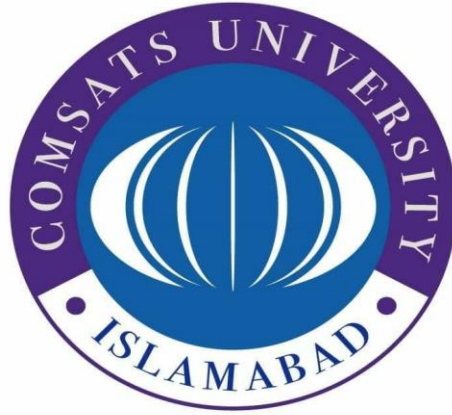


**Spirituality, Self-transcendence And Depression In Young Adults**



Submitted by

Laiba Seemab

SP20-BPY-041

Supervised by

**Ms. Zaeema Farooq**

**DEPARTMENT OF HUMANITIES**

**COMSATS UNIVERSITY ISLAMABAD, LAHORE CAMPUS**

**2024**

**Spirituality, Self-transcendence And Depression In Young Adults**



Laiba Seemab

SP20-BPY-041

Session (2020-2024)

BS Psychology

A Thesis Submitted in Partial Fulfilment for the Requirements of the  
Degree of BS Psychology

**DEPARTMENT OF HUMANITIES**

**COMSATS UNIVERSITY ISLAMABAD, LAHORE CAMPUS, LAHORE.**

**2024**

## Research Completion Certificate

It is certified that the research work contained in this thesis entitled “**Spirituality, Self-transcendence and Depression in Young Adults**” has been carried out and completed by **Ms. Laiba Seemab**, Student ID: **SP20-BPY-041**: Student of BS Psychology, session 2020–2024. This study is an independent research work and carried out under given instructions and consideration.

Dated: \_\_\_\_\_

---

**Ms. Zaeema Farooq**

(Supervisor)

---

**Prof. Dr. Sayeda Shahida Batool**

GCU, Lahore

(External Examiner)

---

**Dr. Musferah Mehfooz**

Head of Department

Department of Humanities

### **Declaration**

I, Ms. Laiba Seemab, Student ID: SP20-BPY-041, student of BS Psychology, session 2019-2023, hereby declare that the material printed in this thesis titled “**Spirituality, Self-transcendence and Depression in Young Adults**” is original work and has not been printed, published, or submitted as research work, thesis, or publication in any form in any university or research institution in Pakistan or abroad.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

## **Dedication**

With the name of Allah, the Most Gracious and the Most Merciful. My sincere gratefulness goes to my beloved parents, my dearest siblings, my respected supervisor and my closest friends for their endless support and encouragement.

## **Acknowledgments**

*In the name of Allah Almighty the Creator and Sustainer of this world.*

First, I would like to thank God, who put so much motivation in me and encouraged me to dream of it. Every year, so many students graduate from COMSATS. For me, it was fascinating and adorable; it was such a great journey.

Second, I would like to say thanks to my supervisor, Dr. Shameem, and co-supervisor, Ma'am Zaeema, for allowing me to conduct this research. My supervisor guided me in such a good way and always supported the students.

Additionally, the most deserving people are my parents. I am not the only one who is getting a degree after struggling mentally; my parents have more right to this degree because they struggled not just financially but also mentally, emotionally, and physically. My brother also supports me and guides me.

I am very thankful to my friend Sheeza, who is always there for me and supports me. Truly, I do not have enough words to say her thanks. I am also thankful to all my teachers who taught me throughout the degree. I am grateful to every person who participates in it, always encourages me, supports me, and stands with me in the ups and downs of life. To complete this journey was a difficult task, but I am glad I did it and coped with the difficulties with the strong support system.

**Laiba Seemab**

## Table of Contents

<b>Sr. No.</b>	<b>Contents</b>	<b>Page No.</b>
	<b>Abstract</b>	1
<b>1.</b>	<b>Introduction</b>	2
	<b>Spiriyuality</b>	3
	Types of spirituality	4
	Correlatas of spirituality	5
	Theoratical perspective	6
	<b>Self-transcendence</b>	7
	Correlates of self-transcendence	9
	Theoratical perspective	9
	<b>Depression</b>	11
	Types of depression	11
	Correlates of depression	12
	Theoratical perspective	13
<b>2.</b>	<b>Literature Review</b>	16
	Indigenous researches	24
	Rationale	26
	Objective	28
	Hypothesis	28
	Hypothetical Model	29

---

<b>Sr. No.</b>	<b>Contents</b>	<b>Page No.</b>
<b>3.</b>	<b>Method</b>	30
	Research Design	30
	Sampling Strategy	30
	Inclusion Criteria	30
	Exclusion Criteria	30
	Operational Definition of Variables	32
	Assessment Measures	33
	Procedure	34
	Ethical Considerations	35
<b>4.</b>	<b>Results</b>	35
	Summary of Findings	40
<b>5.</b>	<b>Discussion</b>	41
	Limitations	45
	Suggestions	46
	Implications	46
	Conclusion	47
<b>6.</b>	<b>References</b>	48
<b>7.</b>	<b>Appendices</b>	67

---



## List of Tables

<b>Table No.</b>	<b>Page No.</b>
<b>Table 1</b> <i>Descriptive Statistics of Demographic Variables</i>	31
<b>Table 2</b> <i>Descriptive Statistics of Study Variables</i>	36
<b>Table 3</b> <i>Correlation of Demographics and Study Variables</i>	37
<b>Table 4</b> <i>Hierarchical Multiple Regression Analysis for prediction of depression</i>	38
<b>Table 5</b> <i>Mean Differences between gender in spirituality, self-transcendence and depression</i>	39

## **List of Appendices**

---

<b>Appendix A</b>	Consent Form
<b>Appendix B</b>	Demographic Information Sheet
<b>Appendix C</b>	Attachment Styles Scale
<b>Appendix D</b>	Dark Tetrad Personality Scale
<b>Appendix E</b>	Friendship Quality Scale
<b>Appendix F</b>	Authors' Permission Letters
<b>Appendix G</b>	Permission Letter
<b>Appendix H</b>	Plagiarism Report

---

### **Abstract**

The purpose of the study is to investigate the relationship between spirituality, self-transcendence and depression in young adults. A correlational research design was used and sample consists of 350 young adults (N=350), including both females (N=180) and males (N=170), with age range 18-26 years (M=23.14, SD=1.8) from government and private universities in Lahore. The study variables were evaluated using, Spirituality Scale (Denaley, 2005), Self-Transcendence Scale (Reed, 1986), and Depression, Anxiety and Stress Scale (DAS) (Haugan, 2011). The results showed positive correlation between spirituality and self-transcendence, negative correlation was between spirituality and depression. In addition, spirituality was positive predictor of depression. The research's implications include a deeper comprehension of the nature of self-transcendence and spirituality as well as their role in promoting human wellbeing over the course of a lifetime. By highlighting young adults' spirituality, depression can be reduced, their quality of life can be enhanced, and these effects can be broadly applied.

***Keywords:*** *Spirituality, Self-Transcendence, Depression.*

## Chapter I

### Introduction

The mental health is a major concern in the modern era. Most of the people is dealing with a slew of psychological issues, one of which is depression. Depression is defined by a sense of helplessness and hopelessness, among other symptoms. Depression is linked to the modern concept of the biopsychosocial model, which states that every aspect of life is important. Awareness about mental health and to access mental health increased, decrease the stigma about it and also prevent from different spikes (Warns, 2023). Spirituality is a multifaceted and deeply personal concept that involve the perspective of sense of connection to something superior than oneself, often encompassing themes of meaning, purpose, transcendence, and inner exploration. It can be expressed through religious practices, meditation, mindfulness, connection with nature, and various other forms of seeking deeper understanding and connection with the world (Koenig, 2012). Self-transcendence is describe as looking others beyond yourself. It involves the actions, experiences, sense of meaning and ideas of individuals about others. This could also involve moving beyond the self-cantered thoughts and profound of broader behaviours to understand the life. Researches also described the concept of self-transcendence, like mostly individuals has innate drive to go beyond their ego and self-actualization, at that point more concern is shown for others. (Courtney et al., 2018).

When it comes towards the connection between spirituality and self-transcendence, it states that both these factors contribute in meaning and purpose of life, also less prediction of depression. The effect of spirituality and transcendence on meaning of life and successful aging is not only obvious from a thorough understanding of the concepts involved. Empirical research

shows that spirituality and self-transcendence significantly contribute to perceived meaning of life, instituting and conserving resilience, deal with with crisis and trauma, and engaging in activities and interpersonal relationships. Spirituality and transcendence are frequently operationalized in empirical research when referring to religious communities, beliefs, and commitments. Religion and spirituality, on the other hand, are both concerned with transcendence and refer to strong evaluations, providing purpose and meaning by answering fundamental questions about human nature (Kruse et al., 2019). Therefore, to access the relationship between spirituality, self-transcendence and depression, this study is conducted.

## **Spirituality**

Despite the emergent interest in spirituality within psychology, there is still much discussion and dispute surrounding the definition and measurement of spirituality, as well as its potential benefits and drawbacks (Hill, 2013). Everybody has a unique, yet universal and distinct experience of spirituality. A true sense of aliveness and interconnectedness, pure gratitude, transcendental or holy experiences, or any combination of these can be characterized as spiritual. Some psychological theories contend that spirituality is crucial for psychological health and well-being and that it is a fundamental component of human nature and development (Miller et al., 2003). Other theories contend that people turn to spirituality as a coping strategy when faced with stress, trauma, and misfortune (Park, 2005).

Evidence also suggests a relationship between spirituality and a variety of psychological outcomes, such as resilience, positive emotions, mental health, and subjective well-being (Koenig, 2012). For instance, studies have shown that those with higher spiritual or religious

status are more likely to be able to comprehend mild cases of anxiety and sadness (Larson et al., 2012).

Although a clear causal relationship has not been established, religion has consistently been associated with improved physical and mental health, including reduced blood pressure, better sleep, and a lower overall death rate. Stronger relationships, more compassion, and higher self-esteem have all been associated with spirituality. There may be a disadvantage for those who reject religion and spirituality entirely. Some studies have suggested a connection between depression and anhedonia, or the inability to feel pleasure, and avoiding magical thinking and failing to recognize patterns in the surroundings.

There is a distinction between spirituality and religion. Religion is narrower and more concrete than spirituality. While spirituality is mostly ill-defined, religion has a distinct, concrete code of ethics. Nonetheless, having a belief in something helps people lead happy, fulfilling lives in both of these ways. A spiritual person often finds their own truths through developing their spirituality, as opposed to adhering to an ideology or set of rules. People are able to follow their intuition and take the best course of action because the experience is typically private and intimate (Scott, 2023).

### ***Types of spirituality***

Spirituality has so many different sort of aspects. But in recent literature, following are identified.

