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# Levels of Depression, Anxiety and Subjective Happiness among Students of Theology and Theological-Religious Sciences at the University of Zagreb: A Cross-Sectional Study

Razina depresije, anksioznosti i subjektivne sreće kod studenata teologije i teološko-religijskih znanosti na Sveučilištu u Zagrebu.  
Presječna studija

Jakov Milić<sup>1</sup>

Ivan Pleše<sup>2</sup>

## Abstract

Mental health among university students has become an increasingly prominent subject of scientific research. However, students of theology and religious studies remain underrepresented in the literature. Since they undergo unique academic and spiritual formation, understanding their psychological well-being could be of significant academic and pastoral relevance. The aim of this research was to assess the prevalence of depressive and anxiety symptoms as well as levels of subjective happiness among students of theology and religious studies at the Catholic Faculty of Theology in Zagreb (Croatia). A cross-sectional study was conducted in October 2024 at the Catholic Faculty of Theology, University of Zagreb. A total of 156 students completed an anonymous self-report questionnaire that included sociodemographic data, the PHQ-9 for depression, the GAD-7 for anxiety, and the Subjective Happiness Scale. Due to the non-normal distribution of data, non-parametric tests and Spearman's correlations were used. Among the participants, 44.2 % exhibited at least mild depressive symptoms, while 37.7 % showed at least mild anxiety symptoms. Lay students demonstrated a higher prevalence of symptoms compared to candidates for the priesthood or members of religious communities. Subjective happiness was nega-

<sup>1</sup> Catholic Faculty of Theology, University of Zagreb

<sup>2</sup> Catholic Faculty of Theology, University of Zagreb

tively correlated with levels of anxiety and depression. No statistically significant gender differences were observed. Higher years of study were moderately associated with increased depressive and anxiety symptoms. This research highlights a substantial presence of psychological difficulties among theology students, particularly among lay participants. Although religious life may provide certain protective factors, the findings underscore the need for systematic mental health support and the integration of emotional well-being into theological formation. Further longitudinal and qualitative studies are recommended.

*Key words:* depression, anxiety, subjective happiness, theology students, mental health, pastoral formation

### Sažetak

Mentalno zdravlje studenata sveučilišta sve je češća tema znanstvenih istraživanja, no studenti teologije i teološko religijskih znanosti i dalje su nedovoljno zastupljeni u literaturi. S obzirom na njihovu jedinstvenu akademsku i duhovnu formaciju, razumijevanje njihove psihološke dobrobiti ima i akademsko i pastoralno značenje. Cilj ovoga istraživanja je procijeniti prevalenciju simptoma depresije i anksioznosti te razine subjektivne sreće među studentima teologije i teološko-religijskih znanosti u Hrvatskoj. Presječno istraživanje provedeno je u listopadu 2024. godine na Katoličkom bogoslovnom fakultetu Sveučilišta u Zagrebu. Ukupno 156 studenata ispunilo je anonimni samoprocjenski upitnik, koji je sadržavao sociodemografske podatke, PHQ-9 za procjenu depresije, GAD-7 za anksioznost i Skalu subjektivne sreće. Zbog nenormalne distribucije podataka korišteni su neparametrijski testovi i Spearmanove korelacije. Među ispitanicima 44,2 % pokazalo je blage simptome depresije, a 37,7 % blage simptome anksioznosti. Laici su imali veću prevalenciju simptoma u usporedbi s kandidatima za svećeništvo ili članovima redovničkih zajednica. Subjektivna sreća negativno je korelirala s razinama anksioznosti i depresije. Nisu pronađene statistički značajne razlike između spolova. Viša godina studija bila je umjereno povezana s povećanim simptomima depresije i anksioznosti. Ovo istraživanje ukazuje na značajnu prisutnost psiholoških poteškoća među studentima teologije, osobito među laikima. Iako religiozni život može pružiti određene zaštitne čimbenike, rezultati ističu potrebu za sustavnom podrškom mentalnom zdravlju i integracijom emocionalne dobrobiti u teološku formaciju. Preporučuju se daljnja longitudinalna i kvalitativna istraživanja.

