A Study of Impact of Social Activities and Religion/Spirituality on Depression and Life Satisfaction among the Korean Elderly

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Abstract:

This study examined how religious experience and spiritual practice related to depression and life satisfaction among the 217 Korean elderly, aged 65 to 80. The Brief Multidimensional Measure of Religiousness/Spirituality was employed to measure six domains of religiousness/spirituality: daily spiritual experiences, values, forgiveness, private religious practice, religious/spiritual coping, and religious support. Depression was assessed with the Geriatric Depression Scale, and the Satisfaction with Life Scale was used to measure life satisfaction. Lower depression scores were predicted by higher levels of religious and spiritual coping, higher income, good physical health, and lower daily spiritual experiences after controlling for demographic variables. The full model of demographic variables and religiousness/spirituality variables explained 30% of the total variance in depression. In addition, identifying as female, poorer perceived health and old-old age predicted lower life satisfaction in this study. The full model of demographic variables and religiousness/spirituality variables explained 27% of the variance in life satisfaction. The implications of this study's findings on social work practice are also discussed, along with some future research directions.

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I. Introduction

Owing in part to rapid industrialization and urbanization, a variety of problems in the Korean society are emerging, including the elderly depression and senior suicide. The causes of suicide in senior citizens are complex and multifarious, but geriatric depression appears to be the principal cause. Eight out of ten male and female seniors aged 60 and above experienced suicidal attacks, largely as the consequence of infirmities, family disputes, and loneliness (Seo, 2006). As geriatric problems such as depression and suicide induced by psychological and social maladjustment have surfaced as serious issues, attention is being increasingly focused on issues of psychological and social adjustment in the elderly.

Similarly, the importance of social activities in maintaining physical, emotional, and social well-being has drawn the attention of researchers in gerontology, social work, and health disciplines. In particular, a growing number of studies indicate associations between social activities and elders' physical and mental health (Lubben and Gironda, 2003; Aizenberg, 2006; Kang, 2010). Therefore, a clear need exists to create an environment and spaces conducive to these individuals' leisure pursuits. Proactive social participation and regular leisure activity can help elderly individuals with abundant time after retirement to overcome solitude and feelings of isolation and boredom, as well as enhancing their satisfaction in life, thereby reducing the level of depression in these individuals (Huh and Yoo, 2002).

In addition, a growing awareness exists that greater involvement in religion and a cultivation of spirituality are associated with better physical and mental health outcomes across the age spectrum (Bae, 2002; Yoon, 2006). A number of recent studies suggest that religion and spirituality play an important role in maintaining health among the elderly (Koenig, 2006), in coping with stress (Nelson-Becker, 2005)

and negative life circumstances (Cho, 2002), as well as recovery from relationship problems (Kang, 2009) and illness (Centore & Clinton, 2008). Many studies also report 76.8% of Korean older adults maintain close affiliations with religious organizations (Koenig, 2001; Choi, 2003). However, many questions regarding such affiliations have yet to be addressed. It is unknown whether this strong religious affiliation results from an increase in needs beyond what can be met within family and other social networks. In addition, it remains unclear by what mechanism religious affiliation provides social support for the elderly. Finally the direct relationship between religion and spirituality with mental health and general well-being among this population has yet to be established.

Furthermore, recent studies have also found that the Korean elderly suffer from high level of depression (Kang, 2009; Ahn, 2006; Lee, 2004). Previous studies (Billings & Moos, 1985; Bisconti, 1999) reported that depression results from the interplay of several factors, including a lack of personal resources (level of education, health status, and income, and so on) and environmental resources (social supports), with stressful life events. A large number of studies have also found that people who are more involved in and committed to religion tend to enjoy better physical and mental health than do individuals who are not as religious(Fry, 2000; Yoon & Lee, 2007). Yet, religious involvement as a resource of life satisfaction has been overlooked in those studies.

To address these shortcomings, the current research investigates the relationship of social activities, religious experiences, and spiritual practices with depression and life satisfaction among the Korean elderly, applying the theoretical framework of Lazarus and Folkman's (1984) model of stress and coping. Results of this study provide data that may suggest methods with which social work practitioners and other health care professionals can develop programs or services to enhance the quality of life of the Korean elderly. In addition, findings from this study suggest the need for greater collaboration between health care professionals and faith-based organizations in order to improve the quality of life of older adults and to reduce health disparities. That is, faith-based organizations, such as Buddhist temples and Christian churches not only meet the spiritual needs of this population but also provide social and emotional support by giving a sense of belonging, safety, and a purpose to life.

II. Theoretical Background and Literature Review

1. Stress and Coping Theory

The stress and coping theory of Lazarus and Folkman(1984) has provided a valuable framework for understanding late-life adaptation to stressful events and for predicting the relationship between stressful events and psychological outcomes among older adults (Flores, 2007; Nelson-Becker, 2005). This theory acknowledges the importance of personal and environmental stresses, such as family conflicts, acculturation, and adaptation. It examines the effect of such stresses on the well-being of older adults.

