

SPIRITUAL WELL-BEING, EXISTENTIAL NIHILISM & SUB-CLINICAL DEPRESSION IN YOUNG ADULTS

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Abstract

Spirituality plays a vital role in promoting a healthy lifestyle and providing individuals with a sense of meaning and purpose that can have a profound impact on psychological health. Existential nihilism on the other hand is marked by meaninglessness emptiness and despair. A correlational design and a cross-sectional research approach were used in this investigation. Purposive sampling was used to select 324 participants from various universities ages 18 to 26 (170 men and 154 women) who made up the study sample. Data were collected using the Patient Health Questionnaire (Kroenke Spitzer & Williams 1999) the Existential Nihilism Scale (Forsythe & Mongarian 2023) and the Bidirectional Spirituality Scale (Williamson & Ahmad 2018). Existential nihilism and subclinical depression were found to be positively correlated indicating that those who have higher levels of subclinical depression also tend to have more intense existential nihilism. Additionally, the Bidirectional Spirituality Scale showed that higher levels of spirituality were linked to lower levels of existential nihilism and subclinical depression making it a significant predictor of existential nihilism. Through existential nihilism mediation analysis revealed that spiritual well-being indirectly affects subclinical depression. These findings highlight the protective role of spirituality in reducing depressive symptoms and existential distress underscoring its importance for young adult's mental health.

Keywords: spirituality, wellbeing, existential nihilism, depression, young adults, university students

Introduction

Close to two decades ago, with the onset of the positive psychology movement, there was a notable shift in the research approach within psychology, particularly in the realms of mental health. The focus transitioned from a predominant emphasis on diseases or disorders to a much greater interest in the exploration of well-being (Bhullar et al., 2014). In recent times, there has been an expanding awareness regarding the mental health and well-being of individuals, encompassing factors beyond the psychological realm. According to recent research, it was estimated that about 970 million people around the globe need assistance with their mental health, and most of them are young adults (World Health Organization, 2019). Furthermore, about 60% of young individuals struggle to handle the pressure (World Health Organization, 2019). As a pressure to live up to modern life and set standards which are affecting the mental well-being of young adults, pictures that there were old spiritual practices which would help meet new challenges. In today's era the recognition of spirituality, existential nihilism and sub-clinical depression has become integral to understand the intricate shades of mental health. As we delve into the nuanced realms of mental health, this study aims to shed light on three distinct yet interconnected variables: spiritual well-being, existential nihilism, and sub-clinical depression. These three aspects are mostly overlooked in traditional psychological frameworks, yet they play a pivotal role in shaping an individual's experiences, responses to life challenges and technological dependency.

Spiritual Well-being

Spiritual well-being involves having positive relationships with God, oneself, others, and the environment, leading to happiness and life satisfaction (Hamka et al., 2022). Moreover, positive, and realistic thinking in the realm of spiritual well-being plays a crucial role in making the most out of challenging situations. This mindset contributes to enhanced mental health, positive emotions, effective problem-solving, and a strengthened immune system (Puchalska-Wasył & Zarzycka, 2020). In this study, spiritual well-being is the two kinds of relationship that one has and can be used to measure one's life's happiness. It includes vertical (relation to God) and horizontal spiritual intimacy (relation to people and purpose of life). Spiritual well-being can be enhanced in various ways and each depend on individual's religion. For instance, highlighting the religion Islam the practices such as: tawakkal (belief in Allah), praying Salah, recitation of the Holy Quran etc (Awan & Sitwat, 2014). These spiritual practices help contribute in spiritual well-being of an individual.

Existential Nihilism

Existential Nihilism is defined as rejecting or negating the existence of meaning and purpose in life (Veit, 2018). The philosophical concept of Existential Nihilism was introduced by Friedrich Nietzsche in 19th century (Blakemore Briggs, 2023) which stated that the life lacks inherited meaning or purpose. An individual grappling with existential nihilism may confront a sense of emptiness or futility, influencing it worldview and impacting their mental well-being. Examining this dimension provides insights into how individuals cope with the perceived absence of meaning in their lives. In this study, existential nihilism is the way in which an individual's mental health, well-being and societal outcomes are shaped through the influences of the levels of spirituality.

