Family, Spirituality, and Mental Health in Higher Education

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Abstract: Family, spirituality and mental health have become important issues in education. The holistic education paradigm views these three variables play a part in determining student development and their academic achievement. Theoretically, family and spirituality affect mental health. Healthy mentality can develop into a functional and supportive family, and the mental health of individuals becomes disrupted when in distressed families. Spirituality also has a positive impact on mental health, especially when a person experiences life pressure. Students who have healthy spirituality will have strong mental resilience when they are in a family and a depressed environment. This study aims to empirically examine the influence of families on mental health with spirituality as a mediator. Total 382 respondents were involved in this study. The level of mental health is measured using a mental health scale, and spirituality is measured using a scale of daily spiritual experience. For family support measured by a family scale developed by Rindfleisch. Regression analysis results showed that family and spirituality have a significant influence on mental health. The results of the spirituality mediation test showed that spirituality mediated the influence of the family on students' mental health. Thus, this study points out that spirituality is an essential aspect of maintaining the mental health of students. Mentally healthy students have the opportunity for academic and developmental success.

1 INTRODUCTION

Mental health has become an important issue in education, especially in universities. In addition to increasing awareness that mental health affects student development and their achievements, there is also the fact that college students are vulnerable to mental health problems.

Considerable evidence that mental health problems appear among college students (Conley, Durlak, & Kirsch, 2015; Auerbach et al., 2018). Emotional issues such as depression, stress, high anxiety, have been known as common symptoms experienced and potentially threatening the lives of students and cause mental health problems (Fehring, Brennan, & Keller, 1987; Conley, Durlak, & Kirsch, 2015; Keyes et al., 2012). Mental health problems have a terrible impact on students. Academically, it causes students to have low academic performance and achievement, even study failure (Alzaeem, Sulaiman, & Gillani, 2010; Carter, 2016).

Student mental health is an important aspect that needs attention because it has a significant impact on the life of the campus environment both at the individual, interpersonal, and institutional level (Kitzrow, 2009a). At the individual level, mental health problems affect all aspects of students, both emotional, physical, social, and academic. Emotionally, students experience mood disorders, anxiety, depression, depression, and mood disorders. While physically students become exhausted, lack energy, problems with eating and sleeping patterns, and poor concentration. Socially, students lose enthusiasm for regular activities and withdraw from the social environment, as well as more extreme conditions to escape from home and even commit suicide. Academically, students who have mental health problems also experience impairments in academic performance, attention, and low levels of student graduation. The results of research conducted by Alzaeem, Sulaiman, & Gillani, (2010), Carter (2016), Brackney and Karabenick (1995) have strengthened the evidence that mental health problems affect student academic performance.

Interpersonally, students with problematic mental health conditions tend to have emotional and behavioral problems in the appearance of disruptive, disturbing, and other dangerous behaviors, even

more, extreme is self-harm to others. Such conditions can interfere with their relationships with others, both with classmates, staff, or teachers to be less harmonious (Kitzrow, 2009b)

While from the institutional aspect, every university has a vision and mission to be achieved. The achievement of the vision and mission needs to be supported by all academic community members, one of whom is a student. In this context, the mental health of students both directly and indirectly can have an impact on the success of achieving the university's vision and mission.

Vulnerable students as young people experience mental problems are currently getting attention from various parties around the world, society, government, and practitioners from various backgrounds. The realization of mental health of college students as young people is one of the goals of human development as a whole which is an essential component of community strength, productivity, peace, and environmental stability and contributes to social capital and economic growth. (Andrade et al., 2014; Auerbach et al., 2018).

The problem of students' mental health is not only caused by the campus environment, but the family environment is also predicted to be an essential factor that affects a student mentally or not. The results showed that students with healthy and harmonious families had lower levels of depression and high academic performance compared to students with broken homes and single parents. (Arnold, Lucier-Greer, Mancini, Ford, & Wickrama, 2017). Family stability also has a vital role in shaping healthy behavior in adolescents (Fomby & Sennott, 2013).

In addition to the family environment, student personal factors such as spirituality are predicted to affect the level of mental health. The results of the study provide empirical facts that spirituality can also affect the level of mental health of students. Spirituality can be a mediator between life changes and depression, where prosperous young people spiritually can reduce the level of depression in the face of changes in life (Fehring et al., 1987).

