

SPIRITUALITY AS A PREDICTIVE FACTOR OF FEELING HELPLESSNESS

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Abstract

Through a rigorous analysis of the existing literature and conducting of empirical research, the relationship between spirituality and helplessness was explored. Specifically, this research explores spirituality as a predictive factor in this feeling of helplessness. The survey involved a total of 110 people from 18 to 75 years old. Of these, 78 (70.91%) were women and 32 (29.09 %) were men. The sample was reliable with a Cronbach's $\alpha \geq 0.7$. Our variables also follow the normal distribution. In the Pearson's control $r(110)=-0.222$, $p=0.020$ it appeared that there is a statistically significant and negative correlation between the level of spirituality and the feeling of helplessness. Also, the results of regression indicate that the predictive factor "feeling of helplessness" of the dependent variable "Level of Spirituality" explains the 22.2% of the variance ($R = 0.222$, $F(1,108) = 5,614$, $p=0.02$). Finally, we can consider the following regression equation (straight exchange): y (Spirituality Level) = -0.234 (a feeling of helplessness) + 3.431. Given the decreasing gradient of the regression equation, we found that for 22.2% of the sample, higher levels of spirituality predict lower rates of feeling (either innate or learned) helplessness, as well as vice versa; it was found that people who are at a high level of spirituality, especially women, can be relieved more from the very unpleasant feeling of helplessness.

Keywords: *helplessness, spirituality, coping, well-being.*

INTRODUCTION

A. IN GENERAL

While human imperfection and weakness can be seen from the very first moment of our birth (Laplanche, 1989, 1997), "learned helplessness", i.e. the

failure of man to escape from the shock caused by uncontrollable situations, was discovered about half a century ago (Maier & Seligman, 2016).

Spirituality, in general, is considered either's the search for existential meaning (Doyle, 1992), or the way of existence and experience, it operates through the perception of a transcendent dimension, which is characterized by some recognizable values regarding oneself. In life, it may be in everything perceived as Absolute (Elkins et al., 1988), Holy (Vaughan 1991, Zinnbauer & Pargament 2005) or as a higher power (Armstrong, 1996). Characteristic elements of spirituality, among other things, are considered the awareness of the tragic (element) in life (Elkins et al., 1988), the realization that the natural environment is God's creation and, in general, the movement towards the *Transcendent* (LaPierre, 1994). Spirituality is regarded as an integral part of the quality-of-life well-being (Roman, Mthembu & Hoosen, 2020), hope, courage, inner peace, peace and of tranquility (Beck 1986, Cook 2000).

Many empirical studies, in recent years, have shown the preventative psychological function of cultural magnitudes and figures (Günsoy et al., 2020), especially religiousness (Larson et al., 1992). In fact, it may be found in the coping with difficult situations (Pargament, 1997).

With the feeling of hope that a spiritual personality can possess, the feeling of helplessness fades (Martinek, 1996). Spirituality, especially when it is not inner-worldly (intracosmic) but transcendent, beyond a deep sense of humility, gratitude, and mental rest it provides, has been shown to contribute substantially to dealing with sadness (Mikulincer, 1994), e.g. through rendering meaning to a tragic event (Craig 1977, Stroebe, Stroebe & Domittoer 1988).

In addition, the source of control then functions as an intermediary between health and religion (Pargament, 1997). Thus, in situations of mental alarm or inability to control generally, certain mental mechanisms are selectively mobilized (Seligman & Maier 1967, Seligman 1975), attributing the causes to irrational i.e. transcendental factors (Deconchy et al., 1997). Research, conducted in India during the Covid-19 lockdown, showed that participants reported feeling closer to spiritual matters compared to the pre-Covid period, older people to a higher degree (Kumari et al., 2022).

On the other hand, helplessness, in general, is considered the loss of positive feelings about the future (Kovacs, Beck & Weissman, 1975). The inability to control things and situations often leads to the thought of helplessness (Nuvvula, 2016), which in turn, leads the person to passivity (Griffith, 1977).

