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Profile of Religiosity, Spirituality, Emotional Regulation, and Mental Health in Adolescents

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ABSTRACT

Background: Religiosity, spirituality, and emotional regulation are some of the factors that contribute to adolescent mental health.

Purpose: The purpose of this study is to describe the profile of religiosity, spirituality, emotional regulation, and mental health of adolescents.

Methods: This research is a quantitative descriptive study with a cross-sectional approach. The sample of the study was 184 adolescents in high school who met the criteria, which was carried out by purposive sampling. Researchers adapted and modified questionnaires, namely the Daily Spiritual Experience Scale, Duke University Religion Index, Emotion Regulation Scale, and Mental Health Inventory. Data were analyzed descriptively and presented in frequency distribution, percentage, minimum, maximum, average, and standard deviation using SPSS. The study has been declared ethically appropriate with number 750/S.Ket/KEPK/UK/X/2025.

Results: The results of the study obtained data that of the 184 adolescents, most were in the moderate category, namely religiosity 144 people (78.3%), spirituality 112 people (60.9%), emotional regulation 133 people (72.3%), and adolescent mental health 133 people (72.3%).

Conclusion: Religiosity, spirituality, emotional regulation, and mental health in adolescents are important aspects that nurses must pay attention to as providers of comprehensive nursing care that includes bio-psycho-socio-spiritual aspects.

Keywords: Adolescence, Emotional Regulation, Mental Health, Religion, Spirituality

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BACKGROUND

Mental health issues in adolescents require attention, as adolescence is a time of crisis due to increased social and academic pressures, as well as identity crises (Asih et al., 2025). Emotional instability, the search for identity, and the demands of adapting to change make adolescents vulnerable to mental health disorders (Graça & Brandão, 2024). Adolescents tend to be emotionally unstable, which can be balanced by increasing the intensity of daily religious rituals. The more adolescents engage in religious activities, the more their emotions will calm down, providing a foundation for their behavior and actions (Brečka et al., 2024).

With a population of nearly 46 million adolescents, Indonesia faces increasing health challenges, particularly from non-communicable diseases (NCDs), mental health disorders, and the risk of injury (UNicef, 2025). Suicide is one of the five leading causes of death among adolescents (UNicef, 2025). Data from the World Health Organization (WHO) shows that more than 20% of adolescents experience mental health problems, such as depression and anxiety disorders (Khairunnisa et al., 2025).

Faith, as a form of spiritual strength, is believed to be a protective factor in dealing with life's pressures. Religious activities such as reading the Qur'an, prayer, and dhikr have been shown to have a psychologically calming effect and strengthen the ability to adapt to life's pressures (Manawi et al., 2024). Several studies explain that spirituality and religiosity play a role in adolescent mental health because they are related to adolescent emotional regulation (Dewi.R.E.,Mariyati.I.L.,Nastiti.D., 2024; Elzamzamy et al., 2024; Graça & Brandão, 2024; Khairunnisa et al., 2025; Kosarkova & Roubalova, 2024; Leavitt-Alcántara et al., 2023; Manawi et al., 2024; Maturlu, 2025). Several studies have shown that faith and religiosity can be protective factors for mental health (Asih et al., 2025). Religious activities such as prayer, reading the Qur'an, and dhikr have been shown to calm the mind and help individuals manage life's stress (Dewi.R.E.,Mariyati.I.L.,Nastiti.D., 2024). Adolescents with high levels of religiosity tend to have better coping mechanisms, are able to interpret suffering, and have a more positive life orientation. Several studies that have been carried out still identify comprehensive issues relating to spirituality and adaptation to life pressures in adolescents, while nurses as providers of comprehensive nursing care need to examine the "Profile of Religiosity, Spirituality, Emotion Regulation and Mental Health in Adolescents" to identify the need for appropriate intervention for adolescents as a promotive and preventive effort towards mental health.

PURPOSE

This research aims to describe the picture of religiosity, spirituality, emotional regulation, and mental health in adolescents.

