MODELING THE PATHS BETWEEN SPIRITUAL INTELLIGENCE AND PSYCHOLOGICAL WELL-BEING IN ADOLESCENTS WITH IMPAIRED VISION
“THE MEDIATING ROLE OF RESILIENCY AND SOCIAL SUPPORT”

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ABSTRACT

The present study aimed to model the paths between spiritual intelligence and psychological well-being in adolescents with impaired vision using the mediating role of resiliency and social support. In this model, spiritual intelligence variable was considered as exogenous variable while psychological well-being, social support and resiliency variables were considered as endogenous variables. The statistical population included all visually impaired high school adolescents in 2013 academic year in Karaj and Tehran. Due to small population size, modeling methods could not be used. Thus, sample size was considered equal to population size (240 subjects). After obtaining consent of competent authorities and giving explanations about research objectives by the researcher, the questionnaires were distributed among vision-impaired students. They were asked to fill out the questionnaires at home with the help of their parent, family member or friends. They were bound to deliver the filled out questionnaires to school officials after 3 days. The results indicated significance of all model’s paths. Social support and resiliency variables had a strong mediating effect on well-being and intelligence. Social support had a stronger effect on well-being and intelligence than resiliency. According to the results, it can be stated that spiritual intelligence, resiliency and social support variables as well as other variables such as psychology of personality should be considered in discussions on psychological interventions and prevention as well as enhancement of well-being of vision-impaired adolescents, especially in the field of positive psychology.

KEYWORDS: Spiritual Intelligence, Psychological Well-Being, Visually Impaired Adolescents, Resiliency And Social Support

In recent years, adopting pathological approach to human studies was criticized by various scholars. In contrast to this view, which defines health as absence of disease, the new approach emphasized on wellness rather than illness (Ryff et al, 2004, pp. 385).

In this perspective, not showing any sign of mental illness do not indicate health index; however, adjustment, happiness, self-confidence and the same positive features indicate health. Individual goal in life lies in self-actualization of personal and social capabilities to achieve maximum well-being (Ryan and Deci, 2001, pp. 163).

Visually impaired adolescents undergo psychological problems such as maladjustment, high social isolation due to physical defects and limitations in communicating with peers, and adults compared to their peers with normal sights (Shahim, 2002; Bieber and Shutt, 1991). Given that majority of these defects are not directly associated with sensory deficits and are caused by psychogenic attitudes of the disabled individual and society (Sadeghi -Njad, 1989 and Ocutsfurse, 1991), it is important to pay attention to psychological factors affecting maintenance and enhancement of well-being in this group of adolescents who have special needs. However, it is noteworthy to pay attention to temporary and unstable effects of living situations, such as financial resources, on psychological well-being in welfare discussions (Headey and Wearing, 1992). In fact, studies have shown that subjective well-being less changes over time (Costa, McCrae and Zonderman, 1987). In addition, constructs such as hope, optimism, empathy, affiliation, forgiveness, religion and spirituality (Snyder and Lopez, 2002), psychological resiliency (Gross and John, 2003, Mack and Wang, 2011) and social support (Garcia-Ramirez and Jariego, 2002, Christopher, Abraham, Noel and Linz, 2004, Kuah and Antonucci, 1980) are cited as the psychological factors, which are effective in creation, maintenance and development of psychological well-being.
Spiritual intelligence as one of the newest constructs in psychology is one of the factors, which affect well-being dimensions both directly and indirectly (Schreiber, 2009).

Spiritual intelligence as a combination of two concepts of intelligence and spirituality can benefit from spiritual information to adaptively solve the problems encountered in life and achieve goals (Emmons, 2000). According to Zohar and Marshall (2000), spiritual intelligence is the capacity by which the most profound concepts and goals, and the best motives could be understood. In fact, an individual with higher than average spiritual intelligence is less preoccupied with details and less neglect generalities. An individual with spiritual intelligence introduces (exhibits) mental well-being along with internal and external compassion and reconciliation in any situation (Kates, 2002 and Wigglesworth, 2006). The significant and positive relationship between spirituality related constructs and components associated with mental health and psychological well-being (Schreiber, 2009) were reviewed and approved in previous researches. Koenig (2007) showed in his research that moral and physical life of an individual is positively related to his spiritual life. Those who have stronger spiritual beliefs and strategies show better adjustment to life situations (Koenig, 2007). Desrosiers and Miller (2007) conducted a study on 615 young girls by which they showed that those with stronger spiritual component (faith) are more powerful in dealing with personal and academic stresses. They are also less prone to disease.