Researching how an individual copes with stress, Lazaus and Folkman (1984) discovered four interdependent elements: environmental demand, cognitive appraisals, emotional responses, and coping efforts. The interdependence of these elements is such that a change in one element reciprocally affects each of the other elements. That is, stress occurs within the reciprocal relationship between people and their environment; the person and his or her environment are in a dynamic relationship that is in constant flux. Psychological stress results for an individual whose environment has been appraised as either taxing or exceeding his or her coping resources, and which ultimately endangers the individual's well-being.

To test whether the traditional stress and coping paradigm for explaining depression is applicable to the Korean elderly, the current study examined the role of stress and coping resources(social activities, religion, and spirituality) in predicting depression and life satisfaction. Social activities and religion/spirituality were conceptualized as coping resources, which help Korean older adults to uphold traditional cultural values of enduring hardships and to gain social support through membership in social activities and in religious organizations.

2. Depression and Life Satisfaction

Depression has been identified as a common mental illness among many diverse populations of all ages (Bae, 2002). More importantly the prevalence of depression among the Korean elderly is reported to be higher than other age groups (Kang, 2009). For example, the prevalence of depression measured by the Geriatric Depression Scale has been reported at 44% for the elderly. These findings suggest that there are

contributing stressors that specifically affect the mental health of older Korean people.

Levels of depression vary with demographic factors such as age, gender, marital status, and living arrangements. Contact with their children and relatives affect on depression (Lee, 2004; Jang and Kim, 2005; Ahn, 2006). Previous studies have shown that the Korean elderly tend to combine the expression of depressive symptomatology with somatic complaints in response to psychological or emotional problems (Koh, Sohn and Choi, 2001; Shin and Lee, 2002; Choi, 2003). In addition to the high levels of psychological distress among the elderly, there is low awareness and utilization of mental health services.

Life satisfaction has been defined as an individual's cognitive evaluation of his or life, as determined by life goals and their actual outcomes (Kang, 2009). For the elderly, this involves a total assessment of goals and outcomes of the elder's entire life course. Many studies regarding the elderly from diverse backgrounds have confirmed that correlation of life satisfaction takes into account emotional support from friends and family and relationship harmony (Kyung and Yoo, 2000; Yoon, 2006).

Pang (2000) reported depressive symptomatology as a measure of psychological health, with limited data available on negative mental health outcomes and somatic symptoms. This study describes how life satisfaction is related to religion and spirituality. Some researches indicate that a number of socio-demographic factors are associated with life satisfaction among the population in general including age, gender, education, income, and living arrangement, and so on. These socioeconomic and demographic variables affecting mental health investigated in many studies could be viewed as personal resources. These resources could directly or indirectly help people cope with stress in all domains of life. Some studies show that mental illness among the elderly is associated with their current socio-economic status and other personal characteristics (Mills and Henretta, 2001; Shen and Takeuchi, 2001). They found that socio-economic status had a direct effect on the severity of depression among the elderly.

3. Social Activities

1) Social Activities and Geriatric Depression

Old age is a time of life during which people are no longer obliged to have an occupation, and thus they are not as involved as before in production or leisure on a

regular basis. The elderly frequently idle away their time in passive and boring activities. Proper leisure activities may exert positive effects on seniors, such as a delay in the aging process and the prevention of degradations in physical strength. Voluntarily engaging in the social activities of their choice with meaningful acquaintances and forging a close relationship can help seniors prevent failure to adapt to the loss of role and the psychological consequences thereof.

Previous studies regarding the impact of seniors' social participation on depression are as follows. Firstly, the more involved seniors are in social activities, the more satisfied and the less depressed they tend to be, which indicates a negative correlation between the level of social activities and depression. A negative correlation also exists between the frequency of participation in leisure activities, social interaction, travel, sports, volunteer work, and depression (Kim, 2001; Bae, 2002; Kang, 2010). Research has shown that senior groups who participate in social activities tend to be more satisfied with their lives than their inactive counterparts. As a consequence, the former group tends to feel less depressed, excluded, or lonely (Byard, et al., 2004), and seniors with low levels of participation have been reported to feel more isolated and older (Park and Jung, 2005; Fontalba, et al., 2007). A very close link exists between seniors' activities and their adaptation to aging, with the more active group adapting more effectively than the inactive one. Therefore, the primary objective of this study was to determine the manner in which the social activities of seniors influence depression.

2) Social Activities and Life Satisfaction

Researches on the relationship between social activities and the level of life-satisfaction of the elderly include the following. According to the research of Kang and Park (2007), the level of life-satisfaction for the residents who have conversations and share feelings with their roommate(s) is higher than those who do not. Close friendship with roommates in the residential care is considered to have a meaningful effect on the satisfaction, of their residential facilities, life-satisfaction, positive feelings and the level of social support. Furthermore, a research analyzing 270 elderly aged 60 and above living in Seoul (Choi, 2003) showed that participating in social activities had the biggest effect on the life-satisfaction of the elderly. The next biggest effects were frequency in the case of relative supports and the distance in the case of

immediate families. In terms of the functions of support network, psychological support network had the biggest impact on the life-satisfaction of the elderly.

According to the research by Park and Jung (2005) which they investigated the relationship between life-satisfaction and social activities among the elderly under livelihood protection residing in Busan area, economic satisfaction had an important influence on the life-satisfaction. On the other hand, social activities satisfaction had a bigger impact upon the life-satisfaction of the elderly than the frequency of contact with the children and relatives. Thus, social activities turned out to be a very important factor for life-satisfaction of the elderly and the satisfaction of the area of residence where the elderly can make friends had a significant effect on life-satisfaction.

