

Influence of religion on depression

Purpose: To examine the influence of religion on depression.

Methods: We reviewed articles evaluating the influence of religion and spirituality on depression in the peer-reviewed medical literature from May 1992 to January 2016.

Results: The review showed that religion and spirituality had a consistent, positive impact on depressed patients and/or the prevention of depression in the physically diseased, their relatives (caregivers) or otherwise healthy subjects in First World countries. Of the 33 studies included 26 showed a positive relationship; while only 7 noted an inconsistent relationship. Specific activities which appeared to help depression were: general religiosity/spirituality, church attendance, desire for spiritual growth, born-again experience and social support. In contrast, isolated intrinsic or extensor expressions of faith were noted to not be helpful with depressive symptoms.

Conclusion: This review suggests that religion and spirituality might help patients diagnosed with depression or symptoms of depression from a broad spectrum of demographic backgrounds.

Results

Thirty-nine articles were gathered and reviewed. Six were excluded do to not showing a relationship so 33 articles were included in this review.

Studies in the United States (Table 1)

Healthy subjects - Hudson and associates queried 6082 subjects (3570 African Americans; 1623 Caribbean Blacks; and 891 non-Hispanic whites) and found African Americans and Caribbean Blacks reported significantly higher mean levels of subjective religiosity (looking to God for strength, and comfort and guidance) while showing lower odds of depression than whites; the authors speculated this was due to greater adherence (Hudson et al. 2015). Sternthal and colleagues reviewed 3105 adults and those attending worship services once a week demonstrated fewer depressive and anxiety symptoms than less frequent worship attenders (Sternthal et al. 2010). Alvarado and coworkers evaluated 200 adults and noted greater strength of religious conviction and greater belief in afterlife were associated with lower depression and anxiety when thinking about death (Alvarado et al. 1995). The authors noted these findings may be viewed as consistent with the suggestion that "faith" can be more important than "good works" for reducing depression.

Relatives of depressed or diseased subjects - Gallagher and coworkers questioned 32 parents with developmentally disabled children, who claimed their spiritual beliefs helped them cope with difficult situations, including depression (Gallagher et al. 2015). Miller and coworkers reviewed 114 offspring of non-depressed parents compared to parents with major depression over 10-20 years (Miller et al. 2012). Those who reported a high importance of religion or spirituality had 10% the risk of experiencing major depression between years 10-20 follow-up assessments compared with those who did not. Kasen and associates assessed 185 offspring of depressed and/or non-depressed parents and their religious coping strategies and assessed activities such as prayer, scripture reading, and church attendance as a resilience factor to prevent depression (Kasen et al. 2014). Two studies mentioned inconsistent findings. Winter and colleagues studied 1227 family caregivers of persons with dementia and religiosity was inconsistently associated with lower rates of depression. The authors believed the findings emphasized the complex association between depressed mood and religiosity and argued for recognition of distinct dimensions of religiosity (Winter et al. 2015). Sherkat & Reed evaluated 156 family members of victims of suicides and accidental deaths. While church attendance reduced depression, personal religiosity (prayer) increased depression; however, religiosity and social support both had positive effects on wellbeing in relation to depression (Sherkat & Reed 1992). Students - Berry & York surveyed 214 students from religious and public colleges and

discovered all aspects of religion/spirituality were demonstrated to protect participants from depression (Berry & York 2011). Exline and coworkers examined 254 subjects (200 college students and 54 persons seeking outpatient psychotherapy) and participants reported more comfort than strain associated with religion. Religious strain, when present, was associated with greater depression associated with feelings of alienation from God and, among students, with interpersonal conflicts on religious domains (Exline et al. 2000). One study showed an inconsistent influence. Lester evaluated 149 undergraduates and discovered that depression scores were positively associated with intrinsic religiosity and spiritual instability, but less so with extrinsic religiosity and spirituality awareness, grandiosity and impression (Lester 2012).