**Mystical spirituality.** Believing that everything has a purpose and following your intuition are central to mystic spirituality. This kind of spirituality is characterized by a strong

belief in the unity of all things, the interconnectedness of all experiences, and the possibility of combining all of them into one larger unity. It is predicated on the notion that every experience has a reason (Das, 2022).

**Social spirituality.** Social spirituality is typically felt when one is enclosed by individuals who share similar values. People who practice social spirituality find peace and strength in actuality around like-minded individuals who are also looking for a spiritual drive in their lives. This type of spirituality can be experienced by participating in a group activity such as meditation, exercise, or joining any religious or spiritual group (Sneha, 2022).

**Authoritarian spirituality.** Religious fundamentalism and the exclusion of other religions can result in religious conflicts. Authoritarian spirituality is based on the belief in a spiritual elite or hierarchical power that is a guiding light on one's spiritual path. Those who practice this type of spirituality adhere to a set of laws and regulations established by the authoritative figure (Das, 2022).

**Intellectual spirituality.** Intellectual spirituality is primarily concerned with expanding your knowledge by researching and analysing multiple spiritual and historic concepts. Exploring various spiritual perspective provides intellectual spiritual practitioners with a sense of fulfilment and peace. Theology studies can help to develop intellectually spiritual people. By doing researches and getting knowledge from any obtainable data also helps in the development of their spiritual power (Sneha, 2022).

### ***Correlates of Spirituality***

Positive correlates have been found with the spirituality. Spirituality lead the people to perform good deeds.

**Coping and Resilience.** Numerous studies have examined the connection between spirituality and coping resilience, and the data point to a favourable correlation. This meta-analysis investigates the connection between psychological stress adjustment and religious coping, which frequently incorporates spiritual elements. The findings lend credence to the theory that spirituality fosters coping resilience by showing a positive correlation between positive religious coping and better psychological outcomes (Ano, 2005).

**Cognitive functioning.** Cognitive functioning is also one of the correlates of spirituality. Research on the intricate and varied relationship between spirituality and cognitive performance is needed. The findings suggest that spirituality may be linked to specific cognitive benefits. Some studies looks into the connection between older women with depressive symptoms' declining cognitive abilities and their attendance at religious services, which is a common sign of spirituality (Blazer, 2009).

**Functioning of Life.** Studying the connection between spirituality and life's operations is a dynamic and multifaceted field. Although there are many facets to the idea of functioning in life, including psychological, social, and general well-being, studies have looked into the potential benefits of spirituality (Koenig, 2012).

**Altruism and prosocial behaviour.** Psychological and social research has shown interest in the relationship between spirituality and altruism and prosocial behaviour, which is defined as selfless concern for the well-being of others. While examining well-being, study also



touches on the impact of regular religious practice on altruistic behaviour. It suggests that engagement in religious activities may contribute to higher levels of well-being, potentially linked to altruistic tendencies (Mochon, 2008).

### ***Theoretical perspective of Spirituality***

**Attachment Theory.** Kirkpatrick and Shaver attempted to integrate the concepts of Attachment Theory and Spirituality in the notion of 'Attachment to God', but with no specific courtesy to Comforting Care. Several studies have discovered a link among a secure attachment pattern and a stable relationship with God (Shaver, 2013).

**Mindfulness-Based Theory.** Mindfulness provides a solution by unconsciously altering our thoughts, feelings, and actions. Mindfulness used to reduce or cut it out smoking and drinking by encouraging the self-awareness about thought patterns, which usually occur from those addiction (Tang, 2018).

**Transpersonal Theory.** A psychological framework known as transpersonal theory encompasses spiritual and transcendent facets of the human experience in addition to more conventional ideas of the self. It covers a variety of viewpoints, such as the investigation of higher states of consciousness, peak experiences, and mystical encounters (Grof, 2010).

**Ken Wilber's Integral Theory.** According to Integral Theory, a holistic approach to understanding reality and human existence can lead to more fruitful understanding and solutions. Numerous fields, including psychology, spirituality, business, education, and more, use integral theory. It offers a thorough framework for comprehending and negotiating the complexity of human life and promotes an integrative strategy that goes beyond and incorporates many points

of view. Integral theory has inspired debates about more inclusive and comprehensive approaches to societal and personal problems, as well as having an impact on a variety of fields (Perloff, 2010).

### **Self-Transcendence**

Self-transcendence is a concept that can be understood from various perspectives, including philosophical, psychological, and spiritual, and it generally refers to the idea of transcending or going beyond one's individual self or ego, which is often associated with personal growth, spiritual development, and a sense of association to something superior than oneself (Messerly, 2017).

Maslow defines the significance of transcendence, The term transcendence describes the ultimate, all-encompassing, or holistic states of human awareness, wherein actions and relationships are directed toward goals rather than people, including those with oneself, important others, other humans, animals, the environment, and the universe (Maslow, 1971).

Maslow defined self-transcendence as "peak experiences" in which an individual exceeds their own individual concerns and sees from a sophisticated viewpoint. Then these perspectives usually elicit positive emotions such as, mental peace, happiness, and well-developed sense of responsiveness (Messerly, 2017).

According to Viktor Frankl, a prominent psychiatrist and Holocaust survivor, self-transcendence is one of the key factors that allows people to find sense of meaning and purpose in their lives. Frankl stated that, individuals have innate nature to transcended their good deeds

and connect with others which is something greater, this deed provide fundamental aspect to psychological well-being.

Other than that, one research supports that self-transcendence is positively related within the positive emotions, like greater life satisfaction, great fullness, happiness, and resilience. When level of self-transcendence is high, emotions get high and these emotions helps out in decision making. Moreover, unique study by Krause and Hayward in 2014, study that self-transcendence was a significant predictor of life satisfaction among older adults. Another study found that self-transcendence was associated with greater resilience in the face of adversity (Peacock, 2006). A study by Kim et al., 2017, this used to investigate the psychological effects of self-transcendence linked with physical outcome. Findings claims that patients, who have cardiovascular health problems, correlational study, state that self-transcendence is positively correlated with the cardiovascular health problems older adults.

### *Correlates Self-Transcendence*

**Connectedness with others.** Self-transcendence and connectedness with others are often tangled, as self-transcendence incorporates a sense of moving outside the individual self and founding meaningful connections with a wider context, including other people (Cloninger, 2006).

**Spirituality and Religious.** Self-transcendence and spirituality/religion are frequently closely associated. Self-transcendence seekers frequently aspire to unite with a higher power, which may materialize in spiritual or religious practices and beliefs (Cloninger, 2006).

**Openness to experience.** Psychological study has investigated the connection between self-transcendence and the attribute of openness to experience. One of the Big Five personality traits, openness to experience encompasses qualities like imagination, creativity, curiosity, and a preference for a range of experiences (Suh, 2007).

### *Theoretical Perspective of Self-Transcendence*

**Humanistic Theory.** Maslow's investigation of self-transcendence resulted in the development of transpersonal psychology, a specific field of psychology that studies the spiritual and transcendent concepts of human experience. Transpersonal psychology investigates states of consciousness, peak experiences, and spiritual growth beyond the individual ego (Maslow, 1971).

**Self-Transcendence Theory.** Open systems of knowledge development, theories integrate different sources of knowledge, including empirical and practice-based information. Being vulnerable means having experienced traumatic events in life or realizing one's own mortality. Theoretically, health experiences that force a person to confront questions of mortality and immortality naturally lead to the emergence of self-transcendence as a developmental capacity. Whether a person is well or not, self-transcendence might be a necessary developmental skill for all ages (Reed, 2006).

**Erik Erickson Psychosocial Theory.** Erik Erikson's psychosocial theory is primarily concerned with the development of an individual's identity and social relationships over the course of their lives. While Erikson's theory does not use the term "self-transcendence," there are connections and implications within his model that can be linked to the concept of transcending the self. Identity development can entail moving beyond narrow, ego-centric perspectives and

contemplating larger existential and philosophical questions about one's purpose and place in the world. This aspect is related to self-transcendence in that individuals strive to make a positive impact beyond their own personal accomplishments. It reflects a broader concern for the well-being of others, as well as a sense of purpose that extends beyond individual objectives.

**Existential Theory.** Existential theory is a philosophical and psychological approach that focuses on the subjective experience of the individual and the investigation of fundamental questions about existence, meaning, freedom, and responsibility. Although existentialism does not use the term "self-transcendence," certain existential concepts and themes are relevant to the idea of transcending the self. Existentialism emphasizes the value of authenticity and individual freedom. Individuals are encouraged to make decisions that reflect their true selves and to accept responsibility for their actions (Sartre, 1956).

**Jean Watson's Nursing Theory.** Within the larger context of nurture care, Jean Watson's nursing theory also known as the Theory of Human Caring or the Caring Science Theory incorporates the idea of self-transcendence. Watson highlights the value of compassion and the therapeutic alliance that develops between a nurse and a patient. Although Watson's theory does not use the term "self-transcendence" directly, it is consistent with the idea that people transcend their personal concerns in order to connect with a larger sense of humanity and the universe (Watson, 1988).

## **Depression**

Depression is a mental health condition, in which persistence of some specific symptoms like feelings of sadness, loss of interest or interaction, pleasure in daily life functioning, it also involved physical and cognitive symptoms, as all mentioned in Diagnostic and Statistical Manual

of Mental Disorders (DSM-5). It is a severe and communal mental health issue that affects millions of people worldwide (DSM-5). People with depression face the problem in daily functioning, unable to focus on the routine work. They feel worthlessness, and also feel lack of choice. Depression is most common mental disorder and mostly it is remediable.

Depression is correlated with so many, but due to the diversity of spiritual beliefs, cultural differences, individual's differences also linked with the level of depression. Moreover, researches have shown that the relationship between spirituality, self-transcendence and depression among adolescents in psychiatry. It indicates that spirituality and depression has an inverse relation (Roeser, 2009).

### ***Types of Depression***

According to Diagnostic Statistical Manual 5, there are following different types of depression.

**Clinical Depression.** A major depressive disorder diagnosis means felt depressed, hopeless, or melancholy for at least two weeks, along with symptoms like changes in appetite, trouble sleeping, and loss of interest in activities on most days. This is among the most common and severe forms of depression.

**Persistent Depressive Disorder.** Persistent depressive illness is the term used to describe persistent depression that lasts for two years or longer. The symptoms are milder than those of major depressive disorder. Medical professionals called it PDD dysthymia.

**Premenstrual dysphoric disorder.** Mood symptoms coexist with premenstrual syndrome (PMS) symptoms, such as extreme irritability, anxiety, or depression. These symptoms

usually go away a few days after your period starts, but occasionally they can get so bad that they interfere with your everyday activities.

**Disruptive mood dysregulation disorder.** Disruptive mood dysregulation disorder is diagnosed in children who exhibit frequent episodes of anger and severe, ongoing irritability. Symptoms usually begin to show by the age of ten.

### *Correlates of Depression*

There are following some correlates of depression, like biologically, psychologically or social factors contribute in it.

**Genetic.** There is proof that depression is a genetic predisposition. Research on twins and families has indicated that depression risk may be heritable. Mostly studies suggests that 40-50% depression because of genetics.

