



Research Article

The Mediating Role of Spiritual Well-Being in the Relationship between Love of Life and General Psychological Health

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Abstract

Psychological health and love of life are topics that directly affect the subjective world. In this study, spiritual well-being is included in the relationship between these concepts, and the extent to which people's inner/spiritual aspects positively affect their lives is within the scope of the research. The main purpose of this study is to examine the mediating role of spiritual well-being in the relationship between love of life and the general psychological health of individuals between the ages of 18-65. The research was designed by the Relational Screen Model. Hayes' PROCESS Model was used to test the model's accuracy established between dependent, independent and mediating variables. The study group of the research consists of 329 people living in various provinces of Turkey. The mediation analysis revealed that spiritual well-being partially mediated the relationship between love of life and general psychological health. Psychological health is of great importance for the individual and society. One of the most fundamental dimensions of a peaceful and healthy society is the efficiency of individuals' communication with themselves. It is thought that general psychological health and love of life will open a new door on the path to happiness for the individual.

Keywords:

General Psychological Health • Love of Life • Mediation Analysis • Spiritual Well-Being

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Introduction

Psychological health is a factor that has a significant direct impact on a person's life. One of the important concepts affecting the level of this variable, which is seen to be dependent on many factors, is love of life. Spirituality is one of the important forces that people turn to in the face of events that negatively affect psychological health. It is seen that the connection between these three variables is not directly addressed. As a science, psychology is an ongoing approach to making sense of these adverse events experienced by individuals and to offer new perspectives and solutions. Psychological health is one of the basic life needs of human beings. Achieving total psychological health depends on the combination of many factors. One of the factors affecting psychological health is the individual's perspective on life. The individual's communication with their environment and relationship with their inner world constitute the dimensions of psychological health.

The frequent study of psychological health is due to its relationship with so many variables. In this study, its relationship with a general concept such as love of life was examined and it was investigated how the result would change if a new variable was added to this relationship. The existence of scientific literature in the field of psychology in which human beings are mentioned may vary according to historical/ sociological phenomena. In the case of mental health, a recent historical phenomenon is an example. World War II can be cited as an example of phenomenon in recent history. In the post-war period, when the scientific perspective changed, the science of psychology focused mainly on disorders and the elimination of adverse situations. During and after the same period, mental health became a significant public health problem worldwide. Mental disorders are often comorbid with various medical conditions (Miller et al., 2006) for example, depressive symptoms (Rajan et al., 2020). Today, human subjectivity and well-being are the subject of many studies. The fact that positive psychology has become widespread but does not address the relationship between psychological health and love of life creates an important need in the field. The inclusion of spiritual well-being in this relationship will pave the way for the research to form new questions.

Moreover, mental disorders can lead to other social problems, such as loss of productivity at work, suicide or criminal behavior. Thus, mental disorders pose a significant burden on individuals and society (Gottfried & Christopher, 2017; Lépine & Briley, 2011). Mental health problems can have negative economic and social consequences, so early identification of these problems among individuals can provide significant benefits; however, it is sometimes not easy to achieve this goal as there is no clear and precise definition of mental health. Traumatic situations after World War II, which created a crisis all over the world, led to the emergence of interventions that required urgency (Keyes, 2002). Positive Psychology, one of these intervention tools,

emphasizes the importance of the individual reaching their potential, discovering their strengths and making their well-being sustainable. Focusing on this branch of psychology aims to highlight positive traits in the individual's life, such as happiness, hope, optimism, and satisfaction with life (Sillick & Cathcart, 2014). In recent years, the great importance attached to the health of individuals, as well as the strong impact of mental and physical illnesses on daily activities and behaviors, has led to the development of quality of life in medical and social research.

Today, psychological health is defined as developing one's state of mind into an optimal state within the scope of maintaining physical, mental, and emotional adaptation with others (Sun et al., 2020; Cohen & Wills, 1985). Empirical findings show that there are various factors affecting psychological health. Anxiety and depression are the main indicators of poor psychological health (Walsh et al., 2017) whereas psychological capitals such as hope and resilience can facilitate better psychological and mental health (Hammond, 2004). Theories and theories that offer perspectives on individuals' psychological health state that physical and mental health are necessary for general psychological health (Ekşi et al., 2019). Psychological health is a critical component that contributes to overall well-being. The World Health Organization (WHO) defines mental health as a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective skills to make decisions, build relationships and shape the world we live in. Mental health is more than the absence of mental disorders. It exists on a complex continuum, which is experienced differently from one person to the next, with varying degrees of difficulty and distress and potentially very different social and clinical outcomes (WHO, 2022).