Based on the issues that have been explained, the purpose of this study was to investigate the direct influence of family on mental health and the indirect impact of family on students' mental health through spirituality as a mediator variable. To examine the relationship, researchers conducted a correlation analysis of correlation and regression analysis.

2 CONCEPTUAL FRAMEWORKS

2.1 Family and Mental Health

According to the World Health Organization (WHO), mental health is "a state of prosperity where individuals realize their abilities, can overcome the pressures of ordinary life, can work productively and happily, and be able to contribute to their community (World Health Organization, 2004). The WHO definition represents a substantial improvement in the definition of mental health that was previously understood as a state of absence of mental illness (Galderisi, Heinz, Kastrup, Beezhold, & Sartorius, 2015).

Thus the definition of mental health according to World Health Organization (2004) emphasizes more on the meaning of mental health as a condition that is not only the absence of mental illness, but more than that individuals have positive emotions and function positively so that they can cope with life pressures that make individuals productive in contributing to society.

In conformity with WHO, Keyes (2002) argues that mental health contributes significantly to a person's overall health condition. Mental health is not only a lack of mental illness but rather a state of mental well-being.

Furthermore, according to Keyes (2007), a good mentality includes three components are emotional well-being, psychological well-being, and social well-being. Emotional well-being includes happiness, interest in life, and satisfaction. Psychological well-being includes generally feeling happy with self, being able to manage the responsibilities of everyday life, having good relationships with others, and being satisfied with their own lives. Social well-being refers to positive functions and involving themselves and having something to contribute to society (social contribution), feeling part of the community (social integration), believing that society is a better place for everyone (social actualization), and that the way it works society makes sense to them (social coherence).

The state of well-being emotionally, psychologically, and socially as an indicator of mentally healthy individuals do not exist on their own, but results from the interaction of individuals with the environment and themselves. In the context of the environment, a family is an environment that has a vital role in healthy mental development in young people (Kuhn and Laird, 2014). As a young age group, students' mental health cannot be separated from family influence. Healthy mentality

begins at the beginning of one's life. In the first year of childhood, the family is responsible for the care and development of children. In healthy families, children learn that they can control the environment to meet the needs for security and well-being emotionally and physically. Children also learn about behaviors that enable them to maintain and keep their emotional and physical health without being dependent on caregivers or parents.

Likewise in family who are unhealthy and at risk of open conflict and stress (usually manifested in episodes of repeated anger and aggression, lack of care, family relationships that are not harmonious, not supportive, and negligent) will make vulnerable children experience various kinds of mental and physical health disorders (Repetti et al., 2002). This view emphasizes that family have a significant role in developing a healthy mentality in individuals. Family, both long and short term can have an impact on the mental health of young people positively or negatively.

The role of families in developing mental health in young people is determined by family support. Family support is the attitude and actions of family acceptance towards other family members so that each family member feels that someone is paying attention and giving help if needed (Friedmann et al., 2004). Family support can also be understood as a pattern of interpersonal relationships between families to protect family members from stressful and adverse conditions. (Arnold, Lucier-Greer, Mancini, Ford, & Wickrama, 2017.; David H., Demo & Alan C. Acock, 1996)

Family support is also understood as family sources, namely sources where children or young people get family support to meet their development needs. Rindfleisch, Burroughs, & Denton (1997). Dividing two family sources, namely tangible and intangible family support. Tangible support, including clothing, food and shelter, and finance. While intangible support is time and attention, emotional support and love, discipline, guidance and role modeling, life skills and instruction.

Research on families with low economic status and lack of material support has the potential to bring about psychological and social welfare problems that lead to the emergence of mental health problems. Furthermore, for families who have an economic disruption resulting in low tangible support can also be the cause of the appearance of intangible disorders in the form of low emotional support, guidance, love, and role models. (Rindfleisch et al.,1997).

In addition to family support, another aspect that affects mental health in young people is family stressors. Family stressors are conditions or events that exist in the family and create pressure on the family (Masarik & Conger, 2017). Family stressors can be in the form of accidental pressure to move residence, divorce, lack of economic conditions, involvement in the crime, changes in composition and family members, as well as events in the death of family members (Rindfleisch et al., 1997). Several studies have shown that family stressors can affect the physical, social-emotional and cognitive development of children and young people, resulting in disruption of their mental health (Masarik & Conger, 2017; Forster, Grigsby, Rogers, & Benjamin, 2018).

