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The Role of Spirituality in Depression : A Case report

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ABSTRACT: Depression is a psychological condition characterized by persistent sadness, hopelessness, and loss of interest that affects emotional, cognitive, and behavioral functioning. Spirituality is believed to play a significant role in reducing depressive symptoms by fostering inner harmony, emotional resilience, and a sense of meaning in life. This case report explores the relationship between spirituality and depression in a 44-year-old woman diagnosed with major depressive disorder with psychotic features. The patient continues to experience negative emotions such as pessimism, lack of self-confidence, continuous crying, and feelings of inferiority that began after being dismissed from her job, a traumatic event that deeply affected her psychological state. She also experienced a decline in spiritual beliefs and practices, which was attributed to her father's overly strict and inconsistent religious upbringing. This case highlights the close relationship between spirituality and mental health, demonstrating that spiritual well-being can serve as a protective factor against depression by enhancing emotional stability, personal resilience, and positive psychological adjustment. The integration of spiritual care into mental health interventions is therefore essential, as it may improve recovery outcomes and enhance the overall quality of life for individuals experiencing depression.

Keywords: Spiritual Well-Being, Psychological Health, Depression, Anxiety.

INTRODUCTION

Depression is a mental health condition that affects individuals across all ages, genders, and backgrounds. Those who have experienced traumatic events such as abuse, significant losses, or prolonged stress are at higher risk of developing depressive disorders, with women generally more susceptible than men. Globally, about 4% of the population experiences depression, with prevalence rates of 4.6% in men and 6.9% in women. Among adults aged 70 years and older,

approximately 5.9% are also affected. Overall, more than 332 million people worldwide live with depression (Institute for Health Metrics and Evaluation, 2024). Women are 1.5 times more likely to develop depression than men, and more than 10% of pregnant and postpartum women globally experience depressive symptoms (Woody et al., 2017). In 2021, around 727,000 people died by suicide, making it the third leading cause of death among individuals aged 15 to 29 years.

Depression is characterized by persistent sadness, loss of interest, and impaired daily functioning (Chand & Arif, 2023). According to the DSM-5, depressive disorders include major depressive disorder, dysthymia, premenstrual dysphoric disorder, and depression due to medical conditions. Common features involve sadness, emptiness, or irritability accompanied by somatic and cognitive changes that significantly impair functioning. Depression may arise as a continuum, ranging from normal emotional responses to clinical depression (Ramadani et al., 2024). Prolonged emotional distress can affect both psychological stability and immune function, as negative emotions such as despair, anxiety, and hopelessness can weaken physiological resilience.

In recent years, growing attention has been directed toward protective factors that buffer individuals from depression, particularly spirituality. The term spirituality, derived from the Latin spiritus meaning "breath of life" or "soul," reflects a sense of connectedness, purpose, and meaning. Although spirituality and religion are conceptually distinct, they are often interrelated. Religion refers to organized systems of belief and practice, while spirituality involves personal experiences of transcendence and self-understanding. Spiritual well-being, alongside physical, emotional, and social well-being, is one of the four essential dimensions of health (Lalajants, 2018).

Ellison (1983) defines spiritual well-being as an inner sense of harmony regarding one's relationship with God or a higher self and with others. Paloutzian and Ellison (1983) further conceptualized it into two dimensions: religious well-being (relationship with a higher power) and existential well-being (life satisfaction and sense of purpose). Studies have consistently shown that individuals with higher levels of spiritual well-being report lower depressive symptoms, better coping mechanisms, and improved quality of life (Cauble et al., 2023) (Bonelli & Koenig, 2013). Spirituality provides meaning and emotional resilience in facing adversity through practices such as prayer, meditation, forgiveness, and gratitude.

Despite these findings, the integration of spiritual assessment into psychiatric care remains limited, particularly in Indonesia. Many patients with major depressive disorder (MDD) experience spiritual struggles, including a loss of meaning or alienation from faith, which may exacerbate depressive symptoms. Enhancing spiritual well-being has been shown to support recovery and improve treatment outcomes. However, there remains a scarcity of detailed case reports exploring the interaction between diminished spirituality and persistent depression, especially among patients with psychotic features.

