Relationship between Spiritual Wellbeing and Marital Satisfaction to Severity of Depression- A Cross Sectional Observational Study

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Abstract

Background: The present study aims to explore three key objectives: first, to evaluate the level of spiritual well-being among individuals diagnosed with depressive disorders; second, to assess the extent of marital satisfaction within this population and third, to analyse the relationship of both spiritual well-being and marital satisfaction with the severity of depression. **Methods:** The present study adopted a cross-sectional design and was conducted as a hospital-based study at the Psychiatry Outpatient Department (OPD). A total of 100 participants were included in the study, selected through convenience sampling. Inclusion criteria for the study were as follows: male and female patients diagnosed with Depression according to the International Classification of Diseases, 10th Revision (ICD-10) codes F32, F32.1, F32.2, F32.8, F33, F33.1, and F33.2 by a qualified psychiatrist; those who had not been on psychiatric medications for the past three months; individuals whose current depressive episode had an onset within the past month; married individuals living with their spouse for at least the past year; and individuals aged between 21 and 60 years. **Results:** The study revealed that the mean age of participants was 39.79 ± 11.56 years, with a slight male predominance (58%). Most participants (56%) exhibited moderate spiritual well-being, while 26% had high and 18% had low levels. Depression severity was predominantly moderate (56%), followed by mild (31%) and severe (13%) cases. Marital dissatisfaction was reported by a majority (54%), with only 46% expressing satisfaction. Significant associations and strong correlations were found between spiritual well-being, marital satisfaction, and depression severity. **Conclusion:** There was a significant positive relationship between spiritual well-being and marital satisfaction, and significant negative relationship between spiritual well-being and depression severity.

Keywords: Spiritual Health, Marital Satisfaction, Spiritual wellbeing, depression

Introduction

Depression stands as one of the most commonly encountered mental health disorders across the globe, and its impact is projected to rise significantly in the coming years.[1] It is anticipated to become the second leading cause of disability-adjusted life years (DALYs) worldwide. In India, the National Mental Health Survey conducted in 2015–16 revealed that approximately 15% of Indian adults require active intervention for mental health concerns, with around 5% of the population suffering from depression.[2]

Depression often results in a marked decline in functional capacity, diminished quality of life, and greater challenges in managing physical health conditions.[3]Alongside conventional approaches to treatment, spiritual beliefs play an important role in how individuals cope with illness. Spirituality and religiosity are often used interchangeably. Spirituality may be defined as an individual's tendency to move toward love, hope, meaning, connectedness, and wellness which does not necessarily imply any belief in a supreme being.

Religion refers to beliefs, rituals and practices within the context of a specific system of beliefs. For many patients, spirituality provides comfort, meaning, and guidance, especially in the context of serious or chronic illness. Research has shown that individuals with higher levels of spiritual well-being tend to exhibit fewer symptoms of depression and anxiety.[4] One study highlighted that 84% of participants demonstrated a positive correlation between a spiritual outlook and better mental health.[5] Core spiritual components such as belief in a higher power, engaging in prayer, and maintaining a personal relationship with a divine presence were significantly different between those with and without depression.

Marriage, as one of the most essential social relationships, contributes to the fulfilment of biological, emotional, and social needs.[6] Studies suggest that married individuals often report better physical and psychological health compared to their unmarried, divorced, or widowed counterparts.[7] However, the quality and satisfaction within the marriage greatly influence this benefit. A healthy marital relationship has been linked with better mental health outcomes, whereas marital discord can exacerbate psychological issues, including depression.

The dynamics of marital satisfaction can significantly affect the emotional well-being of individuals diagnosed with depression.[8]Despite the well-recognized importance of both spiritual well-being and marital satisfaction in influencing mental health, there is a noticeable gap in the literature particularly in the Indian context regarding their combined influence on the severity of depressive symptoms. Addressing this gap, the present study aims to explore three key objectives: first, to evaluate the level of spiritual well-being among individuals diagnosed with depressive disorders; second, to assess the extent of marital satisfaction within this population; and third, to analyse the relationship of both spiritual well-being and marital satisfaction with the severity of depression.