In fact, they have higher psychological well-being. Koenig (2012) conducted a cross-cultural research by which he showed that western and eastern spirituality in all cultures have positive effect in increasing adjustment and well-being. Susana Ramirez (2012) conducted a longitudinal study by which he showed that spirituality-based coping is associated with increased quality of life and well-being in patients with renal disease and dialysis. Kezdy and Martos (2011) conducted a study in which he evaluated the relationship between spiritual attitudes and mental health in adolescent as positive and significant.

One of the paths through which spiritual intelligence can help to increase psychological well-being lies in increasing the resiliency (Azerbaijani, 2006). Resilient individuals are optimistic. They possess flexible intellectual skills. They search among problems as learning opportunities. They possess self-esteem, sense of humor and perseverance in stressful situations and adverse situations. Then, they not only maintain their psychological health, but also increase their ability to confront new problems they may face in their lives (Masten, 2001). A review of literature on resiliency showed that positive relationship between resiliency and well-being was also reported in previous studies (Wagnild, Young, 1993, Gross and John, 2003, Mak and Wong, 2011). Spirituality escalades goals, develops sense of purposefulness, increases level of awareness and applies spiritual resources to solve problems encountered in life. As a result, it increases process of adjustment in living environment (King, 2008; Samadi, 2006). Through spirituality, human being realizes there is a relationship between himself and the transcendent and superior absolute source. Then, he can attain patience in dealing with unpleasant situation through attending spiritual ceremonies and wisdom (Azerbaijani, 2006). In researches conducted on the relationship between spirituality and resiliency, Park, Cohen and Herb (1990) found out the moderating role of spirituality in stressful situations. In addition, Call (2003) conducted a study on the relationship between religious-based coping strategies and higher levels of resiliency in stressful situation by which he showed that there is a positive and significant relationship between these two factors. Ramirez (2012) and Braun (2009) also introduced spirituality as an important factor in maintaining mental health, hope, and resiliency in patients with chronic renal disease and cancer.

Social support is another important variable, which has an interactive relationship with spiritual intelligence and psychological well-being. Several studies have shown the same result. Proper social support ultimately results in individual physical health and psychological well-being (Cohen and Wills, 1985; Roberts and Gotlib, 1997). Spiritual intelligence can effectively improve psychological health and well-being by providing social support as well as religious-spiritual activities and groups. It was reviewed and approved in several studies that religious-spiritual attitudes and social support as a construct have a direct and highly significant relationship with spiritual intelligence (Chaboki and Hosseini, 2011). Idler and Kasl (1992) announced that attending and participating in church spiritual ceremonies have profound effects on mental health of the participants since they experience collective lifestyle. As a result, mortality rate for 30 days prior to Easter is less than other times among Christians since they take benefit from
psychological benefits of social support provided by spiritual groups and activities. Kaldor (1994) conducted a study on 3.1 million individuals in Australia who attended church on Sundays by which they showed that 24% of these individuals found their closest friends in the church while 46% found their close friends in the church. Belonging to the Church and spiritual ceremonies provide social protection and higher psychological well-being and health for the participants.

In addition, regarding the relationship between two mediating variables of resiliency and social support, Benard (2004) demonstrated that resiliency and social support among at-risk adolescents is associated with emotional problems. Social support as emotional assistance is considered as the tools and information provided by others (Gerard, Landry-Meyer and Guzell-Roe, 2006), which reduces stress and increases resiliency (Brown, 2008; Hass and Graydon, 2009 and Werner and Smith, 2001).

