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Mini Review

The Potentially Positive Role of Religious Involvement in Depression

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Abstract

Depression as a serious mental disorder has led to great burden to both the economy and society worldwide. A large body of studies has been carried out in order to decipher the mechanisms underlying the pathophysiology of this mental illness, which has provided some insights into the diagnosis and treatment of depression. For the therapy of depression, though the potential role of religious involvement in depression has been a hot topic over the past two decades, it still remains controversial pertaining to its potentially positive therapeutic effects on the treatment of patients with depressive symptoms. Accordingly, in the current review we briefly summarized some key studies concerning the relationship between religious involvement and depression so as to shed some light on the potentially positive roles of religious involvement during the therapy of depression. Also, great efforts were made to appeal for leaving much more room for the underlying therapeutic effects of religious involvement when combined with some other clinical methods during the treatment of depression. In addition, we presume that the positive influences of religious involvement to patients with depressive symptoms highlight the importance and necessity of considering the spiritual care in the future clinical therapy of depressive patients.

Introduction

Depression is a mental disorder characterized by heterogeneous symptoms including an overwhelming sense of fatigue, neuropsychiatric and vegetative symptoms, neuroimmunological disturbances [1], neuroendocrine abnormalities [2], which has greatly resulted in some economic and social burden [3]. Multiple lines of studies have been performed on depression-like behavior rodent models in order to unveil the mechanisms underlying the pathophysiology of this mental illness [4-12], which, in the end, will undoubtedly shed some lights on the diagnosis and treatment

of depression. For the therapy of depression, the potential role of religious involvement in depression has always been a hot but still a controversial topic over the past two decades [13-18]. Accordingly, here in the current review we concisely summarized some key studies relevant to the relationship between religious involvement and depression aiming to provide some insights into the potentially positive roles of religious involvement during the therapy of depression.

It has been documented that religious and spiritual factors were associated with a decrease in anxiety, depressive symptoms and substance abuse, as well as an increase in the greater sense of meaning and purpose in daily life [19]. Religious involvement is generally considered to be comprised of religious beliefs [14,17,20,21] and engagement in religious activities [14,22,23]. Religious involvement has been suggested to be closely associated with better physical health, better mental health, and longer survival [24], implying this kind of activity probably exerted some positive effects on the mental disorder-depression. In fact, one historic work has demonstrated that people with high levels of religious involvement had a lower probability of exhibiting

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depressive symptoms and depressive disorders [16], which suggests that religious involvement could produce a protective effect against the occurrence of depression. Moreover, religious involvement could also help patients with chronic medical illness deal better with physical disability, and the higher religious involvement was correlated with positive emotions which may affect the treatment and recovery of depression over time [14]. When combined with some other therapeutic methods, the positive effects of religious involvement in the therapy of depression may be more obvious and efficient. Nowadays the religiously integrated cognitive behavioral therapy (RCBT) has been considered as a new method to treat major depression in patients with chronic medical illness [13]. Actually, the RCBT approach has increased its potential to help the depressed patients from various religious backgrounds, including the five major world religions (Christianity, Judaism, Islam, Buddhism, and Hinduism) [13]. It highlights the fact that much more room should be left for the potentially positive therapeutic effects of religious involvement when combing with other clinical methods, such as the deep brain stimulation [25,26], during the treatment of depression.

Based on the findings by Koenig et al. (2001), seven-nine of the 850 studies documented that religiousness was notably associated with higher life satisfaction, more positive effect, and greater happiness [27], which further implies the potentially positive role of religious involvement during people's daily life. The positive role of religious involvement in depression has been strengthened by a recent study focused on the youth with interpersonal problems. It was confirmed that religious involvement was associated with decreased levels of depressive symptoms and less suicidal ideation [28], suggesting the necessity and importance of taking the religious involvement as a potential target of youth depression and suicide prevention interventions. There is also evidence arguing that religious involvement could perform its positive influences through both the psychosocial and unique psychological-spiritual processes which included something peculiar to religion only, such as ultimate concern, eternal life after death, spiritual character and significance, spiritual support, religious coping and the like [29]. Viewing from this point, the positive role of religious involvement during the therapy of depression seems more likely to function through modulating the spiritual aspects of patients with depressive-symptoms [30], which may remind the clinicians to pay much more attention to the spiritual needs of patients with depression.

In sum, based on the aforementioned evidence, religious involvement is potentially positive and effective in the treatment of depression and it could be considered as one potential alternative for the therapy of depression. Moreover, much more room should be left for the underlying therapeutic effects of religious

involvement when combined with some other clinical methods during the treatment of this mental disorder. Last but not the least, the positive influences of religious involvement to patients with depressive symptoms underscores the importance and necessity of considering the spiritual care in the future clinical therapy of depressive patients.

Conflict of Interest

Chanyi Lu, Hua-Zhen Lin and Yao-Yao Li contributed equally to this work.

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