

# The Role Of Spirituality In The Relationship Between Emotion Regulation And Depression Among Young Adults In Selangor

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## Abstract

**Background:** The concept of spirituality has grabbed the attention of numerous researchers over the years, especially in the psychiatric and general health care population internationally as can be seen in the significant increase of literature on the topic. It is also recommended to be incorporated into mental health treatment as part of holistic care. However, much is still yet to be known about the applicability of spirituality, especially in the relationship between emotion regulation and depression among young adults.

**Method:** A cross-sectional design, consisting of 121 participants, was used to test the hypothesis that spirituality would moderate the relationship between emotion regulation and depression among young adults in Selangor. Participants were recruited online using respondent-driven sampling to answer a set of questionnaires

**Result:** No significant moderating effect of spirituality was identified ( $B = -.000$ ,  $SE = .001$ ,  $P = .941$ ).

**Conclusion:** Spirituality, is a core concept of religion that is a unique cultural system in Malaysian society. In accordance with past works of literature, it is proposed to have a possible influence on the emotion regulation process, leading to the decrement of depressive symptoms. Although the results of the present study did not support the claim of past literature, more research is encouraged to understand the applicability of spirituality in the relationship between emotion regulation and depression. Such knowledge could be useful in treatment planning among emerging adults. Future studies should be conducted with the limitation identified in the present study for a more accurate result.

**Keywords:** Spirituality, Emotion Regulation, Depression, Young Adults

## Introduction

Nowadays, the demand for living had placed much stress on the emerging adult population. Apart from the large portion of them struggling with their higher education studies (Kok, 2015; Wider, Halik, Mustapha, & Bahari, 2014), many of them were found to struggle to cope with work, new financial commitments, family expectations, and many more responsibilities as they transition into adulthood (Badarudin, 2018; Kok, 2015). It may not be a surprise to find many of them suffering from depression,

especially those in their higher education of studies in Malaysia (Shamsuddin et al., 2013).

In addition to the aforementioned stress experienced, they may face difficulties in regulating their emotions which potentially lead to the development of depression (Ibrahim, Kelly, Adams, & Glazebrook, 2013). The difficulties in emotion regulation were found to be associated with the slow maturation of their brain structures such as the amygdala and ventral striatum (Martin & Ochsner, 2016). During the transition into young adulthood, many of them were noted to use maladaptive

emotion regulation strategies in both Western samples (Park et al., 2020) and in Malaysian samples (Panahi, Aida Suraya, & Samsilah Roslan, 2013). These maladaptive emotion regulation strategies were found to have an association with depression (Domaradzka & Fajkowska, 2018; Visted, Vollestad, Nielsen, & Schanche, 2018).

Despite the various approaches developed in treating emotion regulation deficits in depression, the concept of spirituality is recommended to be incorporated into mental health treatment as part of holistic care for individuals with mental health issues (Chidarikire, 2012). Spirituality is commonly referred to as the pursuit of purpose and meaning relevant to oneself, the people, and the individual's environment, as well as to the transcendent beings. It is manifested in one's values, practices, beliefs, and traditions (Puchalski, Vitillo, Hull, & Reller, 2014). Interestingly, the concept of spirituality has grabbed the attention of numerous researchers over the years, especially in the psychiatric and general health care population internationally. This can be seen in the significant increase of literature on the topic (Janse van Rensburg, Myburgh, Szabo, & Poggenpoel, 2013; Puchalski et al., 2014).

However, some controversy was identified regarding the discussion of spiritual issues in mental health services. This includes the possibility of creating adverse effects, such as religious delusion, on an individual with mental health issues, especially in the Malaysian context (Nurasikin & Lee, 2018). Nonetheless, a past study suggested the presence of meaning, peace, and faith in the spirituality components is associated negatively with depression and emotional intelligence among university students. This suggests an increased level of spirituality can provoke positive emotions, which could suspend the expression of depression (Alorani & Alradaydeh, 2017; Fradelos et al., 2019). Henceforth, the current study aimed to investigate the role of spirituality in the

relationship between emotion regulation and depression among young adults.

## Materials and Methods

### Study Design

A cross-sectional study design was used in the current study to examine the moderating effect of spirituality on the relationship between emotion regulation and depression among young adults in Selangor.

