Journal of Affective Disorders 125 (2010) 269–278

Contents lists available at ScienceDirect

Journal of Affective Disorders

journal homepage: www.elsevier.com/locate/jad

Research report

Religious coping and depression in multicultural Amsterdam: A comparison between native Dutch citizens and Turkish, Moroccan and Surinamese/Antillean migrants

Arjan W. Braam [a,b,*], Agnes C. Schrier [a], Wilco C. Tuinebreijer [c], Aartjan T.F. Beekman [b], Jack J.M. Dekker [d], Matty A.S. de Wit [c]

[a] Altrecht Mental Health Care, Utrecht, The Netherlands
[b] Department of Epidemiology and Biostatistics, Longitudinal Aging Study Amsterdam, VU Medical Centre Amsterdam, The Netherlands
[c] Municipal Health Service Amsterdam, The Netherlands
[d] Section Research and Development, Arkin Mental Health Care, Amsterdam, The Netherlands

ARTICLE INFO

Article history:
Received 21 October 2009
Received in revised form 13 February 2010
Accepted 13 February 2010
Available online 24 March 2010

Keywords:
Religious coping
Depression
Immigrant
Muslim
Population
Ethnic

ABSTRACT

Background: Depressive patients may derive consolation as well as struggle from their religion. Outside the Western-Christian cultures these phenomena did not receive much empirical exploration. The current study aims to describe how positive and negative religious coping strategies relate to depressive symptoms in different ethnic groups in The Netherlands.
Methods: Interview data were derived from the second phase of the Amsterdam Health Monitor, a population based survey, with stratification for ethnicity (native Dutch $N=309$, Moroccan 180, Turkish 202, Surinamese/Antillean 85). Religious coping was assessed using a 10-item version of Pargament's Brief RCOPE; depression assessment included the SCL-90-R and the Composite International Diagnostic Interview.
Results: The five positive religious coping items constituted one sub-scale, but the five negative religious coping items had to be examined as representing separate coping strategies. Across the ethnic groups, negative religious coping strategies had several positive associations with depressive symptoms, subthreshold depression, and major depressive disorder: the most robust association was found for the item 'wondered whether God has abandoned me'. Other significant associations were found for interpreting situations as punishment by God, questioning whether God exists, and expressing anger to God.
Limitations: Due to the two-phase design and low participation in this urban sample, the non-response was substantial. Therefore, the study focused on associations, not on prevalences.
Conclusion: The more or less universal finding about 'feeling abandoned by God' may suggest how depression represents an existential void, irrespective of the religious background.

1. Introduction

Religion as a potential resource for consolation and adaptation in times of adversity has received increasing attention in the social sciences and epidemiology in the past two decades. Two recent meta-analyses succeeded in identifying the main result patterns in the available empirical studies, and also addressed different dimensions of religiousness. Hackney and Sanders (2003) showed in their meta-analysis that especially measures of personal devotion (e.g. intrinsic religious motivation) were associated with lower levels of mental distress. Following a different strategy, with 147 studies and focusing on depressive symptoms, Smith et al. (2003) arrived at more detailed findings.

* Corresponding author. Vrije Universiteit Medisch Centrum, LASA/EMGO, Van der Boechorststraat 7, 1081 BT Amsterdam, The Netherlands. Tel.: +31 20 4446770; fax: +31 020 4446775.
E-mail address: a.braam@vumc.nl (A.W. Braam).

0165-0327/$ – see front matter © 2010 Elsevier B.V. All rights reserved.
doi:10.1016/j.jad.2010.02.116

Again, intrinsic religious motivation was associated with lower levels of depressive symptoms, and this association was paralleled by that for religious behaviour (e.g. church-attendance) and depressive symptoms. However, Smith and colleagues identified a stress-buffer effect, which indicates that religion is deployed by people under high levels of stress to reduce depressive symptoms. This phenomenon points to a relatively new concept in the empirical research on religion and mental health: religious coping.

Pargament (1997) provided a comprehensive theoretical framework for a better understanding of religious coping. Abridging several definitions, Pargament defined religion as a process, a search for significance in ways related to the sacred. In similar terms, he defines coping as a search for significance in times of stress. Religion and coping are therefore assumed to be phenomena that often relate to each other.

