

## **An Investigation of the Relationship between Sources of Meaning of Life and Mental Health**

*Abbas Rahiminezhad\*<sup>1</sup>*  
*Amir Mahmoud Hushmand Chatroidi<sup>2</sup>*  
*Javad Ejei<sup>3</sup>*

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### **Abstract**

Since Frankl (1985) has introduced the role of meaning in life in mental health, some psychologists tried to operationalize this concept and study in this field (Crumbaugh and Maholic, 1964; Batista & Almond, 1973; Steger et al., 2006). By development of new instrument in the domain of life's meaning by Schnell (2009), the wider investigation of mental health and meaning in life has been provided. The present study aims at determining the relationship between four sources of life including life meaningfulness, the crisis of life's significance, spirituality, and religiosity and indices of mental health. Therefore, a sample comprising 126 participants (53= female; 73= male) among the students of University of Tehran carried out the questionnaire for investigating the sources of life's meaning (SoMe) and a brief form for the scale of depression, anxiety, and stress (DASS-21). The results were analyzed by Pearson Correlation. Among the variables of life's meaning, the crisis of life's meaning showed the highest positive correlation with depression ( $r = 0.62, p < 0.01$ ) and stress ( $r = 0.39, p < 0.01$ ). Also, the life meaningfulness showed the highest negative relationship with depression ( $r = -0.52, p < 0.01$ ) and stress ( $r = -0.34, p < 0.01$ ). In conclusion, considering the meaning of life as an important associate of mental health seems essential in order to decrease the depression and stress, and improving the general health of society.

**Keywords:** Meaning of life, Stress, Depression, and Mental Health

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1. \*Associate Professor of Psychology, University of Tehran, Tehran, Iran  
2. B.A. student of clinical psychology, Department of Psychology, University of Tehran hushmand@ut.ac.ir. hushmand@ut.ac.ir  
3. Professor of Education Psychology and Counseling, University of Tehran, e-mail: test@gmail.com

## Introduction

Frankl in 1959 posited the *will to meaning* as a basic interest of human for finding meaning in life (Frankl, 1985). Studying the level of depression, anxiety, and stress is a way of investigating the level of mental health (Gomez, 2012). The presence of anxiety and depression in people is related to a set of psychological abnormalities and physical diseases. Moreover, stress has been recognized as a risky factor that creates anxiety and depression and decreases the quality of life and efficiency (Kehne and Cain, 2010). On the other hand, today the role of spirituality has been extensively accepted in mental health studies (Verghese, 2008), and it has been considered as an important mental and social source for dealing with stress, decreasing the symptoms of depression, suicide, anxiety, and misuse of narcotic materials (Koenig, 2009).

Theoretically, the third school of Winnie's psychotherapy introduced the man's search for meaning as a primary motivation in human life, while the previous approaches had been accepted it as a "secondary justification" for instinctive needs (Frankl, 1985). Based on his life experiences in camps of war prisoners, Viktor Frankl found that if people have the meaning for their lives, they can tolerate the most difficult conditions of life. People are involved in finding meaning by using different ways such as creative and constructive work, understanding the world and others, and adapting the positive attitudes with wretched conditions (Sadock, Sadock & Ruiz, 2014). At the same time, when the man fails to meet the meaningfulness will, the existence vacuum will be created. If this problem does not resolve, it results in noögenic neurosis. Frankel points at various clinical pictures including alcoholism, depression, obsession, crime, excessive attention to sexual relations, and dangerous adventurism (Frankl, 1985).

Frankl's assumptions based on the presence of meaning and decreasing the symptoms of neurosis have been confirmed in many experimental studies. For example, Steger, Mann, Michels, and Cooper (2009) found the negative correlation between the presence of meaning and anxiety or depression. In another research, Kleftaras & Psarra (2012) showed that there was a correlation between high scores of meaning in life and fewer symptoms of depression, and the low scores of meaning in life are related to more symptoms of depression.