METHODS

This research is a quantitative descriptive study with a cross-sectional design. The sample consisted of high school adolescents. The sampling technique used purposive sampling according to the predetermined inclusion and exclusion criteria. The inclusion criteria were as follows: 1) High school adolescents, 2) Adolescents who were willing to be respondents. Exclusion criteria for the study sample included: 1) Adolescents currently receiving guidance from guidance counselors, 2) Adolescents with disabilities.

The researchers adapted and modified questionnaires, namely the Daily Spiritual Experience Scale (Underwood, 2011), the Duke University Religion Index, the Emotion Regulation Scale, and the Mental Health Inventory to adapt to the characteristics of adolescents in the research location and to carry out validity and reliability tests. The validity

test results for the religiosity questionnaire were 0.303–0.682 (>r-table 0.293) with a Cronbach's alpha of 0.617; for the spirituality questionnaire, 0.374–0.930 (>r-table 0.361) with a Cronbach's alpha of 0.970; the emotional regulation questionnaire was 0.285–0.668 (>r-table 0.250) with a Cronbach's alpha of 0.829, and the mental health questionnaire was 0.468–0.648 (>r-table 0.375) with a Cronbach's alpha of 0.877. The religiosity questionnaire consists of 9 statements with a score of 1 – 5, with classification (low = 5 – 11; medium = 12 – 18; high = 19 – 25). The spirituality questionnaire consists of 16 statements, scoring 1 – 6, with classification (low = 16 – 42; medium = 43 – 69; and high = 70 – 96). The emotional regulation questionnaire consists of 20 statements, scores 1 – 4, and classification (low = 20 – 40; medium = 41 – 60; high = 61 – 80). The mental health questionnaire consists of the psychological distress dimension, which consists of 27 questions (18 favorable items and 9 unfavorable items), and psychological well-being, which consists of 23 favorable questions. Scoring of questions starts from 1 – 5 (the opposite applies for unfavorable questions) with classification (low = 50 – 116; medium = 117 – 183; and high = 184 – 250). Descriptive analysis used frequency distribution in percentages, minimum, maximum, average, and standard deviation with a 95% confidence interval. Data collection was carried out by paying attention to research ethical principles and passing the ethical review from the Universitas Kepanjen Ethics Committee number 750/S.Ket/KEPK/UK/X/2025.

RESULTS

The research results are presented in Table 1 and table 2.

Table 1. Demographic characteristics of adolescents (n=184)

Characteristics	**Category**	**Frequency**	**Percentage (%)**
Gender	Men	49	26.6
	Women	135	73.4
	Total	**184**	**100.0**
Characteristics	**Min**	**Max**	**Mean±SD**
Ages	15	19	**16.7±0.972**

Based on table 1, because the number of respondents collected was mostly female and high school teenagers, it is known that of the 184 teenagers, the majority of respondents were female, namely 135 people (73.4%) with an average age of 16.7 years.

Table 2. Religiosity, Spirituality, Emotional Regulation, and Mental Health in Adolescents (n=184)

Variable	**Min – Max**	**Mean±SD**	**Category**	**Frequency**	**Percentage (%)**
Religiosity	9 – 23	16.89±3.13	Low	12	6.5
			Medium	144	78.3
			High	28	15.2
			Total	**184**	**100.0**
Spirituality	52 – 77	68.92±4.38	Low	0	0
			Medium	112	60.9
			High	72	39.1
			Total	**184**	**100.0**
Emotional Regulation	41 – 77	56.93±6.43	Low	0	0
			Medium	133	72.3
			High	51	27.7
			Total	**184**	**100,0**
Mental Health	118 – 191	142.53± 16.49	Low	0	0
			Medium	133	72.3

Variable	Min – Max	Mean±SD	Category	Frequency	Percentage (%)
			High	51	27.7
			Total	**184**	**100.0**

Based on table 2, from 184 adolescents, with a 95% confidence interval, it is known that the level of religiosity, spirituality, emotional regulation, and mental health of adolescents is mostly in the moderate category, which is shown in sequence, namely 144 people (78.3%), 112 people (60.9%), 133 people (72.3%), and 133 people (72.3%). This profile occurs because adolescents are in the stage of psychosocial, spiritual, and religious development processes, which are influenced by various factors throughout the adolescent's life. This data is important for determining appropriate intervention strategies to support psychosocial development, spirituality, and religiosity as an effort to improve mental health in adolescents.