Pargament developed an elaborate questionnaire on types of religious coping (RCOPE, Pargament et al., 2000). Brief versions of this instrument (Brief RCOPE; Pargament, 1999) are now finding their way to empirical studies. The Brief RCOPE contains several ways of coping in which religion offers supportive elements, termed positive religious coping, such as finding meaning in stressful circumstances or gaining comfort and closeness to God. The Brief RCOPE also contains ways of negative coping, or religious struggle (Fitchett et al., 2004), in which religion is used to discharge negative feelings such as anger or doubt or where it is connected with interpretations in terms of receiving punishment by God or being abandoned by God. Ano and Vasconcelles (2005) did a first meta-analysis on the associations between the facets of religious coping and measures of positive and negative adjustment to stress. The main pattern of results in the 49 studies included in their meta-analysis was that positive religious coping (such as the experience of spiritual connection or seeking support from clergy members) was related to positive psychological adjustment. Negative religious coping strategies (such as spiritual discontent: expressing confusion about and dissatisfaction with God) were related to negative psychological adjustment.

The vast majority of empirical studies on religion and mental health have been carried out in the United States. As inhabitants from the United States tend to be somewhat more overt in their religious orientation and are more religiously involved in general than inhabitants of Western European countries (Halman and De Moor, 1994), findings cannot be extrapolated without caution to other western societies. Moreover, whether research findings can be applied to non-Western populations is even more uncertain. Nevertheless, the few existing studies on religion and mental health in Muslim populations seem to confirm the patterns of associations as have been described for Western populations. Results from Turkey (Bekaroğlu et al., 1991), Algeria (Abdel-Khalek and Naceur, 2007) and Pakistan (Suhail and Chaudry, 2004; Khan and Watson, 2006) showed associations between endorsement of Islamic beliefs and practices and higher levels of mental well-being. The study by Khan and Watson (2006) employed the positive and negative religious coping sub-scales of the Brief RCOPE, and these authors also developed a Pakistani religious coping questionnaire, based on Islamic religious practices, which correlated positively with both RCOPE sub-scales.

A special development in Western Europe pertains to the immigration of people from North Africa and Turkey in the past forty years — labour-migrants that tend to maintain their religious beliefs and behaviours, which are, in general, closely tied to Islamic culture. Therefore, several very different traditions coexist in Western society, and segregation of ethnic and cultural subgroups has turned out to be a point of concern in many Western European countries. In the Netherlands, the following main non-Western immigrant groups can be distinguished: Muslim labour-migrants from Morocco and Turkey, and people from Surinam (Dutch Guyana) and the Netherlands Antilles. The sizeable group of people with origins in Indonesia has been largely integrated into Dutch society (Garsen et al., 2005).

The Moroccan and Turkish migrant groups tend to foster their ethnic identity and to emphasize traditional aspects of Islam, with relatively high rates of weekly mosque attendance of about 35% (given the low attendance rates among females; Buijs and Rath, 2003). In both groups, there are high rates of unemployment, and income levels are low.

The ethnic composition of migrants from the former Dutch colony Surinam is variegated, with the largest proportions for Afrosurinamese people and for so called 'Hindustans' (descendants from labour-migrants from British India; Choeni and Harmsen, 2007). The Surinamese ethnic composition is paralleled by a range of religious traditions, with about 40% Christians (half Roman Catholic, half Protestant congregations), 20% Hindu, and 14% Muslim. Migrants from the Netherlands Antilles are generally from African descent; the majority is Roman Catholic.

As a consequence of the immigration patterns, the mental health situation among ethnic minorities in Western European countries represents an area of scientific interest (van der Wurff et al., 2004; Levecque et al., 2007; Veling et al., 2008; Burger et al., 2009). Among mental health care professionals, there often exists uncertainty about how to understand the cultural and religious background of immigrant groups. In the Netherlands, this pertains to Muslims in particular. Mental health care professionals may for example hesitate whether it is convenient, or provoking, to inquire after religious issues such as prayer in times of despair.

So far, there are few quantitative empirical studies of how the religious tradition of migrants in Western countries relates to their adaptation and mental health. For Muslim Arab immigrants in the US, Amer and Hovey (2007) described an association between intrinsic religiousness and lower levels of depression. Ai et al. (2003) studied patterns of religious coping among refugees from Bosnia and Kosovo living in the US. Positive religious coping was positively related to optimism, whereas negative religious coping was negatively associated with hope. In the UK, as part of a study among adherents of several traditions, Loewenthal et al. (2001) described a higher perceived effectiveness of religious coping among Muslims compared to other groups (Christians, Hindus and Jews). Finally, among participants in an Arab Muslim Women's Educational Centre in Germany, high rates of mental distress were described (Irfaeya et al., 2008). One fifth of the women used religious coping methods such as praying or reading the Q'ran, but religious and moral issues were also frequently indicated as generating stress.

The first aim of the current explorative study is to examine the psychometric characteristics of the 10-item version of the Brief RCOPE in four ethnic groups in Amsterdam: native Dutch