

Meaning in Life, Hope, and Mental Health: Relation between Meaning in Life, Hope, Depression, Anxiety, and Stress among Afghan Refugees in Iran

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Abstract—The present research was carried out in order to investigate the relationship between meaning in life and hope with depression, anxiety and stress in Afghan Refugees in Alborz province in Iran. In this research, method of study is a descriptive correlation type. One hundred and fifty-eight Afghan refugees (64 male, 94 female) participated in this study. All participants completed the Meaning in Life Questionnaires (MLQ), Hope Scale (HS), and The Depression Anxiety Stress Scales (DASS-21). The results revealed that Meaning in Life was positively associated with hope, presence of meaning, search of meaning, and negatively associated with depression and anxiety. Hope was positively associated with presence of meaning and search of meaning, and hope was negatively associated with depression, anxiety, and stress. Depression, anxiety, and stress were positively correlated with each other. Meaning in life and hope could influence on mental health.

Keywords—Afghan refugees, meaning of life, hope, depression, anxiety and stress.

I. INTRODUCTION

IN the last three decades, war, famine and political struggles have caused an increase of forced migrations worldwide. In 1970, there were approximately 2.5 million refugees. This number increased to 8.2 million a decade later. In 1990 the number doubled to 17 million and, with the wars in the Balkans and the collapse of the former Soviet Block, the number of refugees in the world approximated 40 million by the year 2000. This number does not take into account the number of “internal refugees”, which migrate within a country. These are thought to add up to 1520 million. It is considered that one out of every 135 people alive in the world today is a “refugee” [1]. By the year 2007, the number of refugees and asylum seekers neared 14 million, [2]. Article 1 of the 1951 UN Refugee Convention defines a refugee as “a person who is outside his/her country of nationality or habitual residence; has a well-founded fear of persecution because of his/her race, religion, nationality membership in a particular social group or political opinion; and is unable or unwilling to avail himself/herself of the protection of that country, or to return there, for fear of persecution” [3]. Migrants are “persons, and family members, moving to another country or region to better their material or social conditions and improve the prospect for themselves or their family”. In 2008, there

were 214 million international migrants worldwide, 4 9% of them women, [4].

Afghanistan has been the victim of wars particularly after the Soviet Union invasion, which was followed by civil war in Afghanistan that caused the migration of large number of refugees ‘to neighboring countries including Pakistan and Iran [5]. At present, Afghanistan and Syria remain the largest source of refugees, both with an estimated 2.5 million refugees, followed by Somalia, Sudan and the Democratic Republic of Congo. Around four-fifths of the world's refugees flee to neighboring countries such as Pakistan, Iran, Lebanon, Jordan and Turkey [6], [7].

As a result of the many traumas and stressors faced by immigrants and refugees during their physical and psychological odyssey, they have been found to generally be at high risk for mental health problems. Amongst adults, the main problems reported are those of depression and anxiety disorders, particularly post-traumatic stress disorders, [1]. The type and prevalence of mental health disorders among refugees are highly contested topics. Several meta-analyses have been conducted with refugees in Western cultures which show that the most common disorders faced by refugees are posttraumatic stress disorder, depression, anxiety, and dissociation, [8].

Battista and Almond conceptualized meaning in life as the degree to which an individual believes he or she is fulfilling their life framework and goals. Implicit in their perspective is that an individual must have both, a belief system (framework) of meaning as well as the ability to achieve (fulfill) their goals to experience their lives as meaningful. Possessing a sense of meaning in life has been shown to be an important variable across multiple mental health fields and a broad range of population [9]. Ryff and Singer supported Frankl’s claim that having a sense of meaning in life is connected to positive human health, [9]. Mascara and Rosen looked specifically at depression and its relation to meaning in life. Overall the results indicated meaning was related to decrease depressive symptoms and increased levels of trait and state hope. Meaning in life was related to a significant increase in positive affect, and a decrease in anxiety, depression and negative affect [10]. Frankl suggested meaningless is associated with many types of psychopathology including, depression, anxiety, suicide, and addiction and is one of the most perspective neurosis in mental health. Meaning in life has been found to be associated with the well-being factor of hope

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and happiness [9]. Snyder defined hope, “as the perceived capacity to derive pathways to desired goals, and motivate one’s self via agency thinking to use those pathways”. It is overall perception that one’s goals can be met. According to Snyder, hope has three necessary ingredients: Goal-oriented thoughts, Pathways to achievement of those goals and agency thoughts directed to goal achievement. Snyder and colleagues have mentioned, hope is a motivational concept but clearly has a strong cognitive component. Hence including this part of hope, they defined hope as “a reciprocally derived sense of successful agency (goal-directed determination) and pathways (planning of ways to meet the goals)” [10]. In general hope is viewed as an essential and vital component in human life and health. However, there are many different orientations with which hope has been conceptualized by philosophers, psychologists, and nursing scholars. For example, hope is considered a component of caring, is described as an inner force inherent in a person’s will to live, and is thought of as an element that is present in persons in the form of desire to function as an independent human being. To existential philosophers such as Marcel and Fitzgerald hope is closely tied to the concept of human becoming and existence. Hope to Marcel is a process of human becoming through which one searches for meaning for oneself in inter subjective relationships [12].