A book written by (Tomer et al., 2008), named Existential and spiritual issues in death attitudes consists of a chapter named as existentialism and suicide (chapter 12). In which the author Israel Orbach presents a case study of a man Mansor who is 30 years old and had come for a therapy session with a wish to commit suicide and the therapist couldn't diagnose him anything as he had no past traumas, not any sign of depression, nor any familiar dysfunction. Later the therapist found out that Masur could not find any meaning and purpose for his life and the entire cosmic system. Later on, the author gives his personal opinion regarding the relationship between existentialism and suicide by saying that there are 3 main points (American Psychiatric Association, 2022). Meaning can be basic (like important needs and personal goals) or deep (involving complex beliefs and values beyond daily life (Awan & Sitwat, 2014). Feeling that life lacks meaning doesn't directly cause pain; instead, pain makes life feel meaningless. (Alorani & Alradaydeh, 2016). To find meaning again, we need to ease emotional pain. To prevent suicide, we must help people deal with their emotional struggles and find a sense of purpose again.

Another research article written by (Veit, 2018) explores "The Existential Nihilism: The only serious Philosophical Problem". In this article the author reports on how absurd the theories on nihilism and existential nihilism are and how they are mostly based on atheism and how science revokes the existence of God. The reason for someone being born or doing something is just out of pure luck. The author further explains how humans are the only species that try to find meaning in life or a purpose in life, but the other species of life form have a set pattern and a monotonous life and how we as human beings should not degrade ourselves and forcefully try finding meaning in life. He further explains it with the help of using animated shows such as Rick and Morty showcasing how Rick is the most intellectual being in the whole universe and is explaining his grandson how life has no meaning and purpose whereas exploring another show BoJack horseman the protagonist embarks on a quest to find the

meaning of life, with the show intertwining scientific concepts and dark themes throughout his journey.

Sub-Clinical Depression

Sub-clinical depression is characterized by the presence of depressive symptoms in an individual who does not fulfill the criteria for a formally diagnosed depressive disorder. Moreover, it can also be defined as experiencing a low or depressed mood along with other symptoms, although not meeting the severity or number of criteria outlined in the DSM-V TR (American Psychiatric Association, 2022) for major depression. In this study, sub-clinical depression is the way in which we assess the symptoms of depression for the people who don't completely fall under the entire checklist of it and how this mild depression according to DSM V-TR is affected via the hierarchy of spirituality. A research investigation carried out in Lahore, Pakistan disclosing that 39.3% of the participants exhibited symptoms of depression (Muhammad et al., 2019), whereas a separate study conducted in Karachi reported a depression prevalence of 31% (Ali et al., 2017).

According to the National Institute of Health approximately in the specific context of Pakistan, the prevalence of depression varies, ranging from 22% to 60%. Notably, in Karachi, a densely populated city with around 14.9 million residents, the average prevalence of depression stands at approximately 47%. These statistics underscore the substantial impact of depression on mental health in Pakistan, emphasizing the urgency for research attention and effective intervention strategies (Nisar et al., 2019).

Interconnected Dynamics

There is an intricate connection between these variables. Spiritual well-being and sub-clinical depression (Bamonti et al., 2016) existential nihilism and sub-clinical depression (Wang, 2022). As they are not isolated aspects; rather, they interact and influence each other. Understanding these interconnected dynamics is fundamental to grasping the full spectrum of individuals' experiences and responses to life's challenges (Wang, 2022).

For instance, if an individual is having sub-clinical depression, they would start developing existential nihilism. On the other hand, if an individual has remarkable spiritual well-being, they wouldn't develop the negative concept i.e. existential nihilism and sub-clinical depression (Hamka et al., 2022). Spiritual well-being has a negative effect on sub-clinical depression and existential nihilism.

