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Relationship of Religious Orientation (inward-outward) with Depression, Anxiety and Stress

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Abstract

Present research was carried out in order to investigate relationship of religious orientation (inward-outward) with depression, anxiety and stress in aged people. In this research, method of study is of descriptive-correlation type. 150 examinees by sampling method of availability from aged people older than 65 years (man and woman) living in elderly people houses on Tabriz were selected. In this research, DASS questionnaire was used to measure depression, anxiety and stress, and Alport Religious Orientation (inward-outward) Questionnaire was used. Data analysis showed that there was negative significant relationship between inward religious orientation with depression, anxiety and stress (p < 0.05). In addition, the findings indicated positive significant association between outward religious orientation with depression, anxiety and stress (p < 0.05). In general, results showed that religious orientation can be critical factor in extent of elderly people’s depression, anxiety and stress.

Keywords: inward religious orientation, inward religious orientation, depression, anxiety, stress, elderly

1. Introduction

Elderly people population, due to advancement of medicine, decrease of death rate, population control, increase in rate of life expectancy and lifetime is growing. Significant growth of elderly people population throughout the world is a phenomenon which started from twentieth century and continues in 21th century which is the century of old age. The United Nations estimated total population of the world’s aged people to be about 700 millions and according to estimations of this organization’s demographic department, elderly people population in the world will increase from 10.5% in 2006 to 21.8% in 2050. Large part of this change in 21th century is taking place in developing countries. Our country too, as one of these developing countries is not an exception to this trend. It is estimated that elderly people above 65 years old in Iran in 2050 will reach 23% of the country’s population [7]. Major changes of aging phenomenon have led to changes in aged people responses to stress. Social causes including retirement, loneliness, losses, decrease of income and social activity aggravate the situation and expose aged people to stresses and special psychological situations among which depression and anxiety are the most prevalent ones [6]. Based on report of the World Health Organization (1992), depression, anxiety and stress exist in 15% of women and men above 65 years old. This amount in elderly people houses is much more and is estimated to be 25-35% [4]. Purpose of present research is study of relationship of inward and outward religious orientation with aged people’s depression, anxiety and stress. The questions in this study are whether religious orientation as inward and outward

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source has role in degree of depression, anxiety and stress of aged people or not, and as Alport (1966) puts it whether inward religion has greater role in lessening depression, anxiety and stress or outward religion?

Research methodology

Method of present research is of descriptive-correlation type. Sample size comprises 150 aged people above 65 years from both genders of man and woman who were selected from elderly people houses of Tabriz using sampling method of availability. To select examinee, by referring to the available files in elderly people centers, the people qualified for entering the research were identified and studied. The criteria for entering the research were: literacy, age above 65 years, residence time of longer than 2 months in elderly people houses (in order to reject lamentation diagnostics), absence of psychotic disorders, and finally person’s consent to enter the study. In this study, for measuring religious orientation it was made use of Alport Scale of inward and outward religious orientation (EIR). Validity of this test by John Bozorgi (1999) based on Cronbach Alpha was reported to be 73% and in another research by Mokhtari it is calculated to be 0.71. This test has been applied to different populations in Iran and has shown a reasonable validity. To measure depression, anxiety and stress it is made use of DASS questionnaire. This scale has been prepared by Loviband & Loviband (1995).

Findings, discussion and conclusion

Given the research’s results, there is negative significant association between inward religious orientation with depression, stress and anxiety (p < 0.05), it means that as the scores become more inclined towards inward religious orientation, scores of depression, anxiety and stress decreases. Also, the results showed that as scores of religious orientation moves towards outward religious orientation, scores of depression, stress and anxiety increases and positive significant correlation between outward religious orientation with depression, anxiety and stress has been observed (p < 0.05). Findings of this research are consistent with researches done by Ramezani (1996), Tahmasebi Pour (1996) and Ebrahimi (1997). Alport believes making distinction between inward and outward religious orientation helps us separate those for whom religious is important from those for whom religion does not matter. The former group focuses on goal, while the latter group focuses on means. Present research showed those who live with their religion and for them religion is the goal suffer less from depression, anxiety and stress compared to those who want religion as a means for living and protection. Konic, McCalf and colleagues in a meta-analytic study which was done on 850 cases about “Relationship of Religious Beliefs and Actions with Psychological Health and Social Function”, reported that religion through increasing the ability to confront stress, creation of social support sphere, hope and optimism in order to help create positive fervors like better living, satisfaction with life and happiness leaves its effect on psychological health. Present research in the relation it has obtained between decrease of depression, anxiety and stress on the one side, and inward religion, it further approves existence of satisfaction with life and hope in religious people. On the other side, it seems those who use religion as a means of living, can profit less from valuable benefits effective in psychological health offered by religion, because they forget religion’s main function. Finally, based on findings of this research, it is suggested, since inward religion has a positive and effective role in lessening depression, anxiety and stress, in use of spiritual support for elderly people, inward religion doctrines to be more seriously made allowance for and in elderly house centers, teaching of inward religion to be designed and offered according to aging requirements.

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