### Samples and Sampling

The study utilized quota sampling in recruiting participants in a large area of study. It mainly groups participants according to ethnicity. Thus, would attempt to recruit participants of different ethnicity in the ratio of 69 (Malay): 31 (Chinese): 14 (Indians): 1 (Others) as a representative of the actual population of Selangor by the estimated prevalence in the year 2020 by the Department of Statistics Malaysia (DOSM) – 55.0% Malay, 24.1% Chinese, 11.2% Indians, and 0.8% Others (DOSM, n.d.). Young adults with age between 18 to 25 years old, residing in the Selangor area, and having a good understanding of written English, were recruited as samples of the study. Participants who are non-Malaysian, self-reported pregnancy, and with any self-reported psychological disorder, including any depressive mood disorders, bipolar disorders, anxiety, or any comorbidity with the depressive mood disorders are excluded from the study.

### Study Instruments

Participants' age, gender, occupation, education level, nationality, ethnicity, religion, area of living, and any past psychological disorders, were obtained as the participants' demographic information.

The Difficulties with Emotion Regulation Scales (DERS) were used to assess the emotion regulation ability of the participants. It consists of 36 items to measure a multidimensional aspect of emotion regulation, namely Nonacceptance of

emotional responses (Nonacceptance), Difficulties Engaging in goal-directed behavior (Goals), Impulse control difficulties (Impulse), Lack of emotional awareness (Awareness), Limited access to emotion regulation strategies (Strategies), and Lack of emotional clarity (Clarity). It used a five-point Likert scale, ranging from 1 (almost never) to 5 (almost always). A higher total score indicates greater problems in regulating emotions (Compare, Zarbo, Shonin, Van Gordon, & Marconi, 2014).

The Daily Spiritual Experience Scale (DSES) was used in the current study to measure the daily spiritual experiences of the participants. The spirituality of the participants is measured based on the constructs such as awe, mercy, a sense of connection with the transcendent, compassionate love, as well as relating to awareness of discernment, and a sense of deep inner peace (Underwood, 2011). It is a 16-item self-reported measure of spiritual experience. The first 15 items used a 6-point Likert scale with 1 (many times a day) to 6 (never or almost never). The last item assessed the spiritual experience using a 4-point Likert scale with 1 (not close at all) to 4 (as close as possible).

The participants' depressive symptom was assessed by the Patient Health Questionnaire (PHQ – 9). It is a 9-item screening tool to screen for depression in an individual using a 4-point Likert scale with 0 (not at all) to 3 (nearly every day) (Sherina, Arroll, & Goodyear-Smith, 2012).

#### Data Collection

As the current study was conducted amidst the Covid-19 pandemic, an online platform was advised to be used in recruiting participants for the study (Saber, 2020). A respondent-driven sampling method was adopted by distributing the Google form with the questionnaires to the classmates or friends from differing areas of Selangor as initial participants. They were then requested to distribute the Google form to the people around them.

#### Statistical Analysis

Statistical Package for the Social Science (SPSS) 22.0 was used to tabulate and analyze the data collected. The summary of the sample was described through the use of descriptive statistics in terms of continuous variables like mean and range; as well as categorical variables like percentages and frequencies.

Independent-sample t-test was used in investigating the differences between gender groups with association with difficulties in emotion regulation, level of spirituality, and depression level. Before interpreting the t-test result, Levene's test for homogeneity was consulted to check whether the data abided by the assumption of having similar variance across the groups tested (Pallant, 2016).

Other demographic group differences were examined using One-Way ANOVA with the study variables. Before the One-Way ANOVA analysis, Levene's test for homogeneity was consulted to check whether the data abided by the assumption of having similar variance across the groups tested (Pallant, 2016). It is to ensure unbiased and consistent estimation of the standard error across the groups tested. Consequently, it produces a more accurate interpretation of the results obtained (Field, 2018). In the case of significant differences obtained, the Tukey HSD post hoc test was computed to identify the significant group differences. Contrarily, Welch's ANOVA (W – test) was consulted in the case of heteroscedasticity for better interpretation of the results obtained.

The effect of spirituality on the relationship between emotion regulation and depression was investigated through a simple moderation model from the PROCESS program.

#### Ethical Consideration

Data collected from participants was kept confidential. Participants were informed about the study and consent was taken before answering the questionnaires. Ethical approval

was given by the University of Cyberjaya Research Ethics Review Committee (CRERC). The current paper did not receive any funding support.