Rationale

This research seeks to fill a literature gap by examining existential nihilism and its relationship with spiritual well-being and sub-clinical depression, especially among young adults. It intends to analyze how existential crises and the uncertainty surrounding life's purpose can contribute to psychological distress, which may develop into depression without appropriate intervention (Wang, 2022). Sub-clinical depression, while not qualifying for a formal clinical diagnosis, can still substantially affect everyday life and has the potential to worsen if not addressed. Furthermore, the investigation considers the bidirectional link between existential nihilism and depression, highlighting how spiritual well-being can help lessen these impacts. The results are anticipated to guide the development of intervention methods, support networks, and therapeutic practices designed to build resilience and a sense of meaning, consequently lowering suicide risks associated with existential hopelessness. Finally, the study will investigate how engaging in spiritual practices might improve overall well-being and protect individuals from descending into negative thought patterns.

Objectives

This research seeks to investigate gender-based variations in spiritual well-being, existential nihilism, and sub-clinical depression within a young adult population, while also analyzing the connections among these factors. Furthermore, it aims to estimate the influence

of spiritual well-being and existential nihilism on sub-clinical depression and to explore whether existential nihilism mediates the association between spiritual well-being and sub-clinical depression. Through pursuing these goals, the study offers a thorough examination of how existential and spiritual elements affect mental health in young adults.

Hypotheses

H1: There will be gender differences in terms of Spiritual Well-being, Existential Nihilism and Sub-clinical Depression.

H2: There will be a relationship between Spiritual well-being, Existential Nihilism and Sub-Clinical Depression in young adults.

H3: Spiritual well-being will Negatively Predict Existential Nihilism and Sub-Clinical Depression.

H4: Existential Nihilism will have a mediating role in Spiritual Well-being and Sub-Clinical Depression.

Method

Research Design

The study employed a quantitative approach using a correlational research design, with the objective of determining the correlation between the variables of spiritual well-being, existential nihilism, and sub-clinical depression in young adults.

Sampling technique

The sample comprised of 324 young adults aged 18-26 (including both men and women). The sample was targeted through purposive sampling technique.

Instruments

The Bidirectional Spirituality Scale (BSS)

The Bidirectional Spirituality Scale, Williamson and Ahmad (2019) is a self-reported 16 item scale based on the theory of vertical and horizontal spirituality. Where vertical spirituality targets the relationship of an individual with God, and horizontal spirituality focuses on relationships with people and finding meaning and direction in one's life journey. This scale has a very high internal consistency coefficient i.e. $\alpha = 0.92$ which makes it highly reliable to use. This scale is applicable for young adults. This scale is used to assess a person's relationship with God and with people, moreover, finding meaning and direction in their life journey.

Patient Healthcare Questionnaire (PHQ)

The Patient Healthcare Questionnaire, Kroenke et al. (2001) is a self-reported 9 item sub clinical scale based on the diagnosis of depression and keeping track of the severity level. This scale has a high internal consistency coefficient i.e. $\alpha = 0.824$ which makes it highly reliable to use. This scale is applicable to young adults and adolescents.

The Existential Nihilism Scale

The Existential Nihilism Scale, Forsythe and Mongrain (2023) is a self-reported 8 item scale based on how existential nihilism influences mental health, well-being, and societal outcomes. This scale has a high internal consistency coefficient i.e. $\alpha = 0.92$. This scale is applicable to young adults.

Data collection

The data was collected by the participants through questionnaires in person and through online google forms. The whole research was conducted on ethical grounds according to APA 7. No ethical violations were committed as the access was granted by the author's to use the scales. No participant was forced to participate. Additionally, permission from the institute was taken to conduct the research. The data collected from the participants was after taking their consent, the free will of the participant was respected as they were allowed to leave the research whenever they're willing to.

