

Spirituality and Depression in Older Adults: A Literature Review

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Abstract

At present, health care providers worldwide are interested in spiritual health which associates with physical and mental health especially depression. Particularly, spirituality in older adults is more concerned than in younger people. Several research studies have discussed how spirituality relates to depression when considering the health of older adults. This narrative literature reviews informs audiences of how spirituality relates to depression in older adults. In particular, this article provides a better understanding of the relationship between both factors. A total of 24 articles were included in this literature review. Additionally, the findings also capture the relationship between spirituality and depression, spiritual or religious activities, and spiritual experiences in older adults. It is recommended that a systematic review be conducted that focuses on how nurses and health care providers support spiritual health in older adults in each country.

Keywords: Spirituality; depression; depressive disorder; older adults.

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1. Introduction

Spirituality is a deep and broad concept, and there are diverse definitions of spirituality throughout the world. In the past few decades, the term “spirituality” has been studied by several researchers in nursing, sociology, public health, and psychology. For example, the World Health Organization (WHO; 1984) has stated that spiritual dimensions are relevant to health, and the meaning of spirituality varies with culture and is specifically defined in many different languages. Fisher (2011) referred to spirituality as the nature of humans, which encompasses their purpose, perception, mental powers, and frame of mind. Mowat and O’Neil (2013) categorize spirituality as a relationship with others, the natural world, and supernatural things. In addition, the meaning of spirituality has been considered in terms of the following five aspects: a religious belief, a secular concept, a metaphor for absence, a god, and a value of people. Similarly, Murgia et al. (2020) have stated that spirituality also relates to meaning, purpose, connection, mystery, transcendence, and energy. In those prior studies, spirituality has been shown to have numerous definitions. Interestingly, there are also distinctions in spirituality between Eastern and Western countries. That is, Eastern countries identify spirituality as a fluid concept that can be transferred to many disciplines and applied in all disciplines and contexts, such as health care or prisons (Borup & Fibiger, 2017). In addition, religions like Christianity have diverse perspectives of spirituality across Western and Eastern countries, with those in Eastern regions being more unique (Sheldrake, 2007).

Older adulthood is a time when individuals are at increased risk for diseases. In particular, many stressors, such as loneliness, affect the aging process. As researchers have reported, spirituality in older adults is related to depression, mental illnesses, and physical illnesses (Hodge, 2015). Several studies have shown that while there is a relationship between spirituality and health outcomes, the relationship between spirituality and health in older adults remains unclear. Therefore, the purpose of this review of spirituality in older adults is to describe how the concept relates to depression in older adults. The three main themes discussed include the relationship between spirituality and depression, spiritual or religious activities, and spiritual experiences in older adults. Ultimately, the results of this literature review point to the need to develop a spiritual support model in the future.

2. Questions

The study questions are relevant to the health of older adults as follows.

1. What is the relationship between spirituality and depression?
2. What are spiritual or religious activities?
3. What is a spiritual experience?

3. Methods

Data were collected using the following health science databases: CINAHL, PubMed, and MEDLINE. Gray literature (i.e., conference and unpublished reports) was not selected for analysis in this review. The keywords that were separately searched include spiritual, spirituality, religious, depression, and elderly or older adults. The inclusion criteria were (1) studies with potential subjects ≥ 60 years old; (2) published between 2005–2021; and (3) written in English. The exclusion criteria were (1) studies on individuals < 60 years; (2) published in a language other than English; and (3) including information regarding the impact of COVID-19 on physical and/or mental health. Twenty-four articles were included based on these criteria.

4. Findings

All articles were categorized into three subtopics in narrative form to answer the study's questions. The evidence level and quality were assessed using the Johns Hopkins Nursing Evidence-Based Practice guidelines (Johns Hopkins University, n.d.). A total of 20 of the articles were non-experimental studies (level 3)¹, one relied on a mixed method, and the rest were correlational designs. Four articles used a quasi-experimental method (level 2²; Figure 1). In addition, the articles were from many countries, including seven from the United States; two articles each from India, Australia, Taiwan, and Iran; and one article each from Slovakia, Israel, Belgium, Japan, Mexico, Ireland, Spain, England, and Finland.

4.1 Relationship between Spirituality and Depression

Spirituality affects health and well-being (HealthCare Chaplaincy Network [HCCN], 2016). Multiple literature reviews have emphasized that depression is a variable that researchers must be concerned with because some symptoms are related to spiritual distress (Terasa et al., 2017). However, the results of a number of these studies are controversial.

