

Religiousness, Spirituality, and Meaning in Life in Depression

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ABSTRACT

Religiousness, spirituality, and meaning in life are multidimensional constructs that are woven into the Indian culture for centuries. However, the relevance of these concepts is being recognized in mainstream psychological research only in the recent decades. The present study investigated the effect of depression on these variables. It was hypothesized that the levels of religiousness, spirituality, presence of meaning, and search for meaning would be significantly different in people with and without depression. The Non-religious Non-spiritual Scale (NRNSS) by Cragun, Hammer, and Nielsen (2015), Meaning in Life Questionnaire (MLQ) by Steger, Frazier, Oishi, and Kaler (2006), and the Beck Depression Inventory-I (BDI-I) by Aaron T. Beck (1961) were administered to a sample of 72 individuals between the ages of 20 to 30, with 36 in the experimental group and 36 in the control group. The MANOVA conducted to analyze the difference showed the Wilk's Lambda (λ) to be .825, $F(4, 67)=3.562$, $p<.05$, while the value of Pillai's trace was found to be .175, $F(4,67)=3.562$, $p<.05$. With respect to individual tests of between-subjects effect, a significant difference was found only in the levels of presence of meaning, $F(1, 70)= 14.036$, $p<.01$. The results of the study are useful in integrating discussions of religiousness, spirituality, and meaning in life into psychotherapy, as well as operationalizing these variables as interventions. Given their cultural value, focus on agency, and high transfer of training, these can function as veritable treatment and management approaches.

Keywords: Religion, Spirituality, Meaning in Life, Depression, Youth

Religiousness, spirituality, and meaning in life are nuanced yet under-researched constructs. Religiousness is essentially multidimensional, primarily involving traditional institutions that fall within a social or doctrinal perspective (Cragun, Hammer, & Nielsen, 2015). Spirituality, on the other hand, is a broader term including not only activities that fall within but also beyond traditional institutional religion (Cragun et al., 2015). More specifically, it is conceptualized from the perspective of the individual-including but not limited to the connection he/she feels with a higher power and whether or not he/she engages in a search for self (De Sousa, 2016). Meaning in life is another variable closely tied to these concepts- definitions of which have ranged from goal directedness to finding coherence in one's life to the "sense made of and significance felt regarding the nature of one's existence" (Steger, Frazier, Oishi, & Kaler, 2006). The present study looked

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at meaning in terms of presence of meaning- the extent to which the individual feels his life holds significance, and search for meaning- the extent to which the individual is motivated to engage in a search for this significance (Steger et al., 2006).

Despite the dearth of theoretical material on these constructs, there has been some research, especially since the evolution of the positive school of thought, which has looked at the different associations between these variables but the trend of these studies is inconsistent. A study by Doolittle and Farrell (2004) found a moderate negative correlation between spirituality and depression; however, certain aspects of spirituality, such as beliefs in a higher power and finding meaning in terms of hardship, had a much greater negative correlation compared to ritualistic aspects such as going to a place of worship which showed no correlation at all. On the other hand, a different study took into account similar variables and found no correlation between religiosity and psychological well-being (Weber, 2012).

A study by Nelson et al. (2009) designed with a larger sample size to develop a theoretical framework of the relationship among religiousness, spirituality, and depression found a small association between religiousness and depression, but a significant association between spirituality and depression. In a way, these studies highlight the importance of developing qualitative interventions involving these variables to help people create a sense of meaning, rather than simply getting participants more involved in religious or spiritual rituals. This is even more relevant as certain qualitative studies (Sorajjakool, Aja, Chilson, Ramirez-Johnson, & Earll, 2008) have found evidence for a multidimensional relationship between depression and spirituality, including but not limited to, feeling a sense of spiritual disconnection; the role of spirituality in the coping process against depression (largely positive); as well as the process of finding spiritual meaning as a means to aid the healing process.

The trend in research has been similar for meaning as a salutogenic construct. One study investigated the relationship between depression, meaning in life, and adult hope and found a significant negative correlation between depression and meaning in life for both the subscales- presence of meaning and search for meaning (Hedayati & Khazaeia, 2014). Botor (2014), however, found a negative correlation between presence of meaning and depression, but a positive one between search for meaning and depression, possibly due to the predominantly adolescent sample.

