Depression and Spirituality

What We Know

› Depression, otherwise known as major depressive disorder (MDD), or clinical depression is a mood disorder. The common feature of all depressive disorders is the presence of sadness, an irritable mood, or a feeling of emptiness accompanied by somatic and cognitive changes that impact the person’s ability to function in significant ways.\(^2\) What distinguishes one depressive disorder from another is primarily timing, duration, and etiology. Persons experiencing depressive symptoms may have those symptoms abate and then experience a relapse. Persons may meet the criteria for one depressive disorder but later meet the criteria for a different depressive disorder as their symptoms change.

• In 2015 approximately 322 million persons worldwide experienced depression. The number of persons experiencing depression is increasing\(^16\).

› Spirituality is defined as having a sense of purpose and connectedness to self, others, nature, the world, and/or a higher being or beings; and as belief that there is something beyond the physical world\(^1,11\).

• Spirituality can exist within or outside organized religion.

• Persons who perceive themselves as spiritual report one or more of the following:
  – Feeling the daily presence and love of a higher being
  – Finding solace in spirituality
  – Feeling profound inner peace
  – Feeling gratitude for the positive things in life
  – Finding strength and comfort from their spirituality
  – Feeling the love of a higher being directly and through others
  – Asking a higher being for help and/or feeling guided by a higher being during daily activities
  – Feeling deep inner peace and joy when connecting with a higher being
  – Feeling touched by the beauty of nature
  – Feeling compassion and mercy for others
  – Wanting to be closer to a higher being
  – Feeling a sense of purpose and meaning\(^12\).

• Persons who believe in a higher being report positive spiritual coping that\(^11\):
  – involves viewing a higher being as benevolent
  – includes focusing on a higher being for help with coping during stressful times; turning to a higher being for strength, support, and guidance during stressful times; feeling part of a larger spiritual force; learning lessons from a higher being in stressful times; confessing transgressions to a higher being; and asking a higher being for forgiveness.

• Persons who believe in a higher being report that negative spiritual coping (e.g., feeling abandoned by or anger at a higher being)\(^11\):
  – involves viewing a higher being as malevolent
  – includes feeling anger at a higher being, feeling abandoned by a higher being, thinking that stressful situations are punishment by a higher being for past transgressions, and trying to cope with stressful situations without focusing on a higher being\(^12\).

• Approximately 10% of patients seen in the primary-care setting have major depressive disorder\(^2,8\).
Spirituality can help improve symptoms of depression\(^{(1,13)}\)
- Having a spiritual awareness is associated with fewer and less severe depressive symptoms in persons who are depressed but do not have a diagnosis of MDD
- It is unclear whether spirituality lessens depression or if persons who are not depressed are more likely to be spiritual
- Persons who consider themselves spiritual tend to be more optimistic and willing to forgive others, which improves self-efficacy and the ability to cope with difficult situations
- Spirituality reduces the risk of depression in socially isolated pregnant women by helping them cope with their lack of social support
- Spirituality is associated with lower levels of depression in African American persons who survive cancer
- Spirituality mitigates the impact of stress, improves quality of life and coping ability, and reduces the incidence of depression and suicidal ideation in severely ill patients
- Spirituality is associated with reduced incidence of depression in patients with heart failure
- Spirituality is associated with improved mental health in older male inmates in the U.S. penal system
- Spirituality may help lessen depression by helping individuals develop a sense of meaning and peace
- Several studies support the idea that spirituality can alleviate symptoms of depression:
  - Results from a study of Japanese outpatient clients with depressive symptoms indicate that the treatment group who received spiritual psychotherapy (e.g., spiritual coping theory, meditation, religious forgiveness) experienced a significant reduction of depressive symptoms compared to the control group who received the standard care of medication\(^{(4)}\)
  - Results from a study of depressed Iranian adolescents indicate that those who reported high hopelessness but also high spirituality had less suicidal ideation than those adolescents who reported high hopelessness and no spirituality\(^{(15)}\)
  - Researchers reported that spirituality has helped alleviate symptoms of postpartum depression for Latina and Black mothers by helping them feel relief from stress, feel valued and not alone, and experience thankfulness\(^{(7)}\)