4. Religion and Spirituality

1) Concept

Religion and spirituality are broad terms that incorporate many meanings. Older adults may associate the term religion with a variety of meanings and may include a range of spiritual aspects, and they may use the terms religion and spirituality interchangeably. However, in order to study religion and spirituality, researchers have adopted the standard practice of differentiating and even completely separating these two concepts.

Fundamentally, religion is defined as a community's formalized, institutional pattern of belief. Other characteristics include the institution's practices, specific behaviors, social ways, doctrines, denominational label, and spiritual values (Canda and Furman, 1999; Nelson-Becker, 2005). In general, religion encourages moral standing and participation in activities that attest to a belief in God or a higher power. On the other hand, spirituality refers to a range of experiences that embrace the existence of God or a higher power without requiring the actual practice of, or participation in, organized religious activities (Emmons and Paloutzian, 2003). It has been described as a person's experience or belief in a power apart from his or her own control. Spirituality may be viewed as a process that integrates all aspects of the person: the wholeness of what it is to be human, the search to build meaningful relationship with others, and the grounds of existence-whether that is understood theistically, non-

theistically, or in any other way.

The adoptions of these religions in Korea have influenced how Korean older adults perceive their physical and mental health. Rather than one religion affecting a particular set of belief, an influence of several religious perspectives has formed the social values of health and well-being. For example, "Confucians believe that health and illness are controlled by divine fate in heaven"(Pang, 2000, p.206). Buddhists also believe that resigning to one's predetermined fate is the pathway to inner peace. Accordingly religions and spiritual beliefs associated with health and well-being are not necessarily barriers to seeking mental and physical health services; they may function as social support resources and coping strategies. These can including praying, mediating, reading spiritual texts, attending services, and seeking religious support and counseling.

2) Relationship of Religion and Spirituality to Depression

Research examining the association between religion, spirituality, and depression among the Korean elderly is very limited. In one of the few studies in this area, Park and Yoo (2005) investigated similarities and differences in religion and spirituality, and the degree of depression among elderly Korean women. Another study, Lee(2007) examined religion and spirituality as predictors of well-being among Chinese and Korean older adults. In an attempt to measure a broad range of religions and spirituality, he found that Koreans who had higher education and received more religious support reported less depression.

Many studies have demonstrated that religion and spirituality are negatively associated with depression among the elderly (Koenig, 2006; Lee, 2007; Kang and Park, 2007). These studies have found that the religiously active are less likely to become depressed and less likely to stay depressed. They also examined relationship of religious participation and affiliation to mental health status among older primary care patients. Their findings indicated that there is a significant negative association between religious affiliation and the presence of major depression. Among the most recent and comprehensive studies examining the relationship between religion and mental health was a meta-analysis of 147 independent studies (Smith, McCullough, and Poll, 2009). The meta-analysis found that independent increased religious belief was

modestly associated with fewer depressive symptoms. Despite growing scientific interest, research on aging, religion, spirituality, and depression has presented major methodological challenges.

3) Relationship of Religion and Spirituality to Life Satisfaction

Few studies have examined the association between religion, spirituality and life satisfaction among the Korean elderly. In one line of research Lee (2007) examined the relationship between religion and life satisfaction with a systematic stratified random sample of 104 Korean elders. Variables such as socioeconomic status, social activities, health, marital status, life satisfaction, religion, and reminiscence were examined. Individuals with higher mean religion scores reported higher levels of life satisfaction than those with lower religion scores.

Recent research also found that religion and spirituality were associated with greater life satisfaction among rural older people (Roh, 2010). This study indicated that respondents who reported greater life satisfaction were more likely to practice greater forgiveness, use more religious and spiritual coping strategies, and receive more religious support. In another study, Yoon and Lee (2007) examined the impact of religiousness, spirituality, and social support on life satisfaction among the elderly. This study concluded that higher levels of life satisfaction were results of three factors: more religious and spiritual coping skills, greater religious support, and more social support. Therefore, the relationships between religion and life satisfaction among older adults may strongly suggest that religion is positively related to life satisfaction.

III. Research Method

1. Participants and Data Collection

The participants included 300 senior citizens aged 65 and above in Seoul and Kyonggi Province. 245 participants lived at home and attended senior welfare centers, whereas the 55 remaining individuals were institutionalized. This study utilized cross-sectional survey design consisting of structured interviews to collect the data. Structured face-to-face interview were chosen due to the many advantages. First, these interviews are easy to administer. Second, they bring about high response rates compared to other methods. Third, participants tend to provide more thoughtful

answers than they do in response to less personal methods. Lastly, interview may be more reliable, as interviewers can clarify questions for participants during the course of the interview. In addition, all interviewers were trained prior to interviewing as to maximize objectivity and consistency.

Data were collected from March to May 2011 after obtaining research consent. Data were gathered via questionnaire, and some questionnaires were filled by the research assistants for illiterate seniors or those with failing eyesight. Among the 284 questionnaires collected, 67 were intentionally disregarded because they were incomplete and thus inappropriate for analysis. Accordingly, the remaining 217 questionnaires were ultimately utilized in this study.

