






The role of religious coping in predicting depression in muslims adolescents

Müslüman ergenlerde depresyonun yordanmasında dini başa çıkmanın aracı rolü

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ABSTRACT

Aim: This study attempts to examine the role of religious coping in predicting depression during adolescence.

Method: The study was conducted with 312 adolescents chosen by power analysis. This study employed Demographic Information Form, the Kutcher Adolescent Depression Scale Short Form, and the Religious Coping Scale as data collection tools. Correlation and regression analysis technique was used in the analysis of the data.

Results: The students who perceived themselves as "Highly religious" were identified to have higher levels of religious coping compared to those who were "Somewhat religious" and "Nonreligious"; besides, the students in the "Religious" group had higher levels of religious coping than both the "Somewhat religious" and "Nonreligious" groups. In other words, the students' level of religious coping increases as their self-assessment increases.

Conclusion: The results revealed that the groups who considered themselves as "Highly religious, somewhat religious and nonreligious" had a higher depression level compared to the "Religious" group. This is valid for the "nonreligious" group compared to both the "Religious" and "somewhat religious" groups. Namely, both being highly religious and nonreligious increases the level of depression.

Keywords: adolescent; coping; depression; religion

ÖZ

Amaç: Bu çalışma, ergenlik döneminde depresyonu yordamada dini başa çıkmanın aracı rolünü incelemeyi amaçlamaktadır.

Yöntem: Araştırma güç analizi ile belirlenen 312 ergen ile gerçekleştirilmiştir. Araştırmada veri toplama aracı olarak Demografik Bilgi Formu, Kutcher Ergen Depresyon Ölçeği Kısa Formu ve Dini Başa Çıkma Ölçeği kullanılmıştır. Verilerin analizinde korelasyon ve regresyon analizi tekniği kullanılmıştır.

Bulgular: Kendilerini "Çok dindar" olarak algılayan öğrencilerin "Biraz dindar" ve "Dindar olmayan" öğrencilere göre dini başa çıkma düzeylerinin daha yüksek olduğu; ayrıca "Dindar" grubundaki öğrencilerin dini başa çıkma düzeylerinin hem "Biraz dindar" hem de "Dindar olmayan" gruplarına göre daha yüksek olduğu görülmüştür. Başka bir ifadeyle öğrencilerin öz değerlendirmeleri arttıkça dini başa çıkma düzeyleri de artmaktadır.

Sonuçlar: Sonuçlar kendilerini "Çok dindar, biraz dindar ve dindar olmayan" olarak tanımlayan grupların "Dindar" gruba kıyasla daha yüksek depresyon düzeyine sahip olduğunu ortaya çıkardı. Bu durum hem "dindar" hem de "biraz dindar" gruplara kıyasla "dindar olmayan" grup için geçerlidir. Yani hem çok dindar olmak hem de dindar olmamak depresyon düzeyini arttırmaktadır.

Anahtar kelimeler: adölesan; başa çıkma; depresyon; din

Introduction

World Health Organization (WHO) considers adolescence to take place between the ages of 10 to 19. Approximately twenty percent of the world's population consists of adolescents and eighty-five percent lives in developed countries (Aydın, 2020; WHO, 1998). Adolescence is acknowledged as a critical period due to the rapid and radical changes experienced in the biological, physical, social and emotional areas throughout human life (Steinberg, 2007). Adolescents, who endeavour to cope with these rapid changes and developmental difficulties but fail, experience various mental and behavioural problems (Graber & Sontag, 2009). Therefore, they become more open to adverse factors (Dehne & Riedner, 2001).

During the transition to adolescence, the frequency and types of stressors, genetic influences, hormones involved in puberty (such as DHEA, estrogen, and testosterone), and the timing of puberty may play a role in increasing depressive symptoms during this developmental period. (Hyde et al.,

2008). Depressed people overreact to a situation, feel guilty about their behaviour and they are at high risk of suicide (Uçman & Savaşır, 2021). Adolescent depression is associated with social dysfunction and academic failure. Identifying protective factors and resilience mechanisms is especially critical for adolescents at risk (Taşğın & Çuhadaroğlu Çetin, 2006).

Adolescents' perspective towards life is a guiding factor in coping with the problems they experience. They can apply to many things in getting rid of adolescent problems. They may adopt coping styles with religious content (Çevik Demir, 2013). Moreover, religious coping, which has been considered a potential determinant of depression, has recently been discussed as having a potentially protective effect on mental health (Carpenter et al., 2012).

