



**ROLE OF RELIGIOSITY ON EXISTENTIAL PHILOSOPHY AND DEPRESSION
IN ADULTS**

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ABBREVIATIONS

| | |
|--------|--|
| CRS | Centrality of Religiosity Scale |
| SET | Scale for Existential Thinking |
| CESD-R | Centre of Epidemiological Studies Depression Scale Revised |
| □ | Alpha; Cronbach's Index of Internal Consistency |
| B | Unstandardized coefficient |
| B | Standardized Coefficient |
| F | Frequency |
| F | Model Significance |
| N | Number of participants in a sample |
| K | Number of Items |
| M | Mean |
| SD | Standard Deviation |
| % | Percentage |
| CI | Confidence Intervals |

ABSTRACT

The main purpose behind the conduction of the present research was to explore and understand the Role of Religiosity, in Existential philosophy and Depression among the adults of Pakistan. The target group belonged to the age group 18-40 years. Around 324 Individuals participated in this study among which were 56.8% percent females and 43.2% males. The three measures used are; The Centrality of Religiosity Scale (CRS), The Scale for Existential Thinking and lastly, Centre for Epidemiological Studies Depression Scale-Revised (CESD-R). The research finding showed that Religiosity and Depression had no significant relationship with each other. Whereas, Religiosity was found to have a significant and positive relationship with the Existential Philosophy. The results of t-test analysis showed that depression was more prevalent in the female population than in males. There were no prominent gender differences with respect to Existential Philosophy. However, females were found to be more religious (Mean=54.46) than males (51.75).

This study has implications for adults and their families in raising awareness of importance of religiosity in terms of therapeutic alliance in order to treat mental health issues especially in Individuals that are inclined towards religion.

Keywords: Religiosity, Existential Philosophy, Depressive symptoms, Adults

Chapter 1

Introduction

The word existentialism is basically derived from a European philosophy formally started in between 1800s and this word gained its popularity after the atrocious years of World War II after which a log of people began to question the custom idea of God after witnessing the brutal crimes committed during the war. French thinker Jean Paul Sartre is the first philosopher to have actually identified the concept of existentialism, who had paved the pathway to get back to the basic question of quintessence of life and questioned what if we came into existence first? Is it possible that we are born without any hard-wired or tailored purpose and it's all up to single human individual to answer questions like what we are and the purpose and reason of them being bestowed with this life (Webber, 2008).

Human beings those living beings who need meaning to their lives but at the same time we are left and abandoned in a universe full of illogical things and mentioned that 'What all existentialists share is the principal doctrine that existence leads up to essence 'which imply that we came into existence without any specific common purpose , we are born as independent individuals instead of being tags, stereotypes etc that world decides to impose on us. Our reason or quintessence according to what Sartre says is not what others impose on to us but instead, our purpose to make through our own consciousness and thinking (Cavell, 1964).

If we travel back towards the end of 19th century some philosophers began to question the idea that we are imbued with any quintessence or any purpose. Friedrich Nietzsche a philosopher belonged to Germany, embraced idea of nihilism, the belief that states the ultimate irrelevance of life (Nietzsche, 1880).

What is that one purpose that gives your life meaning? For some it can be God, love, money, work, family or any athletic activity amongst others. Each Individual might have his

own personal logic of the meaning to their life. A sense of meaning is something we all individual collectively crave for or desire and spend time on the quest to answer how our lives are being meaningful maybe one finds it through social justice the society, education, equality others or seeking beauty in artistic expression or by dedicating oneself to a bigger altruistic purpose (Sartre 1958). In certain ways, meaning is what manifests the different possibilities and has the respective levels. The primary meaning that existential scholars and therapists are concerned with is to preserve meaning, which in depth helps to navigate through hard situations of life (Hoffman et al. 2009). Moreover meaning is stronger when shared as part of group with the same values and morals, for example Religion. Religiosity can provide powerful means through which individual can easily face the loss or a death (Moats, 2010)

There are two major possible outcomes of Existential thinking; 1- Individual tries to find purpose of life in pro-social activities or involving in the prospects which are beneficial for him as well as to the society. 2- Individual falls into the state of hopelessness, fear or uncertainty about the existential issues he faces which may also be coined or termed as existential crises which often leads to depression (Cohen & Leonora M ,1999).Plethora of evidence have notified that the term depression is variety of state differing among biological and phenomenological (Mendelson, 1974).

Depression is a prevalent disorder that distresses 3.8 percentage of the world`s population, with 5.0 percent of adults and 5.7 percentage of people above 60 year of age, suffering from depression. About 280 million people universal suffer from depression.

Depression has been documented as a one of the chief public health problem demonstrated by its ranking of fourth between the global load of diseases. 340 million people beyond the age range of 18 year suffer from depressive disorders that have contributed to a elevated suicide rate.

However, Pakistan – a country of approximately 182 million people of numerous castes, cultures, creeds, races, and religions living together with limited access to healthcare unit, exposure to political violence, and high levels of financial insecurity, regional uncertainty, and social injustice. This environment especially contributes to the development of mental health problems. According to national epidemiological reports, the occurrence of depression and anxiety related disorders ranges from 22% to 60%, and the prevalence varies widely between urban and rural areas. Depression is different from the short-term emotional response to normal mood swings and general complications. Depression can be hazardous to health, particularly if it is prolonged, moderate, or severe. Affected people can suffer and suffer from poor performance at jobs, school, and in their families. In the rack up case, it can even lead to suicide. About 700,000 people die each year as of suicide which fourth top reason of death among people of 15-29 (WHO, 2021).

Due to the advancement in the technology and automation, today's individual social connectedness or bonding has seemingly lessened which is developing the quest of existential thinking and giving rise to the depression. As interpersonal relationships are integral for good mental and physical health (Perlman & Peplau, 1981)

The interest of people in topics like religiosity and mental health has lately been increased. The individual assumes these topics to be the major focus

of numerous early psychologists (Frankl, 1959; Fromm, 1855; May, 1950; Yalom, 1980), and modern humanistic-existential psychologists continue to lay interest on these vital psychological functions (Hoffman, 2012; Scheider, 2013; Wong, 2012). Supporting the significance of existential thinking in psychological functioning, Winston, Sumathi, and Maher (2013) found profound engagement with these existential concerns to be connected with worse mental health in Indian adults (Winston et al., 2013). Therefore-the current study was essential to look into this relationship in a Pakistani context.

In our study, we have explored the relationship of Religiosity with Existentialism and Depressive symptoms to learn how religiosity correlates with both, existential philosophy and depression.

Religiosity

"Religiousness is basically religious faith of an individual" Different thinkers and philosophers in different times have witnessed and addressed, the respective notion as broadly about the religious inclination and the extent of the participation or commitments. Religiosity which is measured at the extent of an individual and to the extent of the group of individuals and it typically involves experiential, ritualistic, ideological, intellectual, consequential, social and cultural dimensions (Schaps, Solomon, & Watson, 1991)

According to Religious sociologists experiences of an individual, his faiths and his sense of being in and his attitude most often are not harmonious with their true religious behaviour and beliefs although there is a lot disparity and difference in how an individual can be religious or not (Hyde, 1990). Plethora of complexities are found in measuring the religiosity of individual, measures of the different certain variables e.g appearance in prayer at Church give different results when different approaches to degree attendance are applied such as customary surveys versus time use survey (Solomon, 1990). Decades of sociological,

psychological and anthropological researchers have found "*religious congruence*" (the presumption, in religion an individual's beliefs and morals are closely combined in the entity's brain or that spiritual practices and attitudes are consequent from religious beliefs of an individual or religious beliefs are sequentially rectilinear and stable across different contexts is essentially sparse) The religious beliefs of people are disjointed, unbound and in context of diverse areas life. Every person's beliefs, influences, and actions are complex activities with several sources of knowledge, including cultural, societal and historical realm (Eisenberg, 2004).

An Observant of Jews might not be willing to believe in what Jews offer in the prayer of Sabbath. A Catholic official perhaps not believe in Deity and individuals who frequently dance for the rain when it rains does not dance like that when there is a dry season. (Tellegen, 1999). Demo-graphical studies depicts broad diverse religious principles and performs in the both religious or the non-religious society. For example, in America, those who are related to any religion and seeking religion are 68% and those who believe in the existence of God, 12% of the Americans are the sceptic, agnostics make 17% of America's population. In terms of self-affinity of religiosity 18% call themselves being religious ,37% of them call themselves as spiritual but not sacred in a typical way, and 42% of them considers themselves as neither reacted to any spirituality nor religious; and 21% pray every day and 24% implore once a month. Globally studies on religious conviction also display disparity (Cornwall, Albrecht,& Cunningham, 1986).

Existentialism

Existentialism is a form of philosophical research that investigates the problem of human existence and focuses on the subjective experiences of thought, emotion, and behavior. For example, according to one existentialist, an individual's starting

point is called "existential anxiety, anxiety, disorientation, confusion, or anxiety in the face of a seemingly meaningless or absurd world." It has been. Existential thinkers often look at questions related to the meaning, purpose or value of human existence (Cate, 2003) Humans are a lively mind, indulging in a constant process of bridging the gap in curiosity and pondering how and why to maintain a balance of knowledge. It is seen that Existential thinking accompanied myriads of aspects of individuals life including Resilience ,the ability of individual to bounce back negative or adverse aspects of life (Cairns,2003) .what does not kill us makes us stronger (Nietzsche, 1944), Post-traumatic Growth (Schneider,200),Transitional grief (Philpot,2005),deeper communion with nature (Yalom,1989),Transcendent cogitation (Fabry,1998) as well as existential anxiety and existential depression.

Depression

Clinical depression is often termed as Major depressive disorder. It is such a psychological state or low mood, poor self-regard, Anhedonia or loss of concentration and preference in joyous actions and sometimes it is accompanied with hallucination and delusions. It was Presented by a gathering by clinicians of US, the term has been taken on by American Psychiatric Association for the system cluster under mood disorder in 1980 version of Diagnostic and statistical manual of mental health (5th ed.; DSM-5; American Psychiatric Association, 2013) and has broadly used since.

