

Do religious struggles accompany, cause, or result from depression among Orthodox Jews?

“This grieved Yonah greatly ... and [he] said “Please G-d was this not my contention when I was still on my own soil? I therefore hastened to flee ... So now G-d please take my life from me, for better is my death than my life.”
(Yonah, 4:1-3)

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Barriers among Orthodox Jews

- Cultural-specific family stigma (Pirutinsky, Rosmarin, Shapiro, & Rosen, 2010)
- Negative attitudes towards psychotherapy (Pirutinsky, Schechter, Langer, & Snow, 2008)
- Limited availability of religious/culture sensitive services (Schnall, 2006)
- Differential attitudes when symptoms impact religious practice (Pirutinsky, Rosmarin, & Pargament, 2009)

Barrier: Religious Struggles

- Particularly challenging, since individuals hesitate to bring religious and spiritual issues to professionals (Pirutinsky et al., 2009)
- Clinicians receive little training in addressing these concerns (Walker, Gorsuch, & Tan, 2004)
- And are reticent to explore these issues (Turner-Essel & Waehler, 2009).
- **Perhaps due to a lack of research-driven and clinically relevant models**

Religious Struggles and Mental Illness

- Clinical “lore” suggests that religious and spiritual struggles often accompany mental illness
- Research using clinician rated religious adherence and GAF scores (Pirutinsky & Schechter, 2009)
- Cross-sectional research using self-reported religious coping and anxiety and depression (Rosmarin, Pirutinsky, Pargament, & Krumreil, 2009)
- National study: Spiritual struggles correlated with symptoms of depression (McConnel, Pargament, Ellison, & Flannelly, 2006)

“Correlation is not Causation”

- Vast majority of religion and mental health research has been correlational and focused exclusively on positive aspects of religiosity (Smith, McCullough, & Poll, 2003)
- To my knowledge, research focusing on Orthodox Jews has been exclusively correlational
- Given the profound integration of religion into cognition, emotion, and behavior, “*correlation is not causation.*”

Three Possibilities

- 1) Religious struggles may simply accompany poor mental health, as a domain within which negative feelings and thoughts are expressed
- 2) Poor mental health may increase religious struggles (e.g., decreasing engagement in religious activities, increasing guilt, activating negative core beliefs about G-d, promoting existential questioning)
- 3) Religious Struggles may decrease mental health. (e.g., negative core beliefs and meaning making, disruptions in relationships, community, and social identity)

Method

- 75 Orthodox Jews drawn from the control group of a previous described RCT (Rosmarin, Pargament, Pirutinsky, & Mahoney, 2010).
- Negative JCope (Rosmarin et al., 2009) measured religious struggles in reaction to life events
- Center for Epidemiologic Studies Depression Scales
- Times 1 and 2 (two weeks later)
- Analysed using the Structural Equation Modeling package in R (Fox, 2006).

Negative Jcope (Rosmarin et al., 2009)

