



## **Depression and Purpose in Life among the War-Affected Population in Syria**

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### **Abstract**

*Research findings indicate that levels of purpose in life are negatively correlated to depression severity (Blackburn & Owens, 2015). In addition, religiosity was also found to be negatively correlated with depression and positively with purpose in life (Bamonti, Lombardi, Duberstein, King, & Van Orden, 2016). The featured study examined factors that are related to depression severity among the war affected population in Syria. These factors are purpose in life and religiosity. The sample size was 840 Syrians; 395 of them were males, and 445 were females. All participants completed an online survey that contained questionnaires about purpose in life and depression and were asked to report whether or not they consider themselves to be religious. Results showed that purpose in life was negatively associated with depression, where having high purpose in life score predicts low depression severity. Moreover, individuals who reported being religious had higher purpose in life score and lower depression score than those who reported otherwise. These findings highlight the importance of purpose in life and religiosity in relation to depression severity among the Syrian population. Further studies can be established to explore more about the relationship between depression, purpose in life, religiosity, and other related variables.*

*Keywords:* depression, purpose in life, religiosity, Syrian war

Syria has been undergoing a civil war since March, 2011. This multisided conflict started as a protest movement calling for more human rights and freedom. The movement was repressed by the government. As a result, the movement became a part of the Arab Spring and became a revolution. An armed conflict arose between the revolutionaries and the government that ended up in international interventions. The conflict turned into a multisided civil war. According to the UN death report, approximately half a million people have died as a result of the conflict (UNHCR, 2015). Wars have many impacts on the population living in the war zone. In March 2015, the UN estimated that half of the Syrian population (10.5 million) had been displaced. As a result, many problems have been appearing among both populations: those who got displaced and those who stayed inside Syria. Mental health is one of the undertreated problems in Syria. Moreover, very

little research has been conducted on Syrians' psychological health since the war began. This research aims to describe the factors that influence the psychological well-being of Syrians, especially the factors that impact depression. The focus of this research is to study the relationship between depression and both purpose in life and religiosity and how they impact each other.

Purpose in life can be described as an individual's ability to find purpose or meaning in his/her life, and the abilities to attribute meaning to various life events, to set up life goals, to heal from negative life events, and to show a high level of positive psychological health (Kállay, 2015). Purpose in life is found to be strongly related to mental health and associated with greater well-being (Blackburn & Owens, 2015). It also has been indicated that there is a strong positive relationship between the ability to find meaning in events and overall emotional stability (Kállay, 2015). Thus, researchers have become more interested in studying how purpose is related to psychological well-being (Tavernier & Willoughby, 2012). Furthermore, purpose in life can protect the individual against the effect of traumatic events by reducing the severity of both depression and Post-Traumatic Stress Disorder (PTSD) (Blackburn & Owens, 2015). If a person is able to make sense of losing a loved one, or succeed in finding positivity in suffering, fewer severe depression symptoms are found (Tavernier & Willoughby, 2012). Having purpose in life helps individuals develop a positive view toward the future, rather than focusing on the current negative event (Blackburn & Owens, 2015). However, when a person is unable to maintain a purpose or meaning in life, especially after traumatic events, he or she becomes vulnerable and more likely to develop psychological problems such as depression (Blackburn & Owens, 2015). This failure to create a meaning or purpose in life can produce negative adjustments to the new changes (Steger, Owens, & Park, 2015). Although having purpose in life can reduce the severity of depression resulting from traumatic events, war combat was found to change individual beliefs about life, and affect their valued life goals (Steger, Owens, & Park, 2015). Purpose in life was found to be negatively correlated to depression, as people who can continually find a meaning in their life are less likely to be depressed.

Depression is a common mood disorder among the war-affected population. In fact, combat exposure and going through life-changing events often results in depression (Blackburn & Owens, 2015). Symptoms of depression often affect feelings, daily activities, functioning, sleeping, eating habits, and sense of worth (Alansari, 2006). This disorder involves both mind and body, and affects one's way of viewing the self, by affecting one's self esteem, and the world by losing motivation and potential. Depression can increase among the war-affected population directly as a result of war exposure or indirectly through a life-changing condition such as relocation or economic stress (Witting, Lambert, Wickrama, Thanigaseelan, & Merten, 2016). The Syrian crisis has impacted the population's mental health by increasing the percentage of people suffering from psychological disorders. In fact, 40% of the Syrian population is in need of psychological help, while only 1% of Syrian refugees are provided with mental

health services (UNHCR, 2015). Syrian people who are living under war conflict, or have been going through traumatic events, have high levels of frustration and emotional instability (Weinstein, Khabbaz, & Legate, 2016). This population is vulnerable due to many causes. One of the influences is social isolation because of relocation or separation from family. Another factor is feeling powerless and unable to change what is happening and protecting oneself, one's family, or one's friends (Hasanović, & Pajević, 2013). All of these can eventually produce serious psychological problems, with depression being one of the most common problems in these cases.