Due to higher levels of psychological problems and inconsistency among children and adolescents with impaired vision (Shahim, 2002; Babir and Shut, 1991), it is essential to identify underlying factors causing maintenance and promotion of psychological health and well-being in this group of disabled individuals. However, as mentioned above, several factors affect psychological well-being of adolescents with impaired vision. Each one of these factors has a different effect on this variable. Studying these factors individually in separate studies does not suffice to determine simultaneous effect of these variables on psychological well-being. Therefore, a model was used to simultaneously study the effect of these variables on psychological well-being. A theoretical model (Figure 1) was developed by a review of literature in this area. According to researchers, this model can explain part of this effective process on psychological well-being:

![Conceptual model](image)

**RESEARCH METHODOLOGY**

Path analysis method was used in this correlational study. This study aimed to examine the relationship between variables in a causal model. In this model, spiritual intelligence variable was considered as exogenous variable while psychological well-being, social support and resiliency variables were considered as endogenous variables.

**Statistical population, sample and sampling method**

The statistical population included visually impaired high school adolescents in 2013 academic year in Tehran and Karaj. Based on statistics provided by Ministry of Education, the total number of these students was equal to 240 individuals. Since the target population is a finite one in this study and the population size is not sufficiently large, it was not possible to apply random principles (Homan, 1997). Due to the small population size, which was inadequate for application of modelling methods, sample size was considered as equal to total population size in this study.

After obtaining consent of competent authorities and giving explanations about the research objectives, the questionnaires were given to visually impaired students. They were asked to fill out the questionnaires at home and with the help of their parents, family member or friends. They were bound to deliver the filled out questionnaires to school officials up to 3 days. History of mental illness and recent traumatic accident were determined as exclusion criteria in the sampling process. Ethical standards such as ensuring confidentiality of collected information as well as informed consent for participation in the study were observed.

**RESEARCH TOOLS**

**Spiritual Intelligence Questionnaire**

This questionnaire includes 29 questions, which was developed and normalized by Abdullah Zadeh et al.
They obtained Cronbach’s Alpha coefficient as 89% for the questionnaire (Abdullah Zadeh, 2009). The questions were reviewed and approved by a number of experts in order to examine both face and content validities of the questionnaire. In addition, factor analysis was used to examine validity of the questionnaire. The correlation of all questions was obtained above 0.3. Varimax rotation method was used to reduce the number of variables by which two variables were found out as the main factors. The first factor with 12 questions was called understanding and communication with the source of existence while the second factor with 17 questions was called spiritual life with inner core. Five-point Likert scale was used for scoring (Molavi, 2009).

Social Support Questionnaire

This questionnaire was developed by Vaux, Phillips, Holley, Thompson, Williams and Stewart based on definition of social support provided by Cobb in 1986. According to this definition, social support refers to how much family members and friends are kind to, assist and pay attention to the patient. This questionnaire consists of 23 items scored based on four-point Likert scale (Taheri, 2010). Reliability of this test was obtained by Ebrahimi Ghavam (1992) in a study conducted on a sample of 100 students and 200 students respectively as 90% and 70%. In addition, the reliability was obtained as 81% in retest taken after six weeks. Shah Balhsh (2010) also calculated internal reliability coefficients of the test in a group of 300 university students of Allama Tabatabai (ra) as 66%.


This questionnaire includes 25 questions, which aimed to measure resiliency of various individuals. This scale was normalized by Mohammadi (2005) in Iran. Validity of the questionnaire was examined using factor analysis, Bartlett's test of sphericity and KMO index. Both indices showed adequacy of evidences for factor analysis. Cronbach's alpha was used to determine reliability of Connor and Davidson Resilience Scale. Reliability coefficient was obtained as 0.89 (Mohammadi, 2005).

**Ryff Psychological Well-Being Scale**

This scale was developed by Ryff in 1989 and was revised in 2002 (Hauser, Springer and Pudrovksa, 2005). This six-factor scale measures autonomy, environmental mastery, personal growth, positive relationships with others, purposefulness in life and self-acceptance. Meanwhile, sum of scores of these six factors was calculated as overall score of psychological well-being. Reliability and validity of psychological well-being scale was reported appropriate in various studies. Direndonck (2005) reported that internal consistency of subscales is appropriate. He obtained Cronbach's alpha between 0.77 and 0.90. Schmutte and Ryff (1997) reported internal consistency of scales of psychological well-being between 0.82 and 0.90. Validity of Persian version of the questionnaire was reported appropriated in the study conducted by Bayani, Koochaki and Bayani (1999). In the present study, Cronbach's alpha coefficient of the questionnaire was obtained as 0.92/0.

