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Spiritual intelligence and depression: The mediating role of the ambiguity tolerance

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ABSTRACT

The present study investigated the relationship between spiritual intelligence, depression, and ambiguity-tolerance among Imam Khomeini International University (IKIU) students. Using random sampling, The undergraduate students ($N=300$) filled out Beck's Depression Inventory, King's Spiritual Intelligence test, and McLain et al. Ambiguity-Tolerance questionnaire. Results indicated that depression and spiritual intelligence can predict ambiguity-tolerance among students. Findings showed that depression has a negative relationship with ambiguity tolerance, while the relationship between spiritual intelligence and ambiguity tolerance was positive, the spiritual intelligence and depression showed a negative relationship. Also, the mediating role of ambiguity-tolerance in the relationship of spiritual intelligence and depression was approved.

KEYWORDS

Spiritual intelligence; depression; ambiguity tolerance; students

Introduction

In general, ambiguity refers to uncertain situations with vague and imprecise signs (Chu, Lin, Chen, Tsai, & Wang, 2015). Budner divided ambiguous situations into three categories: First: without familiar signs (new), Second: Complex (full of signs), and Third: contradictory (opposing signs) (Stanley Budner, 1962). Ambiguity tolerance (AT) reflects the emotional and cognitive capabilities of people, determining how they are perceived and helping people interpret complex and multifaceted situations (Furnham & Marks, 2013). Budner further defines AT as the tendency to interpret an ambiguous situation as a favorable circumstance (Stanley Budner, 1962). Ambiguity-tolerance has a profound psychological impact on the event perception (Van Hook & Steele, 2002). Research shows that people with higher AT tend to be happier (Bardi, Guerra, & Ramdeny, 2009) and take part in cross-cultural affairs (Caligiuri & Tarique, 2012). Another study delineated that those suffering from anxiety disorders can deliver stronger emotional processing of ambiguous situations (Gilboa-Schechtman, Presburger, Marom, & Hermesh, 2005). Moreover,

ambiguity intolerance increases people's vulnerability to depression (Andersen & Schwartz, 1992).

As mentioned, depression is a factor associated with AT and one of the most common and debilitating mental disorders (Kessler et al., 2005), imposing enormous costs on the individual and society. Depression still claims to be the leading cause of disability in the world (Organization, 2017). According to studies, the depression prevalence among students is around 51% (Kebede, Anbessie, & Ayano, 2019). Depression, through imposing adverse effects on thoughts, emotions, and performance, weakens people's resilience against difficulties and problems, and decrease their mental health (Taylor, Taylor, Nguyen, & Chatters, 2018).

Another factor interrelated with depression is spiritual intelligence. According to Emmons, spiritual intelligence is the use of spiritual information to resolve life's adaptive problems and achieve one's goals (Emmons, 2000). Spiritual intelligence helps one comply with or resolves his/her life problems and find a meaning for the life. Also, the Spiritual Intelligence provides a capacity through which we can comprehend the deepest concepts, objectives, and motivations in life (Zohar, Marshall, & Marshall, 2000). Spiritual intelligence comprises one of the multiple types of intelligence that can be nurtured independently (George, 2006). Also, spiritual intelligence causes people to see life's conundrums more gently and try harder to resolve them (Elkins & Cavendish, 2004). Spiritual intelligence has an influential role on individuals' mental health. Recent studies have shown that spirituality and connection with a higher power have an impact on reducing psychological disorders and enhancing physical well-being. Recent research, demonstrated that spiritual intelligence is significantly correlated with other types of intelligence and also has a positive effect on performance (Alrashidi et al., 2022; Hosseinbor, Jadgal, & Kordsalarzahi, 2022; Lee-Fong, Daniels, & Slifka, 2022; Moradi, Salehi, & Mozan, 2022; Skrzypińska, 2021).

