

## The Relationship between Intellectual Intelligence and Mental Health, Family, in the District of Islamabad Gharb, in 2015-2014

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### ABSTRACT

The present study examined the relationship between spiritual intelligence and mental health, among the families. The research method was descriptive and correlational, 80 families (40 couples) to simple random sampling, from among all the families of the District of Islamabad Gharb, were elected in 2014. Tools for Mental Health Questionnaire GHQ-28, and the King Spiritual Intelligence Scale (SISRI), and to measure mental health, and spiritual intelligence of both spouses, the criterion was determined. Using the test, t-test, linear regression and correlation analysis, and data calculation software was used 21spss. Results showed that there were significant correlations between spiritual intelligence and mental health. The differences between male and female sexuality, in terms of these two variables was not significant. Given the correlation between spiritual intelligence and mental health, is likely to raise the level of spiritual intelligence, promotes the mental health of families and can affect the area.

**KEYWORDS:** mental health, spiritual intelligence, family, Islamabad Gharb.

### INTRODUCTION

The family is the smallest and the most important core of a community that could be happiness or misery of a society will bring, so pay attention to the status and functioning of the institution, is particularly important. And the institution of the family is known, and is there anywhere in the world, and all the rules are followed more or less the same. However, many other features of a society to society, the fundamental difference is because of the social culture, whether or not the family atmosphere and its influence. Throughout history, all scholars, historians and writers believe that tradition, which is the most ancient families, to increase the natural, social and emotional human form, and record the length of human existence on Earth there (Ibn Khaldon, 1990). Hence, the family is the smallest social unit, though, has always been considered, but the facts suggest that, in the face of difficulties and dangers, so that ought not to be enabled. The condition of having a healthy and dynamic society, health and family stability. In terms of psychology, the role of family is undeniable, because of the stress of the first ten events, six incidents of family crisis, a crisis such as death of a spouse, separation, divorce, family disputes, harassment and other close relatives, the table "Holmes and Rahe» marry after the death of a spouse, the impact of stress, the highest degree, and 74 percent of victims of heart attack before having a heart attack, family crisis have (Powell, 1998, and Scheffer, 1998). The importance of human spirituality and spiritual growth in the past few decades, an increasing rate, psychologists, and mental health professionals have been attracted (Hoseindokht et al., 2013). In recent years, spirituality as an important aspect of human action measures, the relationship between health and improved reliability, is considered (Dwain and Tanahila, 1990). Spiritual Intelligence, one of the concepts that, in light of the global interest of psychologists in the field of religion and spirituality, raised, and improved. Structures spirituality and spiritual intelligence, and intelligence into the composition of the new A structure (Aimonz, 1999). Although there are similarities spirituality with religion, but has a broader meaning, and is broader than religion (McDonald, 2002). Spiritual intelligence, spirituality and intelligence structures, the new structure combines (McDonald, 2002) and the human capacity and expertise at the same time, and the overall relationship between us and the world in which we live, is defined (Aimonz, 1999). Ceske roots in the writings of ancient spiritual

