

## Abstract

---

### **Religious Belief and Activity and its Influence on Remission Time for Depressed Elders with Medical-Surgical Diagnoses**

**Mary Jean Etten**

Koenig, H. G., George, L. K. and Peterson, B. L. 1998. Religiosity and remission of depression in medically ill older adults. *American Journal of Psychiatry* 155:4, 536–42.

Emanating from a large ongoing longitudinal research study focusing on the diagnosis, course, and influence of depression among medically ill elders, this is the first known research examining religiosity as a predictor of outcome in medical-surgical patients with a depressive disorder. The authors begin by establishing the incidence of depression among elders hospitalised for a medical diagnosis. When including both major and subsyndromal depression, 35 per cent or more of elders hospitalised showed evidence of substantial depression continuing for at least three months post hospitalisation. Depression in these patients may result from a loss of control dictated by the medical diagnosis, and adapting to disability and distress.

Existing research on the influence of religious belief and practices of medically ill elders is then examined, with outcomes indicating more than 50 per cent utilise both religious beliefs and practices to cope with physical illness. A greater lessening of depression was observed in elders relying on religion than among those who did not. It is then proposed that spiritual beliefs may offer a broader view of physical illness, suffering and death, or a more resilient self-esteem.

This study examines the influence of religious beliefs (intrinsic religiosity) and religious activities (church attendance, prayer) on the time needed for depressed medically ill elders to show evidence of remission from depression. It is hypothesised, after controlling for the normal depression outcome predictors and changes in physical functioning, that religious beliefs and activities would be associated with a shorter time span to remission in these depressed elders.

Medical-surgical patients aged 60 or older were screened for depression, using the Center for Epidemiologic Studies Depression Scale (CES-D Scale), the Mini-Mental State questionnaire plus a wide array of physical and psychosocial functioning evaluations. Those who scored 16 or higher on the CES-D Scale and 22 or higher on the Mini-Mental State questionnaire were given a physical examination within 24 hours and an hour's psychiatric evaluation. Elders who showed evidence of three or more criterion symptoms (the nine symptoms of a major depression plus four others: feeling tearful, feeling punished, social withdrawal, and irritability) during the past month, and a score of 11 or above on the Hamilton Depression Rating Scale, and 16

or above on the CES-D Scale, were accepted into the study. This group was then interviewed four times by telephone at intervals of 12 weeks when criterion symptoms were reviewed, as well as any change in the symptoms that might have occurred since the last interview. Intrinsic religiosity was measured with a scale composed of 10 statements concerning religious experience or belief. Nonorganisational and organisational religious activities were measured by one question each, plus the religious denomination, indicated by the elder. These religious variables were scrutinized as possible predictors of the time to remission by use of a multivariate Cox model, with controls for physical health, treatment factors, demographic and psychosocial factors.

Of the 87 elders who had at least one of the four follow-up interviews, 47 (54.0%) showed remission from depression while, of the 67 who had all four interviews, 39 (58.2%) experienced remission from depression. Almost 50 per cent did not receive any formal treatment for their depression, while for those who did receive treatment, it had no influence on shortening the time to remission from either the major depression or subsyndromal depression. Depressed elders with higher intrinsic religiosity scores experienced more rapid remissions than those who scored lower. A 70 per cent increase in the remission time was noted for every 10-point increase in the intrinsic religiosity score. Religious activities such as church attendance and private religious practices were not related to the time of remission. Intrinsic religiosity was a significantly strong predictor of the length of time to remission from depression for those elders whose physical status worsened or only minimally improved.

The authors point out this study should be generalised with caution since the elders hospitalised had relatively mild depressions, plus they were from the Bible Belt of the United States where religion plays a significant role in the culture. They conclude that religious beliefs and practices are frequently used by depressed elders experiencing a medical condition, and that these beliefs and practices could lead to more rapid resolution of some depressions. Thus, they conclude psychiatrists should determine religious beliefs and practices and support the use of them in elderly patients with physical disorders; acknowledging these beliefs may be comforting and even produce help in dealing with their health problems.

COMMENT:

There is an increasing interest in the influence of religious beliefs and practices on physical and mental health in the United States and even world wide. The first author of this article is the director of the Program on Religion, Aging and Health at Duke University and has written a book, *Is Religion Good for Your Health?* Several such programmes are in place in other major university settings. Despite the information explosion in health science, holistic medical and health care has assumed a dominant role in the healing paradigm. Universities and colleges are offering more courses in alternative healing for physicians, nurses and allied health providers. Research, too, increasingly supports the validity and positive influence of religiosity on achieving and maintaining physical and mental health.

St Petersburg College, Florida, U.S.A.