

RELIGION IN ADOLESCENTS AND THE EMERGENCE OF DEPRESSIVE SYMPTOMS. A CLINICAL VIEW.

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Abstract

Depression is a serious health problem that can affect people of all ages, including children and adolescents. It is generally defined as a persistent experience of a sad or irritable mood as well as "anhedonia", a loss of the ability to experience pleasure in nearly all activities. In studies of adult populations, greater religiousness has been linked to lower levels of depression, and faster recovery from depressive episodes. In contrast, studies of religious variables and depression among adolescents have yielded mixed findings (Rachel, E. Harold, G. 2008). This study is focused on clinical treated cases. Cases are all teenage believers who have shown depressive episodes (Beck Depression Inventory BDI). The first step that is followed in this study was to review the literature and to identify the factors that indicate the emergence of depression in adolescence. The second step it was an analysis of clinical assessments. These assessments are made by me with my clients over the last two years. Totally I have analyzed seven individuals who met the age criteria of being a teenager and who had manifest more than once a depressive episode (N=7). The third step was providing results and discussions derived from empirical study conducted in clinical. The results of this study provide new findings of the role of religion in the emergence of depressive symptoms. The results of this study provide findings for Albanian teenagers. There was not found statistical significant data, between sex of participants and levels of depressions.

Keywords: *Religion, depression, case studies, adolescence, Albanian teenagers*

Depression is one of the most common disorders among clinical cases. About 4% --- 8.3% of adolescents manifest depressive symptoms (Psychiatry Residency Training Program, Michigan State University / Kalamazoo Center for Medical Studies). Numerous studies that have been done in this area have shown different causes that lead to the emergence of depressive symptoms among adolescents. The predominant factors in the emergence of depression in adolescents are (a) genetic factors (National Institute of Mental Health Genetics Workgroup, 1998), (b) gender (Nolen-Hoeksema, Larson, & Grayson, 1999), (c) social isolation (Barnett & Gotlib, 1988; Joiner & Coyne, 1999; Lara, Leader, & Klein, 1997), (d) personality traits such as addiction, etc. introvertism (Barnett & Gotlib, 1988; Jorma et al., 2000), and (e) stressful life events (ex. Monroe & Simons, 1991; Nolen-Hoeksema & Morro, 1991).

Studies that have assessed these factors that affect the emergence of depressive symptoms, have failed to find indisputable evidence about factors that affect the appearance of depression, thus linking depression with any and every other variable is possible. The factor of religion and involvement in religious practices recently has become important in terms of depression. Some recent studies (ex, Braam et al, 200; Koenig, George, & Peterson, 1998;. Murphy et al, 2000) tell us that some aspects (motivation involvement in religious practices) can be connected to the emergence of depressive symptoms. So, higher involvement in religious practices, increases the motivation to social inclusion and the more we move to social isolation and possible involvement in depression.

Individuals who have a religious faith and practice it, are more distant to substance abuse, which affects the creation of depressive mood in adolescents (Grant, 1995). In clinical view, the fact that religion makes teens distant from using narcotic substances, makes them safer from addiction, but often this is accompanied by a mental dependence to the existence of God. Belief in the supernatural, influences in the teenagers to not take responsibility for their lives and this often directs to the withholding correct meaning of life.

Teenagers who are religious have more social contacts and support groups, who frequent religious practices (Koenig et al., 2001, George, Larson, Koenig, & McCullough, 2000).

A very important factor that affects the emergence of depressive symptoms during adolescence is the evaluation of life events (Pargament, 1997). Teenagers who believe in God, perceive the dramatic life situations as coming from God and do not go depressed, the opposite happens with teenagers who do not believe in God. In this case, the teenagers who don't believe attribute the failures to themselves and create more feelings of guilt towards life events. This might cause adolescents to transcend the depressive state.

In some way, teenagers who believe have a programmed day and this helps them to not confront unexpected situations of every day. (Pargament, 1997). The fact that they do some rituals, seek forgiveness and pray for the future, suits them to the daily stress, which means less chance of inclusion in depressive episodes.

Teenagers who are more likely to display depressive symptoms are teenagers who have a very small social circle, for various reasons as: problems of development, physical inferiority, etc. bulism in schools. (Ingram & Ritter, 2000).

It is very important to understand that religion has implications in improving the lives of teenagers, but the analysis that we will do in this article is to study the effect of religion in promoting the occurrence of depressive episodes in adolescents.

Teenagers are in physical, hormonal, emotional and cognitive development, and this influences on them to be unstable in their decisions and feelings. In this case religion was put in front of her stoicism, which makes adolescents feel non-understood. This conflict goes together with feelings of guilt towards rejecting the supernatural power of religion and is represented by increasing opportunities for adolescents to exhibit depressive episodes.