The analysis of the significant major depressive illness is conducted on the mental status examination of the individual. Even today there is no proper research facility test for this issue, although testing might be done to prevent physical condition that can result into alike symptoms.

The course of issue changes broadly, from one-episode enduring very long time to a life. Major depressive disorder significantly impacted roughly 163 million number of individuals in 2017 this constitutes 2% population of the world. In many states the number of individuals who have been melancholy in their lives fall between 8-18%. In North America, the probability of being affected by major depressive episode is no less than 3-5% for men and 8-10% for women (World Health Organization 2021).

The World Health Organization (WHO, 2021) has mentioned that the commonness of disorder is twice as common in females than in males, yet the reasons and factors for being are ambiguous and not defined. The overall surge in occurrence is connected with pubertal development instead of age, that reaches adult proportions between the age range of fifteen and eighteen, and seems related with psycho social factors more than hormonal. The third most common reason for disabilities the two genders is depression that may lead to lower back aches and cerebral pain.

Major depression at the moment is the main cause of diseases in North America and other countries with high-income and the fourth most common cause in the world. By the year 2030, it will be the top second highest cause of disease burden in the world after HIV, as stated in the database of WHO. Delays or Omissions in getting intervention after recurrence, and failure to provide the necessary help by medical professionals are two obstacles that lead to the mitigation of the disorder. Depression has a major impact on a person's family, his relations with others, work and academic life, sleep and diet, and his overall health physical and mental. People with major depressive episodes mostly have a depressed mood that penetrates in their every aspect of life and previously couldn't find joy in fun activities. Depressed people can be absorbed into the feeling of being worthless, unreasonable guilt and regret, self-pity or gloom. Other symptoms of depression can be lack of concentration and memory,

less involvement in social conditions and activities, decreased libido, getting bothered easily and unwanted thoughts of death and suicide. Insomnia is also very common, when an individual wakes up very early or quickly and cannot go back to sleep. Hypersomnia or oversleeping are also relevant conditions. Some of the antidepressants can also become reason for cause of insomnia because of their irritating effects. In some severe cases, people with depression may have psychotic symptoms (5th ed.; DSM-5; American Psychiatric Association, 2013).

Depression can occur in combination with virtually other psychiatric and physical diagnoses. Physical illness of an individual increases the risk of developing major depression. The symptoms of major depression, mild depression, mood disorders, and depression are mixed with other symptoms of human distress that patients suffering from these tell their clinician. In countries where struggle to achieve their goals on a daily basis, nonproductive is neither estimated nor very much encouraged. Pakistan, like other developing countries, has high incidence of depression in the country, with Lahore at the top of the list at 53.4%, Quetta (43.9%) and finally, Karachi (35.7%). Certain socioeconomic, social, and genetic factors contribute to increased occurrence of depression. Depression is not only limited to a person's mental health, but also leads to the unproductive periods and physical symptoms. Depression is becoming more and more burdensome in the world as it affects usually every area and every aspects of life and precedes to economic loss around the world (Husain & Creed, 2000).

Therefore, there are a myriad of approaches to the causes of depression, including a bio psycho-social model that says that all biological, psychological, and social factors play a role in the pathological process of depression. Stress models depict that depression occurs when existing vulnerabilities or stress are triggered by stressful life

conditions. Existing vulnerabilities may either be genetic, which means the interaction between nature and upbringing, or a general one that stems from the worldview learned as a child. American psychiatrist Aaron Beck proposed that a triad of automated and impulsive negative thoughts about self, the world and the environment, and the future can lead to other depressive symptoms and symptoms. Certain experiences of childhood (including child abuse or neglect or family dysfunction) increase the risk of getting depression. It has been observed that traumas happened in someone's child correlates with degree of depression, poor or slow response in seeking treatment and duration of illness. In addition to this, various external factors and internal structures integrate with the consequences of depression. This study examined the role of religion and existential thinking, and relationship between religion and existentialism and depression.

Relationship Between Religiosity and Depression

In the psychology of religion, many authors discuss whether religion has a positive or negative impact on psychological well being of adults (Bergin 1980). Nevertheless, evaluations of experimental studies not have yielded constant results, and there are also religious measurements correlated to wellbeing and ailment measurements (Batson & Ventis, 1982) claims that religion is connected with irrational discerning and emotional disorders, and Bergin (1983) argues that it does not sustenance the interpretation that religion is a psycho pathological counterpart. Overall, this led to many commentators agreeing that the results were mixed, and the lack of theoretical guidance lost the clarity of the field (Batson & Ventis, 1982) suggests that the difference amongst intrinsic and extrinsic commands to religion has proven to be furthestmost beneficial in the psychology of religion and health. People described as having an intrinsic orientation to religion have been described as living their religious beliefs, the impudence of which religion is evident in

every aspect of their life (Allport, 1966). Persons those who reveal an extrinsic positioning to religion have been described as using religion to offer participation in a influential in-group (Genia & Shaw, 1991); protection, consolation, and social status (Allport & Ross, 1967); religious participation (Fleck, 1981) and as an ego defence (Kahoe & Meadow, 1981). It is argued that persons with an intrinsic orientation toward religion tend to score higher on measures of psychological well being, while persons with an extrinsic orientation toward religion supervise to score lower on these procedures. This distinction in the psychology of religion is reinforced by studies that have examined the association between religious orientation and depression. On the conflicting, extrinsic religious alignment is significantly associated with depressive symptoms (Genia & Shaw, 1991). There have been several attempts to offer a theoretical basis for the connection among religion and spiritual well-being, particularly in the theory of coping and attribution styles. Religiousness has been viewed as a coping mechanism (Pargament & Park, 1995). Religion is the process by which religious person contract with various compression in their lives (Pargament, 1990) and is operated by comprising a subscale of commitment to religion in the dimension of coping style. Suggests (Carver, 1989). Additional consideration proposes the role of attribution in religion. How an individual distinguishes and infers a particular event, and the resulting ascription. This interpretation is maintained by optimism measures being negatively correlated with depressive symptoms (Scheier & Carver, 1985)

Neuroticism allied with the pleasant mood state, feature for depression, and linked with depressive symptoms (Bagby, 1993). Research suggests that individuals who make internal, stable, and global attributions for negative events, and who give external, unstable, and specific explanations for positive events, score higher on measures of depression (Peterson, 1988).Fifth, there is evidence that self-esteem is negatively correlated with depression measurements (Brewin, 1986).

There are studies suggesting religion is associated with the depression correlations. In general, they consistently find a negative linkage in the intrinsic orientation and anxiety, and a positive relationship in extrinsic orientation and anxiety (Baker, 1982). Moreover, there are some studies suggesting that intrinsic religious orientation is significantly connected with higher self-esteem (Nelson, 1990), and extrinsic religious orientation is self-esteem. Measures that are correlated along with lower self-esteem (Watson, 1985). There is proof that self-esteem is negatively correlated through depression measurements (Brewin & Furnham, 1986). In addition to these studies, there are also studies suggesting that religion is associated with these depression correlations. In general, findings consistently find a negative correlation amongst intrinsic nature and anxiety, and a positive relationship between extrinsic orientation and anxiety (Baker & Gorsuch, 1982). Therefore, the relationship between religious positioning and depression may have numerous mediators that are the outcome of cognitive, personal, and social descriptions of depression. The link among religious orientation and depression can be clarified within the framework of depression theory and represent a try to provide a theoretical foundation for the relationship in religion and mental well-being.

Relationship Between Religiosity and Existentialism

Existentialism is the school of thought which urges to answer the questions pertaining to human existence, which incorporates death anxiety, the purpose of life, and the afterlife. Sometimes it has been seen that religiosity helps the individual to cope with the existential dread and existential depression. Religion gives the direction to look upon for guidance irrespective of the specific religion type. Over the vast time period, people have worshiped several gods e.g., Zeus, Osiris, Thor, or any other deity (Jordan, 2005). However, there are myriads of people and communities who reject the idea of god (Ipsos, 2011). Some theories

argue that religion helps to manage the unawareness and chaos of death (Friedman & Rholes, 2007; Jonas & Fischer, 2006).

In addition to this, few studies show that religion helps the individual to manage the terror of life and helps as a powerful weapon to clarify the omnipresence of religious beliefs (Landau et al., 2004; Vail et al., 2010). Therefore, most people in the world are religious, at least 10% of the populace in post industrialized countries repute themselves as not particularly religious (Ipsos et al., 2004). Individuals who tag themselves as not having a religion, often do it for a precise motive. One of another concern of Existential thinking is identity and the perception of self.

Major purpose of religion as the equilibrium of individual and identity, religious custom and institutions resist constant change or alter in the negotiation of social connotation and provide additional strong anchors for self reference (Mol, 1979)

In addition to this, if an individual tries to reach his purpose of life, he attains through considering any to be in right association with god and may assume any as being on a path concerning self-actualization.

Literature Review

This research was conducted to examine if Religiosity, Existential Thinking and Depression really do seem to work hand in hand.

Past researches indicate that , if one variable happens to exceed in intensity as per the assumed standards of normalcy, one may experience themselves in a pool of depressive symptoms. Like everything else in the universe, a balance between different variables is essential for their smooth functioning. As once that balance breaks, a chaos is generated inside an individual that leads them react to this imbalance in their own ways.

Exline, Yali, and Sanderson (2000) wrote a paper on a research that acknowledged the dual nature of religion, how it contains both, the power to provide comfort to some individuals while making others experience religious strain. The findings depicted an impact of religious strain as an important factor in the identification of psychological illnesses.

Ysseldyk, Matheson, and Anisman (2010) Religion is thought to have a huge influence in shaping psychological and social processes as-well as giving individuals a sense of identification to certain social groups on cognitive and emotional terms. Negative consequences may also arise when those religious identities are threatened as a result of inter-group conflicts within groups. Thus the study's main aim was to dive into the dual nature of religion and learn more about its impact within social groups.

Drisscoll and Wierzbicki (2012) studied the influence of acculturation and religiousness on Muslim Pakistani and Palestinian Individuals who have experienced depression and were residing in the US. The results concluded that as long as it is limited to Muslims, they indicate that acculturation and religiousness are differently linked with types of attributions made for experiencing depression.