Coping is defined as the ability to manage internal and external demands in situations that force or exceed one's strength. Coping holds two major functions: "problem-focused coping" (for instance, calmness instead of aggressive



behaviours, deliberate efforts to be rational) to deal with the problem and “emotion-focused coping” (to illustrate, distance and self-control) to regulate emotion (Folkman et al., 1986). Coping is a search for meaning and takes place at certain times and conditions. Almost everyone is in search of meaning in his or her life. There has been a sharp increase in the number of studies that focus on religious and spiritual beliefs as one of the coping strategies against stressful life over the past 15 years. Studies have revealed that people turn to religion in order to understand and deal with the most difficult times of their lives (Pargament et al., 2011).

Religion and religious beliefs represent social-emotional support, cognitive schemas, and spiritual feelings that may help individuals cope with life's tensions such as illness, separation or death of a loved one. It is effective in reducing the level of depression caused by life-threatening events and increasing life satisfaction (Sarizadeh et al., 2020). This study is of great paramount in revealing depression level experienced in adolescence, which is vital in terms of mental health, and the effect of religious coping methods on depression. Moreover, it is believed that such studies play a significant role in enhancing the awareness of families with adolescents, school administrators, and educators regarding the detrimental impact of depression on youth. Hence, the present study attempts to examine the role of religious coping in predicting depression during adolescence. In service of this aim, answers to the following questions were sought: "What is the level of depression and religious coping in adolescence?", "To what extent does religious coping predict adolescent depression?".

Methods

This study employed a cross-sectional design.

Population and sample

The working group held a total of 312 adolescents between the ages of 16-17 who were chosen by the power analysis.

Inclusion criteria: For this research, participants included adolescents aged 16-17 who were open to cooperation and communication.

Exclusion criteria: Adolescents with emotional and behavioral problems, as well as those unwilling to participate in the study, were excluded from the research.

Data collection

The data were collected from students studying at high schools in a city in Türkiye between March and May in 2022. Data were collected through sending the link address of the data collection tools prepared via Google Forms to the participants in the online environment. This study deployed Personal Information Form, Kutcher Adolescent Depression Scale Short Version (KADS) and Religious Coping Scale (RCOPE) as data collection tools.

Personal Information Form

Form prepared by the researcher was used to obtain demographic information regarding the adolescents' age, gender, number of siblings, school type, etc. as well as parents' educational level, employment status, relationships, etc.

Kutcher Adolescent Depression Scale Short Version (KADS)

The scale, developed for diagnosis by using the 16 and

11-item versions of the Kutcher Adolescent Depression Scale, was adapted as a 6-item short version by Tatar and Bekiroğlu (2019). The tool is administered to adolescents between the ages of 12-17. It is a 4-point Likert type scale scored on “Almost Never=0 and Always=4” regarding the situations they have experienced during the last week. This 6-item scale does not involve reversed items. The reliability results of the scale are satisfactory as a whole, and the internal consistency reliability coefficient is high with 0.82 (Tatar & Bekiroğlu, 2019). In this study, the Cronbach's alpha internal consistency coefficient of the scale was found to be 0.84.

Religious Coping Scale (RCOPE)

The scale developed by Abu-Raiya et al. (2008) was adapted into Turkish by Ekşi and Sayın (2016). The tool includes 10 items and two factors as positive and negative religious coping. 7 items measure the positive religious coping and 3 items are related to the negative religious coping. The scale is scored on a 4-point Likert scale between “I almost never do=0 and I usually do it=4”. The positive and negative religious coping scores of the scale are calculated separately. In other words, a total religious coping score is not calculated. The scale can be administered to young adults and adults. The Cronbach's alpha value of the positive religious coping factors of the scale was identified as .91, while that of the negative religious coping as 0.86 (Ekşi & Sayın, 2016). In this study, the Cronbach's alpha internal consistency coefficient of the scale was found to be 0.92.

Data analysis

Regression (Linear) Analysis technique was used during data analysis.

Ethical issues

Ethics committee approval was obtained from Social Sciences Research and Publication Ethics Committee of Ondokuz Mayıs University (Board Decision No: 2021/953) on November 26, 2021.

Results

This section presents the results of analyses conducted to examine the role of religious coping in predicting depression among adolescents and the relationship between the two.

According to Table 1 the scores related to RCOPE scale did not vary across gender. The perception levels of female participants (2.63 ± 0.75) regarding KADS were identified to be higher than male participants (2.37 ± 0.70). In other words, females' depression symptom levels were higher.

