

A Study on Relationships of Spirituality and Personal and Social Identity Orientation with Psychological Distress

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ABSTRACT

Spirituality is a set of beliefs in the existence of supreme power, awareness about the meaning of life, and a sense of interconnectedness with all living creatures. Individual's personal identity is his own outlook that he/she creates about himself. Whereas, Social identity is a part of individual's self concept which he/she creates on the basis of membership of relevant social group. Psychological distress refers to the symptoms of depression, anxiety, and stress which are the indicator of debilitated mental health. The present study aims to examine the relationships of spirituality and personal and social identity orientation with symptoms of psychological distress like depression, anxiety and stress. Daily Spiritual Experience Scale, Aspects of Identity Questionnaire-IV, and Depression, Anxiety and Stress Scale-21 were administered on 200 participants (males=100 and females=100) aged 18-65 years. Correlation and stepwise multiple regression analysis was conducted. The findings of correlation analysis indicated that spirituality and personal and social identity orientation were significantly and negatively correlated with symptoms of psychological distress. The regression analysis revealed that spirituality and social identity orientation emerged as significant predictor for the symptoms of psychological distress. Spirituality negatively and significantly accounted 36% variance for depression, 33% variance for anxiety and 39% variance for stress. Moreover, social identity orientation negatively and significantly accounted 5% variance for depression, 2% variance for anxiety, and 4% variance for stress. On the basis of the results, it can be concluded that spirituality and identity orientation work as defender against psychological distress.

Keywords: *Spirituality, Personal Identity, Social Identity, Mental health, Psychological Distress.*

Mental health is a capability that encompasses subjective well being, perception of self-efficacy and awareness about one's creative and inner capacities. Concept of the mental health has two aspects positive and negative. Positive aspect manifests an individual's subjective wellbeing. Subjective well being includes individual's perceptions and judgments about his own life with regard to his feelings and his social and psychological functioning (Keyes, 2003). After the forty years of research in the context of subjective well

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being a terminology of mental health symptoms emerged comprising emotional wellbeing and functional wellbeing (Keyes, Shmotkin & Ryff, 2002; Keyes & Waterman, 2003). Symptoms of emotional wellbeing consists the existence of optimistic feelings (e.g. person is happy, calm, peaceful, satisfied and filled with positive life attitude) and absence of the pessimistic feelings (e. g. person is not in despair) and satisfaction with the domains of life (Keyes, 2003).

Keyes (1998) also argued that functional wellbeing has two domains- psychological wellbeing and social wellbeing. Psychological wellbeing includes self-acceptance, positive relation with others, personal growth, purpose in life, environmental mastery and autonomy (Keyes & Ryff, 1999) whereas, social wellbeing includes social acceptance, social actualization, social contribution, social coherence and social integration (Keyes, 1998).

The negative aspect of mental health is psychological distress. The concept of psychological distress is still vague. Yet an extensive review of the scientific literature reveals that the word “psychological distress” is usually used to the composite symptoms extended from depression, anxiety and stress symptoms to personality traits, functional disorder and abnormal behavior. The concept of psychological distress is defined as a condition of emotional discomfort which indicates the symptoms of depression (viz., sorrow, despair, lack of enthusiasm), and anxiety (viz., apprehension and agitation) (Mirowsky & Ross, 2002).

On one hand psychological distress is called a condition of emotional turmoil that influence individual’s way of living and social life (Wheaton, 2007) on the other hand, psychological distress is conceptualized as a standard for some psychiatric disorders (e.g., obsessive-compulsive disorder, post traumatic stress disorder), a symbol of seriousness of symptoms in another disorders (e.g., major depression, generalized anxiety disorder) and in conjunction with disturbance in daily life (Phillips, 2009; Watson, 2009).

The problem is that psychological distress influences society as whole and not only those who suffer from this. Hence, psychological distress is a major challenge to whole community. So, it is required to think about those personal and social facets of individual’s life which are relevant to solution of this problem. The present study would focus on individual’s spiritual qualities and personal and social identity orientation which provide a protection from psychological distress.

Spirituality

Spirituality is a faith in greatest power that supervises the whole world and nature. It is also an eagerness to attain the intention in one’s life in order to live an efficient life. According to Puchalski et al. (2014) “Spirituality is a dynamic and intrinsic aspect of humanity through which individuals seek ultimate meaning, purpose and transcendence and experience relationship to self, family, others, community, society, nature, and the significant or sacred. Spirituality is expressed through beliefs, values, traditions and practices.”