*Ključne riječi:* depresija, anksioznost, subjektivna sreća, studenti teologije, mentalno zdravlje, pastoralna formacija

### Introduction

The mental well-being of students has emerged as a pressing concern in contemporary scientific research, particularly due to the prevalence of anxiety, depression, and emotional distress among higher education students (Harrer

et al. 2019, 1; Sheldon et al. 2021, 282). The psychological development that occurs between the ages of 20 and 30, a period during which most students undergo their academic and spiritual growth, is associated with an elevated risk of developing mental health issues. Approximately 75 % of all mental illnesses manifest before the age of 25 (Brown 2018, 193).

Despite the growing number of mental health research studies conducted among the student population, there remains a significant geographical disparity. Notably, approximately half of the research was conducted on students from the United States (Hernández-Torrano et al. 2020, 1). Furthermore, within the broader student population, there is a noticeable uneven distribution of the research sample. This is evident because most of the mental health research among students focused on medical students (Milić et al. 2024, 2).

Within the broader academic community, students of theology, as well as students of humanistic sciences in general, remain relatively underrepresented (Bert et al. 2022, 261). However, this population is particularly sensitive and specific, as their formation encompasses not only intellectual development but also deeply spiritual, emotional, and ethical dimensions, this is because they are future priests, religious educators, and pastoral workers (Lowe et al. 2022, 1; Lim et al. 2023, 2832). Their mental resilience can significantly impact the well-being and cohesion of the communities they will serve. Consequently, the mental well-being of theology students is not merely an academic concern but an investment in the future of the Church and society.

Theology students encounter distinct challenges during their academic journey, including intensive training, ongoing assessments of their vocation, moral obligations, and profound engagement in spiritual pursuits (Lowe et al. 2022, 4). Research indicates that these challenges can manifest in two ways: on the one hand, fostering resilience, and on the other hand, elevating their susceptibility to mental health issues, particularly during formative years when fundamental personal and professional values are established (Lowe et al. 2022, 2, 3).

Despite these specificities, research on the mental health of theology students remains limited. Most of the available literature pertains to clergy and members of religious orders, where there was a notable prevalence of depression, anxiety, and burnout among Catholic priests (Picornell-Gallar and Gonzalez-Fraile 2024, 1831). For instance, one American study revealed that 20 % of Catholic priests exhibited indications of depression, and 20 % suffered from chronic anxiety (Smith et al. 2022, 2; Knox 2002, 350 ). Conversely, a Polish study of Catholic priests and nuns concluded that their results on a mental

well-being questionnaire were superior to those of the general population (Rogowska and Dolega 2022, 244). Concurrently, among Catholic priests in Latin America, a significant problem of burnout was identified, which correlates with an increased risk of anxiety, depression, and other health issues (Ruiz-Prada et al. 2021, 3811).

Research conducted by Smith et al. and Barrera Olvera has revealed elevated levels of depression and anxiety among seminarians (Barrera Olvera 2024, 33; Smith et al., 11). Depressive symptoms persist throughout the study period, while factors such as childhood abuse and a history of anxiety have been identified as significant predictors of heightened risk (Upenieks et al. 2024, 1).

It is intriguing to note the ambivalent influence of religiosity. While spiritual practices can serve as protective factors, feelings of spiritual inadequacy, internal doubts, or a discord between one's vocation and personal maturity may exacerbate anxiety and depressive symptoms (Garssen et al. 2020, 15; Lowe et al. 2022, 4; Barrera Olvera 2024, 2-3).

When data from theology students is compared to other student populations, certain markers are similar or slightly higher. Systematic reviews have indicated that depression is prevalent within the higher education context, ranging from 12 % to even 30 % and these figures surpass the general population prevalence of 9 % (Harrer et al. 2019, 1; Ibrahim et al. 2013, 394). Notably, in the sample of American seminarians, about one-fifth had a prior diagnosis of depression and/or anxiety and these findings align with the range reported in systematic reviews (Barrera Olvera 2024, 10).