Materials and Methods

The present study adopted a cross-sectional design and was conducted as a hospital-based study at the Psychiatry Outpatient Department (OPD). A total of 100 participants were included in the study, selected through convenience sampling. The study population consisted of patients attending the Psychiatry OPD seeking treatment. Inclusion criteria for the study were as follows: male and female patients diagnosed with Depression according to the International Classification of Diseases, 10thRevision (ICD-10) codes F32, F32.1, F32.2, F32.8, F33, F33.1, and F33.2 by a qualified psychiatrist; those who had not been on psychiatric medications for the past three months; individuals whose current depressive episode had an onset within the past month; married individuals living with their spouse for at least the past year; and individuals aged between 21 and 60 years.

Exclusion criteria included individuals who were unmarried, separated, widowed, divorced, or not living with their spouse for the past year; patients diagnosed with severe depression with psychotic symptoms (F32.3) or recurrent depressive disorder with psychotic symptoms (F33.3); individuals with other comorbid psychiatric disorders or severe medical illnesses; and those unwilling to provide informed consent.

Patients meeting the inclusion and exclusion criteria were recruited from the Psychiatry OPD through convenience sampling. After obtaining informed consent, data collection was carried out using a pre-formed semi-structured proforma developed for the study, which included information on socio-demographic details, clinical profile related to depression, and marital profile. The diagnosis of depression was confirmed using ICD-10 diagnostic criteria.

The Hamilton Depression Rating Scale (HAM-D) was employed to assess the severity of depression.[9] The HAM-D is a widely used instrument in depression assessment and research, with an internal consistency (Cronbach's alpha) value of ≥0.74, indicating adequate reliability. To assess marital satisfaction, the Locke-Wallace Marital Adjustment Test (LWSMAT) was used.[10]A score of less than 100 indicates marital dissatisfaction or maladjustment. The LWSMAT has a reliability coefficient of 0.84, demonstrating good reliability. Spiritual well-being was measured using the Spiritual Wellbeing Scale (SWBS)[11], which has a high internal consistency with a Cronbach's alpha value of 0.88. The scores range from 20 to 120, with values between 20 and 40 considered low, 41 and 99 as moderate, and 100 and 120 as high spiritual well-being.

Results

The mean age of study participants were 39.79±11.56 years. An age distribution of respondents indicates there is highest number of respondents aged between 41 and 50 years (29%) followed by those aged between 21 and 30 (28%), between 31 and 40 years (22%), and between 51 to 60 years (21%). As for gender, the sample contained

decisively more males (58%) than the females (42%) of participants, denoting a slight male predominance. In the case of marital cohabitation, the majority of respondents (59%) had lived with their spouse for fewer than 5 years, whilst the other 41% had cohabited for more than 5 years, which may relate to recent marriages or changes to living arrangements over time.

The occupational status revealed that largest proportion of participants were self-employed (31%), followed by professionals (27%). Second, there was a balanced mix of study participants regarding social status with homemakers and unemployed individuals each representing 21% of the sample. In terms of educational attainment, participants most frequently attained secondary education (30%), followed by postgraduate (27%) and graduate (24%) qualifications. The other 19% reported having only primary education, indicating a relatively literate group overall. In terms of religious identity, the most common was Hindu (38%), and there were also Christians (30%) and Muslims (23%) among the participants. A smaller proportion (9%) identified with other religions (Table 1).

