**Original Article** 

# Relationship between Religious Orientation and Depression

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## **ABSTRACT**

**Objective:** The present study is aimed at exploring relationship between religious orientation and depression.

Study Design: Cross-sectional study

**Place and Duration of Study:** This study was conducted out at Clinical Psychology, FG Post Graduate College Wah cantt from March 2011 to May 2011.

**Materials and Methods:** The study included samples of 100 individuals from normal population of Wah Cantt. The educational level of participants ranged from intermediate level to post graduate. Religious orientation scale and Zung self rating scale of depression were used to measure the relationship between religious orientation and depression,

**Results:** The present research project was designed to explore relationship between Religious Orientation and Depression. For this first of all Alpha reliability of religious orientation and depression scales were computed. Descriptive Statistics were measured for both scales.

Conclusion: Our finding suggests that religious orientation is negatively correlated with depression.

Key Words: Religious orientation, Depression, Relationship

# INTRODUCTION

The Concept of Religious Orientation and Depression: Psychology of religion is defined as an application of scientific methods to enhance our psychological understanding of religion. The main sources of theory have been the fields of personality and social psychology. These fields include examining the relation between personality characteristics and psychosocial variables, as well as social identity, perception, cognitions, group dynamics and interpersonal relationships to religious variables.

Concept of Religion: The word religion derives from the Latin word religio which some scholars says was first employed to designate a greater-than-human power that requires a person to respond in a certain way to avoid some dire consequences. Other scholars have concluded that religion refers to the feeling that is present in person who vividly conceive of and observe such power. In every instance religion referred to something that one does, or that one feels deeply about, or that impinges on one's will, creating obedience or threatening disaster or offering reward or binding one in to one's community.<sup>2</sup> Medow and Kahoe (1984)<sup>3</sup> defined three major parts of religion, i.e; creed, cultus and code. Creed is beliefs that explain "Why" of things, it helps deal with meaninglessness in life. The second component of religion is Cultus; which includes rituals and ceremonies commonly related to life experiences as birth, puberty, death, marriage, and illness etc, Code is the third component of religious behavior and it consist of guideline and religious requirements and behavior.

**Concept of Religious orientation:** The difficulty in establishing a clear definition of the term religious

orientation revolves around whether it is personality variable, cognitive style, way of viewing religion, or motivation before religious beliefs and behaviors.<sup>4</sup> Allport and Ross have defined religious orientation as the extend to which a person lives out his/her religious beliefs, (as cited in Mccormick, Heokman & Smoth, 2000). Religious orientation is the term employed by psychologists to refer to the way in which a person practices or lives out his/her religious beliefs and values.

The Concept of Depression: According to Cambel's psychiatric dictionary, a mentally normal person is the one who is in agreement with himself and his environment, and he does not rebel against his cultural and social requirements as well<sup>5</sup>.

The definition of depression varies in the neurophysiological, pharmacological, psychological and psychiatric professions.<sup>8</sup> Depression can regard as a mood, symptoms or syndrome.<sup>6</sup> The disorder or syndrome has been studies in terms of somatic, affective and cognitive aspects, yet the growing interest in holistic medicine indicates that the spiritual dimension of depression also needs to be studied.<sup>7</sup>

# MATERIALS AND METHODS

The main objectives of the study were to explore the relationship between religious orientation and depression & to investigate the gender difference between religious orientation and depression relationship.

**Hypothesis:** To meet the objectives of the present research following hypotheses were formulated:

1. Religious orientation is negatively correlated with depression.

2. Women are more prone to depression than men.

### **Definitions of variables:**

**Religious Orientation:** Religious orientation is the extent to which a person lives out his/her religious believes. A person with an intrinsic orientation tends to seek to live day-to-day life according to his/her religion. On the other hand a person with extrinsic religious orientation may be more influenced by other social forces and tend to participate in religious activities to meet person e.g; Social affiliation.<sup>8</sup>

**Depression:** An illness that involves the body, mood and thoughts that affects the way a person eats and sleeps, the way one feels about oneself and the way one think about things (Zung, 1965).

#### Instrument

The Religious Orientation Scale:Religious orientation scale was used to access religious orientation (Gorsuch, 1998). The alpha co-efficient for the religious orientation is .84 (Gorsuch, 1989). The religious orientation scale was responded on a 5 point likert scale (1= strongly agree, 2= Disagree, 3=Undecide, 4=Agree and 5= Strongly disagree). There are five negative items (6, 31, 35, 39, 42) so their will be reversed. The cronbach alpha for the present sample is .63).