Past studies have also explored whether religiousness, spirituality, and meaning in life can be protective factors against the development or progression of depression. One such study has shown that higher levels of spirituality are associated with lower levels of anxiety and depression (Rosmarin, Krumrei, & Pargament, 2008); while another has rendered support to meaning in life being another protective factor as it was found to be associated with reduced depressive symptoms and better recovery from the disorder (Braden, Overholser, Fisher, and Ridley, 2017).

Indian studies on the subject are fairly limited. One study by Shah et al. (2011) showed that the presence of a religious or spiritual framework was associated with better active and adaptive coping in patients with schizophrenia. Rentala, Po Lau, and Chan (2017) showed that mild depression was associated more significantly with spirituality, when compared to moderate or severe depression. A global study, on a larger scale, by King et al. (2013), on the other hand, had contrary findings. As per their results, those who were spiritual had in

fact, a greater prevalence of mental disorders, especially in cases where spirituality exceeded religiousness.

Therefore, given that conclusive research is scarce despite the obvious relevance of these variables to mental health and the high significance they hold in the Indian context, the present study was conducted with the aim of investigating the difference in the levels of these constructs in people with depression versus without depression. The objective was to understand whether the development of depression influences these study variables to any reasonable extent.

METHODOLOGY

The research question the study investigated was whether there is a significant difference in the levels of religiousness, spirituality, and meaning in life in people with and without depression. Accordingly, the hypothesis of study was that there would be a significant difference in the levels of religiousness, spirituality, presence of meaning, and search for meaning between people with and without depression.

Sample

The sample consisted of 72 participants, between the ages of 20 to 30, practicing different religions who were recruited using purposive and snowball sampling. There were 36 people each with and without a depression diagnosis. Basic fluency in English was one of the criteria required to be met for participation. Participants with depression were also screened using the DSM-5. Individuals in in-patient facilities in hospitals, those battling disabilities, serious physical illnesses, or any comorbid mental illness, as well as those who had experienced a recent stressor such as the loss of a loved one were excluded from the sample.

Design

The design of the study was a between-groups design with one independent variable (clinical nature of the population- people with and without depression), and three dependent variables- religiousness, spirituality and meaning in life, with both dimensions of the third variable (presence of meaning and search for meaning) being analyzed separately.

Tools Used

- 1. Sociodemographic Datasheet:** The sociodemographic datasheet consisted of questions about basic demographic and social variables, such as the age, educational level, occupation, relationship status of the participant in order to understand the sample more distinctly.
- 2. Non-Religious Non-Spiritual Scale (NRNSS) by Cragun, Hammer, and Nielsen (2015):** The NRNSS is a tool with 17 items scored on a 5-point Likert scale. Higher scores on the scale are indicative of lower values of religiousness and spirituality. The instrument has high internal validity ($\alpha > 0.94$), test-retest reliability ($r = 0.92$), and high content and convergent validity (Cragun et al., 2015).
- 3. Meaning in Life Questionnaire (MLQ) by Steger, Frazier, Oishi, and Kaler (2006):** The MLQ consists of 10 items scored on a 7-point Likert scale to measure two dimensions of meaning in life- presence of meaning and search for meaning wherein higher scores are indicative of higher values. High internal consistency ($\alpha > 0.94$), test-retest reliability (0.70 and 0.73 for the two subscales) and good convergent and discriminant validity of the instrument have been established (Steger et al., 2006).

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4. **Beck Depression Inventory (BDI-10)** by Beck (1961): The BDI is a self-report measure with 21 items to measure the different symptoms of depression, wherein higher scores indicate higher levels of depression. A score of 17 or above indicates the need for medical intervention. Reliability and validity of the instrument have been established through split-half method, and the Kruskal-Wallis Non-Parametric Analysis of Variance by Ranks. (Farinde, 2013).

Procedure

The researcher collected data personally from the participants in hospitals, clinics, educational, and work settings. Each participant was given a brief insight into the study and presented with the informed consent form. This was followed by a quick screening to rule out comorbid mental or physical illnesses. The participants in the experimental group were also screened for depression using the DSM-5. Post this, the sociodemographic datasheet and questionnaires were administered, which took about 25-30 minutes for completion, followed by debriefing. Appropriate statistical analyses were conducted to analyze the data using SPSS version 24.

