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A Psychological Investigation of the Connection between Religion and Depression

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ABSTRACT

The interface between religion and mental health, particularly depression, is complex and multifaceted. The purpose of this study is to examine the interrelationships between the collective concept of religion and the dimensions of religion and depression. The hypothesis predicts as religion increases in university students, symptoms of depression decrease. The hypothesis is based on the secondary findings of Marks (2006), which state that religion reduces depression and other psychological burdens. The participants were 212 psychology students in a convenience sample. Descriptive statistics and multiple regression analyses were techniques used in analyzing the data. The results indicated some support for the relationship between religion and depression in general with significant findings supporting the relationship between an individual's belief system and depression.

Keywords : Religion, Psychology, Depression

In order to address such long-term effects of depression, this study focuses on one particular disorder prevalent in young adults, Major Depressive Disorder: "nearly one in five individuals can be expected to experience a major depressive episode during the teen years with females nearly twice as likely as males to suffer from depression" (Crisp, Gudmundsen, & Shirk, 2006, pp. 287-288). Gaining clear understanding of the relationship between stress and depression is essential in comprehending the cause and chronic course of depression and its common and debilitating effects (Liu & Alloy, 2010). Prevalence rates indicate depression as the most critical mental health problem, particularly for females (Allen-Meares, Oyserman, DeRoos, & Colarossi, 2003). Because of the high prevalence of this disorder, researchers must identify best practices in clinical interventions in response to this identified trend.

More than 85% of American adults believe in a divine spirit, believe that God loves them, have confidence in the power of prayer, pray daily, and believe that God is able to do miracles (Keyes & Reitzes, 2007). In light of the connection between depression and religion, research shows that belief that God is concerned about what matters to the individual is correlated with lower depression through mediation of hopelessness (Murphy & Fitchett, 2009). A study with 136 adults diagnosed with clinical depression found (using regression analysis) that strong belief in a personal and concerned God correlates with increases in response to treatment for depressive symptoms (Murphy & Fitchett, 2009). The researchers proposed that belief in God's unconditional love supplies healing and support for individuals consumed in the isolation of depression (Murphy & Fitchett, 2009). Smith, McCullough, & Poll (2003) meta-analysis indicated a significant inverse relationship between religion and depression regardless of age, gender, or ethnicity. While general research shows an inverse relationship between religion and depression, scholars must be cautious in identifying limitations in research findings.

The Dollahite and Marks (2009) model is selected as the foundation of this study, as it fits directly into the theory of Burr, Marks, and Day (2011) in that it covers the specific areas the theory focuses on, including beliefs, practices, and faith community. Moreover, this model promotes one of the primary concepts of Burr et al.'s (2011) theory, which indicates that the study of religion must extend beyond understanding of individual and familial influences to a larger social context. In addition to the need for researchers to study religion in terms of milieu, researchers must also consider the implications of the indicators used in investigations.

McCullough and Larson (1998) found that most studies on religion to that point had focused on a single-item measure of religion, which may disguise the true impact of religion on health. An estimated 77% of quantitative studies in the last ten years depended on one or two items about an individual's religiousness (Mahoney, 2010). Maselko, Gilman, and Buka (2009) stated that the relationship between religion and depression is complex; therefore, a single indicator of religion may result in erroneous conclusions about the genuine relationship between religion and depression. Religiousness as an individual trait represents a multifaceted concept, the adequate study of which requires a definition of all its significant dimensions (Idler & George, 1998). The Dollahite and Marks (2009) model captures the complex, dynamic nature of this construct through a three-dimensional model consists of the following three multi-faceted dimensions:

Beliefs (personal, internal beliefs, framing, meanings, and perspectives; often including a sense of relationship with God); (b) *Practices* (outward, observable expressions of faith such as prayer, scripture study, rituals, traditions, or less overly sacred practice or abstinence that is religiously grounded) and (c) *Faith Community* (support, involvement, and relationships grounded in one's congregation or religious group) (Laird, Marrero, & Marks, 2009, p. 5).