As noted earlier, AT is one of the components related to spiritual intelligence. We found no study fully devoted to assessing the relationship between spiritual intelligence and AT either in Iran or overseas. Regarding that both spiritual intelligence and AT are linked with depression, it seems that these two parameters can be interrelated with each other as well. A study demonstrated that spiritual health and AT could predict mental health (Khodarahimi, Ghadampour, & Karami, 2021), suggesting a positive relationship between spiritual health and AT. As mentioned, we found no additional studies on this topic.

Despite numerous studies investigating AT, there is little evidence regarding the relationship between this concept and specific psychological symptoms and the potential mediating role of personal specifications, such as spiritual intelligence, in the relationship between AT and the odds of developing psychological conditions such as depression.

In a study, it was noted that lower AT was associated with poorer psychological health (Hancock & Mattick, 2020); however, the factors affecting AT remained to be elucidated. The recent report also suffered from a small sample size and used a self-reporting questionnaire, which can be mentioned among its limitations. In another study, four components of attitude toward ambiguity were assessed, showing that pleasure, as one of these components, reduced depression but increased anxiety (Enoki, Koda, Nishimura, & Kondo, 2019). In a study on three groups of healthy people, those suffering from depression, and people with anxiety, it was noted that average levels of AT were higher in people suffering from depression and anxiety than in healthy individuals (Abbasnia et al., 2019). Moreover, AT was identified to be a strong predictor of depression and anxiety (Nekić & Mamić, 2019); however, the recent report had a small sample size. Assessing the link between spiritual intelligence and psychological symptoms, researchers have noted that spiritual interventions augmented pregnant women's spiritual intelligence and alleviated their anxiety and depression (Khodakarami, Golarizadeh Bibalan, Soltani, Soltanian, & Mohagheghi, 2017). In a study on the parents of children with cancer, researchers concluded that there was an inverse relationship between spiritual intelligence and depression (Khodakarami, Golarizadeh Bibalan, Soltani, Soltanian, & Mohagheghi, 2017), but there was no mention of the factors affecting spiritual intelligence or its components in the recent study.

Previous research showed spiritual intelligence was associated with the reduction of anxiety, depression, as well as the enhancement of psychological well-being among students (Hosseini, Jadgal, & Kordsalarzahi, 2022; Moafi, Momeni, Tayeba, Rahimi, & Hajnasiri, 2021) and indicating a positive relationship between spiritual intelligence and mental health (Mohammadipour, Afzood, Zolfaghari, & Salmabadi, 2021). In another study, it was shown that ethical principles are related to the reduction of anxiety and depression in individuals (Salehi, Zimon, Ghaderi, & Hasan, 2022).

The current literature indicates that spiritual intelligence, depression, and AT are somehow interrelated; nevertheless, we could not find more studies, other than those mentioned above, directly or even indirectly addressing the relationship between spiritual intelligence and AT (Khodarahimi, Ghadampour, & Karami, 2021). Regarding the negative relationship between AT and depression, as well as between spiritual intelligence and depression, there may be a potential positive relationship between spiritual intelligence and AT.

Along with the literature suggesting a strong inverse relationship between AT and depression, there are also studies reporting conflicting findings (Abbasnia et al., 2019; Enoki, Koda, Nishimura, & Kondo, 2019). Besides, there is no study on the relationship between AT, an important meta-diagnostic indicator, and spiritual intelligence, further emphasizing the need