Along with previous studies, in a research, Shia, Chang, Chiang, Lin & Tam (2013) found the negative correlation between meaning in life and depression. Heyden, Dezutter and Beyers (2014) found that, fewer symptoms of depression existed among the participants with high level of presence of meaning in life and low level of searching meaning. And more symptom of depression between the participants with high level of searching meaning in life and low level of presence of meaning by using MLQ scales (Steger, Frazier, and Oishi, 2006). The research reports in Islamic Republic of Iran has also indicated the negative correlation between meaning in life and depression (Nasiri & Jokar, 2006; Hedayati & Khazaei, 2014). Therefore, the Frankl's assumption stating the lack of meaning in life (the crisis of meaning) accompanies with negative well-being or even pathological conditions, has been confirmed by experimental data. On the other hand, the numerous studies indicate the positive relationship between meaning and well-being measures (Debats, 1998; Zika & Chamberline, 1992; quoted from Schnell, 2009). However, as the positive and negative components of well-being are affected by distinctive factors, and they are not two opposite sides of a continuum (Chanberline, 1988, quoted from Schnell, 2009), meaning in life and the crisis of meaning (lack of meaning) must be considered as separated components influenced by different factors. However, common scales applied in studies, do not consider this differentiation, and they view the meaning in life as a continuum with having the special meaning, on one hand, and with the crisis of meaning (lack of meaning), on the other hand; and this problem results in some failures in differential understanding of the effects of the presence of meaning, its absence, and the crisis of meaning. In some cases, this problem has also resulted very high fake correlations with well-being's negative variables (Schnell, 2009).

Also, the research studying the relationship between meaning in life and mental health has been criticized due the kind of instrument used for investigating the relationship between the sources of meaning of life and well-being's negative aspects like depression, anxiety, and the level of stress. Schnell (2009) developed the sources of meaning of life (SoMe) questionnaire for studying both the sources of meaning and two separate scales of meaningfulness and crisis of meaning (lack of meaning). Considering the disabling effects of stress, anxiety, and depression on people's lives and a relationship between meaning of

life and mental health, the main questions in this research was that "What is the relationship between spirituality, and apparent religiosity as the sources of meaning of lives and meaningfulness, the crisis of meaning, with well-being's negative components such as depression, anxiety, and stress?"

### **Method**

The present research's methodology was correlational type. The statistical sample of this research includes all of the students at University of Tehran in the first semester of academic year 2014-2015, and the other sample comprising 126 students at University of Tehran has been investigated via the convenience sampling. The instruments applied in this research were as follows:

1. The questionnaire for the sources of meaning of life (SoMe, Schnell & Bekr, 2007, Schnell, 2009): this questionnaire includes 151 items that are responded by "six-score Likert scale" ranging from "completely agree = 5" through "completely disagree = 0". This questionnaire has 26 sources of life meaning and two separate measures of meaningfulness and the crisis of meaning are considered as independent dimensions. The 26 sources are influenced by four general factors. The first factor is self-excellence that includes vertical self-transcendence (the apparent spirituality and religiosity) and horizontal self-transcendence (such as social commitment, harmony with nature, self-knowledge, health, creativity), the second factor is self-actualization; the third factor is discipline, and the forth factor is well-being and relatedness.

2. The short form of depression, anxiety, and stress scale (DASS-21): psychometric features of the short form for depression, anxiety, and stress scales (DASS-21) have been investigated in several studies. Of those studies, Henri & Keraford's research (2005, quoted from Asghari Moghaddam et al., 2008) can be mentioned. The Cronbach's alpha coefficient of total scale and three subscales, 0.93, 0.88, 0.82, 0.90 have been reported, respectively. The Persian version on this scale (DASS-21) was represented by Asghari Moghaddam, Saed, Dibaj, and Zanganeh (2008), and its psychometric characteristics were studied. The analytical results have confirmed the presence of three factors called depression, anxiety, and stress, each by three statements. Internal parallel coefficients of these three subscales in Iranian non-clinical population equaled 0.93, 0.90, 0.92, respectively; retest

coefficients after three weeks equaled 0.84, 0.89, and 0.90 were significant (by  $P < 0.001$ ); and in-class correlation has been reported between double performance equaled 0.78, 0.87, and 0.80.

## **Results**

In descriptive level of the total 126 students in studied sample in this research, 73 students (57.9%) were male, and 53 students (42.1%) were female. The age range was 18 to 34, ( $M=21.15$ ,  $SD=2.3$ ) and other indices of studied variables include the meaningfulness ( $S=3.51$ ,  $SD=0.86$ ), the crisis of meaning ( $S=1.38$ ,  $SD=1.25$ ), the apparent religiosity ( $S=3.13$ ,  $SD=1.71$ ) and spirituality ( $S=3.04$ ,  $SD=1.03$ ), anxiety ( $S=3.82$ ,  $SD=3.77$ ), depression ( $S=5.43$ ,  $SD=4.28$ ) and finally stress ( $S=7.63$ ,  $SD=4.52$ ) presented in table 1.