Therefore, this case report aims to examine the role of spirituality in a patient diagnosed with major depressive disorder with psychotic symptoms. By analyzing the patient's psychological, social, and spiritual dimensions, this study seeks to elucidate the protective function of spiritual well-being in depression and emphasize the importance of integrating spiritual assessment into holistic mental health care.

METHOD

Study Design

This study adopted a descriptive case report design aimed at exploring the role of spirituality in the management of major depressive disorder with psychotic features. A case report approach was chosen to provide an in-depth understanding of the patient's clinical presentation, emphasizing the interplay between psychological, social, and spiritual dimensions influencing mental health outcomes.

Patient

The subject was a 44-year-old woman diagnosed with Major Depressive Disorder with Psychotic Features based on the criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). The patient exhibited persistent sadness, low self-esteem, emotional withdrawal, and frequent crying spells. She also reported feelings of worthlessness and spiritual detachment, which appeared to be associated with a history of traumatic experiences, including job termination and exposure to a rigid and punitive family environment.

Data Collection

Data collection involved comprehensive clinical interviews, review of medical records, and direct behavioral observation throughout the course of consultations. The clinical interviews aimed to explore the patient's emotional state, cognitive patterns, and spiritual beliefs. Medical records were reviewed to obtain details about previous psychiatric diagnoses, prescribed pharmacological treatments, and therapeutic responses. Additionally, observations during follow-up sessions were utilized to document changes in affect, interpersonal interactions, and adaptive coping mechanisms.

Ethical Considerations

Prior to participation, the patient was provided with a full explanation of the study objectives, procedures, and potential implications. Written informed consent was obtained. To ensure confidentiality and ethical compliance, all identifying information was anonymized, and details that could disclose the patient's identity were excluded from the report. The study adhered to ethical standards in accordance with the Declaration of Helsinki.

RESULT AND DISCUSSION

Case Presentation

A 44-year-old woman was diagnosed with major depressive disorder with psychotic symptoms. She has been experiencing negative feelings up to now, including pessimism, low self-confidence, continuous crying, and feelings of inferiority. The patient reported that her symptoms began after being fired from her company 17 years ago, a traumatic event. The patient was dismissed after refusing to comply with a superior's unethical request to manipulate financial data. Subsequently, she experienced prolonged sadness, social withdrawal, loss of interest in reading (previously one of her favorite activities), and recurrent thoughts of self- blame and hopelessness.

Since 2007, the patient has struggled to maintain stable employment, frequently changing jobs due to fears of being unfairly treated or dismissed. She described a difficult relationship with her father, who was characterized as authoritarian and emotionally harsh. Verbal and physical aggression were common during her upbringing, which contributed to feelings of fear and inadequacy. The patient's father was also described as a religious figure. However, the patient said that his father often invited him to consume alcohol together. The patient has been treated badly by her father since she was little until now. As a result, the patient was less able to accept the religious teachings passed down from her parents due to the religious education from her father being too strict so that the patient studied another spirituality, namely Buddhism. The patient had taken off her veil and cut her hair balds.

Based on the clinical evaluation, the patient was prescribed fluoxetine 20 mg orally once daily as an antidepressant and risperidone 2 mg orally once daily as an antipsychotic. In addition to pharmacological therapy, family psychotherapy was recommended, given that family-related stressors appeared to contribute significantly to the persistence of depressive symptoms.

Depression is a multifactorial mental disorder characterized by persistent sadness, hopelessness, and loss of interest, often accompanied by physiological and cognitive disturbances (Dirgayunita, 2016). It represents a continuum from normal emotional responses to pathological states when adaptation fails. Globally, depression remains a major public health issue, affecting individuals' psychological, social, and spiritual well-being.

Theoretical Perspectives

Depressive symptoms manifest across biological, psychological, and social dimensions. From a biological perspective, genetic predisposition contributes to an individual's vulnerability, as those with a family history of depression have a two- to threefold higher risk of developing the disorder (Hadi et al., 2017). The patient's prolonged sadness, persistent pessimism, and continuous crying following her traumatic job loss 17 years ago align with Beck's cognitive theory, which posits that negative experiences can lead to distorted thought patterns such as self-blame, hopelessness, and feelings of worthlessness (Ramadani et al., 2024).

