USE OF THESES

This copy is supplied for purposes of private study and research only. Passages from the thesis may not be copied or closely paraphrased without the written consent of the author.
RELIGIOSITY AND ITS CONTRIBUTION TO THE PREDICTION OF PSYCHOLOGICAL DISTRESS IN THE OLDER POPULATION

Endang Persitarini Soeratmo

A thesis submitted in partial fulfilment of requirements for the degree of Master of Clinical Psychology of the Australian National University

Department of Psychology
Faculty of Science
The Australian National University
Canberra

January, 1995
ORIGINALITY OF THESIS

I declare that this thesis reports my original work and that no part has been accepted or submitted for a degree or diploma at any University. To the best of my knowledge, no published or written material by another person has been included, except where due reference is given.

Endang Persitarini Soeratmo
ACKNOWLEDGEMENTS

The author wishes to extend her thanks to her supervisor, Dr. Don G. Byrne, for his continued support and encouragement, and Ruth Scott, for her invaluable assistance throughout the project.
ABSTRACT

Despite the existence of reliable data of a tendency toward increased religiosity in later life, the contribution of religion to mental health in the older population has received little empirical study. Several studies have examined the relationship between religiosity and psychological well-being among older people, nevertheless the findings are far from consistent. Lack of agreement among previous studies may be partly attributed to a failure to understand the multi-dimensional concept of religiosity and ignorance of the influence of the correlates of psychological well-being in the association between religiosity and psychological well-being. In response to the continuing ambiguity of the findings on the subject, the present study is aimed to investigate the contribution of indicators of religiosity to the prediction of anxiety and depression among older people, while taking into account variables which have been identified by the available literature as possible determinants of psychological well-being in the older population.

Four hundred and twenty three subjects aged between 55 to 91 years were included in the study. Discriminant function analyses were employed for multivariate examinations of the weighted influence of predictor variables (i.e. a combination of indicators of religiosity and socio-demographic variables) on anxiety and depression among older people. Religiosity was measured by questions relating to private prayer, church attendance, church activity, intrinsic religiosity and spiritual well-being. Analyses were undertaken separately for both men and women, and for groups of different religious denominations.

Health emerged as the most important contributor to the distinction between older people who had tendencies to be clinically anxious or depressed and those who were found not to be clinically anxious or depressed, irrespective of gender and religious denominational groups. The contributions of indicators of religiosity to the prediction of anxiety and depression were less consistent than health, and emerged in complex interactions with socio-demographic variables. The relative contributions of the discriminating variables varied with both gender and religious denomination groups. Moreover, the findings suggest that religion can be either positively or negatively associated with anxiety and depression depending upon the aspects of religion considered. The implications these findings have for theoretical rationales, clinical practice and for future research are discussed.
# TABLE OF CONTENTS

Acknowledgements ........................................................................................ iii
Abstract........................................................................................................ iv

CHAPTER ONE --- INTRODUCTION.......................................................... 1

1.1. RELIGIOSITY....................................................................................... 6
    1.1.1. Multi-dimensionality of Religiosity........................................... 7
    1.1.2. Measurement of Religiosity.................................................. 11
    1.1.3. Religion in Australia......................................................... 13
    1.1.4. Social Background and Religiosity........................................ 15

1.2. PSYCHOLOGICAL DISTRESS IN LATER LIFE.............................. 17
    1.2.1. Prevalence of Psychological Disorders in Later Life.............. 21

1.3. RELIGION AND SOCIAL STRESS APPROACH.............................. 24
    1.3.1. Religion as a Specific Coping Strategy............................... 27
    1.3.2. Religion as a Personal Resource........................................ 30

1.4. REVIEW OF THE STUDIES ON THE RELATIONSHIPS BETWEEN RELIGIOSITY AND MENTAL HEALTH IN LATER LIFE ................................. 32
    1.4.1. Intrinsic-Extrinsic Religiosity and Mental Health............... 32
    1.4.2. Organisational Religiosity and Mental Health................... 34
    1.4.3. Non-organisational Religiosity and Mental Health............. 35
    1.4.4. Religious Beliefs and Mental Health................................. 36

1.5. AIM AND HYPOTHESES................................................................. 38
APPENDIX M  Means and standard deviations of the predictor variables of the depressed and non-depressed groups for the Anglican group.................................................................156

APPENDIX N  Means and standard deviations of the predictor variables of the depressed and non-depressed groups for the CEP group.............................................................157

APPENDIX O  Means and standard deviations of the predictor variables of the depressed and non-depressed groups for the PMU group.............................................................158

APPENDIX P  Means and standard deviations of the predictor variables of the depressed and non-depressed groups for the None group..............................................................159