Anxiety disorders are the most prevalent psychiatric disorders among the student population. Among medical students, the prevalence ranges from 7.7 % to 65.5 %, which is significantly higher than the prevalence in the general population, which is between 3 % and 35 % (Son et al. 2020; Milić et al. 2024, 2). Prevalence rates in the general university student population are between 7 and 23 % (Pedrelli et al. 2015, 504; Ramón-Arbués et al. 2020, 1).

In the Croatian context, to the best of the authors' knowledge, no research has been conducted on the mental health of theology students. In our previous studies on Croatian medical and health sciences students, high levels of depression (60.2 % and 41.4 %) and anxiety (54.5 % and 36.8 %) were observed (Milić et al. 2024, 1; Milić et al. 2019, 1).

The objective of this study was to investigate the prevalence of depressive and anxiety symptoms, as well as the level of subjective well-being among students enrolled in Theology and Theological-Religious Science.

## 1. Methods

### 1.1. Participants

The study included students enrolled in Theology and Theological-Religious Science at the Catholic Faculty of Theology of the University of Zagreb.

A total of 156 students were questioned, representing a response rate of 68.42 %, making a representative sample of the student body. Considering the fact that not all students were present in class on the day of the survey, the real response rate is presumably higher.

In our sample, there were 108 males (70.1 %), and 46 females (29.1 %).

A total of 115 (74.7 %) students studied Philosophy and Theology and 38 (24.7 %) studied Theological-Religious Science.

Among the students, 38 (24.7 %) were in their first year of university, 29 (18.8 %) were in their second, 31 (20.1 %) were in their third, 32 (20.8 %) were in their fourth, and 24 (15.6 %) were in their fifth year of university.

The majority of students, 94 (61 %) had an urban background.

A total of 87 students (56.5 %) were candidates for the priesthood or were members of a religious community (C), while 67 (43.5 %) of them were lay people (L). Among the C group, 84 (96.55 %) were male, whereas among the L group, 24 (38.82 %) were male.

Among the students, 10 (6.5 %) of them reported having previously failed a school year.

### 1.2. Measuring Instruments

The students were given a self-administered, anonymous questionnaire consisting of two parts. The first part included 8 questions about the participants' sociodemographic characteristics.

The second part of the questionnaire included validated instruments for determining the levels of anxiety, depression, and subjective happiness.

The Generalized Anxiety Disorder-7 (GAD-7) is a seven-item self-assessment scale designed to identify generalized anxiety disorder. Each item is rated using a Likert scale (Swinson 2006), with a total score between 0 and 21. Recommended cut-off scores of  $\geq 5$ ,  $\geq 10$ , and  $\geq 15$  correspond to mild, moderate, and severe levels of anxiety symptoms, respectively (Löwe et al. 2008).

The Patient Health Questionnaire-9 (PHQ-9) is a validated psychological screening tool known for its strong sensitivity and specificity in identifying depressive disorders (Kroenke et al. 2002; Kroenke et al. 2001; Kroenke et al.

2010). It includes nine items, each rated on a Likert scale, that align with the DSM-IV diagnostic criteria for major depressive disorder (Kroenke et al. 2001, 606). The total score ranges from 0 to 27, with recommended cut-off scores of 10, 15, and 20, indicating mild, moderate, moderately severe, and severe levels of depressive symptoms (Kroenke et al. 2010, 345).

The Subjective Happiness Scale (SHS) is a four-item questionnaire designed to measure an individual's perceived level of happiness. Responses are given on a 7-point Likert scale (Lyubomirsky and Lepper 1999).

We administered the official Croatian versions of the PHQ-9 and GAD-7, as all participants were Croatian speakers. For the Subjective Happiness Scale, we used a Croatian translation previously prepared by our research team and used in a similar study (Milić et al. 2024; Milić et al. 2019).