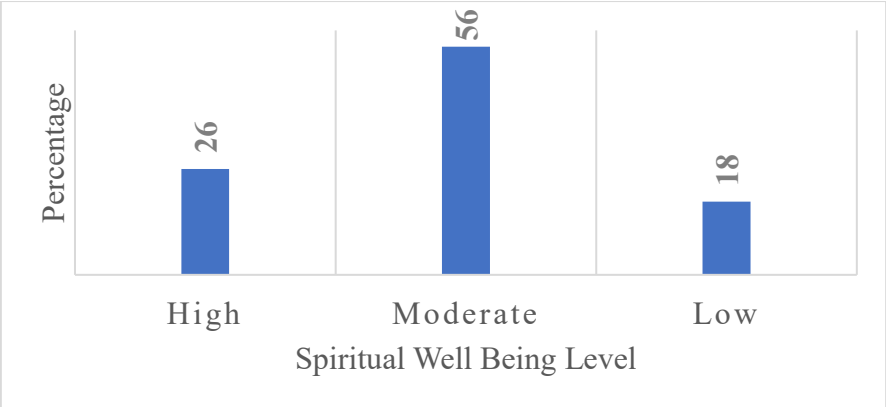
Table 1: Distribution of demographic characteristics (N=100)

S.No	Variable	Frequency	Percentage
1	**Age**		
	21-30	28	28
	31-40	22	22
	41-50	29	29
	51-60	21	21
2	**Gender**		
	Female	42	42
	Male	58	58
3	**Living with spouse**		
	<5 years	59	59
	>5 years	41	41
4	**Occupation**		
	Professional	27	27
	Self-employed	31	31
	Homemaker	21	21
	Unemployed	21	21
5	**Education Level**		
	Graduate	24	24
	Postgraduate	27	27
	Secondary	30	30
	Primary	19	19
6	**Religion**		
	Christian	30	30

	Hindu	38	38
	Muslim	23	23
	Other	9	9

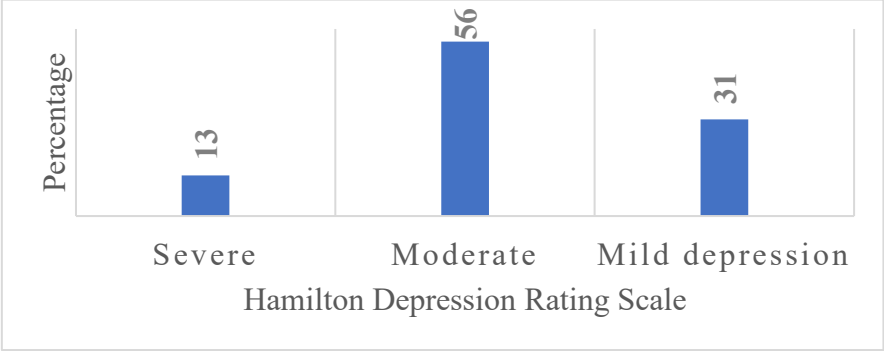
Most of the participant was moderate spiritual well-being (56%), while the spiritual well-being on a high category for 26% and low for 18%. Most people responded with a positive spiritual perspective, a large proportion of 10(80%) of people showed significant spiritual resilience, and a small group (<5) may require assistance in this regard (Figure 1).

Figure1: Distribution of spiritual well-being level (N=100)



Using the Hamilton Depression Rating Scale (HAM-D), 56% of participants had moderate depression while 31% had mild depression. Only 13% of them were diagnosed with severe depression, showing that there were patients with some degree of depressive symptoms in the study population (Figure 2).

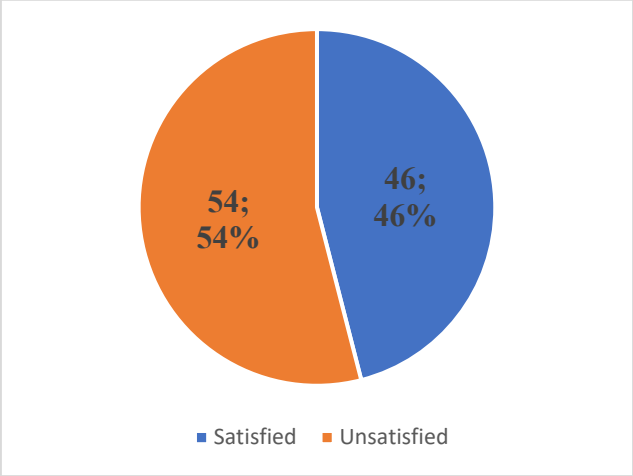
Figure2: Distribution of Hamilton Depression Rating Scale (HAM-D) among the study participants (N=100)



Assessment of marital adjustment using the Locke-Wallace Marital Adjustment Test (LWSMAT) showed that 54% of participants were unsatisfied in their marital

relationship, while 46% reported being satisfied in their marital relationship. This means that more than half of the study sample experienced marital dissatisfaction to some extent (Figure 3).