No difference was identified across KADS in terms of whether they received religious education outside of the classroom in their life; whereas, the awareness of the adolescents who received religious education (2.92 ± 0.65) was higher compared to those who did not (2.62 ± 0.80) related to RCOPE scale. In addition, KADS was free from any difference across the participants' age; whereas, the perceptions of those aged 17 (2.98 ± 0.66) were found to be higher than those of 16 years of age (2.61 ± 0.75) in terms of RCOPE scale.

While no difference was noted across the school types in terms of KADS, the attitudes of the students studying in General high school, Vocational high school and Anatolian Religious high school were higher than Anatolian High School students with regard to RCOPE scale.

Table 1. Comparison of the total scores regarding the RCOPE and KADS by adolescents' demographic information (n=312)

Variables	n	%	KADS			RCOPE		
			Mean±SD	Test Value	p Value	Mean±SD	Test Value	p Value
Spiritual Well-being Scale Total Score (Min-Max Score ; Mean±SD) (10-48 ; 32.47±7.08)								
Satisfaction with Life Scale Total Score (Min-Max Score ; Mean±SD) (10-35 ; 20.68±2.64)								
Hope Scale Total Score (Min-Max Score ; Mean±SD) (8-32 ; 22.35±4.24)								
Gender								
Female	195	62.5	2.63±0.75	3.017	0.003	2.88±0.70	1.958	0.051
Male	117	37.5	2.37±0.70			2.72±0.74		
Have you ever received religious education outside of class in your life?								
Yes	205	65.7	2.48±0.72	-1.752	0.081	2.92±0.65	3.308	0.001
No	107	34.3	2.63±0.77			2.62±0.80		
Age								
16-years-old	136	43.6	2.48±0.70	-1.111	0.267	2.61±0.75	-4.546	0.000
17-years-old	176	56.4	2.57±0.77			2.98±0.66		
High school type								
General high school	8	2.6	2.58±0.70	0.514	0.766	3.40±0.49	5.734	0.000
Vocational high school	61	19.6	2.53±0.85			3.11±0.64		
Anatolian high school	212	67.9	2.53±0.70			2.68±0.73		
Science high school	11	3.5	2.40±0.99			2.94±0.60		
Imam hatip high school	11	3.5	2.36±0.77			3.07±0.60		
Anatolian imam hatip high school	9	2.9	2.85±0.66			3.16±0.35		
Where did you receive religious education?								
Family and immediate surroundings	74	23.7	2.66±0.77	1.148	0.334	2.93±0.64	11.617	0.000
Institutions and organizations	17	5.4	2.62±0.66			2.84±0.73		
Religious culture and ethics courses	75	24.0	2.42±0.63			2.37±0.76		
All	139	44.6	2.51±0.78			3.01±0.63		
Other	7	2.2	2.50±0.83			2.65±0.87		
Evaluation of religiosity								
Highly religious	17	5.4	2.59±0.98	14.586	0.000	3.48±0.53	31.934	0.000
Religious	102	32.7	2.20±0.72			3.16±0.52		
Somewhat religious	164	52.6	2.63±0.66			2.66±0.66		
Nonreligious	29	9.3	3.08±0.65			2.10±0.86		

KADS: Kutcher Adolescent Depression Scale Short Version; RCOPE: Religious Coping Scale; LSD: Post-hoc test

While no difference was noted across the school types in terms of KADS, the attitudes of the students studying in General high school, Vocational high school and Anatolian Religious high school were higher than Anatolian High School students with regard to RCOPE scale.

While there was no difference across KADS in terms of how students received religious education, the students who had religious education in the family and immediate surrounding, institutions and organizations providing religious education and all of them were higher than those receiving religious education in the Religious culture and ethics classes with regard to RCOPE scale.

As to the Religiosity Evaluation groups, highly religious, somewhat religious, and nonreligious groups were found to be higher than the Religious group in terms of KADS. In addition, nonreligious group was found to be higher than both the Religious and somewhat religious groups. Considering RCOPE scale, the religiosity evaluation was higher for the highly religious than for both the Somewhat religious and Nonreligious groups. Besides, the religious group was higher than both somewhat religious and nonreligious groups.

Table 2 displays the lowest-highest scores obtained from KADS and RCOPE scales as well as the mean and standard deviation values. Table 3 depicts the results of regression and correlation analysis regarding the effect of religion coping on depression.