Buzdar, Ali, Naeem, and Nadeem (2014) studied a sample of 502 Pakistani university going girls who were randomly chosen to assess the association between Religiosity and Psychological variables like stress, depression and anxiety. The findings showcased an

inverse relation between extrinsic personal religious inclination and symptomatology of depression, anxiety and stress.

Nadeem, Ali, and Buzdar (2017) in their research, 723 Pakistani young adults were randomly chosen to assess the relation between Muslim Religiosity and Psychological factors like Depression, Anxiety and Stress. The findings discovered that religiosity strengthens psychological wellness in the young adults of Pakistan.

Giannone, Kaplin, and Francis (2019) conducted a study on a sample of 353 undergraduate students. They hypothesized that religiosity would act as a moderator among the variables, existential thinking and mental health- proven wrong, whereas purpose in life would mediate between religiosity and mental health related concerns, was proven right. Their interpretation of results confirmed the relationship of existential philosophy and purpose in life in the religiosity-mental health connection.

Cetin (2019) conducted a study aimed to study the effects of religious involvement and social participation on the existential well-being levels of refugees and immigrants residing in Turkey. The data was collected from 97 participation taking voluntary Turkish language courses. The results showcased no proper direct, but an indirect effect of religious involvement on existential well-being through social participation.

Parattukudi and Maxwell (2021) conducted a research to find scientific proof that proposes a relationship between Religiosity, spiritual intelligence and depression. A sample of 39 participants (66.7% Female) completed questionnaires of the concerning variables before they received intervention for depression. The research concluded in stating a negative relationship between Religiosity, Spiritual Intelligence and Depression.

Saged, Sa'ari, Abdullah, Al-Rahmi, Ismail, Zain, and alShehri (2022) whose main aim was to scientifically test and prove the effectiveness of Islamic religious based intervention

on mental health disorders among Muslim patients. The study was conducted on a sample of 62 Muslim patients that included 30 females and 32 males who were randomized into control or treatment groups. The ANCOVA results revealed that the Islamic religious based intervention was successful in reducing anxiety levels in women and reducing depression levels in men as compared to the control group receiving typical care.

Authors Chen, Lui, and Huan (2022) conducted a research whose main agenda was to bridge the gap in order to further understand the impact of religion on the health of the residents of Macau. The results identified a positive link between religiosity and health, despite the availability of casinos nearby. Further results also confirmed that Individuals more towards the religious side had higher levels of altruism and a lower level of prejudice.

Despite the development in the level of researches discussed above, there still exists an overwhelming gap in the literature that studies the relationship of Religiosity with Existential Philosophy and Depression, together. This further led to the conduction of the present study as there was a lack of similar literature present in Pakistan.

Theoretical Framework

Relationship between Religiosity and Depression

Theory of Learned Helplessness: .Martin Seligman (1974) put forth a term called ‘Learned Helplessness’ to explain a concept as he understood it to be a consequence of a situation where an individual realizes that all their efforts to escape a negative situation are doing no good, thus the individual ends up becoming passive and starts to endure those negative aspects even when a solution most likely exists, thereby pushing himself into a constant feeling that his life is meaningless, that he has no control over. This concept can further express the relation between Religiosity and Existential philosophy in a two-fold manner. Looking at the concept from a religious point of view, the believers tend to find solace and comfort in the decree of their respective religions

that every calamity or state of happiness they experience, is all preordained from their God to test them. This particular concept leads them to acquire the learned state of helplessness in both positive and negative ways. The first, being the state where an individual makes efforts to fix a situation but ultimately gives in and accepts the situation as a test from the divine which further helps him find peace. Most religions talk about the concept of a devil or Lucifer, who tries to incite the believers into performing an act of sin. The second being the state, where some individuals tend to use this ideology to try to escape accountability for their own actions by giving more importance to external factors that may or may not be impacting a situation. Consequently, it results in them giving up entirely due to their internalized false religious perceptions that they have no sort of control over a situation at all, thereby assuming the situation as a state of doom.

Relationship between Religiosity and Existentialism

Existential theory (1800). It has its roots deep in philosophy that stress on Individual Existence, Freedom and Choice. The philosopher most associated with the theory is the founder, (Kierkegaard, 1800) as he believed that human discontentment can only be overcome through internal wisdom. It relates to scenarios where one questions their existence as well as that of humanity, their choices and how they can positively contribute to the wellbeing of the world. People experience Existential Anxiety when they start to doubt the meaningfulness of their lives or when the meaning, they have developed for their lives contradicts with the reality of their life and its circumstances. Instead of enlisting human experiences like anxiety, depression as mental illnesses, Existential Theory thinks of these as powerful steps in the maturation and development of an individual. This theory further emphasizes on the personal power of the individual to choose their own actions and take personal responsibility for them. An Individual's Personal Identity, another important aspect of the theory, puts importance on the fact that a person can only define the rights and wrongs of their life when they truly

understand the uniqueness of their existence. Kierkegaard also emphasized that Individuals must choose their own path authentically, without the help of universal, objective standards formed as a result of societal pressure. It also takes into account that human beings are their own individual spirits that are not only considered complete with the completion of their body parts but their thoughts, interpersonal relations and many levels of self- awareness. Religiosity may influence how individual perceive existential concerns and their connection with mental health (Hood and spike,2008)

Durkheim (1915), A French sociologist defined Religion as "a combined system of beliefs and practices related to the divine". He believed the word sacred had extraordinary meaning and that it existed only when there was a division in society between normal life and the sacred. He was also of the belief that religion brought a sense of stability and social control to society. Seen through the lens of functionalism, religion offers opportunities for social interaction and group formation. It provides a safe place for people with similar values to come together for help.

Conflict Theory. However the *Conflict Theory* sees religion as an establishment that helps maintain social inequality within the society. Where unequal power distribution leads to the support of the unjust few while justifying unequal social standards placed within the society. It focuses on how a few religious leaders instil qualities like patience and gratefulness within the poor as they are made to believe that their financial circumstances are divinely ordained and raising a voice against would be equivalent to going against the sacred. These religious leaders are the misleading idols that have and continue to lead thousands of believers into confusion and ultimately depression as they are made to believe that their financial

circumstances are divinely ordained and raising a voice against the injustice would be equivalent to going against the sacred.

In a collectivist society like Pakistan, an Individual automatically ends up viewing themselves in light of their religion as it is deeply interlinked with our culture. Thus it seems only understandable how tough it can get when the three variables start to interfere with one another. As explained in the existential theory, individual freedom and choice is but rather discouraged in our society as we have always been taught to exist keeping societal standards and boundaries in mind, as going out of the horizon of our society and discovering oneself is rather looked down upon. Where the standards of rights and wrongs, the do's and don'ts' that an individual is supposed to follow in his life time, is predetermined even before the child is born. Furthermore, taking accountability for the choices we make is also not stressed upon enough as stated in the existential theory, as every action, every sentence spoken, whether good or bad, is a consequence of our own thoughts, belief and values. Therefore, it cannot and should not be blamed on the external aspects of a situation. Keeping in mind the gender differences deeply rooted in the Pakistani society that have always given males the freedom to be as they are whereby imposing strictness on their females. Flawed Religious perceptions may lead to unattainable expectations, thus having individuals doubt the meaningfulness of their life and actions thereby ultimately forcing themselves to go into depression.

In this study, we aim to understand the relation of Religion with both, Existential Philosophy and Depression.

Problem Statement

The main purpose behind the conduction of our study was to explore and understand the role of Religiosity in both, Existential philosophy and Depressive symptoms among the adults of Pakistan.

Sometimes Individuals that regard themselves to be high on the religiosity scale often find themselves trapped in a circle trying to find a way to fulfil both their religious as well as daily life duties that often leads to them crashing under the self-created pressure of expectations which consequently results in the appearance of depressive symptoms among individuals. Subsequently resulting in existential concerns about the meaning of life and their true spirit. However, sometimes, those very same religious beliefs and the tasks associated, may also serve as an anchor to pull those same individuals back from that pool of depressive symptoms, into reality. Studies from past have made attempts to identify the performances through which religiosity upgrades mental health and coping processes (George et al., 2014) by assisting the sense of purpose in the lives (Steger, 2012).

For many, religion and spirituality are a comprehensive framework of established beliefs, practices, attitudes, goals and values that direct them to the world and provide direction and meaning and an uninterrupted access to a variety of religious coping strategies. Religious coping is the positive interpretation of events, goals, and the means by which they are viewed from a sacred point of view, finding meaning, gaining control, gaining comfort, and ultimately, approaching God. Existential Thinking can be thought of as a pathway to God that helps you uncover the truth about yourself as-well the universe, defining its inter-linked nature (Pargament, 1997).

Therefore, through this study we aim to study the dual nature of religion with respect of both, an individual's existential philosophy and the development of depressive symptoms.

Rationale

Depression outcomes by compound of societal, psychological and biological elements. People who experience negative life proceedings (unemployment, sadness, bereavement, traumatic events or environmental disaster) are more probable to progress depression. Second, depression can cause more stress and dysfunction, which worsens the living conditions of the affected people, thus exacerbating the illness itself. As a result, in the suffering of an individual's existence in many societies and populations, it is often found that each religious affiliation has a profound effect on their well-being and well-being. Overall religious commitments; organized religious connection; prayer and private religious commitments. Religious emphasis and motivation; or religious beliefs. People who belong to many religions seem to be at higher risk of depressive symptoms and depression, but those who do not belong to a religion are at higher risk than those who are strongly associated with their religion. Religion is usually not only believing in a higher being or something larger than oneself, but also formal participation in organized religious actions, and prayer, meditation, church attendance, religious reading and documentation. Refers to certain measurable acts, such as adherence to one's religion. Specific place of worship.