Older subjects - Yohannes and associates surveyed 173 older subjects in an intermediate care facility and noted religious attendance and activity were associated with positive general health perception and less severe depression (Yohannes et al. 2008). Wittink and colleagues evaluated 47 older subjects under primary medical care using a cross-sectional qualitative interview. The authors screened for depression and found that most patients who had depressive symptoms said they resulted from a loss of faith, and that "getting faith" was important in helping this condition (Wittink et al. 2009). Roff and colleagues evaluated 1000 older subjects and found highly religious persons had lower levels of depression (Roff et al. 2004). In contrast, Bonner and coworkers studied 68 older subjects and noted public religiosity was associated with fewer depressive symptoms. However, higher levels of private religiosity were associated with more depressive symptoms (Bonner et al. 2003).

Depressed subjects - Greeson and associates evaluated 322 adults seeking treatment for depressive symptoms and found fewer symptoms with religious affiliation and desire for spiritual growth (Greeson et al. 2015). Sorajjakool and associates interviewed 15 adults with severe depression and found that spirituality acted as a source of strength in depression (Sorajjakool et al. 2008). Most participants indicated that depression made them feel disconnected from God, but they recognized that spirituality played an important role in helping them cope with depression. Murphy and colleagues surveyed 136 subjects receiving treatment for depression and found that persons in the upper third of religiosity were 75% more likely to respond to treatment (Murphy & Fitchett 2009). More specifically, those with strong beliefs in a personal and concerned God had an increased likelihood of response to depression treatment. Hayward and coworkers evaluated 643 subjects (476 psychiatric subjects with major depression and 167 non-depressed comparison subjects) and found less severe depression was related to more frequent worship attendance and having had a born-again experience (Hayward et al. 2012). Dervic and colleagues studied 371 religious and non-religious depressed patients and found that religiously affiliated subjects were associated with less suicidal behavior in depressed inpatients (Dervic et al. 2004). One study reported inconsistent findings. Koenig and colleagues interviewed 87 medically ill hospitalized older patients diagnosed with depressive disorder and found that intrinsic religiosity was significantly and independently related to remission of depression, but not church attendance and private religious activities (Koenig et al. 1998).

Diseased subjects - Nelson and coworkers studied 367 men with prostate cancer in a cross-sectional study and found a small relationship between intrinsic religiosity and reduced depression, but a stronger association between spirituality ('sense of meaning') and decreased depression (Nelson et al. 2009).

Outside the United States (Table 2)

Healthy subjects - Linardakis and colleagues evaluated 220 subjects attending a primary healthcare facility in Greece and found highly religious participants were less likely to score high on the depression scale (Linardakis et al. 2015). Balbuena and coworkers reviewed 12,583 healthy Canadian patients and revealed a 22% lower risk of depression for monthly religious service attenders, compared with non-attendees (Balbuena et al. 2013). Florenzano and associates studied 143 subjects (121 believers and 22 non-believers) in Chile and showed believers had a lower history of depressive symptoms and previous suicidal attempts

(Florenzano et al. 2014). Students - Burns and colleagues studied 230 medical students in South Africa and found higher levels of depression were associated with lower levels of spirituality and poorer quality of life (Burns et al. 2016).

Depressed subjects - Moritz and associates interviewed 15 depressed individuals in the Netherlands and found spiritual practices (practicing forgiveness, compassion, gratitude and acceptance) and reduced negative thinking patterns (being less judgmental, reduced ego-centricity, and improved self-esteem) resulted in reduced anxiety and/or depression (Moritz et al. 2011). Kim and colleagues interviewed 232 depressed outpatients also in the Netherlands and discovered higher spirituality and religion independently assisted positive treatment responses (Kim et al. 2015). Payman and colleagues evaluated 86 patients with major depression in New Zealand and religious patients expressed higher levels of social support and less likely suffered depressive symptoms (Payman et al. 2008). Baetz & Bowen evaluated 183 depressed psychiatric patients in Canada using a cross-sectional testing style and higher religion/spirituality was associated with lower suicidal ideation in this group (Baetz & Bowen 2011).