Data Analysis

The SPSS Version 26 was used to analyze the data. The data was cleaned for any outliers and then descriptive, reliability analysis was conducted. Further correlation analysis was conducted to assess the spiritual well-being, Existential Nihilism and Sub-Clinical Depression. After correlation analysis, regression analysis and mediation analysis was run to test the hypotheses of the study.

Results

Descriptive Statistics

Table 1

Descriptive Statistical Characteristics of Participants (N=324)

Demographics	Categories	<i>f</i>	%	<i>M</i>	<i>SD</i>
Age	18-26			22.47	2.0
Gender	Men	170	52.5		
	Women	154	47.5		
Sexual Orientation	Heterosexual	324	100.0		
Marital Status	Engaged	27	8.3		
	Single	251	77.5		
	Married	46	14.2		
Education	Intermediate	31	9.6		
	Undergraduate	251	77.5		
	Masters	41	12.7		
	PHD	1	.3		
Socioeconomic Status	Upper Class	44	13.6		
	Middle Class	278	85.8		
	Lower Class	2	.6		
Seeking Therapy	No	324	100.0		

Note. Sample Size=324, M=Mean, SD= Standard Deviation, *f*= Frequency

Table 2.

Reliability Analysis and Alpha Coefficient of Scales (N=324)

	Scales	<i>K</i>	<i>M</i>	<i>SD</i>	<i>α</i>	Range
1	a. Bidirectional Scale- Vertical. Spirituality	8	48.65	9.70	.93	8-55
	b. Bidirectional Scale- Horizontal spirituality-Existential. spirituality	4	17.34	5.11	.61	4-28
	c. Bidirectional Scale- Horizontal Spirituality-Others. Spirituality	4	19.72	5.43	.76	4-28
2	Patient Health questionnaire	9	9.11	6.19	.83	1-14
3	Existential Nihilism	8	20.86	11.08	.91	8-56

Note. K= Number of Items, M= Mean, SD= Standard Deviation and α =Cronbach Alpha N=324

The table 2 shows the Cronbach Alpha, mean, standard deviation and range value of the scales. The reliability of main scales is good i.e., Bidirectional Spirituality scale consisted of three subscales BSS-V consisted of 8 items ($\alpha=.93$), BSS-HE consists of 4 items ($\alpha=.61$) & BSS-HO consists of 4 items ($\alpha=.76$), Patient Health Questionnaire consisted of 9 items ($\alpha=.83$) & Existential Nihilism consisted of 8 items ($\alpha=.91$).

Table 3.

Independent sample t-test (Gender differences) (N=324)

Variable	Male		Female		t	P	Confidence Interval		Cohen's d
	M	SD	M	SD			LL	UL	
BSS	82.67	21.62	89.90	9.50	-3.93	.00	-10.839	-3.606	0.43
BSSV	46.23	12.32	51.57	4.85	-5.19	.00	-7.366	-3.311	0.57
BSSHO	18.98	6.55	20.54	3.69	-2.66	.008	-2.718	-4.079	0.29
BSSHE	17.45	6.10	17.77	3.96	-.563	.574	-1.441	.8000	
PHQ	7.04	3.19	7.72	3.15	-1.93	.054	-1.382	.0112	
ENS	21.25	11.37	18.25	8.46	2.69	.007	.809	5.183	0.29

Note. * $p < .05$, $p > .05$ BSS = Bidirectional Spirituality Scale; BSSV = Bidirectional Spirituality Scale-Vertical; BSSHO = Bidirectional Spirituality Scale-Horizontal Others; BSSHE = Bidirectional Spirituality Scale-Horizontal Existential; PHQ = Patient Health Questionnaire (Subclinical Depression); ENS = Existential Nihilism Scale.