for conducting the present research. Identifying the factors enhancing AT and investigating the effects of AT on mental disorders help divulge the role of this parameter in students' mental health. The aim of this research was to investigate the components associated with depression in order to assist in reducing this disorder and formulating treatment strategies. Although the relationship between depression and tolerance for ambiguity or the correlation of depression and spiritual intelligence has been explored in previous studies; the connection between the spiritual intelligence and the tolerance for ambiguity and their combined impact on depression has not been examined. Additionally, considering the influence of spiritual intelligence on mental well-being, including depression reduction (Aldao, Nolen-Hoeksema, & Schweizer, 2010; Giannone & Kaplin, 2020; Rezavandi, Masoumpoor, Farahani, & Nasiri, 2018; Roy, Saya, Ulaganeethi, Jayaram, & Kumar, 2021), spiritual intelligence is an important variable linked to depression. However, given the impact of ambiguity tolerance on depression (Enoki, Koda, Nishimura, & Kondo, 2019; Simpkin et al., 2018; Weinstein, 2023) as well as the relationship between spiritual intelligence and ambiguity tolerance (Lane & Klenke, 2004; Mohammadipour, Afzood, Zolfaghari, & Salmabadi, 2021), it is possible to investigate the mediating role of ambiguity tolerance in the relationship between spiritual intelligence and depression. Accordingly, we here hypothesized that AT could predict depression and spiritual intelligence, and there was a significant inverse relationship between AT and depression, as well as between AT and spiritual intelligence. As mentioned, spiritual intelligence is a cognitive and mental capability distinct from behavior (Mayer, 2000). Additionally, tolerance for ambiguity consists of a set of cognitive responses, both positive and negative, triggered by ambiguous situations (Hillen, Gutheil, Strout, Smets, & Han, 2017). Ambiguous situations can lead to disorders such as depression in individuals, comparable to stressful situations (Friedland, Keinan, & Tytiun, 1999). Based on this premise, we hypothesized in this study that tolerance for ambiguity can act as a mediating variable in the relationship between spiritual intelligence and depression, amplifying its effect. In other words, it is hypothesized that spiritual intelligence is associated with depression through the mediating role of ambiguity tolerance.

Methods

It was a descriptive correlational study with a non-experimental design to determine the association between target variables. Due to the availability and suitability of students for this kind of study as well as the previous results which show the student sample is a good representative of the ordinary community (Olken & Rotem, 1986; Tillé, 2006; Wiecko, 2010). The statistical population included 5454 undergraduate students in the Imam Khomeini International University of Qazvin. A total of 300 students were selected using random sampling without

replacement. According to the Morgan table, 361 participants should be recruited. In this Study after initial recruitment, 300 individuals agreed to participate in the study. Considering the research methodological issues, this sample size seems sufficient for Regression analysis and Path analysis method (Gall, Borg, & Gall, 1996). The students were provided with three questionnaires, the Beck Depression Inventory-II (BDI-II), King's Spiritual Intelligence Self-Report Inventory (SISRI), and Multiple Stimulus Types Ambiguity Tolerance (MSTAT-I), in-person in the university or in the dormitory. Explanations on how to complete the questionnaires were given to the participants. In order to comply with ethical considerations, the questionnaires were filled anonymously, and answering the questions was optional. Only completed questionnaires were gathered. The students responded to the questionnaires in the following order: BDI, SISRI, and MSTAT-I.

Ambiguity tolerance questionnaire

This questionnaire was developed by MacLain *et al.* (MacLain, 1993) and contains 22 items answered on a 5-point Likert scale (strongly agree, agree, no idea, disagree, strongly disagree). These responses were scored from 1 to 5, and the range of scores was from 20 to 110, where higher scores indicated lower AT. Khajeh *et al.* verified the validity and reliability of this tool (Cronbach's coefficient of 0.83) (Khajeh, 2002).

Beck depression questionnaire-II

This questionnaire was designed by Beck *et al.* (Dozois, Dobson, & Ahnberg, 1998) and contains 21 queries aiming to assess the severity of depression symptoms in adults and adolescents older than 13 years of age. The tool measures depression based on a 4-point Likert scale and a score range of 0–3. The total score of this questionnaire varies between 0 and 63, where scores 0–13, 14–19, 20–28, and 29–63 indicate negligible, mild, moderate, and severe depression, respectively. Beck *et al.* (Dozois, Dobson, & Ahnberg, 1998) verified the second version of this questionnaire in terms of internal consistency (0.73–0.92) and reliability (Cronbach's alpha coefficients of 0.86 and 0.81 for patient and non-patient groups, respectively). Also, Dobson and Mohammad Khani (Dobson & Mohammadkhani, 2007) reported Cronbach's alpha coefficient of 0.92 for out-patients and 0.93 for students. In Iran, (Fata, Birashk, Atefvahid, & Dabson, 2005) obtained Cronbach's alpha coefficients between 0.73 and 0.92 for this tool.

