



Spiritual Intelligence and Resilience as Buffers in the Relationship Between Intolerance of Uncertainty and Health Anxiety Among Competitive Exam Aspirants in India

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Abstract: The competitive examination systems in India ensure that millions of students spend several years in a state of uncertainty. In light of the increasing student distress and suicide rates, this not only concerns academic but also psychological stress. This is observed in some students as health anxiety; wherein normal physical sensations are associated with symptoms of severe illness. One such reason for this is intolerance of uncertainty, which involves viewing ambiguous situations as dangerous. Yet, people differ in their tolerance of uncertainty. This raises a curiosity: What psychological variables contribute to protecting one from anxiety? This paper explores the associations between intolerance of uncertainty and health anxiety among individuals in competitive academic environments in India, exploring whether resilience and spiritual intelligence are moderating variables. Adopting a cross-sectional methodology, data from 177 participants was collected using standardized scales (IUS-12, SHAI-18, SISRI-24, BRS-6), and analysis was performed using correlation and hierarchical regression methods. The findings revealed a statistically significant positive correlation between intolerance of uncertainty and health anxiety. While spiritual intelligence moderated the relationship, resilience did not. By placing cognitive vulnerability in the context of the competitive academic environment in India, this paper demonstrates the relevance of internal resources in dealing with anxiety in uncertain conditions.

Keywords: *Intolerance of Uncertainty, Health Anxiety, Resilience, Spiritual Intelligence, Competitive exams.*

1. Introduction

Student suicides linked to competitive examinations in India have become a growing concern for public mental health. Data from the National Crime Records Bureau (NCRB, 2022) point to a steady rise in such incidents, many of which are tied to academic pressure and exam stress. Cities like Kota, Delhi, and Hyderabad i.e the major coaching hubs have witnessed repeated tragedies, enough to draw judicial attention to the psychological toll on aspirants. Recent studies have consistently flagged competitive exam preparation as a serious mental health risk, associated with chronic stress, anxiety, burnout, and emotional exhaustion (Rastogi et al., 2025). But behind these statistics lies something deeper; a psychological burden shaped not just by pressure, but by months and sometimes years of not knowing what the future holds.

Competitive examinations are, by nature, unpredictable. Seats are limited, competition is fierce, and family expectations add another layer of weight. Many students spend years preparing with no guarantee of success, and this prolonged uncertainty takes a real toll. One psychological construct that helps explain this is intolerance of uncertainty (IU), broadly understood as the tendency to find uncertain situations inherently stressful or threatening (Dugas et al., 1997; Carleton, 2012). People with high IU tend to ruminate over worst-case scenarios and become easily overwhelmed in ambiguous situations. Research has shown IU to be a transdiagnostic vulnerability, showing up across academic, health-related, and everyday life contexts (Love, 2024).

This same intolerance of uncertainty may also make students more prone to health anxiety. Health anxiety, at its core, involves excessive worry about having or developing a serious illness. Cognitive-behavioural models explain it as a cycle where normal bodily sensations are misread as signs of disease, leading to escalating distress and reassurance-seeking (Salkovskis & Warwick, 1986; Asmundson et al., 2010). In high-pressure academic settings, prolonged stress heightens bodily awareness, making such misinterpretations far more likely.

That said, not everyone responds to uncertainty the same way. Certain inner resources seem to act as buffers. Spiritual intelligence (SI): the capacity to derive meaning, maintain perspective, and approach life with a sense of purpose (King, 2008; Emmons, 2000) has been linked to better

psychological adjustment in stressful contexts, including among students (Suri et al., 2024). Resilience, on the other hand, reflects a person's ability to recover from setbacks and adapt in the face of adversity (Smith et al., 2008; Werner & Smith, 2001). Both constructs have been associated with stronger psychological well-being and healthier coping.