**Psychological Factors.** Depression is closely associated with a range of psychological factors, including cognitive, emotional, and interpersonal. Cognitive factors include negative thought patterns, self-criticism, and distorted perceptions of the world and oneself. These factors can lead to the development and maintenance of depressive symptoms (Alloy et al., 2006). Emotional factors include persistent feelings of sadness, hopelessness, and anhedonia, which indicate disruptions in mood regulation and emotional processing (Gotlib & Hammen, 2008). Interpersonal factors include social isolation, strained relationships, and a lack of social support.

**Social factors.** The ability to cope with stressful situations is a crucial factor in the enlargement of mood disorders in social settings. This is typically referred to as coping strategies, and it enables an individual to control their problems without becoming overwhelmed.

People frequently experience depression if they are unable to handle the "drama" that their friends bring up, especially when they are young (Carlson, & Guthrie, 1987).

### ***Theoretical Framework of Depression***

**Cognitive Behavioural Therapy.** According to proponents of cognitive behavioral theory, depression arises from incorrect, erroneous, or maladaptive cognitions that manifest as warped core beliefs and judgments. Depression can be socially or through observation learned; this is what happens when children in dysfunctional families watch their parents struggle to cope with life's hardships or traumatic events. On the other hand, depression may arise from a lack of experiences that would encourage the development of adaptable coping strategies (Beck, 1967).

**Learned Helplessness Theory.** Mental health and general wellbeing can be significantly impacted by learned helplessness. This theory helps to understand the associations between high level of stress, depressive symptoms and low desire to maintain one's physical as well as psychological well-being. Everybody reacts differently to experiences. Because of biological and psychological factors, some individuals are more prone than others to experience learned vulnerability in the face of uncontrollable events. For example, learned helplessness is more common in children raised by helpless parents (Cherry, 2023).

**Rumination Theory.** The domino-effect of depressive thoughts is known as rumination. In the context of depression, rumination is the propensity to repeatedly ruminate on unfavorable ideas and sensations without coming up with answers or a way out. It entails thinking about the same concerns, difficulties, or upsetting events repeatedly, frequently enhancing their emotional impact. Studies indicate that rumination is a major factor in the development, persistence, and worsening of depression symptoms (Nolen & Hoeksma, S.2013).



**Behavioural Activation and Reinforcement Sensitive Theory.** A therapeutic strategy called behavioural activation aims to assist people suffering from depression in participating in more activities that will provide them with positive reinforcement. Reversing the avoidance and withdrawal patterns that are frequently associated with depression is the aim (Martell & Dimidjian, 2001). According to the neurobiological Reinforcement Sensitivity Theory, behaviour and emotional reactions are influenced by an individual's varying sensitivity to rewards and punishments. Mainly three systems recognized by Reinforcement Sensitive Theory, the Fight-Flight-Freeze System the Behavioural Inhibition System (BIS), and the Behavioural Activation System (BAS). The BAS is especially important for comprehending approach behaviours and positive reinforcement (Corr & McNaughton, 2012).

It is concluded that spirituality, self-transcendence, and depression are complex and complicated variables. The complexity of these variables is demonstrated by different sorts of research. By exploring the inner dimensions of self, spirituality and self-transcendence provide the pathway to facing the consequences of depression. In the complex relationship of spirituality, self-transcendence, and depression, provide the transformative journey of life and give the light of life by facing the darkness. As well as these encouraging paths, they provide resilience, inner satisfaction, and foster a holistic perspective of the mind and healthy well-being.

Moreover, all these variables are connected with each other from a theoretical perspective, which is given by Viktor Frankl's existential theory. In this perspective, spirituality is a fundamental aspect that provides a sense of meaning beyond the self. According to Viktor, depression happens when the sense of meaning and perspective of oneself are diverted. Individuals who struggle a lot with their difficulties get benefits from spirituality and self-transcendence. It was stated that people benefit from exploring relationships, their attitudes, and

resilience. Therefore, Viktor's theory provides a comprehensive perspective that originates in spirituality, self-transcendence, and the mitigation of depression symptoms by pursuing the meaning of life.

## **Chapter II**

### **Literature Review**

Spirituality plays significant role in determining the level of depression and self-transcendence in adults. In literature review, studies and more theories will explain the relation between the spirituality, self-transcendence and depression.

#### **Spirituality and Self-Transcendence**

A study conducted by Parman, (2012) to investigate the relationship between self-transcendence and spirituality. The sample consisted of undergraduates students. . This study used regression analysis to determine the significant influence of spirituality and self-transcendence among adults. Consequently, this research confirms that spirituality is significantly correlated with self-transcendence.

A research is used to investigate the relationship between spirituality and self-transcendence. It stated that meaning therapy, an existential psychotherapy approach that emphasizes the importance of finding meaning and purpose in life. It was the cross-sectional study. Outcomes of the research showed that self-transcendence has significant influence on spirituality, which shows that spirituality and self-transcendence are positively related with each other (Koenig, 2010).

According to research which is conducted to investigate the relation between spirituality and self-transcendence contribute in maintaining the meaning of life. The sample consisted of older adults. Multiple regression analysis used. The results showed spirituality and self-

transcendence are significantly correlated with each other and both these variables play a substantial role in finding the meaning of life (Kruse & Schmitt, 2019).

Other than that, Sosa et al. (2021) conducted a qualitative research in older adults, to investigate the association between spirituality and self-transcendence. Method of reflective essay was used as methodology on spirituality and self-transcendence, and the participants are supposed to write an essay. It is concluded that spirituality helps to understand the meaning of life, and it is possible to maintain the relationship between the self-transcendence and spiritual well-being.

A research present by Leak et al. (2007) to investigate the relationship spirituality and self-transcendence, using personal goals motivation. Nomothetic approach used while conducted the research. Sample was about the college students. It was concluded that Spirituality, self-transcendence was predictor with positive emotions, psychological well-being, and interpersonal relationships. The results of the study revealed that, spirituality and self-transcendence is related to multiple emotions and with the psychological well-being and health.

Swatzky (2005), conducted meta-analysis about spirituality and self-transcendence (quality of life). This provides empirical support about the relation between spirituality between these variables. Meta-analysis run by using the linear regression and analysis of variance. 62 researches added, bivariate correlation between the spirituality and quality of meaning of life. Whereas the regression analysis specify the difference between spirituality and self-transcendence. The findings of the research claims that, spirituality is significantly related with self-transcendence.

Another research is done by Saroglou et al. (2008) on spirituality and self-transcendence to access the relation between these variables. The sample was about 250 among adults. It was cross-sectional study. It was stated that positive emotions leads towards more spirituality and self-transcendence. The results of the study claim that both spirituality and self-transcendence have strong relationships with each other.

Jennifer and Stellar (2017), the aim of the study is to investigate the relation between self-transcendence and the social function of emotions with respect to spirituality. According to this study, positive emotions are related with the great level of self-transcendence. This research resulted that, mostly individuals use their emotions to solve problems.

The collection of research showed that spirituality and self-transcendence are highly correlated with each other, which indicates that they are more helpful in maintaining wellbeing, but the relationship between them can be complicated when it comes to other variables.

### **Depression and Spirituality**

A research conducted by Benjamin and Farrell (2004) on the relationship between depression and spirituality in adults. Sample was about 122 of self-administrated questionnaire is used in this research purpose. After analysis it was concluded that importance of prayers, finding meaning in life and take a high belief about spirituality were negatively associated with the depression.

Boneli, (2012) conducted a research to investigate the relation between depression and spirituality. It was cross-sectional study. For some populations or individuals, religious practices and beliefs can lead to feelings of guilt and discouragement. The findings indicated a negative correlation between spirituality and depression.

A group of researchers namely, Haokip et al. (2010) conducted a research to investigate the relation between spirituality and depression, conducted on cancer patients, terminal stage. Most of the patients rely on the spirituality to cope with this chronic illness. Descriptive cross-sectional method was used. Sample was about 103 patients. Different types of questionnaire was used. The mean score between patients was about 9.12. Patients who have high level of spirituality have minimal level of depression. By applying the statistical analysis, it is concluded that depression and spirituality have significantly negative relation.

An empirical study by Braam, (2019) present a study to find the relation between depression and spirituality. In this research cross-sectional method was be used. By using the bi-directional study, the relation between spiritual struggle and depression seems reasonable. The results of the study claims that spirituality has a negative relation with depression.

A study by Paine and Sandage, (2016), conducted the research to access the relation between spirituality and depression. Sample was about 250 adults (N=250). It was correlational study. After applying the analysis, findings of the study revealed that spirituality is inversely related with depression.

In another study which is held by Assari, (2017) investigate the relation between spirituality and depression among older adults. This research was a subordinate data analysis of survey. The sample population comprised of older adults who took part in surveys and follow-up interviews. The information was analysed to determine at which level adults' spirituality affected their depression. Findings of the study supported earlier research showing a lower incidence of depression in older adults who identify the spirituality as a strong belief.

Same as the above studies to explore the relationship between spirituality and depression, a research by Diaz, (2011) conducted to find the relationship between spirituality and depression. This study will look at the spirituality, with the sample of depressive symptoms of 160 inpatients substance abusers (N=160). The findings indicated that both spirituality and the belief in God's presence were highly significant predictors of depressive symptoms, with the belief in God's presence having an opposite relationship and spirituality having an inverse relationship (Diaz, 2011).

One more study by Doolite, (2004) conducted to evaluate the connection between depression and spirituality in urban dwellers. Convenient sampling was used. The sample size was about 122 adults (N=122). Findings of the study revealed that there was a negative correlation between high levels of spirituality and depression.

A research conducted by Najafi, (2012) to find the relation between spiritual well-being and depression. Cross-sectional study was carried, sample was about 360 patients with chronic illness. Convenient sampling was used. The majority of the patients, according to the results, have mild levels of stress, anxiety, and depression. Findings reveal that spiritual scores of stress, anxiety, and depression were inversely correlated whereas spiritual values have a significant influence on illness during recovery.

It was concluded from the studies spirituality and depression have a complicated and nuanced relationship. While some research's indicates that spirituality or religious practice may be linked to reduced depression rates, other studies contend that the relationship is more complex and dependent on a number of variables.

## **Self-transcendence and depression**

A research conducted by Ellermann, (2000) to access the relationship between depression and level of transcendence in middle age adults. By investigating the connection between depression and transcendence and other transcendence factors. Results of the study indicated that self-transcendence is a significant predictor of mental health in older adults and adults nearing the end of their lives, moreover there is inverse relation between self-transcendence and depression.

A study is conducted by Smalbrugge et al. (2006) the basic aim of this study was to examine the impact of self-transcendence on depression in residents of nursing home. It was the cross-sectional study. At the end of life, self-transcendence is associated with both nonspiritual and spiritual factors. Findings of the study revealed that self-transcendence has negative relation with depression.