King's spiritual intelligence self-report inventory

This 24-item questionnaire was developed by King (King, 2009) and consisted of four dimensions of existential critical thinking (seven queries), personal

meaning-making (five questions), transcendental awareness (seven questions), and expansion of self-awareness (five questions). The questions are scored based on a 5-point Likert scale (complete disagree, disagree, uncertain, agree, and complete agree). The questionnaire's score ranges from zero to 96, and a higher score indicates higher spiritual intelligence. The validity coefficients of the tool for the dimensions of existential critical thinking, personal meaning-making, transcendental awareness, and expansion of self-awareness were obtained as 0.78, 0.68, 0.74, and 0.72, respectively, and Cronbach's alpha coefficient of the whole instrument was reported as 0.96 (King, 2009).

Results

Out of a total of 300 students, the average (SD) scores of spiritual intelligence, depression, and AT were calculated as 77.24 (14.67), 15.08 (9.64), and 57.44 (9.93), respectively. Also, the assumption of collinearity was checked and verified.

Table 1 shows the means and standard deviations of the research variables. According to this table and the skewness and kurtosis indices, the research variables were confirmed to have a normal distribution. To test the research hypothesis, the assumptions of regression analysis, including independent errors and multilinearity, were examined, and the results confirmed the fulfillment of these assumptions. One of the assumptions required for regression analysis is the independence of errors (i.e., the difference between true values and those predetermined in the regression equation). If the assumption of independence of errors is rejected (i.e., interrelated errors), one cannot employ regression. The independence of errors is checked by the Durbin-Watson test (1.94), showing that errors are not correlated with each other, so regression analysis can be used.

A very small tolerance value and a large VIF value can indicate the presence of multilinearity. According to the values shown in Table 2, it can be concluded that the assumption of lack of multilinearity is also met.

Table 1. Descriptive statistics of the studied variables' subscales.

Statistics	Mean	SD	Skewness	Kurtosis
Spiritual intelligence	77.24	14.67	0.092	0.102
Depression	15.08	9.64	0.923	0.413
Ambiguity tolerance	57.44	9.93	0.412	0.128

Table 2. Multilinearity presumption.

Values	Spiritual intelligence	Depression
Tolerance	0.858	0.858
VIF	1.165	1.165

Table 3. The correlation matrix of the research variables.

	Spiritual intelligence	Depression	Ambiguity tolerance
Spiritual intelligence	1		
Depression	0.38**	1	
Ambiguity tolerance	0.33**	0.47**	1

** $P < .01$.

Table 3 displays the correlation matrix of the research variables for investigating the degree of association between them.

The results of Table 3 show that there was a significant inverse correlation between spiritual intelligence and depression (-0.38), as well as between depression and AT (-0.47) among the students analyzed. There was also a significant direct correlation between spiritual intelligence and AT. In order to investigate the main hypothesis of the research (i.e., spiritual intelligence and depression could predict students' AT), multiple regression analysis was used, the results of which have been shown in Tables 4 and 5.

According to Table 4, the results of the regression analysis model were statistically significant, indicating that this model could explain the relationship between the variables (coefficient of determination $R = 0.352$, $f = 29.258$, $p < .001$).

As can be observed in Table 5, spiritual intelligence and depression could predict students' AT at a significance level of $P < .05$.

In order to examine the mediating role of ambiguity tolerance in the relationship between spiritual intelligence and students' depression, the IMOS software and path analysis method were employed.

