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Editorial

Dear colleagues, Dear friends

It is a well known fact that the population of elderly people is growing and with it the number of people suffering from depression. In the past years many studies have examined the role of religiosity or spirituality on physical and mental health. They have shown that religious involvement improves health and increases longevity.

In the following article, Peter Kaiser addresses the topic of religion and depression in elderly. The question is asked, how religious or spiritual coping can be used in the treatment or as a prophylaxis of depression in elderly. The importance of this aspect alone is shown by considering the significantly higher suicidal rate in older persons in general and the overrepresentation of older men in particular (see Psychother Psych Med 2010; 60:290-297).

Although positive effects of religiosity on health and personal well-being are linked to having experienced religion as helpful in times of need, it points out the basic importance of considering and integrating religious resources into therapy and prophylactic treatment.

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Topic

Religion and depression: Resource or risk for elderly

Epidemiology of late life depression

According to the WHO depressions will be the second common disease worldwide in 2020 (Murray and Lopez 1997). Depression among elderly is very common especially in highly industrialized countries: 2 million senior citizens in the US, ages 65 and older, suffer from severe clinical depression while 5 million others suffer from mild cases of psychological and emotional disorders (National Institute of Mental Health 2003). Some of the reasons can be – beside less exercise, overweight, somatic diseases – the assumption that it is natural for aging people to feel depressed. Physicians themselves may ignore the fact that an elderly is depressed as they tend to focus on the patient's physiological concerns. Besides, senior citizens themselves do not talk about their emotions, or do not have someone to talk to (Cattell 2000). Even when depression in older people seems to show less symptoms, the risk for becoming suicidal in over 75 years old people is 30,5% (in comparison to 3,4% in people below 25 years of age (Weyerer, Bickel 2007). The prevalence rates of depression in nursing homes are between 40 and 50% (Ernst, Angst 1995).

How to cope with

The occurrence of late life depression poses questions about the ideas people have concerning becoming and being "old". Depending on the concepts of old age, one has to answer questions like: should the existence of old age be neglected, denied? - is the "therapy" of old age to be together with the real very-old ones (to feel younger)? - does an old being benefit from being together with the extended family? - does physical repair like (plastic) surgery or special medication (like neuronal enhancer) or physical exercise help to postpone aging? Or should one start to move on the spiritual path, with confrontation and / or acceptance of the last part of life cycle?

Although some variables seem to indicate environmental factors, such as social support and family cohesion, it is individuals´ contribution to these factors that confers their status as characteristics of resilience. For example, a resilient person may have the ability to seek and extract support from others, and enhance his or her social support; similarly, the person contributes to the cohesion in his or her family. Especially in elderly ties to family and other social support systems are mandatory (Lund et al. 2000).

How can (spiritual) coping be used in the treatment or as a prophylaxis of depression in elderly? Different ways of distinguishing different kinds of religiosity have been suggested. Wittmiss and colleagues differentiate between religious motivation - which is defined as a person-immanent construct (i.e. personality trait) - and therefore independent from the severity of a depressive episode, religious coping, and religious practice like rituals etc. They could confirm the data of meta-analyses which did reveal that a positive religiosity is correlated with lower depression rate (Smith et al. 2003) and a longer life span (McCullough et al. 2000), whereas negative religious coping correlates with higher prevalence of depression (Bosworth et al. 2003). It seems that the higher the religious motivation is, the lower is the severity of depression – objectively (tested by MADRS) and in the view of the patients (self evaluated by GDS) (Wittmiss et al. 2009).

Sustainability

The important result of all the studies on the relation between religion and depression in elder can be resumed as follows: Religiosity or Spirituality influences human thinking, behaviour and acting to the extent how deep it is grounded in the personality of the very individual.

The power of grounding, of the embedding of religiosity / spirituality depends on the socio-cultural background and the social environment as well as on individual factors. Former religious experience has a higher impact than sole religious practice. Religious knowledge alone does not help to improve the effectiveness of religious coping. Deducing from theories on learning and current neuroscience, the sustainability of information correlates with the extent of neural activity and the neural networking involved in the task, perception or thought. A long-lasting positive experience with religion (like: prayers did frequently help me in past) or a so called God-experience enhance the power of ones individual belief. In this case, religious coping as an expression of ones religiosity / spirituality can be nourished by the certainty, that life crises have a deeper meaning and probably will have an positive outcome. This certainty can not be learned in a lecture room but only in life. Sustainability derives from the empirical individual as well as collective knowledge that the belief "works". To "start" with believing at older age is like starting learning Chinese at the same age as a method to keep the brain functioning: it will be possible to learn the basics, but it will be probably too late to be able to make a conversation on Chinese philosophy, the "newly learnt belief" will be probably not helpful in the crises in the last decades of life.
Depending on the sustainability (intrinsic quality) and the certainty of belief:

- getting older can be accepted
- accepting getting older not deficit-orientated but internal growing orientated is a stronghold against depression in elderly
- spiritual coping works better as a prophylaxis against depression but as a treatment.

Therefore depending on the idea of the belief, spiritual coping - beside social integration, useful occupation etc. - can help aged people to reduce anxiety when to face pending age, sickness, loneliness and death.

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(The article in its full length can be ordered by sending an e-mail to Peter Kaiser (address see above)).

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Announcements

TASK-Tagung 2010
Transdisziplinäre Arbeitsgruppe Spiritualität und Krankheit (TASK)

9.-10. September 2010
Universität Witten/Herdecke
Bad Tölz, Deutschlad

Auch die 3. TASK-Tagung soll Wissenschaftlern und Praktikern eine Plattform zum konfessionsunabhängigen und transdisziplinären Austausch bieten und über den aktuellen Stand der Arbeitsgruppen informieren.
Zum Programm: http://tro-helbred.org/wordpress/wp-content/uploads/TASK-Programm-Witten-20101.pdf

Fachtagung Psychotherapie & Beichte

16. Oktober 2010
Hochschule Benedikt XVI.
Heiligenkreuz, Österreich

Informationen und Programm:
www.rpp2010.org

International Symposium on Psychiatry & Religious Experience

November 4-6, 2010
CITeS - Centro Internacional Teresiano-Sanjuanista
Ávila, Spain

The symposium focusses on studying the relationship between religion, spirituality and psychopathology. The aim is helping mental health professionals, patients and religious leaders and carers.
For further information: www.pre2010.com

Impressum

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