People may have learned to behave helplessly even in the face of positive reinforcement (O'Rourke, Tryon & Raps, 1980), which they have not won by their own effort. This suggests a kind of "spoiled child syndrome" (Griffith, 1977). According to the theory of "attributed egoism", i.e. the tendency to accept good outcomes and rejects bad ones (Snyder, Stephen & Rosenfield, 1978), the "bad" ones are usually attributed to external factors, while at the

same time we consider for ourselves that they deserve more support. In Western societies, in particular, this moral stage of mental development (Côté & Levine, 1988) is characterized by absolute faith in authority. In extreme situations, such behavior can lead to authoritarianism (Cheung & Kwok, 1996). These individuals usually reach self-deprecation and depression (Miller & Seligman 1975, Seligman 1990), only because they believe they deserved more support, but they did not give it. If the feeling of helplessness is ultimately due to selfishness as Ego worship (Lalande, 1951/5, vol. I, p. 456), then we understand how and why spirituality can act preventively and deterrently.

Also, related research (Gatchel, Paulus & Maples, 1975) showed a significant difference in learned gender helplessness.

Psychological theories, derived initially from experiments on animals, distinguish the acquired (through empirical situations) from the accidental helplessness, as well as the learned helplessness from the innate (or spontaneous) feeling of dominance or superiority (Ferrández & Vicente, 1997). Learned (teachable) helplessness is the behavior of an organism that echoes its dysfunction with uncontrollable consequences on its adaptive responses (Seligman 1975, Benson & Kennelly 1976, Ferrández & Vicente 1997). Learned weakness can be described as a lack of escape behavior or increased avoidance behavior after an uncontrollable stressor, leading the person to believe that he/she is not able to change his *milieu* (Seligman & Maier, 1967). The learned helplessness results from all kinds of deficits of satisfactory performance (or incompetence) of a person in one or more works time and time again (Abramson et al., 1978). The person attributes this inadequacy to the lack of control either over other persons, or over events and situations. Indeed, learned helplessness can refer to either expected conditions or unexpected events. According to the same theory, when organizations experience uncontrollable events, they form an expectation that future events will also be uncontrollable (Faulkner, 2001). Ultimately, the perceived ability to control refers to the perceived relationship between one's efforts and the outcome (Hay et al., 2021).

The original theory of learned helplessness (Seligman & Maier, 1967) did not distinguish between cases in which the results apply indiscriminately to all people and cases that apply only to some, or that apply only to persons or only to situations, being that some people seem to tolerate more or better than others, uncontrollable events (Hay et al., 2022). Also, it did not determine whether the helplessness was chronic and/or acute.

Revised this theory —by using it *Attribution theory*— argues that once people perceive something as not possible, they attribute their weakness as a cause. This cause may be stable or unstable, global or specific, and internal or external. However, each attribution is selected (Dweck, 1975), which affects whether the expectation of future weakness will be chronic or acute, broad or narrow, and whether the weakness will reduce self-esteem or not (Abramson, Seligman & Teasdale, 1978). People who were more likely to attribute negative

events to internal, stable, and global causes were more likely to be depressed compared to others who attributed situations to other causes (Abramson, Seligman & Teasdale, 1978). For example, a bias that would be related to an internal attribution for success, would tend to increase belief in the uncontrollable of positive reinforcement (Griffith, 1977). In general, uncontrollable and abhorrent events (diseases, mental traumas, professional failures, etc.) negatively affect our mental mood, resulting in, for example, anxiety, depression, loss of appetite, etc. (Seligman, 1975). Our entire psychosomatic organism can be affected (Ferrández & Vicente, 1997), with the result that man no longer is motivated for life (Faulkner, 2001). Maier and Seligman (1976) argue that when a person is faced with an uncontrollable event, he/she may display deficit motivation. This means that the incentive to respond in the face of subsequent aversive events is reduced. Effects refer to cognitive motivations. The subject may have trouble learning even if the response worked to emotional motivations that can lead to depression and anxiety.

II. METHODOLOGY

1. Research Plan.

Quantitative research was conducted, which studied with the help of questionnaires to the levels of spirituality (predictive variable), the categories of the feeling of Helplessness (dependent variable), as well as the relationships between them.