**FINDINGS**

There were 198 participants in the study after final loss. They were between 16 and 20 years old. Mean and standard deviation of their ages were respectively as 17.9 and 3.14. In terms of gender distribution, 41% were female while 59% were male.

In the following, Table(1), the mediating effect of commitment and both direct and indirect effects of intelligence and commitment on behavioral well-being are provided.

<table>
<thead>
<tr>
<th>Paths</th>
<th>Variables</th>
<th>B</th>
<th>Beta</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct effects</td>
<td>Spiritual Intelligence ➔ Well-being</td>
<td>0.35</td>
<td>0.301</td>
<td>.001</td>
</tr>
<tr>
<td></td>
<td>Spiritual Intelligence ➔ Resiliency</td>
<td>0.56</td>
<td>0.54</td>
<td>.001</td>
</tr>
<tr>
<td></td>
<td>Spiritual Intelligence ➔ Social Support</td>
<td>0.49</td>
<td>0.42</td>
<td>.001</td>
</tr>
<tr>
<td></td>
<td>Social Support ➔ Well-being</td>
<td>0.78</td>
<td>0.75</td>
<td>.001</td>
</tr>
<tr>
<td></td>
<td>Resiliency ➔ Well-being</td>
<td>0.69</td>
<td>0.66</td>
<td>.001</td>
</tr>
<tr>
<td>Indirect effects</td>
<td>Spiritual Intelligence ➔ Social Support ➔ Well-being</td>
<td>0.35</td>
<td>0.315</td>
<td>.001</td>
</tr>
<tr>
<td></td>
<td>Spiritual Intelligence ➔ Resiliency ➔ Well-being</td>
<td>0.38</td>
<td>0.356</td>
<td>.001</td>
</tr>
</tbody>
</table>
In the present model, the path’s coefficients shows that all relationships are statistically positive and significant (P<0.05).

In other words, intelligence directly has a significant effect on Well-being. This effect is equal to 0.301. This value is the same standardized coefficient of regression weight. Since it is standardized, it is preferred to B coefficient. This value can be interpreted as follows. Intelligence is directly effective on well-being. In other words, for every one-unit change in standard deviation of spiritual intelligence, wellbeing increases to 0.301 (P<0.01).

Moreover, direct effects of intelligence on support and resilience are also significant. Furthermore, effects of support and resiliency on well-being are direct and significant. The question is that although intelligence directly affects well-being, is the effect of the former with mediating effect of social support and resilience significant? How much is it significant? In fact, do social support and resilience have mediating significant role in the relationship between intelligence and well-being?

As fitness model results and table of path’s coefficients shows, indirect path of intelligence on well-being is significant with mediation of resiliency. In other words, indirect effect of intelligence on well-being with mediation of resiliency is equal to Beta=0.35. In contrast, it could be stated that although intelligence directly affects well-being (Beta=0.301) and this effect is significant, when mediating role of resiliency is considered, this effect changes to Beta=0.35. This suggests that resiliency factor affects effect of spiritual intelligence on well-being and leads to an appropriate synergy between these variables. Therefore, resiliency has a strong mediating effect between well-being and intelligence on the other hand, indirect path of intelligence on well-being with mediation of social support is significant. In other words, indirect effect of intelligence on well-being with mediation of social support was obtained as Beta=0.31. It should be stated that although intelligence directly affects well-being (Beta=0.301) and this effect is significant, when social support mediates between these two variables, the effect increases to Beta=0.31. This suggests that social support variable affects effect of spiritual intelligence on well-being and leads to an appropriate synergy between these variables. Therefore, social support has a strong mediating effect between intelligence and well-being although the effect of social support on these two variables is a little less than the one attributed to resiliency.