One of the factors that cause mental health to change as a result of subjective experiences is the perspective on life. Therefore, this study, another variable that impacts psychological health is love of life. Although it has similarities with the concept of life satisfaction, love of life emphasizes the enjoyment of life and the belief that life is valuable and that everything about life should be embraced (Turan et al., 2022). Love of life, which has emerged as a new concept, meets the happy attachment to life, comprehension of many life-related experiences and satisfaction towards it. Love of life has been considered as one of the new ingredients in the individual evaluation of well-being (Abdel-Khalek, 2004). Love of life carries a continuum as a concept. At one end of this continuum, there is love for life and at the other end, there is hatred for life. Negative feelings towards life can lead to self-harm. Subjective well-being, the basic concept of positive psychology, and love of life intersect, especially in happiness. While love of life corresponds to a positive relationship towards life in general, happiness refers to the enjoyment of life (Abdel-

Khalek & El-Nayal, 2018). Love of life refers to positive attitudes toward one's life (Abdel-Khalek, 2007). Although love of life is mainly associated with positive emotions, it is actually a different and special dimension (Abdel-Khalek, 2013; Abdel-Khalek & Lester, 2011; Dadfar et al., 2020; Dadfar et al., 2017). While love of life is considered one of the main dimensions of well-being, it is also negatively associated with anxiety, death wish, and depression.

The main element of psychology is the human being. The concept that studies existence and makes significant references to it is spirituality. Spirituality responds to questions about human existence within certain limits. Spirituality is important for human beings to be spiritually healthy and sound. Therefore, spiritual well-being is one of the topics that psychology investigates. Spirituality has influenced human societies at an abstract and concrete level since their existence. This effect is also found in different cultures and beliefs (Helminiak, 2001). In other words, spirituality continues as a universal denominator (Ekşi et al., 2019). Spirituality is of Arabic origin and its English equivalent is "spiritual" (Red House, 2023). Although spirituality is known as representing a religious belief, an individual's spirituality is highly influenced by the society in which he/she lives. In the literature, religion, anxiety, hope and a sense of belonging are defined as dimensions of spirituality (Gaskin-Wasson et al., 2018; González-Sanguino et al., 2020).

Moreover, spirituality is an effort to accept and understand one's relationship with others, one's place in the universe and the life one has. It is stated that spiritual beliefs and values are not only limited to divine powers but also include experiences such as health, illness, death and life after death (Cimete, 2002). Considering the multicultural structure of the world, spirituality is separate from all dimensions of beliefs, values and humanism. Spiritual well-being, which is directly related to spirituality, is one of the most fundamental dimensions of the individual's inner world. People communicate with themselves just as they are in a relationship with others. Spiritual well-being includes components related to life and faith that examine the individual's communication with their essence, loved ones and transcendent/supreme power. Spiritual well-being is divided into two different dimensions. The first of these dimensions is called the existential dimension, which deals with the individual's communication with themselves and their environment. The second dimension deals with the communication between the individual and God, a supreme power, which is the religious dimension. The fulfillment and satisfaction of one's needs in the internal, external and religious dimensions are essential (Moberg, 1984). Spiritual well-being, which describes the person's well-being in religious and existential dimensions, mainly depends on the subjective evaluation of the relationship established with life (Hill, 2000). Spiritual well-being is based on positive engagement in one's relationship with oneself, the environment, and others. Ellison (1983), who deals with spiritual well-

being on two different planes, refers to the individual's relationship with a supreme/divine power in the vertical dimension, while in the horizontal dimension, it refers to the interaction and satisfaction with one's life. Moberg (1984) supports this view but redefines the vertical dimension as the religious dimension and the horizontal dimension as the existential dimension. The horizontal dimension, or existential well-being, refers to one's sense of purpose and fulfillment (Ellison, 1983). The vertical dimension, or religious well-being, refers to the individual's relationship with God or another higher power (Edmondson & Lei, 2014).

Positive psychology prioritizes positive experiences in an individual's life and attaches importance to people's ability to maintain their functionality in life. There may always be experiences that will prevent the individual from sustaining their general psychological health and love of life. Positive psychology is scientifically equipped to help people cope with these and similar negative experiences. In positive psychology, which conveys how to better cope with negative experiences, individuals cannot achieve psychological health and love for life only through their inner world. From the perspective of positive psychology, individuals should develop themselves as a whole and especially discover their positive/strong sides. The positive psychology school is an approach that focuses on strengthening the bond with life, prioritizing the individual's creation of experiences around meaning and including positive expressions in terms of language/meaning (happiness, well-being, spirituality, solution, etc.) instead of negative concepts (anxiety, fear, depression, disorder, etc.). Within the scope of the research, general psychological health, love of life and spiritual well-being of individuals will be addressed based on this positive approach. When the characteristics measured by the variables are considered, it is seen that they address the individual's strengths. By examining these three variables with the help of mediation analysis, it is predicted that it will create a unique area in the literature and can be used as research that readers will benefit from.

In summary, psychological health is important for the individual and society. One of the most fundamental dimensions of a peaceful and healthy society is the efficiency of individuals' communication with themselves. It is thought that general psychological health and love of life will open a new door for individuals on their journey to happiness. It has been observed that there is no study on the relationship between these three variables in Turkey. For this reason, it is aimed to examine the mediating role of spiritual well-being in the relationship between general psychological health and love of life. It is thought that the findings obtained will shed light on other studies, especially on spiritual counseling and play a role in understanding the concepts. The hypotheses of the research are given below:

1. There is a significant relationship between love of life and general psychological health.
2. There is a significant relationship between love of life and spiritual well-being.
3. There is a significant relationship between general psychological health and spiritual well-being.
4. There is a mediating role of spiritual well-being in the relationship between love of life and general psychological health.
5. Love of life, general psychological health and spiritual well-being levels of adult individuals show a significant difference according to gender.