2. The sample.

Demographics

		N	f (%)
Gender	Woman	78	70,91%
	Man	32	29,09%
Age	18-25	28	25,45%
	25-35	30	27,27%
	35-45	31	28,18%
	45-55	13	11,82%
	55-65	7	6,36%
	65-75	1	0,91%
Place of residence (city)	Athens	65	59,09%
	County	37	33,64%
	Abroad	8	7,27%
What is your educational level?	High school	10	9,09%
	University	47	42,73%
	Postgraduate	50	45,45%

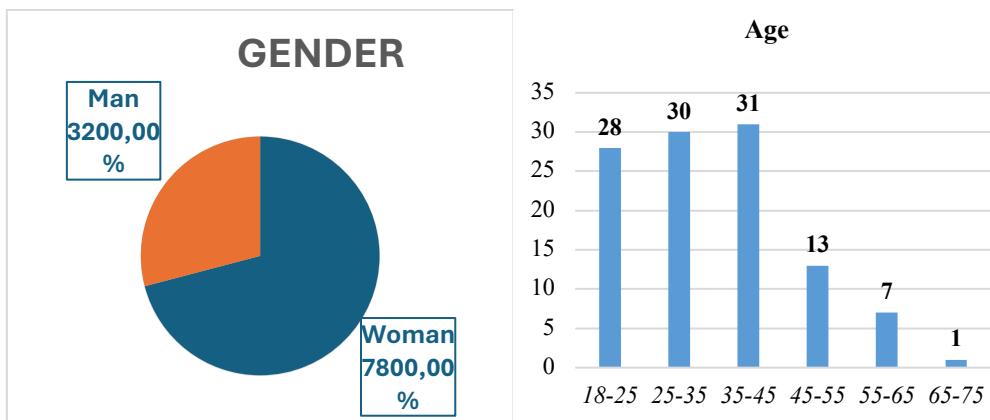
You consider your annual income to be:	Ph.D	3	2,73%
	Very low	7	6,36%
	Low	20	18,18%
	Moderate	71	64,55%
	High	12	10,91%
Total		110	100,00%

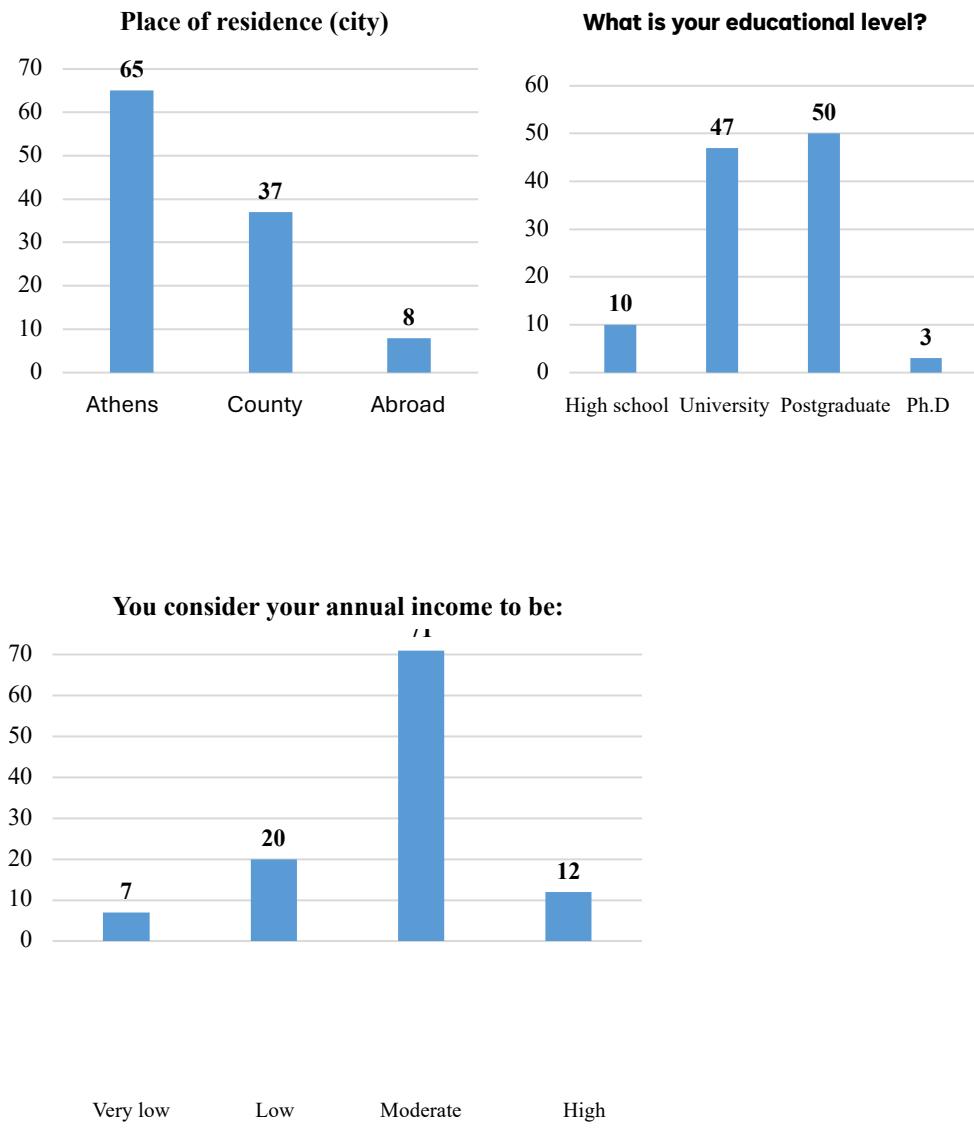
A total of 110 people participated in this research. Of these, 78 (70.91%) are women and 32 (29.09%) are men. The age of the sample ranges from 18 to 75 years and is divided into the following six classes: 18-25 years 28 people (25.45%), 25-35 years 30 people (27.27%), 35-45 years 31 people (28.18%), 45-55 years 13 people (11.82%), 55-65 years 7 people (6.36%), and 65-75 years 1 person (0.91%).