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intelligence, knows the mystic East. He is impact of Buddhism, Islam and the Sufis (Ceske, 2008). The concept of spiritual intelligence in the academic literature in psychology, for the first time in 1996 by Stevens, and later was introduced in 1999 by Aimonz (Sohrabi, 2008). In 2000, Zvhar and Marshall, professor at the University of Oxford and a pair scholar, first published book, titled "Spiritual intelligence, basic intelligence," Gary started the third intelligence, spiritual intelligence in psychology as they were (and Zvhar Marshall, 2000). According to Wellman (2001), Spiritual Intelligence is the capacity for people to ask questions about the meaning of life and simultaneously experiencing connection interconnected between each of us and the world in which we live (Zohar and Marshall 2000). Spiritual Intelligence, contrary to general intelligence, computers are both have, and unlike emotional intelligence, the higher primates are also uniquely human specific (Sohrabi, 2009). The remarkable thing is that, to achieve success in life, it is not necessary that only people with high general intelligence, but what it is, emotional intelligence and spiritual intelligence is high (Sohrabi, 2008). General intellectual intelligence represents a set of skills, capabilities and intellectual resources that can be used in everyday life, increased compatibility, adaptability, problem solving, finding meaning and purpose in life events, maintaining health, inner peace and outer dynamism and becomes Succulence (Ceske, 2008; Zohar and Marshall, 2000; Aimonz, 2000; Amram, 2009). Health of the basic human needs that sustainable development plays a vital role (Safari and Fattahizadeh, 2003). Although initially only to physical health, the health concern was the progress of science and to achieve an acceptable level of physical health and the fight against many diseases, to the human other aspects of the health, attention, mental health has (Qadri, 2002). Public health is a complex issue, affected by various factors. Heredity, upbringing, traumatic psychological, nutritional, disease, culture and religious beliefs, as these factors are (Marashi, 2008). Public health, a compromise with the world (Milanifar, 2005), feature a harmonious relationship with others, modifying personal and social environment, and to resolve conflicts and personal desires are rational (World Health Organization, 2001), feeling well-being and self-assurance, self-reliance, capacity, competition, dependence on intellectual and emotional potential generational and self-actualization (Abbaszadeh et al., 2003), has been defined. Mental health refers to the feeling of wellbeing, and their efficiency confidence, self-reliance, capacity, competition, intergenerational dependence, and self-actualization potential for intellectual, emotional and so on. However, considering the differences between cultures, providing a comprehensive definition of mental health is impossible to obtain. However, there is consensus on the fact that mental health is more than the absence of mental disorders. What is certain is that mental health, like physical health, is very important (Abbaszadeh et al., 2003).

By studying the literature research, we note that, because of the potential benefits of the spiritual man, always noble and important as a source of healing, and mental health support and mental health specialists (Prsman and et al., 1990). Elmer, McDonald's and Friedman (2003), A review of studies that examined the effect of spirituality on health, showed that spirituality is associated with lower rates of disease, and life-long relationship (Elmer et al., 2003). Several studies and surveys show that between spiritual intelligence and mental health, life satisfaction and meaning in life, there is a significant positive relationship. Smith's study in 2004 found that spiritual intelligence, to improve compatibility with the environment, and people with higher spiritual intelligence, 'ability to tolerate stress and more consistency (Smith, 2004). Dickman (1990), the research showed that spiritual intelligence has a positive impact on mental health. The results of Peterson (2000) and Mehzerz (2000), also suggests that, pleasure in improving physical and mental health, an effective and makes sense of security and satisfaction in life and spirit of participation, higher returns, and individuals a spiritual life, without a doubt psychologically healthy persons (Dadsetani, 1998). Konsios studies, Thompson, Asvald, Van Levin and Kasvrl and Alkinz and Karndsh show that, between spiritual intelligence and mental health, there is a high correlation (Konsios, 2005; Thompson, 2002; Asvald, 2004; Levin and Wen Kasvrl 2004; Alkinz and Karndsh, 2004). The research Moosavi and Talebzade Novbarian (2010), entitled "The relationship between intellectual intelligence and mental health", the results showed that, between spiritual intelligence of students with mental health, there is a negative and significant relationship. Also, the spiritual intelligence of students, with the subscales mental health (depression, anxiety and insomnia, social dysfunction and somatic symptoms) Their relationship is significant and negative, respectively (Moosavi and Talebzade Novbarian, 2010). The relationship between mental health and spiritual intelligence of students, by Yaghoobi et al (2008), the relationship between spiritual intelligence, mental health, and four after it was reported (Yaghoobi et al., 2008). Results Khodabakhshi et al (2014), entitled "Identification of relationship between intelligence, spiritual, and mental Health University of Medical Sciences" showed, Spiritual Intelligence has a positive impact on

mental health. Research shows that people with intellectual life, is psychologically healthier individuals. Ahmadi and Kajbaf (2008), in research, intellectual attitudes of college students, and its relation to some demographic characteristics, were examined. The results show that, between spiritual intelligence and gender, there was a significant relationship. In other words, women compared to men, a higher spiritual attitude. George (2006), the research concluded that spiritual intelligence of women significantly more than men. However, Raghil and colleagues (2008), entitled "Analysis of the spiritual intelligence of college students, and its association with demographic characteristics" have done a significant association between spiritual intelligence and gender were not. Another problem is that, with ambiguous gender differences in religious orientation, is the role of gender in relation to spiritual intelligence-intensity mental health is. One thing that few studies have directly addressed the review. McCullough and Lorenzio, the relationship between religious orientation and mental health, the study results suggest that the association between the two was not significant in men, whereas in women, the association was significant (McCullough and Lorenzio, 2005). Several studies, for engaging in religious and mental health, severity, examined the relationship between these two variables have been reported in women than men (Koenig, 1999; McCullough et al., 2000; Astreavbridge and others, 1997). The results Arefi and Mohsen. (2010) the relationship between the severity of mental health and religious orientation of boys and girls, the difference was not significant. The results suggest that the mental health of boys and girls are different, and this difference in favor of boys. In fact, compared to boys, girls had better health.