One of the assumptions of path analysis modeling is the normal distribution of multivariate variables. For this purpose, the Mardia multivariate skewness coefficient is used in the IMOS software. (Bentler, 2006) suggests that values greater than 5 for the Mardia coefficient indicate non-normal distribution of the data (Byrne, 2010). The Mardia coefficient for the present study's data is 3.12, indicating that the assumption of multivariate normality is met.

Table 4. The summary results of the significance analysis of the regression model.

Model	Sum of squares	df	Mean of squares	R	R2	f	Sig.
Regression	5785.142	2	2892.571	0.461	0.352	29.258	0.001
Residual	19663.091	297	66.21				
Total	25448.233	299					

Table 5. Regression coefficients obtained for spiritual intelligence and depression.

The final model	Standard coefficient (Beta)	t	P
Spiritual intelligence	0.28	4.56	0.001
Depression	-0.39	-5.27	0.001

Table 6. Fit indices of the research model.

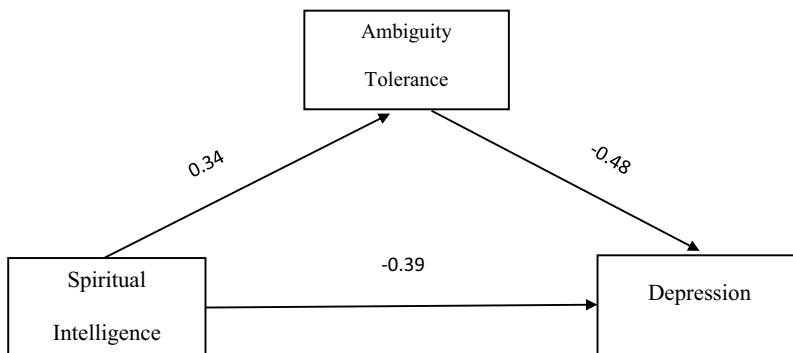
Fit Indices	χ^2/df	GFI	PCFI	PNFI	CFI	IFI	RMSEA
Final Research Model	2.954	0.924	0.789	0.786	0.915	0.919	0.076

*Acceptable levels of fit indices: PCFI, PNFI (> 0.5), CFI, GFI, IFI (> 0.9), RMSEA (> 0.8), CMIN/DF (3> good, 5> acceptable).

To assess the univariate normality, a general criterion is recommended that states if kurtosis and skewness are not within the range of $(-2, 2)$, the data are not normally distributed. According to the data in Table 1, it is evident that none of the indicators for kurtosis and skewness fall outside the range of $(-2, 2)$, thus suggesting that they can be considered normal or approximately normal. To test for the absence of multicollinearity among independent variables, the tolerance index and the variance inflation factor were used, which confirmed the absence of this assumption. The fit indices of the research model are presented in Table 6.

The results in the above table indicate that the fit indices of the model are generally in a desirable range. Next, the standardized path coefficients of the research model are presented in Figure 1 and Table 7.

One method used to assess the significance of the indirect effect of a mediator variable is the Sobel test (1982), which directly evaluates the significance of ab compared to the normal distribution Z using the standard error of the mediator variable. This involves dividing the product of the two unstandardized coefficients that form the paths of the mediator variable by the standard error of this product. The resulting ratio is then compared to the

**Figure 1.** Research model in standardized path coefficients.**Table 7.** Coefficients and significance of the indirect effect of spiritual intelligence on students' depression.

Criterion Variable	Predictor Variable	Type of Effect	Unstandardized Coefficient	Standardized β	Sobel Test	sig
Depression	Spiritual Intelligence	Mediated through Ambiguity Tolerance	-0.63	-0.16	2.39	0.003

normal distribution table. If the obtained ratio is greater than 1.96, it is concluded that the indirect effect of the mediator variable is significant.