In India, spirituality has been acknowledged from the classical times and is growing continuously even in the modern times (Bhawuk, 2011, p.25). In Indian tradition spirituality is conceptualized as absolute philosophy of life, the accurate manner of thinking, and appropriate way of living.

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The protective influence of spirituality against psychological distress has been found in many studies. Spiritual practices significantly and positively correlated with psychological well-being (Singh, 2015). Spiritual well-being significantly and negatively correlated with two psychological variables namely depression and anxiety, moreover, individuals who have higher levels of religiosity and spiritual well-being showed lower levels of mental and emotional illness (Brown et al., 2013). Three spiritual well-being domains (i.e. personal and communal, environmental, and transcendental) have negative correlation with the symptoms of psychological distress (i.e. depression, anxiety, and stress) (Leung & Pong, 2011). Two aspects of religiosity (religious beliefs and religious practices) and spirituality significantly and positively correlated with subjective well-being (Sreekumar, 2008). Davis et al. (2003) found protective influence of spiritual well being on anxiety. Pardini et al. (2000) examined the relationship between religious faith, spirituality and mental health outcomes in the individuals recovering from substance abuse and reported that religious loyalty and spirituality correlated with lower levels of stress and anxiety, optimistic life and greater perceived social support.

Personal and Social Identity Orientation

Moreover, identity orientation also protectively influences mental health and wellbeing. The word “identity” is derived from the Erikson’s (1950s) “Psychosocial Development Theory” in which eight stages of development have described through which an individual passes from infancy to maturity. The fifth stage of this developmental process is called identity vs. role confusion. In this stage an individual determine his sense of self and identity. Success in this stage develops a sense of self and strong sense of identity while failure leads to role confusion and weak sense of self. In the present time identity is used in two related senses—personal and social. Individuals can recognize their identity at both personal and social level. When a person’s personal identity is salient, he/she focuses on ways in which the self, as an individual, is different from the other individuals (Turner, 1982) whereas when social identity is salient people reconciled their similarity to others with whom they share group membership (in-group members) and to their difference from those with whom they do not share group membership (out-group membership) (Turner et al., 1987).

Shared group memberships or social identity influence people’s psychology (including his health and well being) and make them healthier and stronger because it provides them feeling of attachment and acceptance, self-esteem, meaning and purpose and adequacy in life (Cruwys et al., 2013; Greenaway et al., 2015; Jetten et al., 2015). There is now excessive body of researches that provide support for this notion. When people firmly identify themselves with their groups or perceive their social category as the important part of their self, it anticipated their enriched well being (Jetten et al., 2015). Social identification was negatively correlated with depression and depressive symptoms and positive impact (i.e., lower depression) was more obvious in those people who joined group and identified strongly with the group (Cruwys et al., 2013). Social identity has been found as an important factor to the determination of health (Jetten et al., 2012).

On the basis of the above description, it is clear that although considerable studies has been done to examine the impact of spirituality and social identity on mental health and well-being and their protective influence against psychological distress but there occur a requirement to explore that how personal identity correlate and contribute in psychological distress. Moreover, through this study an effort has been done to assess that how these two

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important facets of human life i.e., spirituality and personal and social identity orientation coordinately correlate and contribute in psychological distress.

METHODOLOGY

Objectives

The current study was initiated with following two objectives:

- To examine the relationships of spirituality and personal and social identity orientation with symptoms of psychological distress (i.e., depression, anxiety and stress).
- To explore the contribution of spirituality and personal and social identity orientation in the symptoms of psychological distress.

Participants

A total of 200 participants (males=100 and females=100) from urban and rural areas of Deoria and Gorakhpur districts of Uttar Pradesh participated in the study. All participants were aged 18 to 65 years. The level of education of participants was intermediate, graduation, and post graduation. Some retired people also participated in the study.