2.2 Spirituality and Mental Health

Another factor that influences mental health and is interesting to study is spirituality. Spirituality is understood as something that is transcendent, leading to the search for the meaning of life, and understanding life (Park et al., 2013). Spirituality is also personal, effective, experience, and wisdom. Spirituality contains spiritual values, such as honesty, beauty, and happiness (Koenig, 2010).

Spirituality can be a mediator between changes in life and depression, where spirituality can reduce the level of depression in the face of changes in life (Fehring et al., 1987). Spirituality allows individuals to access inner resources to be used in overcoming difficulties, facilitating resilience, and improving positive health outcomes (Utsey et al., 2007). Spirituality also provides a philosophical framework for understanding life and a source of ego power that protects the personality from fragmentation (Baumeister, 1991).

There is empirical evidence that supports the role of spirituality as a mediator from the relationship of predictor variables with the mental health of students, among others, research conducted by Tung, Ruffing, Paine, Jankowski, & Sandage (2018) produce findings that attachment to God mediates the God representation and mental health. Spirituality mediates religious relations with mental health in students (James and Miller, 2017).

The results of the study provide empirical facts that spirituality can affect the level of mental health of students and improve the well-being of psychology (Kane and Jacobs, 2010). Students who are spiritually strong have better mental health (Mohr et al., 2011) and more resistant to the stresses of life they face and are relatively happier. (Ahmadi and Shahmohammadi, 2015).
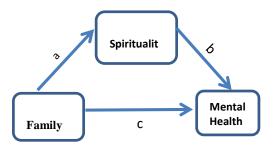
Figure 1: Conceptual framework for spiritual as a mediator between family and mental health.

Based on the conceptual framework of the research model proposed in this study, the research hypothesis states that spirituality as a mediator of family influence on mental health in students. Figure 1 explained the research framework.

3 RESEARCH METHOD

3.1 Participants

Participants in the research included 382 college students, gathered from introductory Islamic Education Department of Universitas Islam Negeri Maulana Malik Ibrahim Malang. There were 282 women (73.9%) and 100 men (26.1%). Mean age for the sample was 18.9 years (SD 0.95), with a range from 18 to 23 years.

3.2 Measurement

The study collected data using three research instruments.

3.2.1 Spirituality

Spiritual experience was measured using the Daily Spiritual Experiences Scale (DESES) by Underwood & Teresi, 2002. In this research, the English version of the DSES was translated into Indonesian. Spirituality in DSES is as a person's perception of transcendent and perceptions of his interaction with the transcendent environment in life (Underwood and Teresi, 2002). This scale consists of 16 favorable statements arranged in the form of a Likert scale with five alternative answers, namely (5) Very like me, (4) Often like me, (3) Almost like me, (2) A little like me, (1) Not like me at all. Reliability test results on scale daily spiritual experience are gained value α = .86. Of the 16 items tested found 15 valid items and 1items that fall due to their correlation coefficients less than

.300. A valid item has correlation coefficients ranged from .319 to.627.

3.2.2 Family

A family variable was measured using the family scale developed by Rindfleisch et al., (1997) which divides the family into two domains, namely the support of family and family stressors. Family support includes tangible or material support (money, food, and clothing). While other types of intangible or psychological family support (time, attention, discipline, modeling, life skills, emotional support, and compassion). Whereas the family stressor domain is the events in the family that affect one's life (such as moving shelter, school problems when with family, family members involved in crime or drugs, separation from parents, and divorce).

Family-scale is a semantic differential scale that aims to measure attitudes. The form is not a double choice or checklist but arranged in a continuum line. The data obtained by measuring the semantic differential scale is the interval data.

The family scale consists of 20 items, as many as 10 items measuring family support (3 items measuring material support and 7 items measuring psychological support) response answers for family support start from (1) "does not support" to (7) "strongly supports." while the remaining 10 items measure the family stressor with response responses 1 through 7. The value 1 states "has no effect" and the value 7 states "is very unaffected."

The results of reliability testing the scale of family support on aspects of material support obtained value α = .89. Of the three tested items declared as valid with the correlation coefficient of items ranging from .764 to 8.04 while reliability testing of 7 items of psychological support obtained α = .87 and all otherwise valid with a correlation coefficient between 459 to 769. Reliability test results to 10 items of family stressor obtained α = .76 and validity test obtained correlation coefficient between 0.31 to 0.68.