2. Research Hypothesis

1) Higher levels of religiousness/spirituality will significantly predict lower levels of depression among Korean elders..
2) Participating in social activities will significantly predict lower levels of depression among Korean elders
3) Higher levels of religiousness/spirituality will significantly predict higher levels of life satisfaction among Korean elders.
4) Participating in social activities will significantly predict higher levels of life satisfaction among Korean elders.

3. Measurements

1) Social Activities Scale

Social Activities Scale developed by Kim (1988) was used to measure seniors' social activity level. KIM’s social activities scale consists of 40 questions on 7 sub-areas of activities as a grandparent, a parent, a spouse, a friend, a relative, a group member, and a believer on a five-point rating scale. This study selected 4 questions determining the level of social activities as a group member because all the participants of this study were attending senior welfare centers or living in the facilities. Therefore, among the sub-areas of Kim's scale, group member was a sub-area substantial enough to be utilized in this study. The Cronbach’s alpha coefficient of group member sub-scale was .71, indicating its internal consistency.

2) Religion and Spirituality

The Brief Multidimensional Measure of Religiousness/Spirituality (BMMRS: Fetzer Institute, 1999) was used. Descriptive statistics of the BMMRS for the General Social Survey (GSS, n=1,445) demonstrated that the majority of the U.S. general population had high levels of religiousness and spirituality. Additionally, Cronbach's alpha (α) levels for most of the domains exceeded .70. Analysis by age and sex showed the elderly participants reported higher levels of religiousness in virtually every domain of the measure. In this study, six out of 11 subscales were adapted from the BMMRS based on previous studies (Lee, 2007; Yoon, 2006). These included daily spiritual experiences, values/beliefs, forgiveness, private religious practice, religious/spiritual coping, and religious support as described below.

The daily spiritual experience subscale measures individuals' perceptions of the existence of a transcendent being and their daily interaction with this being. Daily spiritual experiences include a sense of connection with a higher being. This longing for an encounter with God creates a sense of wholeness, awe, gratitude or feeling of compassion. This subscale consists of six items with a five-point Liker-response format ranging from 1 (never) to 5 (every day). Cronbach's alpha was .93 in the current study.

The value/beliefs subscale measure religious values and beliefs. Also, this sub scale measures the extent to which an individual's behavior reflects a normative experience of his/her faith and religion as the ultimate value. It consisted of two items with a four-point Likert response format, which ranged from 1 (strongly disagree) to 4 (strongly agree). Cronbach's alpha was .64 among Korean rural elderly (Yoon, 2006), and .73 for this study.

Forgiveness measure the degree of forgiveness of self and others, and a belief in the forgiveness from God. Most religious traditions attempt to foster beliefs and teach methods that facilitate forgiveness. This subscale consists of three items rated on a four-point Likert response format, ranging from 1 (never) to 4 (always). Cronbach's alpha was .68 in this study.

The private religious practices subscale measures informal, non-institutional religious behaviors. This subscale consists of give items with a five-point Likert response format ranging from 1 (never) to 5 (everyday). Cronbach's alpha was .83 in a study of

Chinese and Korean older adults (Lee, 2007), and .85 in the current study.

The religious/spiritual coping skills subscale measures religious/spiritual practice and beliefs specifically related to coping with life's problems. It includes both positive and negative aspects reflective of religious methods dealing with religious struggles. This subscales consists of seven items with a four-point Likert response format, ranging from 1 (not at all) to 4 (a great deal).). Cronbach's alpha was .81 among rural Korean elderly (Yoon, 2006), and in this study, the reliability was .54.

The religious support subscale measures aspects of the social relationships between study participants and others in their shared place of worship. The four-item religious support scale produced a Cronbach's alpha of .68 in this study.

3) Geriatric Depression Scale

The Geriatric Depression Scale Short Form-Korean Version was employed to measure the level of depression in the elderly. In the Geriatric Depression Scale Short Form-Korean Version, a revision of the Yesavage Geriatric Depression Scale, Cronbach's alpha coefficient equals .88, split-half reliability .88 and test-retest reliability .93 (Li, 1995). This scale asked respondents a series of true or false questions, and the questionnaire contained 15 questions in total. The internal consistency of the scale was tested, and the results demonstrated that the research conducted by Hong (2000) reported a Cronbach's alpha coefficient of .60; in the present study, the Cronbach's alpha was .76.

4) Life Satisfaction

The Satisfaction with Life Scale (SWLS, Diener et al., 1985), translated and revised to a five-point Liker-type for Korean elders by Kim (2001), was used. The SWLS contains five items that are summed to yield a total life satisfaction score. Thus, total scores ranged from 0 to 25 with higher scores indicating higher satisfaction. Previous studies have shown that the internal consistency was .83 (Bae, 2002), and .79 (Kim, 2001) among Korean elders. The reliability was .88 in the current study.

4. Data Analysis

Data collected in this study initially went through coding process and error test

using SPSS WIN 15.0 program. Frequency and percentage were calculated to assess seniors' socio-demographic characteristics, social activities, religious/spirituality, depression level, and life satisfaction. Bivariate relationships among the scale scores were examined by calculating Spearman's Rho correlation coefficients. Also hierarchical multiple regression analyses were performed in order to assess the effects of religiousness/spirituality and social activities on depression and life satisfaction among participants, while controlling for their demographic characteristics.