In addition to purpose in life, religiosity also has an impact on the severity of depression. The term "religiosity" refers to the different aspects of religious dedication, including practices, daily activities, and beliefs (Hasanović, & Pajević, 2013). Religious moral belief protects people who have gone through traumatic events and helps them maintain more emotional stability. It provides this protection by enhancing coping skills and stabilizing emotional reactions (Hasanović, & Pajević, 2013). Therefore, religiosity has been found to be negatively correlated with depression. It was also found that high religiosity is negatively correlated with traumatic experiences and depression severity (Bamonti, Lombardi, Duberstein, King, & Van Orden, 2016). People who report being religious will also report experiencing less depression severity and fewer traumatic effects. In other words, it has been indicated that people who report more depression and traumatic effects have significantly reported lower levels of religiosity (Hasanović, & Pajević, 2013). Some researchers tried to explain this relationship between religiosity and depression by looking to the benefits related to religiosity. Optimism, which is highly related to positive psychological health, especially decreasing depression, was found to be positively correlated to religiosity (Koenig, Pearce, Nelson, & Daher, 2015). Higher optimism has also been found to be associated with better well-being and lower depression. The same research emphasized that optimism is positively correlated to religious involvement (Koenig, Pearce, Nelson, & Daher, 2015). Another explanation is that religiosity provides a better sense of control over life and problems, especially over stressful situations. At the same time, a lower sense of control over stressful events increases the risk of having psychological disorders (Papazisis, Nicolaou, Tsiga, Christoforou, & Sapountzi-Krepia, 2014). A study that was done on college students found that reporting strong religious beliefs was significantly correlated with having higher self-esteem and lower depressive symptoms (Hasanović, & Pajević, 2013).

In addition to its relationship with depression, purpose in life is also linked to religiosity. Religiosity can be a predictor of a sense of life purpose. It was indicated by many researchers that there is a strong positive correlation between religiosity, psychological well-being, and purpose in life (Galek, Flannelly, Ellison, Silton, & Jankowski, 2015). To be more specific, religiousness is linked to purpose in life, and they are both associated with depression severity in different directions. In fact, many theorists believed that one of the primary

goals of religion is to find a purpose and goal in the human life (Galek, Flannelly, Ellison, Silton, & Jankowski, 2015). Furthermore, researchers confirmed this relationship between purpose in life and religiosity, and found that purpose in life is linked to religion stronger than any other concept (Weinstein, Khabbaz, & Legate, 2016). Researchers attempt to explain this relationship by stating that religion often organizes the individual life and links it to a set of goals. This eventually helps the individual gain a higher sense of purpose, which will lead to better psychological well-being and lower depression. To add to this, researchers also explained that religiosity often motivates individuals to think about the future in a way that is related to rewarding their good actions.

This current research studies the relationship between purpose in life, religiosity, and depression among the Syrian population. Since the beginning of the Syrian conflict, mental health problems have dramatically increased. Depression is one of the most common disorders that is found as a result of these life conditions. The aim of the current study is to focus on the factors that are related to depression severity. The first hypothesis states that purpose in life is negatively associated with depression, which means people who have a high score of purpose in life will likely have a low depression score. The second hypothesis states that individuals who reported being religious have lower depression than those who reported otherwise. In addition, people who reported being religious would have higher purpose in life than those who do not.

## Method

### Participants

Participants were all Syrians ( $n = 840$ ) who lived or had been living in Syria sometime between 2011-2016. The participants completed an online survey for the current study. The sample contained both males (47%) and females (53%). The largest age group among participants was 18-25 (50%), then from 26-40 (39%), 41-65 (10%), above 65 (1%). Educational level also varied among participants, where 13% of the participants finished postgraduate education, 64% finished undergraduate level of education, 18% finished high school, and 5% finished elementary/middle school education. As for religious affiliation, 87% of the participants were Muslims, 5% were secular/non-religious, 3% were atheist, 3% other, and 2% were Christians. In addition, 65% of the participants were currently living outside of Syria, either relocated or travelled during the war, and 35% were still in Syria. Of the participants, 63% reported losing a family member or a close friend as a result of the conflict. Any Syrian citizen who is 18 years old or above was able to participate in the survey. The only exclusion criteria were any other nationalities or being under age 18. Although the total sample size was ( $n = 840$ ), 12 participants were excluded for not completing most of the survey questionnaire. Thus, 828 participants' responses were actually measured and calculated.