Researchers have reported that trait hope was negatively associated with depression, [10]. Further, research showed an inverse relationship between hope and statistics anxiety. Research indicated that hope and test anxiety had an inverse relationship. Based on this knowledge Onwuegbuzie examined whether hope predicted anxiety about statistics in college students. Students, who had lower scores on agency and pathways subscales of DHS, had higher scores on the Statistical Anxiety Rating Scales which confirmed that hope and statistics anxiety was negatively related, [13]. The aim of this study was to investigate levels of Meaning in life, hope and mental health: mental distress in a sample of adult Afghan refugees in Alborz province of Iran.

II. METHODOLOGY

A. Participants

The population of this study were Afghan refugees lived in Alborz province (Eshtehard and Karaj cities) in Iran in 2014. One hundred and fifty Afghan refugees, 64 males and 94 females (40.50 % male, 59.50 % female) voluntarily participated in this research. After encouraging the subjects to complete meaning in Life Questionnaires (MLQ), The Hope Scale (HS) and The Depression Anxiety Stress Scales (DASS-21). The range age of participants was from 18 to 47 ($M=23.43$, $SD=7.41$).

B. Measure

Meaning in Life Questionnaires: The MLQ was developed by steger at al. to measure both the presence and search for meaning in life. The MLQ is a 10-item scale with two 5-item

subscales measuring the presence of meaning (MLQ-P) and the degree to which an individual’s searches for meaning. Each item is related on a Likert scale from 1 (strongly disagree) to 7 (strongly agree). Sample item include “I understanding my life’s meaning” and “I am searching for meaning in my life.” Higher scores on the MLQ indicate higher levels of meaning in life. Steger argued the MLQ is reliable, structurally sound and has better discrimination validity between confounding variable such as mood, affect and life satisfaction than previous measures. The alpha coefficients have been found to range from .81 to .91. For specific scales of MLQ-P and MLQ-S, alpha coefficients were found to range from .81 to .86 and .84 to .96, respectively. Results from the current study indicated a Cronbach’s alpha of .86 for MLQ-P and .84 for MLQ-S. The one –month test-retest stability coefficients were .70 for the MLQ-P and .73 for the MLQ-S, [9].

The Hope Scale is a 12-item Likert-type scale with four items assessing pathways, four items assessing agency, and four distracters [14]. The HS yields separate scores for the Pathways and Agency Subscales, or the entire Hope Scale can yield one score. In this respect, confirmatory factor analyses across multiple college student samples support using the agency and pathways subscale in creating a higher order hope factor. Response options range from 1 = definitely false to 8 = definitely true. Both Cronbach alphas (from 0.74 to 0.84) and test/retest reliabilities (0.73–0.82 over an 8–10-week period) are acceptable for the eight items in the two hope subscales. Validity of the Hope Scale for use among undergraduate student and adult community populations has been established through ten years of empirical research as described previously. In the current study, the alpha for the combined hope scale was 0.77, and the alphas for the Agency and Pathways sub-scales were 0.79 and 0.69, respectively [12].

Trait hope was assessed using the Trait Hope Scale. The Trait Hope Scale contains 4 agency items, 4 pathways items, and 4 filler items. Past research has shown this scale to demonstrate both internal and temporal reliability, as well as convergent and discriminate validity. The Cronbach’s alpha was .79. [15]

The Depression Anxiety Stress Scales: The depression, anxiety, and stress scale (DASS) is a self-report scale that measures depression, anxiety, and stress, [16]. The DASS-21 has been translated in various languages and validated in different populations, [17]. The Depression Anxiety and Stress Scales questionnaire (DASS) is composed of three 14-item subscales: DASS-depression, DASS-anxiety, and DASS-stress. A shorter 21-item version, composed of three 7-item subscales, has also been developed, [11]. The DASS has been validated in a range of cultures including Turkey, Iran, Spain and South America and the Netherlands. Cronbach’s alphas for the DASS-21 subscales were .94 for Depression, .87 for Anxiety, and .91 for Stress [15]. The 3 scales are moderately and positively correlated with each other, [17]. The relevant DASS-42 and DASS-21 scales both correlated highly with the BDI, BAI, and the STAI-T [13], [18], [19].