What's less clear is how these variables interact specifically among competitive exam aspirants. Most existing research has examined IU, health anxiety, and coping factors separately, and predominantly in Western samples. Given how distinct India's academic culture is the sheer scale of competition, the social stakes, the emotional investment there's a real need to study these relationships within this context. The present study sets out to do exactly that: examine the relationship between intolerance of uncertainty and health anxiety among competitive exam aspirants in India, while exploring whether spiritual intelligence and resilience moderate that relationship. It was hypothesized that IU would positively predict health anxiety (Dugas et al., 1997; Carleton, 2012), while SI and resilience would be negatively associated with it (King, 2008; Smith et al., 2008). Further, both SI and resilience were expected to weaken the IU–health anxiety link, acting as psychological buffers in conditions of prolonged uncertainty.

2. Method

2.1 Participants

The sample comprised 177 competitive exam aspirants from across India, aged between 18 and 30 years ($M = 22.43$, $SD = 1.94$). Of these, 71 were male and 106 were female. All participants were either actively preparing for competitive examinations or had done so in the recent past. Recruitment was carried out through online platforms and personal networks using convenience sampling.

2.2 Measures

Intolerance of Uncertainty: IU was assessed using the Intolerance of Uncertainty Scale–12 (IUS 12; Carleton et al., 2007), a 12-item measure rated on a 5-point Likert scale. Higher scores reflect greater intolerance of uncertainty. The scale has demonstrated good internal consistency ($\alpha > .85$).

Health Anxiety: The Short Health Anxiety Inventory (SHAI-18; Salkovskis et al., 2002) was used to measure health anxiety. This 18-item scale assesses worry about health and perceived

illness consequences, with higher scores indicating greater anxiety. It has shown good reliability ($\alpha > .80$).

Spiritual Intelligence: SI was measured using the Spiritual Intelligence Self-Report Inventory (SISRI-24; King, 2008), which covers dimensions such as existential thinking and personal meaning production. Higher scores indicate greater SI, and the scale shows high internal consistency ($\alpha > .90$).

Resilience: The Brief Resilience Scale (BRS-6; Smith et al., 2008) was used, consisting of 6 items on a 5-point Likert scale. Higher scores reflect greater resilience, with reliability estimates ranging from $\alpha = .80-.90$.

2.3 Procedure

Data were collected via an online questionnaire hosted on Google Forms. Participants received information about the study and provided informed consent before proceeding. The survey link was shared through online platforms and personal contacts. Participation was entirely voluntary, and all responses were anonymous. Data collection spanned approximately two months, with the questionnaire taking around 10–15 minutes to complete.

2.4 Data Analysis

Analyses were conducted using IBM SPSS. Descriptive statistics (means and standard deviations) were calculated for all variables. Pearson's product-moment correlations were used to examine relationships among the four constructs.

Moderation analyses were conducted using hierarchical multiple regression. Predictor and moderator variables were mean-centered prior to analysis. Interaction terms were created by multiplying intolerance of uncertainty with each moderator (spiritual intelligence and resilience). In Step 1, the main effects were entered, followed by the interaction term in Step 2. Statistical significance was set at $p < .05$.

3. Results

Preliminary Analyses

Of the 180 responses initially collected, three were excluded due to incomplete data, leaving a final sample of 177 participants. Screening for missing values and outliers revealed no significant concerns.

Descriptive Statistics

Descriptive statistics were computed for all study variables, including intolerance of uncertainty, health anxiety, spiritual intelligence, and resilience. Table 1 presents the means, standard deviations, and score ranges for all variables. On average, participants reported moderate levels across all four constructs.

Table 1. *Descriptive Statistics*

Variables	No. of participants (N)	Mean (M)	Standard Deviation (SD)	Min	Max
Intolerance of Uncertainty	177	42.19	7.73	12	56
Health Anxiety	177	35.72	13.81	11	54
Spiritual Intelligence	177	60.94	17.54	15	84
Resilience	177	21.78	5.78	8	30

Correlation Analysis

Pearson's product-moment correlation analysis was conducted to examine relationships among the study variables.