These three dimensions merit study as individual variables, and ideally, they should be examined collectively in order to form a more comprehensive understanding of how religion interfaces with personal and family life.

Methods

Participants

The participants provided survey data comprised of 212 psychology students in a convenience sample from LSU Eunice.

Total religion and each of the dimensions of religion were assessed to determine whether or not one component of religion is more salient than the others or more salient than the total religion variable. The first regression equation that coincides

with this hypothesis in terms of total religion was Depression = a + b1 (Total Composite Religion) + b2 (Stress) + b3 (Gender) + b4 (Support). The assessment of the hypothesis was carried out by examining each of the dimensions of religion to determine whether or not one component of religion is more salient than the others using the equation Depression = a + b1 (Beliefs) + b2 (Practices) + b3 (Faith Community) + b2 (Stress) + b3 (Gender) + b4 (Support). These models were used to identify the significance of the relationships between composite and specific areas of religion on depression. Variables such as beliefs may be considered subjective in nature. The variables practice and faith community require actual physical effort, indicating that the participant is willing to actually show his religious involvement through his or her effort. An individual who professes to be considered religious should show congruence with his or her claim and life choices. Following the map of the models that were used in studying the hypothesis, the construct of religion will be briefly reviewed.

Independent Variable: Religion

In this study, religion acts as the independent variable, the nominal term used for the study of the impact of beliefs, practices, and faith community in connection with God. The Dollahite and Marks (2009) model provided the base for this operationalized definition (Laird et al., 2009). The three dimensions provide a balanced foundation for understanding the participant's religious convictions. These dimensions were incorporated into an original, author-constructed instrument, the Jireh Religion Inventory.

Results

A few of the defining demographic characteristics of the participants were addressed in order to gain a clear view of the population studied. In terms of age, 75% of the participants (159) were between the ages of eighteen and twenty-four; 16.0% (34) were between the ages of 25-35; 7.6% (16) were between the ages of thirty-six and fifty; 1.4% (3) was over age fifty. These percentages reflected the LSU Eunice population. The data collected also revealed a gender distribution of 19.3% (41) males and 80.7% (171) females.

Based on the findings of the pair-wise correlations showing no evidence of collinearity aside from what was expected with composite variables and multiplicative terms, on the absence of high R squared values with few significant t ratios, and the absence of VIF values above 10, multicollinearity was not considered a problem in this study. A search for any evidence of heteroskedasticity was also conducted. An assessment was conducted in search for potential problems in variances of the error terms. A Breusch-Pagan-Godfrey Test, otherwise known as the hettest, was conducted. The error sum of squares of the models was significant, which was indicative of the presence of heteroskedasticity which was corrected through a robust model. Following the assessment of potential problems, the hypothesis of this study will be explored.

Exploration of Hypothesis

The hypothesis stated that as religion increases in university students, symptoms of depression decrease. This hypothesis was tested through the first model, which examined the relationship between total religion and total depression. As expected, the results indicated a negative relationship, though the relationship was not significant. The model showed a modest fit between religion and depression, indicating that the model explained about 19.2% of the variance in the relationship between total religion and depression. A second model was used to further explore this hypothesis.

The second model tested the relationship between the individual's total depression and dimension one of religion, which represented the individual's belief system. The results supported the hypothesis and showed a negative and significant relationship between religious beliefs and depression ($t = -1.75$; $p < .04$). The results indicated the reported importance of one's belief system in coping with depression. This model also tested the relationship between the individual's total depression and dimension two of religion, which represented the individual's religious practices. Against expectations, the results showed a positive, non-significant relationship between the individual's level of depression and religious practices. Also, this model tested the relationship between the individual's total depression and dimension three of religion, which represented faith community. Against expectations, the results showed a positive, non-significant relationship between faith community and depression. The adjusted R-squared for this model was .20, which indicated that this model was also a modest fit. In conclusion, the only significant support for the hypothesis is that as the importance of religious beliefs increased in university students, symptoms of depression decreased. This appeared in the relationship between spiritual beliefs and total depression, a negative and significant correlation. Following the exploration of the hypothesis, the findings will be summarized.