This study was conducted by Buzulu, (2022) to access the relationship between self-transcendence and depression. The purpose of the research is to acknowledge about the self-transcendent in people and also benefit their mental health. In this descriptive-relational study, which looked at 115 participants with a diagnosis of SUD, the results showed a positive correlation between high self-transcendence scores and strong internal locus of control, higher levels of self-esteem, and lower levels of depressive symptoms.

The study conducted by Kellam, (2006) used to evaluate the impact of group reminiscing on older women's self-transcendence and depression. Numerous conditions, such as depression, low self-esteem, exhaustion, loneliness, socialization, wellbeing, language learning, and cognitive functioning, have been investigated in relation to reminiscence. Participants were



about 150, regression analysis was used. The outcomes of the study showed that self-transcendence and depression are inversely correlated with each other.

Suk Sun, (2014) conducted a research to investigate the relation between self-transcendence and depression. This study used structural equation modelling to test the mediated model of late-life depression and gain insight into the mechanisms underlying the direct and indirect effects of spiritual variables and life purpose on depression. In a secondary analysis study design, sample size was about 157 older adults (N=157). The findings of the study claim that there is an inverse relation between self-transcendence and depression.

This study was conducted by Ellermann, (2001) used to investigate the relationship between self-transcendence and depression by investigating the connection between depressions in middle-aged adults. The sample size was about 133 (N = 133). According to multiple regression analysis, acceptance might be a significant additional predictor of depression. Results showed significant inverse correlations between depression and other measures of transcendence, as well as between self-transcendence and depression.

A research conducted by Ping et al. (2021) to investigate the relationship between self-transcendence and depression among adolescents. Sample was about two different regions of China Shanghai and Qingdao. It was the cross-sectional study. The findings of the outcome revealed that transcendence and openness to change is negatively associated with depression, also indicate individuals of Shanghai have higher level of depression as compared to Qindgo. Basically this study was conducted in COVID-19, also shed some light on the way to improve the mental health of the adolescents. A research by Christopher, (2020) is conducted to investigate the relationship between depression and self-transcendence. Sample size was about

814. It was cross-sectional study. Analysis of regression were used to evaluate the findings. Findings of the study claimed that, self-transcendence has negation relation with depression.

Regression analysis indicates a strong correlation with the addition of age and family income as control variables in hierarchical regression with regard to spirituality (the independent variable) and depression (the dependent variable). It is possible to control the influence and make sure that any links between spirituality and sadness that are found are real and not just the result of variations in demography by incorporating these variables into the research. Age has a significant correlation with both spirituality and depression severity. For instance, compared to young individuals, older persons possess a greater variety of coping strategies and abilities. The relationship between socioeconomic status and mental health outcomes has been established, and family financial control helps separate the special role that spirituality plays in depression from the possible impacts of socioeconomic circumstances.

Furthermore, adjusting for family income and age increases the generalizability of results. Taking age and family income into account will help to ensure that results are accurate if sample consists of people with a variety of demographic traits.

### **Indigenous Researches**

A research conducted by Suliman et al. (2022) to investigate the relationship between self-transcendence and spirituality among stroke patients. Sample size was about 210 (N=210) patients. It was a cross-sectional study. Results of the study showed that, self-transcendence and spirituality had significant relation with each other, also showed significant relation with demographic variables.

A descriptive, qualitative study was carried out by Ali, (2016) to investigate the methods of Pakistani women employ for self-management. Ten Pakistani women who had experienced two or more major depressive episodes were recruited through purposeful sampling using flyers displayed in a private university hospital's outpatient psychiatric clinic and through psychiatrist referrals to the primary researcher. Semi-structured interviews were used to gather data. These results lean-to important light on the role that religion and spirituality play in Pakistani women's self-management of depression. These findings provide data that must to guide practice when treating patients with Islamic cultural backgrounds. Islamic women understand their illness and choose how to manage their depression through the critical lenses of religion and spirituality.

A research is conducted by Aslam et al. (2020) to investigate the relationship between regional religious practices and beliefs and spiritual wellbeing. With 210 participants (N=210) a comparative cross-sectional study was conducted. The results of this study demonstrate that individuals who identify as religious have a tendency to be more spiritually healthy than individuals who identify as non-religious, underscoring the significance of incorporating religious practices to ensure spiritual wellbeing.

One more study which is conducted by Anwar and Rana, (2023) the goal of this study was to evaluate gender variances and determine the predictive role of spiritual intelligence for psychological wellbeing in university students. Undergraduate program students 250 was gathered from various Pakistani universities (N=250). Using a purposive sampling technique data was gathered online via a Google Form. The sample contained of 173 women and 77 men. Study's findings revealed that, psychological wellbeing is significantly positively predicted by spiritual intelligence. In addition, it was discovered that male students exhibit higher levels of psychological well-being and spiritual intelligence than do female students.

## **Rationale**

The critical purpose of the study mentioned above about young adult's spirituality, self-transcendence and depression is the way to understand the interaction between these variables. Moreover, this study also helps us to comprehend how individuals manage depression and find meaning and sense in life. Adults' mental health, spiritual beliefs, psychological well-being, resilience and coping strategies can be greatly wedged by classifying the common issues with the spirituality, self-transcendence and depression.

Spirituality refers to the belief in a higher power, connection to something greater than oneself, and a search for meaning and purpose in life. Spirituality can provide a sense of comfort and hope, and may facilitate coping with the challenges of life. A research defines spirituality as a more inclusive construct that encompasses the pursuit of meaning and purpose, a sense of interconnectedness with others, and one's relationship with a transcendent reality or higher power. In addition to stressing the possible benefits of spirituality for mental and emotional well-being, draw attention to the range of spiritual expressions (Larson, 2001). By giving one a feeling of direction and a sense of belonging to the world and other people, self-transcendence the capacity to go beyond one's own boundaries and establish a connection with something more than oneself may help people cope with depression. Expanding one's awareness and identity beyond the individual self is a process that is referred to as self-transcendence. According to Reed's theory, self-transcendence fosters wellbeing and personal growth and has implications for overcoming life's obstacles (Reed, 1991).

It is not uncommon for people to experience depression, which can have negative psychological effects like anxiety, avoidance behaviours, and depression. A meta-analysis

revealed the importance of evidence-based therapies and the ongoing worldwide burden of depression. The study's findings demonstrated that psychological therapies, such as interpersonal and cognitive-behavioural therapy, were effective in treating depression (Cuijpers et al., 2020).

Healthcare, counselling, and other professions that deal with people who are having difficulties or other life challenges may benefit greatly from an understanding of the connections between spirituality, depression, and self-transcendence. The protective role of spirituality in mitigating depressive symptoms has been suggested by numerous studies; however, the underlying mechanisms and the complex relationship between spirituality, self-transcendence, and depression are still not well understood. By promoting spiritual well-being and self-transcendence, interventions may help individuals find meaning and purpose in their lives and cope more effectively with depression. However, research suggests that spirituality and self-transcendence may play a role in mitigating the negative effects of sadness and promoting positive psychological outcomes.

### **Objectives of the Study**

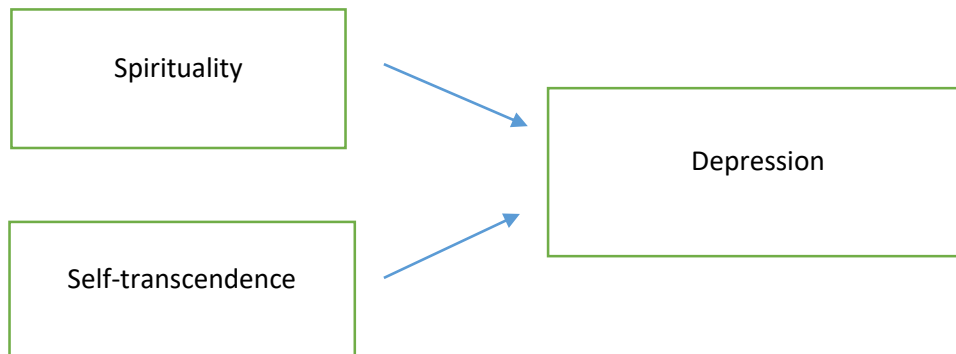
Following are the objectives of the study:

1. To investigate the relationship between Spirituality, Depression and Self-Transcendence in young adults.
2. To investigate spirituality and self-transcendence as a predictor of depression in young adults.

## **Hypothesis**

Following were the hypothesis:

1. There will be a relationship between the self-transcendence, spirituality and depression in young adults.
2. Self-transcendence and spirituality will predict depression inversely in young adults.

**Hypothetical model**

## **Chapter III**

### **Method**

This chapter entails of research design, sample and sampling strategy, assessment measures, procedure, and ethical considerations.

#### **Research Design**

Correlational research design was used in the present study to find out the relationship between spirituality, self-transcendence, and depression in young adults.

#### **Sample**

The sample comprised of 350 adults (N=350), including male (n= 170) and female (n=180) with an age range of 18-25 years (M= 21.45, SD=1.08). A convenient sampling technique was used to collect data based on specific purpose, according to the following criteria:

#### **Inclusion criteria**

- At least Intermediate level of education



Descriptive statistics of demographic variables are given in Table 1.

**Table 1**

*Descriptive statistics of demographic variable are present in Table 1.*

<i>Variable</i>	<i>f%</i>	<i>M(SD)</i>
Age		21.345(1.08)
Education(in years)		1.97(0.61)
Family income		357157.3200(886532.64)
Gender		
Female	170(48.6)	
Male	180(51.4)	
Family System		
Nuclear	301(86)	
Joint	49(14)	
Birth Order		
First Born	119(34)	
Middle Born	124(35.4)	
Youngest	80(22.9)	
Only	16(4.6)	
Area of residence		
Rural	62(17.7)	
Urban	288(82.3)	
Employment status		
Full-time employed	3(0.9)	
Part-time employed	2(0.6)	
Unemployed	340(97.1)	
Self-employed	5(1.4)	
Marital status		
Single	347(99.1)	
Married	3(0.6)	

*Note.* For Gender; 1= Male, 2= Female. For family system; 1= Nuclear, 2= Joint system. For birth order;

1=First born, 2=Second born, 3=Middle born, 4=Youngest, 5=only child. For area of residence; 1=Rural,

2=Urban. For employment status; 1=Full-time employment, 2=Part-time employment, 3=Unemployed, 4=Self-employed. For marital status; 1=single, 2=married.

### **Operational Definitions of Variables**

The operational definitions of the research variables are provided below.

#### ***Spirituality***

Spirituality can be operationally defined as a person's search for personal meaning and answers to life's big questions regarding relationships to the sacred and transcendent, which may or may not result in the creation of religious rituals and a community of believers (Harold & Koenig 2012). A vast variety of ideas, experiences, and behaviours pertaining to the pursuit of meaning and purpose in life are included in the intricate and multifaceted concept of spirituality. Put another way, spirituality is the relationship with the Divine or transcendent reality.