As shown in Table 2, intolerance of uncertainty was significantly positively correlated with health anxiety, $r(175) = .245, p = .001$. Spiritual intelligence and resilience were both significantly negatively correlated with health anxiety, $r(175) = -.351, p < .001$, and $r(175) = -.371, p < .001$, respectively.

Unexpectedly, intolerance of uncertainty was positively correlated with both spiritual intelligence, $r(175) = .333, p < .001$, and resilience, $r(175) = .288, p < .001$. Additionally, spiritual intelligence and resilience were strongly positively correlated, $r(175) = .750, p < .001$.

Table 2. *Pearson Correlations Among Study Variables (N = 177)*

Variables	1	2	3	4
1. Intolerance of Uncertainty	—			
2. Health Anxiety	.245**	—		
3. Spiritual Intelligence	.333**	-.351**	—	
4. Resilience	.288**	-.371**	.750**	—

Note. $p < .05^*$, $*p < .01$.

Moderation Analysis*Spiritual Intelligence as a Moderator*

A hierarchical multiple regression analysis was conducted to examine whether spiritual intelligence moderates the relationship between intolerance of uncertainty and health anxiety.

In Step 1, intolerance of uncertainty and spiritual intelligence were entered as predictors, accounting for a significant proportion of variance in health anxiety, $R^2 = .271$. In Step 2, the interaction term (IU $\times$ SI) was added, resulting in a significant increase in explained variance, $\Delta R^2 = .023$, $p = .019$.

The interaction term was statistically significant ($\beta = -.166$, $p = .019$), indicating that spiritual intelligence significantly moderates the relationship between intolerance of uncertainty and health anxiety. Specifically, the positive association between intolerance of uncertainty and health anxiety was weaker at higher levels of spiritual intelligence.

Table 3. *Hierarchical Regression Analysis Examining the Moderating Role of Spiritual Intelligence (N = 177)*

Predictor	β	R^2	R^2	P
Step 1		.271		
Intolerance of Uncertainty (IU)	.408			< .001
Spiritual Intelligence	-.487			< .001
Step 2		.294	.023	
IU $\times$ Spiritual Intelligence	-.166			.019

Resilience as a Moderator

A similar analysis was conducted to examine the moderating role of resilience.

In Step 1, intolerance of uncertainty and resilience significantly predicted health anxiety, $R^2 = .273$. However, the addition of the interaction term (IU $\times$ Resilience) in Step 2 did not result in a significant increase in explained variance, $\Delta R^2 = .010$, $p = .122$.

The interaction term was not statistically significant ($\beta = -.105$, $p = .122$), indicating that resilience did not significantly moderate the relationship between intolerance of uncertainty and health anxiety.

Table 4. *Hierarchical Regression Analysis Examining the Moderating Role of Resilience (N = 177)*

Predictor	β	R ²	R ²	P
Step 1		.273		
Intolerance of Uncertainty (IU)	.384			< .001
Resilience	-.482			< .001
Step 2		.283	.010	
IU × Resilience	-.105			.122

4. Discussion

Overview of Findings

This study explored the relationship between intolerance of uncertainty and health anxiety in competitive exam aspirants, with spiritual intelligence and resilience examined as potential moderators. Results confirmed that IU positively predicts health anxiety, while both SI and resilience are negatively associated with it. Crucially, SI moderated the IU–health anxiety link, whereas resilience did not; a distinction that carries meaningful theoretical implications.

Intolerance of Uncertainty and Health Anxiety

The results indicate that people having difficulties tolerating uncertainty are vulnerable to health anxiety. This supports the idea put forward by theories of anxiety based on cognition that uncertainty is usually considered a threat, resulting in increased worry and vigilance (Dugas et al., 1997; Carleton, 2016).

In the context of competitive exam preparation, uncertainty does not occur as a temporary situation but is prolonged by worries about performance and its consequences, as well as the pressures associated with the process. Prolonged uncertainty can cause mental distress, making people more aware of body signals. This may cause common stress-related experiences such as fatigue or headaches misinterpreted as signs of serious illness, consistent with cognitive–behavioural models of health anxiety (Salkovskis, 2003).