RESULTS

Before conducting the inferential analysis, basic descriptive statistics of the variables were computed. The results of this descriptive analysis are presented below in Table 1.

Table 1: Statistical Properties of Variables

	Group	Mean	S.D.	N
Depression	Experimental	24.111	7.895	36
	Control	5.278	3.731	36
	Total	14.694	11.292	72
Religiousness	Experimental	3.629	1.039	36
	Control	3.431	0.780	36
	Total	3.529	0.917	72
Spirituality	Experimental	3.179	0.915	36
	Control	3.045	0.724	36
	Total	3.112	0.822	72
Presence of Meaning	Experimental	20.917	6.801	36
	Control	26.056	4.635	36
	Total	23.486	6.331	72
Search for Meaning	Experimental	24.750	6.313	36
	Control	25.750	5.729	36
	Total	25.250	6.006	72

For the comparative analysis, a one-way Multivariate Analysis of Variance (MANOVA) was conducted after the data was satisfactorily tested for the cardinal assumptions of parametric tests.

Table 2: Multivariate Tests

Effect		Value	F	Hypothesis df	Error df	Sig.
Intercept	Pillai's Trace	.981	858.230 ^b	4	67	.000
	Wilks' Lambda	.019	858.230 ^b	4	67	.000
Group	Pillai's Trace	.175	3.562 ^b	4	67	.011
	Wilks' Lambda	.825	3.562 ^b	4	67	.011

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As seen in Table 2, the value of Wilks' Lambda (λ) for depression was found to be 0.825, $F(4,67) = 3.562$. The value of Pillai's Trace for depression was found to be 0.175, $F(4,67) = 3.562$. Both the findings assessing the impact of depression on religiousness, spirituality, presence of meaning, and search for meaning were found to be significant at $p < 0.05$.

Table 3: Tests of Between-Subjects Effects

Source		Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	Religiousness	.705 ^a	1	.705	.836	.364
	Spirituality	.321 ^b	1	.321	.472	.494
	Presence of Meaning	475.347 ^d	1	475.347	14.036	.000
	Search for Meaning	18.000 ^e	1	18.000	.495	.484
Intercept	Religiousness	896.938	1	896.938	1063.639	.000
	Spirituality	697.200	1	697.200	1023.653	.000
	Presence of Meaning	39715.014	1	39715.014	1172.701	.000
	Search for Meaning	45904.500	1	45904.500	1263.344	.000
Group	Religiousness	.705	1	.705	.836	.364
	Spirituality	.321	1	.321	.472	.494
	Presence of Meaning	475.347	1	475.347	14.036	.000
	Search for Meaning	18.000	1	18.000	.495	.484
Error	Religiousness	59.029	70	.843		
	Spirituality	47.676	70	.681		
	Presence of Meaning	2370.639	70	33.866		
	Search for Meaning	2543.500	70	36.336		

Given the significance of the overall test, further analysis was done. The between-subjects effect of depression for religiousness was found at $F(1, 70) = .836$. Likewise, the between-subjects effect of depression for spirituality was found at $F(1, 70) = .472$. Both of these were individually found to be non-significant. For the two subscales of meaning in life, however, the between-subjects effect of depression for search for meaning was found at $F(1, 70) = .495$, which was non-significant while the between-subjects effect of depression for presence of meaning was found at $F(1, 70) = 14.036$, which was significant at $p < 0.01$.

DISCUSSION

The aim of the study was to investigate the difference in the levels of religiousness, spirituality, presence of meaning, and search for meaning between people with and without depression. No significant difference in the levels of religiousness and spirituality was found. This could be due to various reasons. Firstly, religiousness— as a concept— is multidimensional and heterogeneous. It is possible that depression has an effect on some dimensions of religiousness, such as going to religious places of worship, while the effect on

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other dimensions, such as praying, is negligible; therefore, nullifying the sum effect (Pearce, Little, & Perez, 2003).

