

# Twelve-Year History of Late-Life Depression and Subsequent Feelings to God

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**Objectives:** Growing evidence shows several possible relations between religiousness and late-life depression. Emotional aspects of religiousness such as facets of the perceived relationship with God can be crucial in this connection. The aim of the current study was to examine the association between the course of late-life depression and feelings about God and religious coping. **Design:** Longitudinal survey study; naturalistic; 12-year follow-up. **Setting:** Longitudinal Aging Study Amsterdam; population-based, in three regions in The Netherlands. **Participants:** A subsample of 343 respondents (mean age: 77.2 years), including all respondents with high levels of depressive symptoms at any measurement cycle between 1992 and 2003 (assessed by using the Center for Epidemiologic Studies Depression Scale and the Diagnostic Interview Schedule) and a random sample of nondepressed respondents who completed a postal questionnaire in 2005. **Measurements:** Scales on God Image and Religious Coping. Twelve-year depression course trajectories serve as predicting variables and are specified according to recency and seriousness. **Results:** Persistent and emergent depression are significantly associated with fear of God, feeling wronged by God, and negative religious coping. In terms of negative religious coping, significant associations were observed after adjustment for concurrent depression with a history of repeated minor depression and previous major depression. **Conclusions:** Late-life depression seems to maintain a pervasive relationship over time with affective aspects of religiousness. Religious feelings may parallel the symptoms of anhedonia or a dysphoric mood and could represent the experience of an existential void. (Am J Geriatr Psychiatry 2013; ■:■—■)

**Key Words:** Depression, God image, old age, population, religious coping, religiousness

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## Late-life Depression and Feelings to God

Growing evidence shows that late-life depression and religiousness are interrelated in several ways. Ample research has been conducted, for example, on how depression relates to worship attendance or to religious motivation.<sup>1–4</sup> Modest but heterogeneous research results are available on depression and religious denominations and contents of beliefs.<sup>5</sup> However, relatively few empiric studies have been conducted on depression and emotional aspects of religiousness. Emotional aspects can nonetheless be assumed to be crucial in relation to depression.

The sociologist Glock called the emotional dimension of religiousness the “religious experience.”<sup>6</sup> Apart from exceptional cases such as conversion or mystical experiences, the emotional dimension can also contain ongoing basic religious feelings in ordinary life. A psychodynamic way to conceptualize these feelings is by focusing on the perceived object relationship with God.<sup>7</sup> The God object representation (*God image*) pertains to a special type of object relationship, which firmly relates to cultural traditions and also bears a similarity to internalized relationships with early attachment figures and the self.<sup>8,9</sup> An insecure attachment style may contribute to a God image with elements of divine dominance, punishment expectations, or attachment patterns characterized by ambivalence, avoidance, or dismissal.<sup>9</sup> Because the corresponding personality traits show considerable stability across the lifespan,<sup>10</sup> the emotional quality of the God image can be expected to be fairly stable over time. From a developmental point of view, the God image may nurture a sense of basic trust but also arouse feelings of fear, guilt, or discontentment.

Another relevant domain of religiousness pertains to religious coping, which includes modes focused on emotion. Pargament and others have contributed to a thorough conceptual understanding of religious coping and developed comprehensive, as well as brief, questionnaires on types of religious coping.<sup>11,12</sup> Positive religious coping strategies include approaches that may offer emotional support by enabling people to find consolation or feel connected. Other religious coping strategies can have a primarily negative focus, also known as *religious struggle*, in which religion is used to express negative feelings such as anger or doubt or is connected to attributions in terms of punishment or abandonment by God.<sup>13</sup>

Because some religious coping strategies focus on emotional aspects or the relationship with God, some of the religious coping assessment items bear a strong similarity to those of measures of the God image itself. In cross-sectional studies thus far, the main patterns of associations between measures of the two concepts and depressive symptoms exhibit strong similarities. Facets of the God image that reflect negative feelings about God and measures of negative religious coping are all associated with higher levels of depressive symptoms or mental distress.<sup>13–17</sup> Although less pronounced, supportive facets of the God image and positive religious coping are generally associated with lower levels of depressive symptoms,<sup>16,18</sup> but exceptions have also recently been reported in this field of research.<sup>19</sup>

Longitudinal findings on religious emotions and depression are relatively rare: worship attendance can help avert depression,<sup>20</sup> and intrinsic religious motivation<sup>1,21</sup> and belief in a concerned God<sup>22</sup> can be associated with a better prognosis. In turn, depression deprives the patient of meaning in life and arouses feelings of isolation.<sup>23</sup> In a pilot study among older adults in the Netherlands, we noted a significant association between depressive symptoms assessed 13 years earlier and feeling wronged by God.<sup>15</sup> The question remains how previous, ongoing, or newly emergent depressive episodes relate to religious emotions.

The current study focused on association patterns for history of late-life depression with subsequent feelings about God and religious coping strategies. The design of the Longitudinal Aging Study Amsterdam (LASA) accommodates this approach. Using three-yearly annual assessments over a 12-year period, depression trajectories were defined in terms of the recency and seriousness of the depressive states (i.e., minor [subthreshold] or major depression).

## METHODS

### Sample

The current study is part of LASA, an ongoing interdisciplinary study on predictors and consequences of changes in autonomy and well-being in an aging population.<sup>24</sup> LASA used the sample recruited

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