An important feature of religion is that it is ordered in a hierarchical order, presided over by a particular authority such as a pastor, cleric, imam, or rabbi. Religion refers to a person's credence system, but religion is the actual bid of such religious beliefs in daily life and work. People with a broad level of religious involvement in overall religious engrossment, organized religion conation, religious excellence, and intrinsic religious motivation have a lower jeopardy of depressive evidence and depressive disorders. Private religious activities or certain religious principles do not seem to have a credible link to depression.

Furthermore, how the existential doctrine or the peculiar philosophy of every individual impact the occurrence of depression among adults in Pakistan, is also intended to be explored in this study. The key goals of this study are to study depression, in command to determine (a) whether religiosity shields against depression and (b) whether religiosity aids in the recovery from depression (c) To explore if religiosity creates the chaos which elevates or worsen the symptoms of depression.

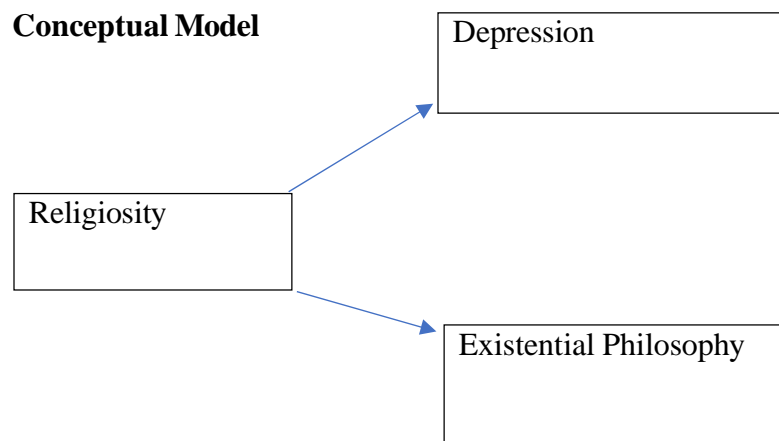


Figure 1. Conceptual Model

Main Objectives of the Research

1. To study the role of Religiosity with Existential Philosophy and Depression among adults of Pakistan.
2. To further understand how Religiosity influences Existential Philosophy and Depressive symptoms among the adults of Pakistan.

Research Questions

- i. How Religiosity and Existential Philosophy and Depression are linked with each other?
- ii. Will there be a difference of gender in religiosity on existential philosophy and depression.
- iii. Does Religiosity affect Depression in Adults?

Hypotheses

- i. There is significant relationship between Religious Beliefs and Existential Philosophy.
- ii. There is significant relationship between Religious Beliefs and Depressive symptoms among adults.
- iii. There is a significant gender difference in Religious Beliefs, Existential Philosophy and Depressive Symptoms.
- iv. Religiosity will significantly predict Existential Philosophy and Depression.

CHAPTER II

Method

Research Design

Since the research study examines the relationship between Religiosity, Existential Philosophy and Depressive symptoms among adult, therefore it comes under the ambit of 'Correlational Research Design'.

Participants

The present cross-sectional study was conducted on the adults and convenient sampling was employed. The respondents were recruited via web-based tool, google forms, through which their responses were recorded. Sample size was generated through G-Power. Around 324 adults from all over the country with the range between 18-40 participants and completed and anonymous web-based convenience based sampling was used to collect the data.

Inclusion Criteria

The population of the interest for this study were the adults of Pakistan. The respondents of the research were within the Age range of 18-40. The participants of the research study were selected on the basis of convenient sampling technique irrespective of their religion, cast, creed, or socio-economic status.

Exclusion Criteria

Individuals with visual or physical impairments or any sort of disabilities including medical are not included in the research data as that may interfere with the results.

The responses of overseas Pakistanis and Non-Pakistani citizens were discarded.

Operational Definitions

Depression

A time period of two week or more in which sadness or loss of interest present every day or nearly every day, and in which there were two-weeks period of two or more other associated trouble with eating, sleeping, concentrating , moving , unusual fatigue, unjustified guilt, and suicidal thoughts or behaviors (Eaton et al. 2000). Higher score on CESD-R means higher depressive symptoms.

Existential Thinking

It is characterized as the need to explore the primal issues of human existence and the susceptibility to interact in a meaning-making mental process that helps identify oneself with regard to these issues (Blake, 2012). High scores highlight individuals that are on the high side of existential reasoning.

Religiosity

Religiosity can be described as the degree to which an individual attaches themselves to religious ceremony, read Holy Scriptures, pray and involves in religious activities (Hood & Hill, 2008).

From a psychological viewpoint, the five core conception can be seen as modes in which personal religious ideas can be shaped and activated (Stefan Huber). High scores on the Centrality of Religiosity Scale (CRS) symbolize individuals with a more central religious construct system.

Measures

Three instruments were used in the research study in order to test the hypotheses.

The Centrality of Religiosity Scale (CRS)

It measures the general intensities of five theoretical defined core dimensions of religiosity that can together be taken as a representative for Religiosity. All values have been retrieved from the International Religion Monitor, conducted in the year 2007. The internal consistency of the CRS-5 in the total sample of the Religion Monitor is 0.85, that of the CRS-10 is 0.93, and that of the CRSi-7 is 0.84 (Cronbach's Alphas). This scale consists of five subscales; 1-Intellectual Capability 2-Ideology 3-Public Practice 4-Private practice and 5-Religious Experience. The scale contains a total of 15 items that are scored on a 5 point likert scale. The higher scores identifies more religious individuals.

The Scale for Existential Thinking (SET)

The "Scale for Existential Thinking" (SET) contains 11 items that are scored against the values, 1 indicates *No or rarely*, 2 depicts *Sometimes*, 3 implies *Often*, 4 indicates *Almost all the time*, 5 depicts *All the time* and lastly 6 indicates *I don't know*, which is considered missing. The value of Cronbach's alpha reliability is ($\alpha = .93$). Moreover, the SET showed construct validity by correlating with meaning in life, curiosity, and other existential variables. High scores in the scale for existential thinking highlight individuals that are on the higher side of existential thinking.

Centre for Epidemiological Studies Depression scale-revised (CESD-R)

The Centre For Epidemiological Studies Depression Scale-Revised (CESD-R) includes 20 items and is a self-report questionnaire that evaluates depressive symptoms in individuals. This scale is also efficient in keeping a track of these symptoms over a period of time. The scale contains 9 subscales, Sadness (Dysphoria), Appetite, Loss of interest, Sleep, Guilt, Concentration, Fatigue, Suicidal ideation and Agitation. It has a satisfactory internal reliability (range: 0.69-0.75). The coding is done on a 4 point likert scale (0-40).

With the values of 0 indicating, *Not at all or less than a day*, 1 suggests *1-2 days*, 2 is scored for *3-4 days* and 3 is scored for both, *5-7 days and Nearly every day for 2 weeks*. Higher scores on the scale indicate people at risk for clinical depression.

Procedure

The research was approved, reviewed and monitored through University's research Evaluation team that consisted of a Research coordinator and the Research supervisor. Prior to Using the scales in the research, the permission was taken from their respective authors. The Participants were then provided with a consent form and demographic sheet before completing the Survey Form. The questionnaires of the research were administered by developing an online web-based Survey forms. The participants were recruited by sending them the web-based Google forms through convenient sampling. Prior to presenting the survey Form, Consent form was presented in which clear-cut instructions and guidelines were mentioned to fill the form. In addition to this, the purpose of the study was also mentioned. The study participants were ensured that all the identifying information collected through the form would remain strictly confidential and that the responses to the survey will be anonymous and the Information obtained would be used only for the research purpose. Moreover, taking the part in research. The research was solely on the voluntary-basis. Also,

the participants of the study were aware that they had full right to withdraw their participation during any stage of the research. After seeking the consent from the study participants to participate in the survey, they were presented with a Demographic sheet that consisted of information pertaining to their education, socioeconomic status, family system, marital status, birth order, relationship with Parents siblings and friends, parental separation, and any serious illness, family history of Depression and city of residence. All these factors were added in the demographic form due to their possible impact on depressive symptoms. After that the three questionnaires were administered on the participants. The mean time taken by the participants to fill out the data Collection form was 10-15 minutes.

A pilot study was conducted on a sample size of 20 participants. No issues were encountered by the participants during the Pilot study in understanding the measures which concluded with satisfactory results. Furthermore, the Cronbach Alpha Reliability values of all the three scales used also came out to be satisfactory. After the successful completion of the pilot study, the data was collected from the participants ranging from age of 18-40. Participants were recruited via internet only.

Informed consent was obtained before conducting the research that entailed the purpose of the research study along with the participant's age range who can qualify to participate in the Research. Confidentiality of the study participants was ensured by explicitly stating that the Identifying information obtained would solely be used for the research purpose and all the data.

Ethical Consideration

Voluntary Participation

It implies that research subjects are independent to take to participate without any impressiveness or compulsion. All participants hold full right to abandon from, or leave,

the study at any point without feeling an obligation to proceed without having to provide a explanation for leaving the study. It is essential to make it lucid to them that there are no negative consequences or repercussions to their refusal to take part.

Informed Consent

It related to the situation in which all potential participants receive and see all the information about research. This reckon information about the study's benefits, risks, funding, and institutional approval etc.

Potential for Harm

Physical, social, psychological and all other types of harm were kept to a minimum.

Research Misconduct

Relates to refutation of data, falsify of data analysis, or misrepresenting phenomenon in research reports. It is a form of academic fraud. These actions committed intentionally and can have serious consequences; Research misconduct is not a simple mistake or a point of disagreement about data analysis, it is a serious ethical issue because it can undermine scientific integrity and institutional credibility which leads to a waste of funding and resources that could have been utilized for alternate research

Chapter III

Results

Statistical Analysis

Statistical procedures were performed using the IBM SPSS Statistics tool for Windows, version 25. Pearson correlation coefficients were used to examine the internal reliability between the variables chosen for the study. Table 1 includes Demographic variables and their statistics that were included in our survey. Table 2 shows the psychometric properties of the three study variables. Table 3 includes the Bi-Variate correlation between the three study variables. Table 4 includes the table for Regression and Table 5 includes the independent sample t test table to test gender differences.