3.2.3 Mental Health

Mental health measurement using mental health scale was developed by Ryff & Keyes (1995). There are two dimensions of mental health, namely psychology wellbeing and social wellbeing. In measurement instruments, the psychological wellbeing dimension consists of 15 items indicating self-acceptance, Purpose in life, Environmental Mastery, Autonomy, Positive relation with others. The social wellbeing dimension consists of 17 questions to measuring indicators of social wellbeing which include social

acceptance, Social realization, Social coherence, Social integration. The results of reliability testing of mental health instruments obtained α of 0.845 with the value of correlation coefficient between .315 to .763.

3.3 Procedure

The researcher collected data by distributing a package of research instruments to respondents (students of education faculty) in collaboration with lecturers. Respondents were allowed to complete research instruments at home so that they had enough time to answer all questions or statements in the research instrument. Finally, 382 data are obtained from research instruments that have been filled and are feasible for analysis.

3.4 Analysis

This study uses bivariate correlation analysis to determine the level of correlation between variables. Whereas to test the research hypothesis spirituality mediates the relationship between family and mental health regression analysis is used.

According to Baron & Kenny (1986) there are four steps to testing mediation variables, namely (1) analyzing the influence of predictors (family) on criteria (mental health), (2) analyzing predictors (family) against mediators (spirituality), (3) analyzing the influence of mediator (spirituality) on the criteria (mental health), and (4) establish that the mediator (spirituality) fully mediates the predictor relationship with the criteria (family towards mental health), the effects of predictors (family) on criteria (mental health), controlling the mediator (spirituality), must be much smaller or equal to zero. Thus, there are three regression equation models to be analyzed, namely;

1. The model I: Predictor (family) correlated with criterion (mental health).
2. Model II: Predictor (family) correlated with criterion (spirituality).
3. Model III: Predictor (spirituality) correlated with criterion (mental health).

4 RESULT

4.1 Intercorrelation and descriptive statistic all variables

The results of the Pearson correlation analysis have shown the level of correlation between variables as described in Table 1.

Table 1: Inter correlation and statistics descriptive all variables

Variable	1	2	3	M	SD
Family	1	.133**	.215**	100.15	17.65
Spirituality	-	1	.450**	58.74	7.42
Mental Health	-	-	1	109.36	10.35

**. Correlation is significant at the 0.01 level (2-tailed).
N = 382

In table 1 it is known that family variable correlates with spirituality variable (0.133) and mental health variables (0.215), whereas the spirituality variable has a correlation score with the mental health of 0.450. All correlations between variables in table 1 have a significance p <0.05.

4.2. The Spirituality Hypothesis Test mediates between Family and Mental Health.

Hypothesis testing of the research was carried out with regression analysis to fulfill the requirements of the mediation test (Baron and Kenny, 1986). The first stage of analyzing is model I (c) testing family as predictors of mental health. The result obtains β = .215 significance value of family .001 <0.05. So, it can be concluded that directly there is a significant effect of family on mental health. The second stage examines model II (a) family as a predictor of spirituality. The test results show the family as a predictor of spirituality with a score β = o.133 and sig. .000. It is mean the family is a predictor of spirituality. The third stage, testing Model III (b) is the influence of spirituality on mental health. As a result, spirituality significantly affects mental health (0.000) and β = .450. Table 2 summarizes the results of the regression analysis of the three models.

Table 2: Coefficients for each mediation model.

Models	Standardized Coefficients (Beta)	Sig.
Family correlated Mental Health	.215	.000
Family correlated with spirituality.	.133	.000
Spirituality correlated Mental Health	.450	,000

Because testing three models produce significant correlations, the prerequisites for mediation testing can be done (note figure 2). Furthermore, the fourth stage can be conducted to examine the influence of the family on mental health through spirituality.

Pathway analysis results have shown that besides having a direct effect on mental health families can also indirectly affect mental health through spirituality. The direct effect (c) score is 0.215 while the indirect effect (c') must be calculated by multiplying the indirect coefficient (0.133) x (0.450) = 0.060. Through multiple tests obtained a significance score of 0.01 <0.05. So, the total family influence on mental health is the number of direct effects and indirect effects (0.215 + 0.060 = 0.275).