## Results

### Sample Profiles

A total of 121 young Malaysian adults were recruited via online within a month across different district in Selangor. The participants comprised of 66.1% female ( $n = 80$ ) and 33.9% male ( $n = 41$ ). The age of the participants ranged between 18 to 25 years old, with a mean age of 22.36 years ( $SD = 2.316$ ). The majority of them resided in Hulu Langat (29.8%;  $n = 36$ ), followed by 19.8% in Petaling ( $n = 24$ ), 13.2% in both Gombak ( $n = 16$ ) and Klang ( $n = 16$ ), 8.3% of them in both Hulu Selangor ( $n = 10$ ) and Sepang ( $n = 10$ ), 5.8% in Kuala Selangor ( $n = 7$ ), and 1.7% of them stayed in Kuala Langat ( $n = 2$ ). Apart from that, majority of the participants were students (69.4%;  $n = 84$ ) while 24% of them were working adults ( $n = 29$ ), and 6.6% of them reported being unemployed when the study was conducted ( $n = 8$ ).

In terms of their education background, 66.1% of them had the highest qualification of Bachelor's Degree ( $n = 80$ ), followed by 12.4% of them having completed their SPM ( $n = 15$ ) and Diploma ( $n = 15$ ), 4.1% Master's Degree ( $n = 5$ ), 1.7% of them each having pursued STPM ( $n = 2$ ) and Foundation ( $n = 2$ ), 0.8% A-Level ( $n = 1$ ) and 0.8% others ( $n = 1$ ). According to the Malaysian education system (Nuffic, 2015), pre-university level comprised of STPM, Foundation, A-Level, Diploma, and others. Although SPM is a final examination conducted at the end of the upper secondary education level to award students the opportunities to enter into pre-university level (Clark, 2014), it was categorized under pre-university level for the simplicity of the study.

The majority of the young adults who were recruited comprised of Chinese ethnicity (68.6%;  $n = 83$ ), while 21.5% of them identifying themselves as a Malay ( $n = 26$ ), 8.3% Indian ( $n = 10$ ), and 1.7% others ( $n = 2$ ). In terms of their religion, 57% of them reported to be a Buddhist ( $n = 69$ ), 22.3% Islam ( $n = 27$ ), 11.6% Christian ( $n = 14$ ), and 4.1% Hindu ( $n = 14$ ). A minority of them identified themselves as Free Thinker (2.5%;  $n = 3$ ), whereas 0.8% of them each self-reported to be Atheist ( $n = 1$ ), Agnostic ( $n = 1$ ), and others ( $n = 1$ ). Every participant in the main study sample denied having any known psychological disorders. Although only one of the participants sought mental health professionals in the past, no diagnosis was provided. The frequency and percentage of the demographic data are displayed in Table 1.

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**Table 1: Descriptive Statistics for Demographic Data**

Demographic Data	Frequency (n)	Percentage (%)
Age (Mean = 22.36 years, SD = 2.316)		
Gender		
Female	80	66.1
Male	41	33.9
Occupation		
Students	84	69.4
Working Adults	29	24.0
Unemployed	8	6.6
Education Level		

Pre-University Level		
SPM	15	12.4
STPM	2	1.7
Foundation	2	1.7
A-Level	1	0.8
Diploma	15	12.4
Others	1	0.8
Undergraduate Level		
Bachelor's Degree	80	66.1
Postgraduate Level		
Master's Degree	5	4.1
Ethnicity		
Malay	26	21.5
Chinese	83	68.6
Indian	10	8.3
Others	2	1.7
Religion		
Islam	27	22.3
Buddhism	69	57.0
Christianity	14	11.6
Hinduism	14	4.1
Free Thinker	3	2.5
Atheist	1	0.8
Agnostic	1	0.8
Others	1	0.8
Areas in Selangor		
Hulu Langat	24	19.8
Petaling	16	13.2
Gombak	16	13.2
Klang	10	8.3
Hulu Selangor	10	8.3
Sepang	7	5.8
Kuala Selangor	2	1.7
Kuala Langat		

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#### Group Differences

##### Independent-Sample T-Test

Equal variances were assumed for emotion regulation ( $F(2, 119) = 2.211, p$

$= .140$ ), spirituality ( $F(2, 119) = .410, p = .523$ ) and depression ( $F(2, 119) = 2.068, p = .153$ ). Therefore, the variation of scores for the two groups was found to be the same among all of the study variables.