This implies that uncertainty can become a source of additional psychological stress, beyond academic stress, that influences the way people perceive their physical sensations.

Spiritual Intelligence and Health Anxiety

The negative association between spiritual intelligence and health anxiety suggests that individuals with higher SI may not necessarily experience less stress but may interpret it differently. SI involves meaning-making, existential awareness, and the ability to view life challenges from a broader perspective (King, 2008; Emmons, 2000).

In demanding contexts such as competitive exam preparation, this perspective may function as an internal stabilizing factor. Individuals with higher SI may be more likely to contextualize uncertainty as a part of a larger life process rather than as an immediate threat. Consequently, they may be less prone to catastrophizing bodily sensations, instead recognizing them as temporary responses to stress.

From a psychological standpoint, this aligns with meaning-based coping frameworks, where the ability to derive purpose from difficult experiences reduces emotional distress (Viktor Frankl's ideas about meaning. In this way, SI appears to buffer the translation of stress into health-related anxiety.

Resilience and Health Anxiety

Resilience was also negatively associated with health anxiety, indicating that individuals with stronger coping capacities tend to experience lower levels of health-related fear. This is consistent with research showing that resilience facilitates adaptation, emotion management, and recovery from stress (Werner & Smith, 2001; Smith et al., 2008).

When faced with stressful situations associated with competitive exams, individuals are likely to recover from the stress through resilience. Therefore, resilience enables individuals to cope with the stress without letting it develop into anxiety

It is to keep in consideration that the main thing about resilience is that it helps individuals to recover after being stressed but not how they can endure uncertainty. This distinction becomes particularly relevant when interpreting the moderation findings.

Relationships Among SI, Resilience, and IU

Another interesting and unanticipated result of the current research has been found concerning the positive connection between IU and both spiritual intelligence and resilience. These results contradict the belief that psychosocial assets are always associated with less uncertainty

perception. Nonetheless, it should be noted that this connection might be explained due to the complex structure of the variables rather than contradictions.

For example, high levels of spiritual intelligence and resilience do not imply low levels of uncertainty perception, but rather higher levels of involvement in the process of experiencing uncertainty. In particular, spirituality is related to existential reflection, awareness, and deep questioning concerning unpredictable and challenging processes (King, 2008). Furthermore, resilience usually develops through a large number of challenges and stressful situations, not vice versa.

Within the competitive system of Indian education, students characterized by high resilience and spiritual intelligence can have high levels of uncertainty awareness due to the stressful and challenging nature of this process. Nevertheless, even though they may acknowledge this factor of uncertainty, they may have better psychological mechanisms for coping with the emotions related to uncertainty. This conclusion can be drawn from the moderating role played by spiritual intelligence, which mitigated the impact of IU on health anxiety despite being positively correlated with IU.

The results, however, need to be analyzed cautiously as a strong positive relationship was observed between spiritual intelligence and resilience, indicating that the two constructs may share certain psychological characteristics. This overlap may have affected the extent to which their separate effects were identified in the regression analysis.

Moderating Role of Spiritual Intelligence

A key contribution of the study is the finding that spiritual intelligence significantly moderated the relationship between IU and health anxiety. Specifically, the positive association between IU and health anxiety was weaker among individuals with higher levels of SI.

This suggests that SI influences how uncertainty is interpreted. Individuals with higher SI may be more accepting of uncertainty and less likely to perceive it as threatening. Their ability to derive meaning, maintain perspective, and regulate emotional responses may prevent uncertainty from escalating into anxiety.

In essence, SI does not eliminate uncertainty but transforms its psychological impact, allowing individuals to experience uncertainty without excessive distress.

Why Resilience Did Not Moderate

Interestingly, resilience did not significantly moderate the relationship between IU and

health anxiety. Even though resilience was linked to lower health anxiety levels generally, it did not have an impact on the role of IU in health anxiety.