### 1.3. Procedure

Students were approached at the beginning of their school year (October 2024) after class and asked to complete a survey. This approach aimed to minimize the role of academic stress on mental well-being and to provide a benchmark for possible future research exploring the effects of stress on mental well-being.

The study protocol was approved by the Ethics Committee of the Catholic Faculty of Theology Zagreb. All participants gave signed informed consent. All methods were carried out in accordance with relevant guidelines and regulations.

### 1.4. Statistical Methods

To test the normality of distribution for scalar variables the Shapiro-Wilks test was applied. Since all scalar variables showed non-normal distribution, non-parametric tests were used. Numerical data were reported as medians with interquartile ranges (IQR), while categorical variables were presented using absolute and relative frequencies. The Mann-Whitney U-test was employed to compare differences between two groups. The chi-square test and Fisher's exact test were used to assess the differences in ratios between independent samples. Correlations between variables were examined using Spearman's rho. Data was processed using the jamovi project (2025). *jamovi* (Version 2.6.26) for Windows, with a significance threshold set at  $p < 0.05$ .

## 2. Results

All tested scalar variables deviated from a normal distribution.

As it is shown in Table 1, no significant gender-related differences in the grade point average, subjective happiness, depressive symptoms, nor the symptoms of anxiety were observed. There was a significant difference in age among the groups, male students being older than the female students. No significant differences in any of the variables were observed between C and L.

	Male	Female	p-value	PT	TR	p-value	C	L	p-value	Total
Age	23 (21-26)	21 (20-23)	0.01	23 (21-25.75)	21 (20-24)	0.04	23 (20.5-26)	22 (20-24)	0.16	22.5 (20-25)
Grade point average	4.1 (3.7-4.54)	4.35 (4-4.61)	0.14	4.1 (3.7-4.54)	4.23 (4-4.6)	0.24	4.2 (3.7-4.58)	4.12 (3.8-4.54)	0.88	4.15 (3.72-4.56)
Subjective happiness	22 (18-25)	22 (18.75-25.25)	0.48	22 (18-24)	23 (18.5-26)	0.18	22 (19-24.75)	21 (18-25.5)	0.88	22 (18.5-25)
GAD-7	4 (2-7)	4 (2.75-8.25)	0.44	4 (2-7)	4 (.75-8.25)	0.72	4 (2-7)	4 (2-9)	0.17	4 (2-8)
PHQ-9	4 (3-8)	5 (2-8.75)	0.57	4 (2-7)	6 (2.5-10)	0.22	3.5 (2-7)	6 (3-10)	0.08	4 (2-7.25)

**Table 1.** Age, grade point average, and the scores of the Subjective Happiness Scale, GAD-7 (Generalized Anxiety Disorder-7), and PHQ-9 (The Patient Health Questionnaire-9) scales of the students and the differences according to sex, study programme (PT – Philosophy and Theology; TR – Theological-Religious Science) and whether the participant is a lay person (L) or a religious/priest candidate (C). Mann-Whitney tests were used. (N=156)

As it can be seen from Table 2, 37.7% of students exhibited at least mild symptoms of anxiety, and 44.2% of them exhibited at least mild symptoms of depression. No significant differences were observed between the groups divided by sex or religious status. Even though the differences weren't significant, 34.5% of C exhibited at least mild symptoms of anxiety, compared to 41.8% in L; and 32.9% of C exhibited at least mild symptoms of depression, compared with 52.3% in L.

