



Studying Religion and Spirituality as a Protective Factor Against Depression and Anxiety Symptoms in Younger and Older Adults

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Abstract

Recently, there has been a rise in depression and anxiety in the United States (Czeisler, et al., 2020). Religion and spirituality have shown to be a buffer against the development of depression and anxiety (Rasic et al., 2009). This study sought to examine the effect of religion and spirituality as protective factors on symptoms of depression and anxiety in both young and older adults. A secondary analysis was conducted on data from the Midlife Development in the United States Refresher (MIDUS-R). A series of binary logistic regression analyses were utilized to predict the presence of anxiety or depressive symptoms among younger and older generation groups. Results showed that religious service attendance decreased the likelihood of having anxiety symptoms among older adults. Additionally, religious identification increased the likelihood of having anxiety symptoms, and private religious practices also increased the likelihood of having depressive symptoms among older adults. No religious variables significantly predicted the presence of anxiety or depression symptoms among the young adult group. This study's findings suggest that religion has both a positive and negative relationship with mental health among older adults. Future research should further explore how these generational changes in attitude towards religion between younger and older adults may or may not affect an individual's mental health.

Introduction

Significance of Study

- In the U.S. anxiety increased from 8.1% to 25.5% and depression increased from 6.5% to 24.3%, from 2019 to 2020 (Czeisler, et al., 2020).
- Religion and spirituality have shown to be a buffer against the development of depression and anxiety (Rasic et al., 2009).
- Recent trends show generational differences younger and older adults in their attitude towards religion and spirituality (Brauer, 2018).



Purpose of Research

This study aims to examine (1) The effect of religion and spirituality as protective factors on symptoms of depression and anxiety and, (2) The generational differences in the effect of religion and spirituality on mental health between younger and older adults.

Research Questions

- Do religion and spirituality function as protective factors against symptoms of Anxiety?
- Do religion and spirituality function as protective factors against symptoms of Depression?
- Does the strength of religion and spirituality as a protective factor differ between young adults and older adults?

Research Hypotheses

- Religion and spirituality will have a negative relationship with symptoms of depression among adults.
- Religion and spirituality will have a negative relationship with anxiety symptoms among young adults.
- Religion and spirituality will be stronger protective factors for older adults when compared to younger adults.

Literature Review

Religiosity, Spirituality and Anxiety

- Studies show that religious attendance, prayer, and religious involvement have a negatively correlated relationship with symptoms of anxiety.

Religiosity, Spirituality and Depression

- Church attendance, religious hope, religious involvement and religious importance have all shown to be negatively correlated with symptoms of depression.

Theoretical Framework

Pargament's theory of religious coping: The theory states individuals use religion to cope with negative life events related to what they value. Practices in religious coping serve five main purposes: to discover meaning, garner control, acquire comfort through a connection with a God, connect with others, and transform life. (Xu, 2006).

Social Support Theory: The theory states that consistent social support develops trust and forms moral commitment between people and can help mitigate stress. (Zavala & Kurtz, 2016).

Research Gaps

- Existing research mainly focuses on older adults and young adult data is either minimal or outdated.
- Recent trends show dramatic generational differences between younger and older adults in their attitude towards religion and spirituality.
- This study aims to start closing the gap by comparing younger and older adults in how religion and spirituality relates to symptoms of depression and anxiety.

Methods

Research Design and Data Collection Procedures

- The current study completed a secondary analysis on the data from the Midlife Development in the United States Refresher (MIDUS-R).
- The MIDUS -R is the most recent wave of a multi-wave longitudinal panel study developed to better understand what factors over a lifespan, beginning in midlife, led to person to achieve good health, psychological wellbeing, and social responsibility in old age.

Sample and Sampling Method

- The MIDUS-R randomly selected 3,577 participants throughout the U.S. who were non-institutionalized English-speaking adults.
- Data was collected through an initial telephone survey and a follow-up mailed self-administered questionnaire (SAQ).
- The current study included a subsample of adults who completed both the telephone survey and the SAQ ($N = 2,561$). The sample consisted of young adults (25 to 40 years old, $n=640$) and older adults (41 to 75 years old, $n=1,939$).

Measures

Anxiety and Depression

- Both variables were recoded into binary variables from MIDUS-R composite variables.
- Depression was indicated if participants reported feeling "sad, blue or depressed" for at least most of the day almost every day.
- Anxiety was indicated if participants chose "most days" to at least one of the ten items.

Religion and Spirituality

- religious coping (7 items, $\alpha=.92$)
- private religious practices (3 items, $\alpha=.70$)
- mindfulness (9 items, $\alpha=.96$)
- religious coping (2 items)
- religious support (4 items, $\alpha=.53$)
- religious attendance (1 item).

Results

Analysis of Young Adults

- A binary logistic regression analysis was used to identify the effect of religiosity and spirituality variables on the presence of anxiety and depression symptoms. **None of the religious variables predicted symptoms of anxiety or depression.**

Analysis of Older Adults

Religion, Spirituality and Anxiety

- A binary logistic regression analysis was performed to identify the effect of religiosity and spirituality variables on the presence of anxiety symptoms among older adults.
- The religious service attendance variable **significantly negatively predicted** the presence of symptoms of anxiety among older adults and the religious identification variable also **significantly positively predicted** the presence of symptoms of anxiety among older adults.