The sample's place of residence is as follows: Athens 65 people (59.09%), County 37 people (33.64%) and Abroad 8 people (7.27%).

Regarding the educational level of the sample, high school graduates were 10 people (9.09%), university graduates were 47 people (42.73%), master's degree holders 50 people (45.45%) and doctorate holders were 3 people (2.73%).

Finally, regarding income, very low income was declared by 7 people (06.36%), low income was declared by 20 people (18.18%), moderate income was declared by 71 people (64.55%), while high income was declared by 12 people (10.91%).





3. Ethical and deontological issues.

The survey was conducted anonymously. Participation in the research was confidential and the collected data remain confidential under the commitment of the signatory of this paper. Before participating in the research, each participant received written information regarding its purpose and content and submitted his consent regarding his participation.

4. Tools.

a. Analysis.

For the needs of the research, the following controls were used

- Cronbach's Alpha sample reliability test,

- Kolmogorov – Smirnoff data normality test,
- Correlation - Pearson's r Coefficient - Correlation - Pearson's r Coefficient,
- Further study of correlation dynamics through the regression equation (Regression).

b. Questionnaires.

The following questionnaires were used to conduct the research:

- *Delaney's The Spirituality Scale*. The Spirituality Scale (SS) is a researcher-developed instrument that attempts to assess human spirituality as it manifests in adult populations. The instrument is a 23-item questionnaire in Likert format (1-6). The possible score on SS ranges from 23-138. The scores show how important the phenomenon of spirituality is to the person or to what extent it is manifested by him. A scale of 23 – 60 indicates very low levels of spirituality and corresponds to the nursing diagnosis of spiritual distress; a scale of 61-91 corresponds to low spirituality and the nursing diagnosis of potential for spiritual distress; a scale of 92-117 demonstrates moderate spirituality and was considered also as a potential possibility of spiritual discomfort, and finally the 118-138 scale corresponds to high levels of spirituality or spiritual well-being.
- *Beck's Hopelessness Inventory* (BHI) is a 20-item self-report instrument developed by Dr. Aaron T. Beck and was designed to measure three main aspects of hopelessness: feelings about the future, loss of motivation, and expectations. It is a true-false questionnaire designed for adults aged 17–80 years. It measures the extent of the respondent's negative attitudes or pessimism about the future. It can be used as an indicator of suicidal risk in depressed people who have attempted suicide. It is not designed to be used as a measure of the hopelessness construct, but it has been used as such. The questionnaire scales into four levels of helplessness: Not at all (0-3) or minimal, Moderate (4-8), High (9-14), Fairly High (15+), according to points corresponding to "Correct" and "Wrong" questions.

