

# The Impact of Spirituality on Depression among Older Adults

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## **Abstract**

The primary purpose of the present study was to determine if a relationship existed between spirituality and depression among older adults. This study was a secondary data analysis of survey data gathered from MIDUS 2 and Biomarker projects. The sample population consisted of older adults, ages 65 and older from the Biomarker project who participated in surveys as well as participated in follow-up interviews. The data were examined to analyze the impact spirituality has on depression, among older adults. The current study affirmed prior research studies that spirituality among older adults' results in a decrease in depression.

# Introduction

#### Significance of Study

- Prior research studies conclude that spirituality among older adults decreases depression.
- However, studies show that spirituality and religiosity are rarely explored in treatment, even though many older adults report spirituality as an essential aspect of their lives.
- This study will contribute to the understanding of the effect spirituality has on depressive symptoms in older adults
- This study will inform social workers and health care professionals on the benefit of incorporating spiritual dimensions in assessing and treating depression among older adults

#### Purpose of Study

The purpose of this study is to increase knowledge related to spirituality and mental health among older adults. This research will increase knowledge on how spirituality can be fostered in the treatment of depression in older adults.

#### **Research Question**

What is the relationship between spirituality and depression among older adults?

#### **Hypothesis**

The hypothesis for this study predicts that an increase in spirituality will decrease depression among older. adults

## Literature Review

#### <u>Causes of Depression: Socioeconomic and Demographic</u> Factors

• Research shows that higher depressive symptoms are associated with a lower level of education, poor health, lower financial status, living alone, and less physical activity.

#### Spirituality, Religiosity, and Depression

• A review of a large portion of the literature on the relationship between spirituality and depression reveals fewer depressive disorders or depressive symptoms among people who demonstrate higher levels of spirituality (Koenig, 2010)

#### Spirituality and Depression in Older Adults

• Studies have shown that there is a positive effect of spirituality and religiosity on health and psychological well-being among older adults. Studies conclude that higher spirituality and religiosity are associated with increased health and psychological well-being among older adults (Lawler-Row & Elliot, 2009; Kim & Chen, 2011).

#### <u>Limitations and Gaps in Research</u>

- A significant number of the literature used small convenience samples, which affects generalizability
- Most of the studies used self-report questionnaires, which raises concerns about accuracy and validity as participants may not accurately report their spirituality or depression levels.

# Methods

#### Research Design

The current study is a secondary analysis of data collected from the MIDUS II and Biomarker project. This study is a cross-sectional, correlational study assessing the relationship between spirituality and depression among older adults. Of the 1,255 study participants in the original Biomarker project, only 229 older adult respondents were used for the current study (Ryff et al., 2019).

#### Sampling Method

- Study participants from the MIDUS II study were between the ages of 35 to 86 years.
- Of all the participants in the MIDUS II study, 47% were male and 53% female.
- The current study utilized 229 older adults between the ages of 65 and older who answered all the spirituality and depression questions.

#### Measures

- Independent Variable
- Spirituality was the independent variable.
- The variable used to measure spirituality had questions related to a person's spirituality level.
- Respondents rated each item on 4-point response categories ranging from (1)"Very" to (4) "not at all."

#### Dependent Variable

- Depression was the independent Variable
- The variable used to measure depression was based on responses to questions on depressive symptoms.
- Respondents rated each question on four-point response categories ranging from (1) "rarely or none of the time" to (4) "most or all of the time."

## Results

Multiple linear regressions was performed to predict the study participant's depression based on their age, gender, marital status, and type of spirituality (spirituality, spiritual coping A, spiritual coping B, and daily spiritual experiences). With regards to the spirituality and spiritual coping A scales, no statistically significant relationship was found. A marginally significant relationship was found for spiritual coping B. A significant regression equation was found (F(4, 224) = 3.866, p = .005) for daily spiritual experiences. This indicates that married study participants with higher daily experiences of spirituality experienced less depression when compared to other study participants; however, in this model, age and gender were not significant predictors of depression among the study participants (p > .05).