Table 1

Summary of Logistic Regression Analyses for Variables Affecting the Presence of Symptoms of Anxiety Among Older Adults

Variables	B	SE	df	Sig.	Exp(B)	95% Confidence Interval
Independent Variables:						
Private Religious Practices	0.04	.079	1	.609	1.21	(.90, 1.22)
Religious Service Attendance	-0.56	.279	1	.044*	0.99	(0.33, .99)
Religious Identification	0.17	.079	1	.038*	1.38	(1.01, 1.38)
Religious and Spiritual Coping	-0.04	.176	1	.802	1.35	(0.68, 1.35)
Religious Support	-0.01	.115	1	.988	1.24	(0.79, 1.24)
Mindfulness	0.03	.041	1	.420	1.12	(0.95, 1.12)
Control Variables						
Respondent's Sex	0.16	.447	1	.720	1.17	(0.49, 2.82)
Pre-tax income	-1.88	.139	1	.177	0.83	(0.63, 1.09)

* $p < .05$, ** $p < .01$

Religion, Spirituality and Depression

- A binary logistic regression analysis was performed to identify the effect of religiosity and spirituality variables on the presence of depression symptoms among older adults.
- Only the private religious practices variable **significantly and positively predicted** the presence of symptoms of depression among older adults.

Table 2

Summary of Logistic Regression Analyses for Variables Affecting the Presence of Symptoms of Depression Among Older Adults

Variables	B	SE	df	Sig.	Exp(B)	95% Confidence Interval
Independent Variables:						
Private Religious Practices	.11	.043	1	.009**	1.029	(1.03, 1.22)
Religious Service Attendance	-.26	.152	1	.092	0.774	(0.58, 1.04)
Religious Identification	.01	.039	1	.720	1.014	(0.94, 1.09)
Religious and Spiritual Coping	.15	.106	1	.160	1.161	(0.94, 1.43)
Religious Support	-.07	.065	1	.278	0.932	(0.82, 1.06)
Mindfulness	-.03	.023	1	.246	0.973	(0.93, 1.02)
Control Variables						
Respondent's Sex	-.28	.255	1	.276	0.757	(0.46, 1.25)
Pre-tax income	-.08	.075	1	.301	0.925	(0.80, 1.07)

* $p < .05$, ** $p < .01$

Conclusion

Interpretation of Findings

- The significant negative relationship between religious services attendance and anxiety symptoms is consistent with findings in recent literature (Kleiman and Liu, 2018).
- Possible explanations for the positive association are that individuals may increase their private religious practices to cope with their mental health (Bartkowski et al., 2013).
- High religious identification may increase the likelihood of negative religious coping affecting a person's mental health (Francis et al., 2019).
- The absence of effect of religious variables on mental health in the young adult group may reflect the recent changes in younger adult attitudes being negative or indifferent towards religion (Brauer, 2018).

Strengths and Limitations

- Strengths include: The large sample size and inching towards closing the gap in research by focusing on comparing younger and older adults.
- Limitations include: An unbalanced distribution of demographics with the focus being on non-clinical subjects may have affected the measured relationship between religion and mental health. Also, there was a homogeneity of participants identifying as Protestant/Catholic and white, therefore, results should not be generalized to other religions or cultures.

Implications for Research and Practice

- Potential clinical implications may include integration or exploration of religion and spirituality into direct practice.
- Future research should further explore how these generational changes in attitude towards religion between younger and older adults may or may not affect an individual's mental health.



References (selected)

- Bartkowski, J. P., Acevedo, G. A., & Van Loggenberg, H. (2017). Prayer, meditation, and anxiety: Durkheim revisited. *Religions*, 8(9), 191. <https://doi.org/10.3390/rel8090191>
- Brauer, S. (2018). The surprising predictable decline of religion in the United States. *Journal for the Scientific Study of Religion*, 57(4), 654-675. <https://doi.org/10.1111/jssr.12551>
- Czeisler, M. E., Lane, R. I., Petrosky, E., Wiley, J. F., Christensen, A., Njai, R., Waever, M. D., Robbins, R., Facer-Childs E. R., Barger, L. K., Howard, M. E., Rajaratnam S. M. W., & Czeisler, C. A. (2020). Mental health, substance use, and suicidal ideation during the COVID-19 pandemic—United States, June 24–30, 2020. *Morbidity and Mortality Weekly Report*, 69(32), 1049. <https://doi.org/10.15585/mmwr.mm6932a1>
- Francis, B., Gill, J. S., Yit Han, N., Petrus, C. F., Azhar, F. L., Ahmad Sabki, Z., ... & Sulaiman, A. H. (2019). Religious coping, religiosity, depression and anxiety among medical students in a multi-religious setting. *International journal of environmental research and public health*, 16(2), 259. <https://doi.org/10.3390/ijerph16020259>
- Kleiman, E. M., & Liu, R. T. (2018). An examination of the prospective association between religious service attendance and suicide: Explanatory factors and period effects. *Journal of Affective Disorders*, 225, 618-623. <https://doi.org/10.1016/j.jad.2017.08.083>
- Rasic, D. T., Belik, S. L., Elias, B., Katz, L. Y., Enns, M., & Sareen, J. (2009). Spirituality, religion and suicidal behavior in a nationally representative sample. *Journal of Affective Disorders*, 114(1), 32-40. <https://doi.org/10.1016/j.jad.2008.08.007>
- Xu, J. (2016). Pargament's theory of religious coping: Implications for spiritually sensitive social work practice. *British journal of social work*, 46(5), 1394-1410. <https://doi.org/10.1093/bjsw/bcv080>
- Zavala, E., & Kurtz, D. L. (2016). Applying differential coercion and social support theory to police officers' misconduct. *Deviant Behavior*, 37(8), 877-892. <https://doi.org/10.1080/01639625.2016.1153365>