Reliability of Tools

Questionnaire	Cronbach's Alpha	Number of questions
Delaney's The Spirituality Scale	0,89	23
Beck's Hoplessness Inventory	0,72	20

For the reliability of the tools in this research, the Cronbach's α index was used. According to the international literature when the index α is greater than or equal to 0.7 (≥ 0.70) the sample is reliable. We observe that the questionnaire *The Spirituality Scale* (Delaney, 2005) consisting of 23 questions gathers Cronbach's $\alpha = 0.89$, the questionnaire Beck's Hopelessness Inventory consisting of 20 questions gathers Cronbach's $\alpha = 0.72$. We therefore conclude that in any case we have a reliable sample with a Cronbach's Alpha coefficient ≥ 0.70 .

5. Procedure.

After the two questionnaires were translated, they were submitted for approval along with the other research proposal elements. After permission was granted by the Ethics and Deontology Committee, a specific consent form was drawn up a) for the nature of the research, b) that their responses would be confidential (except to the supervisor), and c) for their right to back-out and their voluntary participation, which (form) was finally completed before completing the Questionnaire, by the participants online.

Questionnaires were distributed through the Google™ Forms tool. At the completion of the research, the data were transferred to an SPSS worksheet. The tests were carried out by IBM SPSS 26, while the graphs and tables were graphed by Microsoft Excel.

6. Research questions - hypotheses.

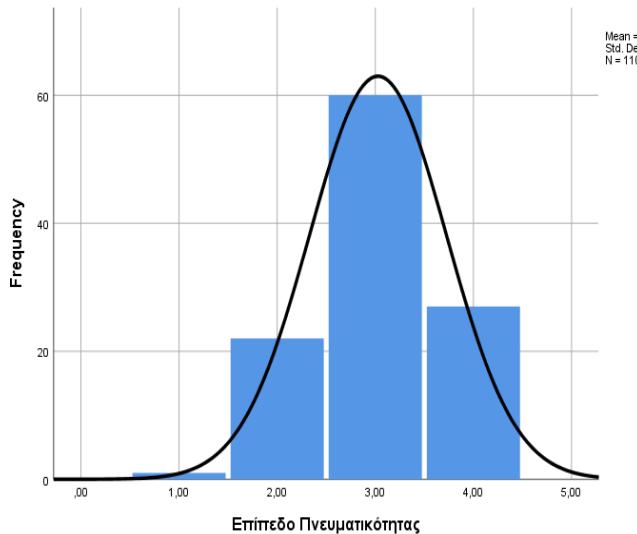
The basic question from the Psychology point of view of the present research is what factors lead some people to the feeling of helplessness, since this does not happen in all cases and to all people, or, at least, to the same extent. It may, for example, depend on temperament, direction of attention, environment, stimuli and degree of self-esteem. There are, as is well known, optimistic and pessimistic individuals by their nature (Peterson, Maier & Seligman, 1995), non-addicts as well as dependents (Hiroto 1974, Roth & Bootzin 1974, Aydoğan 2016), or, rather, "learned optimism" (Seligman, 1991). Studies show that scores on measures of learning goal orientation are related to more positive self-efficacy beliefs and greater use of cognitive and metacognitive strategies (Pintrich & Schunk, 2002).

Consequently, in this specific quantitative research we will try to diagnose whether and to what extent spirituality contributes to the prevention and overcoming of the feeling of either innate or learned (from experience) helplessness, which all of us at some point in our lives, personally or collectively, may feel.

Kolmogorov-Smirnov Normality Test

Variables	N	Normality Parameters		Control	p. Sig
		Average	Standard deviation		
Spirituality	110	104,93	15,658	0,080	0,041
Helplessness	110	4,7818	3,054	0,153	0,000
Feeling of helplessness	110	1,7273	0,662	0,287	0,000
Level of Spirituality	110	3,0273	0,697	0,275	0,000

Before investigating our hypothesis, we should consider whether to use parametric or nonparametric controls. So, we will check the normality of the sample with the Kolmogorov-Smirnov test. We set a statistical significance level of $\alpha = 0.05$ (95% confidence interval). We observe that the variables *Spirituality* $D(110)=0.08$, $p=0.041 < \alpha$, *Helplessness* $D(110)=0.153$, $p=0.000 < \alpha$, *Feeling of Helplessness* $D(110)=0.287$, $p=0.000 < \alpha$ and *Level Spirituality* $D(110)=0.275$, $p=0.000 < \alpha$ follow the normal distribution. Therefore, we can use parametric controls.