IV. Results

1. Characteristics of Study Participants

The socio-demographic characteristics of the participants are as follows <table 1>. Among the total 217 subjects, women accounted for 59.4%, men 40.6% and the average age was 70.5 years (male: 69.7 years old, female: 71.3 years old). Those with a high school diploma made up 29.5%, those with a college degree 20.7%, and those who received no formal schooling 12.9%; these percentages are relatively representative of the general population. The majority (51.6%) were married and lived with their spouse (30.9%), and 27.2% of the participants were living on their own, without children. Those who adjudged their own finances as average or above accounted for 59.5%.

<Table 1> Socio-Demographic Characteristics (N=217)

Variable	Item	Preque-ncy(n)	Percen-tage(%)	Variable	Item	Freque-ncy(n)	Percen-tage(%)
Gender	female male	129 88	59.4 40.6	Age	under 65 65~70 70~75 75 over	40 75 58 44	18.4 34.6 26.7 20.3
Marital Status	married bereaved separated divorced never married	112 75 10 15 5	51.6 34.6 4.6 6.9 2.3	Education	no school elementary middle high college	28 34 46 64 45	12.9 15.7 21.2 29.5 20.7
Living Arrange-Ment	Alone with spouse with children institution other	59 67 54 30 7	27.2 30.9 24.9 13.8 3.2	Economic Status	Wealthy comfortable average poor very poor	19 35 75 48 40	8.8 16.1 34.6 22.1 18.4

2. Bivariate Association among the Major Variables

In general, the participants reported a moderate to high level of religiousness/ spirituality experiences <Table 2>. Daily spiritual experience scores had a mean of 24.25, indicating that participants had spiritual experiences on most days. Also, they had strong value/beliefs in God or a Higher Power (M=6.23, SD=1.54), often experienced forgiveness (M=9.87, SD=2.02), practiced private religious activities every week (M=18.17, SD=5.47), used religious and spiritual coping skills (M=20.71, SD=3.95), and received positive religious support (M=5.87, SD=1.84). Social Activities scores had a mean of 26.39 (SD=9.60), indicating a low to moderate level of overall social activities.

In current study, participants scored relatively low (M=7.97, SD=5.55) on the Geriatric Depression Scale. Using the customary cut-off scores of 10 (subsyndromal) and 20 (syndromal), it was found that 22% and 4% experienced subsyndromal and syndromal depression, respectively. The remaining 74% reported having no symptom of depression. In terms of life satisfaction, participants reported feeling satisfied with their lives. The majority (62%, n=134) experienced moderate level of life satisfaction (scale scores between 10 and 18), while 28.5% (n=62) were highly satisfied with their lives (scale scores between 19 and 25).

<Table 2> also presents Spearman's rho correlations among the study variables, along with means and standard deviations. Although Pearson's correlations is a more common measure of bivariate relationships, Spearman's correlation, which is less sensitive to outliers, was used in the current study because most of the study variables deviated from a normal distribution. All the correlations were significant at $p<.01$. However, these relationships were generally weak, with correlations to depression ranging from -.18 (forgiveness) to -.28(social support), and correlations to life satisfaction ranging from .25 (values/beliefs) to .33 (daily spiritual experiences). Elderly Koreans who have a higher level of life satisfaction tend to have more participants in social activities and religiousness/spirituality experiences. In contrast, those who have higher level of depression tend to have less participating in social activities and religious/spiritual experiences. These correlations suggest potential predictive relationships among the primary study variables.

<Table 2> Bivariate Associations among the Major Variables (N=217)

Variable		1	2	3	4	5	6	7	8	9
1.	Daily spiritual Experiences	1.00								
2.	Values/beliefs	.64**	1.00							
3.	Forgiveness	.60**	.52**	1.00						
4.	Private religious Practices	.75**	.68**	.60**	1.00					
5.	Religious and spiritual coping	.69**	.50**	.57**	.65**	1.00				
6.	Religious support	.57**	.61**	.55**	.69**	.57**	1.00			
7.	Social activities	.25**	.22**	.25**	.23**	.22**	.24**	1.00		
8.	Life satisfaction	.33**	.25**	.32**	.30**	.29**	.26**	.32**	1.00	
9.	Depression	-.25**	-.24**	-.18**	-.22**	-.27**	-.24**	-.28**	-.51**	1.00
M		24.25	6.23	9.87	18.17	20.71	5.86	26.39	15.70	7.97
SD		7.28	1.54	2.02	5.47	3.95	1.84	9.64	4.48	5.55
Range		6-30	2-8	3-12	5-25	12-28	2-8	3-56	5-25	0-25

* p < .05, ** p <.01

3. Hypotheses Test

Hierarchical multiple regression analyses were performed to test four hypotheses. In each regression analysis, multicollinearity was also evaluated via variance inflation factor (VIF) and condition index. The VIF measures the inflation in the variances of the parameter estimates due to multicollinearity in the model. The test revealed that multicollienarity was not evident for the predictors in each regression model. All the VIF values were less than 10, ranging from 1.08 to 3.23. Also, in most cases condition index did not exceed 30, and even when the condition index approached or exceeded 30, no dimension had more than on variance proportion greater than .50.