Discussion

The hypothesis stated that as religion increased in university students, symptoms of depression would decrease. This concept, tested through two regression models, indicated that in general an individual's total religion, beliefs, practices, and faith community, was inversely related to depression. The lack of significance found, however, indicated that as confirmed in the body of literature, religion could correlate with lower levels of depression (Marks, 2006) or higher levels of depression depending on specific situations that may have helpful or harmful effects (Burr et al., 2011; Pargament, 1997). In addition, the R-squared in the model indicated that it was a modest fit, showing a need for an additive or multiplicative look at how religion and other variables may influence depression.

The exploration of the hypothesis continued in accordance with the hypothesis that as one's spiritual belief system increased, depression decreased. The results indicated a negative and significant relationship between an individual's religious belief system and depression. This finding contradicted the research of Murphy et al. (2000) in studying the simple linear relationship between religion and depression. The complexity of one's belief system may be best described through Pargament's four basic types: religious rejectionism, religious exclusivism, religious constructivism, and religious pluralism (Pargament, 1997), or through Allport's concepts of extrinsic and intrinsic orientation (Vitell et al., 2009). The results of the second dimension, religious practices, are now explored in relation to depression.

In addition, the hypothesis assessed the relationship between religious practices and depression. The results showed that one's religious practices are associated with increased levels of depression. This finding contradicted the findings of several researchers in the field (Baker & Cruickshank, 2009; Levin & Chatters, 1998; Marks, 2008; Murphy et al., 2000), and it concurred with the findings of Pargament (1997) which identified situations in which religious practices may fail the individual, including situations involving religious deception, mistakes in clarifying religion, errors in identifying areas of control, situations in which religion is not consistent, religious rigidity, and practices involving insecure attachment figures. It concurred with Day and Acock (2013) which showed the potential detrimental effects of religious practices, as they surmised that church involvement may result in as much harm as benefit if the values taught are not converted into loving and sacrificial acts indicative of self-transformation in relationships. The hypothesis is further explored with a shift from a look at religious practices to an exploration of an individual's faith community.

The prediction was that as an individuals' faith community involvement increased, symptoms of depression decreased. Against expectations, the results indicated a positive and insignificant relationship between faith community and depression. Though there remains a shortage of research on the influence of one's faith community involvement on depression (Obst & Tham, 2009), this finding contradicted some areas of

research in the body of literature that indicate an inverse relationship between one's faith community involvement and depression (Hill & Pargament, 2008; Koenig, McCulough, & Larson, 2001; Maselko et al., 2009). The findings of the current project, however, concurred with Koenig et al. (2001), which indicated that faith community support may lead to neglect or intrusion in an individual's family relations. The current findings also concurred with the work of Hill and Pargament (2008), which showed internal struggles involved with such involvement may negatively impact an individual's well-being. Further research is needed to identify specific facets of faith community involvement.

In conclusion, the results indicated some support for the relationship between religion and depression in general with significant findings supporting the relationship between an individual's belief system and depression. The findings indicated a need for additional related studies to determine potential variables that may have caused discrepancies in other dimensions of religion and depression. The focus of the study shifts from an exploration of the findings to a look at the limitations.

Limitations

This *study* had several limitations in generalizability. First, ethnicity was limited to African American and Caucasian students. Sexual orientation was not considered. The study did not distinguish individual coping with depression through natural supports from those receiving psychological counseling or psychotropic medication. Also, the findings did not distinguish the impact of religion on clinical depression and on situational depression. In exploring situational depression practitioners often look for triggers that induce feelings of depression; in assessing for clinical depression, clinicians frequently use duration as a distinguishing marker.

Due to social threats and setting, the participants may have felt the need to report higher (or lower) levels of religion than they actually have.

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