The final fitness indices of model are presented in the following table:

<table>
<thead>
<tr>
<th>Fitness indices</th>
<th>Value</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/df</td>
<td>1.80</td>
<td>Confirm the Model</td>
</tr>
<tr>
<td>GFI</td>
<td>0.939</td>
<td>Confirm the Model</td>
</tr>
<tr>
<td>AGFI</td>
<td>0.901</td>
<td>Confirm the Model</td>
</tr>
<tr>
<td>IFI</td>
<td>0.925</td>
<td>Confirm the Model</td>
</tr>
<tr>
<td>TLI</td>
<td>0.892</td>
<td>Confirm the Model</td>
</tr>
<tr>
<td>CFI</td>
<td>0.924</td>
<td>Confirm the Model</td>
</tr>
<tr>
<td>NFI</td>
<td>0.921</td>
<td>Confirm the Model</td>
</tr>
<tr>
<td>NNFI</td>
<td>0.95</td>
<td>Confirm the Model</td>
</tr>
<tr>
<td>RMSEA</td>
<td>0.07</td>
<td>Confirm the Model</td>
</tr>
<tr>
<td>PRATIO</td>
<td>0.60</td>
<td>Confirm the Model</td>
</tr>
<tr>
<td>Hotller</td>
<td>580</td>
<td>Confirm the Model</td>
</tr>
</tbody>
</table>

Contents of the above table present the model fitness indices. As the results shows, chi-square value is equal to 19.81. It should be noted that this index is very sensitive to sample size. It is generally obtained significant in large sample size. Thus, this alone is not reliable.

All comparative fit index such as AGFI / IFI / TLI / CFI / NFI / GFI were obtained above 0.90 in the final model, which are all appropriate. The Pratio index from thrifty indices was equal to 0.60, which is at optimal level. RMSEA statistic was obtained equivalent to 0.07, which is appropriate. Thus, the final model is approved. Figure(2)
DISCUSSION AND CONCLUSION

As discussed in the findings section on the proposed model, all relationships, both direct and indirect effects, are statistically significant and positive. In other words, direct effects of spiritual intelligence on psychological well-being, social support and resiliency and direct effects of social support and resiliency on psychological well-being in adolescents with impaired vision is significant. On the other hand, the indirect path of spiritual intelligence on psychological well-being in adolescents with impaired vision is significant with mediation of resiliency and social support. In other words, resiliency and social support affect the effect of spiritual intelligence on the well-being and lead to an appropriate synergy between these variables. In summary, it can be stated that resiliency and social support have a strong mediating effect between psychological well-being and spiritual intelligence of visually impaired adolescents.

These results are consistent with those obtained in previous findings on the relationship between spiritual intelligence and psychological well-being (Kitts, 2002 and Wigsworth, 2006; Susana Ramirez, 2012 and Koenig, 2012), resiliency and spiritual intelligence and psychological well-being (Wagnid and Young, 1993; Gross and John, 2003; Mack and Wang, 2011; King, 2008; Samadi, 2006; Brown, 2009 and Kaul, 2003) and social support and spiritual intelligence and psychological well-being (Cohen and Wills, 1985; Roberts and Gottlieb, 1997; Idler and Kesel, 1992 and Kaldor, 1994). Results obtained in latter studies were in line with those obtained in the present study.

Based on these results, it can be noted that majority of research on studying and identifying strategies to reduce psychological problems and increasing well-being dimensions conducted on visually impaired individuals confirm that such problems arise from inherent inferiority and are not due to visual disabilities. However, these problems are mostly due to lack of proper knowledge on abilities and negative attitudes towards this group of people (Halahan and Kaufman, 1987, translated by Maher, 1999).