Method

Research Design

This research is a relational screen model study to examine the mediating role of spiritual well-being in the relationship between love of life and general psychological health. This relational screen model is a statistical technique that examines the relational status, level, and effect between two or more variables. The main thing in the model is to investigate the relationship between variables without any manipulation (Creswell, 2013; Fraenkel et al., 2012). In the study, love of life was used as the independent variable, general psychological health as the dependent variable and spiritual well-being as the mediating variable.

Participants

The participants consists of individuals between the ages of 18-65. In scientific studies, it is usually complicated to reach the whole population. In such cases, participants can be determined suitable for the research. Convenience sampling is a non-random sampling method in which the researcher judges the sample segment selected from the main mass. This method, known as convenience sampling, determines a group of people suitable for the study. The most crucial benefit of this sampling method is the easy accessibility of the participants by the researcher (Fraenkel et al., 2012). In the convenience sampling method, people who are generally easy to reach and get geographically within a certain period are included voluntarily (Gravetter & Forzano, 2008). The sample size was found to be $n = 329$ using a $\pm 5\%$ sampling error at a 95% confidence interval for a non-homogeneous population. To increase the representativeness of the sample group and to take into account the possibility of missing data, data were obtained from 356 people. No erroneous or missing data were observed during the data evaluation process. Within the scope of Z score analysis and normality studies, 27 participants were excluded from

the data set due to outlier detection. Data analysis was conducted with the remaining 329 participants.

Measurements

In the study, the Personal Information Form prepared by the researcher was used to obtain the sociodemographic information of the individuals. The Love of Life Scale (Turan et al., 2022) was used to examine the participants' love of life level, the General Health Questionnaire (Kılıç et al., 1997) was used to investigate the general psychological health level, and the Spiritual Well-Being Scale (Aktürk et al., 2017) was used to examine the level of spiritual well-being.

Personal information form. To better describe the participants in the study, a Personal Information Form was used to measure the demographic characteristics of the individuals. This form was prepared by the researcher.

General health questionnaire. It is a tool developed by Goldberg (1972, 1978) and used by patients to identify disorders, especially in primary care. The scale was first developed as a 60-question form, then shorter forms of 30, 28 and 12 questions were developed. As a result of the analysis, each form was valid and reliable. As the score in the questionnaire increases, mental health worsens and the likelihood of psychiatric disorders is increased. Values obtained with GSA-type scoring indicate risk groups. Scores on 12 items are grouped as low, medium and high. Those who score less than 2 points on the scale are grouped as low, those who score between 2-3 points are grouped as medium and those who score 4 or more points are grouped as high. The General Health Questionnaire used in this study includes 12 questions. Each question consists of 4 options: never - as often as usual - more often than usual - very often. Participant responses can be scored on a Likert-type scale (0-1-2-3), or as suggested by Goldberg, the first two options can be marked as (0-0) and the responses to the other two options as (1-1). The reliability value of the scale was found to be .70. The validity value of the scale was found to be .74. In this study, the (0-0-1-1) options recommended for GHQ (General Health Questionnaire) were preferred. Turkish validity and reliability study was conducted by Kılıç (1996). The sensitivity and specificity of the GHQ-12 were calculated as 0.74 and 0.84, respectively, and the recommended cut-off point for patients presenting to the health center with any physical complaint was 1/2 (Kılıç, 1996). The 12-question short form of the questionnaire was used in the study.

Love of life scale. The Turkish validity and reliability studies of the Life Love Scale (LLS) developed by Abdel-Khalek (2007, 2013, 2020) were conducted by Turan et al. (2022). The scale is a 16-item self-report scale measuring the concept of love of life. Each item is answered on a five-point Likert-type scale: Not at all

(1), A little (2), Moderately (3), Very much (4) and Very much (5). All items are marked positively. The total scale score can range from 16 (strongly disagree with all items) to 80 (strongly agree with all items). High scores indicate high love of life. The reliability value of the scale was found to be .91. The validity value of the scale was found to be .81. The LLS was initially developed in Arabic and has English and Persian versions. It was administered to university students from Algeria, Egypt, India, Iran, Kuwait, Lebanon, Malaysia, Palestine, Qatar, and the United States (Abdel-Khalek, 2007; Abdel-Khalek & El-Nayal, 2018; Abdel-Khalek & Lester, 2011; Abdel-Khalek & Zine El-Abiddine, 2019; Turan et al, 2022; Al-Arja, 2018; Atef Vahid et al., 2016) and individuals and groups at the clinical level (Dadfar et al., 2020; Dadfar et al., 2021). In Abdel-Khalek's (2007) study, the LOL (Love of Life) had high internal consistency (Cronbach $\alpha = .91$) and test-retest reliability ($r = .81$). The reliability value of the Turkish form was found to be .95.