Frazier, Tix, & Barron (2004) argue that to prove the existence of a mediator model, the independent variable (IV) and the dependent variable (DV) may not be zero, because if there is no correlation between IV and DV, then it can be ascertained that there is no measurable impact from the mediator. The second model illustrates the existence of a mediation model. In this model, the direct IV impact on DV is transferred through the mediator (M) using lines a and b. If IV and DV are correlated through M, then the path c 'becomes zero, and the correlation between IV and DV can be said that variable M plays a full role as a mediator. If the path a 'is not zero, but it is smaller than line a, then it can be said that the mediation function of the variable M is only part.

Based on the results of the mediation regression analysis and the Sobel test, it can be concluded that the influence of the family on mental health significantly becomes smaller after the added spirituality in the family equation influences mental health. So, it can be stated that spirituality is mediating the relationship between family and mental health. However, because the significant effect is not smaller or equal to zero, the mediation relationship in this study is partial.
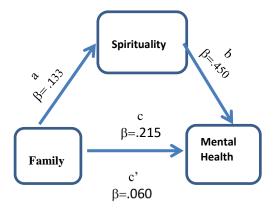

Figure 2: The Influence of family to mental health through Spirituality as Mediator

5 DISCUSSION

In particular, in this study family predictors were explained in two sub-variables, namely family sources or family support and pressure. The results of the analysis of family support for the mental health of students have a positive relationship direction. Thus, it can be said that the higher the family support, the higher the mental health of students. In this research, aspects of support are termed family sources by Rindfleisch, Burroughs, & Denton (1997) consists of two kinds of support, namely tangible family support (support clothing, food and shelter, and finance) and family support that is intangible (time and attention, emotional support and love, discipline, guidance and role modeling, life skills and instruction)

The positive influence of family support on mental health in this study shows that when the family fulfills the needs of students in the form of food, shelter, and finance, students tend to feel happy and satisfied. This condition becomes stronger when students also get intangible support, where the family can meet social and emotional needs. Fulfillment of two types of family sources will cause students to be free from feelings of fear, anxiety, loneliness, and other negative emotions and tend to feel love, meaning, loved, cared for, guided by influential people in their families. Empirically the results of this study have corroborated research findings which state family support as a factor affect mental health. Some of them are research conducted Healy, Kaiser, & Puffer (2018) which indicates that economic and social support and emotionally able to help young people face the pressures and difficulties of life. Nguyen et al., (2018) on the contrary, weak family economic and social support causes low mental health (Healy et al., 2018).

In addition to family sources, another aspect of the family measured in this study is family stressors. Rindfleisch et al., (1997) has stated that family pressures are difficult conditions (parental divorce, resettlement, family members addicted to alcohol or drugs, difficulty dealing with school assignments and so on). Unlike family sources, family pressures have a negative relationship with mental health. In other words, that the higher the family pressure, the lower the mental health of young people. These findings are consistent with family researchers who state that pressures in the family will lead to instability in the family which can result in the emergence of problematic behavior, emotional disturbances, personality disorders, and social disturbances.

In other words, that the higher the family pressure, the lower the mental health of young people. These findings are consistent with family researchers who state that pressures in the family will lead to instability in the family which can result in the emergence of problematic behavior, emotional disturbances, personality disorders and social disturbances (Persson & Rossin-Slater, 2018; Masarik & Conger, 2017).

Overall the results of this study are consistent with Bowen's theory which states that family is a system that influences each other. The pressure faced by family members will affect other family members, as well as family structure, family support. Bowen's theory states that it is the emotional fusion of family members that causes families to become significant predictors of mental health (Haefner, 2014).

In this study to test spirituality as a mediator of family relationships and mental health, a regression analysis was also carried out on family influence on mental health. The results of the analysis show that the family influences the level of one's religiosity or spirituality. The results of this study remind the research conducted by Handal & Lace (2017) and Donaldson, Friesen, & Gage (2018). In the Reliable & Lace research, it was found that in students with harmonious families the level of student spirituality is higher than that of students from broken home families. Whereas research Donaldson et al., (2018) states that one of the significant predictors of the level of spirituality and religiosity of students in New Zealand is family, in addition to other factors identity and motivation are closer to God.