#### ***Self-Transcendence***

Self-transcendence operationally defined as including these factors, altruistic concern, which involves being concerned about the welfare of others; spirituality, which involves a logic of connection with a upper authority or universal consciousness; intellectual self-transcendence, which involves seeking knowledge and understanding beyond one's personal experiences and beliefs; and self-forgetfulness, which involves a decrease in self-preoccupation and an increase in focus on the larger context of life. Self-transcendence is moving beyond oneself, and connecting with others, may facilitate productivity in mental health (Wong et al., 2010).

#### ***Depression***

Depression can be operationally defined as the observable and measureable behaviour which fulfil the criteria that clinicians used to diagnose. Depression usually known as major depressive disorder (MDD), is a mental health disorder which has persistent feelings of sadness,

hopelessness, and loss of interest in daily activities. This operational criteria for diagnosis typically outlined throughout the world accepted Diagnostic Statistical Manual of Mental Disorders (DSM).

A mood disorder called depression impairs one's ability to function on a daily basis and is characterized by enduring feelings of melancholy, hopelessness, disinterest, and low energy. (Watson & Stephanie., 2021) Depression is a state of heightened emotional reactivity in which the individual experiences a pervasive sense of sorrow and a diminished attention or pleasure in nearly all actions. This emotional state is accompanied by cognitive distortions, negative self-perceptions, and a range of physiological changes, such as disruptions in sleep and appetite (Beck, 1967).

### **Assessment Measures**

Following were the assessment tools used in the present study:

1. Demographic Sheet
2. Spirituality scale
3. Self-Transcendence scale (ST)
4. Depression, Anxiety, Stress scale (DAS)

**Demographic Sheet.** Demographic information was included regarding gender, age (in years), qualification (intermediate, graduate, Ph.D.), family income, family system, birth order, fathers education, mother's education, fathers occupational status, mothers education and mothers occupational status.

**Spirituality Well-being Scale.** Spirituality scale, was developed by Delaney in 2003, to access the individual differences in spiritual beliefs. It is containing of 23 items that classify the aspects of spirituality. It's rating score like Likert scale, responses are based upon a 6-point scale

ranging from 1(Strongly Disagree) to 6(strongly disagree). The concluding score of one individual reflects the level of spirituality which one person has. Reliability of this scale is 0.98. Validity is good (Bussing, 2010).

**Self-transcendence scale.** The purpose of this scale, developed by Reed (1986), was to identify experiences that are intrapersonal, interpersonal, transpersonal, and temporally characteristic of later life. It consists of 15 items, with responses based on a 4-point scale from 1 (not at all) to 4 (very much). The final score will reflect the overall level of self-transcendent and account for intra-individual differences in self-transcendence experiences; a low score on one item may be offset by a high score on another. The scale's reliability ranges from 0.80 to 0.88, and its validity is 0.94, respectively (Taylor, 2013).

**Depression, Anxiety, Stress Scale.** This measure was used to quantify the depressive, anxious, and stressed emotional states. There are 21 items on the scale. Subscales with similar content comprise each of the three DASS-21 scales' seven items. Answers are scored on a 4-point scale ranging from 0 (did not apply) to 3 (applied to me at some point). The sum of the item scores yields the scores for stress, anxiety, and depression. The Cronbach's alpha for the DASS-21 scale as a whole was 0.74. The Cronbach's alpha values of the DASS-21 subscales for depression (DASS-D), anxiety (DASS-A), and stress (DASS-S) were 0.66, 0.29, and 0.52, respectively (Moya, 2022). DAS reliability is 0.90, while validity ranges from 0.84 to 0.87 (Haugan, 2011). Following is the description of subscales:

**Depression.** Depression causes a persistent feeling of sadness and disinterest, clinical features being sadness, emptiness, and irritable mood. These features alongside body and mind changes can seriously affect functional capabilities, and can lead to suicide. Due to false perceptions, nearly 60% of people with depression do not seek medical help. The outcomes for

patients with depression are cautious, with the condition having frequent relapses and remissions, leading to a poor quality of life (Videbech, 2006).

This subscale has 7 items, used to investigate the level of depression in individuals. After getting the responses, all responses added and final score was obtained. 0-9 score indicate normal depression, 10-13 score indicate mild depression, 14-20 score indicate moderate, 21-27 score indicate severe, and above 27 indicate extremely high.

**Anxiety.** One of the most prevalent mental illnesses is anxiety. Anxiety disorders affect up to 20% of adults annually. An ongoing sense of overwhelm, fear, and worry are symptoms of generalized anxiety disorder. The characteristics of generalized anxiety disorder include unreasonable, excessive, and ongoing concern over routine events. (Munir, 2019). This subscale has 7 items which measure the level of anxiety. Scoring of anxiety items is, 0-7, 8-9, 10-14, 15-19, above 20, indicates normal, mild, moderate, severe and extreme respectively.

**Stress.** Stress has no universal definition. According to Jackson, (2013) stress is the body's attempt to maintain homeostasis or a state of disarray in reaction to an actual or imagined threat or challenge. When stress levels are too high, it can become problematic as it can negatively affect relationships, behaviours, and health. Positive stress that is connected to increased productivity and performance is referred to as "eustress." "Distress" is defined as negative stress that has a negative impact on one's health and performance. Whether a situation is eustress or distress depends on the person's perspective of the stressor and coping mechanisms. Stress also has 7 items, which used to investigate the individuals anxiety. Scoring of the anxiety subscale is as, 0-14, 15-18, 19-25, 26-33, above 34 indicate normal, mild, moderate, severe and extremely severe respectively.

## **Procedure**

The authors' permission were taken to use the questionnaire through email. The researcher obtained an authority from the Institute of Applied Psychology. This letter was used to obtain permission from the places chosen for data collecting. Head of the University were approached to take permissions. The participants were told of the goal of the research, they agreed, and they were prepared to organize their schedules in accordance with the requirements.

The researcher arrived at the places on time to collect data. Convenient sampling was used to reach out to the young adults. A total of 350 people were reached to collect data. The researcher introduced her to them and explained the purpose of research. The researcher informed the participants that all information acquired from them would be kept completely confidential. Data was collected in physical settings, like classrooms. Authorities assign a certain number of students or classes to collect data after obtaining the necessary authorizations. The majority of the students filled out the form within 15–20 minutes. After collecting the forms from students, it was ensured that they would be anonymous.

They were promised that their comments would be kept private and anonymous. The participants were informed that their participation in the study was entirely voluntary and that they may opt out at any point if they felt uncomfortable. A questionnaire that included all of the directions, given to the participants. The whole administration took 20-25 minutes in every University. There were a total of 350 questionnaires given among the participants, Lahore Campus of COMSATS University Islamabad, University of South Asia, University of Lahore, and University of Management and Technology.

The participants were gratefully praised for their assistance when the data gathering concluded after many visits. After data collection was completed, the data was analysed and the results were discussed.

### **Ethical Considerations**

Following were the ethical considerations for the study:

- Permissions were taken from authors of assessment measures.
- Permissions were taken from the concerned authorities.
- The participants instructed and consent was taken, also instructed about the right to withdraw the study at any time.
- According to ethical guidelines, confidentiality was maintained.
- They were ensured that the details was used for research purpose only.
- Results were reported accurately.

## Chapter IV

### Results

Data analysis was done with SPSS version 26. Descriptive statistics for study variables and demographic variables. Cronbach Alpha values were computed in order to evaluate the scales' internal consistency in the particular study. Initially correlations between spirituality, self-transcendence and depression were calculated with Pearson Correlation. Multiple Regression was used to assess predictors of depression. As additional findings, independent samples *t*-test were also run to assess the respective differences of study variables between demographics variables.

The descriptive statistics and Cronbach's alpha are shown in Table 2.

**Table 2**

*Descriptive Statistics of Study Variables (N=350)*

<i>Variable</i>	<i>k</i>	<i>a</i>	<i>M</i>	<i>SD</i>	<i>Range</i>
Spirituality	23	0.93	4.29	0.80	1-6
Self-transcendence	15	0.91	2.91	0.60	1-4
Depression	7	0.67	9.67	5.7	0-51

*Note. M= Mean, SD=Standard Deviation*

All the scales indicate good reliability above 0.6 (Peterman, 2002). It was hypothesized that spirituality, depression and self-transcendence will be significantly correlated with each other. Intercorrelations among demographic and study variables are shown in Table 3.



**Table 3***Correlation of Demographics with Study Variables (N=350)*

	2	3	4	5	6
1.Age	-.14	.01	.02	-.10	-.00
2.Family Income	-	-.02	-.07	-.00	-.05
3.Grade point Average		-	.03	.05	.02
4.Spirituality			-	.34**	-.10*
5.Self-Transcendence				-	-.06
6.Depression					-

*Note.* \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

Table 3 shows that there was a positive correlation between spirituality and self-transcendence. Moreover, there was negative correlation between spirituality and depression. Hence, hypothesis was approved only in case of spirituality.

It was hypothesized that spirituality and self-transcendence will predict depression in young adults, but as self-transcendence has no correlation with depression so it was not further analysis. Hierarchical regression was run to evaluate spirituality as a predictor of depression, also included controlled variables age and family income as per the literature review.

Table 4 shows that hierarchical regression among the variables with respect to the demographics.

**Table 4***Hierarchical Multiple Regression Analysis for prediction of depression (N=350)*

Variables	B	95% CI for B		SE B	$\beta$	R <sup>2</sup>	$\Delta R^2$
		LL	UL				
Step 1						.03*	.003*
Constant	10.92*	-1.20	23.05	6.16			
Age	-.53	-.62	.51	-.05	-.01		
Family Income	-3.36	.00	.00	.00	-.05		
Step 2						.15*	.12
Constant	14.04*	1.61	26.48	6.33			
Age	-.03	-.60	.05	.28	-.00		
Family Income	-3.89	.19	.83	.16	-.06		
Spirituality	-.78	.06	.31	.06	-.11**		

Note. CI = confidence interval; U. = lower limit; UL = upper limit; \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

This table represent the results of regression analysis for depression as criterion variable. In step 1, overall model explained 15% variance in depression,  $F(2) = 0.476, p < .001$ . Demographic variables (age, family income), explained .3% variance in depression,  $F(3) = 1.728$ . When spirituality is added in block 2, model explained 12% variance in depression,  $F(4) = 4.224, p < .001$ . Hence it is approved, spirituality was positive predictors of depression.

For additional findings, a series of Independent Sample *t*-Tests were employed to compare demographic variables in spirituality, self-transcendence, and depression in young adults.

**Table 5**

*Mean Differences between gender in spirituality, self-transcendence and depression (N=350)*

	Women		Men		<i>t(df)</i>	<i>p</i>
	(n = 166)		(n = 184)			
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Spirituality	4.29	0.81	4.30	0.80	-0.05	0.95
Self-transcendence	2.99	0.59	2.82	0.65	2.49	0.09
Depression	9.94	6.42	9.41	5.09	0.85	0.28

*Note. P<.05, p<.001, M= Mean, SD= Standard Deviation, df =Degree of Freedom, p=sig. value.*

Table 5 shows that there was a significant difference between men and women in self-transcendence. Moreover, women have higher self-transcendence as compared to men.