Spiritual well-being scale. The Spiritual Well-Being scale was developed by Peterman et al. (2002) to measure the spiritual well-being levels of patients with chronic illness and cancer patients. Aktürk et al. (2017) conducted the Turkish validity and reliability study. The scale consists of 12 items and is a 5-point Likert-type measurement tool. The scale items have a scoring system between 0 and 4 and the score that can be obtained from the scale varies between 0-48. As a result of the analysis, it was seen that the 4th and 8th items in the scale were reversed items. The scale has three sub-dimensions: meaning (items 2, 3, 5, 8), peace (items 1, 4, 6, 7) and belief (items 9, 10, 11, 12). As the score obtained from the scale increases, spiritual well-being increases. Aktürk et al. (2017) conducted a Turkish validity and reliability study; the total Cronbach Alpha value of the scale was calculated as 0.87, the meaning sub-dimension as 0.78, the peace sub-dimension as 0.81 and the belief sub-dimension as 0.93.

Procedure

The necessary ethics committee permission was obtained from XX University Institute of Educational Sciences to collect the research data. Data were collected from individuals in Türkiye during the 2022-2023 academic year. The research is based on volunteerism and data were obtained with the support of online platforms. The purpose of the study, the principles of voluntariness and confidentiality, and researcher information were included on the first page of the data collection form. Regarding privacy, the form did not have questions about participants' identity information. In addition, a tab box confirming voluntary participation was included in the form. The other pages included the Personal Information Form, Love of Life Scale, General Health Questionnaire and Spiritual Well-Being Scale.

Data Analysis

First, the data's normality distribution was tested by examining the kurtosis and skewness coefficients. Skewness values between -1 and +1 indicate a normal distribution (Hair et al., 2014). The kurtosis and skewness values of the data were found to be normally distributed (between -1 and +1 values). Independent Group t Test was conducted to examine whether the Love of Life Scale, General Health Questionnaire and Spiritual Well-Being Scale of adult individuals differed according to gender. Then, to apply the regression model, there should be no multicollinearity problem in the data set. For this reason, Pearson Product Moment Correlation analysis was used to examine the multicollinearity and the relationships between variables before mediation analysis. The correlation coefficient between variables above .80 indicates that there may be a multicollinearity problem (Büyükoztürk, 2013). In the findings, a value of .80 and above was not reached. To test the mediating role of spiritual well-being in the relationship between love of life and general psychological health, which is the primary purpose of the study, mediation analysis was performed with regression analysis based on the Bootstrap method. Bootstrap technique obtains new sets of observations by creating different combinations in the data set and uses these sets in calculations (Efron, 1987). In the bootstrap analysis, the significance of the mediation effect is tested by examining the bias-corrected and accelerated confidence interval values (BCA CI: Bias Corrected and Accelerated Bootstrap Confidence Interval) at 95% confidence interval. For the indirect effect (ab), if there is no zero (0) value between the lower and upper confidence interval values, the indirect effect is significant and the mediation effect is observed (Hayes & Scharkow, 2013).

PROCESS Macro conditional process analysis, which was developed by Hayes (2012) and can be installed as an add-on to the SPSS program, was used to determine the mediating role of spiritual well-being. Bootstrap technique examines bootstrap bias at the corrected confidence interval (Preacher & Hayes, 2008). The mediation effect in the research model was examined using Multiple Mediation Model 4 with a 95% confidence interval on 5000 bootstrap samples. According to Baron & Kenny (1986), in a simple mediation model, there are predicted paths "a" "b" and "c" and they are called direct/indirect effects. The research model states that X has a direct effect on the mediating variable (M) and the mediating variable has a direct effect on the outcome variable (Y). It is also assumed that X has a direct effect on Y. The mediation effect is evidenced when there is evidence that the indirect Effect of X on Y flows through M. The Indirect Effect (IE=Indirect Effect) in this model is calculated as the product of paths "a" and "b": $I.E. = a * b$. In addition, the total Effect of X on Y is simply expressed as the sum of all direct (DE=Direct Effect) and indirect effects from X to Y. In the simple model, the total Effect of X on Y is $D.E. + I.E. = c + a * b$ (Baron & Kenny, 1986).

Results

In this part of the study, statistical findings related to the scores of the Love of Life Scale, General Health Questionnaire and Spiritual Well-Being Scale are given.

