

Spirituality, Depression, and Loneliness Among Jewish Seniors Residing in New York City*

Rabbi Mychal B. Springer
Associate Director
The Jewish Institute for Pastoral Care
The Health Care Chaplaincy
New York, NY 10022

Andrew J. Weaver, M.Th., Ph.D.
Director of Research
The HealthCare Chaplaincy
New York, NY 10022

Rabbi Chaim Linderblatt, J.D.
Rabbinic Pastoral Resident
The Jewish Institute for Pastoral Care
The HealthCare Chaplaincy
New York, NY 10022

Rabbi Beth Naditch
Rabbinic Pastoral Resident
The Jewish Institute for Pastoral Care
The HealthCare Chaplaincy
New York, NY 10022

Rabbi Avraham Newman
Rabbinic Pastoral Resident
The Jewish Institute for Pastoral Care
The Health Care Chaplaincy
New York, NY 10022

Rabbi Nadia Siritsky
Rabbinic Pastoral Resident
The Jewish Institute for Pastoral Care
The HealthCare Chaplaincy
New York, NY 10022

Kevin J. Flannelly, Ph.D.
Associate Director of Research
The HealthCare Chaplaincy
New York, NY 10022

Larry VandeCreek, D.Min.
Emeritus Director of Pastoral Research
The HealthCare Chaplaincy
New York, NY 10022

This article reports the results of research that examined a randomized group of 118 Jewish seniors who were clients of one of three Jewish social service agencies in New York City. They were interviewed by four Clinical Pastoral Education residents at the Jewish Institute for Pastoral Care. During the interview, participants were asked to respond to the questions contained in the Brief Depression Scale, Version 3 of the UCLA Loneliness Scale, and the Index of Core Spiritual Experience—INSPIRIT. A statistically significant positive correlation was found between the depression and loneliness scores, $r(116) = .56, p < .001$. Spirituality was not correlated with either of these scales. Both depression and loneliness were significantly higher among women, among people who had physical impairments and those who had been victims of Nazi persecution. Depression and loneliness were inversely related to participants' ability to venture out of their house and to their

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relationship with their families. Having a sense of meaning or purpose in life was also inversely related to depression and loneliness. Spirituality tended to be higher among women, those participants with more years of religious education, and those with physical impairments, but only the gender effect was statistically significant.

Religion and spirituality are valued by most older Americans. Polls find that 80% of the elderly belong to a synagogue or church, and more than half of them worship at least weekly. Furthermore, about three-quarters of Americans over 64 years of age believe religion is "very important" in their lives.¹ Nine of 10 seniors "pray frequently" when faced with worries or personal problems.² Other research shows that religious commitment increases as people grow older. Koenig³ found that 60% of seniors became more devout as they aged, while only 5% said that religion became less important to them over the years.

Churches and synagogues are deeply involved in providing social support and practical services for older persons. Sheehan, Wilson, and Marella⁴ surveyed 212 Jewish and Christian congregations in the northeastern United States. Eighty-four percent had visitation programs for the homebound elderly, 80% had visitation programs to nursing homes, 70% offered regular hospital visits for seniors, 44% provided transportation, 37% gave telephone reassurance calls, and 16% delivered meals to homes. A majority of seniors in another study stated that 80% or more of their closest friends came from their church or synagogue,⁵ making their religious community central to their personal support network.

Pastoral Care and Counseling of the Elderly

The mental health of older persons is increasingly becoming the central pastoral care and counseling concern for those in professional ministry. It is estimated that about half of the members of Jewish congregations and mainline Protestant churches are 60 years of age or over.⁶ Experts say that 10% to 30% of older adults have emotional problems that are readily reversible when recognized and treated promptly, particularly depression.⁷

Depression is the most common and most treatable mental health problem among the elderly. In the United States it affects 15% of individuals aged 65 or older and almost 25% of those in nursing homes.⁸ Rabbis need to be particularly attentive to depression in those they serve. Recent stud-

¹George H. Gallup, *Religion in America: 1994*, Supplement (Princeton, NJ: The Gallup Organization, Inc., 1994).

²Baqar A. Husaini, Stephen T. Moore, & Van A. Cain, "Psychiatric Symptoms and Help Seeking Behavior among the Elderly: An Analysis of Racial and Gender Differences," *Journal of Gerontological Social Work*, 1994, Vol. 21, No. 3, pp. 177-195.

³Harold G. Koenig, *Research in Religion and Aging* (Westport, CT: Greenwood Press, 1995).

⁴Nancy W. Sheehan, Richard Wilson, & Lisa M. Marella, "The Role of the Church in Providing Services for the Aging," *The Journal of Applied Gerontology*, 1988, Vol. 7, No. 2, pp. 231-241.

⁵Harold G. Koenig, David O. Moberg, & James N. Kvale, "Religious Activities and Attitudes of Older Adults in a Geriatric Assessment Clinic," *Journal of the American Geriatrics Society*, 1998, Vol. 36, pp. 362-374.

⁶Harold G. Koenig and Andrew J. Weaver, *Counseling Troubled Older Adults: A Handbook for Pastors and Religious Caregivers* (Nashville, TN: Abingdon Press, 1997).