According to the results, the correlation coefficient between the presence of meaning and anxiety equals -0.24 that shows the negative and significant relationship between two variables. The correlation between the presence of meaning and depression equals -0.52 that indicates the negative and significant relationship and the strong and negative correlation. The correlation between the presence of meaning and stress equals -0.34 showing the significant and negative relationship and negative or approximately strong correlation. The correlation coefficient between the crisis of meaning and anxiety equals 0.32 that shows the significant and rather strong positive relationship between these two variables. The correlation between the crisis of meaning and depression is 0.62 that indicates an approximately strong and positive correlation. The correlation between the crisis of meaning and stress is 0.390 showing an approximately strong and positive relationship.

Unexpectedly, the correlation coefficient of apparent religiosity with stress equals -0.08, and it is very low. Moreover, the correlation coefficient of apparent religiosity with depression is -0.07, and with stress is -0.11 that are insignificant. Also, there was not any significant relationship between spirituality and three components called anxiety, depression, and stress (Table 2).

Table 1. Descriptive indices for all variables of research

	Depression	Anxiety	Spirituality	Apparent religiosity	The crisis of meaning	The presence of meaning	Stress
Mean	5.43	3.82	3.04	3.13	1.38	3.51	7.63
Standard deviation	4.28	3.77	1.03	1.71	1.25	0.86	4.52
Minimum	0.00	0.00	0.40	0.00	0.00	1.20	0.00
Maximum	20.00	17.00	5.00	5.00	4.60	5.00	20.00

Table 2. Correlation coefficient between four components called the presence of meaning, the crisis of meaning, apparent religiosity, and spirituality, and anxiety, depression, or stress

	The presence of meaning	The crisis of meaning	Apparent religiosity	Spirituality	Anxiety	Depression	Stress
The presence of meaning	1						
The crisis of meaning	-0.642**	1					
Apparent religiosity	0.299**	-0.073	1				
Spirituality	0.232**	0.045	0.636**	1			
Anxiety	-0.242**	0.320**	-0.089	0.067	1		
Depression	-0.521**	0.623**	-0.073	0.110	0.601**	1	
Stress	-0.344**	0.390**	-0.011	0.167	0.751**	0.705**	1

\*\*p<0.01      \*p<0.05

### Discussion and Conclusion

In this research, the relationship between the measures of meaning of life such as meaningfulness, the crisis of meaning and spirituality, and apparent religiosity as two sources of meaning with stress, anxiety, and depression were studied. Along with previous studies, this research findings indicate that if people live with the more crisis of meaning, and if they do not get the meaning of their lives, more likely they suffer from the depression, anxiety, and stress. However, those people who succeed to form the meaning of their lives, they do not suffer from depression, anxiety, and stress with more possibility. This finding is consistent with the previous studies like (Kleftaras & Psarra, 2012; Heyden, Dezutter, & Beyers, 2014; Nasiri & Jokar, 2008;

Hedayati & Khazaei, 2014). It seems that the meaning of life is one of the most important concepts discussed in mental health. Unlike the previous findings, stating the spirituality and religiosity are the important factors in predicting the level of anxiety, depression, and stress, this research findings did not show this relationship. Although there are some studies that have represented the inconsistent results for responding the question about the relationship between religiosity and mental health (Hill & Pergament, 2003; quoted from Shia et al., 2013), so that some studies showed that religiosity does not necessarily improve the health (Selun, Begila, & Pavel, 1999; quoted from Shia et al., 2013). But, one possible cause may be the lack of expertise in instrument applied for evaluating the spirituality and religiosity. Another possible cause can be that religiosity and spirituality are just two sources of meaning of life, and people may use different sources to give the meaning to their lives (Schnell, 2009). The limitation of this study was the convenience sampling that limits the generalization of findings in this research. Additional finding of this study showed that there are positive relationship between meaningfulness with spirituality and religiosity and negative relationship between crisis of meaning with spirituality and religiosity.

Overall, it seems that the young people who make a framework in life by which they can give the meaning to their lives, they not only have the more positive attitude to their lives, but also they have less anxiety or stress than their peers who live with the crisis of meaning. Meanwhile, the religiosity and spirituality may not be the main sources of meaning of life, especially for young people. Further research is needed to study who religiosity (with other instruments) and spirituality is related to mental health for different age groups at first, and secondly it must be studied that how will be the relationship between other sources of life meaning and mental health. Also studying the variables in more complex statistical method like SEM for revealing indirect relationship of variables are recommended.

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