

The Relevance of Culturally-Valued Activities to Levels of Depression Among Orthodox Jews



David E. Baruch¹, David H. Rosmarin², Steven Pirutinsky³, Jonathan W. Kanter¹, Cheryl L. Holt⁴, Robert H. Feldman⁴, & Lee S. Caplan⁵

¹ University of Wisconsin-Milwaukee, ²McLean Hospital / Harvard Medical School, ³Teachers College, Columbia University, ⁴University of Maryland, College Park, ⁵Morehouse School of Medicine

Introduction

- ❖ In general, spirituality integrated treatments have garnered empirical support (Smith, Bartz, & Richards, 2007).
- ❖ Several religious groups represent distinct cultures (Cohen & Hill, 2007) and may require culturally adapted psychotherapy treatments to match cultural norms, values, and behaviors.
- ❖ When considering important cultural variables, one may ask whether religious/culturally-valued activities relate to symptoms of psychopathology, such as depression? And if so, is it the activity itself that underlies this relationship or the meaning associated with it?
- ❖ The present study investigated whether adherence to religious, culturally-valued activities relates to depression for Orthodox and Non-Orthodox Jews.

Method

Participants

- ❖ 246 Orthodox (n = 145; 68.3% female) and Non-orthodox (n = 101; 81.4% female) Jewish participants completed an online survey assessing levels of Jewish religious practice and depression.

Measures:

- ❖ Demographics (e.g., Age, Gender, Jewish Orthodoxy status)
- ❖ Religious Practice: 10 item measure of Jewish religious practice (Cronbach's alpha = .90) based on a 5-point scale ranging from 1 (not at all) to 5 (very much). Examples include: "How often do you pray or speak to G-d," and "I try my best to keep the laws of Kashrut (dietary laws)."
- ❖ Intrinsic Religiosity : 3 item measure of "intrinsically" motivated religious practice (Cronbach's alpha = .87) based on a 5-point scale ranging from 1 (not at all) to 5 (very much). Examples include: "In my life, I experience the presence of the Divine (i.e., God)," and "I try hard to carry my religion over into all other dealing of my life."
- ❖ Depression: The Center for Epidemiological Studies Depression Scale (CESD; Radloff, 1977) is a 20-item measure that assess for symptoms of depression.

Table 1. Group characteristics

*p < .05, **p < .001

	Age**	CESD	Religious Practice**	Intrinsic Religiosity**	Ethnicity
Non-Orthodox Jews (n = 101)	45.75 (SD = 15.60)	18.66 (SD = 6.64)	35.46 (SD = 11.81)	10.94 (SD = 3.29)	Caucasian 91.2% Asian-American 1% Latino/Hispanic 1% Other 6.8%
Orthodox Jews (n = 145)	37.53 (SD = 14.56)	18.18 (SD = 6.50)	51.60 (SD = 7.89)	13.31 (SD = 2.24)	Caucasian 94.5% Asian-American .7% Other 4.8%

Results

Research Question #1: Is the relationship between Religious Practice and Depression dependent on Jewish Orthodoxy?

Pearson Correlations

- ❖ Jewish Orthodoxy was not correlated with depression ($r = -.03, p = NS$).
- ❖ Religious Practice was negatively correlated with depression ($r = -.14, p < .05$).

Hierarchical Regression

- ❖ With Depression entered as the dependent variable, in Step 1, Jewish Orthodoxy and Religious Practice was entered and, in Step 2, the interaction of these two variables was added as a predictor (see Table 2).
- ❖ Step 1
 - Jewish Orthodoxy failed to significantly predict depression ($\beta = .11, p = NS$).
 - Religious Practice significantly predicted less depression ($\beta = -.22, p < .05$).
- ❖ Step 2
 - Jewish Orthodoxy x Religious Practice significantly predicted depression ($\beta = -.23, p < .05$).
 - Higher levels of Religious Practice predicted less depression, specifically among Orthodox Jews (see Figure 1)

Figure 1. Interaction of Jewish Orthodoxy and Religious Practice

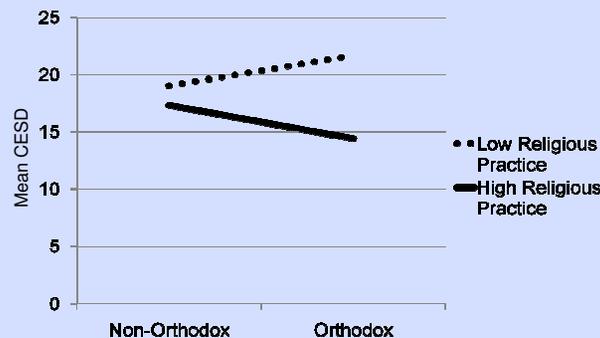


Table 2. Interaction of Religious Affiliation and Religious Practice

Variable	Step 1			Step 2		
	B	SE B	β	B	SE B	β
Jewish Orthodoxy	1.49	1.23	.11	1.82	1.22	.14
Religious Practice (centered)	-.11	.05	-.22*	-.04	.06	-.07
Religious Affiliation x Religious Practice				-.23	.10	-.23*
ΔR^2		.027			.025	
F for change in R^2		2.78**			5.15*	

**p = .06, **p < .05

Research Question #2: Among Orthodox Jews, does Intrinsic Religiosity predict depression above and beyond Religious Practice?

Hierarchical Regression

- ❖ With Depression entered as the dependent variable, in Step 1, Religious Practice was entered and, in Step 2, Intrinsic Religiosity was added as a predictor (see Table 3).
- ❖ Step 1
 - Religious Practice was a significant predictor ($\beta = -.29, p < .05$), combining to predict 9% of the variance in depression
- ❖ Step 2
 - Religious Practice and Intrinsic Religiosity together significantly predicted less depression ($\beta = -.28, p < .05$).
 - Intrinsic Religiosity predicted an additional 5% of the variance.

Table 3. Unique contribution of Intrinsic Religiosity among Orthodox Jews

Variable	Step 1			Step 2		
	B	SE B	β	B	SE B	β
Religious Practice (centered)	-.26	.08	-.29*	-.11	.10	-.13
Intrinsic Religiosity				-.85	.33	-.28*
ΔR^2		.08			.05	
F for change in R^2		10.65*			6.61*	

*p < .01

Discussion

Conclusions

- ❖ Levels of Religious Practice predicted depression specifically among individuals who value it as a cultural practice.
- ❖ This finding supports the need to emphasize culturally-valued activities when treating depression among a specific cultural group.
- ❖ The unique contribution of Intrinsic Religiosity among Orthodox Jews suggests the need not only to address culturally-valued activities, but to connect the activities to greater meaning as culturally-defined.

Limitations

- ❖ Data was collected via self-report and therefore must be interpreted relative to self-report bias.
- ❖ Data is cross-sectional and correlational and therefore it is subject to third variable confounds and conclusions about temporal relationships can not be made.
- ❖ Interpretation would be strengthened by replicating findings with a more clinically depressed sample and with alternative assessment strategies (i.e., non-internet surveys).

References available upon request
Contact information: debaruch@uwm.edu