In table 3, results indicated significant gender differences in spiritual well-being and existential nihilism. Females scored higher on the Bidirectional Spirituality Scale and its Vertical and Horizontal other subscales, suggesting greater spiritual well-being in females. Males, on the other hand, exhibited higher scores on the Existential Nihilism Scale. No significant gender differences were found for the Horizontal Existential subscale, and near-significant differences were observed for sub-clinical depression. These findings imply that females are generally better at spiritual well-being, while males tend to exhibit higher existential nihilism.

Table 4.

Correlation Analysis between Bidirectional Spirituality scale, Bidirectional Spirituality Scale-Vertical, Bidirectional Spirituality scale- Horizontal Others, Bidirectional Spirituality scale- Horizontal Existential, PHQ (Subclinical Depression) and Existential Nihilism in Young Adults (N=324)

	M	SD	I	II	III	IV	V	VI
BSS	86.13	17.30	-					
BSSV	48.79	9.87	.90**	-				
BSSHO	19.72	5.42	.81**	.59**	-			
BSSHE	17.61	5.19	.75**	.49**	.54**	-		
PHQ	7.36	3.18	-.19**	-.12*	-.12*	-.29**	-	
ENS	19.81	10.18	-.51**	-.49**	-.35**	-.40**	.38**	-

Note. SD= Standard Deviation. BSS = Bidirectional Spirituality Scale; BSSV = Bidirectional Spirituality Scale-Vertical; BSSHO = Bidirectional Spirituality Scale-Horizontal Others; BSSHE = Bidirectional Spirituality Scale-Horizontal Existential; PHQ = Patient Health Questionnaire (Subclinical Depression); ENS = Existential Nihilism Scale. * $p < .05$. ** $p < .01$.

The findings in table 4, suggest that there is a positive correlation between sub clinical depression and existential nihilism, indicating that when subclinical depression increases,

existential nihilism would increase as well. Whereas, if there is high level of spirituality then level of subclinical depression and existential nihilism is low.

Table 5

Multiple Linear Regression Analysis for predictor variable Sub clinical Depression (N=324)

Variables	B	SE	t	P	95% CI
Constant	5.39	1.14	4.71	.00	[3.14, 7.64]
BSSV	.05	.02	2.32	.02	[.008, .092]
BSSHO	.03	.03	.92	.35	[-.039, .109]
BSSHE	-.17	.03	-4.65	.00	[-.251, -.102]
ENS	.10	.01	5.82	.00	[.069, .104]

Note: N= 324 *** $p < .001$, * $p < 0.05$, BSSV = Bidirectional Spirituality Scale-Vertical; BSSHO = Bidirectional Spirituality Scale-Horizontal Others; BSSHE = Bidirectional Spirituality Scale-Horizontal Existential, ENS= Existential Nihilism Scale.

Multiple Linear Regression Analysis for predictor variable Sub clinical Depression

Multiple linear regression analysis examined the relationship between various spirituality subscales and subclinical depression. The results showed that the Bidirectional Spirituality Scale-Vertical (BSSV) had a moderate predictive association with subclinical depression, while the Bidirectional Spirituality Scale-Horizontal Other (BSSHO) showed a weak, non-significant relationship. The Bidirectional Spirituality Scale-Horizontal Existential (BSSHE) demonstrated a significant negative prediction, suggesting that higher levels of horizontal existential spirituality are linked to lower levels of subclinical depression. Existential Nihilism (ENS) had a strong positive prediction with subclinical depression, indicating that greater existential nihilism is associated with increased subclinical depression. The model explained 19.3% of the variance in subclinical depression, highlighting the significant impact of these variables on mental health outcomes.

Table 6

Regression Analysis for Mediation of Existential Nihilism between Spiritual -Wellbeing (Vertical) and Sub-Clinical Depression (N=324)

Variable/Effect	B	SE	t	P	95% Confidence Interval	
					LL	UL
BSSV→ENS	-.49	.050	-9.85	.00	-.593	-.396
BSSV→PHQ	-.037	.017	-2.13	.03	-.071	-.003
BSSV→ENS →PHQ	.121	.018	6.72	.00	.086	.157
Effects						
Direct	.023	.018	1.24	.215	-.013	.056
Indirect	-.060	.014			-.093	-.036
Total	-.037	.017	-2.13	.033	-.071	-.003

Note: B= Unstandardized coefficients; SE= Standard error, LL= Lower limit; UL= Upper limit; BSSV= Bidirectional Spirituality Scale Vertical, PHQ= Patient healthcare Questionnaire, ENS= Existential Nihilism Scale.