### **Summary of Results**

1. Correlation showed that there was positive correlation between spirituality and self-transcendence, whereas spirituality and depression were negatively correlated.
2. Results indicate that spirituality was a negative predictor of depression after controlling age and family income.
3. T-test revealed that there were significant differences between men and women in self-transcendence.

## Chapter V

### Discussion

The aims of the current study to conclude the association among spirituality, self-transcendence and depression in young adults. The study's objective was to investigate the relation between spirituality and self-transcendence with the help of depression. The results of the study provide basic relationship between spirituality, self-transcendence and depression but also confirms the previous predictions. It was hypothesized that correlations are significantly positive with one study variable and negatively associated with another variable. For a single variable, the prediction hypothesis holds significance, spirituality significantly predict depression. The outcomes of the current research are discussed in the light of earlier studies, theories and native context.

It was hypothesized that, correlational analysis of study revealed that spirituality and self-transcendence are significantly correlated with each other. Analysis approved the proposed hypothesis. These findings are parallel to the findings of previous studied, a study by Reed and Haugan, (2021). This study used to state that, there is significant relation between spirituality and self-transcendence. Results revealed that there is significant direct relationship between self-transcendence and spiritual well-being, as well as the overall effects of self-transcendence on spiritual well-being, were also found in a significant way.

A neurological study conducted by Newberg and Waldman, (2009) explored neural components of spirituality and self-transcendence. The results of the study indicate that some regions of the brain may be involved in spiritual and self-transcendent experiences. The reason for the significant connection between spirituality and self-reliance is that, when a person goes

beyond his own desires and needs and thinks about others, his mental health automatically gets stable, as does his life satisfaction.

Another research is done by Saroglou et al. (2008) on spirituality and self-transcendence, to explore at which level of positive emotions affect spirituality and self-transcendence. This study also approve the hypothesis. Finding of the study is again parallel with the findings of current research which claims that positive emotions leads towards more spirituality and self-transcendence, stated that there is significant relation between spirituality and self-transcendence. According to this study, both spirituality and self-transcendence may getting fit with broaden and build theory of positive emotions. A lot of studies has been done on spirituality and self-transcendence.

Other than that, Mark and Koltko, (2004) conducted a research to access the actual relation between self-transcendence and self-actualization which give the deeper understanding of the spirituality. I stated that self-transcendence is the next stage of self-actualization which gives meaning and goals in life. This amended that self-transcendence as the motivational step beyond the self-actualization and getting the meaning of life, deeper understanding of spiritual beliefs, and more multicultural approaches of life.

One more study is conducted by Reed et al. (2013) examined the relationship between spiritual perspective and self-transcendence in family caregiver relationships. According to the research, elder depression may have been significantly influenced by the elder's and the caregiver's shared life purpose. Elderly depression was found to be lower in those who demonstrated self-transcendence. In developing interventions to prevent or lessen elder depression in Korean elders, it is suggested that greater consideration be given to the role of the caregiver and the elder's purpose in life.

Kirk et al. (1999) found that self-transcendence was significantly correlated with age, marital status, and religious affiliation in women and appears to be higher in Australian women than in men. These findings are based on a correlational study. There were no significant relationships found between any indicator of mental or physical well-being and self-transcendence. Spirituality and self-transcendence scores, as well as self-reported church attendance behaviour, were subjected to multivariate modelling, which revealed significantly different aetiologies for each of these variables. The studies' findings demonstrate that spirituality and self-transcendence are greatly influenced by cultural variables, and that these factors are also closely related to one another.

The correlational analysis of the study stated that there is no statistical relationship between spirituality and depression. Analysis of the current study disapproved the proposed hypothesis, which is 'there is significant relationship between spirituality and depression'. This study is parallel to the findings of studies in literature, this study conducted by Davies, (2006) revealed a strong inverse relationship between patients' anxiety and depression and spirituality, particularly the existential component of it. Most people agree that religion and spirituality have distinct meanings; religion refers to a connection with a higher power, whereas spirituality is concerned with life's meaning and purpose. A total of 85 full data sets were acquired. The overall spiritual well-being scores and the anxiety and depression scores were found to be strongly inversely correlated.

This study also parallel to the findings, and approves negative association between spiritual beliefs and depression in a population existing in cities. Out of the 122 participants, 99 individuals (81%) indicated that they identify as religious. It was found that there was a negative correlation between depression and high spirituality scores on items related to intrinsic beliefs.

These items included finding meaning in difficult times, believing in a greater power, and the significance of prayer. There was no discernible correlation between attending religious services and depression (Doolittle, 2004).

By the support of previous research, there is some evidence linking bad mental health outcomes to negative aspects of spirituality. The majority of studies were of low to moderate quality and came from high-income nations. Meta-analysis of superior longitudinal research. Results indicate that spiritual wellbeing can guard against depressive symptoms even though negative religious coping can exacerbate the effects of stress and increase the risk of depression. The reason of negative relation with spirituality, when individual loose interest in daily activities, hopelessness and persistent feelings of sadness then individual would not able to move towards the path of spiritual potential (Aggarwal, 2023).

It was also hypothesized that, spirituality is the significant predictor of depression. The current study intends to investigate how various aspects of spirituality affect the stress, anxiety, and depression of engineering students. These studies corroborate this concept. It used the DASS-21 scale and a self-administered questionnaire to measure spirituality as well as depression, anxiety, and stress. The study's conclusions supported the hypothesis that students' anxiety and universal consciousness have a positive relationship, which shows that spirituality has significant inverse relation with depression (Khanna, 2021).

Transcendence, positive interconnectedness, inner resources, and a sense of meaning and purpose in life are the four components that comprise the complex idea of spiritual wellness. Using hierarchical regression analysis, it was discovered that the spiritual wellness components of inner resources and meaning and purpose in life were significant predictors of fewer



depressive symptoms which is equivalent in the context of findings. These findings raise the possibility that these components could serve as protective factors against maternal depression.

This research aims to investigate the relation of spiritual quality of life and personality traits on the trajectory of suicidality in depressed patients. The findings of the research corresponds to the findings of current study. At baseline and during follow-up, there was a reverse association between spirituality and suicidality, higher intensities of spirituality were associated with a quicker recovery from suicidality. This discovery encourages more investigation into the variables that shield people from suicidality (Mihaljevic, 2017).

According to studies, spirituality is associated with greater physical and mental health. Among the mental health disorders that are most common among elderly people, depression is one that had negative impact on somatic health. A study is conducted by Mahwati, (2017). The purpose of this study is to ascertain the connection between spirituality and depression. 3,103 senior Indonesians were included in the study's overall sample. The correlation between spirituality and depression was examined using logistic regression. This study discovered a 7.2% prevalence of depression, which indicate less spirituality and these findings approved the hypothesis.

The goal of the most recent study was to shed light on potential psychosocial mechanisms linking these two variables. The information was gathered from 630 adults in their town who were in different racial categories and comprised a stratified sample. There was an indirect correlation found between spirituality and depression symptoms. For instance, there was a significant correlation found between spirituality and volunteering, optimism, and perceived social support, but not between spirituality and social support. Conversely, there was a significant correlation between depression symptoms and volunteering, optimism, and perceived

social support. There is negative connection between spirituality and depressive symptoms, as it also support the hypothesis.

## **Limitations**

Following are the limitations of the study:

- To collect the data, convenient sampling was used, which can hinder the generalization of results in a population.
- Factors that are not controlled for but can affect the study's outcomes are confounding variables. Failing to account for these variables may lead to incorrect conclusions.
- If the sample is not representative of the entire population, the findings may not be applicable to broader groups. It's essential to consider the potential for selection bias in the recruitment process.
- Another limitation of the study was using self-report measures to assess the relation between spirituality, self-transcendence and depression. Though these measures used in the study were reliable, due to response bias, participant's true beliefs and attitudes may not be accurately reflected.

## **Suggestions**

Following are the suggestions for future study:

- There may not be clear-cut causal links between spirituality, self-transcendence, and depression due to their complex interactions. The thesis must refrain from oversimplification while acknowledging the complexity of these interactions.
- Self-transcendence can be understood and experienced differently by each individual. Personality, belief, and cultural background variations among individuals may influence the applicability and effect of self-transcendence on mental health.

- By performing long-term research to monitor people's spiritual growth and how it relates to shifts in depressive symptoms.
- Examine the relationship between existential wellbeing, self-transcendence, and spirituality. Examine the ways in which people's mental health is impacted by their sense of meaning, purpose, and connection to something bigger than themselves.
- Social, psychological, and biological factors all have an impact on depression. Strictly concentrating on one facet may overlook the interdependence of these elements and restrict the scope of the study.

## **Implications**

Following implications can be made:

- People may be able to obtain a better understanding of their spiritual life as a result of this research. In addition to offering a deeper comprehension of the nature of spirituality and its role in promoting human well-being throughout life, this can help direct the development of more efficacious therapies and care techniques.
- Such treatments include spiritual exercises like prayer and meditation, as well as taking part in activities that foster a sense of connectedness with oneself and the outside world.

## **Conclusion**

The purpose of the study is to explore the relationship between spirituality, self-transcendence and depression among adults. Findings of the study revealed that spirituality and self-transcendence has strong positive correlation with each other, whereas spirituality had a negative correlation with depression. Specifically, participants who did great score on spirituality, revealed that spirituality has inverse relation with depression. Moreover, results

claim that spirituality is more related with self-transcendence and provides more meaning and purpose in life. Furthermore outcomes showed that spirituality is good predictor of depression.

All things considered, the study's findings revealed that young adults to concentrate on coping mechanisms and spirituality since they can lower their chances of developing depression.

This has the potential to elevate one's spirituality and self-transcendence.