Tablo 1

Arithmetic Mean, Standard Deviation, Standard Error, Kurtosis and Skewness Values of Love of Life Scale, General Health Questionnaire and Spiritual Well-Being Scale Scores (n=329)

Point (n=329)	\bar{X}	sd	Sh \bar{x}	Min.	Max.	Skewness	Kurtosis
Love of Life	13,70	3,71	,205	4	20	-,38	-,18
General Psychological Health	3,34	3,51	,194	0	12	,92	-,32
Spiritual Well-Being	29,07	9,29	,512	1	48	-,68	,08

The table shows the mean, standard deviation, standard error, and minimum and maximum values of the Love of Life Scale, General Health Questionnaire and Spiritual Well-Being Scale scores. As seen in Table 1, the arithmetic mean \bar{x} = 13,70, standard deviation (sd) = 3,71, standard error (se) = ,205, minimum value = 4 and maximum value = 20, kurtosis = -,18 skewness = -,38. The arithmetic mean of general psychological health scores was found as \bar{x} = 3,34, standard deviation (sd) = 3,51, standard error (se) = ,194, minimum value = 0 and maximum value = 12, kurtosis = -,32, skewness = ,92. The arithmetic mean of spiritual well-being scores was found as \bar{x} = 29,07, standard deviation (sd) = 9,29, standard error (se) = ,512, minimum value = 1 and maximum value = 48, kurtosis value = ,08 and skewness value = -,68.

Descriptive methods are the most frequently used to test the normality assumption. In this study, as a result of the descriptive statistics, it was seen that the data were normally distributed. Thus, the analyses related to parametric tests were carried out.

The table below shows the findings on whether the study variables, Love of Life, General Psychological Health and Spiritual Well-Being, differ significantly according to gender.

Table 2

Independent Group t Test Results to Determine Whether the Love of Life Scale, General Health Questionnaire and Spiritual Well-Being Scale Differentiate According to Gender

Points	Groups	N	\bar{X}	ss	Sh \bar{x}	t-test		
						t	sd.	p
General Psychological Health	Man	103	,30	,31	,03	,90	329	,36
	Woman	226	,27	,28	,01			
Love of Life	Man	103	3,30	,93	,09	-1,65	329	,09
	Woman	226	3,48	,92	,06			
Spiritual Well-Being	Man	103	2,36	,75	,07	-,85	329	,39
	Woman	226	2,44	,78	,05			

As seen in Table 2, according to the results of the Independent Group t-test analysis conducted to examine whether the scores of Love of Life, General Psychological Health and Spiritual Well-Being of the individuals in the sample differ significantly according to gender variable, no significant difference was found in the General

Health Questionnaire scores according to gender variable ($t=,90$; $p>,05$). There was no significant difference in Love of Life Scale scores according to gender variable ($t=-1,65$; $p>,05$). No significant difference was found in Spiritual Well-Being Scale scores according to gender variable ($t=-,85$; $p>,05$).

The findings of the relationship between the Love of Life, General Psychological Health and Spiritual Well-Being scores obtained as a result of Pearson Correlation Analysis of the research are given.

Table 3

Pearson Product-Moment Correlation Analysis Results for the Relationship between the Scores of Love of Life Scale, General Health Questionnaire and Spiritual Well-Being Scale

Variables	1	2	3
Love of Life	1		
General Psychological Health	-,57**	1	
Spiritual Well Being	,77**	-,65**	1

** $p<,01$

As seen in Table 3, as a result of the Pearson Product Moment Correlation Analysis conducted to examine whether there is a significant relationship between love of life, general psychological health and spiritual well-being scores, it was found that there was a significant negative relationship between love of life and general psychological health variables ($r=-,57$; $p < .001$), a significant positive relationship between love of life and spiritual well-being variables ($r=,77$; $p < .001$) and a significant negative relationship between general psychological health and spiritual well-being variables ($r=-,65$; $p < .001$). For the analysis of the mediation model, there should be a significant correlation between the independent, dependent and mediator variables (Baron & Kenny, 1986). It is seen that the research variables have moderately significant relationships and this assumption is met.

Table 4

Effects between Love of Life, General Psychological Health and Spiritual Well-Being

Relations Between Variables	B	S.H.	t	P	%95 Confidence Interval		R ²
					Lower Limit	Upper Limit	
Total effect (c)	-,1825**	,0142	-12,8367	,0000	-,2104	-,1545	,3351
Love of Life→ Spiritual Well-Being (a)	,6457**	,0291	22,1829	,0000	,5885	,7030	,6008
Love of Life → General Psychological Health (c')	-,1825**	,0142	-12,836	,0000	-,2104	-,1545	,3351
Spiritual Well-Being → General Psychological Health (b)	-,1938**	,0142	-12,8367	,0000	-,2104	-,1545	,3351

B: Unstandardized Regression Coefficient, S. H: Standard Error,

** $p<,00$, $n=329$, $k=5000$ Bootstrap Sample

R2: Variance Value, t: Degrees of Freedom

In the single mediation model, which is the study's main hypothesis, the results of the mediation role analysis of the spiritual well-being variable in the effect of love of life levels on general psychological health levels by the Bootstrap method are given in Table 4.

According to the total effect (c path) analysis, which is the effect of the independent variable on the dependent variable in the model without mediating variable in Table 4, love of life significantly predicts general psychological health negatively ($B = -.1825$, 95% CI [.2104; .1545], $t: -12.8367$, $p < .001$). The statistical significance of the beta value was determined by the fact that the p-value and the lower and upper limits of the confidence interval had the same sign. According to the variance value, the love of life variable explains the general psychological health variable by approximately 33% ($R^2 = .3351$).