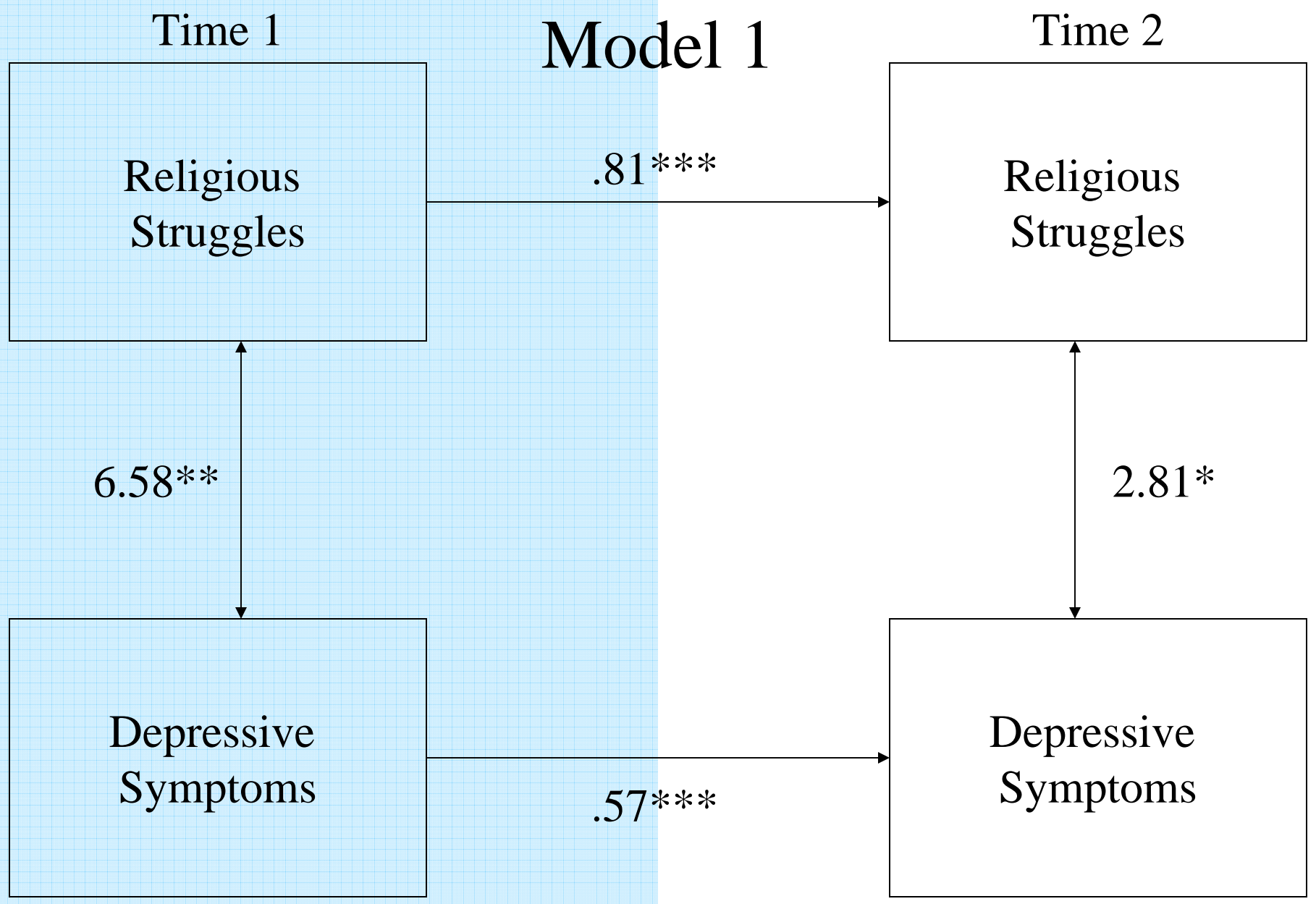
- How often you do the following things when you have a stressful problem?
 - I get mad at G-d
 - I argue with G-d
 - I question whether G-d can really do anything
 - I wonder if G-d cares about me
 - I question my religious beliefs, faith and practices
 - I feel angry with or distant from people in my synagogue
 - I wonder what I did for G-d to punish me

Structural Equation Modeling

- SEM is similar to multiple regression, but more powerfully and robustly models a pattern of relationships between variables.
- Step 1: Specify Model
- Step 2: Fit Model (estimated using 2SLS)
- Step 3: Assess Model Fit
 - (X^2 n.s.; RMSEA: $<.1$; NNFI & CFI $>.95$)
- Step 4: Compare Models (X^2 reduced)