Figure3: Distribution of Marital adjustment as per LWSMAT (N=100)



We found a significant association between Spiritual well-being and severity of depression (χ^2=160.57, p<0.001). The majority of participants with mild depression (83.9%) of them had high spiritual well-being, whereas all participants with moderate depression had moderate spiritual well-being and all participants with severe depression had low spiritual well-being. Likewise, marital satisfaction was strongly associated with depression severity (χ^2=31.35, p<0.001). Among participants with mild depression, few were maritally unsatisfied (83.9%), and among those with severe depression, the participants were entirely maritally unsatisfied (100%). These results indicate that spiritual well-being and marital satisfaction significantly correlates with less severe depression (Table 2).

Table 2: Association of spiritual well-being and marital satisfaction with the severity of depression (N=100)

S. No	Parameter	Severity of Depression			
		Mild (n=31)	Moderate (n=56)	Severe (n=13)	X^2 (df), p
1	**Spiritual well-being level**				
	High	26 (83.9)	0 (0)	0 (0)	160.57 (4)
	Moderate	0 (0)	56 (100)	0 (0)	<0.001
	Low	5 (16.1)	0 (0)	13 (100)	
2	**Locke-Wallace Marital**				

	Adjustment Test				31.35 (2)
	Satisfied	26 (83.9)	20 (35.7)	0 (0)	<0.001
	Unsatisfied	5 (16.1)	36 (64.3)	13 (100)	

The Hamilton Depression Rating Scale (HAMD) showed a strong negative correlation with the Spiritual Well-being Scale ($r = -0.861$, $p < 0.001$), further indicating that higher spiritual well-being correlates with lower levels of depression. Likewise, the Locke-Wallace Marital Adjustment Test score was negatively correlated with depression ($r = -0.814$, $p < 0.001$), meaning that more frequent marital adjustment corresponds to a lower incidence of depression. There was also a significant positive correlation between spiritual well-being and marital adjustment ($r = 0.760$, $p < 0.001$), suggesting that those with higher levels of spiritual well-being experience more satisfying marital relationships (Table 3).

Table 3: Correlation of spiritual well-being scale and Locke-Wallace Marital Adjustment Test with the Hamilton Depression Rating Scale (N=100)

S.No	Scale	r	P
1	Spiritual well-being scale Vs Hamilton Depression Rating Scale	-0.861	<0.001
2	Spiritual well-being scale Vs Locke-Wallace Marital Adjustment Test scale	0.760	<0.001
3	Locke-Wallace Marital Adjustment Test scale Vs Hamilton Depression Rating Scale	-0.814	<0.001

Discussion

This study investigated the relationship of spiritual well-being, marital satisfaction and depression severity among adults aged 39.79±11.56 years. The age distribution was fairly well distributed, being the highest among the age range of 41–50 years (29%), 21–30 years (28%), 31–40 years (22%) and 51–60 years (21%). There was a small male preponderance (58% vs. 42% male to female). The majority of participants had lived with their spouse for less than five years (59%), and the cohort was varied in occupational and educational backgrounds. Hindus formed the largest group (38%), with Christians (30%) and Muslims (23%)remaining the minority.

Most of the participants (56%) displayed moderate-level of spiritual wellbeing, whereas (26%) & (18%) were with High & Low spiritual wellbeing respectively. This distribution is in agreement with the findings of Rakhshani et al[12], where an inverse relationship between spiritual health and depression, stress and anxiety was

documented. Similarly, Zafari et al[13]. among elderly people, higher spiritual well-being is associated with lower depression levels.