Since spiritual intelligence, the ability to use a variety of religious and spiritual resources, and is effective in solving the problems of life, the aim of this study was to clarify the importance of spiritual intelligence and mental health of the family is. Therefore, given the importance of spiritual intelligence and its impact on all aspects of human life, it is important to assess their relationship to people's lives, and attempts to answer the question is, what is the relationship between spiritual intelligence, mental health, family there? What is the relationship between spiritual intelligence, mental health, there is the contribution of spiritual intelligence, the mental health of family members, how much?

## **2. Research Objectives**

### **2.1. The main objective**

- The relationship between intellectual intelligence and mental health, family, District of Islamabad, in the West, in 2015-2014

### **2.2. Secondary objectives**

- The relationship between intellectual intelligence and anxiety, and sleep, in the District of Islamabad Gharb Family
- The relationship between intellectual intelligence and depression, among families District of Islamabad Gharb
- The relationship between intellectual intelligence and physical symptoms, the family of the District of Islamabad Gharb
- The relationship between intellectual intelligence and social functioning among families District of Islamabad Gharb
- Spiritual intelligence differences according to gender, the family, the District of Islamabad Gharb
- Mental health differences according to gender, the family of the District of Islamabad Gharb

## **3. Research Hypotheses**

- 1 between spiritual intelligence and mental health, family, District of Islamabad, in the West, there is a significant relationship.
- 2 between spiritual intelligence and anxiety, in the District of Islamabad Gharb families, there is a significant relationship.
3. between spiritual intelligence and depression, among families District of Islamabad Gharb, there is a significant relationship.
4. between spiritual intelligence and social functioning among families District of Islamabad Gharb, there is a significant relationship.
5. between spiritual intelligence and mental health, family, District of Islamabad, in the West, there is a significant relationship.
6. The relationship between the spiritual intelligence, according to sex in the District of Islamabad Gharb families, there are significant differences.

7. With regard to gender and level of mental health, family, District of Islamabad, in the West, there is a significant difference.

#### 4. METHODOLOGY

This is due to the target type descriptive and correlative population in this study, families, District of Islamabad Gharb is 80 words (40 pairs) as samples were randomly selected for data analysis of this study, descriptive statistics (mean, standard deviation, frequency) and inferential statistical procedures for testing hypotheses of simple linear regression and correlation and t-test to calculate 21 spss software data is used.

#### 5. Research Tools

Health Questionnaire, GHQ-28: One of the tools we used in this study, Goldberg and Hiller is the GHQ-28 questionnaire. This questionnaire is designed to detect non-psychotic mental disorders, which has been extensively developed, its use for the detection of minor psychiatric disorders, and screening of non-psychotic psychiatric disorders, medical centers and other communities, are used in different situations. Subjects responded to each question on a four degree range specified. Form 28-point, using factor analysis, the long form was developed. 4 is a scale, each scale contains 7 questions. Scales that include somatic symptoms, anxiety and insomnia, social dysfunction, severe depression.

King Spiritual Intelligence Scale (SISRI): King Spiritual Intelligence Scale (SISRI), was designed and built in 2008 by King. The questionnaire consists of 24 items, with four sub-scales: a critical existential thinking, personal meaning production, transcendental awareness and expanded consciousness mode. The higher the score on this scale would have a higher spiritual consciousness.

#### RESULTS

Table 1) descriptive data (mean, standard deviation and frequency) of the desired variable, show.