Table 1*Frequencies and percentages of Demographic Characteristics of Sample (N=324)*

| Demographic variables | <i>n</i> | <i>%</i> | <i>M</i> | <i>SD</i> |
|------------------------|----------|----------|----------|-----------|
| Age | | | 24.95 | 5.44 |
| Gender | | | | |
| Male | 140 | 43.2 | | |
| Female | 184 | 56.8 | | |
| First Language | | | | |
| Punjabi | 79 | 24.4 | | |
| Pashto | 34 | 10.5 | | |
| Sindhi | 6 | 1.9 | | |
| Balochi | 2 | 0.6 | | |
| Urdu | 164 | 50.6 | | |
| Other | 39 | 12.0 | | |
| Educational Background | | | | |
| Matriculation | 3 | 0.9 | | |
| Intermediate | 69 | 21.3 | | |
| Graduate | 166 | 51.2 | | |
| Masters | 73 | 22.5 | | |

| | | |
|--|-----|------|
| Doctoral | 13 | 4.0 |
| Socioeconomic Status | | |
| We have a hard time buying the things we need. | 20 | 6.2 |
| We have just enough money to buy the things we need. | 84 | 25.9 |
| We have no problem buying the things we need and we can also sometimes buy special things. | 166 | 51.2 |
| We have enough money to buy almost anything we want. | 54 | 16.7 |
| Birth Order | | |
| 1 st Born | 105 | 32.4 |
| Middle Born | 114 | 35.2 |
| Last Born | 92 | 28.4 |
| Only Child | 13 | 4.0 |
| Marital Status | | |
| Single | 224 | 69.1 |
| Committed | 36 | 11.1 |
| Married | 56 | 17.3 |
| Separated | 3 | 0.9 |
| Divorced | 4 | 1.2 |

| | | |
|---|-----|------|
| Widowed | 1 | 0.3 |
| Employment Status | | |
| Employed | 125 | 38.6 |
| Unemployed | 199 | 61.4 |
| Family Type | | |
| Nuclear | 230 | 71.0 |
| Joint | 94 | 29.0 |
| Religious Beliefs | | |
| Christianity | 7 | 2.2 |
| Hinduism | 1 | 0.3 |
| Islam | 302 | 93.2 |
| Atheism | 14 | 4.3 |
| Others | 0 | 0 |
| Select the Column that best describes your relationship with the following (Mother) | | |
| Very Satisfactory | 240 | 74.1 |
| Satisfactory | 65 | 20.1 |
| Neutral | 14 | 4.3 |
| Unsatisfactory | 5 | 1.5 |

Select the Column that best describes your relationship (Father)

| | | |
|-------------------|-----|------|
| Very satisfactory | 192 | 59.3 |
| Satisfactory | 75 | 23.1 |
| Neutral | 43 | 13.3 |
| Unsatisfactory | 14 | 4.3 |

Select the Column that best describes your relationship with
(Siblings)

| | | |
|-------------------|-----|------|
| Very satisfactory | 190 | 58.6 |
| Satisfactory | 102 | 31.5 |
| Neutral | 28 | 8.60 |
| Unsatisfactory | 4 | 1.2 |

Select the Column that best describes your relationship with
(Close Friends)

| | | |
|-------------------|-----|------|
| Very satisfactory | 191 | 59.0 |
| Satisfactory | 112 | 34.6 |
| Neutral | 20 | 6.20 |
| Unsatisfactory | 1 | 0.30 |

Select the Column that best describes your relationship with
(Colleagues/ Class Mates)

| | | |
|-------------------|----|-------|
| Very satisfactory | 69 | 21.30 |
|-------------------|----|-------|

| | | |
|---|-----|-------|
| Satisfactory | 150 | 46.30 |
| Neutral | 96 | 29.60 |
| Unsatisfactory | 9 | 2.80 |
| Do you have trouble in making friends? | | |
| Yes | 0 | 0 |
| No | 0 | 0 |
| Sometimes, in certain situations | 324 | 100 |
| How often do you interact socially? | | |
| Rarely | 52 | 16.00 |
| Weekly | 63 | 19.40 |
| Bi-Weekly | 22 | 6.80 |
| Monthly | 15 | 4.60 |
| As often as I'd like | 172 | 53.10 |
| Have you ever experienced/Observed people behaving differently towards you on the basis of your faith and religion? | | |
| No, I have no such experience | 226 | 69.80 |
| Yes | 98 | 30.20 |
| If answered yes to the previous question, Rate your experience? | | |
| Mild | 29 | 9.00 |

| | | |
|---|-----|-------|
| Moderate | 65 | 20.10 |
| Severe | 9 | 2.80 |
| Missing (relevant) | 221 | 68.20 |
| Have you ever faced any discrimination at your work place on the basis of your religious beliefs? | | |
| No, I have no such experience | 296 | 91.40 |
| Yes | 28 | 8.60 |
| If you answered yes to the previous question, How frequently have you experienced it? | | |
| Rarely | 14 | 4.30 |
| Often | 10 | 3.10 |
| Very often | 5 | 1.50 |
| Missing (Relevant) | 295 | 91.0 |
| Do you have a physical disability? | | |
| Yes | 0 | 0 |
| No | 324 | 100 |

Table 1 shows the demographic variables for the sample of N=324. The mean age of the participants is 24.95. The sample consists of 43.2% males whereas the females are 56.8% of the sample size. The maximum respondents were graduates making them a 51.2% part of our sample population. The most common family type is Nuclear. The majority of the respondents were single making them 69.1% of the data. More than half of the Individuals were unemployed at 61.4%. When asked if the respondents experienced or observed people behave differently towards them, 30.2% gave a favourable response whereas 69.8% stated that they have had no such experience. Out of the respondents who chose yes, 9 % rated their experience as mild, 20.1% chose moderate whereas 2.8% of the respondents regarded the extent of their experience as severe. When asked if they have ever experienced religious discrimination at their place of work, a 8.6% said yes and that population rated the frequency in the terms, 4.3% said 'rarely', 3.1 stated 'often' and 1.5% gave their response as 'Very often', with the rest of the 91.4% of the population denying any such experience.

Table 2*Psychometric properties of study variables (N= 324)*

| Scale | K | M | SD | Range | | α |
|--|----|-------|-------|-------|------|----------|
| | | | | Min | Max | |
| Centrality of Religiosity | 15 | 53.29 | 8.77 | 3.06 | 4.79 | 0.83 |
| Scale for Existential Thinking | 10 | 28.70 | 7.59 | 2.63 | 3.51 | 0.85 |
| Centre of epidemiological studies Depression | 20 | 20.16 | 15.20 | 0.33 | 1.38 | 0.94 |

Table 2 includes Cronbach Alpha values for Centrality of Religiosity ($\alpha=0.83$), Scale for Existential Thinking ($\alpha=0.85$) and Centre of epidemiological studies depression scale ($\alpha=0.94$). The results indicated that the three scales have high values of internal reliability.

Table 3*Inter-scale correlation between Religiosity, Existential Thinking and Depressive Symptoms**(N=324)**Note: CRS= Centrality of Religiosity, ET= Scale for Existential Thinking, CESDR= Centre*

| | | <i>1</i> | <i>2</i> | <i>3</i> |
|----------|-------|----------|----------|----------|
| <i>1</i> | CRS | - | | |
| <i>2</i> | ET | 0.32** | - | |
| <i>3</i> | CESDR | 0.00 | 0.60 | - |

*Note: Centre of Epidemiology depression scale Revised. ** $p < .01$ (two tailed)*

Table 3 presented above shows that there is a significant positive correlation between The Centrality of Religiosity Scale and Scale of Existential Thinking that further represents an increase in one variable with an increase in the other. Whereas the Centre of Epidemiology Depression Scale Revised showed no significant correlation with either the scales.

Table 4

I. Simple linear regression with dependent variable; Existential Philosophy (N=324)

| | B | SE | <i>B</i> | <i>p</i> | 95% CI |
|----------------|-------|------|----------|----------|---------------|
| Constant | 13.80 | 2.46 | | 0.00 | [8.95, 18.65] |
| Religiosity | 0.27 | 0.46 | 0.32 | 0.00 | [0.19, 0.36] |
| R | 0.32 | | | | |
| R ² | 0.10 | | | | |
| F | 37.46 | | | | |
| P | 0.00 | | | | |

Note: Dependent variable: Scale of Existential Thinking.

Table 4.I shows Religiosity (0.27), to be a significant predictor of Existential Thinking. It shows that with every 1 unit change in Religiosity, Existential Thinking will increase by 0.27 units respectively. This suggests that this variable account for 10% of the variance seen in the scale for Existential Thinking. Furthermore, the value of F is 37.46 and that is significant at 0.00 level that depicts that there is less than 1% chance for null hypothesis to be true.

II. *Simple linear regression with dependent variable; Depression (N=324)*

| | B | SE | β | P | 95% CI LL , UL |
|----------------|-------|------|---------|------|-------------------|
| Constant | 20.35 | 5.21 | | 0.00 | [10.09, 30.61] |
| Religiosity | 0.00 | 0.97 | 0.00 | 0.97 | [-0,194, 0.18] |
| R | 0.00 | | | | |
| R ² | 0.00 | | | | |
| F | 0.00 | | | | |
| P | 0.90 | | | | |

Note: Dependent variable: the Centre of Epidemiology Depression Scale Revised.

Table 4.II. The Table shows Religiosity (0.90), to be a non-significant predictor of Depression. It shows that with every 1 unit change in Religiosity, Existential Thinking will increase by (0.00) units respectively. This suggests that these scales account for 0% of the variance seen in the scale for Existential Thinking. Furthermore, the value of F is 0.00 and that is not significant at 0.00 level that depicts that there is a chance for the null hypothesis to be true.