## Measures

The title of the survey and the purpose of the research were not stated clearly to avoid the stigma of depression. Instead, the title was “Mood and Meaningfulness.” The online survey contained three self-report questionnaires:

Demographic questionnaire. Questions about gender, age, educational level, religious affiliation, and current residency location were included. The total number of questions was 7.

**Purpose in life test “PIL”** (Crumbaugh, & Maholick, 1969). A 20-item scale was meant to measure the level of life meaning and goal in respondents’ answers. Participants were able to rate each item on a 5-point scale that was specifically made for each statement. For example, one of the test statements was “I am usually” bored/enthusiastic, with having the adjective “bored” representing point 1 on the scale, and “enthusiastic” representing point 5. After adding up all the 20 items’ numbers, a score between 20 and 100 appeared. A score less than 50 indicates a lack of purpose in life. A Cronbach’s alpha test was made on the PIL test to check the responses’ reliability. The PIL test Cronbach’s alpha score was  $\alpha = 0.91$ , which indicates a high level of reliability.

**Beck depression inventory “BDI”** (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961). It is a 21-item inventory that includes terms, and each one of these terms has 4 choices (0-3) from which to pick. For example, one of the terms was “Sadness,” and the choices were: “I do not feel sad,” “I feel sad,” “I feel sad all the time and I can’t snap out of it,” or “I am so sad and unhappy that I can’t stand it.” This inventory uses a self-report method to measure depression severity and symptoms. Each total score reports a level of depression, where having a score between 0-10 indicates a normal mood, 11-16 is considered a mild depression, 17-20 is borderline depression, 21-30 moderate depression, 31-40 severe depression, and over 40 extreme depression. A Cronbach’s alpha test was also conducted on BDI and the score was  $\alpha = 0.87$ . This result also indicated that the inventory answers were highly reliable and consistent.

## Procedure

The online survey was posted on Facebook, spread on WhatsApp, and was randomly shared through these multimedia applications. The equipment that participants needed to complete the survey were internet access and a device like a laptop, tablet, or a smartphone. The survey was in Arabic, the language spoken in Syria, and was estimated to take about 5-7 minutes. The participants completed the purpose in life test, then the depression inventory. After submitting the survey, debriefing information appeared with the actual research purpose and name “Purpose in life and depression among war-affected population.”

## Results

### Hypothesis 1

The first hypothesis was that purpose in life is negatively associated with depression. A Pearson correlation test was conducted for this hypothesis. Purpose

in life was found to be significantly negatively correlated with depression,  $r = -0.67$ ,  $p < 0.001$ . Specifically, those with high purpose in life reported less depression and those with high depression reported less purpose in life.

### **Hypothesis 2**

The second hypothesis was that individuals who report being religious have lower depression than those who report otherwise. A one-way between-groups analysis of variance was conducted to explore the relationship between religiosity and depression, as was measured by Beck Depression Inventory (BDI). Individuals were divided to four groups according to their answer to the question (Do you consider yourself to be religious?). Individuals who declined to answer were labeled as group 0. While individuals who answered “yes” were labeled as group 1, group 2 were those who answered “maybe,” and group 3 were individuals who answered “no.” There was a statistically significant difference at the  $p < 0.001$  level in depression scores for the four religiosity groups:  $F(3, 823) = 21.15$ ,  $p < 0.001$ . Post-hoc comparisons using the Tukey HSD test indicated that the mean score for group 1 was significantly different from all other groups, which means people who reported being religious have the lowest depression scores among the groups. At the same time, there was no statistically significant difference among the other groups: group 0, group 2, and group 3 (Table 1).

### **Hypothesis 3**

The third hypothesis was that individuals who report being religious would report higher purpose in life than others. A one-way between-groups analysis of variance was also conducted to investigate the relationship between religiosity and purpose in life, which was measured by PIL. The same question that was used to determine religiosity level when studying depression was also used here. Thus, we had the same four groups who answered: (Yes: group 1), (Maybe: group 2), (No: group 3), and (decline to answer: group 0) for the question “Do you consider yourself to be religious?” The results indicate a statistically significant difference between religiosity groups, with the people who consider themselves to be religious (group 1) reporting the highest purpose in life scores compared to group 0, group 2, and group 3,  $F(3, 823) = 34.42$ ,  $p < 0.001$  (Table 2). Post-hoc comparisons using the Tukey HSD test showed that the mean score for group 1 was significantly different from all other groups, with no significant difference among all the other groups.