Furthermore, to find out the influence of spirituality on students' mental health, hypothesis testing was carried out. The results of hypothesis testing state that there is a significant influence of spirituality on students' mental health. In other words, spirituality has contributed to the high and low health of students. The results of this study are in line with research conducted by Weber & Pargament (2014), Koenig (2010), Park et al., (2013), Nelms, Hutchins, Hutchins, & Pursley, (2007).

This study mental health is not only understood as the absence of physical illness, but is a condition of prosperity in individuals where he can develop his potential, be able to overcome stress normally, and can perform social functions well, and can carry out work productively. This concept is relevant to the mental health construct built by Keyes (2002) and became the basis for developing instruments to measure mental health in this study. According to Keyes mental health has two indicators, namely psychological well-being and social well-being.

Based on the two mental health indicators of Keyes, the acceptance of the research hypothesis states that the mental health of students is influenced by their spirituality, indicating the positive influence of spirituality on psychological and social wellbeing. It means that spirituality can improve psychological well-being and social well-being. This finding corroborates the results of research by Fehring, Brennan, & Keller (1987) which shows the influence of spirituality on the psychological well-being of students who are facing life changes. Student spirituality can reduce stress and depression. According to the study, the spirituality of students can prevent students from stressful or depressed conditions due to adaptation to the environment and a new learning system.

The contribution of spirituality to the mental health of students that has been shown in this study is also in line with the results of research conducted by Nelms, Hutchins, Hutchins, & Pursley (2007) which states that spirituality has a relationship with physical health and emotional health in students. Likewise with research conducted by Compton (2001) shows that the level of spirituality and religiosity influence the level of subjective well-being and personal development in college students.

Path analysis of spirituality as a mediator between family and mental health shows that spirituality is significant as a variable that mediates family relationships with mental health. This finding explains that families as predictors of mental health do not always function positively. The family support that is tangible or intangible cannot always be fulfilled by the family, allowing students to experience mental disorders.

Van Cappellen, Toth-Gauthier, Saroglou, & Fredrickson (2016) explain why spirituality can be a mediating variable between various conditions, life experiences that suppress mental health. According to

Fredrick and his colleagues in spirituality, there is a cognitive dimension studied as a potential explanatory mechanism for the relationship between spirituality and mental health. Spiritual beliefs often give a sense of coherence and meaning which in turn can increase greater welfare. Spirituality is a system of making meaning and serves as a way to understand the world, self, other living things, and their interactions (Park et al., 2013). So can lead to perceived control and positive expectations about the future (Levin 2010). So that individuals can control what they feel and still have positive expectations for each situation they face.

In the context of this research explanation Van Van Cappellen, Toth-Gauthier, Saroglou, & Fredrickson (2016) asserted that through the ability to control what he feels and positive expectations as a result of spiritual beliefs, students continue to maintain their mental health even if they are in good support or not in a family or family in a stable or unstable condition. This assumption is supported by research that shows someone with high spirituality is better mentally compared to people who lack spirituality (Utsey et al., 2007). As a mediator, spirituality also reduces the level of depression due to pressure or life difficulties (Wong, Rew, & Slaikeu, 2006).

The results of this study have provided an explanation of family influences on students' mental health. Students with stable families who can function with family resources will produce students with a healthy mentality. Conversely, families who are unstable and weak in the functioning of family resources can disrupt students' mental health. to maintain the mental health condition of students to remain stable even in conditions, strengthening student spirituality is the right solution for students' mental health.

6 CONCLUSIONS

In conclusion, the results of this study showed family as a significant predictor of mental health. Therefore, means that influential family determines students' mental health. This research also provides evidence that student spirituality is a mediator for the relationship between family and mental health. As a mediator, spirituality safeguards the mental health of students, both when family conditions are conducive or not for the development of their mental health. In other words, spirituality is an essential variable for maintaining mental health and the successful education of students in college.

Based on these findings, the researcher recommended several things. *First*, mental health is an essential aspect of students' academic development and success, because it needs serious attention from university managers and parents. *Second*, the results of this study state that families have an important contribution to students' mental health because improving the mental health of students needs to consider family involvement. *Third*, family conditions that are not always stable become a potential disruption to students' mental health. However, the spirituality of students can be a mediation for students to remain mentally healthy when experiencing interference from the family. Fourth, for researchers who are interested in students' mental health to carry out testing and explore both aspects of the variables that influence and research methods, so that they will broaden their understanding of mental health, especially for students.

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