		Male	Female	p-value	Religious	Lay person	p-value	Total
		n (%)						
GAD-7	Low	68 (63)	28 (60.9)	0.952	57 (65.5)	39 (58.2)	0.112	96 (62.3)
	Mild	29 (26.9)	12 (26.1)		25 (28.7)	16 (23.9)		41 (26.6)
	Moderate	8 (7.4)	4 (8.7)		4 (4.6)	8 (11.9)		12 (7.8)
	Severe	3 (2.8)	2 (4.3)		1 (1.1)	4 (6)		5 (3.2)
PHQ-9	Low	63 (61.2%)	23 (52.3%)	0.584	55 (67.1)	31 (47.7)	0.144	86 (55.8%)
	Mild	27 (26.2%)	13 (29.5%)		19 (23.2)	21 (32.3)		40 (26%)
	Moderate	7 (6.8%)	6 (13.6%)		4 (4.9)	9 (13.8)		13 (8.4%)
	Moderately severe	5 (4.9%)	1 (2.3%)		3 (3.7)	3 (4.6)		6 (3.9)
	Severe	1 (1%)	1 (2.3%)		1 (1.2)	1 (1.5)		2 (1.3%)

**Table 2.** The frequencies and percentages of the categories of anxiety and depressive symptoms according to the GAD-7 (Generalized Anxiety Disorder-7) and PHQ-9 (The Patient Health Questionnaire-9) scales and their status, and sex-related differences. Chi Square test was used (N = 156). When grouping the scores binarily, with students having at least mild depression/anxiety in the positive group, significant differences were observed for depressive symptoms (p=0.002, Fisher's exact test), but not for anxiety (p=0.403, Fisher's exact test).

Table 3 shows the correlations between scalar and ordinal variables. It should be observed that the grade point average didn't correlate with any of the psychological variables. Levels of anxiety correlated with the levels of depression. Levels of depression and anxiety inversely correlated with subjective happiness. The year of university correlated with the levels of depression and anxiety and inversely correlated with subjective happiness.

	Year	GPA	SHS	PHQ-9	GAD-7
Age	0.476***	0.017	-0.162	0.018	-0.002
Year		0.253**	-0.165*	0.177*	0.182*
GPA			0.124	-0.147	-0.068
SHS				-0.452***	-0.479***
PHQ					0.673***

\*  $p < 0.05$ ; \*\*  $p < 0.01$ ; \*\*\*  $p < 0.001$

**Table 3.** The correlations (Spearman's rho) between the tested variables among all examined students. Year – year of study, GPA – grade point average, SHS – Subjective Happiness Scale, PHQ-9 – Patient Health Questionnaire – 9, GAD-7 – Generalized Anxiety Disorder -7 (N=156).

### 3. Discussion

To the best of the author's knowledge, this is the first study to report the prevalence of depressive and anxiety symptoms among Croatian students of theology and religious studies.

The students demonstrated levels of depression and anxiety comparable to those found in similar studies on the general student population, with 37.7% exhibiting at least mild symptoms of anxiety and 44.2% at least mild symptoms of depression. These results are more favorable compared to findings from studies conducted among students enrolled in medical and health sciences, in which we previously reported that 60.2% and 41.4% of students, respectively, showed elevated levels of depression, while 54.5% and 36.8% exhibited elevated levels of anxiety (Milić et al. 2024, 1; Milić et al. 2019, 1).

One potential determinant associated with lower levels of depression and anxiety is the fact that students were assessed at the beginning of the academic year, prior to the onset of stressors such as exams. This approach allowed us to establish a baseline for potential future research on this student population, particularly in the context of analyzing the contribution of stress and other variables to the levels of depression and anxiety.

As anticipated, levels of happiness exhibited a negative correlation with levels of depression and anxiety, aligning with findings from our previous studies. Notably, theology students reported higher levels of subjective happiness compared to students of health sciences (median score of 22 versus 19) (Milić et al. 2024, 6)

Furthermore, it is pertinent to acknowledge that students at the Catholic Faculty of Theology have access to psychological support when required, which may contribute to improved mental health outcomes.

Although there was no statistically significant difference between depression and anxiety between L and C, there was in fact still a difference. Notably, 41.8 % of L students exhibited at least mild symptoms of anxiety, while 52.3 % exhibited at least mild symptoms of depression, compared to 34.5 % and 32.9 % of C students. When the data was analyzed in a binary manner, a statistically significant difference was observed in the levels of depression, but not anxiety. C students had a prevalence of depression symptoms that was nearly half of those of medical students (32.9 % vs. 60.2 %) (Milić et al. 2019, 1).