DISCUSSION

Research findings indicate that most adolescents exhibit moderate levels of spirituality, religiosity, emotional regulation, and mental health. This is because adolescents are in the process of developing cognitive, attitudinal, and behavioral skills across all dimensions of life, including psychosocial and spiritual development. This development is influenced by various factors, including education and teaching from parents, school, the social environment, social pressure, and life experiences that shape thought processes, attitudes, and behavior. Adolescence is an age group that is vulnerable to emotional disturbances because their emotional state is currently unstable. The ability to regulate emotions is important for every individual in facing daily problems (Graça & Brandão, 2024). Individuals who can control their emotions can bring happiness to themselves. Adolescents' happiness in life is not due to the absence of emotions within them, but rather due to their ability to understand, recognize, and control emotions. Emotional balance is necessary for a healthy psychological state, and this goal can be achieved by regulating emotions. Research shows that religiosity and spirituality are factors that support adolescents in regulating emotions (Graça & Brandão, 2024). Adolescents who have the ability to regulate emotions will have the ability to identify and understand emerging emotions, as well as be able to predict and understand the emotional reactions of themselves and others. The inability to manage emotions results in an inability to make rational judgments, be creative in regulatory strategies, be unable to build good relationships with others, and fail to make decisions.

Religiosity is a set of religious values that must be adhered to and internalized by its adherents, both physically and psychologically, including worship activities and religious principles (Leavitt-Alcántara et al., 2023). Adolescence is a time of identity crisis or self-discovery (Erickson, 1990). Erikson's identity theory explains that adolescents experience a phase in which they search for who they truly are and what is important in their lives. The search for identity is one of the main problems faced by adolescents, and religion often provides a solid framework for this search (Papaleontiou - Louca, 2025). Adolescents can discover values, beliefs, and life goals that can shape their basic identity. Religious teachings will provide answers to questions that arise and guide them to other questions.

Spirituality is a subjective experience of connectedness with God (Kosarkova & Roubalova, 2024). It relates to the way in which one feels a sense of direction, meaning, and support for the whole within oneself, or a connection with oneself, others, the universe, and God. Individuals with a high level of spirituality attribute every evil deed to God, thus giving their actions and behavior meaning in their lives. They are also able to apply the religious values taught and have a better ability to forgive (Chiang et al., 2021; Papaleontiou - Louca,

2025). The intention to retaliate for the evil deeds of others, are unable to apply the religious values taught, and are unable to forgive others. This is in line with spirituality, which is closely related to a positive meaning of life (Elzamzamy et al., 2024). Several studies explain that spirituality in adolescents will be related to adolescent emotional regulation in determining the choice of appropriate coping mechanisms when facing everyday situations in life (Aggarwal et al., 2023; Brečka et al., 2024; Valdivia et al., 2025).

Mental health is a state of well-being in which an individual demonstrates their ability to realize their own potential, cope with the normal stresses of life in various situations, work productively and productively, and contribute to their community. Adolescents are an age group undergoing a transition from childhood to adulthood. This period is characterized not only by physical changes but also by complex psychological and social dynamics. Adolescents begin to form their identity, formulate life goals, and face various pressures from their surroundings, including family, school, and society. Emotional instability, the search for identity, and the demands of adapting to these changes make adolescents vulnerable to mental health disorders (Graça & Brandão, 2024). The unstable emotional state of adolescents can be balanced by increasing the intensity of daily religious rituals. The more adolescents engage in religious activities, the more their emotions will calm down, and they will have a foundation for their behavior and actions (Brečka et al., 2024). Support from religious communities also provides a sense of social connectedness that is important in building psychological resilience (Brečka et al., 2024; Elzamzamy et al., 2024). Through religious education, adolescents are not only taught to practice their religion but also encouraged to understand life values, be patient, be grateful, and be able to judge what is right and wrong.

CONCLUSION

Based on the research results, religiosity, spirituality, emotional regulation, and mental health in adolescents are mostly in the moderate category; this is because adolescents are in the development process.

CONFLICTS OF INTEREST

The authors declare that there are no conflicts of interest regarding the publication of this article.

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