Bootstrapping analysis using SPSS Process Macro revealed that Existential Nihilism (ENS) mediated the relationship between Vertical Spiritual Well-being (BSSV) and subclinical depression (PHQ). The regression analysis showed that BSSV significantly predicted ENS, and BSSV also had a significant direct effect on PHQ, indicating that higher spiritual well-being in the vertical dimension was associated with lower subclinical depression. Furthermore, ENS significantly predicted PHQ. The bootstrapping results confirmed a significant indirect negative relationship, with ENS mediating the effect of BSSV on PHQ. These findings

highlight that vertical spirituality can indirectly reduce subclinical depression through its influence on existential nihilism in young adults.

Table 7.

Regression Analysis for Mediation of Existential Nihilism between Spiritual -Wellbeing (Horizontal others) and Sub-Clinical Depression (N=324)

Variable/Effect	B	SE	t	P	95% Confidence Interval	
					LL	UL
BSSHO→ENS	-.56	.09	-5.88	.00	-.75	-.37
BSSHO→PHQ	-.06	.03	-2.18	.02	-.12	-.00
BSSHO→ENS →PHQ	.10	.01	6.58	.00	.07	.14
Effects						
Direct	-.00	.03	-.15	.87	-.06	.05
Indirect	-.06	.01			-.09	-.06
Total	-.06	.03	-2.18	.02	-.12	-.00

Note: B= Unstandardized coefficients; SE= Standard error, LL= Lower limit; UL= Upper limit; BSSHO= Bidirectional Spirituality Scale Horizontal others, PHQ= Patient healthcare Questionnaire, ENS= Existential Nihilism Scale.

Bootstrapping analysis using SPSS Process Macro indicated that Existential Nihilism (ENS) mediated the relationship between Spiritual Well-being (Horizontal Others) and subclinical depression (PHQ). Regression analyses revealed that Horizontal Spiritual Well-being towards Others (BSSHO) significantly predicted Existential Nihilism, which, in turn, predicted subclinical depression. The results demonstrated a significant indirect negative relationship, where higher Horizontal Spiritual Well-being was associated with lower levels of existential nihilism and subclinical depression. This mediation model highlights the importance of horizontal spirituality towards others in reducing both existential nihilism and subclinical depression among young adults.

Table 8.

Regression Analysis for Mediation of Existential Nihilism between Spiritual -Wellbeing (Horizontal Existential) and Sub-Clinical Depression (N=324)

Variable/Effect	B	SE	t	P	95% Confidence Interval	
					LL	UL
BSSHE→ENS	-.75	.09	-7.65	.00	-.94	-.56
BSSHE→PHQ	-.18	.03	-6.03	.00	-.24	-.12
BSSHE→ENS →PHQ	.08	.01	5.08	.00	.05	.11
Effects						
Direct	-.12	.03	-3.76	.00	-.18	.05
Indirect	-.06	.01			-.09	-.03
Total	-.18	.03	-6.03	.00	-.24	-.12

Note: B= Unstandardized coefficients; SE= Standard error, LL= Lower limit; UL= Upper limit; BSSHE= Bidirectional Spirituality Scale Horizontal others, PHQ= Patient healthcare Questionnaire, ENS= Existential Nihilism Scale.