## References

- Ackerman, C. E. (2018). *What is Self-Transcendence? Definition and 6 Examples*. Positive Psychology. <https://positivepsychology.com/self-transcendence/>
- Aggarwal, S. K., Wright, J. C., Morgan, A. J., Patton, G. C., & Reavley, N. (2023). Religiosity and spirituality in the prevention and management of depression and anxiety in young people: a systematic review and meta-analysis. *BMC Psychiatry*, 23(1).  
<https://doi.org/10.1186/s12888-023-05091-2>
- Alshaya, D. S. (2022). Genetic and epigenetic factors associated with depression: An updated overview. *Saudi Journal of Biological Sciences*, 29(8), 103311.  
<https://doi.org/10.1016/j.sjbs.2022.103311>
- Amerstorfer, C. & Münster-Kistner, C. F. (2021). Student Perceptions of Academic Engagement and Student-Teacher Relationships in Problem-Based Learning. *Frontiers in Psychology*, 12. <https://doi.org/10.3389/fpsyg.2021.713057>
- Ano, G. G., & Vasconcelles, E. B. (2005). Religious Coping and Psychological Adjustment to Stress: A Meta-Analysis. *Journal of Clinical Psychology*, 61(4), 461–480.  
<https://doi.org/10.1002/jclp.20049>
- Antony, M. M., Bieling, P. J., Cox, B. J., Enns, M. W. & Swinson, R. P. (1998). Psychometric properties of the 42-item and 21-item versions of the Depression Anxiety Stress Scales in clinical groups and a community sample. *Psychological Assessment*, 10(2), 176–181.  
<https://doi.org/10.1037/1040-3590.10.2.176>

- Anwar, S., & Rana, H. (2023). Spiritual intelligence and psychological wellbeing of Pakistani University students. *Current psychology*, 1–8. Advance online publication. <https://doi.org/10.1007/s12144-023-04717-8>
- Asarnow, J. R., Carlson, G. A., & Guthrie, D. (1987). Coping strategies, self-perceptions, hopelessness, and perceived family environments in depressed and suicidal children. *Journal of Consulting and Clinical Psychology*, 55(3), 361–366. <https://doi.org/10.1037/0022-006X.55.3.361>
- Assari S. (2017). Social Determinants of Depression: The Intersections of Race, Gender, and Socioeconomic Status. *Brain sciences*, 7(12), 156. <https://doi.org/10.3390/brainsci7120156>
- Avşar, G., Koç, F., & Aslan, G. (2016). Social support and self esteem in substance addicted patients. *Acibadem University Health Sciences Journal*, 2016(1), 44–49. <https://doi.org/10.54467/trjasw.1192992>
- Bonelli, R. M., Dew, R. E., Koenig, H. G., Rosmarin, D. H., & Vasegh, S. (2012). Religious and Spiritual Factors in Depression: Review and Integration of the research. *Depression Research and Treatment*, 2012, 1–8. <https://doi.org/10.1155/2012/962860>
- Bovero, A., Pesce, S., Botto, R., Tesio, V., & Ghiggia, A. (2023). Self-Transcendence: Association with Spirituality in an Italian Sample of Terminal Cancer Patients. *Behavioral Sciences*, 13(7), 559. <https://doi.org/10.3390/bs13070559>
- Charania, N.A., & Hagerty, B.M. (2016). The Pervasive Role of Religion/Spirituality in Pakistani Women's Self-Management of Recurrent Depression. *International Journal of Current Research*, 8(4), 30107- 30114.

- Cherry, K. (2023). *What Causes Learned Helplessness?*. Verywell Mind.  
<https://www.verywellmind.com/what-is-learned-helplessness-2795326>
- Cloninger, C. R. (1999). *The Temperament and Character Inventory-Revised*. St. Louis, MO: Center for Psychobiology of Personality, Washington University.
- Cloninger, C. R., & Zohar, A. H. (2011). Personality and the perception of health and happiness. *Journal of affective disorders, 128*(1-2), 24–32. <https://doi.org/10.1016/j.jad.2010.06.012>
- Corr, P. J., & McNaughton, N. (2012). Neuroscience and Approach/Avoidance Personality Traits: A Two Stage (Valuation-Motivation) Approach. *Neuroscience & Biobehavioral Reviews, 36*(10), 2339–2354. <https://doi.org/10.1016/j.neubiorev.2012.09.013>
- Das, S. (2022). *What are the different types of spirituality?*. NewsBytes.  
<https://www.newsbytesapp.com/news/lifestyle/what-are-the-different-types-of-spirituality/story>
- Diaz, N., Horton, E., Green, D., & Mcilveen, J., Weiner, M. & Mullaney, D. (2011). Relationship Between Spirituality and Depressive Symptoms Among Inpatient Individuals Who Abuse Substances. *Counseling and Values, 56*(2). 43 - 56.  
[10.1002/j.2161-007X.2011.tb01030.x](https://doi.org/10.1002/j.2161-007X.2011.tb01030.x).
- Doolittle, B. R., & Farrell, M. (2004). The Association Between Spirituality and Depression in an Urban Clinic. *Primary care companion to the Journal of clinical psychiatry, 6*(3), 114–118. <https://doi.org/10.4088/pcc.v06n0302>
- Driscoll, M. & Wierzbicki, M.J. (2012). Predicting Reasons for Experiencing Depression in Pakistani and Palestinian Muslims: The Roles of Acculturation and Religiousness.



*Journal of Muslim Mental Health*, 6(2), 39-61.

<https://doi.org/10.3998/jmmh.10381607.0006.204>

Ellermann, C. R., & Reed, P. G. (2001). Self-transcendence and depression in middle-age adults.

*Western journal of nursing research*, 23(7), 698-713.

<https://doi.org/10.1177/01939450122045492>

Ellermann, C. R., & Reed, P. G. (2001). Self-transcendence and depression in middle-age adults.

*Western journal of nursing research*, 23(7), 698-713.

<https://doi.org/10.1177/01939450122045492>

Ellison, C. W. (1983). Spiritual well-being: Conceptualization and measurement. *Journal of*

*Psychology and Theology*, 11(4), 330–340. <https://doi.org/10.1177/009164718301100406>

Emmons, R. A. (1999). The psychology of ultimate concerns: Motivation and spirituality in personality. *Guilford Press*. <https://doi.org/10.5860/choice.37-3607>

Exline, J. J., Yali, A. M., & Sanderson, W. C. (2000). Guilt, discord, and alienation: The role of religious strain in depression and suicidality. *Journal of Clinical Psychology*, 56(11), 1481-1496. [https://doi.org/10.1002/1097-4679\(200012\)56:12<1481::AID-1>3.0.CO;2-A](https://doi.org/10.1002/1097-4679(200012)56:12<1481::AID-1>3.0.CO;2-A)

Fisher, J. W. (1998). Spiritual health: Its nature, and place in the school curriculum [PhD Thesis]. The University of Melbourne. <https://minerva-access.unimelb.edu.au/handle/11343/39206>.

Haokip, H. R., Chauhan, H., Rawat, I., Mehra, J., Jyoti, J., Sharma, K., Sachan, K., Kaur, K., Krishal, M., Mery, A., Dinesh K, Sharma, Belsiyal C, & Xavier (2022). Relationship between spirituality and depression among patients with malignant cancer at a selected

- tertiary care Institute - A study from North India. *Journal of psychosocial oncology*, 40(3), 331–346. <https://doi.org/10.1080/07347332.2021.1990184>
- Haugan, G., Rannestad, T., Garåsen, H., Hammervold, R. & Espnes, G. A. (2011). The Self-Transcendence Scale. *Journal of Holistic Nursing*, 30(3),147-159.  
<https://doi.org/10.1177/0898010111429849>
- Hill, P. C., & Pargament, K. I. (2003). Advances in the conceptualization and measurement of religion and spirituality. Implications for physical and mental health research. *The American psychologist*, 58(1), 64–74. <https://doi.org/10.1037/0003-066x.58.1.64>
- Hopko, D. R., Lejuez, C. W., LePage, J. P., Hopko, S. D., & McNeil, D. W. (2003). A brief behavioral activation treatment for depression: A randomized pilot trial within an inpatient psychiatric hospital. *Behavior Modification*, 27(4), 458–469.  
<https://doi.org/10.1177/0145445503255489>
- Jacobson, N. S., Martell, C. R., & Dimidjian, S. (2001). Behavioral activation treatment for depression: Returning to contextual roots. *Clinical Psychology: Science and Practice*, 8(3), 255–270. <https://doi.org/10.1093/clipsy.8.3.255>
- Jawer, M. A. (2006). Self-actualization and transcendence: A comparative analysis of two modes of being. *Journal of Humanistic Psychology*, 46(2), 203-224.  
<https://doi.org/10.1177/002216787401400312>
- Kim, S. S., Hayward, R. D., & Reed, P. G. (2014). Self-transcendence, spiritual perspective, and sense of purpose in family caregiving relationships: a mediated model of depression symptoms in Korean older adults. *Aging & mental health*, 18(7), 905–913.  
<https://doi.org/10.1080/13607863.2014.899968>

Koenig, H. G. (2012). Religion, Spirituality, and Health: the research and Clinical Implications. *ISRN Psychiatry (Online)*, 2012, 1–33. <https://doi.org/10.5402/2012/278730>

Kruse, A., & Schmitt, É. (2019). Spirituality and transcendence. In *Cambridge University Press eBooks* (pp. 426–454). <https://doi.org/10.1017/9781316677018.025>

Leung, C. H., & Pong, H. K. (2021). Cross-sectional study of the relationship between the spiritual wellbeing and psychological health among university Students. *PLOS ONE*, 16(4), e0249702. <https://doi.org/10.1371/journal.pone.0249702>

Lim, D. K. (2019). *The Spirit of Happiness: The Relationship Between Depression and Spirituality in the Netherlands* [Masters Thesis]. Georgetown University.

Loetz, C., Müller, J., Frick, E., Petersen, Y., Hvidt, N. C., & Mauer, C. (2013). Attachment Theory and spirituality: two threads converging in palliative care? *Evidence-based Complementary and Alternative Medicine*, 2013, 1–14. <https://doi.org/10.1155/2013/740291>

Lovibond, S. H. & Lovibond, P. F. (1995). Manual for the Depression Anxiety Stress Scales. *Sydney: Psychology Foundation.*

MacDonald, D. A. (2000). Spirituality: Description, measurement, and relation to the five-factor model of personality. *Journal of Personality*, 68(1), 153-197. <https://doi.org/10.1111/1467-6494.00094>

Mihaljevic, S., Aukst-Margetic, B., Karnicnik, S. & Vuksan-Cusa, B. (2017). Personality and spirituality as predictors of suicidality in depressed patients. *European Psychiatry*, 41, S86. <https://doi.org/10.1016/j.eurpsy.2017.01.272>

- Mochon, D., Norton, M. I., & Ariely, D. (2008). Getting off the hedonic treadmill, one step at a time: The impact of regular religious practice and exercise on well-being. *Journal of Economic Psychology*, 29(5), 632–642. <https://doi.org/10.1016/j.joep.2007.10.004>
- Najafi, K., Khoshab, H., Rahimi, N. & Jahanara, A. (2022). Relationship between spiritual health with stress, anxiety and depression in patients with chronic diseases. *International Journal of Africa Nursing Sciences*. 17. 100463.  
<https://doi.org/10.1016/j.ijans.2022.100463>.
- Nash, J. (2023). *What Is Transpersonal Psychology? 9 Examples and Theories*. Positive Psychology. <https://positivepsychology.com/transpersonal-psychology/>
- Nasr, S. H. (1993). *Knowledge and the Sacred*. State University of New York Press.
- Palmer, B., Quinn Griffin, M. T., Reed, P., & Fitzpatrick, J. J. (2010). Self-transcendence and work engagement in acute care staff registered nurses. *Critical care nursing quarterly*, 33(2), 138–147. <https://doi.org/10.1097/CNQ.0b013e3181d912d8>
- Park, C. L. (2007). Religiousness/spirituality and health: A meaning systems perspective. *Journal of Behavioral Medicine*, 30(4), 319–328. <https://doi.org/10.1007/s10865-007-9111-x>
- Perloff, F. (2010). Ken Wilber's Integral Theory applied to mediation. *Conflict Resolution Quarterly*, 28(1), 83-107. <https://doi.org/10.1002/crq.20014>
- Piedmont, R. L. (1999). Does spirituality represent the sixth factor of personality? Spiritual transcendence and the Five-Factor Model. *Journal of Personality*, 67(6), 985–1013.  
<https://doi.org/10.1111/1467-6494.00080>

PsychologyToday. (n.d.). *Spirituality*. <https://www.psychologytoday.com/us/basics/spirituality>

Rahner, K. (1978). *Foundations of Christian Faith: An Introduction to the Idea of Christianity*.  
*Crossroad Publishing Company*.