There was no significant difference in emotion regulation for males ( $M = 86.54$ ,  $SD = 24.78$ ) and females ( $M = 88.61$ ,  $SD = 20.03$ ;  $t(119) = -.497$ ,  $p = .620$ ). Similarly, there was no significant difference in depression level for males ( $M = 9.07$ ,  $SD = 6.11$ ) and females ( $M = 7.98$ ,  $SD = 4.86$ ;  $t(119) = .284$ ,  $p = 1.098$ ). In contrast, a significant difference found in the level of spirituality between males and females ( $t(119) = -2.85$ ,  $p = .005$ ), with females ( $M = 62.55$ ,  $SD = 19.49$ ) reporting higher level of spirituality than males ( $M = 51.83$ ,  $SD = 19.77$ ).

A medium effect size was found ( $d = 0.55$ , 95% CI  $[-18.17, -3.27]$ ). Details of the Independent-sample t-test are showed in Table 2.

The results indicated that males and females do not differ significantly in their abilities to regulate one's emotion and depression level. However, males and females differed significantly in their level of spirituality, in which females reported a higher level of spirituality than males.

**Table 2: Gender Differences in Emotion Regulation, Spirituality, and Depression**

Variable	Gender	N	M	SD	t	p
Emotion Regulation	Male	41	86.54	24.78	-.497	.620
	Female	80	88.61	20.03		
Spirituality	Male	41	51.83	19.77	-2.85	.005**
	Female	80	62.55	19.49		
Depression	Male	41	9.07	6.11	.284	1.098
	Female	80	7.98	4.86		

\* $p < .05$ . \*\* $p < .01$

#### One-Way ANOVA

##### Occupation

Levene's test for homogeneity revealed the variance was equal for emotion regulation ( $F(2, 118) = 2.825$ ,  $p = .063$ ), spirituality ( $F(2, 118) = .029$ ,  $p = .971$ ), and depression ( $F(2, 118) = 1.085$ ,  $p = .341$ ). Therefore, variation of the group scores was found to be equal across all of the study variables.

There was no significant difference found among the groups (students, working

adults, and unemployed) with emotion regulation ( $F(2, 118) = .500$ ,  $p = .608$ ). Likewise, no significant differences found among the occupation groups with spirituality ( $F(2, 118) = 1.625$ ,  $p = .201$ ) and depression ( $F(2, 118) = .881$ ,  $p = .417$ ). The results suggested similar emotion regulation abilities, level of spirituality, and depression levels across the occupation groups at a .05 level of significance. Details of the One-way ANOVA comparing the differences by occupation group are shown in Table 3.

**Table 3: Differences between Occupation Groups in Emotion Regulation, Spirituality, and Depression**

Variable	df 1	df 2	F	p
Emotion Regulation	2	118	.500	.608
Spirituality	2	118	1.625	.201
Depression	2	118	.881	.417

\* $p < .05$

### Education Level

Levene's test for homogeneity indicated similar variance found for spirituality ( $F(2, 118) = 1.361, p = .260$ ) and depression ( $F(2, 118) = .605, p = 5.48$ ). However, an unequal variance was found for emotion regulation ( $F(2, 118) = 7.756, p = .001$ ). Thence, W-test was consulted. There was no significant difference found among the pre-university level, undergraduate level, and postgraduate level with the emotion regulation ( $F(2, 10.929) = 1.504, p = .265$ ).

Likewise, there were no significant differences found among the education level groups for spirituality ( $F(2, 118) = .397, p = .673$ ) and depression ( $F(2, 118) = 1.216, p = .300$ ).

The results indicated similar abilities in regulating one's emotion, level of spirituality, and depression level to be found across different education level groups at a .05 significant level. Details of the group differences by education level are shown in Table 4.