Linear regression analysis was conducted to predict KADS through using RCOPE variable. The analysis results suggested that a significant regression model, $F(1,310)=0.871$, $p=0.351$, and 0.03% of the variance in the dependent variable ($R^2_{adjusted}=0.000$) could not be explained by the independent variables. Accordingly, the independent variable RCOPE cannot predict the dependent variable. $\beta=-.053$, $t(310)=-.933$, $p=0.351$, $pr^2=0.051$.

Table 2. Total score means regarding KADS and RCOPE

Scales	n	Min-Max	Mean±SD
KADS	312	1-24	2.53±0.74
RCOPE	312	1-40	2.82±0.72

KADS: Kutcher Adolescent Depression Scale Short Version; RCOPE: Religious Coping Scale.

Table 3. Correlation analysis results (n=238)

Regression							Correlation				
Variable	B	Beta	Sig.	R	R ²	Adjusted R ²	F	p	r	-0.53	
RCOPE	-.054	-.053	.351	.053 ^a	.003	.000	.871	.351 ^b	p	.09	
Dependent Variable	Independent Variable		Beta ^b	F	p-value	R ²	t	p			
Hope	1 (Constant)			362.111	0.00		43.299				
	Spiritual well-being total		0.456		0.00	0.20	19.029		0.00^b		
	2 (Constant)			187.229	0.00		43.163				
	Spiritual well-being total		0.461		0.00	0.06	19.257				
	Education level		-0.076		0.00		-3.160		0.00^c		
	3 (Constant)			128.635	0.00		40.196				
	Spiritual well-being total		0.461		0.00		19.319		0.00^d		
	Education level		-0.074		0.00	0.05	-3.116				
	Marital status		-0.072		0.00		-3.035				

KADS: Kutcher Adolescent Depression Scale Short Version; RCOPE: Religious Coping Scale.

Discussion

This section discusses the findings of the study, which aimed to determine the role of religious coping in predicting depression during adolescence, in relation to existing literature.

Based upon the descriptive characteristics of the participants, the use of religious coping methods (RCOPE) significantly varied across their mother's employment status, the way in which religious education is received (in terms of both extracurricular and where it is experienced), age, school type, mother and father educational levels and feeling religious or not. The findings clarified that the religious coping levels of the 17-year-old participants were higher than the 16-year-olds. In the study conducted by Ayten and Sağır (2014), the level of religiosity were found to increase as the age increased. Likewise, Ayten et al. (2012) concluded that using both positive and negative religious coping activities increases with age. In another study conducted with Syrian students, Koparan (2019) implicated that the mean of religious coping significantly increases with increasing age. Kulu (2019) identified a significant difference between age and religious coping factors. This may be because adolescents have more tendency towards religious coping activities due to exam anxiety, responsibilities towards life, identity crisis, etc. as they get older.

Research findings indicate that gender did not have a significant effect on the level of religious coping. While some studies in the literature report findings favoring either women or men, there are also studies, like this one, that do not find a relationship between gender and religious coping. In the study conducted by Murat and Kızılgöçit (2017) with individuals aged 17-69 with and without psychopathology, no relationship was determined between gender and religious coping methods of individuals without psychopathology. In their meta-analysis study on examining 10 theses related to religious coping between 2019 and 2020, Ercan and Kula (2021) concluded that gender had no effect on the level of religious coping.

Research findings indicate that students attending General high schools, Vocational high schools, and Anatolian Imam Hatip high schools reported higher levels of religious coping compared to students attending Anatolian high schools. Çevik Demir (2013) found a significant difference in favour of Religious high school in terms of positive religious coping and in favour of vocational high school regarding negative religious coping, which is an expected result considering the students studying in Religious high schools.

These students, receiving more religious education, may have a tendency to use more religious coping activities.

Research findings indicate that adolescents whose mothers and fathers had lower education levels ("illiterate," "literate," "primary school," and "middle school graduates") exhibited higher levels of religious coping compared to those whose parents were "university/college graduates."

Furthermore, adolescents whose parents had education levels of "illiterate," "primary school," or "middle school graduates" showed higher religious coping levels than those whose parents were "high school graduates." This suggests that as parents' education levels increase, their children's religious coping levels tend to decrease. This finding aligns with the study by Ayten et al. (2012), which also observed a decrease in the frequency of resorting to religious coping strategies as education levels increased. In the study carried out by Çevik Demir (2013) with high school students, positive religious coping was determined to increase as the education level of the mother decreased, and negative religious coping decreased as the education level of the father increased. This may be because adolescents associate the problems they face with more realistic and rational reasons instead of solving them with a religious coping process as their parents' educational levels increase.

