



Impact of relationship between spirituality and adolescent depression and anxiety

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Summary

Spirituality is a deep well upon which many people draw in times of crisis, unrest, or personal challenge. It reinforces inner peace and provides a sense of connection to a force greater than ourselves. Research shows that spirituality can benefit both the mind and the body. Many Resarchers demonstrated the positive impact of spirituality on physical health and mental health as well as on other positive health outcomes such as subjective well-being, health-related quality of life, coping skills, recovering from mental illness, or less addictive or suicidal behaviors. Whether someone is coping with cancer or clinical depression, spiritual exercises help them increase acceptance, decrease negative emotions, find meaning, and deepen their relationships with others. Spirituality can help address issues such as poor self-esteem, low confidence, lack of self-control, and fear of daily tasks and challenges. For this reason, it can be a helpful extension to mental health treatment plans. It can also simply be a way of keeping mental health strong. The relationship between spirituality and mental health outcomes, particularly anxiety and depression among adolescents, has garnered significant attention in recent years, highlighting its potential role as a protective factor in mental well-being. Spirituality is broadly defined as an individual's personal and emotional connection to the sacred or a higher power, which can manifest through various beliefs and practices, including organized religion. This systematic review aims to synthesize existing research on this relationship, revealing a complex interplay between spiritual beliefs and mental health outcomes that is especially critical given the prevalence of mental health disorders among adolescents approximately one in five youths experiences such challenges. Research indicates that higher levels of spirituality are associated with enhanced life satisfaction and reduced symptoms of anxiety and depression in young individuals. However, the findings are not uniformly positive; while some studies suggest that spirituality can act as a



buffer against mental health issues, others highlight the potential for negative outcomes, such as increased feelings of guilt or anxiety tied to religious beliefs. The methodological rigor of studies in this area has been scrutinized, with calls for more longitudinal research to elucidate causal relationships and better understand the nuanced impacts of spirituality on adolescent mental health. Controversies persist regarding the role of spirituality in therapeutic contexts, as integrating spiritual beliefs into mental health interventions may enhance treatment outcomes for some adolescents while alienating others, necessitating a careful, individualized approach. Furthermore, the current body of literature often lacks depth, with many studies providing only superficial engagement with the complexities of spirituality, thus underscoring the need for more comprehensive research and clinical practice guidelines in this vital area of adolescent health.

Background Spirituality has emerged as a significant factor in understanding mental health outcomes, particularly among adolescents. It is defined as the internal, personal, and emotional expression of the sacred, reflecting an individual's relationship with a higher power, which can be conceptualized in various ways, including through religion or personal beliefs. Recent studies have indicated a growing recognition of spirituality as a vital component influencing mental health, providing not only a framework for understanding individual experiences but also a potential avenue for intervention. Research shows that spirituality is associated with various positive mental health outcomes, including enhanced life satisfaction and reduced levels of internalizing and externalizing problems among adolescents. Notably, a meta-analysis of longitudinal studies found that spirituality positively correlates with overall mental well-being and quality of life, highlighting its importance in fostering psychosocial health. This relationship is particularly pronounced in non-Western societies, where cultural factors may modulate the impact of spirituality on mental health, as evidenced by studies focusing on adolescents in the United Arab Emirates. Furthermore, the methodological rigor in assessing the relationship between spirituality and mental health is critical. For instance, the PRISMA guidelines emphasize the importance of evaluating potential biases in research, particularly concerning the randomization and allocation processes in clinical trials. Such attention to methodological detail ensures the validity of findings, which can inform public health strategies and clinical practices aimed at improving adolescent mental health outcomes. The adolescent years are a pivotal period for mental health development, with approximately one in five

adolescents experiencing a mental health disorder. Thus, exploring the interplay between spirituality and mental health during this crucial stage can offer insights into effective support mechanisms and interventions for anxiety and depression among young individuals.