**Table 4: Differences between Education Level Groups in Emotion Regulation, Spirituality, and Depression**

Variable	df 1	df 2	F	p
Emotion Regulation	2	10.929	1.504	.265
Spirituality	2	118	.397	.673
Depression	2	118	1.216	.300

\* $p < .05$

### Ethnicity

According to Levene's test for homogeneity, equal variance was assumed across the ethnicity groups of Malay, Chinese, Indian, and Others for spirituality ( $F(3, 117) = .339, p = .797$ ). However, unequal variances were found for emotion regulation ( $F(3, 117) = 3.422, p = .020$ ) and depression ( $F(3, 117) = 2.410, p = .070$ ) across the ethnic groups. Investigation of the W-test results revealed no significant differences were found across the ethnic groups for emotion regulation ( $F(3, 4.876) = 1.808, p = .265$ ) and depression ( $F(3, 6.187) = 1.041, p = .438$ ).

for the Malay group ( $M = 72.27, SD = 20.464$ ) was significantly different from the Chinese group ( $M = 53.19, SD = 17.888$ ). However, the Indian group ( $M = 68.40, SD = 17.089$ ) and the other group ( $M = 75.50, SD = 24.749$ ) did not differ significantly from both the Malay and Chinese groups.

Contrarily, there was a significant difference found across ethnic groups for spirituality ( $F(3, 117) = 8.595, p = .000$ ). Further examination of the Tukey HSD post hoc test result revealed that only the mean score

The results indicated similar abilities in regulating one's emotions and depression level to be similar across ethnic groups. However, spirituality level was found only to be significantly different among the Malay and Chinese groups, with participants from the Malay group reporting to have a higher level of spirituality than those in the Chinese group. Details of the group difference by ethnicity and Tukey HSD post hoc test result for spirituality are shown in Table 5 and Table 6 respectively.

**Table 5: Differences between Ethnic Groups in Emotion Regulation, Spirituality, and Depression**

Variable	df 1	df 2	F	p
Emotion Regulation	3	4.876	1.808	.265
Spirituality	3	117	8.595	.000*
Depression	3	6.187	6.187	.438

\*p < .05

**Table 6: Tukey HSD post hoc test result of Ethnic Groups for Spirituality**

Ethnic Groups (Mean)	Mean Differences	Std. Error	p
Malay (72.27) – Chinese (53.19)	19.076	4.153	.000*
Malay (72.27) – Indian (68.40)	3.869	6.876	.943
Malay (72.27) – Others (75.50)	-3.231	13.559	.995
Chinese (53.19) – Indian (68.40)	-15.207	6.185	.072
Chinese (53.19) – Others (75.50)	-22.307	13.223	.335
Indian (68.40) – Others (75.50)	-7.100	14.313	.960

\*p < .05

### Religion

Based on the results of Levene's test for homogeneity, equal variances were found for emotion regulation ( $F(4, 116) = 1.885, p = .118$ ) and spirituality ( $F(4, 116) = .400, p = .809$ ) across the religion groups of Islam, Buddhism, Christianity, Hinduism, and Others (including Free Thinker, Atheist and Agonist). However, unequal variance was found for depression ( $F(4, 116) = 2.868, p = .026$ ) across the religion groups.

There was no significant difference found for emotion regulation ( $F(4, 116) = 2.223, p = .071$ ) across the religion groups. Investigation of the W-test revealed no significant difference for depression ( $F(4, 15.639) = .439, p = .779$ ) across the religion groups too. Contrarily, the religion groups were found to differ significantly for spirituality ( $F(4, 116) = 8.724, p = .000$ ). Details of the group differences by religion is shown in Table 7.

Investigation of the Tukey HSD post hoc test for spirituality revealed that mean score for Islam group ( $M = 73.56, SD = 18.385$ ) was significantly different from the Buddhism

group ( $M = 53.57, SD = 16.512$ ) and the other group ( $M = 37.83, SD = 27.433$ ). Similarly, the mean score for the Hinduism group ( $M = 71.00, SD = 16.512$ ) was found to differ significantly from the other group. The mean score for the Islam group did not differ significantly from those of the Hinduism group and Christianity group ( $M = 61.79, SD = 20.20$ ). Likewise, the mean score for Buddhism did not differ significantly from groups of Christianity, Hinduism, and other groups; whereas the mean score for Christianity group did not differ significantly from Hinduism and Others groups. Details of Tukey HSD post hoc test result for spirituality is shown in Table 8.