Measures

- **The Daily Spiritual Experience Scale (DSES):** The Daily Spiritual Experience Scale (DSES) was developed by Underwood and Teresi (2002) to measure ordinary spiritual experiences. It contains 16 items. The Hindi translation was done by present researchers. The psychometric properties of Hindi version was ascertained. The Split-Half reliability= 0.93 and Cronbach alpha= 0.94 of the Hindi version was found. The face validity and back translation was also done. Participants responded their responses on a six point rating scale as Many times a day (6), Everyday (5), Most days (4), Some days (3), Once in a while (2), Never (1) for the first 15 items of the questionnaire and on a 4 point scale as Not close at all (1), Somewhat close (2), Very close (3), As close as possible (4) for the item no. 16.
- **Aspects of Identity Questionnaire (AIQ-IV):** Aspects of Identity Questionnaire (AIQ-IV) was developed by Cheek & Briggs (2013) to assess four aspects of identity orientation (i.e., personal, relational, social and collective). The Hindi translation was done by present researchers. The Split-Half reliability= 0.87 and Cronbach alpha= 0.90 of the Hindi version was found. The face validity and back translation was also done. In the present study personal and social identity orientation of participants was measured through this questionnaire. Participants responded their response on a five point rating scale as Not important (0), Slightly important (1), Somewhat important (2), Very important (3), Extremely important (4).
- **Depression, Anxiety and Stress Scales-21 (DASS-21):** Depression, Anxiety and Stress Scales-21 was developed by Lovibond & Lovibond (1995) to measure psychological distress. It contains 21 items in which seven items are of depression, seven items are of anxiety and seven items are of stress. Participants responded their responses on four point rating scale as Never (0), Sometimes (1), Often (2), Almost always (3). Reliability value ranging from $\alpha = 0.78$ to 0.89 has been obtained for the three subscales of questionnaire.

Procedure

The participants were approached either with online questionnaire or with the help of printed questionnaire. A brief introduction regarding the study was given them. The participants

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were informed that the data we are collecting will be used only for academic research. Three scales namely The Daily Spiritual Experience Scale (DSES), Aspects of Identity Questionnaire-IV (AIQ-IV) and Depression, Anxiety and Stress Scale-21 (DSES-21) included in the questionnaire. After the completion of data collection process, each data was scored. Pearson Product Moment Correlation and Stepwise Multiple Regression analysis used for the statistical analysis of data. SPSS version 20 was used in the data analysis.

RESULTS

To find out the correlation of spirituality and personal and social identity orientation with psychological distress, coefficient of correlation was computed and presented in table 1.

Table 1: Coefficient of Correlation between Spirituality, Personal and Social Identity Orientation and Psychological Distress

	Psychological Distress		
	Depression	Anxiety	Stress
Spirituality	-0.61**	-0.58**	-0.63**
Personal Identity	-0.49**	-0.44**	-0.51**
Social Identity	-0.51**	-0.43**	-0.49**

Note: ** $P < 0.01$, * $P < 0.05$

Results revealed that spirituality was negatively and significantly correlated with symptoms of psychological distress i.e., depression ($r = -0.61^{**}$, $p < 0.01$), anxiety ($r = -0.58^{**}$, $p < 0.01$) and stress ($r = -0.63^{**}$, $p < 0.01$). Moreover, the results showed that personal identity orientation was also negatively and significantly correlated with symptoms of psychological distress i.e., depression ($r = -0.49^{**}$, $p < 0.01$), anxiety ($r = -0.44^{**}$, $p < 0.01$), and stress ($r = -0.51^{**}$, $p < 0.01$). Likewise, results revealed that social identity orientation was also significantly and negatively correlated with symptoms of psychological distress i.e., depression ($r = -0.51^{**}$, $p < 0.01$), anxiety ($r = -0.43^{**}$, $p < 0.01$) and stress ($r = -0.49^{**}$, $p < 0.01$).

To examine the contribution of spirituality and personal and social identity orientation in the symptoms of psychological distress, the stepwise multiple regression analysis was computed, where spirituality and personal and social identity orientation have been entered as predictor variables and depression, anxiety and stress as criterion variables.

Table 2: Spirituality and Identity Orientation as Predictors of Psychological Distress

Criterion = Depression						
Predictors	R	R ²	R ² Change	Beta (β)	T	F
Spirituality	.601	.361	.361	-.462	-7.174**	111.801**
Social Identity	.641	.411	.050	-.263	-4.086**	68.679**
Criterion = Anxiety						
Spirituality	.577	.332	.332	-.488	-7.227**	98.576**
Social Identity	.594	.353	.020	-.168	-2.495**	53.703**
Criterion = Stress						
Spirituality	.628	.395	.395	-.510	-8.062**	129.203**
Social Identity	.657	.431	.036	-.224	-3.546**	74.664**

Note: ** $p < 0.01$, * $p < 0.05$

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Table 2 demonstrated that spirituality and social identity orientation together explained 41.1% variance in depression, where spirituality independently contributed 36% followed by social identity orientation which predicted 5% variance in criterion variable. The beta value suggested that both of these predictor variables had negative contribution in depression. Further, table indicated that spirituality and social identity orientation together explained 35.3% variance in anxiety, where spirituality independently contributed 33% followed by social identity which predicted 2% variance in criterion variable. The beta value suggested that both of these predictor variables had negative contribution in criterion variable. Moreover, table showed that spirituality and social identity orientation together explained 43.1% variance in stress, where spirituality independently contributed 39% variance followed by social identity which predicted 4% variance in criterion variable. The beta value suggested that both of these variables emerged as negative predictor for criterion variable.