Methodology and Study Design

The present study employs a systematic review and meta-analysis methodology to investigate the relationship between spirituality and mental health outcomes, specifically focusing on anxiety and depression in adolescents. Following the PRISMA Preferred Reporting Items for Systematic reviews and Meta-Analyses guidelines, only randomized controlled trials (RCTs) were included to ensure methodological rigor and reliability in the findings.

Theoretical Background

Psychological Well-Being

Psychological well-being covers a wide range of welfare including positive assessments of oneself and one's past life, a sense of continued growth and development as a person, the belief that one's life is purposeful and meaningful, the possession of quality relations with others, the capacity to manage effectively one's life and the surrounding world, and a sense of self-determination also developed a measure to assess the above six distinct factors of positive psychological functioning. Both the model and the measure came under review. The former was criticized for the lack of independence of individual scales. According to various researchers, Personal Growth, Purpose in Life, Self-Acceptance, and Environmental Mastery do form a single scale. The latter was criticized for its lack of factorial validity or internal consistency. However, some other studies supported the six-factor PWB model and also revealed the existence of a single higher-order PWB factor above the subscales. The concept of PWB corresponds to the WHO definition of health as a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity, formulated in 1948. A high level of PWB is associated with a lower risk of depression, a lower possibility of displaying risk behavior, and a decreased immune cell expression of a conserved transcriptional response to adversity.

Spirituality

Spirituality therefore forms a multidimensional theoretical construct. It differs from religion as the latter is rather linked with specific rituals, institutional dependencies, and social relationships, whereas the former is more about personal experience of what is unseen and recognized as greater than ourselves. Many studies result showed that there were good impact of spirituality on physical health and mental health as well as on other positive health outcomes such as subjective well-being, healthrelated quality of life, coping skills, recovering from mental illness, or less addictive or suicidal behaviors. The positive impact of health-related behavior on subjective well-being has already been the subject of studies on various age groups: adolescents, university students and older adults. However, little is still known about the relationship between spirituality and adolescent anxiety and depression.

Eligibility Criteria

Eligibility for inclusion in the review was based on several key criteria, including A randomized method of participant selection, Allocation concealment to minimize bias, Similar baseline characteristics among participants, Blinding of both patients and providers where applicable, Avoidance of co-interventions that could confound results, Satisfactory compliance and drop-out rates, Timing of outcome assessments that were consistent across studies, Intention-to-treat analysis to account for all randomized participants.

Literature Search

The literature search was comprehensive, conducted across seven databases: PubMed, Scopus, Web of Science, PsycINFO, The Cochrane Collaboration, Embase, and SciELO. Boolean expressions were utilized to maximize the relevance of the articles retrieved. The search strategy included terms related to spirituality and mental health interventions, specifically structured to capture clinical trials and meta-analyses.

Data Abstraction and Analysis

Data were systematically abstracted through a two-phase process. In the first phase, the titles and abstracts of the identified studies were reviewed to exclude those that did not meet the inclusion criteria, such as studies without control groups or those that were not in English. In the second phase, further scrutiny was applied to assess the methodological quality of the remaining studies,



with particular attention to randomization and bias risks using the Cochrane Back Review Scale, which consists of 11 criteria for evaluating validity.

Outcome Measures

Outcomes related to anxiety and depression were evaluated using self-reported questionnaires. These assessments were administered at baseline, immediately post-intervention, and at a follow-up period to assess the longevity of any effects observed. Data collection adhered to strict regulatory guidelines to ensure participant confidentiality and data integrity [9]. An intention-to-treat analysis was planned to maintain the integrity of randomization, comparing the intervention and control groups on primary outcomes. Statistical methods included t-tests for normally distributed data and Mann-Whitney tests for non-normally distributed data, with effect sizes calculated to gauge the magnitude of interventions. This rigorous methodology aims to provide a comprehensive understanding of how spirituality influences mental health in adolescents, with the potential to inform future interventions and research in this critical area of study.