Diseased subjects - Johnson and associates evaluated 210 patients with advanced illness in the Netherlands and found that greater spiritual wellbeing was associated with fewer symptoms of anxiety and depression (Johnson et al. 2011). Two papers discussed inconsistent findings. Nelson and coworkers studied 162 terminally ill cancer or AIDS patients in the Netherlands and those engaged only in outward religious practice had somewhat higher depression scores (Nelson et al. 2002). In contrast, those with true faith or spiritual mindedness showed lower depression scores. Kandasamy and colleagues evaluated 50 patients with advanced cancer in India and found that depression was negatively correlated with spiritual wellbeing, but spiritual wellbeing was positively correlated with all the other aspects of quality of life measures (Kandasamy et al. 2011).

Table 1: Summary of studies in the United States

1 st author	Subjects	Results	Influence
Healthy subjects			
Hudson	6082	Higher mean levels of religiosity and lower odds of depression	Positive
Sternthal	3105	Church attendance and fewer depressive and anxiety symptoms	Positive
Alvarado	200	Religious variables were associated with lower death depression and anxiety	Positive
Relatives of depressed or diseased subjects			
Gallagher	32	Spiritual beliefs helped them cope with depression	Positive
Miller	114	Religiosity resulted in less risk of experiencing major depression	Positive
Kasen	185	Religiosity was a resilience factor to prevent depression	Positive
Winter	1227	Religiosity was inconsistently associated with lower depression	Inconsistent
Sherkat	156	Religiosity had positive effects on depression, but personal religiosity (prayer) increased depression	Inconsistent
Students			
Berry	214	Religion/spirituality were protected participants from depression	Positive
Exline	254	Religiosity provided comfort and reduced depression	Positive
Lester	149	Depression scores were positively associated with intrinsic religiosity and spiritual instability, but less so with extrinsic religiosity and spirituality awareness, grandiosity and impression	Inconsistent
Older subjects			
Yohannes	173	Religious attendance provided positive health perceptions and less depression	Positive
Witnick	47	Subjects who had depressive symptoms said they resulted from loss of faith	Positive
Roff	1000	Highly religious persons had less depression	Positive

Bonner	68	Religiosity was associated with fewer depressive symptoms, but higher levels of private religiosity were associated with more depressive symptoms	Inconsistent
Depressed subjects			
Greeson	322	Reduced depressive symptoms with religious affiliation and desire for spiritual growth	Positive
Sorajjakool	15	Spirituality acted as a source of strength in depression	Positive
Murphy	136	Higher religiosity resulted in better treatment response	Positive
Hayward	643	Depression less with more frequent worship attendance and born-again experience	Positive
Dervic	371	Religiously was associated with less suicidal behavior in depressed subjects	Positive
Koenig	87	Religiosity was related to remission of depression, but not church attendance and private religious activities	Inconsistent
Diseased subjects (cancer)			
Nelson	367	Relationship between intrinsic religiosity and reduced depression	Positive

Table 2: Summary of studies outside the United States

1 st author	Country	Subjects	Results	Influence
Healthy subjects				
Linardakis	Greece	220	Religious subjects had lower scores on depression scale	Positive
Balbuena	Canada	12583	Church attendance reduced risk of depression	Positive
Florenzano	Chile	143	Religious believers had a lower history of depressive symptoms	Positive
Students				
Burns	South Africa	230	Lower spirituality was associated with higher depression	Positive
Depressed subjects				
Moritz	Netherlands	15	Spiritual practices resulted in reduced anxiety and/or depression	Positive
Kim	Netherlands	232	Higher spirituality contributed to treatment of depression	Positive
Payman	New Zealand	86	Religious subjects were less likely to suffer from depressive symptoms	Positive
Baetz	Canada	183	Higher religion/spirituality was associated with lower suicidal ideation	Positive
Diseased subjects (terminally illness – AIDS or cancer)				
Johnson	Netherlands	210	Greater spiritual wellbeing showed less anxiety and depression symptoms	Positive
Nelson	Netherlands	162	Outward religious practice had higher depression scores, but true faith/spiritual mindedness showed lower depression	Inconsistent
Kandasamy	India	50	Depression was negatively correlated with spiritual wellbeing, but spiritual wellbeing was positively correlated with all the other aspects of quality of life measures	Inconsistent

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