Spiritual intelligence can be considered as a potential for maintaining psychological health and well-being in all age groups, especially adolescents with impaired vision. Spiritual Intelligence refers to the ability to take benefit from spiritual capital and resources for solving problems in a problem-focused manner and improving life. Therefore, it is expected that spiritual intelligence generally improve the psychological well-being. In addition, although some believe that social status, money and access to financial resources are as key factors in subjective sense of well-being, studies have not confirmed this view. In most studies, the correlation between income and sense of psychological well-being was reported as low (Argyle, 1999). The researchers believe that these findings justify that although social status, wealth and access to financial resources bring happiness, they gradually lose their impact due to self-acceptance mechanism. Then, the individual reaches the set point or initial adaptation level. Therefore, life situations have temporary effect on psychological well-being. In addition to nature of well-being or genetic predisposition for happiness or unhappiness (Watson, 2002), well-being is associated with such constructs as spiritual intelligence, which less changes over time. Given the positive and significant relationship between spirituality and effective variables in mental health such
as self-esteem (Bahrami, 2001), following factors ultimately increase adaptation, mental health and individual psychological well-being: increased close relationships and social and emotional support, helping to deal more effectively with stress and promoting positive and effective behaviors and healthy life style (Seligman and Mihalyi, 2000; Elison, Gay and Glass, 1989; Watson, 2002).

In addition, as the results of the present study indicated, spiritual intelligence is associated with psychological well-being through significant synergies with resiliency in adolescents with impaired vision. In fact, resilient people more likely search for meaning when facing adverse conditions. Having faith increases individual endurance to hardships. It helps them to overcome challenges and endure changes in life. Moreover, spiritual connections (having faith in infinite power) is addressed as a supporting factor, which creates and facilitates resiliency. It can be referred to as an anchor, which increases adaptability and fosters resiliency, especially in difficult situations. Spirituality helps people to reduce their negative emotions and benefit from appropriate strategies to manage stress and solve life problems to minimize anxiety. The relationship between spiritual intelligence and resiliency indirectly cause a positive effect on psychological well-being dimensions. Resilient individuals maintain their psychological health under stressful and adverse situations. They are more adapted to these conditions. Wolff (1995) stated that resilient individuals have features such as social power, abilities in problem solving, autonomy and sense of purposefulness, with potential to maintain their mental health in stressful conditions. Masten (2001) also identified resiliency as a powerful factor in changing the outcome of adverse events in a positive direction. Friberg et al (2006) also believed that resiliency increases the ability of individuals to change regardless of risk of dangers. Resilient individuals who report less anxiety and depression (Connor and Davidson, 2003) overcome a variety of adverse events, maintain their mental health, and achieve higher psychological well-being (Bonanno, 2004).

On the other hand, as reported in the present study, psychological well-being is obtained in visually impaired adolescents through spiritual intelligence with mediation of social support. Typically, believers in spirituality receive substantial social support through membership in religious and spiritual groups and benefit from relative advantages. In fact, social contact followed by social support establishes a safe relationship for the individual whose main features are sense of intimacy and empathy. People who have high social support and less interpersonal conflict are more resilient when encountering stressful life events. They effectively use problem-focused coping styles. As a result, they report less turbulence and higher well-being.

As reported in the present study, results of proposed model suggested that spiritual intelligence directly and in synergies with such variables as social support and resiliency has significant and indirect effect on psychological well-being of visually impaired adolescents. Thus, in psychological prevention and intervention to reduce psychological problems and increase well-being dimensions of adolescents with impaired vision, variables associated with spiritual intelligence, resiliency and social support as well as other personality psychological variables should be considered, especially in the field of positive psychology.

**LIMITATIONS AND SUGGESTIONS**

Using self-report measures are addressed as risk factors to internal validity. The small number of subjects, particularly for pattern routing and using available sampling methods and choosing from a limited geographical area necessitate conducting similar researches in broader scale for generalization of the results. Finally, limitations in making causal conclusions should always be considered in cross-correlation studies.

It is recommended that other methods of data collection and local scales, other personality characteristics of visually impaired adolescents with emphasis on effective variables in well-being and quality of life in this disabled group be considered in future studies. Moreover, identity and demographic variables as moderating variables should be considered in future research. According to our local culture and beliefs, it is suggested that such constructs as intelligence and spiritual well-being as well as religious attitudes and orientation should be considered at all scheduled training and education as well as therapeutic interventions by authorities, especially for visually impaired individuals.

The significant relationship between psychological well-being and personality characteristics in adolescents with impaired vision indicates the necessity to pay attention to profound and stable personality
constructs in well-being of visually impaired individual in future interventions and research.

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