Another very important factor that is found within the religious doctrines is the perfectionism and idealism description of prophetic acts and feelings. This makes the adolescent feel inferior in relation to religious interactions, and also creates the position that he will not be able to act in such a perfect manner, which increases the possibility of including in depressive episodes (Ferraro & Kelley-Moore, 2000).

The main purpose of this study is to understand the relationship between adolescents who believe and their relationship with depressive conditions. The aim in itself has several objectives which are:

- a) To discover the factors that lead to the emergence of depressive symptoms among adolescents.
- b) Detection of events and experiences that influence teenage believers to feel depressed.

- c) To understand the mechanisms that lead to psychological depression among adolescent believers and preventive therapeutic interventions.

Methodology

This study is based on a clinical work of religious teenagers who manifested depressive symptoms. The methodology of this study consists of three steps:

Step I is the review of literature and previous studies in this area. In the reviewing of studies we are referred to two pronged studies, which study the effect of depression that leads to religion and vice versa.

Step II, the aim of this study is to study the clinical assessments that are dealt with cases due to depressive episodes manifested more than once. For this purpose I will draw through the records of these individuals I have made during sessions, events and perceptions related to religion which have destroy the welfare of teenagers, and leading to depressive episodes.

Step III, are the discussions made to my notes by a third individual specialist in the field of clinical psychology. So, at this stage we will have my perception and analysis and also the analysis of my supervisor for the treatment of cases.

The results coming from the triple analysis will open a new rubric, for example the discussions about the study.

Participants in this study are 7 clinical cases treated for depressive episodes. Before proceeding the work, we have applied the depression inventory to these cases, which resulted with high scores (Beck Depression Inventory BDI). Cases were aged between 13-18 years. After they resulted with high scores on the depression inventory, meaning that depressive episodes were frequent and for a relatively long time $t = 3-6$ months, I have started with the sessions in the Psychological office where they follow school. It should be noted that the cases analyzed in this study come from the same school. This school has a religious character.

Analysis and results.

The results of this clinical study will be presented in a summary table, then we will analyze each of them separately.

Case	Degree of faith	Level of depression	Major events	Minor events	Client perception	Psychologist	Supervisor
C1	Very religious	High	Death of father	Lower results in school	Death of my father charges me.	Faith doesn't allow me to do this revolt and this leads to suppression and depression.	Responsibility he has toward his mother and others.
C2	Religious	Moderate	Bulism, friend called him homosexual	Social isolation	God doesn't support me	He had learned from the family that things come from God and we should pray.	Misunderstanding of religious doctrine.

C3	Very religious	Moderate	Death of mother	Abandonment of school	I don't go to school because religion talks about death and I remember my mother.	Non-understanding of mother's illness and prayers to the God, influenced to lose hope.	Non-understanding of mother's illness and prayers to the God, influenced to lose hope.
C4	Very religious	Moderate	Abandonment of religious duties		God is punishing me.	Because of abandonment of religious duties for a long time, he has created feelings of guilt.	Religion is perceived as a very strict system.
C5	Very religious	High	During the flood, the friends and caregivers forgot to evacuate him.		Others don't love me. God decided to punish me.	Attribution of an event as abandonment of God.	Attribution of an event as abandonment of God.
C6	Religious	High	Loose of previous friendship because of religion	New tasks and their accuracy.	My religion doesn't allow me to associate with the previous friendship.	The case doesn't adapt to lifestyle changes and religious practice, this creates depressed moods.	The case doesn't adapt to lifestyle changes and religious practice, this creates depressed moods.
C7	Religious	Moderate	A religious leader was involved in behavior prohibited by religion		The religion is not as I thought, because of the idol I had.	Disappointment from a religious person changes his perception of religion.	Disappointment from a religious person changes his perception of religion.

Table 1

As it is seen from Table 1, C1 has had an activating event that was the death of his father, that could be an activation event for every teenager to manifest depressive symptoms, but the perception that C1 has for this special event is associated with faith religious. The fact that he keeps himself the responsibility to take revenge for his father and to care for his mother and brothers, is a pathological form of dismissing the protesting emotions toward God, when in fact religion does not allow it to him. Also perception that he makes to the religion is that he should be instead of the father and this makes the adolescent feel helpless and lose hope.

C2 is a typical case of a phenomenon that occurs more among Albanian schools, the bulism. The case was in early adolescence when physical development is typical. The case has a thin voice, long body and limbs well developed compared to the body. School friends teased him and called him gay. Bulism level was very developed so that C2 was closed in himself and waited the intervention and help of God to escape from this situation, because he had learned from his family that everything comes from God and everything is changed by God. In this way, C2, was socially isolated and began to lose social interest. So religion, in that form perceived by him, influenced on him to get depressed and to not require the help of others to provide solutions. More he become part of bulism, more he prayed and lost in the whirlpool of depression.