Reed, P. G., & Haugan, G. (2021). Self-Transcendence: A Salutogenic Process for Well-Being.  
In G. Haugan (Eds.) et. al., *Health Promotion in Health Care – Vital Theories and  
Research*. (pp. 103–115). *Springer*.

Saroglou, V., Buxant, C., & Tilquin, J. (2008). Positive emotions as leading to religion and  
spirituality. *The Journal of Positive Psychology*, 3(3), 165–173.  
<https://doi.org/10.1080/17439760801998737>

Sartre, J.-P. (1956). *Being and Nothingness: An Essay on Phenomenological Ontology*.  
Washington Square Press. <https://doi.org/10.1017/S0003055400230864>

Scott, S. (2023). *Spirituality vs Religion: 4 Differences You Should Consider*. Happier Human.  
<https://www.happierhuman.com/difference-religion-spirituality/>

Seligman, M. E., Steen, T. A., Park, N., & Peterson, C. (2005). Positive psychology progress:  
empirical validation of interventions. *The American psychologist*, 60(5), 410–421.  
<https://doi.org/10.1037/0003-066X.60.5.410>

Sinclair, S. J., Siefert, C. J., Slavin-Mulford, J. M., Stein, M. B., Renna, M., & Blais, M. A.  
(2012). Psychometric evaluation and normative data for the Depression, Anxiety, and  
Stress Scales-21 (DASS-21) in a nonclinical sample of U.S. adults. *Evaluation & the  
Health Professions*, 35(3), 259–279. doi: 10.1177/0163278711424282

- Smalbrugge, M., Pot, A.M., Jongenelis, L., Gundy, C.M., Beekman, A.T., & Eefsting, J.A. (2006). The impact of depression and anxiety on well being, disability and use of health care services in nursing home patients. *International Journal of Geriatric Psychiatry*, 21. <https://doi.org/10.1002/gps.1466>
- Stellar, J. E., Gordon, A. M., Piff, P. K., Cordaro, D., Anderson, C. L., Bai, Y., Maruskin, L. A., & Keltner, D. (2017). Self-Transcendent Emotions and Their Social Functions: Compassion, Gratitude, and Awe Bind Us to Others Through Prosociality. *Emotion Review*, 9(3), 200-207. <https://doi.org/10.1177/1754073916684557>
- Stevens, D. D. (1999). Spirituality, self-transcendence and depression in young adults with AIDS [Doctorate thesis]. University of Miami.
- Sullivan, P. F., Neale, M. C., & Kendler, K. S. (2000). Genetic epidemiology of major depression: review and meta-analysis. *The American journal of psychiatry*, 157(10), 1552–1562. <https://doi.org/10.1176/appi.ajp.157.10.1552>
- Sutton, J. (2019). *What Is Mindfulness? Definition, Benefits & Psychology*. PositivePsychology. <https://positivepsychology.com/what-is-mindfulness/>
- Tanyi R. A. (2002). Towards clarification of the meaning of spirituality. *Journal of advanced nursing*, 39(5), 500–509. <https://doi.org/10.1046/j.1365-2648.2002.02315.x>
- Tor, E., Cloninger, R., Przybeck, T., Svrakic, D. & Wetzel, R. (2014). TCI-Guide to Its Development and Use.
- Underwood, L. G., & Teresi, J. A. (2002). The daily spiritual experience scale: development, theoretical description, reliability, exploratory factor analysis, and preliminary construct

validity using health-related data. *Annals of behavioral medicine: A publication of the Society of Behavioral Medicine*, 24(1), 22–33.

[https://doi.org/10.1207/S15324796ABM2401\\_04](https://doi.org/10.1207/S15324796ABM2401_04)

Watson, J. (1988). Nursing: human science and human care. A theory of nursing. *PubMed*, 15–2236, 1–104. <https://pubmed.ncbi.nlm.nih.gov/3375032>

# Appendix



**Appendix A**  
**Consent form**

## Informed Consent

Dear Participant,

I am a BS Psychology student from COMSATS University Islamabad, Lahore Campus, conducting a research study to investigate the relationship among Depression, SelfTranscendence, and Spirituality in young adults. Your participation in this study is greatly appreciated. The questionnaire consists of four sections and should take approximately 10-15 minutes to complete. Your participation is voluntary, and you have the right to withdraw at any time without penalty or consequence. All information provided will be kept confidential and only used for research purposes. Please be assured that your anonymity and privacy will be maintained throughout the study. Please note that there are no known risks associated with participating in this study, and it is completely anonymous. However, if you experience any discomfort or distress while filling out the questionnaire, you may choose to skip any questions or stop the survey altogether. If you have any questions or concerns about the study or the questionnaire, please feel free to contact me. Thank you for your cooperation and valuable contribution to this study.

**Signature of Participant:** \_\_\_\_\_

**Signature of Researcher:** \_\_\_\_\_

**Appendix B**  
**Demographic information Sheets**

## Demographic Sheet

### Personal Information

Age (In Years): \_\_\_\_\_ Family System: Nuclear  Joint

Number of Siblings (Including You): \_\_\_\_\_ Birth Order: \_\_\_\_\_

Area of Residence:  Rural  Urban Family Income (Rs): \_\_\_\_\_

#### **Employment Status:**

Full Time Employment  Part Time  Self Employed  Unemployed

#### **Marital Status:**

Single  Married  Divorced/Separated/Widowed

### Academic Information

University Name: \_\_\_\_\_ Subject: \_\_\_\_\_

Degree Program Name: \_\_\_\_\_ Education (in years): \_\_\_\_\_

Semester: \_\_\_\_\_ Previous Semester GPA/Percentage: \_\_\_\_\_

**Have you ever been diagnosed with any chronic or physical or mental disorder?**

\_\_\_\_\_

**Appendix C**  
**Spirituality Scale**

## Spirituality scale

Statement	Strongly disagree	Disagree	Mostly disagree	Mostly agree	Agree	Strongly agree
1. I find meaning in my life experiences.	1	2	3	4	5	6
2. I have a sense of purpose.	1	2	3	4	5	6
3. I am happy about the person I have become.	1	2	3	4	5	6
4. I see the sacredness in everyday life.	1	2	3	4	5	6
5. I meditate to gain access to my inner spirit.	1	2	3	4	5	6
6. I live in harmony with nature.	1	2	3	4	5	6
7. I believe there is a connection between all things that I cannot see but can sense.	1	2	3	4	5	6
8. My life is a process of becoming.	1	2	3	4	5	6
9. I believe in a Higher Power/Universal Intelligence.	1	2	3	4	5	6
10. I believe that all living creatures deserve respect.	1	2	3	4	5	6
11. The earth is sacred.	1	2	3	4	5	6
12. I value maintaining and nurturing my relationships with others.	1	2	3	4	5	6
13. I use silence to get in touch with myself.	1	2	3	4	5	6
14. I believe that nature should be respected.	1	2	3	4	5	6
15. I have a relationship with a Higher Power/Universal Intelligence.	1	2	3	4	5	6
16. My spirituality gives me inner strength.	1	2	3	4	5	6

17. I can receive love from others.	1	2	3	4	5	6
18. My faith in a Higher Power/Universal Intelligence helps me cope during challenges in my life.	1	2	3	4	5	6
19. I strive to correct the Excesses in my own lifestyle patterns/practices.	1	2	3	4	5	6
20. I respect the diversity of people.	1	2	3	4	5	6
21. Prayer is an integral part of my spiritual nature.	1	2	3	4	5	6
22. At times, I feel at one with the universe.	1	2	3	4	5	6
23. I often take time to assess my life choices as a way of living my spirituality.	1	2	3	4	5	6

**Appendix D**  
**Self-transcendence scale**



## Self-transcendence scale

<b>Statements</b>	<b>Not at all</b>	<b>Very little</b>	<b>Somewhat</b>	<b>Very much</b>
1. Having hobbies or interests I can enjoy.	1	2	3	4
2. Accepting myself as I grow older.	1	2	3	4
3. Being involved with other people or my community when possible.	1	2	3	4
4. Adjusting well to my personal life experiences.	1	2	3	4
5. Adjusting to change in my physical abilities.	1	2	3	4
6. Sharing my wisdom and experience with others.	1	2	3	4
7. Finding meaning in my past experiences.	1	2	3	4
8. Helping others in some way.	1	2	3	4
9. Having an ongoing interest in learning.	1	2	3	4
10. Able to move beyond some things that once seemed so important.	1	2	3	4
11. Accepting death as a part of life.	1	2	3	4
12. Finding meaning in my spiritual beliefs.	1	2	3	4
13. Letting others help me when I need it.	1	2	3	4
14. Enjoying my pace of life.	1	2	3	4
15. Letting go of past regrets.	1	2	3	4

**Appendix E**  
**Depression, Anxiety, Stress Scale**

## Depression, Anxiety, Stress Scale

Statement	Did not apply	Applied to me some degree	Applied to me to a considerable time	Applied to me most of the time
1. I could not seem to experience any positive feeling at all.	0	1	2	3
2. I found it difficult to work up the initiative to do things.	0	1	2	3
3. I felt that I had nothing to look forward to.	0	1	2	3
4. I felt down-hearted and blue.	0	1	2	3
5. I was unable to become enthusiastic about anything.	0	1	2	3
6. I felt I was not worth as much as a person.	0	1	2	3
7. I felt that life meaningless.	0	1	2	3
8. I found it hard to wind down.	0	1	2	3
9. I was aware of dryness of my mouth.	0	1	2	3
10. I experienced breathing difficulty.	0	1	2	3
11. I tended to overreact to situations.	0	1	2	3
12. I experienced trembling (e.g., in hands).	0	1	2	3
13. I felt that I was using a lot of nervous energy.	0	1	2	3
14. I worried about situations in which I might panic and make a fool of myself.	0	1	2	3
15. I found myself getting agitated.	0	1	2	3
16. I found it difficult to relax.	0	1	2	3
17. I was intolerant of anything that kept me from getting on with what I was doing.	0	1	2	3
18. I felt I was close to panic.	0	1	2	3
19. I felt that I was rather touchy.	0	1	2	3
20. I was aware of the action of my heart in the absence of physical exertion.	0	1	2	3
21. I felt scared without good reason.	0	1	2	3