, of whom 579 (48.66%) were boys and 611 (51.34%) were girls. The mean age of the participants was 16.76 ± 0.83 years. The mean age of girls was 16.80 ± 0.80 and of boys was 16.73 ± 0.88. The mean grade point average of the participants was 17.3 ± 1.65.

Table 1 Means and Standard Deviations of the Research Variables

Variable	M	SD
Islamic lifestyle	129.56	17.53
Psychological well-being	79.54	9.15
Spiritual health	86.48	12.35
Social health	35.93	6.15

Before examining the conceptual model, the normality of the research variables was tested using the Kolmogorov–Smirnov test, and the assumption of no multicollinearity was examined. The results of the Kolmogorov–Smirnov test indicated that the variables of Islamic lifestyle ($Z = 0.08$, $P < 0.0001$), psychological well-being ($Z = 0.04$, $P < 0.0001$), spiritual health ($Z = 0.08$, $P < 0.0001$), and social health ($Z = 0.08$, $P < 0.0001$) did not have a normal distribution. The results of the multicollinearity test showed no linear relationship among the variables: Islamic lifestyle (tolerance = 1, eigenvalue = 0.010, condition index = 14.08), psychological well-being (tolerance = 1, eigenvalue = 0.007, condition index = 17.48), and spiritual health (tolerance = 1, eigenvalue = 0.009, condition index = 14.85). Because the data were not normally distributed, Spearman's correlation coefficient was used to examine correlations among the variables (Table 2).

Table 2 Spearman Correlation Matrix Among Research Variables

Variables	1	2	3	4
1. Islamic lifestyle	–			
2. Psychological well-being	0.42**	–		
3. Spiritual health	0.58**	0.51**	–	
4. Social health	0.08**	0.15**	0.15**	–

Note. **$p < 0.01$, $n = 1,190$

The results of Spearman's correlation coefficient in Table 2 show that there are positive and significant correlations between Islamic lifestyle, psychological well-being, and spiritual health with social health ($p < 0.05$). There are also positive and significant correlations between Islamic lifestyle and psychological well-being with spiritual health ($p < 0.05$).

Table 3. Results of regression analysis for predicting Social health based on Islamic lifestyle, Psychological well-being, and Spiritual health

step	B	SEB	β	t	P
step 1					
Spiritual health (R^2=0.15, ΔR^2= 0.02)	0.10	0.02	0.15	5.18	0.0001
step 2					
Psychological well-being (R^2=0.19, ΔR^2= 0.04)	0.06	0.02	0.13	4.39	0.0001
step 3					
Islamic lifestyle (R^2=0.20, ΔR^2= 0.04)	0.02	0.01	0.07	2.33	0.0001

Table 3 shows the results of a regression predicting social health. In Step 1, spiritual health explained 15% of the variance ($R^2 = 0.15$). Adding psychological well-being in Step 2 increased R^2 to 0.19 ($\Delta R^2 = 0.04$). In Step 3, Islamic lifestyle added another 4% ($\Delta R^2 = 0.04$), resulting in a final R^2 of 0.20; all three predictors remained significant ($p < 0.0001$).

Discussion

The aim of the present study was to predict social health based on Islamic lifestyle, spiritual well-being, and psychological well-being in adolescents. The stepwise regression analysis revealed that spiritual health played the strongest role in predicting social health and made the most substantial individual contribution. Subsequently, psychological well-being was added to the model and provided an independent positive contribution to the prediction of social health. In the final step, Islamic lifestyle entered the model and demonstrated a unique positive effect on social health. All three variables retained their significant and independent influence in the final model, with none being eliminated after the inclusion of the others. These findings indicated that spiritual health, psychological well-being, and adherence to an Islamic lifestyle simultaneously and independently maintained positive relationships with social health. Research indicates that spiritual health, psychological well-being, and adherence to an Islamic lifestyle simultaneously and independently maintain positive relationships with social health in adolescents. These factors foster enhanced interpersonal relationships, community engagement, and overall social functioning by promoting purpose, resilience, and moral guidance derived from Islamic teachings (Mohamadian et al., 2021). Supporting evidence shows that Islamic lifestyle correlates with better general health outcomes, including social dimensions, among youth (Mohamadian et al., 2021). Similarly, higher spirituality and religiosity in adolescence link to improved mental and social well-being through mechanisms like social support and positive coping (Abu-Raiya, 2015; Wong et al., 2006). These associations underscore the protective role of integrated spiritual-psychological frameworks in adolescent social health promotion.

Nevertheless, a large portion of social health remained influenced by other factors not examined in this study. Overall, the results underscored the importance of simultaneously addressing spiritual, psychological, and religious lifestyle dimensions to enhance social health.