Correlation of Feelings of Helplessness and Level of Spirituality

	Feeling of Helplessness	Level of Spirituality
Feeling of Helplessness	Pearson's Correlation Coefficient r	1 -0,222

	p.Sig.	0,020
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Then, we examined the possibility of a statistically significant correlation between the independent variable "Level of Spirituality" and the dependent variable "Feeling of Helplessness". We set a statistical significance level of $\alpha = 0.05$ (95% confidence interval).

We also set the following hypotheses:

H0: The level of spirituality is related to the feeling of (either innate or learned) helplessness, at a level of statistical significance a.

H1: The level of spirituality is not related to the feeling of (either innate or learned) helplessness, at a level of statistical significance a.

To run off this test we will use the Pearson correlation coefficient, also known as the Pearson's r test statistic. R measures the strength between variables and their relationships. Pearson's correlation coefficient returns a value between -1 and 1. The interpretation of the correlation coefficient is as follows: If the correlation coefficient tends to -1, this indicates a negative relationship. If the correlation coefficient is 0, it shows no relationship. Finally, if the correlation coefficient tends to 1, it indicates a positive relationship.

7. Results.

Sorting Answers

		N	f (%)
Feeling of Helplessness	None or minimal	41	37,27%
	Moderate	60	54,55%
	High	7	6,36%
	Quite high	2	1,82%
Level of Spirituality	Low level	1	0,91%
	Moderate level	22	20,00%
	High level	60	54,55%
	Fairly High Level	27	24,55%
Total		110	100,00%

In our sample, Pearson's test $r(110) = -0.222$, $p = 0.020 \leq \alpha$, confirms H0. That is, it shows that there is a statistically significant and negative correlation between the level of spirituality and the feeling of helplessness. Therefore, we can safely claim that in cases where a higher level of spirituality is recorded, the feeling of helplessness is also lower.

To further study the nature of this correlation we will study the regression of these two variables.

Regression ANOVA

Factors	Measures		ANOVA	
	Degrees of Freedom of Groups		Between n	p. Sig.
	Among	1		
Regression		108	5,614	0,02

Linear Regression ($R=0,222$, $R^2=0,05$)

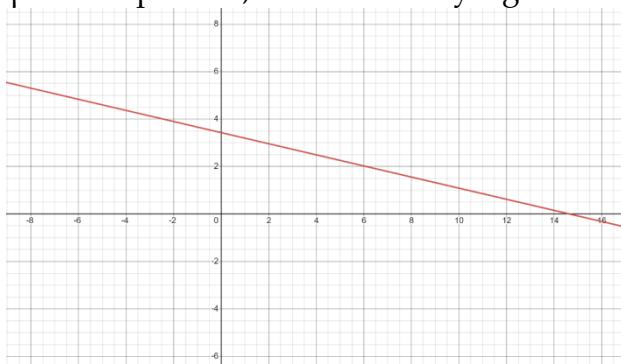
Model	Coefficients		t	P.Sig.
	β	Error		
(constant)	2,367	0,277	18,804	0,000
Level of Spirituality	-0,211	0,089	-2,369	0,020

*. Dependent variable: Feeling of Helplessness

The regression results show that the predictor "Feeling of Helplessness" of the dependent variable: Level of Spirituality explains (22.2%) of the variance ($R=0.222$, $F(1,108)= 5.614$, $p=0.02$). Finally we can consider the following regression equation (direct exchange):

$$y_{(\text{Level of spirituality})} = -0,211(\text{Feeling of Helplessness}) + 2,367$$

As both the constant = +2.367, $p=0.00$, and the direction coefficient of the line $\beta=-0.211$ $p=0.020$, are statistically significant at a level less than 0.05.



Given the decreasing slope of the regression equation (direction coefficient $\beta=-0.211$), we can safely claim that for 22.2% of the sample, higher levels of spirituality predict lower levels of feeling (either innate or (learned) helplessness as and vice versa.

8. Discussion.

A total of 110 people participated in this research. Of these, 78 (70.91%) are women and 32 (29.09%) men. The age of the sample ranges from 18 to 75 years.

Cronbach's Alpha index was used to select the reliability of the tools in this research. In any case, we have a reliable sample with a Cronbach's Alpha coefficient $\geq 70\%$. The variables *Spirituality* D(110)=0.08, $p=0.041 < \alpha$, *Helplessness* D(110)=0.153, $p=0.000 < \alpha$, *Feeling of Helplessness* D(110)=0.287, $p=0.000 < \alpha$ and *Level of Spirituality* D (110)=0.275, $p=0.000 < \alpha$ follow the normal distribution.