Table 5*Independent sample T test (N=324)*

| | <i>Males</i> | | <i>Females</i> | | <i>t(324)</i> | <i>P</i> | <i>Cohen's d</i> |
|-------------|--------------|-----------|----------------|-----------|---------------|----------|------------------|
| | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | | | |
| Existential | 28.45 | 8.21 | 28.89 | 7.11 | 0.51 | .60 | 0.05 |
| Thinking | | | | | | | |
| Religiosity | 51.75 | 9.27 | 54.46 | 8.21 | 2.79 | .01 | 0.30 |
| Depression | 18.45 | 13.62 | 21.45 | 16.22 | 1.76 | 0.79 | 0.20 |

Table 5. It was hypothesized in our study that there will be significant differences between males (n=140) and females (n=184) in terms of Religiosity, Existential Thinking and Depressive symptoms among adults in Pakistan. To further investigate this hypothesis, an independent sample t test was performed. The results in the table 5 above shows significant gender differences as the Females scored significantly higher (M=54.46) than males (M=51.75) in the Centrality of Religiosity Scale. Thus, the results proved our hypothesis.

CHAPTER IV

Discussion

The main objective behind the conduction of this study was to investigate the role of Religiosity on Existential Philosophy and Depression in Adults of Pakistan.

Hypothesis 1 of our research stated that there will be a significant relationship between Religiosity and Existential Philosophy among Adults. It can be deduced from our results that Religiosity has significant and positive correlation with Existential Philosophy, predicting a change in one variable with a change in the other. Therefore corresponding to the notion presented above by studies that Religiosity and Existential Philosophy work side by side with religion providing a sense of direction towards many existential questions. (Giannone et al.,2019) The results prove our hypothesis.

Hypothesis 2 of our research stated that there will be a significant relationship between Religiosity and Depressive symptoms among adults. According to our results, Depression does not have any correlation with either the variables. Referring again to our results of the regression analysis, even though Existential Philosophy and Religiosity showed a positive correlation, the regression analysis proved no significant impact among them. Thereby rejecting our hypothesis.

Hypothesis 3 predicted a significant gender difference between Religious Beliefs, Existential Philosophy and Depressive Symptoms. As per the results of the Independent sample T test, this hypothesis is proven as it aligned with prior research published on the topic that indicated women to be more religious than men. (Bryukhanov &, Fedotenkov, 2021).

As per Hypothesis 4, stated that Religiosity positively predicts Existential Philosophy whereas does not predict Depression.

Our findings coincide with a study conducted by (McCoubrie & Davies, 2005) to examine whether there is a correlation between spirituality and anxiety and depression in patients in their advanced cancer stages. Along with questionnaires, a Royal free Interview for their Religious and Spiritual beliefs was conducted which led to the results, with spirituality having a negative correlation between the existential and anxiety and depression scores whereas religiosity was found to have no correlation with neither depression nor anxiety. Our results can also be related with another research conducted by (Aflakseir, 2012). The results of this study suggest a positive relationship between personal meaning and religiosity, suggesting a rise in one variable with a change in the other. These results however are limited to Muslim students as many of the items included in the scale of existential thinking align with the values that are a part of their religion. Concepts like heaven, hell, justice and purpose in life are all essential parts of the religion. These results can also be verified with previous findings by (Baumeister, 2005; Zika & Chamberlain, 1992).

There can be many factors that could have led to the insignificance of the results of the scale of Depression. Firstly, Religiosity and Depression are both highly personal topics in Pakistan and bringing them together for a research study, could have led the respondents to share a lot of personal information that could have led to a non-favorable response on the CESD-R.

Despite being the 21st Century, there is still a lot of stigma attached to mental illnesses, on a global basis. Pakistan, being a small part of the world, is a home to many privileged as well as unfortunate families. Among those families, resides a society that not only disregards mental illnesses but blames them upon external factors like demons, black magic and the poor struggling soul itself. The study by (Husain, Zehra, & Husain, 2020) shows all three groups including health care students, professionals and the general public were included in the study which concluded with all three groups scoring higher for stigma attached to mental illnesses. This unkind and judgmental attitude of both, the healthcare workers and the common man, instills guilt in the individual suffering and even though it

may lead the small minority of those sick to actually seek help and get better but it is also able to provoke a majority who end up masking their illness until the illness takes over themselves.

Pakistan is home of a collectivist culture, with it comes with its own set of advantages and disadvantages. A collectivist culture is such that places the needs and goals of a group of people more importance than those of each Individuals. To give this explanation a more Pakistani context, children are often asked to sacrifice their own happiness for that of their parents or to please and align within the standards set by the critics of their society. A gene study was conducted (Way & Lieberman,2010) whose results concluded that allele frequency and depression was mediated by Collectivism- Individualism cultures, it further suggested decreased levels of depression in people with a higher portion of the social sensitivity allele which was further traced to Collectivist cultures. This can lead to a two-fold explanation. Firstly, it is understandable that an individual who was never encouraged Independence and Individual freedom in the first place, will likely ever prioritize themselves enough to recognize their authentic wants and goals and the irrational beliefs and dysfunctional thought patterns associated with them. Secondly, the collectivist culture can help and share the burden, both emotional and financial to create a buffer between the genetic susceptibility to depression. Thereby, curbing depressive symptoms from the root by providing a reliable support system. (Way, n.d)

Our culture influences our personality, thought patterns and consequently, actions in a plethora of ways. It can also affect many of our personality traits like resilience, ability to share our feelings and a natural tendency to be able to withstand higher levels of pain. (Nemade, n.d) Different cultures cater to instilling certain types of traits in their people, like the Japanese are known by their work ethics. Similarly, Individuals of certain cultures are more encouraged than others to be more outspoken about their needs whereas others are

asked to endure to the maximum of their ability and they misinterpret it as being strong. Certain symptoms of depression and other mental illnesses are similar to those caused by a medical condition, like headaches, loss of appetite, tiredness or Gastrointestinal problems. Many cases are only reported by patients because of those symptoms being a hindrance and reducing their level of productivity. A variance in the symptoms reported can be observed across different collectivist cultures, depending on what they collectively are able to comprehend and regard the most troublesome. This variation further affects an Individual's perception, evaluation and outlook on seeking treatment which could have led to the unfavorable response on the scale of depression.

Referring to the Pakistani culture, Individuals may have not felt the desired comfort to talk about the associated symptoms openly as there is a lot of stigma still attached with both the genders but especially males, with the societal pressure of being strong in the face of every adversity as there is more pressure on them to be strong and admitting to having weak moments, is considered a sign of weakness. Therefore, contributing to our results.

Conclusion

This study was conducted on the topic Religiosity, Existential Philosophy and Depression among adults from all over the country having age range between 18-40 years. The responses were collected through Google forms. The three measures that explored the relationship between Existential thinking, Religiosity and Depressive Symptoms are Scale of Existential thinking, Centrality of Religiosity and Centre for Epidemiology Studies Depression Scale-Revised. The results indicated a significant correlation between Religiosity and Existential Philosophy however there seemed to be no correlation with Depression with neither, Religiosity nor Existential Philosophy.

Limitations and Future Recommendations

Apart from the significance that this research holds, the present study encompasses some limitations as well. Firstly, the research was conducted by convenience sampling which majorly included the data from urban citizens of Pakistan, for future researches it is advised that data should also contain population from rural area and more people of other religions except for the Islam to incorporate minorities of Pakistan to increase the generalization of research. The present research yielded responses via self-report Questionnaires to explore and examine the relationship of Religiosity with Existential Philosophy and Depression. Therefore, using self-report measures results in difficulty to verify the accuracy of the study variables, it leaves the room with loops of faking and social desirability. For example, people may have not been able to comprehend the exact and true meaning of the items. There is a possibility that the reported levels of religiosity and intensity of existential thinking may differ from the perceived one. Since it is a study which deals with the exploration of variables; Religiosity, Existential Philosophy and Depression, data was collected from 324 participants due to insufficient time allotted. More data should have been gathered from people of different faiths in order to increase the generalizability of the present research as Pakistan is home to many minorities. Incentives could be provided to the participants in order to get a more thought-of and energetic response from them. Even in the 21st century, Pakistan contains many religion based extremists, among which the minorities may not feel safe declaring their religious beliefs openly. Having an intellectual discussion pertaining to religious beliefs is also stigmatized and highly discouraged. It is encouraged to future researchers to use In-depth interview method in order to build rapport with participants first and to provide them a safe place so they are able to share their thoughts, beliefs and concerns, without a doubt in mind.

Implications

This research can be utilized by population to make awareness, regarding how religious studies help to deal with one of the major emerging issues among the adults, that is existential thinking and how religion plays the role in the reduction of mental health issues.

On the basis of the current result, parents and peers can be made aware as well so that they can understand that existential thinking is an issue which is normal and need to be addressed rather than calling it out as deviant or radical.

The current research can play a vital role as a part of the therapeutic alliance in order to treat mental health related disorders, especially in the context of Pakistani society with prevailing number of theist people with religious inclination.

This study can also be used to raise awareness among our youth that religious beliefs can lead us towards thinking about the purpose or meaning of life and to engage in meaningful thinking about our identity. Along with increasing religious awareness as it is the most effective way to combat religion based extremism.

The current research has paved the ground for the future researchers to dig into one of the most stigmatized issues of Pakistan, that is religious extremism, in order to explore possible outcomes of issue and its origin, causes and influence in the society.

CHAPTER V

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ANNEXURE A
PERMISSION FROM UNIVERSITY



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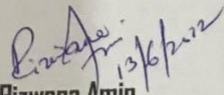
June 10, 2022

TO WHOM IT MAY CONCERN

REQUEST FOR DATA COLLECTION

It is stated that **Ms. Iqra Sohail** Enrollment No. 01-171182-032 is a student of BS Psychology (8th Semester) Bahria University Islamabad Campus conducting research on "**Role of religiosity on existential philosophy and depression in adults**" under kind supervision of Ms. Aimen Zafar Butt. It is requested that kindly allow her to collect the data from your esteemed institution.

Regards,


Dr. Rizwana Amin
Head of Department
Professional Psychology
Bahria University
Islamabad

Department of Professional Psychology Shangrilla Road E-8 Islamabad
Tel: 051-9260002 Ext. No. 1406 Fax: 051-9260889



Bahria University
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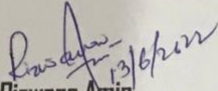
June 10, 2022

TO WHOM IT MAY CONCERN

REQUEST FOR DATA COLLECTION

It is stated that **Ms. Hadia Azmat** Enrollment No. 01-171182-030 is a student of BS Psychology (8th Semester) Bahria University Islamabad Campus conducting research on "**Role of religiosity on existential philosophy and depression in adults**" under kind supervision of Ms. Aimen Zafar Butt. It is requested that kindly allow her to collect the data from your esteemed institution.