From the results presented in the above table, it can be inferred that spiritual intelligence has an indirect effect on students' depression through the mediation of ambiguity tolerance. Therefore, the hypothesis suggesting the existence of an indirect relationship between spiritual intelligence and students' depression is confirmed with 95% confidence ($p < .05$).

Discussion

Considering the importance of AT and the rising of problems encountered by college students in this area, as well as the role of AT in the development of psychological disorders, including depression and the link between spiritual intelligence, AT, and depression reported in previous studies, we here hypothesized the higher AT levels could reduce the risk of depression among college students.

We noticed a significant positive relationship between spiritual intelligence and AT, so an increase in spiritual intelligence augmented AT in the participants. This finding approved our research hypothesis, which was consistent with the results of Nekić & Mamić (Nekić & Mamić, 2019) and Arabella *et al.*, who declared a direct relationship between AT and depression. In other words, people with lower AT were more likely to develop depression, supporting a link between AT and emotional and cognitive states (Trujillo *et al.*, 2017). Depressed people's thoughts usually bear a negative burden and orient around ambiguous issues lacking clear answers. So, it should not be surprising that depression inversely correlates with AT. Also, regarding anxiety disorders and depression, bewilderment, which is more common in people with low AT, can be a cause of these disorders. In terms of the relationship between depression and AT, our results contradicted those of (Abbasnia *et al.*, 2019), who showed that depressed people had higher AT, which could be due to some limitations of the recent report, including being a case study.

We also observed here an inverse correlation between spiritual intelligence and depression, which was in line with the results of (Herren *et al.*, 2019), (Bayrami, Movahedi, & Movahedi, 2014), and (Moafi, Momeni, Tayeba, Rahimi, & Hajnasiri, 2021). Spiritual intelligence provides a tool by which one can solve life problems and find the meaning of life, helping people understand their motivations (Zohar, Marshall, & Marshall, 2000). As one of the prominent symptoms of depression is a lack of motivation and a feeling of emptiness, it is obvious that spiritual intelligence can reduce depression by generating meaning and motivation in life. Moreover, spiritual intelligence increases patience and flexibility, and people equipped with this characteristic have more control over themselves, become disappointed later, have higher problem-solving power, and, as a result, are less prone to depression.

Regarding the link observed between spiritual intelligence and depression, no inconsistent findings were observed in the literature.

Furthermore, we noticed a significant positive relationship between spiritual intelligence and AT. No studies were found to directly or indirectly address the link between these two parameters in Iran or other parts of the world. Spiritual intelligence is characterized by the ability to create meaning and resolve problems, reducing ambiguity when facing life events and improving the individual's AT threshold. The present study revealed that the integration of education with spirituality could enhance spiritual intelligence in students, reducing the risk of depression. Thus, the elevation of students' AT thresholds reduced the occurrence of depression among them. Given the obtained relationships between the variables, the impact of spiritual intelligence on depression was also investigated with the mediation of ambiguity tolerance, and this hypothesis was also confirmed. The negative significant correlation between spiritual intelligence and depression and the mediating role of ambiguity tolerance were validated.