The results suggested that individuals were found to have a similar ability in emotion regulation and depression level across the different religious groups. However, there was a significant difference in the level of spirituality across the religious groups at a .05 level of significance. Individuals with Islamic faith was found to have a higher level of spirituality compared to those practising Buddhism and of other religious faith. Likewise, individuals from the Hinduism group were



found to have a higher level of spirituality than those of other religious faith.

**Table 7: Differences between Religious Groups in Emotion Regulation, Spirituality, and Depression**

Variable	df 1	df 2	F	p
Emotion Regulation	4	116	2.223	.071
Spirituality	4	116	8.724	.000*
Depression	4	15.639	.439	.779
*p		<		.05

**Table 8: Tukey HSD post hoc test result of Religious Groups for Spirituality**

Religion Groups (Mean)	Mean Differences	Std. Error	p
Islam (73.56) – Buddhism (53.57)	19.990	4.080	.000*
Islam (73.56) – Christianity (61.79)	11.770	5.920	.278
Islam (73.56) – Hinduism (71.00)	2.556	8.751	.998
Islam (73.56) – Others (37.83)	35.722	8.113	.000*
Buddhism (53.57) – Christianity (61.79)	-8.220	5.269	.526
Buddhism (53.57) – Hinduism (71.00)	-17.435	8.325	.230
Buddhism (53.57) – Others (37.83)	15.732	7.651	.246
Christianity (61.79) – Hinduism (71.00)	-9.214	9.365	.862
Christianity (61.79) – Others (37.83)	23.952	8.771	.055
Hinduism (71.00) – Others (37.83)	33.167	10.884	.023*

\*p < .05

#### Areas in Selangor

Levene's test for homogeneity revealed that equal variances were found for emotion regulation ( $F(7, 113) = 1.479, p = .182$ ) and depression ( $F(7, 113) = .710, p = .664$ ) across the different groups of Gombak, Hulu Langat, Hulu Selangor, Klang, Kuala Langat, Kuala Selangor, Petaling, and Sepang. However, an equal variance was not assumed for spirituality ( $F(7, 113) = 2.140, p = .045$ ) across the

different area groups in Selangor. There were no significant differences found for emotion regulation ( $F(7, 113) = .643, p = .719$ ) and depression ( $F(7, 113) = 1.037, p = .410$ ) across the groups. In contrast, W-test revealed a significant difference for spirituality ( $F(7, 35.532) = 9.464, p = .000$ ) across the groups. Details of the group differences by the areas in Selangor is shown in Table 9.

Inspection of the Games-Howell post hoc test result for spirituality revealed significant differences in several group pairs. It includes the pairs between Gombak group ( $M = 51.13$ ,  $SD = 23.653$ ) and Kuala Langat group ( $M = 73.50$ ,  $SD = .707$ ), Hulu Langat group ( $M = 64.67$ ,  $SD = 15.362$ ) and Kuala Langat group, Klang group ( $M = 51.69$ ,  $SD = 19.193$ ) and Kuala Langat group, as well as Kuala Langat group and Petaling group ( $M = 57.17$ ,  $SD = 22.337$ ). Details of Games-Howell post hoc test result for spirituality is shown in Table 10.

The results indicated that similar emotion regulation abilities and depression levels were found in individuals living in different areas of Selangor. However, a significant difference was found for the level of spirituality across the areas of Selangor. It was found that individuals living in Kuala Langat reported having the highest level of spirituality, followed by those residing in Hulu Langat, Petaling, Klang and Gombak.

**Table 9: Differences between Areas in Selangor Groups in Emotion Regulation, Spirituality, and Depression**

Variable	df 1	df 2	F	p
Emotion Regulation	7	113	1.479	.182
Spirituality	7	35.532	.643	.000*
Depression	7	113	1.037	.410