Regards,


Dr. Rizwana Arqin
Head of Department
Professional Psychology
Bahria University
Islamabad

Department of Professional Psychology Shangrilla Road E-8 Islamabad
Tel: 051-9260002 Ext. No. 1406 Fax: 051-9260889

ANNEXURE B**Informed Consent Form**

Informed Consent Form

Our study intends to explore the Relationship between the Role of Religiosity and Existential Doctrine on Depression amongst the Adults of Pakistan. This research is being carried out for a bachelor's thesis at Department of Professional Psychology, Bahria University, Islamabad Campus, solely based upon educational purposes..

In order to qualify for this study, participant must lie within the age range of 18-40.

Your responses to this survey shall remain anonymous. All the possible measures shall be taken to preserve your confidentiality and all the identifying information obtained from this study shall be kept strictly confidential. Participation in this study is voluntary which maintains the individual's right to continue, quit or withdraw from the study.

Your participation in this study shall be highly appreciated and valued.

For queries pertaining to this study, feel free to contact us.

Regards,

Iqra Sohail

iqrasohail_07@hotmail.com

Hadia Azmat.

Hadiaazmat7@gmail.com

ANNEXURES C**Demographic Information Sheet**

Demographic Information Sheet

1. Kindly select the age group you belong to

2. Gender

- Female
- Male

3. What is your Educational Background?

- a) Matriculation
- b) Intermediate
- c) Graduate
- d) Post-Graduate

6. Which of the following situations best describes your socioeconomic status?

- a) We have a hard time buying the things we need.
- b) We have just enough money to buy the things we need.
- c) We have no problem buying the things we need and we can also sometimes buy special things.
- d) We have enough money to buy almost anything we want.

7. Birth Order

- a) 1st Born
- b) Middle Born
- c) Last Born

d) Only Child

8. Marital Status

- Single
- Committed
- Married
- Separated
- Divorced
- Widowed

9. Employment Status

- Employed
- Currently Unemployed

10. Family Type

- Nuclear
- Joint

11. Do you have any common illness that runs in your family?

12. Your Religious Beliefs?

- Christianity
- Hinduism
- Islam
- Atheism

- Other

13. Select the box that best describes your relationship with parents, siblings, close friends and teachers:

| | Very Satisfactory | Satisfactory | Neutral | Unsatisfactory |
|---------------|-------------------|--------------|---------|----------------|
| Mother | | | | |
| Father | | | | |
| Close Friends | | | | |
| Colleagues | | | | |
| Siblings | | | | |

14. Do you have trouble in making friends?

- Yes
- No
- Sometimes

15. How often do you Interact Socially?

- Rarely
- Weekly
- Bi-Weekly
- Monthly
- As often as I'd like

16. Have you ever experienced/ observed people behaving differently towards you on the basis of your faith and religion?

- No, I have no such experience.
- Yes

17. If you answered yes to the previous question, to what extent would you rate your experience?

- Mild
- Moderate
- Severe

18. Have you ever faced any discrimination at your work place on the basis of your religious beliefs?

- No, I have no such experience.
- Yes, I have experienced it.

19. If you answered yes to the previous question, How frequently have you experienced it?

- Rarely
- Often
- Very often

20. If you answered yes to the previous question, kindly state your experience down below.

21. Do you have a physical disability?

- Yes
- No

ANNEXURE D

Scale of Existential thinking

Scale of Existential thinking

| | | | | | |
|--------------|-----------|-------|-------------------------|---------------|---------------|
| No or rarely | Sometimes | Often | Almost all the time. | All the time. | I don't know. |
| 1 | 2 | 3 | 4 | 5 | 6 |

| | 1 | 2 | 3 | 4 | 5 | 6 |
|--|---|---|---|---|---|---|
| 1. Do you ever reflect on your purpose in life? | | | | | | |
| 2. Do you ever think about the human spirit or what happens to life after death? | | | | | | |
| 3. Have you ever spent time reading, thinking about, or discussing philosophy or beliefs? | | | | | | |
| 4. Do you have a philosophy of life that helps you to manage stress or make important decisions? | | | | | | |
| 5. Do you think about ideas such as eternity, truth, justice and goodness? | | | | | | |

| | | | | | | |
|---|--|--|--|--|--|--|
| 6. Do you spend time in meditation, prayer, or reflecting on the mysteries of life? | | | | | | |
| 7. Do you discuss or ask questions to probe deeply into the meaning of life? | | | | | | |
| 8. Do you ever think about a "grand plan" or process that human beings are a part of? | | | | | | |
| 9. Have you ever thought about what is beyond the "here and now" of your daily life? | | | | | | |
| 10. Have you ever reflected on the nature of reality or the universe? | | | | | | |

Note: In the scale for existential thinking, question number 11 regarding the 'Big Questions' was eliminated with the permission of the author due to the variance in its coding.

ANNEXURE E

Scale of Centrality of Religiosity

Scale of Centrality of Religiosity

CRS-15

| Regarding this one and the following questions please take your personal imagination of "god" or "something divine". | not at all | not very much | moderately | quite a bit | very much so |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| To what extent do you believe that God or something divine exists? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How interested are you in learning more about religious topics? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| To what extent do you believe in an afterlife—e.g. immortality of the soul, resurrection of the dead or reincarnation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How important is to take part in religious services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How important is personal prayer for you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In your opinion, how probable is it that a higher power really exists? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How important is it for you to be connected to a religious community? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| How often do you pray? | <input type="checkbox"/> several times a day | <input type="checkbox"/> once a day | <input type="checkbox"/> more than once a week | <input type="checkbox"/> once a week | <input type="checkbox"/> one to three times a month | <input type="checkbox"/> a few times a year | <input type="checkbox"/> less often | <input type="checkbox"/> never |
|------------------------|--|-------------------------------------|--|--------------------------------------|---|---|-------------------------------------|--------------------------------|
|------------------------|--|-------------------------------------|--|--------------------------------------|---|---|-------------------------------------|--------------------------------|

| How often do you take part in religious services? | <input type="checkbox"/> more than once a week | <input type="checkbox"/> once a week | <input type="checkbox"/> one to three times a month | <input type="checkbox"/> a few times a year | <input type="checkbox"/> less often | <input type="checkbox"/> never |
|---|--|--------------------------------------|---|---|-------------------------------------|--------------------------------|
|---|--|--------------------------------------|---|---|-------------------------------------|--------------------------------|

| How often do you experience the following situations or events? | never | rarely | occasionally | often | very often |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| How often do you think about religious issues? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How often do you experience situations in which you have the feeling that God or something divine intervenes in your life? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How often do you experience situations in which you have the feeling that God or something divine wants to show or reveal something to you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How often do you keep yourself informed about religious questions through radio, television, internet, newspapers, or books? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How often do you pray spontaneously when inspired by daily situations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How often do you experience situations in which you have the feeling that God or something divine is present? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ANNEXURE F

Center for Epidemiologic Studies Depression Scale (CESD)

Center for Epidemiologic Studies Depression Scale (CESD)

| | | | | | |
|---|--|---------------------|---------------------|---------------------|--------------------------------------|
| <p>Below is a list of the ways you might have felt or behaved. Please check the boxes to tell me how often you have felt this way in the past week or so.</p> | <p align="center">LAST WEEK</p> | | | | <p>Nearly every day for 2 weeks.</p> |
| | <p>Not at all Or less than 1 Day</p> | <p>1-2 Days</p> | <p>3-4 Days</p> | <p>5-7 Days</p> | |
| <p>My Appetite was Poor.</p> | | | | | |
| <p>I could not shake off the blues.</p> | | | | | |
| <p>I had trouble keeping my mind on what I was doing.</p> | | | | | |
| <p>I felt depressed.</p> | | | | | |

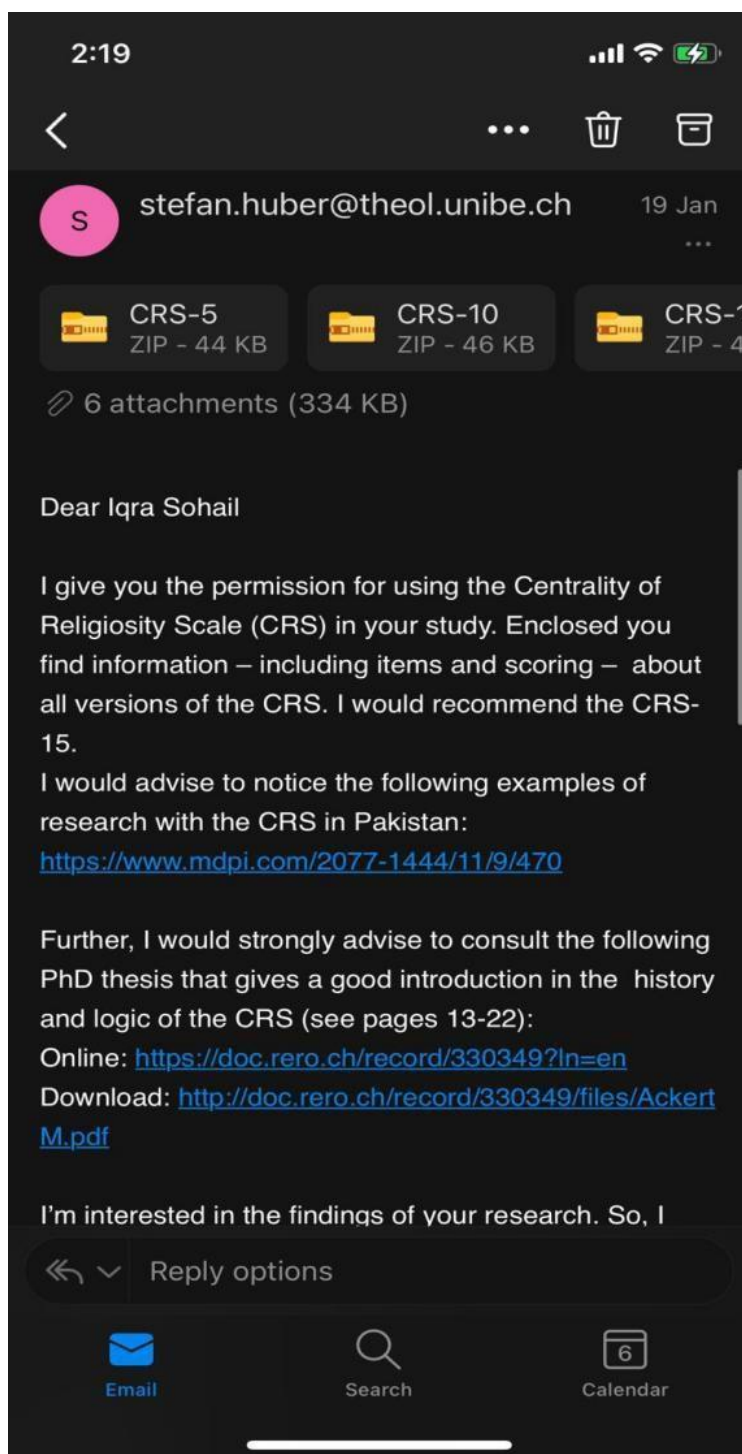
| | | | | | |
|---|--|--|--|--|--|
| My sleep was restless. | | | | | |
| I Felt Sad. | | | | | |
| I could not get going. | | | | | |
| Nothing made me happy. | | | | | |
| I felt like a bad person. | | | | | |
| I lost interest in my usual activities. | | | | | |
| I slept much more than usual. | | | | | |
| I felt like I was moving too slowly. | | | | | |
| I felt fidgety. | | | | | |
| I wished I were dead. | | | | | |
| I wanted to hurt myself. | | | | | |
| I was tired all the time. | | | | | |