Our findings indicate a positive correlation between religious life and mental well-being. This association can be attributed to several factors, including the selection process of candidates at the outset of their religious or priestly journey. Furthermore, religious communities and seminaries offer social support to candidates through regular interactions, enabling the identification of potential challenges. Consequently, candidates can be directed to mental health professionals for further assistance. In such instances, the stigma associated with mental health issues may be mitigated. Notably, religious and priesthood candidates are integrated into their community's daily routines, where prayer has demonstrated a positive impact on mental health (Lowe et al. 2022, 1).

Contrary to expectations based on previous studies, our findings did not reveal significant gender differences in levels of depression and anxiety. A plausible explanation may be that candidates for the priesthood and religious life are generally more inclined to disclose their emotional and psychological states and difficulties compared to the broader male population which is often more hesitant to express their psychological distress due to the perceived stigma (Chatmon 2020). This may have resulted in more candid responses to questions concerning mental health.

Depression and anxiety levels were positively associated with the year of study. Potential contributing factors include academic fatigue, risk of burnout,

and increased stress related either to the forthcoming priestly ordination or, in the case of lay students, the challenge of entering the labor market. It is also possible that students in the earlier stages of formation experience lower levels of depression and anxiety due to stronger initial vocational enthusiasm that may diminish over time as they confront the realities of life and a heightened awareness of personal limitations.

Although our findings are more favorable compared to studies conducted among students enrolled in medical and health sciences, the discovery that between one-third and one-half of theology students report elevated levels of depression and anxiety, surpassing those typically observed in the general population, nonetheless necessitates the attention of responsible institutions and critical analysis of how this situation can be addressed (Son et al. 2020).

In this context, the systematic integration of prevention, emotional literacy, and spiritual maturity into educational programs for future pastoral workers is imperative. Theological study should be a space where intellectual and spiritual growth is nurtured alongside emotional stability. Support in the form of counseling services, programs for emotional development, spiritual direction, and safe spaces for processing spiritual crises must become an integral component of formation (Smith et al. 2022, 11).

#### **4. Limitations of the Study**

Even though the sample size is representative of the student body, it is still rather small. Larger, multicentric studies are required to give a better understanding of the prevalence of depression and anxiety in this student population.

The questionnaires were self-administered and are not diagnostic instruments. Structured interviews are required to give more valid data.

Other variables that may contribute to the levels of depression and anxiety need to be analyzed in future research, such as the levels of stress, burn-out, levels of religiosity or habits pertaining to seeking help for one's mental health.

Qualitative studies might also help to determine the variables that may lead to better mental health in this population.

Future longitudinal studies are needed to track mental health trends throughout the academic journey and to identify key risk and protective factors specific to this student population.

## 5. Conclusion

This study provides a foundational contribution to understanding the mental health of students of Theology and Theological-Religious sciences in Croatia, a population that has thus far been underexplored empirically. Our findings indicate that more than one-third of students experience at least mild symptoms of anxiety, and nearly half report symptoms of depression, suggesting a level of psychological vulnerability that in some cases is comparable to, or even exceeds, that of other student groups. Notably, candidates for priesthood and religious life reported lower levels of depression compared to lay students, suggesting that a structured spiritual life, communal support, and vocational clarity may function as protective factors.

These findings underscore the need to recognize mental health as an integral dimension of both academic and spiritual formation within theological education. Faculty leadership and ecclesial institutions share a collective responsibility to foster environments that promote psychological well-being alongside intellectual and spiritual growth. Institutional investment in preventive mental health programs, confidential counseling services, and ongoing research will be essential to equip future pastoral workers not only with theological competence but also with emotional resilience necessary for authentic and sustainable ministry.

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