C. Data Analysis

The obtained data were analyzed and evaluated by using SPSS (Statistical Package for Social Sciences). Mean and standard deviation were used as descriptive analysis. Pearson's correlation coefficient was used to study the relationship between meaning of life, hope, depression, anxiety and stress.

III. RESULTS

Table I presents the means and standard deviations of the study variables.

TABLE I
MEAN AND STANDARD DEVIATION OF THE STUDY VARIABLES (N=152)

Variable	Mean	SD
Meaning of life	55.97	7.41
Presence of meaning	27.48	6.42
Search of meaning	28.42	6.50
Hope	46.73	5.60
Depression	9.04	4.47
Anxiety	8.20	4.31
Stress	10.74	4.51

TABLE II DASS-21 SEVERITY RATINGS			
Severity	Depression	Anxiety	Stress
Normal	0-4	0-3	0-7
Mild	5-6	4-5	8-9
Moderate	7-10	6-7	10-12
Sever	11-13	8-9	13-16
Extremely	14+	10+	17+

Tables I and II show that the depression is moderate, anxiety is severe, and stress is moderate among Afghan refugees are living in Iran.

In order to study the relationship between meaning of life, hope, depression, anxiety and stress with in Afghan refugees in Iran, Pearson's correlation coefficient was used. The correlation is presented between research variables in Table III.

TABLE III
CORRELATION COEFFICIENT AMONG MEANING IN LIFE, HOPE, DEPRESSION, ANXIETY AND STRESS

Variable	I	II	III	IV	V	VII	VIII
I- Meaning in life	1.00						
II- Presence of m.	* 0.89	1.00					
III- Search of m.	* 0.88	* 0.60	1.00				
IV- Hope	* 0.62	* 0.58	* 0.53	1.00			
V- Depression	* - 0.34	* - 0.40	** - 0.20	* - 0.31	1.00		
VI- Anxiety	** - 0.20	* - 0.24	- 0.11	** - 0.17	* 0.55	1.00	
VII- Stress	- 0.07	** - 0.20	- 0.011	** - 0.15	* 0.60	* 0.50	1.00

*p<0.01 **p<0.05

As expected, meaning of life and hope were significantly and positively correlated ($r = 0.62$, $p < .01$), and both meaning of life and hope were significantly and negatively correlated with depression ($r = -0.34$, $p < .01$, and $r = -0.31$, $p < .01$, respectively). Also, both meaning in life and hope were significantly and negatively correlated with anxiety ($r = -0.20$, $p < .05$, and $r = -0.17$, $p < .05$, respectively). Stress was

significantly and negatively correlated with presence of meaning, hope ($r = -0.20$, $p < .05$, and $r = -0.15$, $p < .05$, respectively) and positively correlated with depression and anxiety ($r = 0.60$, $p < .01$, and $r = 0.50$, $p < .05$, respectively).

Eventually, positive religious coping was significantly and positive correlated with emotional intelligence ($r = 0.33$, $p < 0.01$) and it was significantly negative correlated with perceived stress ($r = -0.159$, $p < 0.05$).

As specified from correlation analysis, there was a positive and significant correlation between meaning of life and hope. There was a positive and significant correlation between depression, anxiety and stress. In addition, there was a negative correlation between meaning of life, hope with depression, anxiety and stress.

IV. DISCUSSION

The purpose of the present research was to study of the relation between meaning in life, hope with depression, anxiety and stress among Afghan refugees in Iran. The results of the study indicated that meaning of life was positively related to hope. Meaning in life was related to increased levels of hope [9]. Also, depression and anxiety has significant negative relationship with meaning in life this result is supported by Steger and his colleague, Buchanan, [20], [21]. The results of this study show the strong significant relationship between depression and adult hope. This data is supported by Chimich and Nikolaichuks study, [22]. Similarly, researchers have reported that trait hope was negatively associated with depression, [10]. Also in this study showed an inverse relationship between hope and statistics anxiety, [23]. Additionally, depression, anxiety, and stress were found to be positively correlated to each other. This data is supported by Williamson, Barmier, Ryan, and Dahl study, [13]. Moreover, meaning in life is important not only for survival but also for health and well-being. In fact, meaning in life plays a major role in maintaining positive mental health [21].

The study of the relation between meaning in life, hope, and mental health is of importance, since it allows us to understand the ways that meaning of life and hope relate to personal beliefs in shaping outcome expectations. However, meaning of life and hope could influence on mental health.

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