As for depression severity, 56% of subjects were victims of moderate depression, 31% mild depression, and 13% severe depression. These results are consistent with previous research that has found a high prevalence of depressive symptoms across different groups[14]. Overall, 46% of the participants reported marital satisfaction and 54% reported marital dissatisfaction. This is significant, because marital unhappiness has been associated with elevated risk of depression.

Shi and Whismanet al[15] found significant associations between marital satisfaction and stressful life events with depressive symptoms. Furthermore, Han and Gao et al[16] discovered that dyadic coping and marital satisfaction are directly or indirectly linked to depression symptoms among couples. As reported by Beach et al[17]marital satisfaction and depression has a bidirectional relationship where depression can reduce relationship satisfaction and poor marital quality can contribute to depressive symptoms which align with our findings.

There was a strong association between spiritual well-being and severity of depression (χ^2=160.57, p<0.001). In participants with mild depression, the percentage of high spiritual well-being was 83.9, while among those with severe depression, all were in the low spiritual well-being group. Previous research backs this inverse relationship. For example, Rakhshani et al[12] found that women had an inverse relationship between spiritual health and depression. Similarly, Zafari et al[13] entail negative correlation of spiritual well-being with depression among elderly. This can be understood from what Tuck et al[18] has reported that spiritual coping mechanisms provides emotional resilience in time of distress and enhancing the psychological well being.

Marital satisfaction was positively significantly associated with depression severity (χ^2=31.35, p<0.001). The vast majority of mild depression participants were maritally satisfied (83.9%), while all participants with severe depression were maritally unsatisfied (100%). For example, Shi and Whismanet al[15] demonstrated a significant association of marital satisfaction with depressive symptoms.

Further, correlation analyses supported these associations. The Spiritual Well-being Scale demonstrated a strong negative correlation with the Hamilton Depression Rating Scale (r = -0.861, p < 0.001), suggesting that higher spiritual well-being accompanies lower levels of depression. Also, the Locke-Wallace Marital Adjustment Test score showed a negative correlation with depression (r = –0.814, p<0.001). In addition, the association between spiritual well-being and marital adjustment was also significantly positive (r = 0.760, p<0.001). Those findings align with earlier research[12,16].Spirituality and marital satisfaction can contribute independently or synergistically to mental health that they act as moderators in development and course of depression. Our findings align with the fact whatMahoney et al[19]has reported

that shared spiritual practices(such as praying together) enhance couple bonding and emotional support, reducing the vulnerability to depression.

There are several important strengths in this study. It offers extensive insight into the interconnection between spiritual well-being, marital satisfaction, and severity of depression, which are three important aspects of mental health. The tool used to measure patient's depression (i.e. the HAM-D), spiritual well-being (i.e. the Spiritual Well-being Scale), and quality of marital life (i.e. the Locke-Wallace Marital Adjustment Test or LWSMAT) are standardized validated tools, lending credibility to our findings. Because of the relatively small sample size (N=100), the results may not be generalizable to more extensive and more diverse populations, such as populations from various cultural or socioeconomic backgrounds. Furthermore, the use of self-reported data for measuring spiritual well-being and marital satisfaction could lead to response bias owing to the subjective nature of these constructs or social desirability bias. The absence of longitudinal follow-up is another limitation that could have illustrated the dynamics of spiritual or marital domains over time and their association with depressive symptoms.

Conclusion

There was a significant positive relationship between spiritual well-being and marital satisfaction, and significant negative relationship between spiritual well-being and depression severity. These findings highlight the need for inclusion of spiritual not the religiosity and relational dimensions in mental health assessment and treatment.This study emphasises that a person's spirituality and marital satisfaction can play a significant, even pivotal, role in their mental wellness. Further studies are warranted to establish the causal links, explore the possibility of interventions to enhance spiritual well-being and marital satisfaction to reduce depression.

Enhancing the external validity of the results require subsequent studies with larger, more diverse samples in heterogeneous geographic and cultural settings. Incorporating additional psychosocial factors, including coping strategies, social support systems, and spirituality may provide a more thorough examination of the multifactorial origins of depression. Lastly, the development and testing of one-arm intervention studies to improve spiritual well-being and marital satisfaction and their subsequent effects in reducing severity of depression would promote holistic care of mental health.