Hypothesis one. Controlling for other factors, what is the relationship between religion/spirituality and depression among Korean elders. As indicated in <table 3>, hypothesis 1 was partially supported. Demographic variables accounted for 20% of the variance in depression scores (Model 1: F[6, 209]) = 8.23, adjusted R^2= .20, p<.01). Among them, income scores (β=-.28, p<.01) was significant predictors. After controlling for demographic variable, religiousness spirituality variables explained an additional 6% of the variance (Model 2: F[12, 203]) = 6.53, adjusted R^2= .27, p<.01). However, only daily spiritual experiences (β=.24, p<.05) and religious and spiritual

coping (β=-.26, p<.01) were significant predictors.

Hypothesis two. Controlling for other factors, what is the relationships between social activities and depression among Korean elders. As indicated in <tale 3>, hypothesis 2 was supported. In Model 3, after controlling for demographic variables and religiousness/spirituality variables, social activities accounted for an additional 3% of the variance (Model 3: F[13, 202]) = 6.99, adjusted R^2= -.30, p<.01). Among elderly Koreans, lower depression scores were predicted by higher levels of religious and spiritual coping (β=-.27, p<.01), greater social activities (β=-.29, p<.01), higher income (β=-.22, p<.01), and lower daily spiritual experiences (β=-.24, p<.01). Altogether, the full model of demographic variables, religiousness/spirituality variables, and social activities explained 30% of the total variance in depression.

<Table 3> Regression Model Estimates for Predicting Depression (N=217)

Predictors	B	SE	β	F	Adj. R^2	Adj. ΔR^2
Model 1				8.23**	.20**	-
Demographics						
Age	-.04	.07	-.04			
Gender	1.36	.77	.12			
Education	-.06	.94	-.00			
Income	-3.54**	.87	-.28			
Living arrangement	2.16	1.10	.17			
Marital status	-.16	.97	-.14			
Model 2				6.52**	.27**	.06**
Demographics						
Age	-.02	.07	-.02			
Gender	.50	.81	.04			
Education	-.34	.91	-.02			
Income	-2.98**	.85	-.24			
Living arrangement	1.89	1.08	.14			
Marital status	-1.71	.96	-.15			
Religiousness/Spirituality						
Daily Spiritual experience	3.13*	1.22	.24			
Values/beliefs	.12	1.19	.01			
Forgiveness	.08	.88	.01			
Private religious practices	.33	.61	.06			
Religious and spiritual coping	-.37**	.13	-.26			
Religious support	-.42	.30	-.14			

Model 3				6.99**	.30**	.03**
Demographics						
Age	.00	.07	.00			
Gender	.04	.80	.00			
Education	-.37	.90	-.03			
Income	-2.80**	.83	-.22			
Living arrangement	2.01	1.06	.15			
Marital status	-1.71	.94	-.15			
Religiousness/Spirituality						
Daily Spiritual experience	3.16**	1.20	.24			
Values/beliefs	.03	1.16	.00			
Forgiveness	-.15	.87	-.02			
Private religious practices	.26	.60	.05			
Religious and spiritual coping	-.38**	.13	-.27			
Religious support	-.47	.29	-.13			
Social activities	-.11**	.04	-.29			

*P<.05, **p<.01.

Hypothesis three. Controlling for other factors, what is the relationship between religion/spirituality and life satisfaction among Korean elders. <Table 4> presents the parameter estimates in the hierarchical multiple regression analysis on life satisfaction. In Model 1, demographic variables explained 20% of the variance in life satisfaction scores (F[6, 209]) = 8.17, adjusted R^2 = .20, p<.01). Among them, age (β=.18, p<.01), gender (β=-.25, p<.01), and income (β=.17, p<.05) were significant predictors. In Model 2 (F[12, 203]) =5.33, adjusted R^2 = .22, p<.01), religiousness/spirituality added 2% to the explained variance, but none of the religiousness/spirituality variables significantly predicted life satisfaction. This result suggests that after controlling for the participants' demographic characteristics, religiousness/spirituality does not predict life satisfaction among them.

Hypothesis four. Controlling for other factors, what is the relationship between social activities and life satisfaction among Korean elders. In Model 3, after controlling for demographic and religiousness/spirituality variables, social activities explained an additional 5% of the variance (F[13, 202]) = 6.13, adjusted R^2 = .27, p<.01). Thus, elderly with greater social activities tend to have higher levels of life satisfaction (β =.23, p<.01). In sum, the full model of demographic variables, religiousness/spirituality variables, and social activities explained 27% of the variance in life satisfaction.