Consistent with the mentioned theoretical foundations, the present study showed a negative correlation between spiritual intelligence and depression. An increase in spiritual intelligence leads to a reduction in depression, and spiritual intelligence plays an important role in alleviating this disorder in individuals. This finding was in line with the previous studies (Giannone & Kaplin, 2020; Moafi, Momeni, Tayeba, Rahimi, & Hajnasiri, 2021; Safavi, Yahyavi, Narab, & Yahyavi, 2019). In these studies, it has been demonstrated that students with higher levels of spiritual intelligence exhibit greater coping abilities against stress. They also experience lower levels of depression and anxiety, leading to improved psychological well-being. Additionally, considering the role of ambiguity tolerance in mental well-being, including depression reduction in individuals (Gentes & Ruscio, 2011; Hancock & Mattick, 2020), whereby a high tolerance for ambiguity within the student population and the clinical population was associated with a reduction in mental illnesses, including depression, and a decrease in symptoms of anxiety disorders. Overall, individuals with higher tolerance for ambiguity tended to have better mental well-being, and the positive correlation between spiritual intelligence and ambiguity tolerance, which these studies have demonstrated that an increase in spiritual intelligence and tolerance for ambiguity among students is associated with a decrease in anxiety. This provides evidence for a positive relationship between these two constructs (Lane & Klenke, 2004; Mohammadipour, Afzood, Zolfaghari, & Salmabadi, 2021), as also examined in this research, Spiritual intelligence is a construct that enhances an individual's sense of meaning and purpose in life. It helps individuals positively navigate uncertain and ambiguous situations (Skrzypińska, 2021). Additionally, tolerance for ambiguity enables individuals to maintain a focus on the meaning of their lives even in the face of difficulties, leading to an

increase in psychological well-being (Lane & Klenke, 2004). Thus ambiguity tolerance can serve as a mediating factor in the relationship between spiritual intelligence and depression. This pattern has been investigated for the first time both domestically and internationally in our study).

One of the limitations of this research is accessible sampling, which was employed to comply with ethical considerations and facilitate the study process. We also used a self-reporting questionnaire, which can be a potential source of bias in responses, which is another limitation of this research. The result of the present study can contribute to the treatment plan of depression and its related components, as well as understanding the etiology of this disorder. Furthermore, the significance of an important variable like spiritual intelligence has been established in our study, highlighting its value in terms of mental health from childhood to adulthood as nurturing spiritual intelligence in children can potentially save them from various psychological challenges in adulthood. Furthermore, it can contribute to an increase in psychological well-being across different developmental stages. Previous research has examined the effects of spiritual intelligence and ambiguity tolerance on depression, but in the model tested in this study, ambiguity tolerance can play a mediating role in the relationship between spiritual intelligence and depression. Spiritual intelligence operates as a construct in humans that allows individuals to find meaning and purpose in life, especially when faced with profound questions that may be accompanied by feelings of emptiness. Depression, on the other hand, often involves a sense of emptiness and meaninglessness. Therefore, spiritual intelligence plays a crucial role in preventing depression. Additionally, tolerance for ambiguity involves the ability to focus on meaning in the face of meaninglessness and uncertainty in life, and it is closely related to spiritual intelligence. It can serve as a mediating variable in the transformation of spiritual intelligence into depression (Rigi et al., 2019; Safavi, Yahyavi, Narab, & Yahyavi, 2019; Salehi, Lari Dashtbayaz, & Abyaz, 2023). Therefore, strengthening both spiritual intelligence and ambiguity tolerance can have a significant and beneficial impact on depression reduction. Ambiguity tolerance, which is a crucial factor in the development of psychological disorders, was examined in relation to depression and spiritual intelligence. This is the first study to investigate this model. In this research, both the direct and indirect effects of spiritual intelligence on depression were examined. It was found that both effects were statistically significant. Tolerance for ambiguity was confirmed as a mediator in the relationship between spiritual intelligence and depression, although the direct effect was stronger. This suggests that spiritual intelligence is a powerful construct that encompasses tolerance for ambiguity, a significant variable in the development of depression. This finding can assist therapists in focusing on enhancing spiritual intelligence, which

includes important aspects such as tolerance for ambiguity, as part of the treatment for depression. For the Future Studies, It is suggested to investigate the role of spiritual intelligence and religious entities in other disorders to determine if low spiritual intelligence is a common contributor to the development of emotional disorders. It is also suggested to investigate the role of AT in other psychological disorders as a meta-diagnostic indicator. Also, evaluating the Mediating role of Ambiguity tolerance in the relationship of spiritual Intelligence and other Emotional Disorders deserved further consideration.




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No potential conflict of interest was reported by the author(s).

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