### **Discussion**

The results of this study indicate that depression is negatively correlated with purpose in life. Previous research findings such as (Blackburn & Owens, 2015) and (Tavernier & Willoughby, 2012) have showed that purpose-in-life levels were related to depression levels and severity, and that high levels of purpose in life were linked to low levels of depression. This study also found that religiosity was associated with both depression and purpose in life. On one hand, religiosity

was found to be negatively linked to depression. Previous research findings, (like Bamonti, Lombardi, Duberstein, King, & Van Orden, 2016), have also supported this statement and emphasized the relationship between religiosity and depression. At the same time, this study has also found that religiosity was positively correlated with purpose in life. This means that people who reported being religious had higher purpose in life than people who reported otherwise. This is what was found previously (Galek, Flannelly, Ellison, Siltan, & Jankowski, 2015 and Weinstein, Khabbaz, & Legate, 2016) research studies. In other words, the findings of this current study implied that people who have a goal in their life, or create a meaning or purpose from events around them, were less likely to suffer from depression. In addition, people who were religious, or considered themselves to be, have lower depression than those who do not. Therefore, this study's results were similar to previous findings and confirmed the relationship between depression, purpose in life, and religiosity. Although this study replicated similar findings, it is one of the first to study these variables among the Syrian population during the current war period. As stated before, the aim of this research was to create a better understanding of the psychological health of Syrians and to explore concepts that are related to depression in particular. The goal was met, as it was found that Syrians who have high purpose in life have a lower depression score than those who have a low purpose in life score. At the same time, the study found that people who consider themselves to be religious had a significantly higher purpose in life and lower depression compared to those who reported otherwise.

Since there is a lack of information about the mental and psychological health of the Syrian population, this research can be considered a starting point for more advanced research on this population, especially regarding depression. The results of this study were statistically significant, and there was a strong relationship found between the variables. The findings have implications for understanding the relationship between depression and both purpose in life and religiosity. In order to form a complete picture of the psychological health of Syrians, variables that are related to psychological health should be explored. The correlational results of this research provide impetus to conduct future studies that focus on each variable and its relationship with depression alone.

The limitations of this study can be found in five areas. First, the survey was collected online. Although it was the only way to reach out to Syrians, it excluded people who do not have internet access, or do not have a device or a Facebook page. The use of online data collection is a probable reason for why the participant pool was largely young adults. Second, the questionnaires that were used in the research were translated by the researcher from English to Arabic. It is correct that both purpose in life and depression questionnaires had a high reliability, but they were not presented in the same language in which they were originally written. Third, the survey could not reach out to the population in the refugee camps around Syria, who are the poorest population in Syrian society. Fourth, religiosity was determined only by asking participants to report whether they think they are religious or not. No questionnaire was used to measure



religiosity. In fact, there is a stigma toward religiosity more than mental disorders in Syria. Although Syrian society is considered mildly religious, religious practices are looked down upon by the government. Therefore, there was a worry that people might feel afraid to complete a survey that is asking them about the degree to which they practice their religion. Finally, the research was examining a correlation between depression and both purpose in life and religiosity. Thus, the study could indicate that when purpose in life is high, depression tends to be low. However, this study could not determine whether high score on purpose in life is what causes depression to be low, or whether being religious is what causes depression to decrease and purpose in life to increase. In other words, there is no cause-effect relationship between the variables. Because the extraneous variables could not be controlled, an experimental study therefore could not be created.

In the future, more studies can be done on both depression and PTSD among the affected population in Syria. An experiment can be done to determine whether religiosity itself is what causes the decrease of depression and the increase of purpose in life, or if there is another cause behind it. The future experimental study can be done by exposing participants to types of religious activities for a certain period of time and measure their PTSD and depression rates before and after the interval. The rates can be compared and analyzed to see if their scores differ before and after the religious exposure. In addition to changing the study design, a similar study can be done particularly those in refugee camps. However, interviews or a written survey can be used instead of an online survey because refugee camps in the countries around Syria are not provided with internet access. Finally, other factors related to depression and PTSD severity can be explored in addition to purpose in life and religiosity. For example, self-efficacy, locus of control, Big Five personality traits, social support, and need satisfaction are all variables that can be explored and examined regarding their relationship with the psychological well-being of the war impacted population in Syria and in other conflict zones.



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**Table 1***Descriptive statistics for Group differences in Religiosity and Depression score*

	<i>n</i>
Group 0 (Decline to answer)	63
Group 1 (Yes)	336
Group 2 (Maybe)	269
Graoup 3 (No)	159

*Do you consider yourself to be religious? (Religiosity and depression)***Table 2***Descriptive statistics for Group differences in Purpose in life and Depression scores*

	<i>n</i>
Group 0 (Decline to answer)	63
Group 1 (Yes)	336
Group 2 (Maybe)	269
Group 3 (No)	159

*Do you consider yourself to be religious? (Religiosity and purpose in life)*

	<i>m</i>	<i>sd</i>
	17.05	10.59
	12.67	7.77
	17.80	9.58
	17.80	9.44

	<i>m</i>	<i>sd</i>
	64.14	16.08
	73.26	13.10
	63.10	14.33
	61.11	16.55