Predictor	B (SE)	B (SE)	B (SE)	B (SE)
Constant	3.491 (5.456)	3.211 (5.239)	6.486 (5.397)	11.571 (5.617)*
Age	.055 (.071)	.052 (.072)	.063 (.071)	.059 (.070)
Gender	.509 (.834)	.613 (.841)	.201(.824)	177 (.820)
Marital Status	-1.705 (.863)*	-1.715 (.863)*	-1.781 (.859)*	-1.996 (.849)*
Spirituality	.031 (.244)			
Spiritual Coping A		.109 (.190)		
Spiritual Coping B			166 (.099)†	
Daily Spiritual Experiences				450 (.140)**

# Conclusion

The study found that in all the categories of spiritual coping mechanisms identified in the survey, daily spiritual experiences as a measure of spirituality had a statistically significant relationship with depression, which indicates that higher levels of daily spiritual experiences were associated with lower levels of depression among older adults.

Daily spiritual experiences activities involve feeling connected to a larger world outside of self, which could be expressed by a relationship with God, a higher power, or experiences of self-transcendence. Daily spiritual experiences are the essence of the self-transcendence theory, which has been described as the link between the individual, environment, and the transcendent being (Reed, 2009). Thus, older adults who express a connectedness with a higher power or God and adhere to a set of beliefs consistent with the existence of a higher power or God are more likely to have lower levels of depression.

#### Implications for Social Work Practice

- This study has revealed the significance of encouraging spiritual interventions, particularly daily spiritual experiences which involve connection to a higher power, nature, and other people to alleviate depressive symptoms experienced in older adults.
- This study will inform social workers and healthcare professionals on the benefits of incorporating spiritual dimensions in assessing and treating depression among older adults.
- This study will inform policymakers on developing programs that incorporate spiritual dimensions into the treatment of older adults in America who are spiritually sensitive and showing depressive symptoms

# References

American Psychiatric Association's (2013) *Diagnostic and statistical manual of mental disorders* (5<sup>th</sup> ed.). American Psychiatric Publishing.

Assari, S. (2017). Social determinants of depression: The intersections of race, gender, and socioeconomic status. *Brain Sciences*, 7(12), 156. <a href="http://dx.doi.org/10.3390/brainsci7120156">http://dx.doi.org/10.3390/brainsci7120156</a>

Benson, P. L., Roehlkepartain, E. C., & Rude, S. P. (2003). Spiritual development in childhood and adolescence: Toward a field of inquiry. *Applied Developmental Science*, 7(3), 205-213. <a href="https://doi.org/10.1207/S1532480XADS0703\_1">https://doi.org/10.1207/S1532480XADS0703\_1</a>

Bosworth, H. B., Park, K. S., McQuoid, D. R., Hays, J. C., & Steffens, D. C. (2003). The impact of religious practice and religious coping on geriatric depression. *International Journal of Geriatric Psychiatry*, 18, 905-914. <a href="https://doi.org/10.1002/gps.945">https://doi.org/10.1002/gps.945</a>

Brown, C. R., Hambleton, I. R., Sobers-Grannum, N., Hercules, S. M., Unwin, N., Nigel Harris, E., Wilks, R., MacLeish, M., Sullivan, L., & Murphy, M. M. (2017). Social determinants of depression and suicidal behavior in the Caribbean: a systematic review. *BMC Public Health*, 17(1), 577-577. <a href="https://doi.org/10.1186/s12889-017-4371-z">https://doi.org/10.1186/s12889-017-4371-z</a>

Brown, D. R., Carney, J. S., Parrish, M. S., & Klem, J. L. (2013). Assessing spirituality: The relationship between spirituality and mental health. *Journal of Spirituality in Mental Health*, 15(2), 107-122.