This may also hold true for spirituality. The social aspects of spirituality could possibly promote healthier coping and alleviate symptoms. However, the cognitive aspects could promote greater rumination and guilt for not being able to connect with the higher power (Hayward, Owen, Koenig, Steffens, & Payne, 2012). In actuality, different people can perceive these variables very differently. Despite common instructions, it is possible that each participant operationalized the terms differently, leading to the lack of an overall effect. Another point that warrants attention to understand the findings better is that the sample largely consisted of younger adults, many of whom were highly invested in their corporate jobs. Within such high-stress environments, no difference in levels of religiousness or spirituality between people with and without depression could be seen because perhaps, they tried to continue to work and function despite the development of depression. For those engaging in religious or spiritual activities with or without the presence of depression, it could be useful coping to perform better in the workplace. For those not engaging in them, it could be because of their immediate focus on productivity and tangible rewards in their careers, because of which larger life questions go ignored. In fact, for a lot of these individuals, depression could be more a product of work stress and loss of a work-life balance (common complaints noted during interactions with the participants), rather than a result of larger existential concerns. This could be another reason why constructs like religiousness and spirituality did not register a change.

A significant difference in the levels of presence of meaning was found between people with and without depression. This finding is one that closely ties to the principles existential psychologists have instated, time and again. One of the earliest perspectives by Viktor Frankl, for instance, examined the concept of “nöögenic neurosis”, a condition he believed arose if individuals were unable to find meaning in their lives. (Debats, 1996) Pushed into an existential vacuum of meaninglessness, he believed individuals with this condition experienced extreme apathy, which is now recognized as a possible key feature in depression. Maslow too, believed that individuals who were at a significantly greater risk of mental illnesses and disturbed functioning were the ones without meaning in their lives (Gladding, 2010). More recently, Sharma and Rana (2018) have elaborated on how depression as a disorder consists of a loss of purpose. Therefore, for those with depression, it is extremely hard to find and believe in evidence that indicates that their life has meaning. On the other hand, for those in the general population, this meaning can be seen even in small everyday activities.

Last, no significant difference in the levels of search for meaning was found between people with and without depression. This too could be attributed to the age of the sample. There is possibly a universal striving for meaning among all people in this age group, irrespective of the presence or absence of depression. In fact, developmental theorists have almost universally accepted that younger adults are more likely to be actively searching for meaning in their lives, regardless of whether or not they are experiencing despair or distress (Latha et al., 2013).

The limitations of the present study include a small sample size that was restricted to Mumbai. The study also does not investigate gender or age differences. The scales used in the study are self-report scales, so there is a chance of social desirability coming into play. Additionally, religiousness, spirituality, and meaning are concepts characterized by a lack of

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clear and inclusive definition. They are open to personalized and idiosyncratic interpretations, which may be better understood through qualitative interviews.

IMPLICATIONS

The study represents a preliminary step in what is an urgent need, that is, the integration of religiousness, spirituality, and meaning in life into psychotherapy and designing interventions using these variables to address different psychological issues. It is of utmost importance to understand the clinician's responsibility to understand and pay heed to instances where these constructs do not promote better mental or social functioning; instead, they encourage a sort of extremism that pushes people into the spectrum of psychopathology rather than alleviating it. On the other hand, there could be cases where the constructs may buffer clients from the devastating effects of stress and mental illness. Research along these lines can inform practice about the ways to leverage or play down the effects of these constructs.

The protective role of these factors must not be undermined due to various reasons. The fact that these ideas are wired into our cultural mindset, that they give agency to the individual, rather than treat them as problems as in the mainstream Western biomedical practice, and that there is an easier transfer of training of these ideas, when operationalized as interventions makes them a veritable source of treatment and management approaches.

Future research with these variables can possibly focus on particular dimensions of religiousness, spirituality, and meaning in life, instead of treating them as multidimensional constructs. It can also compare differences in terms of the religion followed by the individual, as each religion comes with its own set of beliefs and practices. The constructs, which were the focus of the study, have different layers and carry certain complexities. A qualitative or mixed-methods study, instead of a purely quantitative one, could be more helpful in a more holistic understanding of their interrelationships and their connection to mental health.

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Conflict of Interest

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