A possible explanation is that resilience operates at a different stage of the stress process. It facilitates recovery after stress has occurred, whereas IU reflects discomfort with ongoing uncertainty. As a result, resilience may help individuals cope with outcomes, but may not directly influence how uncertainty itself is perceived.

This distinction highlights that different psychological strengths may operate through different mechanisms, with SI influencing interpretation and resilience supporting recovery.

Integration with Existing Literature

The findings are consistent with prior research identifying IU as a central cognitive vulnerability in anxiety (Carleton, 2016). The protective roles of SI and resilience align with positive psychology perspectives emphasizing internal resources in reducing psychological distress.

Importantly, the moderating role of SI adds to the literature by suggesting that meaning-making and existential awareness may play a distinct role in shaping responses to uncertainty, particularly in high-pressure academic contexts.

4.1 Implications

These findings highlight the importance of addressing not only uncertainty itself but also how it is interpreted. Interventions aimed at reducing health anxiety among students may benefit from incorporating approaches that enhance meaning-making, self-awareness, and acceptance.

While resilience-building remains important for improving coping, strategies that specifically target uncertainty tolerance and cognitive appraisal may be particularly effective in reducing anxiety in competitive academic environments.

4.2 Limitations and Future Directions

The findings of the present study should be understood in light of certain limitations. First, the study used a cross-sectional design, which means causal relationships between the variables cannot be established. Future longitudinal research may help in understanding how intolerance of uncertainty and health anxiety develop over time.

Second, the sample was collected using convenience sampling through online platforms and personal contacts, which may limit the generalizability of the findings to all competitive exam aspirants in India.

Third, the study relied entirely on self-report measures, which may have been influenced by response biases such as social desirability or inaccurate self-perception.

Additionally, spiritual intelligence and resilience showed a strong positive correlation, suggesting some overlap between the two constructs. This overlap may have affected the identification of their separate effects in the regression analyses.

For future research, a more advanced moderation analysis tool, such as the Hayes's PROCESS macro can be utilized to explore interactions and possible conditionality of the variables' relations more thoroughly. In view of the unexpected positive correlation between the intolerance for uncertainty variable and spiritual intelligence, future studies are advised to consider further examining the nature of their connection, especially in relation to culturally specific and high-stress environments. Some other variables not included in this research, such as social support, perfectionism, coping strategies, academic burnout, expectations, and emotional regulation, might shed additional light on how students perceive the state of prolonged uncertainty.

5. Conclusion

The present study examined the relationship between intolerance of uncertainty and health anxiety among competitive exam aspirants in India, while also exploring the roles of spiritual intelligence and resilience as potential protective factors. The findings suggest that individuals who experience greater difficulty tolerating uncertainty are more likely to report higher levels of health anxiety. At the same time, spiritual intelligence and resilience were associated with lower health anxiety, highlighting the importance of internal psychological resources in high-pressure academic environments.

A key contribution of the study lies in the moderating role of spiritual intelligence. The findings indicate that spiritual intelligence may weaken the impact of intolerance of uncertainty on health anxiety by influencing how uncertainty is interpreted and emotionally processed. In contrast, although resilience was associated with lower anxiety overall, it did not significantly alter the relationship between intolerance of uncertainty and health anxiety, suggesting that different psychological strengths may operate through different mechanisms.

Taken together, the findings highlight that the psychological impact of uncertainty depends not only on the presence of stress, but also on the meaning individuals assign to uncertain experiences. In the context of India's highly competitive academic culture, where uncertainty

surrounding performance and future outcomes is often unavoidable, understanding these psychological processes becomes particularly important.

The study contributes to the growing literature on student mental health by integrating cognitive vulnerability with protective psychological factors within a culturally relevant and academically high-pressure setting. It also points toward the potential value of interventions that focus not only on coping with stress, but on developing healthier ways of understanding and responding to uncertainty.

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