<Table 4> Regression Model Estimates for Predicting Life Satisfaction (N=217)

Predictors	B	SE	β	F	Adj. R^2	Adj. ΔR^2
Model 1				8.17**	.20**	-
Demographics						
Age	.16**	.06	.18			
Gender	-2.25**	.62	-.25			
Education	.72	.76	.06			
Income	-1.68*	.70	.17			
Living arrangement	-1.08	.89	-.10			
Marital status	.99	.79	.11			
Model 2				5.33**	.22**	.02
Demographics						
Age	.14*	.06	.16			
Gender	-1.56*	.67	-.17			
Education	.69	.76	.06			
Income	1.37	.70	.14			
Living arrangement	-.84	.90	-.08			
Marital status	.94	.80	.10			
Religiousness/Spirituality						
Daily Spiritual experience	-.53	1.01	.-.05			
Values/beliefs	-.28	.99	-.03			
Forgiveness	-.67	.73	-.08			
Private religious practices	-.43	.51	-.10			
Religious and spiritual coping	.12	.11	.10			
Religious support	-.03	.25	-.01			
Model 3				6.13**	.27**	.05**
Demographics						
Age	.11	.06	.13			
Gender	-1.12	.66	-.12			
Education	.72	.74	.06			
Income	1.21	.69	.12			
Living arrangement	-.95	.88	-.09			
Marital status	.95	.77	.10			
Religiousness/Spirituality						
Daily Spiritual experience	-.56	.98	-.05			
Values/beliefs	-.19	.96	-.02			
Forgiveness	-.45	.71	-.06			
Private religious practices	-.37	.49	-.08			
Religious and spiritual coping	.13	.11	.11			
Religious support	-.06	.24	-.03			
Social activities	.11**	.03	.23			

*P<.05, **p<.01.

V. Discussion and Implications

1. Discussion

The present study examined whether religion/spirituality and social activities predicted depression and life satisfaction among the Korean elderly. Social activities were found to relate higher life satisfaction and lower depression, while religiousness/spirituality was associated with lower depression after controlling for socio-demographic variables.

1) Depression.

The hypothesis that higher religiousness/spirituality would predict lower depression among the Korean elders was partially supported. Two of the six religiousness/ spirituality subscales were significantly related to Geriatric Depression Scale scores after controlling for the socio-demographic variables. This result is consistent with previous research that examined the relationship between depression among a number of populations (Choi, 2003; Yoon, 2006; Kang, 2009). It suggests that elderly may experience lower depression by regulating their emotions through religious/spiritual activities, and by also sharing their emotional concerns with others through such activities. Religious resources may provide them with strength and a sense of purpose when it comes to coping with stress and adversity.

Positive religious/spiritual coping methods serve a variety of adaptive functions for the participants. Religious interpretation of stressful life events may help believers to accept a situation that is beyond their control. Also membership in a religious organization may allow the elderly to develop extra-familial relationships with more stable and adjusted members of the community. This may provide the elderly with strength and guidance that may be lacking in their own families. It is possible that participants in this study who were not depressed were better able to connect with religious/spiritual supports in their life.

On the other hand, higher scores on the daily spiritual experiences subscale predicted higher depression scores among the participants. This finding is surprising, considering the large body of literature on the inverse relationship between daily spiritual experiences and depression scores. However, the daily spiritual experience, as measured by this subscale is a form of emotion-focused coping. Since Koreans are more likely to use problem-focusing coping (Koh, Sohn, and Choi, 2001), use of

emotion-focused coping strategies might increase their depression scores. Another explanation for this finding may be that daily spiritual experiences occur on an individual basis, while those experiences involving religious/spiritual coping are conducted within the community (Yoon, 2006). Thus, the community aspect might provide protection against depression. Korean religious organizations play a critical role for Korean elders. They not only provide religious support, but help them adjust to their environment by providing information about social services and social activities (Yoon and Lee, 2007).

In addition, consistent with previous studies (Bae, 2002; Cho, 2002; Jang and Kim, 2005), low social activities predicted depression among the elderly. These results also match those of previous studies (Shin and Lee, 2002; Kang, 2009) in which it was concluded that the more involved seniors were in social activities, the more satisfied and less depressed they were. This shows that there is a clear need to develop programs in order to encourage seniors to participate more in social activities as a component of efforts to prevent geriatric depression. In particular, as the number of households that consist of only senior couples or seniors who live alone has increased recently, depression in elderly individuals can be ameliorated by providing more opportunities for seniors to engage actively in social interaction and community activities.

2) Life Satisfaction

The majority of participants in this study were moderately or highly satisfied with their lives. This finding is consistent with previous studies (Cho, 2002; Lee, 2007) that found Korean elders to be relatively satisfied with their lives. However, as mentioned previously, most of the participants had an annual income below $20,000. It would be expected that low income would be associated with lower life satisfaction, as there is a relationship between economic status and life satisfaction (Kang, 2009). In addition, identifying as female, lower social activities, and old-old age predicted lower life satisfaction in this study. One possible explanation for the gender difference is that elderly Korean men live in a male-dominated Confucian cultural milieu. They have fewer house chores and less burden of caring for grandchildren than their female counterparts.

In this study, none of the religiousness/spirituality subscales predicted life satisfaction. This finding is consistent with one study (Lee, 2007) that found an association between religiousness/spirituality and life satisfaction among elderly Chinese but not Korea. The potential explanation of this finding may be related to the reduced distribution on satisfaction in this sample. As noted previously, older people tend to score higher than younger people, and thus typically fall above the mean on life satisfaction measures. Because the analysis in the current study was limited to values at the extreme end of the distribution, there might not have been enough variation to account for the anticipated effect.