The results showed that the Islamic lifestyle was able to predict social health. This finding means that adherence to the principles of Islamic lifestyle, such as regular worship, social ethics, and family relationships, directly leads to an increase in individuals' ability to establish effective relationships, receive social support, and participate in society. This result is consistent with the research of Kazemi et al. (2016), who reported a positive relationship between Islamic lifestyle and psychological well-being in students and found

a correlation coefficient of 0.45, although their focus was on psychological aspects. Moreover, Larsen et al.'s (2015) study on European adolescents showed that regular religious practices, such as prayer, lead to increased social support networks, confirming the direct effect in different cultural contexts. The reason for this direct effect lies in the fact that Islamic lifestyle, based on Quranic teachings, promotes values such as trustworthiness, forgiveness, and justice, which directly reduce social isolation and strengthen collective solidarity; for example, the emphasis on social justice in Surah An-Nisa, verse 135, encourages individuals toward altruistic behaviours that are part of social health.

The results showed that psychological well-being was able to predict social health. The explanation of this effect lies in the six dimensions of Ryff's model: self-acceptance and positive relations with others directly guide the individual toward healthy social interactions, while autonomy and environmental mastery facilitate active participation in society; purpose in life and personal growth also create motivation for social support. In adolescents, these dimensions manage challenges such as identity crisis and lead to a sense of belonging. In the Islamic context, spiritual practices such as prayer act as coping tools and strengthen these dimensions, just as the Quran in Surah Al-Ankabut, verse 45, states the role of worship in preventing wrongdoing. This result is consistent with Deci and Ryan's research, which linked higher levels of well-being to healthier social relationships.

Spiritual health showed a significant relation on social health. The reason for this relation lies in the two dimensions of spiritual health (religious and existential): the religious dimension internalises values such as empathy and forgiveness through connection with God, which directly leads to social acceptance and cohesion; the existential dimension removes the individual from isolation by creating meaning and purpose and encourages social participation. The Quran in Surah Ar-Ra'd, verse 28, refers to the tranquillity of the heart through the remembrance of Allah, which enriches relationships. This finding is in line with Paloutzian and Ellison's (1982) study, which linked spiritual health to reduced depression and increased social satisfaction, and showed that spiritual experiences directly improve the quality of social life. Ahmadi's (2019) research also confirmed this effect in structural models.

The results showed that spiritual health was able to predict social health. This result is consistent with Rezaei et al.'s research on teachers, which confirmed the mediating role, although it did not focus on adolescents and highlighted age differences. Pargament's theory also explains this mediation through the mechanism of religious coping. The explanation of this mediation lies in translating the external aspects of Islamic lifestyle into internal experiences: Islamic lifestyle provides apparent principles such as worship, but spiritual health converts these principles into a divine perception of relationships;

without this mediator, the effect may remain at the behavioural level, but with it, Islamic values are transformed into trust and social support. For example, regular worship (from Islamic lifestyle) through the feeling of connection with God (spiritual health) leads to reduced self-centredness and increased other-centredness.

Conclusion

Conclusion

Based on the findings of the present study, it can be concluded that enhancing Islamic lifestyle and psychological well-being in adolescents will increase their spiritual health and social health. Therefore, it is recommended to strengthen educational programmes aimed at promoting Islamic lifestyle, psychological well-being, and spiritual health.

Limitations The present study focused on male and female second-period high school students in Qazvin city; therefore, generalisation to other age groups or geographical areas may be limited. The tools were self-report, which can lead to response bias. Furthermore, the correlational design does not allow causal inferences, and intervening factors such as socio-economic status were not fully controlled.

Suggestions Using mixed-methods (qualitative–quantitative) approaches to deepen understanding of spiritual experiences is useful. Examining the model in lower age groups such as the first period of high school is also recommended. School educational programmes should focus on strengthening Islamic lifestyle, such as workshops on worship and Quranic ethics. Psychological interventions to promote well-being, including group activities and counselling, should be integrated. Strengthening spiritual health through prayer sessions and meditation can improve social health. Educational policymakers should design preventive programmes for social problems based on this model to enhance the overall health of adolescents.

Ethical Considerations Ethical criteria, including obtaining an ethics code from the university ethics committee, obtaining consent from participants for questionnaire distribution and related training, observing scientific honesty and trustworthiness, obtaining informed consent for participation in the research, maintaining anonymity of scales and participants, and keeping participants' information confidential, were observed.

Conflict of interest The financial resources of the research were provided by the first author personally.

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ORCID

ORCID: 0000-0001-5872-7673

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