Psychodynamic and social learning theories further emphasize that early life experiences and family dynamics play a crucial role in shaping emotional regulation, attachment style, and self-concept, which may influence the onset and course of depressive symptoms. The patient's history of

authoritarian and punitive parenting is consistent with these theories, suggesting internalized conflict, decreased self-worth, and difficulty forming trustful interpersonal relationships. The patient's experience demonstrates how early childhood upbringing, cognitive misinterpretations, and reduced spiritual resilience can synergistically contribute to depressive symptoms.

Social interaction plays a vital role in maintaining emotional balance and reducing loneliness, which can exacerbate depressive symptoms. Individuals who engage positively with their social environment such as through communication with family, colleagues, or community members tend to receive greater social support. This social support serves as a protective factor that enhances psychological well-being and facilitates recovery. Conversely, individuals who withdraw from social relationships or experience poor social adjustment are at greater risk of isolation and a decline in quality of life (Andesty & Syahrul, 2018).

In addition to psychological and social factors, spirituality has a significant impact on mental health. Spiritual development is influenced by four key factors:

1) Developmental stages, where unmet emotional needs in early life can hinder the maturation of empathy and inner peace (Yustisia et al., 2019);
2) Family role, as the family serves as the first environment in which moral and spiritual values are formed;
3) Cultural background, which provides the framework for belief systems and ethical principles; and
4) Life experiences, which can either strengthen or weaken an individual's spiritual connection and sense of meaning (Ramadani et al., 2024).

Disruptions in any of these domains can diminish resilience, reduce coping capacity, and heighten vulnerability to psychological distress. In contrast, stable spiritual well-being supports acceptance, optimism, and emotional stability.

The relationship between spirituality and coping can also be understood through the cognitive appraisal and coping model. This model suggests that individuals evaluate stress in two stages primary appraisal (assessing the threat) and secondary appraisal (evaluating coping resources). Coping responses are categorized into problem-focused coping (changing the stressor) and emotion-focused coping (managing emotional responses). Spiritual well-being expressed through belief in a higher power, prayer, contemplation, or reflection functions as an emotion-focused coping strategy, helping individuals reinterpret suffering, reduce negative emotions, and cultivate inner calm. Thus, spiritual well-being is closely linked to stress modulation (Cruz-Perez at al., 2025).

Empirical evidence also reinforces this connection. A study among Muslim communities reported that individuals with higher spiritual well-being experienced significantly lower levels of stress, indicating that spirituality serves as a universal buffer regardless of specific religious affiliation (Suen et al., 2022). These findings highlight that spiritual well-being contributes meaningfully to one's psychological resilience and may mitigate the severity of depressive symptoms.

Application to the Case

The case of a 44-year-old woman diagnosed with major depressive disorder with psychotic symptoms exemplifies the complex interaction of these factors. Her long-standing symptoms, including pessimism, low self-esteem, and emotional withdrawal, developed after a traumatic job loss and were reinforced by a harsh and inconsistent upbringing. According to cognitive theory, her distorted self-perceptions and persistent guilt reflect maladaptive thought patterns triggered by unresolved trauma. Meanwhile, her early exposure to punitive parental behavior aligns with psychodynamic interpretations, suggesting internalized conflict and difficulty trusting others.

Spiritually, the patient's strained relationship with her father, who was a religious yet contradictory figure, resulted in confusion and eventual detachment from her inherited faith. This disrupted her spiritual development and weakened her sense of meaning and connectedness. Over time, she sought alternative spiritual pathways, such as Buddhist practices, as a means of self-healing and reconciliation. This spiritual exploration represents an adaptive coping effort, supporting evidence that spiritual well-being serves as a protective factor against depression (Faradila et al., 2023).

Her family history and upbringing also strengthen the explanation from psychodynamic and social learning theories. The strict, verbally abusive, and contradictory behavior of her father—being a religious figure yet involving her in alcohol consumption—created internal conflicts, maladaptive coping mechanisms, and difficulties in trusting relationships. This situation connects with the four factors influencing spirituality.

There are four factors that influence spirituality, namely the first developmental stages. Language, nature and personality development begins at birth and will continue to the next stage of growth and development. Which oral process is also very important for childhood (Yustisia et al., 2019). In the case illustration, the patient has a less than good developmental stage. The oral process experienced by the patient is less than satisfactory so that it affects the patient's current spiritual state.