References:

1. Rayani AM, Smart MW, Alreshidi SM, Al-Mrayat YD, Fawaz M, Alodhailah AM, Abou Hashish EA, Dailah HG, Dewan MF, Alhaiti A, Rababa M 2025. Correlations between spirituality, anxiety, and depression in hemodialysis patients in Saudi Arabia: a cross-sectional study. J ReligHlth4.
2. Murthy RS 2017. National Mental Health Survey of India 2015-2016. Ind J Psych59: 21-6.
3. RonnePL, Niemi M, Walach H, Lavebratt C, Yang LL, Gerdle B, Ghafouri B, Falkenberg T 2024. Exploring emotional well-being, spiritual, religious and personal beliefs and telomere length in chronic pain patients-A pilot study with cross-sectional design. PLoS One19:e0308924.
4. Rajan V, Marimuthu Y, Menon V, Kumar SG, Raj R 2024. Effect of spiritual intelligence and employment status on the association between education and depressive symptoms among adults in rural Puducherry, India: A mediation analysis. Int J Soc Psych70:1453-60.
5. Abdolkarimi M, Masoomi M, Lotfipur SS, Zakeri MA 2022. The relationship between spiritual health and happiness in medical students during the COVID-19 outbreak: A survey in southeastern Iran. Front Psychol13:974697.
6. Thomas PA, Liu H, Umberson D 2017. Family relationships and well-being. Innov Aging1:igx025.
7. Williams K, Umberson D 2004. Marital status, marital transitions, and health: a gendered life course perspective. J Hlth Soc Behav45:81-98.
8. Yang L, Yang Z, Yang J 2023. The effect of marital satisfaction on the self-assessed depression of husbands and wives: investigating the moderating effects of the number of children and neurotic personality. BMC Psychol11:163.
9. Williams JB 1988. A structured interview guide for the Hamilton Depression Rating Scale. Arch Gen Psych45:742-7.
10. Khatun MN, Deeba F, Tushar TA 2019. Psychometric properties of Lock-Wallace short marital adjustment scale (LWSMAT) for Bangladeshi couples. Dhaka UnivJ BiolSci28:159-65.
11. Paloutzian RF, Ellison CW 1991. Manual for the spiritual well-being scale. Nyack, NY: Life Advance9:35-48.
12. Rakhshani T, Saeedi P, Kashfi SM, Bazrafkan L, Kamyab A, KhaniJeihooni A 2024. The relationship between spiritual health, quality of life, stress, anxiety and depression in working women. Front PublHlth12:1366230.
13. Zafari M, Sadeghipour RM, Yarmohammadi S, Jahangirimehr A, Marashi T 2023. Investigating the relationship between spiritual well-being, resilience, and depression: a cross-sectional study of the elderly. Psychoger23: 442-9.

14. Osman DM, Ahmed GK, Farghal MM, Ibrahim AK 2022. Prevalence and predictors of depressive symptoms among married Egyptian women: a multicenter primary healthcare study. BMC Psych22:602.
15. Shi Y, Whisman MA 2023. Marital satisfaction as a potential moderator of the association between stress and depression. J Affect Disord327: 155-8.
16. Han RR, Gao LL 2024. Associations between dyadic coping, marital satisfaction, and prenatal depression symptoms among couples with gestational diabetes mellitus. J Repro Infant Psychol 3:1-17.
17. Beach SRH, Fincham FD, Katz J, Bradbury TN 2003. Marital therapy as a treatment for depression: A literature review. BehavModif27: 896-916.
18. Tuck I, McCain NL, Elswick RK Jr 2001. Spirituality and psychosocial factors in persons living with HIV. J AdvNurs33: 776-83.
19. Mahoney A, Pargament KI, Tarakeshwar N, Swank AB 2001. Religion in the home in the 1980s and 1990s: A meta-analytic review and conceptual analysis of links between religion, marriage, and parenting. J FamPsychol 15: 559-96.