In the Pearson's control r (110)=-0,222, $p=0,020 \leq \alpha$ it appeared that there is a statistically significant and negative correlation between the level of spirituality (predatorial variable) and the feeling of change (predictable change). Also, the results of reflux 1,2x «Predatorial factor »Sense of Ab utility= of the predictive variable Level of Spirituality 1x =,2% (22,2%) of the variance, $p=0,02$). Finally, we can consider the following regression equation (straight exchange):

$$y_{\text{((Level of Spirituality))}} = -0.234(\text{Feeling of Helplessness}) + 3.431$$

In conclusion, based on the tests that were done, a statistically significant and negative correlation was observed between the *level of spirituality* and the *feeling of helplessness*.

Given the decreasing slope of the regression equation (direction coefficient $\beta=-0.211$), we can safely claim that for 22.2% of the sample, higher levels of spirituality predict lower levels of feeling (either innate or learned) helplessness as and vice versa.

Synthesis of Results.

The conclusions of this research do not fundamentally change our existing knowledge on this subject.

The research by O'Connor et al. (2007), who investigated the relationship between *spiritual well-being* and leukemia in a sample of 40 Western Australian adults, showed significant positive correlations between *spiritual well-being* and *quality of life* ($r \approx 0.72$, $p \approx 0, 01$) and between *fighting spirit for life*, *spiritual well-being* ($r \approx 0.55$, $p < 0.01$) and *quality of life* ($r \approx 0.67$, $p < 0.01$). *Spiritual well-being* and *quality of life* were negatively related to *helplessness*, *fatalism*, and *anxious disposition*.

Another study by Whitford, Olver and Peterson (2008) on the contribution of *spiritual well-being* to *quality of life*, including the *feeling of helplessness*, in 449 Australian cancer patients showed that *spiritual well-being* had a significant positive correlation with *quality of life*, and *fighting spirit*, but also a significant negative relationship with *helplessness* and *hopelessness*.

Research by Johannessen-Henry et al. (2013), conducted on 1043 cancer patients of various categories in Denmark, showed that a high *spiritual well-being* is associated with a lower mental distress (anxiety and distress) and a better mental adjustment.

In a study by Gülnar et al. (2022), who studied perceptions of pain, including the *feeling of helplessness*, and coping with *mental well-being* in 213 volunteers who had recently undergone surgery, found that *mental well-being* was negatively related to *helplessness*.

In conclusion, a high level of *spirituality* can alleviate the very unpleasant *feeling of helplessness*, especially among women, a finding that confirms previous research, allowing an optimistic perspective to deal with feelings of frustration and sadness.

LIMITATIONS

The present research, which as a research question has a rich depth, was conducted on a relatively small sample. Also, it was limited to a Greek audience, the majority of which are Orthodox Christians. This means that their *religiosity* was not measured individually. It could then be compared with *levels of spirituality*, and even Orthodoxy. If, for example, we wanted to measure *spirituality* ad hoc to contrast it with *levels of helplessness*, we would have to use more specialized questionnaires.

EPILOGUE

This specific research aimed to investigate whether *spirituality* plays any (preventive or preventive) role in dealing with the *feeling of helplessness*.

The results of the research confirmed, to a large extent, our above hypothesis. This is of particular importance, because it shows that the *spirituality* factor, even in a relatively small sample, still affects —consciously or unconsciously— our perceptions of life, our decision-making and choice-making and, in general, our mentality.

Of course, the research left unanswered many other relevant questions, which arose during the research and the process of its analysis. For example, how does *spirituality* act preventively or therapeutically in dealing with an overwhelming sense of *helplessness*? Why does this mechanism work better in women? For *spirituality* to have positive effects, should it be activated in the specific person?

Future research, which would like to continue in the same line of thought, should thoroughly investigate with special research tools the mental function of the prevention of generally unpleasant emotions, in addition to the combined experience of *spirituality*. Also, at the level of meta-analysis, wider research could be conducted, including a sample of foreign populations in cultural environments of different religions, comparing the results with earlier Greek corresponding research.

This research allows us to have an optimistic perspective on dealing with feelings of disappointment, sadness and loneliness, since if we walk on spiritual paths, we are not as vulnerable to difficulties that arise in life.

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