C3 is a similar case with C1, but differs in the fact that C3 was a believer and that God did not answer her prayers for healing her mother, she showed depressive symptoms for a long time. Religion had created a perceptual schema that only God can heal her mother, but the mother was suffering from cancer. She perceives the death of the mother as a lack of her prayers to God, this created feelings of guilt that led to depressive symptoms.

C4 abandoned the religious obligations during a long period, due to a crisis of age. This had made him to have lower results in lessons and the relationship with the friends was reduced. The case perceives this situation as a punishment from God because he abandoned religious duties, but in fact his situation is complicated with his religion. Feelings of guilt that he has, influence on him to close in himself to pay for the "mistakes" that he has done and this led him to depressive symptoms.

C5 is a case that coincides with the previous cases where religion serves as mechanism of bringing depression, in the sense that it creates feelings of guilt. Feelings of guilt require that the individual be punished and this makes him depressive.

C6 is a case, representative of many other cases, that when entering in a religious faith they become more diligent in practices by engaging in spiritual life, but separated from other styles of previous life. This makes the case to cut ties with the friendship that had an irreligious life style and as a result the social intimacy was lost. This immediate disconnect created to him a somewhat social isolation and caused the case to get depressed by the fact that religion was the cause of his isolation.

C7 represents a category of teenagers who associate religion with various religious leaders. Life brings different situations that affect teenagers to be disappointed by these leaders and besides the dilemmas of identity that adolescence has itself, it is added the religious dilemma also. The non-understanding behavior of leaders causes a sad mood to the teenagers and they get depressed from the fact that religion doesn't bring the justice they are seeking.

Limitations of the study

This study is an empirical study based on clinical work that was done with the students of a school for a period of 3 years. Empirical studies generally have low external validity. The study focuses on the clinical experience of the psychologist and his supervisor, where subjectivity may be in a high scale. The attempt of psychologists for supervision creates an objectivity in the treatment of cases and in the analysis that is done to the religious mechanisms which cause depression.

The fact that this is a study with a very small number of cases, cannot represent the whole population of adolescents, but it gives us a thorough analysis and understanding of the mode of interaction that the religion factor has in the emergence of depressive symptoms among adolescents.

All the studied cases belong to only a school and an only religious faith, so we cannot generalize to other schools and other faiths.

The study is protected by ethical problems because we have got the permission of the school and the parents to treat the cases.

References

- Barnett, P. A., & Gotlib, I. H. (1988). Psychosocial functioning and depression: Distinguishing among antecedents, concomitants.
- Braam, A. W., Beekman, A. T. F., Deeg, D. J. H., Smit, J. H., & van Tilburg, W. (1997). Religiosity as a protective or prognostic factor of depression in later life: Results from a community survey in the Netherlands. *Acta Psychiatrica Scandinavica*, *96*, 199–205.
- Braam, A. W., Beekman, A. T. F., van Tilburg, T. G., Deeg, D. J. H., & van Tilburg, W. (1997). Religious involvement and depression in older Dutch citizens. *Social Psychiatry and Psychiatric Epidemiology*, *32*, 284–291.
- Lara, M. E., Leader, J., & Klein, D. N. (1997). The association between social support and course of depression: Is it confounded with personality? *Journal of Abnormal Psychology*, *106*, 478–482.
- McCullough, M. E., & Larson, D. B. (1999). Religion and depression: A review of the literature. *Teen Research*, *2*, 126–136.
- Nolen-Hoeksema, S. (1987). Sex differences in unipolar depression: Evidence and theory. *Psychological Bulletin*, *101*, 259–282.
- Nolen-Hoeksema, S., & Morrow, J. (1991). A prospective study of depression and posttraumatic stress symptoms after a natural disaster: The 1989 Loma Prieta earthquake. *Journal of Personality and Social Psychology*, *61*, 115–121.
- Nolen-Hoeksema, S., Larson, J., & Grayson, C. (1999). Explaining the gender difference in depressive symptoms. *Journal of Personality and Social Psychology*, *77*, 1061–1072.
- Pargament, K. I. (1997). *The psychology of religion and coping*. New York: Guilford Press.
- Pargament, K. I., Ensing, D. S., Falgout, K., Olsen, H., Reilly, B., VanHaitsma, K., & Earren, R. (1990). God help me: I. Religious coping efforts as predictors of the outcomes to significant negative life events. *American Journal of Community Psychology*, *18*, 793–824.
- Pargament, K. I., Koenig, H. G., & Perez, L. M. (2000). The many methods of religious coping: Development and validation of the RCOPE. *Journal of Clinical Psychology*, *56*, 519–543.