Group Statistics Table 1: Frequency, mean, standard deviation					
	gender	N	Mean	Std. Deviation	Std. Error Mean
Mental Health	Male	40	20.1500	12.18774	1.92705
	Female	40	22.4250	13.83027	2.18676
Spiritual Intelligence	Male	40	76.4000	19.17771	3.03226
	Female	40	73.5750	20.09961	3.17803

Explanatory variables are indicators of mental health, and spiritual intelligence varies according to gender, in Table 1 are shown.

Table 2: Correlation of variables correlations

		Spiritual Intelligence	Mental Health	Physical symptoms	Anxiety	Social functioning	Depression	D
Spiritual Intelligence	Pearson Correlation	1	-.42015**	-.455**	-.439**	-.308**	-.434**	
	Sig. (2-tailed)		.000	.000	.000	.005	.000	
	N	80	80	80	80	80	80	

Correlation between mental health and subscales of the variables (somatic symptoms, anxiety, social dysfunction and depression), the Spiritual Intelligence in Table 2 are shown.

The results of Table 2) show that:

1) between mental health and spiritual intelligence correlation coefficient -0/49 obtained, which is significant at 0/01. That is changing with the increasing spiritual intelligence, enhancing mental health (mental health score) increases. So reject the null hypothesis, the researchers hypothesized that the relationship between spiritual intelligence and mental health, may be approved at 0/01.

2) varied between spiritual intelligence and physical symptoms, a correlation coefficient of -0/45 found that, at 0/01 meaningful. This means that with increasing spiritual intelligence, increase physical varying symptoms (somatic symptom score reduction variable) increases. So reject the null hypothesis, the researchers hypothesized that the relationship between intelligence and spiritual, and physical symptoms are variable at 0/01, may be approved.

3) between spiritual intelligence, anxiety variable correlation coefficient with -0/43 obtained, which is significant at 0/01. This means that with increasing spiritual intelligence, variable signs of increased anxiety (anxiety-reducing variable score) increases. So reject the null hypothesis, the researchers hypothesized that the relationship between spiritual intelligence, and variable levels of anxiety can be verified 0/01.

4) between spiritual intelligence, social function with variable correlation coefficient -0/30 obtained, which is significant at 0/01. This means that with increasing spiritual intelligence, social functioning, increased variable (the variable social function loss) finds. So reject the null hypothesis, the researchers hypothesized that the relationship between spiritual intelligence, and the changing social function may be approved at 0/01.

5) between spiritual intelligence, the depression variable correlation coefficient -0/43 obtained, which is significant at 0/01. The spiritual intelligence, decreased depression (depression score increased variable) increases. So confirm the null hypothesis, the researchers hypothesized that the relationship between depression and spiritual intelligence variable, is rejected at 0/01.

**Table3: Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.42015 <sup>a</sup>	.244	.234	11.37731
a. Predictors: (Constant), Spiritual Intelligence				
b. Dependent Variable: Mental Health				

In Table 3) According to Coefficient set R Square (.234) 0/24, the variance related to mental health, spiritual intelligence is explained by

**Table 4 : ANOVA<sup>b</sup>**

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	3259.822	1	3259.822	25.183	.000 <sup>a</sup>
	Residual	10096.565	78	129.443		
	Total	13356.387	79			
a. Predictors: (Constant), Spiritual Intelligence						
b. Dependent Variable: Mental Health						

According to Table 4), the significance level obtained in Table sig (00/0), is less than 0/05, so the null hypothesis that the linear relationship between variables, mental health, and spiritual intelligence there, be rejected. The researcher assumes that the relationship between mental health variables, and spiritual intelligence may be approved with a confidence level 0/95.

**Table5: Coefficients<sup>a</sup>**

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	45.900	5.067		9.059	.000
	Spiritual Intelligence	-.328	.065	-.42015	-5.018	.000
a. Dependent Variable: Mental Health						

In Table 5) according to the level of significance sig (00/0), found that less than 0/05, the null hypothesis (that the regression coefficients are zero is rejected), and according to factor columns Beta, -0/49 the percentage of variability in the mental health variables, is explained by spiritual intelligence. And Similarly, the effect of each of these variables, we can not judge.