Nine articles studied the relationship between spirituality and depression in older adults. Six of these articles clarified that there was a positive association between both factors (Ai & Carretta, 2021; Avelar-Gonzal et al., 2020; Gibbs, 2017; Lifshitz et al., 2019; Rentala, 2017; Salman & Lee, 2019), and three showed a negative relationship between spirituality and depression (Dadfar et al., 2021; Dua et al., 2021; Peselow, 2014). The results showed that the direction of the relationship between spirituality and depression in older adults was unclear.

However, this relationship was also considered with mediator variables (Mofidi et al., 2017; Park & Rho, 2013). For instance, Mofidi et al. (2007) explained that social support, optimism, and volunteering influenced the relationship between spirituality and depression. Similarly, Park and Rho (2013) reported that social support was able to explain depression. In other words, spirituality affects depression through other variables. At the same time, spirituality was also posited as the mediator variable between depressive symptoms and subjective well-being (Soosova et al., 2021).

In brief, spirituality can be correlated with depression in negative and positive ways, with some studies isolating other factors that directly influence the relationship between spirituality and depression.

4.2 Spiritual or Religious Activities

Many researchers have agreed that there is a link between spirituality and religious belief. For instance, they described religion as a form of spirituality (Stanley et al., 2011) and measured spiritual experiences by using the two words in one instrument, as in the Brief Multidimensional Measure of Religiousness/Spirituality (BMMRS). Christian et al. (2019) have argued for the importance of these two concepts in their examination of grief symptoms. Their results revealed that while spiritual beliefs were correlated with grief symptoms ($p < .05$), religious beliefs did not explain these symptoms. Thus, this finding emphasizes the importance of using both words.

Spiritual or religious activities have been found to reduce depression symptoms in older adults. Stanley et al. (2011) stated that religion or spirituality in therapy helped older adults develop more positive coping skills and fewer symptoms of depression. Spiritual activities were clarified as forms of relaxation and exercise in older Taiwanese adults (Salman & Lee, 2019). Also, religious intervention (in the form of praying) has been shown to decrease depression symptoms ($p = .006$; Abdi et al., 2018).

¹Evidence Levels: Level 3 (Non-experimental study, Systematic review of a combination of RCTs, quasi-experimental and non-experimental studies, or non-experimental studies only)

²Evidence Levels: Level 2: (Quasi-experimental study, Systematic review of a combination of RCTs and quasi-experimental, or quasi-experimental studies only, with or without meta-analysis)

In another study, Hsu (2014) measured depressive symptoms in Taiwanese older adults repeatedly over five years and found that some religious activities, such as praying or reading scriptures, could reduce depressive symptoms over time. In addition, a psychological program focusing on Christian spirituality (via psycho education and music) was reported to enhance spirituality (Maria & Jimenez, 2020), but this study did not measure depression. In another work, music therapy (singing) was shown to be related to spiritual health and transcendence (Moss, 2019).

4.3 Description of Spiritual Experiences

Five articles were designed as qualitative studies to examine spiritual experiences in older adults: one article had an ethnography design, and four articles employed phenomenological methods. Two perspectives on spiritual experiences emerged based on the views of the staff and the older adults themselves.

In terms of staff members who care for older adults, there were different research methods in the two articles. One article included interviews with 15 chaplains and administrators who worked at spiritual care services in residential care homes; the results explained that the participants had their own spiritual practices, religious beliefs, and positioning within the facility, such as prayer (Reimer-Kirkham et al., 2018). The other article stated that nurses could meet the spiritual needs of patients by asking about the spiritual backgrounds of the patients.

In the study by Lepherd et al. (2019), the spiritual experiences of older adults were conceptualized in terms of their connections with others, who included their family, caregivers, and friends, as well as their selves (via individual faith or beliefs, hope, purpose, or meaning, and feeling), through which they obtained a sense of supernatural meaning via the concepts of god, nature, place, religion, loss, illness, and death. Also, guilt and regret, pessimism, futility of treatment, and hope from loved ones were found to be linked to participants' beliefs in older adults (Tanaka, 2019). Additionally, spiritual experiences were defined as referring to religion and spirituality, spiritual journeys, and not feeling old (Shaw et al., 2016).

5. Critique

The majority of the 24 articles were at level 3 as observational studies. Polit and Beck (2021) stated that a systematic review or meta-analysis has the least amount of bias. Reviewers should select the articles that show the most evidence which are on high level of evidence. The findings from most observational articles suggest that the relationships between spirituality and depression were still conflict. In other words, there was unclear relationship between both factors.