Authors of a study involving 8,318 participants in 7 countries (6 in Europe, 1 in South America) did not confirm the findings of studies (mostly in the United States) that support spirituality as a protective factor against depression. In fact, the international study found the opposite, that “holding a religious or spiritual life view, in contrast to a secular outlook, predisposed people to the onset of major depression” and that “such beliefs and practices did not act as a buffer to adverse life events”\(^{(2)}\)

Researchers found that those who feel spiritually unstable and are disappointed in God are more at risk for depression\(^{(12)}\)

What We Can Do

- Learn about the influence of spirituality on depression and address issues of meaning and the purpose of life so you can accurately conduct biopsychosocial and spiritual assessments of your clients\(^{(14)}\)
- Share your knowledge of depression and spirituality with your colleagues
- Develop an awareness of your own cultural values, beliefs, and biases and develop knowledge about the histories, traditions, and values of your clients. Adopt treatment methodologies that reflect the cultural needs of clients\(^{(3,6,10)}\)
- Social workers should practice with awareness of and adherence to the social work principles of respect for human rights and human dignity, social justice, and professional conduct as described in the International Federation of Social Workers (IFSW) Statement of Ethical Principles, as well as the national code of ethics that applies in the country in which they practice.\(^{(6)}\) For example, in the United States, social workers should adhere to the National Association of Social Workers (NASW) Code of Ethics core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. They should become knowledgeable of the NASW ethical standards as they apply to depression and spirituality and practice accordingly.\(^{(10)}\) Maintain a supportive, nonjudgmental, and respectful demeanor when discussing depression and spirituality with your clients, and acknowledge that spiritual perceptions, spiritual experience, and spiritual needs vary according to the individual
- Educate clients and their family members on the signs and symptoms of depression and provide them with community resources should symptoms return or worsen

DSM-5 Codes

- Major Depressive Disorder—Single Episode
  - Mild 296.21
  - Moderate 296.22
• Severe 296.23
• With Psychotic Features 296.24
• In Partial Remission 296.25
• In Full Remission 296.26
• Unspecified 296.20

Major Depressive Disorder—Recurrent Episode
• Mild 296.31
• Moderate 296.32
• Severe 296.33
• With Psychotic Features 296.34
• In Partial Remission 296.35
• In Full Remission 296.36
• Unspecified 296.30

Coding Matrix
References are rated using the following codes, listed in order of strength:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>M</td>
<td>Published meta-analysis</td>
</tr>
<tr>
<td>SR</td>
<td>Published systematic or integrative literature review</td>
</tr>
<tr>
<td>RCT</td>
<td>Published research (randomized controlled trial)</td>
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<tr>
<td>R</td>
<td>Published research (not randomized controlled trial)</td>
</tr>
<tr>
<td>C</td>
<td>Case histories, case studies</td>
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<tr>
<td>G</td>
<td>Published guidelines</td>
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<tr>
<td>RV</td>
<td>Published review of the literature</td>
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<tr>
<td>RU</td>
<td>Published research utilization report</td>
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<tr>
<td>QI</td>
<td>Published quality improvement report</td>
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<td>L</td>
<td>Legislation</td>
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<td>PGR</td>
<td>Published government report</td>
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<tr>
<td>PP</td>
<td>Policies, procedures, protocols</td>
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<tr>
<td>X</td>
<td>Practice exemplars, stories, opinions</td>
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<tr>
<td>GI</td>
<td>General or background information/texts/reports</td>
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<tr>
<td>U</td>
<td>Unpublished research, reviews, poster presentations or other such materials</td>
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<tr>
<td>CP</td>
<td>Conference proceedings, abstracts, presentations</td>
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References