However, several studies (Choi and Tirrito, 1999; Hong, 2000; Mui and Shibusawa, 2008) have found a positive relationship between religiosity and life satisfaction among Korean elderly. Differences among the findings might be related to the ways in which religiousness/spirituality was measured. Most studies asked only rudimentary questions on religiousness; the most common pertaining to church attendance and religious affiliation. These studies lack exploration of the many components of religious practice, beliefs, and behavior. In contrast, this study asked specific questions about daily spiritual experiences values/beliefs, forgiveness, private religious practices, religious support and religious/spiritual coping skills.

2. Implication

The conclusions can be drawn from the findings of this study. First, the high level of depression among the Korean elderly in this study highlights the importance of improving outreach efforts to this population to prevent full-blown depressive episodes. An effective way to reach out to the elderly with depression is through community health care programs, which can usually be found in community health clinics and public private hospitals. Because of their tendency to somatizing, Korean elderly may be inclined to seek physical care for psychosomatic symptoms. Thus, interdisciplinary teams, which typically include physicians, nurses, and social workers, would be educated about depression among the elderly.

Second, Korean religious organizations and senior centers may be ideal sites to reach elderly, as this study found that many elderly were affiliated with religious organizations. These organizations and centers can provide psychoeducation workshops

and other interventions to target depression. Furthermore, religious organizations provide vital social services, for them as many elderly Koreans are not familiar with concepts of community social services. Social workers should educate the clergy and staff of religious organizations about depression so they can appropriately refer elderly who may be in need of services.

Third, along with psychoeducation, intervention programs should incorporate a support group for the elderly to share their life experiences. Higher social activities were associated with less depression and greater life satisfaction in this study. Thus, this type of group might help the elderly to identify stressors and function to build a sense of community. In many cases, clergy are the first to be informed of the difficulties experienced by the elderly. However, most clergy members tend to view mental illness from a spiritual perspective. Thus, culturally and spiritually appropriate educational trainings should be offered to religious leaders to help them identify possible risk factors of mental illness among the elderly. Such training would also help to improve relationships between clergy and mental health professionals.

This study makes a significant contribution in that it suggests a need for social and psychological interventions to relieve depression in seniors, as well as methods to put the ideas into action by analyzing the impacts of socio-demographic factors, social activities, and religious/spirituality on geriatric depression and life satisfaction. The limitations of this study as well as the suggestions of further study are as follows. First, sampling was conducted only in the Seoul and Kyunggi areas, and random sampling was not rigorously complied with, although senior welfare centers, in various districts of Seoul and Kyunggi were selected in a balanced and equal manner. Second, some limitations exist in regard to the questionnaire-based quantitative research method. It is possible that respondents may provide superficial or self-defensive answers rather than answers that come from their deep consciousness when the levels of depression and death fear are measured on a scale. Thus, further studies based on a combination of quantitative and qualitative research methods should prove useful.

Third, longitudinal research is needed to examine possible causal relationships between religiousness/spirituality and psychological well-being among the elderly. More specifically, studies should examined whether increased religious/spiritual coping skills lead to better psychological well-being among the elderly, or whether better psychological

well-being leads to more positive religious/spiritual coping skills.

Finally, Lazarus and Folkman's (1984) theory of stress and coping was supported by the findings of the current study. However, personal and environmental stress (e.g., stressful life events, health stress, social support) was not measured in this study. To further understand the psychological well-being of elderly, comprehensive frameworks which address the psychosocial problems of the elderly need to be developed.

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“사회활동과 종교/영성이 한국 노인의 우울증과 삶의 만족에 미치는 영향에 관한 연구”

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본 연구는 65세에서 80세 사이의 한국 노인 217명을 대상으로 사회활동과 종교적인 경험과 영적인 관행이 우울증과 삶의 만족에 어떤 관계를 맺고 있는지를 조사하였다. 일상의 영적 경험, 가치관, 용서, 사적인 종교 관행, 종교적/영적 대처, 종교적인 지원 등 여섯 개 영역의 종교성/영성을 측정하기 위해서 ‘종교성/영성의 간편 다차원 측정법(Brief Multi-dimensional Measure of Religiousness/Spirituality)’을 채택하였다. 노인들의 사회활동은 '사회활동 척도(Social Activities Scales)', 우울증은 ‘노인우울증 척도(Geriatric Depression Scale)’를 사용하였으며, 삶의 만족을 측정하기 위해서 ‘삶의 만족도 척도(Life Satisfaction Scale)’를 사용하였다. 인구통계적인 변수를 통제한 상태에서, 높은 수준의 종교적이고 영적인 대처, 사회활동, 고소득, 양호한 건강 상태, 낮은 일상적 영적 경험이 낮은 우울증 수치를 예측하게 했다. 인구통계학적 변수들과 종교성/영성 변수들의 완전한 모형은 우울증 총 변량의 30%를 설명해 주었다. 덧붙여, 이 연구를 통해 건강이 좋지 않은 초고령층 여성 노인들이 낮은 삶의 만족도를 보일 것으로 예측되었다. 인구통계학적 변수들과 종교성/영성 변수들의 완전한 모형은 삶의 만족에서 27%의 변량을 설명해 주었다. 본 연구에서 도출된 결론을 통해 사회복지 실무에 미치는 함의 및 향후 연구방법에 대한 제언을 덧붙였다.