5.1 Relationship between Spirituality and Depression

The majority of studies examining the relationship between spirituality and depression were cross-sectional in design and used convenience sampling (nine studies), which led to bias that skewed the results. One article used stratified sampling (Mofidi et al., 2007). These articles had the limitations of the studies that cannot be generalized to another area. The design limited the ability to capture the causality of the relationships. In other words, all the correlational designs limited the determination of the cause and effect between the two related factors.

In terms of spirituality measurements, the literature review showed diverse measures (Table 1). Therefore, various studies have reported different directions of the relationship between spirituality and depression. Researchers, therefore, should select appropriate instruments when considering reliability and validity. Briefly, spirituality and depression were found to be correlated in either a positive or negative direction, depending on the measure and design of the research.

5.2 Spiritual or Religious Activities

The literature review showed that some studies used the word "religious" to refer to spiritual activities such as prayer (Abdi et al., 2018; Hsu, 2014), music (Maria & Jimenez, 2020; Moss, 2019), relaxation, and exercise (Salman & Lee, 2019). However, these studies were conducted in many countries where older people need to meet their spiritual needs. Therefore, different spiritual practices may occur in the same way, as stated by McDonnell-Naughton et al. (2020). Spiritual or religious activities could also be added to therapy for older adults for more effective treatment of depression (Stanley et al., 2011). Further studies on spiritual or religious activities should examine the common features of articles published in the same countries.

5.3 Description of Spiritual Experiences

Only three articles described experiences of spirituality in older adults (Lepherd et al., 2019; Tanaka, 2019; Shaw, 2016). One article presented the spiritual experience of a spiritual care provider (chaplain and administrator in a nursing home; Reimer-Kirkham et al., 2018). In addition, one article on nursing care reported on how to approach and provide

good spiritual care for older adults. Spiritual experiences in the view of older adults and nurses or health care providers may lead to a clearer description of spiritual experiences to create experience-based interventions in older adults.

6. Discussion

According to the main themes that emerged when considering the relationship between spirituality and depression, the evidence showed that the correlation ran in either a positive or negative direction. Numerous articles were based on correlation. This evidence supports the idea that there was no clarification of the cause-and-effect relationship. The design of the study may limit the ability to explain causal relationships, as Polit and Beck (2021) mentioned. There are also many limitations related to sampling. Most of the studies used convenience sampling or non-probability sampling, so the results were not generalizable. Further studies should be designed based on the correlational method to overcome these limitations in terms of the selected sample. The researchers should also estimate the size of the sample using sample size calculation. The sampling strategy should use probability methods, such as stratified sampling, cluster sampling, and systematic sampling.

Two studies identified social support as a mediator between spirituality and depression (Park & Rho, 2013). Therefore, future studies will hypothesize which factors can be mediators. The mediator may be the solution to determining the direction of the relationship between spirituality and depression in older adults. More importantly, knowing which factors are the cause-and-effect variables will help researchers simplify and design spiritual interventions more easily. In other words, looking for a clearer relationship helps researchers find stronger evidence, for example, in experimental designs.

With regard to spiritual or religious activities, this theme is vague. Some literature clarified that spirituality and religiosity both had similar activities. Duaet al. (2021) found that the terms spirituality and religiosity did not differ in patients with depression without suicidal attempts. Therefore, both spirituality and religion may share the same activities. However, Zimmer et al. (2016) identified that these two terms overlap in meaning. In future research, differentiating between spirituality and religiosity is the best way to clarify relevant activities.

Most interestingly, spiritual experiences in older adults had similar explanations, but differed each individual. However, the spiritual experiences in this sample were not explicit. Future researchers may study spiritual experiences by using a conceptual or theoretical framework as a lens through which to analyze the data, especially in qualitative research.

In summary, future studies should focus on the relationship between spirituality and depression in a specific area or country by using qualified instruments or assessments. Also, a qualitative study is essential to identify and define the themes related to spirituality and religiosity.

7. Limitations of the Review

This literature review did not include other sources aside from articles, such as dissertations and books. Future research should also focus on specific countries and health statuses, such as older people who live with chronic diseases or successful older adults.

8. Conclusion

This literature review has demonstrated that there is no clear relationship between spirituality and depression in older adults. To identify an explicit correlation, future researchers should reconsider the measures and designs of the selected samples. Qualitative data are necessary to identify the meaning of spirituality and depression in older adults because spirituality is unique to the human lifespan. Such a study would lead to clearer differentiation between spirituality and religiosity. This narrative review thus raised the following questions about spirituality and depression: Is spirituality a causal variable? Is depression an effect variable? How do the mechanisms of spirituality reduce depression? and need more review systematically.