DISCUSSION

The first objective of the study was to examine the correlations of spirituality and personal and social identity orientation with symptoms of psychological distress (i.e. depression, anxiety, and stress). The findings of the present study unequivocally indicated that spirituality impede the symptoms of psychological distress. The coefficient of the correlation revealed that there were significant negative correlations among the scores of spirituality and three symptoms of psychological distress (i. e. depression, anxiety, and stress). Personal and social identity orientation also exhibited significant negative correlations with depression, anxiety, and stress.

The second objective of the study was to examine the contribution of spirituality and personal and social identity orientation in the symptoms of the psychological distress (i. e. depression, anxiety, and stress). Result of the regression analysis demonstrated that depression, anxiety, and stress were significantly and negatively predicted by spirituality and social identity orientation. Personal identity orientation had not been emerged as a significant predictor for any symptom of psychological distress.

The protective influence of spirituality on mental health becomes possible due to some mediating factors. The main mediating factors through which potential wellbeing occur are coping styles, social support and social networks, locus of control and psychological mechanism. The findings of the present study are supported by various researches in this area. Vidya et al. (2016) reported an opposite correlation between spirituality and psychological distress among cancer patients. They reported that spirituality may helpful in the control of psychological distress. Individuals who reported a higher level of involvement in spiritual / religious activities also reported decreased symptoms of depression, particularly when it relates with life satisfaction and meaning in life (Wachholtz & Pargament, 2005; Young et al., 2000). Religious and spiritual activities have alleviative influence on the symptom of depression (Hodges, 2002). Likewise, some other studies exhibited an inverse relationship between spirituality and mental health concerns (Berry & York, 2011; Graham et al., 2001). The findings of the some studies suggested that people engaging in spiritual or religious activities are more likely to report fewer mental health concerns (Miller & Thoresen, 2003; Seybold & Hill, 2001). The findings of the present study are also similar with the findings of Pardini et al. (2000), Singh (2015) and Sreekumar (2008) that spirituality is positively related with psychological well-being, comprehensive wellness, problem solving capability, optimistic life, and sound mental health and inversely correlated with depression, anxiety, stress and emotional illness.

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The contradictions between identity and role confusion is become the cause of identity crisis and role diffusion characteristics and these problems develop psychological complications such as depression, anxiety etc. if these are not treated well during adolescence (Erikson, 1980). Social identity act as a psychological resource because it designates integrity, provides meaning and purpose of life and acceptance and affinity. It also prepares a strong psychological foundation on which people can stand. Moreover, when people oppose with identity related threats, which have negative influence on mental health, this psychological foundation provides steadiness and potency to fight with these threats. Participants who are armed with a large number of group memberships are consequently found to be more resilient (Jones & Jetten, 2011). An increasing number of social identities have positive influence on patients recovering from stroke (Haslam et al., 2008) and on the cognitive health of older adults (Haslam et al., 2014) and in people who are the residents of homeless shelters (Walter et al., 2015). Belongingness with numerous groups protected against the occurrence of depression, enhanced the probability of recovering from depression, and suppressed the reoccurrence of depression (Cruwys et al., 2013). Higher level of social identification with army is correlated with the lower depression among soldiers (Sani et al., 2012). On the basis of the above description it is clear that previous researches has also proved an authentic link between social identity and mental health, yet there is ambiguity about the process by which this influence might occur.

CONCLUSION

On the basis of above discussion it can be concluded that spirituality and personal and social identity orientation play more important role in protection from the symptoms of psychological distress which influence mental equilibrium of participants. The scores of the spirituality demonstrated significant negative correlations with depression, anxiety, and stress. Likewise, personal and social identity orientation scores also revealed significant negative correlations with all three symptoms of psychological distress. The scores of the spirituality and social identity orientation significantly and negatively accounted for the variance in the scores of depression, anxiety, and stress.

Limitations and Implications

There are some limitations of the present study due to sample size and selection of participants. The sample size of the study was small and selected from a small region. Hence, the findings of the study may not be generalized to the people of the other regions. Except these limitations there are some implications of the present study. It is a specific attempt to examine the assemblage of some important personal and social facets of individual's life, i.e. spirituality and personal and social identity orientation with psychological distress. The study also attempted to investigate the contribution of spirituality and personal and social identity orientation in psychological distress. The study has some practical implications also. The study develops an insight that spirituality and personal and social identity orientation enhance mental health.

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Conflict of Interest

The authors have no conflict of interest to disclose.

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