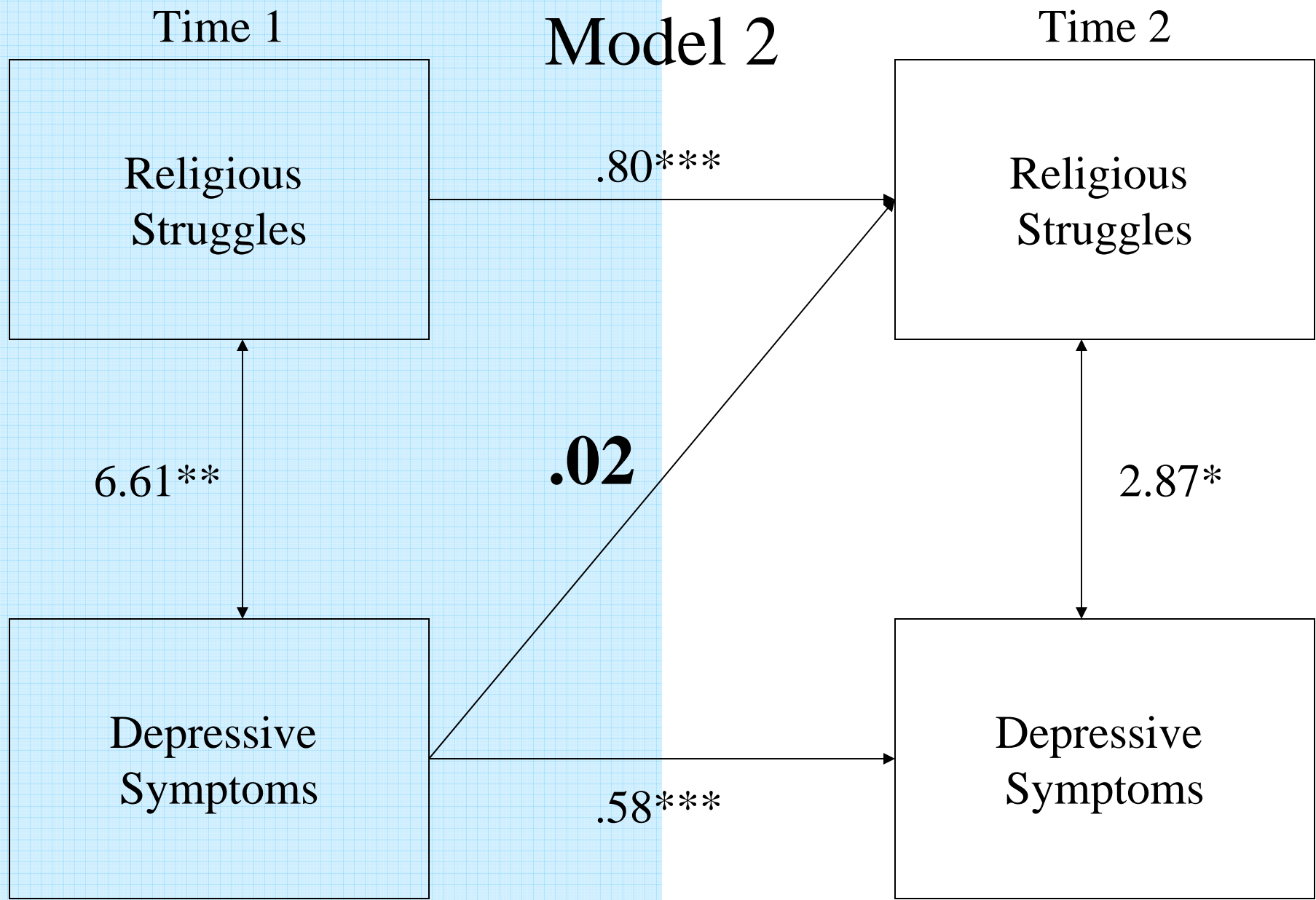
Results

Model 1



Model Fit: $\chi^2 = 16, p < .05$; RMSEA = .15; CFI = 0.94; NNFI = 0.86

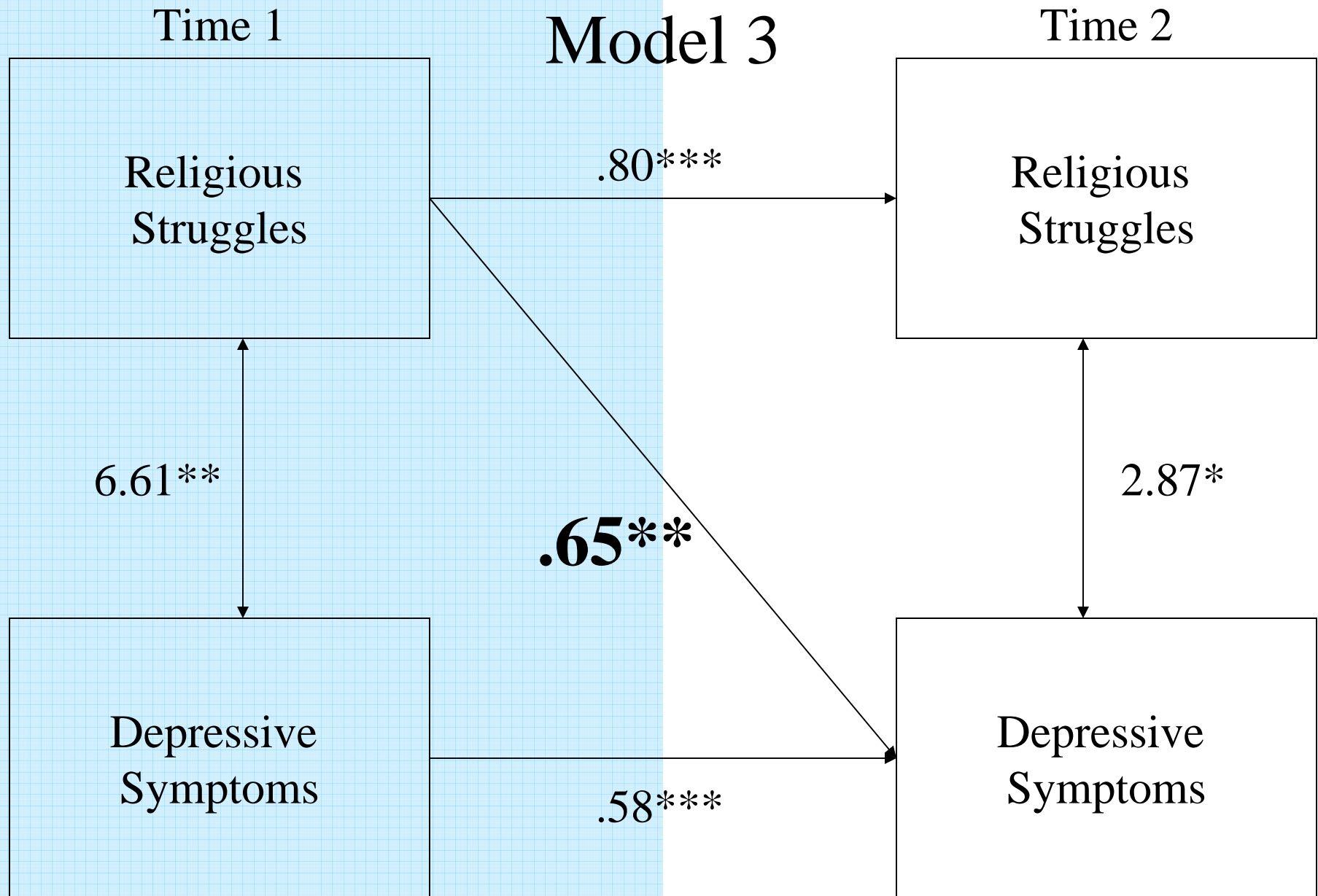
Model 2



Model Fit: $\chi^2 = 16, p < .01$; RMSEA = .15; CFI = 0.94; NNFI = 0.86

Model 1 vs. Model 2: $\chi^2 = .23, p = .89$

Model 3



Model Fit: $\chi^2 = 7.00, p = .14$; RMSEA = .08; CFI = 0.98; NNFI = 0.96

Model 1 vs. Model 3: $\chi^2 = 9.33, p < .01$

Model 3 vs. Model 3 + 2: $\chi^2 = .12, p = .94$

Discussion

- Results suggest that religious struggles precede and possibly cause depression among Orthodox Jews
- Important to research, assess, and treat religious struggles
- Measures of positive and negative religiosity (e.g., JCope, TIG/MIG)
- New treatment approaches (e.g., SI RCT)

Possible Clinical Models

- Cognitive
 - Negative “Core Beliefs” (e.g., Beck, 1995)
 - Disrupted Meaning Systems (e.g., Resick, Monson, & Rizvi, 2008)
- Interpersonal
 - Role transitions and conflicts (Weissman, Markowitz, & Klerman, 2000)
 - Social Identity (e.g., Pirutinsky & Mancuso, 2010)
- Psychodynamic
 - G-d as transference (Schechter, 2010)
 - Attachment to G-d (Pirutinsky, 2010)

Limitations and Future Directions

- Replication in community and clinical samples
- Experimental Designs
- Inclusion of other aspect of religious struggles, and other outcomes
- Mediators and Moderators