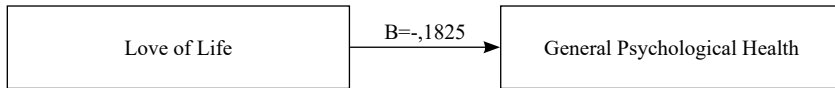
According to the analysis of the effect of the independent variable on the mediating variable (path a) in Table 4, love of life significantly predicts spiritual well-being in a positive direction ($B = .6457$, 95% CI [.5885; .7030], $t: 22.1829$, $p < .001$). The statistical significance of the beta value was determined by the fact that the p-value and the lower and upper limits of the confidence interval had the same sign. According to the variance value, the love of life variable explains the spiritual well-being variable by approximately 60% ($R^2 = .6008$).

According to the analysis of the effect of the mediating variable on the dependent variable (path b) in Table 4, spiritual well-being significantly predicts the level of general psychological health negatively ($B = -.1938$, 95% CI [-.2104; -.1545], $t: -12.8367$, $p < .001$). In the model with the mediating variable, according to the analysis of the effect of the independent variable on the dependent variable (c' path), the level of love of life significantly predicts the level of general psychological health in a negative direction ($B = -.1825$, 95% CI [-.2104; -.1545], $t: -12.8367$, $p < .001$). The statistical significance of the beta value was determined by the fact that the p-value and the lower and upper limits of the confidence interval had the same sign. According to the variance value, love of life and general psychological health explain about 33% ($R^2 = .3351$) of the variance in spiritual well-being.

Figure 1 shows the model and unstandardized regression coefficients (B) for the direct effect of love of life on general psychological health and the indirect effect of spiritual well-being as a mediator in the relationship between love of life and general psychological health.

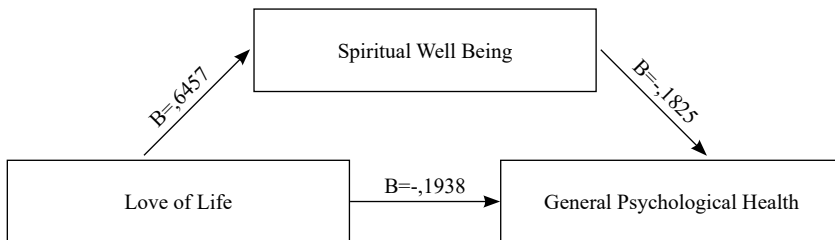
Figure 1.
The Mediating Role of Spiritual Well-Being in the Relationship between Love of Life and General Psychological Health

a) Direct Effect



**** p <,001**

b) Indirect Effect



****p <,001**

In the research model in Figure 1, love of life has a significant indirect effect (ab) on general psychological health through spiritual well-being and spiritual well-being mediates this relationship (B= -.1938) (BCA CI= Bias Corrected and Accelerated Bootstrap Confidence Interval). The indirect effect value (-.1825) means that the love of life level of one of the participants is one unit higher than the others, and the general psychological health is -.1825 higher. The research shows that higher love of life predicts higher spiritual well-being and lower general psychological health.

Table 5
Bootstrap-Based Single Mediating Variable Effect

Relationship Mediated by Spiritual Well-Being	Total Effect	Direct Effect	Indirect Effect	Bootstrap Confidence Interval BoLLCI – BoULCI	Mediator Effect Type
General Psychological Health - Love of Life	-.1825	-.0573	-.1252	-.2104 with -.1545	Partial

Table 5 shows the Bootstrap-based effect size values of the participants’ spiritual well-being mediator variable. The initial effect of -.18 between love of life and general psychological health decreases to -.05 with the inclusion of the mediating variable in the model and maintains its significance. This shows that spiritual well-being partially mediates the relationship between love of life and general psychological health. This result supports the research hypothesis.

Discussion

In this section, the findings showing the relationship between the levels of love of life, general psychological health and spiritual well-being with gender variable and the mediating role of spiritual well-being in the relationship between love of life and general psychological health variables were examined and discussed in the light of the relevant literature.

When our research results on the general psychological health variable were examined, no significant difference was found in the participants' general psychological health levels according to gender. When the literature is reviewed, in the study of Elkin and Barut (2017), it was stated that there was no statistical significance between the gender status of the participants and their general health levels. In studies conducted by Özdemir and Rezaki (2007) and Özkan et al. (2013), a significant difference between genders was found and this difference was found to be in favor of women. The literature shows that women have a higher risk of mental illness than men (Varcolis, 1998; Okyay et al., 2012). Women's mean total general health questionnaire score was higher than men's (El-Metwally et al., 2018). Male students showed more depressive and obsessive-compulsive symptoms compared to female students (Buizza et al., 2022). In addition, other studies have reported that women have higher general psychological health scores and thus a higher risk of mental illness than men (Kelleci et al., 2003; Belek, 1999; Özkan et al., 2013; Varcolis, 1998; Okyay et al., 2012). The fact that women have higher general health scores compared to men can be evaluated both culturally and by many studies, especially depression, which is more common in women. The fact that women experience more emotional disturbances such as depression and anxiety may help to understand the gender differences in the scores given to the general health questionnaire.