Another finding of the current study showed that the religious coping levels of the students who received religious education in "Family and immediate surrounding", "Institutions and organizations that provide religious education" and "All of them" were higher than those with "Religious culture and moral knowledge courses". A study by Karani Altun (2021) found a relationship between the location of religious education and religious coping, with participants who received religious education exhibiting higher levels of religious coping. However, participants who received their religious education primarily from school had lower religious coping scores compared to those who received it from mosques, Quran courses, family, or other sources. The literature suggests that religious education received in school does not have a significant impact on religiosity. The findings also suggested that the religious coping levels of the students who evaluated themselves as "highly religious" were higher than both the "somewhat religious" and "nonreligious" groups. Besides, the religious coping levels of the students in the "Religious" group were higher than the "Somewhat religious" and "Nonreligious" groups. In other words, the students' level of religious coping increases as their self-assessment increases. As an expected situation, students with a religious belief will use religious

coping activities more for the problems they experience. Çevik Demir (2013) and Ayten (2010) also found a significant relationship between positive and negative religious coping and levels of religiosity.

In this study, depression levels, as measured by the (KADS), were found to differ significantly based on gender, number of siblings, and religiosity. Accordingly, female students' depression levels were determined to be higher than male students. Abdel-Khalek and Eid (2011) also stated that males experience higher mental health and less depression in comparison to women. Akça-Özakar et al., (2018) examined the effects of gender and age differences on depression, anxiety, self-harm and harmful addictions, and determined that female students had higher levels of depression and anxiety than male students. Likewise Anlayışlı and Bulut Serin (2020) confirmed that female students' depression level was found to be higher than males. No significant relationship was found between age, income level, educational levels of parents, occupation and depression level. In the study conducted by Ayten and Sağır (2015) depressive tendencies of women were higher than men, while no significant relationship was identified between age and depressive tendencies. Gülen et al. (2022) analysed high school students' depression frequency and related risk factors and underpinned that female students' depression risk was higher than male students, while age, income level, educational level of parents and occupation did not influence their depression level.

Upon analysing the relevant literature, a significant relationship was emphasized between depression and religious coping. Aydın (2009) implicated that depression is more common in people who think that the worldly life will never end, and in those who cannot develop a sense of surrender and cannot internalize the purpose of creation. Hayta (2000) believed that individuals who practice religious life and worship have less negative thoughts and pass their difficult youth years more easily. However, Altıntaş (2015) stated that depression is observed more among individuals who have not surrendered to their creator, that the main cause of depression is spiritual emptiness, and that individuals who do not have a belief in their own nature cannot cope with this feeling of inadequacy and experience depression; moreover, no relationship was found between depression and religious coping. This result may be significant in studies conducted with individuals experiencing depression.

Limitation of the Study

This study is limited to 312 adolescents who continue their education in a city in Türkiye.

Conclusion and Recommendations

The depression level was higher among female adolescents than males, adolescents with fewer siblings than those with many, and adolescents who defined themselves as nonreligious compared to those who were religious.

The religious coping level of adolescents whose mothers were unemployed was found to be higher compared to those whose mothers work. This is valid for the adolescents who received religious education outside the classroom compared to those who did not, adolescents who were 17 years old compared to 16-year-olds, adolescents who study in general high school-vocational high school-Anatolian Religious High

School compared to those studying in Anatolian high school, and adolescents who define themselves as highly religious. Besides, income level and parents' relationship status had no effect on both depression and religious coping levels. The results also revealed that the use of religious coping methods was not effective in reducing adolescents' depression level.

Ethics Committee Approval

Ethics committee approval was obtained from Social Sciences Research and Publication Ethics Committee of Ondokuz Mayıs University (Board Decision No: 2021/953) on November 26, 2021.

Informed Consent

Written consent was obtained from the participants.

Peer-Review

Externally peer-reviewed.

Author Contributions

K.V.: Study Conception/Design, Data Collection/Analysis, Title Page with Author Contact Information Drafting of Manuscript, Administrative/Technical/Material Support.

A.K.: Study Conception/Design, Data Collection/Analysis, Title Page with Author Contact Information Drafting of Manuscript, Statistical Expertise, Administrative/Technical/Material Support.

O.E.: Study Conception/Design, Data Collection/Analysis, Title Page with Author Contact Information Drafting of Manuscript, Statistical Expertise, Administrative/Technical/Material Support.

Conflict of Interest

There is no conflict of interest.

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