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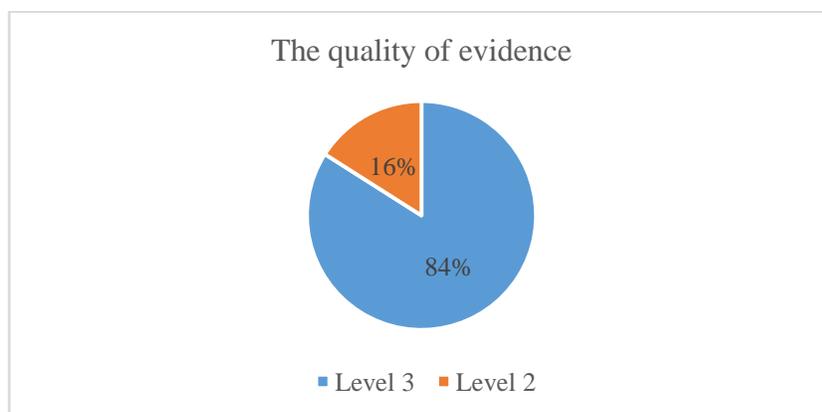
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Figure 1

The pie chart represents the percentage of evidence levels



Note. Twenty-four articles follow the Johns Hopkins evidence-based level.

Table 1*The Instruments to Measure Spirituality and Depression*

Authors	Spirituality	Depression
Soosova et al. (2021)	The Daily Spiritual Experience Scale (DSES)	The Zung's Self-rating Depression Scale (SDS)
Mofidi, et al. (2007)	The 6 items of the Daily Spiritual Experiences Scale	The 20-item Center for Epidemiological Studies-Depression (CES-D)
Peselow et al. (2014)	The Spiritual Orientation to Life scale (SOL)	The Montgomery Asberg Depression Rating Scale (MADRAS)
Rentalala et al. (2017)	The Body-Mind-Spirit Wellbeing spirituality scale.	Beck Depression Inventory II
Gibbs (2017)	Spiritual Well-Being Scale-20 items	The 15-item Geriatric Depression Scale (GDS)
Stanley et al. (2011)	1) the Client Attitudes toward Spirituality in Therapy (CAST) 2) the Brief Religious Coping 3) The Brief Multidimensional Measure of Religiousness and Spirituality (BMMRS)	The 15-item Geriatric Depression Scale (GDS)
Salman and Lee (2019)	1) The Spirituality Index of Well-Being 2) the Spiritual Practices Checklist	The 20-item Center for Epidemiological Studies-Depression (CES-D)
Abdi et al. (2019)	The Life satisfaction questionnaire (LSI-Z)	Beck depression inventory (BDI)
Park and Roh (2013)	The Daily Spiritual experience >>>The Brief Multidimensional Measure of Religiousness/Spirituality (BMMRS). In this study just selected the 6-item DSES.	The 30-item Geriatric Depression Scale (GDS)
Lifshitz et al. (2019)	The Spiritual Health and Life-Orientation Measure (SHALOM)	The Iowa short form of the Center for Epidemiological Studies Depression Scale (CES-D)
Thauvoye et al. (2018)	The attachment to God orientation	The nursing home version of the Geriatric Depression Scale
Avelar- González et al. (2020)	Religious model	The 15-item Geriatric Depression Scale (GDS)
Hsu (2014)	Religious program	The 10-item Geriatric Depression Scale (GDS)
Ai & Carretta (2021)	The Brief Religious Coping scale on a 4-level score.	The popular Center for Epidemiologic Studies Depression (CES-D) scale on a 4-level score.
Salvadora et al. (2020)	1) Brief Scale of Religiosity (BSR) 2) Spirituality Scale (Spiritual Acceptance vs. Rational Materialism; ST3). Extracted from the Temperament and Character Inventory—Revised (TCI-R)	Forgiveness, Gratitude, and the Meaning of Life 1) Gratitude Questionnaire—Six Items Form (GQ-6) 2) Purpose in Life Test (PIL) 3) The Transgression Related Interpersonal Motivations (TRIM-18) 4) Expected and Unexpected Religious/Spiritual Prejudice (EURSP)
Dadfar et al. (2021)	Spiritual Well-Being Scale	1) World Health Organization; Five Well-Being Index 2) Patient Health Questionnaire-9 3) Patient Health Questionnaire-15
Dua et al. (2021)	Spiritual Attitude Inventory (SAI)	1) the Centrality of Religiosity Scale (CRS) 2) Brief Religious Coping Scale (Brief R-COPE) 3) Duke University Religion Index (DUREL)
Majority of instruments	Spiritual Well-Being Scale	Geriatric Depression Scale (GDS)