According to the research on the love of life variable, individuals' love of life levels does not significantly differ according to gender. When the related literature is examined, similar to the study results in the study of Dadfar et al. (2020), no significant difference was found in gender scores between men and women. The study findings of Dadfar et al. (2021) showed no significant gender-related difference in love of life, but women's physical and mental health scores were higher than men's. In a study conducted in countries with different demographic structures, Egypt, Algeria, Kuwait, Lebanon, Iran, India, Qatar, Malaysia and the USA, the only gender differences were found in Kuwait (in favor of men) and India (in favor of women). Among men, the highest mean love of life scores were found in the Qatar, India and Kuwait samples. In contrast, the highest mean love of life scores among women were found in the India, Iran, Qatar and Algeria samples, respectively. On the other hand, the lowest mean love of life scores were found in Egypt and Lebanon (men) and Egypt (women) samples. In contrast, another study found no significant gender-based

difference in love of life (Abdel-Khalek & El Nayal, 2018). Abdel-Khalek & Singh (2019) found that Kuwaiti males achieved a significantly higher mean total score on love of life than their female peers, while Indian females achieved a higher mean total score on love of life than their male peers. In both studies, there were no significant statistical differences between males and females in terms of total rating. Concerning gender-related differences in love of life, some studies contradict previous studies. A study on Indian university students showed that women scored higher on the love of life scale (Abdel-Khalek & Singh, 2019). In a study of university students in Egypt, Algeria, Kuwait, Lebanon, Kuwait, Lebanon, Iran, India and Turkey, love of life scores was higher for women in each country. The difference between the total love of life scale score for all males and all females was statistically significant. The results showed that women had higher mean scores than men in each country. Moreover, the difference between the total mean score of love of life between all men and all women was statistically significant in favor of women (Abdel-Khalek et al., 2022). In a study conducted by Abdel-Khalek (2013) on Kuwaiti and Lebanese citizens, it was found that when love of life scores were examined, there was a statistically significant difference between the mean scores of men and women and this difference was found to be in favor of women. In a study conducted by Al-Arja (2018), statistically significant differences in the gender variable were found to be in favor of women. The existence of different results regarding the love of life can be evaluated through the perspectives of the culture in which the sample in the study is located towards gender. The existence of social structure and its emphasis on the differences between genders can be considered as an indicator of the codes that are effective on the men and women of that country.

When the research findings related to the variable of spiritual well-being were examined, it was found that the spiritual well-being levels of the participants did not show a significant difference according to gender. When the relevant literature is reviewed, in another study conducted with 451 cancer patients from 14 different countries, women's scores were higher than those obtained from the spiritual well-being scale (Rohde et al., 2019). In Lee & Salman's (2019) study, women scored higher than men in all areas of the spiritual well-being scale. In Miller's (2003) study, women stated that spirituality is a primary and standard component of their lives. Women have higher mean scores on spirituality than men (Abdel-Khalek, 2006; Spilka et al., 2003; Sullins, 2006). Social order, life expectations, various roles attributed to women and coping strategies can be shown as the reason gender creates differences in spiritual well-being. In the study conducted by Frey et al. (2005), there was no significant difference in the scores obtained from the spiritual well-being scale in the gender variable. Ziapour et al. (2017) conducted a study on 346 doctoral students studying in the faculties of dentistry, medicine and pharmacology. As a result of the independent t-test, no significant difference was found between the mean score of spiritual well-being and gender.

The prerequisite for a person to be satisfied with his/her life and happy due to his/her experiences is to be psychologically healthy. In the early years of life, when one is not yet in control of one's own life and is therefore dependent on caregivers for self-care and self-compassion, psychological health depends on the self-sacrifice of the other. As life progresses, one's awareness of oneself and the world grows and one can control one's life, or at least hope to be able to control it. In this process of control, psychological health is often influenced by the outcome of one's lifestyle and choices. Being consciously aware of one's feelings, thoughts and actions affects both one's mental health and physical health, especially through the impact of one's actions. In the positive school of psychology, which embraces the unity of mind and body, general psychological health represents the mental dimension of this unity. This representation makes it possible to receive a "standing diagnosis" thanks to a measurement tool that can evaluate oneself rather than complex diagnostic processes. A person's general psychological health is most evident in the consistency and effectiveness of communication and interaction with oneself. The technological developments of our post-modern age sometimes disrupt the quality of this relationship. In line with the increasing importance of social welfare and development goals, not only the relationship of individuals with themselves but also their interaction with all universal values, starting from the closest ones, comes to the fore. One of the most emphasized concepts of post-modernity is universality. We can see the importance of this universality at the root of many psychological disorders. Unsatisfied satisfaction in relationships and inadequate interpersonal interaction can be shown as the common reason why anxiety and depression are the most common disorders today. Anxiety/depression is an important sub-dimension of a person's psychological health. The origin of these psychological disorders may stem from the person himself/herself or from the way he/she experiences life and the breadth of perspectives towards life. At this point, the capacity of individuals to love life emerges. The existence of this capacity may have a regulating effect on the general psychological structure of the person, and a positive level of general psychological health may also contribute to the person's love of life. The interaction of these two concepts has not been addressed in a general framework. Still, concepts such as psychological health, loving life and being satisfied with life have been frequently included in research.