\* $p < .05$

**Table 10: Games-Howell post hoc test result of Areas in Selangor Groups for Spirituality**

Religion Groups (Mean)	Mean Differences	Std. Error	p
Gombak (51.13) – Hulu Langat (64.67)	-13.542	6.444	.445
Gombak (51.13) – Hulu Selangor (57.10)	-5.975	9.074	.997
Gombak (51.13) – Klang (51.69)	-.563	7.615	1.000
Gombak (51.13) – Kuala Langat (73.50)	-22.375	5.934	.030*
Gombak (51.13) – Kuala Selangor (52.29)	-1.161	8.298	1.000
Gombak (51.13) – Petaling (57.17)	-6.042	7.467	.991
Gombak (51.13) – Sepang (70.00)	-18.875	9.126	.465
Hulu Langat (64.67) – Hulu Selangor (57.10)	7.567	7.343	.960
Hulu Langat (64.67) – Klang (51.69)	12.979	5.439	.292
Hulu Langat (64.67) – Kuala Langat (73.50)	-8.833	2.609	.033*
Hulu Langat (64.67) – Kuala Selangor (52.29)	12.381	6.360	.558
Hulu Langat (64.67) – Petaling (57.17)	7.500	5.229	.836
Hulu Langat (64.67) – Sepang (70.00)	-5.333	7.407	.994
Hulu Selangor (57.10) – Klang (51.69)	5.413	8.390	.998
Hulu Selangor (57.10) – Kuala Langat (73.50)	-16.400	6.900	.349
Hulu Selangor (57.10) – Kuala Selangor (52.29)	4.814	9.014	.999
Hulu Selangor (57.10) – Petaling (57.17)	-.067	8.256	1.000
Hulu Selangor (57.10) – Sepang (70.00)	-12.900	9.781	.880
Klang (51.69) – Kuala Langat (73.50)	-21.813	4.824	.007*
Klang (51.69) – Kuala Selangor (52.29)	-.598	7.544	1.000
Klang (51.69) – Petaling (57.17)	-5.479	6.619	.990
Klang (51.69) – Sepang (70.00)	-18.313	8.446	.414
Kuala Langat (73.50) – Kuala Selangor (52.29)	21.214	5.843	.101

Kuala Langat (73.50) – Petaling (57.17)	16.333	4.587	.029*
Kuala Langat (73.50) – Sepang (70.00)	3.500	6.969	.999
Kuala Selangor (52.29) – Petaling (57.17)	-4.881	7.395	.997
Kuala Selangor (52.29) – Sepang (70.00)	-17.714	9.067	.539
Petaling (57.17) – Sepang (70.00)	-12.833	8.313	.775

\* $p < .05$

### Results of Moderation Model

According to the moderation model in Table 11, emotion regulation positively predicted depression ( $B = .168$ ,  $SE = .047$ ,  $P = .001$ ) individually. With a significant level of .05, a significant model emerged with  $F(3, 117) = 32.722$ ,  $P < .05$ . The model of this study contributed to 45.6% of the variance in

depression (adjusted  $R^2 = 0.456$ ). However, spirituality did not significantly moderate the relationship between emotion regulation and depression ( $B = -.000$ ,  $SE = .001$ ,  $P = .941$ ).

#### • Table 11

#### Result of the Moderation Model

	B	SE B	t	p
Constant	-4.599 [-13.087, 3.890]	4.286	-1.073	.286
Emotion Regulation (DERS)	.168 [.075, .260]	.047	3.594	.001
Spirituality (DSES)	-.026 [-.160, .108]	.068	-.384	.702
Emotion Regulation x Spirituality	-.000 [-.002, .001]	.001	-.075	.941

Note.  $R^2 = 0.456$

### Discussion

The result of the analysis indicated those having difficulties regulating their emotions are more likely to experience depressive symptoms. However, individuals' level of spirituality was not found to moderate or buffer the relationship between emotion regulation and depression. It was noted to oppose past research which revealed a moderating effect of spirituality in assisting individuals in regulating their emotions (Wright et al., 2018), and having fewer depressive symptoms (Boynton, 2014).

With the majority of participants reporting to be Buddhist (57%,  $n = 69$ ), it may be helpful to investigate the possible influences of Buddhism on the moderation model. Originally, McLeod noted that Buddhist practitioners were taught not to control or influence the naturally occurring phenomena of the world (as cited in Wilken & Miyamoto, 2020). This teaching was believed to include

emotion regulation as evidenced by a weaker or insignificant effect of East Asian religion (i.e., Buddhism) found on emotions (Clobert, 2020). However, the indirect influence of Buddhist teachings on emotion regulation involved the use of acceptance and served as an active and purposeful way to manage emotions (Wilken & Miyamoto, 2020). It influenced the individuals' belief in controlling emotions, thereby training and encouraging them in using certain emotion regulation strategies (Vishkin, Bigman, & Tamir, 2014) when facing a distressing situation. Interestingly, acceptance was revealed to be part of the emotion regulation strategies in the process model of emotion regulation (Pena-Sarrionandia, Mikolajczak, & Gross, 2015).