The second is the role of the family is important in the spiritual development of the individual. The family is the closest environment and the first world where individuals have views, experiences about the world that are colored by experiences with their families. In the case illustration, the patient has a family role in the patient's spiritual development that is not acceptable to him, due to his upbringing being too harsh. So that patients learn and deepen Buddhism on their own.

The third is ethnic and cultural background. Attitudes, beliefs, and values are influenced by ethnic and socio-cultural backgrounds. Generally, a person will follow the religious and spiritual traditions of the family. In the case illustration, the patient has an attitude and belief to follow the religious and spiritual traditions of the family, but the individual's relationship with the family is not good, making the patient have a belief that is passed down to the spirituality followed by the family so that the patient seems to be looking for spiritual beliefs for himself.

The last is previous life experience. Experience is the best teacher. Someone who only wants to understand, reflect and think will find wisdom, learn from the experiences that have been passed (Ramadani et al., 2024). In the case illustration, the patient had a negative experience in both the work and family environment. This affects the patient's spirituality.

Some of the life problems that humans experience include poverty, repeated failures, or conflicts with family, friends and children. Personal ethics and external demands can lead to emotional exhaustion, psychological distress, and burnout, as highlighted by Singh et al., (2023). One factor that can protect humans from depression is spiritual well-being (Faradila et al., 2023). Spiritual well-being is the process of unraveling the dynamic nature of the relationship between humans and the Creator, a very harmonious relationship based on deliberate self-development (Sya'diyah et al., 2020).

The factors that protects a person from depression is spiritual well-being. The role there are 4 spiritual factors that can affect depression, namely the first is the meaning of life. The meaning of life can be obtained from the values of appreciation such as virtue, faith and religion that can guide humans to find the meaning of life. This appreciation can be obtained through prayer (Arifuddin et al., 2018).

The second is positive emotions. Positive emotions can overcome negative emotions by having a sense of gratitude for what God has given, being patient when receiving tests from God, and trying to be sincere when something we want is not achieved or we can no longer maintain it (Yusuf, 2016).

Gratitude has 3 phases based on how individuals practice it, namely the first is the recognition phase. At this stage, individuals will realize positive things in their lives. This involves observing the blessings, or kindness received from themselves and others. In the case illustration, the patient experienced a recognition phase by accepting the things that happened to him and realizing that there were positive things in his life such as accepting the past incident when he was fired from his company and was able to open his own business.

The second phase is the feeling phase. After realizing the positive things around him, emotional feelings such as happiness, calm, or warmth of heart arise. In this phase, gratitude is felt deeply as a positive emotional experience. The last is the action phase. The gratitude felt by individuals will encourage individuals to express or manifest it in real actions such as saying thank you, praying, doing good and being useful to those around them. To achieve gratitude, we will experience a denial phase, which is where in this phase we are still in a situation of not accepting what happened or what happened to us. In this phase a person cannot be forced to accept the situation. After passing the denial phase, there is a phase of acceptance. In this phase, a person will begin to accept the circumstances that befall him because anything that is not destined for us will not be ours and vice versa, something that we cannot accept but if it is destined for us will be ours.

From a cognitive perspective, her persistent guilt and hopelessness reflect maladaptive thought patterns shaped by unresolved trauma (Ramadani et al., 2024). Meanwhile, the psychodynamic view suggests that her exposure to punitive parental behavior during childhood contributed to internalized fear, low self-worth, and difficulties forming trusting relationships in adulthood. The combination of these factors fostered a state of chronic psychological vulnerability and diminished emotional resilience.

Spiritually, the patient's strained relationship with her father who was a religious yet contradictory figure resulted in confusion and eventual detachment from her inherited faith. Although religion was present in her household, the inconsistency between religious teachings and behavioral

practice led to spiritual dissonance and distrust. Over time, this weakened her sense of connectedness and meaning in life. According to Hamka et al., (2022), spiritual well-being encompasses both religious well-being (connection to God) and existential well-being (connection to others and purpose in life). A disruption in either aspect can reduce emotional balance and increase susceptibility to psychological disorders such as depression.