| | | | | | |
|--|--|--|--|--|--|
| I did not like myself. | | | | | |
| I lost a lot of weight without trying to. | | | | | |
| I had a lot of trouble getting to sleep. | | | | | |
| I could not focus on the important things. | | | | | |

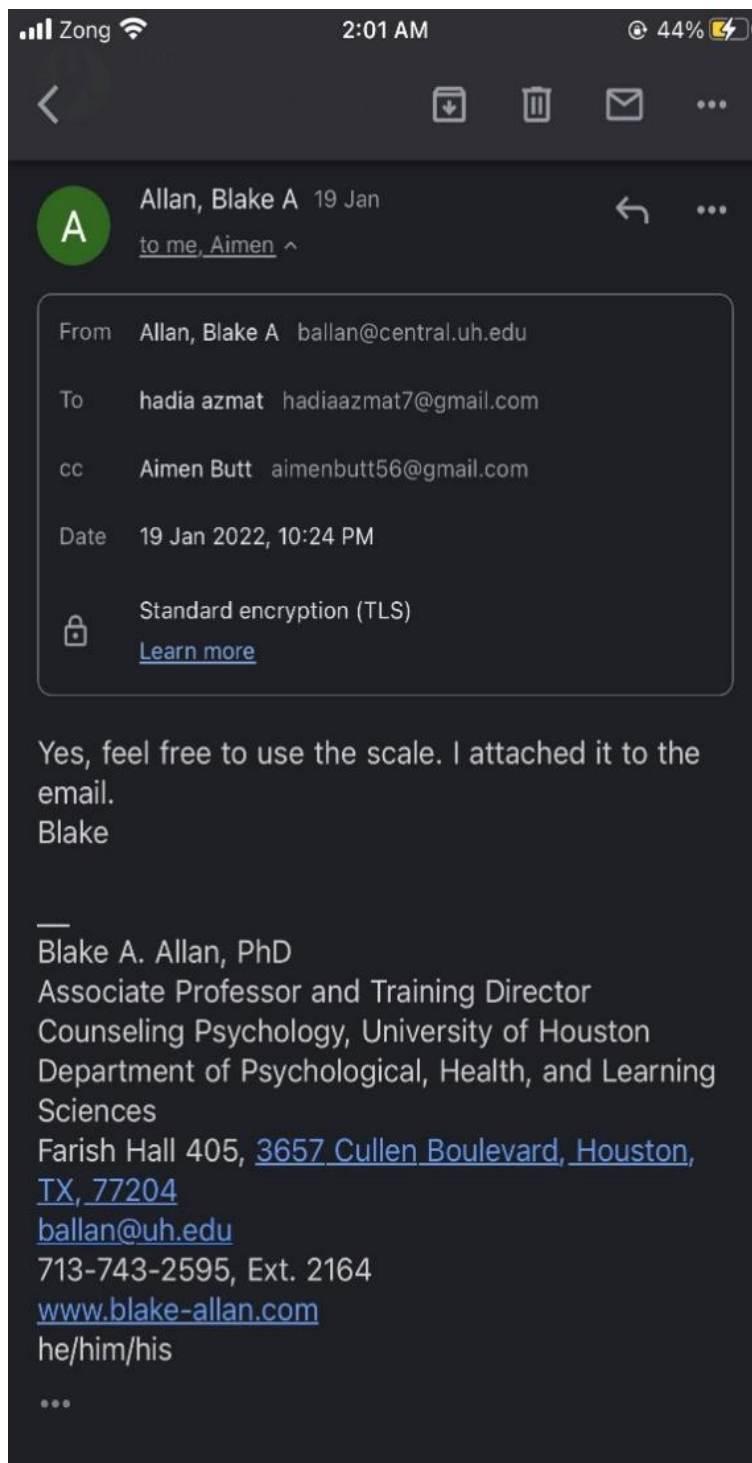
ANNEXURE G

Proof of User Permission for scale

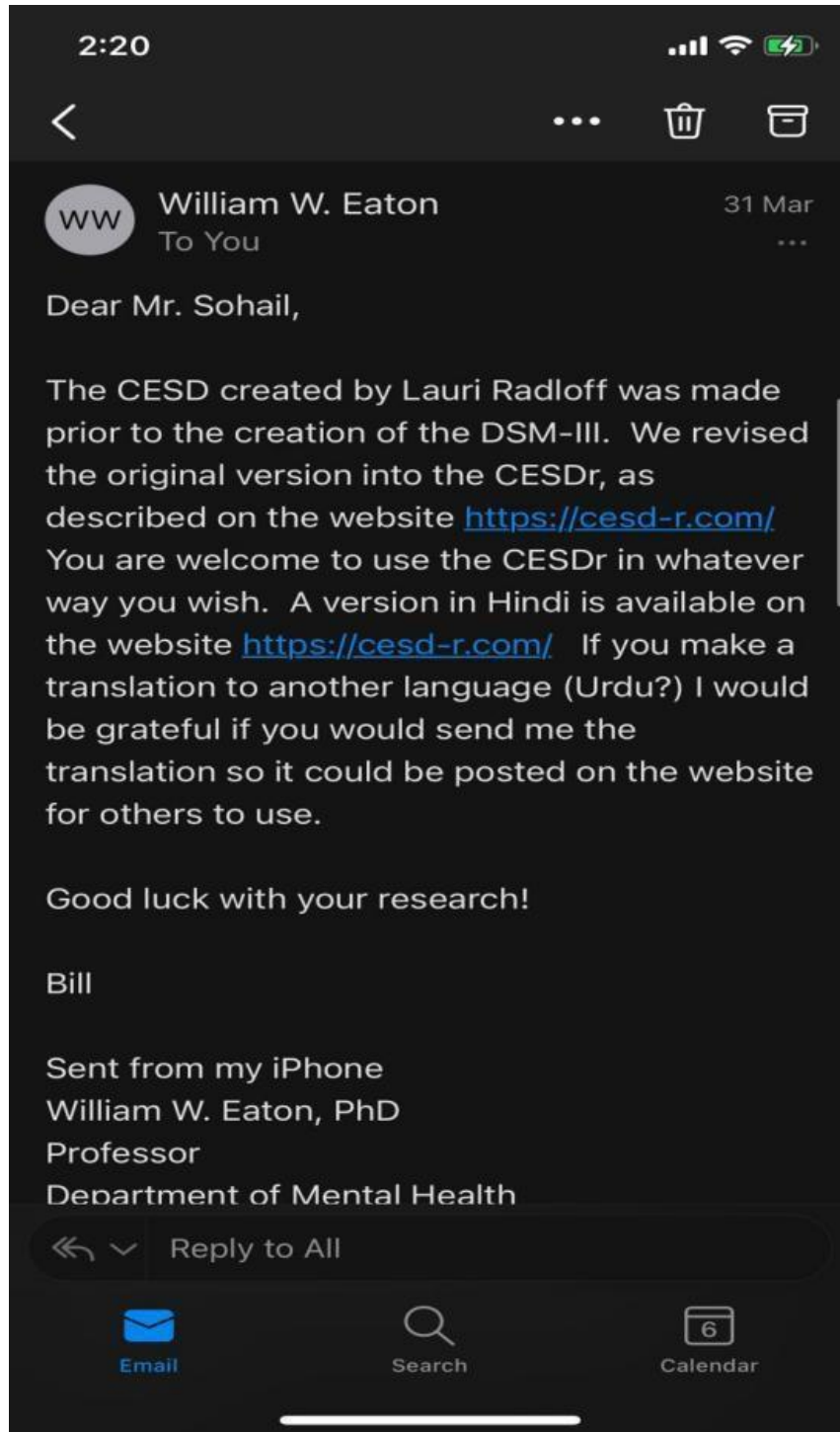
User Permission for the Centrality of Religiosity Scale



User Permission for the Scale of Existential Thinking



User Permission for the Centre of Epidemiology of Depression-Revised



ANNEXURE H
Plagiarism Report

Hadia and Iqra

ORIGINALITY REPORT

13%
SIMILARITY INDEX

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Dementia and Geriatric Cognitive Disorders,
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