Bootstrapping analysis using SPSS Process Macro revealed that Existential Nihilism (ENS) mediated the relationship between Horizontal Existential Spiritual Well-being (BSSHE) and subclinical depression (PHQ). Regression analyses showed that BSSHE significantly predicted ENS, and BSSHE also had a direct negative effect on subclinical depression, indicating that higher horizontal existential spirituality was associated with lower levels of

depression. Additionally, existential nihilism significantly predicted subclinical depression. The bootstrapping results confirmed a significant indirect negative relationship, demonstrating that the effect of BSSHE on depression is mediated through ENS. These findings emphasize the role of horizontal existential spirituality in reducing both existential nihilism and subclinical depression among young adults.

Discussion

The main aim of this current study was to assess if there is any gender difference between spirituality, additionally the relationship between Spiritual Well-being, Existential Nihilism & Sub-clinical Depression in young adults. For this purpose, there were four hypotheses derived. Firstly, it was hypothesized that there will be gender differences in terms of Spiritual Well-being, Existential Nihilism and Sub-clinical Depression. Relating to the first hypothesis the results indicated that females depicted higher level of spirituality as compared to the males. Similarly, to the findings, studies suggest that the females scored higher in spirituality which resulted in good quality of life as compared to the males (Fatima, 2023).

Secondly it was hypothesized that there will be a relationship between Spiritual well-being, Existential Nihilism and Sub-Clinical Depression in young adults. Furthermore, the third hypothesis stated that Spiritual well-being will Negatively Predict Existential Nihilism and Sub-Clinical Depression. Relating to the second and third hypothesis the results indicated that levels of spirituality have a negative weak relationship with subclinical depression as subclinical depression increases the levels of spirituality becomes weak and decreases. Moreover, there was a positive relationship between existential nihilism and sub-clinical depression. Similar to the findings, a study suggests that individuals who frequently attended religious services are 30% less likely to experience depression. Adding more to it, individuals who had higher level of existential well-being (sense of meaning and purpose in life) have 70% lower risk of becoming depressed as compared to those with low levels (Maselko et al., 2009).

Additionally, another study suggested that the use of regression analysis depicted that spirituality and physical health were significant predictors of depression. Furthermore, certain factors such as: age, gender, ethnicity, religious affiliation and income were not significantly related to depression. Higher the scores of spirituality especially belief in higher power, importance of prayer, finding meaning in hardship were associated with lower depression (Doolittle & Farrell, 2004). Moreover, similar to the findings another study suggested that Medical patients who had higher level of Spiritual and Existential well-being were negatively associated with anxiety, stress and depression. The research helped gain insight that those patients had strong religious and spiritual beliefs which acted as a coping mechanism to help them overcome their depression, stress and anxiety (Musa et al., 2018).

Lastly, it was hypothesized that Existential Nihilism will have a mediating role in Spiritual Well-being and Sub-Clinical Depression. The results showed that the direct and indirect effects indicate a mediation model where Spiritual Well-being affects Sub-clinical Depression indirectly through Existential Nihilism. Similarly, a finding of the study depicted that in qualitative study after interviewing students there were six key themes: religious and spiritual beliefs, the essence of existence, social relationships, psychological well-being, and views on death. The study also identified three main coping strategies: recognizing healthy and unhealthy mechanisms and the impact of personality traits. These insights are important for understanding how nihilistic philosophy affects students' lives and for developing better educational and psychological support to help them manage existential crises (Amin et al., 2024) Existential nihilism challenges traditional spiritual beliefs, leading to feelings of existential distress. This distress arises because nihilism suggests that life lacks inherent meaning, which can create a sense of hopelessness and contribute to symptoms of sub-clinical depression.

Conclusion

The present study focused on assessing Spiritual Well-being, Existential Nihilism and Sub-clinical Depression in Young Adults. The results indicated that females have higher rate of spirituality as compared to males. Moreover, there was a negative relationship between Spiritual Well-being and Sub-clinical Depression, where if one increases the other decreases, on the other hand existential nihilism plays a mediating role in influencing Sub-clinical Depression as levels of Spiritual Well-being affects Sub-clinical Depression indirectly through Existential Nihilism.

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