**Table 6: Evaluation of different variables by gender Independent Samples**

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Physical symptoms	Equal variances assumed	.064	.801	.314	78	.755	.25000	.79723	-1.33716	1.83716
	Equal variances not assumed			.314	77.207	.755	.25000	.79723	-1.33742	1.83742
Anxiety	Equal variances assumed	4.258	.042	-2.063	78	.042	-1.87500	.90871	-3.68410	-.06590
	Equal variances not assumed			-2.063	69.871	.043	-1.87500	.90871	-3.68742	-.06258
Social functioning	Equal variances assumed	1.187	.279	-.260	78	.796	-.15000	.57796	-1.30063	1.00063
	Equal variances not assumed			-.260	73.101	.796	-.15000	.57796	-1.30185	1.00185
Depression	Equal variances assumed	1.326	.253	-.439	78	.662	-.50000	1.20053	-2.76644	1.76644
	Equal variances not assumed			-.439	77.698	.662	-.50000	1.20053	-2.76658	1.76658
Mental Health	Equal variances assumed	1.755	.189	-.781	78	.437	-2.27500	2.91469	-8.07771	3.52771
	Equal variances not assumed			-.781	76.786	.437	-2.27500	2.91469	-8.07915	3.52915
Spiritual Intelligence	Equal variances assumed	.052	.820	.643	78	.522	2.82500	4.39255	-5.91989	11.56989
	Equal variances not assumed			.643	77.829	.522	2.82500	4.39255	-5.92019	11.57019

The results of Table 6) show that:

1) To examine differences in physical symptoms and gender variables, the t-test method was used. The hypothesis regarding the value of t (0/31), degrees of freedom (78), the significance level sig (0/75) between physical symptoms and gender variables, no significant differences were found in the 0/05, and assume approved and rejected the null hypothesis researcher.

2) to evaluate the difference between anxiety and gender variables, the t-test method was used. According to this hypothesis, the t (-2/06), degrees of freedom (78) and level of significance sig (0/04), between anxiety and gender variables, no significant differences were found in the 0/05, and assume approved and rejected the null hypothesis researcher.

3) To review the functioning of social and gender variables, the t-test method was used. According to this hypothesis, the t (-0/26), degrees of freedom (78) and level of significance sig (0/79), the social function and the variables of gender, no significant differences were found in the 0/05, and approved and rejected the null hypothesis can be achieved.

4) to investigate gender differences in depression variable, the t-test method was used. According to this hypothesis, the t (-0/43), degrees of freedom (78) and level of significance sig (0/66), between depression and gender variables, no significant differences were found in the 0/05, and assume approved and rejected the null hypothesis researcher.

5) To examine gender differences in mental health, the t-test method was used. According to this hypothesis, the t (-0/78), degrees of freedom (78) and level of significance sig (0/43), between mental health and gender, significant differences were found in the 0/05, and assume approved and rejected the null hypothesis researcher.

6) In order to examine gender differences and spiritual intelligence, the t-test method was used. The hypothesis regarding the value of t (0/64), degrees of freedom (78) and level of significance sig (0/52), between spiritual intelligence and gender differences were found in the 0/05 level, and the null hypothesis is confirmed the researcher hypothesis is rejected.

## 7. RESULTS AND DISCUSSION OF THE RESULTS

In the first hypothesis, the results of correlation analysis showed that the relationship between spiritual intelligence and mental health among families West of Islamabad, the correlation coefficient -0/49 resulting in significant levels of 0/01. The results showed that, 0/24% of the variation in mental health, spiritual intelligence is explained by. This means that with increasing spiritual intelligence, mental health, family increases, and linear, direct (inverse relationship with the mental health score), and there is significant. The result of this research, the study by Smith (2004), Dickman (1990), Peterson (2000), Mahyerz (2000), Konsios (2005), Thompson (2002), Asvald, 2004; Levin and Wen Kasvrl (2004) Alkinz and Karndsh (2004), Moosavi and Talebzade Novbarian (2010), James and colleagues (2008) and Khodabakhshi and colleagues (2014) found consistent.

In examining the second hypothesis, the results suggest that the relationship between spiritual intelligence with variable physical symptoms, in the District of Islamabad Gharb families, according to a correlation coefficient of -0/49 resulting in significant 0/01 it is. This means that, with increasing

spiritual intelligence, physical symptoms Families variable rate increases, and linear, direct (physical symptoms varies inversely with the score), and there is significant. In earlier research, the results of the theory and research of Moosavi and Talebzade Novbarian (2010), and Jacob and colleagues (2008) found consistent.