The Zung self rating depression Scale: Zung self rating depression scale was developed by (Zung, 1965) and it is used to access the level of depression. The alpha co-efficient for the depression scale is .92 (Zung, 1965). The item scale was respondent on a 5 point likert scale (1=Little of the time, 2=Some of the time, 3=None of the time, 4=Good part of the time and 5=Most of the time). There are ten negative items (2, 5, 6, 11, 12, 14, 16, 17, 18, 20) so their scoring will be reversed. The cronbach alpha for the present sample is 0.65.

**Sample:** The purposive sample of 100 individuals (50 men and 50 Women) from Wah Cantt participated in the present study. The educational level of all the participants range from intermediated to post graduate and age range of all the participants is from 20 to 60 Years. The mean age is 31 Years.

**Procedure:** The sample was approached at their homes through personal contacts. All the questionnaires were administered individually. Written instruction is given on each scale and the purpose of each study is explained on each questionnaire. Respondents were assure that the information from them will be only used for research purpose and will be kept confidential and the participants were briefed that there was no right and wrong answers to the questions and that there was no limit to complete the questionnaire. They were instructed to attempt each and every item. After the completion, the questionnaire were collected and inspected for missing data. Respondents were thanked for their cooperation and their queries were answered. The score data was then fed into the computer for

statistical analysis. The statistical package for social science (SPSS) was used for the analysis of data.

## RESULTS

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The present research project was designed to explore relationship between Religious Orientation and Depression. For this first of all Alpha reliability of religious orientation and depression scales were computed. Descriptive Statistics were measured for both scales. The results are as following.

Table No.1: Mean, Standard deviation for the scale of Religious Orientation and Depression (N=100)

Scales	M	N	SD
Religious Orientation	42	7.87	3.50
Depression	20	51.17	9.15

d.f = 98

Table 1 show that Mean, Standard Deviation of the both scales Religious Orientation and Depression.

Table No.2: Alpha coefficient of religious Orientation and Depression scale (N= 100)

Scales	Number of	Alpha
	Items	coefficient
Religious Orientation	42	0.63
Depression	20	0.65

Table 2 shows that Alpha Coefficient of both the scales Religious Orientation and Depression shows that the internal consistency of scale is quite good.

Table No.3: Correlation between scale of Religious Orientation and depression.

Religious Orientation

Depression - 0.371

The result in table 3 shows that there is significant negative correlation between the Religious Orientation and depression.

# **DISCUSSION**

The present study explores the relationship between religious orientation and depression. This study also explores the gender difference between religious orientation and depression relationship. Basically religious orientation is the extent to which a person lives out his/her religious believes and the people who are religious oriented trend to seek to live to day to day life according to their religion. On the other hand people with extrinsic religious orientation may be more influenced by other social forces and tend to participate

in religious activities to meet person, for example, social affiliation.

In recent decades there has been an increase in the number of studies on the association between religion and mental health. However most of these studies were done on a Christian Sample and few studies were carried out in Islamic countries<sup>9</sup>.

A study of Tehran Showed a significance association between Religious beliefs and mental health which is compatible with other studies<sup>9,11,12,13</sup> since this study was done in Tehran, it provide a cultural comparison with other cites in Iran. Neither are there differences in the results<sup>14,15</sup> nor are the results incompatible with international findings. <sup>16,17,11</sup>

In a study done by Dr. Vesegh and Mohammadi <sup>9</sup> on 285 medical students in Tehran, Iran in 2004. Religion was known as a protective factor against mental disorders and highly religious group has lower anxiety and depression scores.

Researches by the<sup>18</sup> Levin and Schiller, 1987 have typically focused on the consequences, for both the individual and society, of the lack of religiosity, anomie and marginalization. These researches have suggested the religion plays a central part in behavior and an important role in promoting the health. Belzen and Herb (1996)<sup>19</sup> has described the relationship between religious orientation and depression as prophylactic in that it prevents mental illness.

The result of present study done in general Muslim population of Pakistan shows that religious orientation is negatively correlated with depression. This study shows that it is not merely true that religious orientation leads to depression or mental illness because all Muslims believes that the purpose of life is to worship Allah and worshipping Allah does not mean we spend our entire lives in constant seclusion but to worship Allah is to live life according to his commands, not to run away from it. Muslims honestly believe in their accountability for their conduct here on the day of resurrection, they feel contentment in fulfilling their religious duties, thus achieving Allah's good pleasure, which is the main aim of their very existence and that's why the religious oriented persons remains mentally fit or healthy.

# CONCLUSION

Thus our finding suggests that religious orientation is negatively correlated with depression.

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