As a prerequisite for mediation analysis, there is a relationship between the variables. Many studies consider love of life and general psychological health in an inverse relationship. In this study, a negative relationship was found between both variables. In this relationship, the less psychological distress the person has or the less frequently he/she experiences these distresses, the higher the level of love of life. The situation we often encounter in daily life is that a person's being in a healthy structure can give an important signal that he/she can love life. Here, we can also talk about reciprocal relationality. Loving life can also heal a person. Love of life is not just a feeling that arises in a person due to a single experience, but embracing life in

its entirety and continuity. At one end of this continuum is love and at the other end is lovelessness. The variable that most determines the person's position in this two-ended line is the state of psychological health. A psychologically healthy person can communicate adequately and effectively with oneself and others when necessary to make self-awareness a part of life and to have positive feelings towards life.

General psychological health directly affects a person's living arrangements. This direct effect is evaluated according to the negative correlation between both variables. As the general psychological health score increases, the level of spiritual well-being decreases. Although spiritual well-being is often associated with having any religious belief, the effect of any religion is not considered here, as it is also included in the studies of some psychoanalysts such as Jung. What is mainly considered here is the person's belief in a higher, powerful and abstract being. It can be said that people with spiritual well-being are psychologically and physically healthy and adapt to the social order. Psychological health is seen as one of the indicators of this harmony, and spiritual well-being intersects at this point. The fact that individuals' beliefs can positively affect their life order depends on their feelings and thoughts and their compliance with the social rules they are in. Psychological health is seen as a strong component that directly affects every meaning of life, and this effect directly affects the person's spirituality, which has an internal impact on his/her worldly journey. The unshakable foundation of the belief that an individual will feel good and be happy lies in being psychologically healthy. While many aspects of well-being are discussed in the literature, spirituality has also been extensively researched (de Brito Sena et al., 2021; Balboni et al., 2022; Paul Victor et al., 2020; Rocha & Pinheiro, 2021; Bożek et al., 2020). In the discussion part of this study, the relationship between spirituality and health status was discussed and it was seen that this relationship affects the individual's level of well-being.

Spiritual well-being also correlates with the study's independent variable, general psychological health. Spiritual well-being involves the process of seeking the truth and realizing the meaning of life through internal processes beyond social rules. Spirituality positively affects mental health by providing self-efficacy and social support (George et al., 2002). In health services, spiritual care and religion are considered effective in reducing anxiety and maintaining/increasing one's health capacity (Rias et al., 2020). Spirituality has significantly contributed to protecting people's intrinsic motivation during a pandemic where social support is very low (Sharif Nia et al., 2021). This contribution protected mental health, prevented damage, and enabled people to have hope for the future and to love life. In conclusion, similar studies support the research's mediation hypothesis and it has been proven that spiritual well-being mediates the relationship between general psychological health and love of life.

Finally, when the mediating role of spiritual well-being, which is the mediating variable of the study, in the relationship between love of life and general psychological health variables, was examined, it was seen that spiritual well-being mediated the relationship between love of life and general psychological health in adult individuals. In mediation analysis, a mediating variable partially affects the relationship between two variables. The presence of this variable may decrease or increase the level of the relationship between dependent and independent variables. In this study, spiritual well-being, included as a mediating variable, shows a partial mediation effect. In the correlational method, a decrease in the level of general psychological health leads to an increase in spiritual well-being, and an increase in spiritual well-being leads to an increase in the level of love of life in adult individuals. In the literature, there is no study in which these three variables are discussed in the research context. However, the research results will be discussed with possible similar studies.

Some suggestions can be made in the context of the results obtained. During the research, it was observed that no one had examined all three variables of love of life, general psychological health and spiritual well-being together. Therefore, the sample is thought to contribute to the literature of different and new studies, including all variables. The demographic variables in the current study do not include the trauma history of the individual. For this reason, the questions about individual trauma history and the type of trauma experienced can be included in the scope of the study. General psychological health, love of life and spiritual well-being levels of adult individuals were examined within the size of the quantitative method. Qualitative or mixed methods can be used to explore the research question more deeply. New studies can be included in the literature on the relationship between love of life, which is the study's dependent variable, and demographic variables such as age and economic status. It is thought that the research will be a leading study in the field and research studies that will include different results including mediation analysis related to variables are recommended.

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Author Contributions. Both authors jointly determined the aims of

the study and the research design. Muhammed Furkan Tunç did a literature review, wrote a literature section, the method, analyzed the data and wrote a discussion. Durmuş Ümmet edited the results and discussion.

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