Although Buddhism is known to teach practitioners certain values that can influence the emotion regulation process, it may require a life-long period to fully adopt and change one's

way of dealing with emotion according to the teaching (Koopmann-Holm, Sze, Ochs, & Tsai, 2013). With that being the case, participants in the present study may not acquire the Buddhist teaching fully to facilitate emotion regulation as evidenced by the lower level of spirituality compared to their Muslim counterparts. Additionally, the modernization of Buddhism beliefs was documented to affect the traditional spiritual and religious beliefs. Buddhism was noted to adopt a more philosophical and scientific approach by removing the many traditional teachings involving “superstitious” and mystical elements (Tan, 2020). Ergo, young practitioners of Buddhism may approach an emotionally distressing situation with a more analytical and logical approach rather than their traditional spiritual practice.

Apart from that, the higher education levels of the participants may contribute to the insignificant moderating effect of spirituality. Past literature established a strong negative inverse association between education level and religious affiliation. In other words, individuals with a higher education level may place less importance on religious and/or spiritual beliefs (Voas, 2014; Kortt, Dollery, & Pervan, 2012). With an over 95% of literacy rate among Malaysians (DOSM, 2017), many people are shaped to use logical and analytical thinking when resolving daily hassles, which change their mentality towards life. As a result, traditional practices (i.e., spiritual beliefs and/or religious practices) would be modified to suit their modern preferences and lifestyles whereby some might think of them as meaningless and unneeded (Muhammad Hussein, Vijayalectomy, Wan Munira, & Kaviyarasu, 2013). They may develop certain ways of coping, such as being open-minded to experiences and adopting analytic thinking styles, which may differ from their religious or spiritual counterparts (Uzarevic & Coleman, 2021).

The characteristic of the young adults recruited in the current paper may also explain the insignificant moderating effect of

spirituality. From a developmental perspective, emerging adulthood represents a critical turning point in life where young adults actively explore their identities in the community, including spirituality. This process may involve them deconstructing the given family spiritual beliefs, evaluating the given beliefs, and reconstructing a more mature individualized spiritual belief. Consequently, the process would cause a fluctuation in their level of spirituality (Hall, Edwards, & Wang, 2015), portraying a decline in their level of spirituality during the period.

Moreover, the development of their spirituality was likely influenced by their environmental exposure. With emerging adulthood being a transitional period where individuals transition from childhood to adulthood, they may interact with other people in the community, which may not endorse their religious or spiritual beliefs (Barry & Abo-Zena, 2014). It may reduce their confidence in utilizing the beliefs in distressing situations and may refer to scientific approaches that are commonly accepted in the community. Due to the large acceptance of scientific approaches in the community, it reinforces young adults to feel more confident in utilizing this approach when dealing with distressing situations than their spiritual beliefs (Harris & Corriveau, 2020). In addition to the aforementioned deconstruction-reconstruction process of their spiritual development resulting in their low level of spirituality, the environment they are in that reinforces the use of a scientific approach would likely reduce their confidence to rely on their spiritual beliefs when regulating their emotions in times of distress.

The present study may be the first to explore the role of spirituality in the relationship between emotion regulation and depression among the young adult population in Selangor. However, the results of the study may be required to interpret with caution due to majority of the participants recruited were of Chinese ethnicity. It differed from the majority of Malay ethnicity reported in the population of

Selangor. The main reason for such a large discrepancy was due to the distribution of web-based surveys through respondent-driven sampling amidst the pandemic. Therefore, larger sample size is encouraged to be obtained with sociodemographic similar to the target population. It is to ensure the generalizability of the results obtained.

### Conclusion

Given that spirituality is a core concept of religion and religion is a unique cultural system in Malaysian society, past works of literature proposed the possible influence of such cultural factors on the emotion regulation process (Vishkin et al., 2014). As a result, it would lead to the decrement of depressive symptoms. Although the results of the present study did not support the claim of past literature, more research is encouraged to understand the applicability of spirituality in the relationship between emotion regulation and depression. Apart from spirituality being part of the society's culture, such knowledge could be useful in treatment planning among emerging adults. Future studies should be conducted with the limitation identified in the present study for a more accurate result.

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