Findings

Positive Associations between Religiosity and Well-Being

Several studies have highlighted a positive correlation between religiosity and indicators of well-being among adolescents. For instance, a systematic review identified that 79% of the 326 studies analyzed reported greater life satisfaction and happiness among more religious individuals. High-quality prospective studies have further corroborated these findings; for example, research involving 1,635 American adults demonstrated that religiosity could moderate the adverse effects of childhood adversity on adult positive affect. In this context, individuals with low religiosity who experienced childhood abuse exhibited significantly decreased positive emotions in adulthood, whereas those with high religiosity did not show such negative impacts.

Role of Religiosity in Mental Health

In addition to promoting positive mental health outcomes, religiosity appears to influence decision-making processes across an individual's lifespan, fostering ethical values that encourage prosocial behavior. However, the effects of religious involvement are not universally positive;

select studies indicate that it may also lead to guilt, anxiety, and discrimination, highlighting the complexity of these relationships. A longitudinal study found that parental religiosity was associated with better interparental relationships and parenting practices, suggesting that family dynamics may play a crucial role in the development of religious beliefs in adolescents.

Negative Mental Health Outcomes

The relationship between religiosity and mental disorders such as depression, anxiety, and substance use disorders is also a critical area of study. Recent research emphasizes the need for longitudinal cohort studies to better understand causation rather than mere correlation between religiosity and mental health outcomes. Findings indicate that while some studies show protective effects of religiosity against disorders such as depression and PTSD, others suggest minimal or no significant associations, indicating a multifaceted and sometimes contradictory relationship.

Variability in Findings and Methodological Considerations

The findings regarding the impact of religiosity on mental health outcomes are diverse, reflecting varying methodologies and populations studied. For instance, qualitative analyses and scoping reviews reveal that the inclusion of religiosity and spirituality (R/S) in adolescent health research remains inconsistent and often limited to basic metrics like religious affiliation. Newer measures specifically designed for adolescents, such as the Religious Behavior Questionnaire, show promise in capturing the nuanced impacts of R/S on mental health outcomes [2]. Furthermore, the research underscores the importance of using robust methodological approaches to enhance the reliability of findings, as evidenced by recent evaluations of bias in studies.

Discussion

The exploration of spirituality in relation to adolescent anxiety and depression reveals complex dynamics that warrant deeper understanding. While religious coping has been identified as a resilience mechanism enhancing well-being, its effectiveness can vary significantly based on individual and contextual factors. Studies indicate that spiritual well-being can provide protective benefits against depressive symptoms, whereas negative religious coping may exacerbate stress and increase the risk of depression among young people. Despite the apparent benefits of integrating spirituality into mental health interventions, the current literature is marked by

significant limitations. A noteworthy gap is the scarcity of longitudinal studies, particularly in low- and middle-income countries (LMICs), which hampers our understanding of the long-term effects of spirituality on mental health outcomes. Most existing studies are cross-sectional and rely heavily on self-report methods, raising concerns about the potential for social desirability bias, especially among adolescents who may feel pressured to conform to certain societal expectations regarding religious beliefs. Furthermore, the systematic review of literature from the Journal of the American Academy of Child and Adolescent Psychiatry (JAACAP) indicates that a substantial number of published studies only superficially address religious and spiritual topics. Of the 689 articles initially identified, only 120 included relevant content, with merely 32 articles providing substantial engagement with R/S themes. This trend suggests that while there is growing academic interest in spirituality and mental health, the depth of exploration remains insufficient to fully inform clinical practice or policy. The involvement of spirituality in therapeutic settings appears promising, as interventions that incorporate spiritual beliefs may enhance treatment effectiveness for adolescents experiencing anxiety and depression. However, careful consideration must be given to the individual's specific context, beliefs, and experiences to avoid imposing potentially harmful or alienating perspectives. Clinicians are encouraged to include inquiries about spirituality as part of comprehensive psychiatric evaluations, recognizing it as a vital component of the individual's overall well-being.

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