

Original Research Reports

Spirituality and Religiousness are Associated With Fewer Depressive Symptoms in Individuals With Medical Conditions

Aurelie Lucette, M.S., Gail Ironson, M.D., Ph.D., Kenneth I. Pargament, Ph.D.,
Neal Krause, Ph.D.

Background: *The increased prevalence of depressive symptoms among adults diagnosed with chronic health issues has been largely documented. Objectives:* *Research is needed to clarify the effect of religiousness/spirituality in relation to chronic health conditions and depression, to establish whether these variables can serve as protective factors. Methods:* *Self-report data from a nationwide study of spirituality and health were used. Individuals with at least 1 chronic illness (N = 1696) formed the subsample for this study. Religiousness/spirituality variables included frequency of church attendance, prayer, religious meaning, religious hope, general meaning, general hope, peace, and view of God. Other variables included depressive symptoms and demographics (age, gender, ethnicity, and education). Results:* *A series of hierarchical regression analyses revealed that chronic conditions were consistently associated with more depressive symptoms. Greater religiousness/spirituality was significantly associated*

with fewer depressive symptoms, contributing 16% of the variance above demographics and the number of chronic illnesses. The religiousness/spirituality variables conferring the greatest protection against depression were psychospiritual variables (general meaning and general hope, followed by peace). Also significant but making a smaller contribution to less depression were church attendance, religious meaning, religious hope, and positive view of God. Only prayer did not relate significantly to less depression.

Conclusion: *Maintaining a sense of spirituality or religiousness can benefit well-being of individuals diagnosed with a chronic health condition, especially having meaning, maintaining hope, and having a sense of peace. Patients could potentially benefit from being offered the resources that support their spiritual/religious practices and beliefs as they cope with chronic illness.*

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INTRODUCTION

Chronic Illness and Depressive Symptoms

Beyond the social and economical challenges, depression is an important consequence of physical health problems that adds to the heavy burdens that health problems already create, and, as such, it represents a major public health concern.¹ Depressive symptoms are particularly prevalent among adults

Received October 28, 2015; revised March 11, 2016; accepted March 19, 2016. From Department of Psychology, University of Miami, 5665 Ponce de Leon Blvd, Coral Gables, FL (AL, GI); Department of Psychology, Bowling Green State University, Bowling Green, OH (KIP); School of Public Health, University of Michigan, Ann Arbor, MI (NK). Send correspondence and reprint requests to Gail Ironson, M.D., Ph.D., Department of Psychology, University of Miami, 5665 Ponce de Leon Blvd, Coral Gables, FL 33124-0751; e-mail: gironson@aol.com

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Spirituality, Religiousness, Illness, and Depression

living with chronic health conditions.^{2,3} In turn, the coexistence of chronic illness and depressive symptoms has been linked to detrimental outcomes, such as significant decrements in health and physical quality of life,⁴ increased health care utilization and costs,^{5,6} faster disease progression across a range of illnesses,^{7–9} and even mortality.^{10,11} Considering that almost half of the American population is diagnosed with at least 1 chronic condition, and that more than 60% of individuals older than 65 years have more than 1 condition,¹² it is critical to examine factors that might prevent or alleviate depressive symptoms among those individuals.

Religiousness/Spirituality, Chronic Illness, and Depressive Symptoms

In recent years, mounting research has examined the relationship between religiousness/spirituality (R/S) on one hand, and psychologic states on the other hand, highlighting the positive effect of these factors on mental health.^{13–15} A significant number of individuals use R/S to cope with adversity,¹⁶ including when they navigate the challenges of living with a debilitating chronic illness,¹⁷ thus offering possible relief from the difficulties associated with the challenges they face. For instance, R/S factors, including religious attendance, private prayer, greater intrinsic religiosity, and religious involvement have been linked with better depression outcomes in both the general population and among medically ill individuals.^{18–21} Similarly, having a positive view of one's relationship with God has been associated with lower depressed affect in a sample of primary care patients.²² Through their religious and spiritual beliefs and practices, individuals with a chronic health condition can find hope, meaning, and peace, which in turn help them better adjust to the challenges they face.^{23,24}

Purpose of the Current Study

The purpose of the current study was to examine the association of R/S and depressive symptoms among individuals with chronic health conditions and to determine whether these variables, relevant for a significant number of individuals, can serve as protective factors. Spirituality has often been described as a search or a connection for the sacred,¹⁵ or

transcendent that goes beyond structured and organized religions.^{13,20} On the contrary, religion is more often associated with a set of beliefs and practices that are organized and originated in long-established traditions.^{13,20} Thus, although they overlap, spirituality extends beyond religion, and even individuals who describe themselves as nonreligious can draw upon spirituality to cope with adversity.²⁵ In addition, as meaning and hope are deeply rooted in religious and spiritual traditions,^{14,26} yet may derive from other sources overlapping psychology, following the suggestion of Pargament,²⁷ we refer to these constructs in a more general context as “psychospiritual.” Thus, we included both classically-related R/S variables (church attendance and prayer) and functionally-related R/S measures (religious hope, religious meaning, and positive and negative views of God) as well as psychospiritual variables (general meaning, general hope, and sense of peace). We hypothesized that chronic illness would be significantly related to depression, and that all aspects of R/S would be associated with fewer depressive symptoms even after controlling for relevant demographics and the number of chronic conditions. We also wanted to determine which aspects of R/S would have the strongest association with less depression. A secondary analysis explored whether moving from a global assessment of meaning (or hope) that subsumes all domain-specific evaluations to a domain-specific measure of meaning (or hope) that focuses solely on religion would provide additional insight into the relationship between chronic illness and depressive symptoms.

METHODS

The present study was conducted as part of the Landmark Spirituality and Health Survey (LSHS) in 2014 among a sample of 3010 adults representative of the adult US population. The overarching aim of this survey was to examine religious and spiritual factors in relation to health outcomes. Data collection for this nationwide, face-to-face survey was conducted by the National Opinion Research Center (NORC) in participants' homes. Clustered random household sampling was used for this survey. Additional information can be obtained from the LSHS website (<http://landmarkspirituality.sph.umich.edu/>). This article focuses on those who have at least 1 chronic health condition, a total sample of 1696 participants.

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