The patient's gradual detachment from religion and loss of spiritual identity mirror characteristics often associated with low spiritual health such as emptiness, hopelessness, and diminished self-worth (Leung & Pong, 2021). Moreover, her loss of confidence, tendency to isolate, irritability, and emotional instability reflect symptoms of major depression closely linked with poor spiritual and emotional regulation (Handayani & Fourianalistyawati, 2019). These findings align with evidence that spirituality serves as a protective factor, reducing depression levels by up to 90% through fostering inner harmony, gratitude, and resilience.

In response to prolonged suffering and inner conflict, the patient began exploring alternative spiritual practices such as Buddhist meditation, reflection, and self-awareness rituals. This shift represented an adaptive coping mechanism aimed at restoring inner peace and redefining personal meaning. Such practices are consistent with the concept of spiritual well-being as described by Derang et al. (2023), where positive spirituality promotes psychological adaptation, coping ability, and overall life satisfaction. Her spiritual exploration thus became a crucial turning point in rebuilding self-acceptance and emotional stability.

Overall, this case supports the notion that depression cannot be viewed solely as a biomedical condition but rather as a biopsychosocial-spiritual phenomenon. Spiritual well-being integrates emotional, social, and existential dimensions, and strengthening these aspects can facilitate recovery, enhance quality of life, and protect against relapse (Faradila et al., 2023).

Integrating Spirituality in Care

Spiritual well-being encompasses meaning in life, positive emotions, spiritual experiences, and ritual practices (Sya'diyah et al., 2020). Meaning in life, often derived from faith and gratitude, enables individuals to reinterpret suffering and foster acceptance (Arifuddin et al., 2018; Yusuf, 2016). Spirituality, derived from the Latin word spiritus, refers to having a living soul, courage, and enthusiasm. Although spirituality and religion are distinct concepts, both are interrelated and contribute to psychological and physical health. Spiritual well-being has been associated with positive psychological adaptation, social adjustment, coping ability, and overall life satisfaction, thus playing a vital role in maintaining mental stability and resilience (Derang et al., 2023).

Spiritual activity is a fundamental human need and represents the highest level of human achievement, regardless of ethnicity or background. These needs include physiological, safety and health, love, esteem, and self-actualization (Gultom, 2020).

Previous studies also indicate that spiritual practices such as meditation, prayer, and participation in religious or spiritual communities can serve as effective strategies to manage stressful situations and enhance psychological resilience (Proulx et al, 2020). Moreover, spiritual well-being is associated with greater perceived social support and purpose in life, both of which help mitigate

the adverse effects of stress. These benefits are linked to the capacity of spiritual practices to promote inner reflection, foster a sense of community, and generate positive emotions that strengthen overall mental health (Szkody et al, 2021).

When spirituality is fulfilled, individuals are more capable of achieving emotional balance and purpose in life, even in the face of adversity. Moreover, spirituality can reduce depressive symptoms by up to 90%, as it helps individuals maintain harmony with their environment and gain strength when facing emotional stress, illness, or loss (Aprilissa Sr et al., 2020).

In this case, the patient's gradual acceptance of her past manifested through prayer and meditation illustrates the recognition and acceptance phases of gratitude that promote psychological healing. Rituals such as prayer or communal study serve as restorative practices that enhance peace and belonging (Andreyanto, 2019; Rahmah et al., 2019). This highlights how integrating spiritual care through guidance, reflection, and communal activities can serve as a complementary approach to pharmacological and psychotherapeutic treatment.

Overall, this case underscores the biopsychosocial-spiritual complexity of depression. The patient's early life adversity, cognitive distortions, and spiritual disruption collectively shaped her vulnerability to chronic depressive symptoms. Effective management therefore requires an integrative approach that addresses not only pharmacological and psychotherapeutic needs but also spiritual well-being. Incorporating spirituality into mental health interventions can foster resilience, enhance recovery, and improve overall quality of life for individuals living with severe depression.

CONCLUSION

Patients with severe depression have a close relationship to the role of spirituality. One of the factors that protects a person from depression is spiritual well-being. Spiritual well-being is closely related to positive psychology and affects a person's mental health, psychological adjustment, marital satisfaction, physical health, social adjustment, coping skills, adaptive stress and personal management.

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