Also check with the third hypothesis, spiritual intelligence with variable results regarding anxiety among the families of the District of Islamabad Gharb, according to a correlation coefficient of  $-0/43$  obtained showed a significant level of  $0/01$ . This means that with increasing spiritual intelligence, variable-rate increases family anxiety, and linear, direct (with a score anxiety varies inversely), and there is significant. This hypothesis is supported by the research results of Moosavi and Talebzade Novbarian (2010), and Jacob and colleagues (2008) is consistent.

Following the review of the fourth hypothesis, the results showed that the relationship between spiritual intelligence and social functioning variables, in the District of Islamabad Gharb families, according to a correlation coefficient of  $-0/10$  resulting in significant levels of  $0/01$ . This means that with increasing spiritual intelligence, variable-rate social functioning among families is increasing, and linear, direct (inverse relationship with the changing social function), and there is significant. The result of this hypothesis, the research Moosavi and Talebzade Novbarian (2010), and Jacob and colleagues (2008) found consistent.

Having reviewed the results of the fifth hypothesis, we determined the relationship between spiritual intelligence with variable depression in the families of the District of Islamabad Gharb, according to a correlation coefficient of  $-0/43$  resulting in significant levels of  $0/01$ . This means that with increasing spiritual intelligence, variable rates of depression among families is increasing, and linear, direct (inverse relationship with the depression variable), and there is significant. As a result of this assumption, the research Moosavi and Talebzade Novbarian (2010), and Jacob and colleagues (2008) were aligned.

Also check for the sixth hypothesis, the t-tests were used, the differences in all subscales of spiritual intelligence, in both males and females, were examined, the results are as follows: to examine gender differences and spiritual intelligence, According to the  $t(0/64)$ , degrees of freedom (78), the significance level sig ( $0/52$ ) between spiritual intelligence and gender, significant differences were found in the  $0/05$  level, and the null hypothesis verification the researcher rejected. The result of this hypothesis, the research and Kajbaf Ahmadi (2008), and George (2006), non-aligned, and the result of competing and colleagues (2008), is consistent.

Also check for the seventh hypothesis, t-test, the differences between all the measures of mental health, together and individually, in both males and females were examined, the results are as follows: the examine gender differences in mental health, according to the  $t(-0/78)$ , degrees of freedom (78) and level of significance sig ( $0/43$ ), between mental health and sex, no significant differences observed in the  $0/05$  There, the researcher assumes the null hypothesis is rejected or approved. Examining gender differences in physical symptoms, according to the  $t(31/0)$ , degrees of freedom (78) and level of significance sig ( $0/75$ ), between physical symptoms and gender differences in the observed  $0/05$  There, the researcher assumes the null hypothesis is rejected or approved. Following the review of individual difference variables, anxiety and gender differences vary according to the  $t(-2/06)$ , degrees of freedom (78) and the significance level sig ( $0/04$ ) between overall research strategy and gender differences There was no significant difference in the level  $0/05$ , so the researcher rejects the null hypothesis confirmed, and by examining gender differences in social functioning, according to the  $t(-0/26)$ , degrees of freedom (78) and the significant sig ( $0/79$ ), the problem-solving strategy and gender, significant differences were found in the  $0/05$ , and confirm the null hypothesis is rejected and deemed a scholar. As with the test results, the difference between depression and sex variable, according to the  $t(-0/43)$ , degrees of freedom (78) and level of significance sig ( $0/66$ ), between depression and gender differences in the  $0/05$  was observed, confirming the null hypothesis is rejected and the research hypothesis. And confirm the null hypothesis, the researcher rejects the premise. The results of this hypothesis, the research and Lorenzio Mac Carlo (2005), Koenig (1999), Mac Carlo (2000) and Astreavbridge and others (1997), except in accordance with this mystic, M. (2010), in line are.

## RESULTS

Finally, to summarize, the spiritual intelligence research findings on mental health has a direct impact on the families, and increase health behaviors among family units. the mental health of individuals and families will be affected. Authorities also planned to be offered, for a mentally healthy

society, these doctrines by the mass media to move households. Also, this study can be a basis for studying the relationship between spiritual intelligence and mental health, and other variables studied are not.

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