⁷*Ibid.*

⁸Harold G. Koenig and Andrew J. Weaver, *Pastoral Care of Older Adults* (Minneapolis, MN: Fortress Press, 1998).

ies of community samples in the United States⁹ and Israel¹⁰ found that Jews are at considerable risk for depressive disorders. After controlling for numerous variables, Kennedy, Kelman, Thomas and Chen¹¹ found that the lifetime risk of major depression among elderly Jews is two times as great as a random sample of elderly Catholics.

Depression is far from a benign condition, since 15% of those suffering major depression who are untreated commit suicide.¹² It is of great concern that less than 20% of seniors with a mental health diagnosis receive professional care, which often results in chronic psychological deterioration.¹³ This has contributed to a suicide rate among Americans aged 65 and over that is 50% higher than the rest of the population, and it is rising rapidly, particularly among older males.¹⁴ One expert argues that half of suicides are preventable if helping professionals, such as clergy, are properly trained.¹⁵

Loneliness often intersects with depression.¹⁶ Loneliness has been linked in research to depression, anxiety, interpersonal hostility, not feeling healthy, suicide, alcoholism, poor self-concept, and psychosomatic illness.¹⁷⁻¹⁸ Just as studies have shown depression adversely affects physical well-being,¹⁹ loneliness can lower a person's quality of life, increase frequency of visits to physicians²⁰ and has been linked to higher rates of mortality after heart surgery.²¹

Clergy are in a particularly valuable position to counsel troubled seniors or assist them in finding the specialized care they require. A National Institute of Mental Health study found that a person with a mental health problem (including major depression) who is 65 years of age or over is more likely to seek help from clergy than assistance from a mental health spe-

⁹Gary J. Kennedy, "Religion and Depression," In Harold G. Koenig (Ed.), *Handbook of Religion and Mental Health* (San Diego, CA: Academic Press, 1998), pp. 129-145.

¹⁰Paul E. Ruskin, Zvia Blumstein, Andria Walter-Ginzburg, Zahara Fuchs, Ayala Luskey, Ilya Novikov, & Baruch Modan, "Depressive Symptoms among Community-Dwelling Oldest-Old Residents in Israel," *American Journal of Geriatric Psychiatry*, 1996, Vol. 4, pp. 408-416.

¹¹Gary J. Kennedy, Howard R. Kelman, Cynthia Thomas, & Jiming Chen, "The Relationship of Religious Preference and Practice to Depressive Symptoms among 1,855 Older Adults," *Journal of Gerontology*, 1996, Vol. 51B, pp. P301-P308.

¹²John D. Preston, *You Can Beat Depression* (San Luis Obispo, CA: Impact Publishers, 1997).

¹³Husaini et al., *op.cit.*

¹⁴Nancy J. Osgood, "Prevention of Suicide in the Elderly," *Journal of Geriatric Psychiatry*, 1991, Vol. 24, pp. 293-306.

¹⁵John L. McIntosh, "Training and Education Needs with an Emphasis on the Elderly," *Gerontology and Geriatrics Education*, 1988, Vol. 7, No. 3-4, pp. 125-139.

¹⁶Larry C. Mullins and Elizabeth Dugan, "The Influence of Depression, and Family and Friendship Relations, on Residents' Loneliness in Congregate Housing," *Gerontologist*, 1990, Vol. 30, No. 3, pp. 377-384

¹⁷Robert O. Hansson, Warren H. Jones, Bruce N. Carpenter, & Jacqueline H. Remondet, "Loneliness and Adjustment to Old Age," *International Journal of Aging and Human Development*, 1986, Vol. 24, pp. 41-53.

¹⁸Benedict T. McWhirter, "Loneliness: A Review of Current Literature with Implications for Counseling and Research," *Journal of Counseling and Development*, 1990, Vol. 68, pp. 417-423.

¹⁹Koenig and Weaver, 1997, *op.cit.*

²⁰Anne A. Ellaway, S. Wood and Sally Macintyre, "Someone to Talk to? The Role of Loneliness as a Factor in the Frequency of GP Consultations," *British Journal of General Practice*, 1999, Vol. 49, pp. 363-367.

²¹J. Herlitz, I. Wiklund, K. Caidahl, M. Hartford, M. Haglid, B.W. Karlsson, H. Sjolund, & T. Karlsson, "The Feeling of Loneliness Prior to Coronary Artery Bypass Grafting might be a Predictor of Short- and Long-Term Postoperative Mortality," *European Journal of Vascular and Endovascular Surgery*, 1998, Vol. 16, pp.120-125.

cialist.²² A Gallup survey also found that seniors are more willing to turn to clergy than their medical doctor or a mental health specialist for help when a friend is contemplating suicide.²³

Clergy are often in long-term relationships with seniors and their families, which enables them to observe changes in behavior that may indicate early distress. Clergy are frequently sought for counseling in crisis situations often associated with the later years and in depressive reactions (such as personal illness or injury, change in health of a family member, or death of a spouse, family member, or close friend).²⁴

Religious Practice May Have Mental Health Benefits

Many research studies have found that religion and spiritual practice are an effective preventive mental health strategy for seniors and their caregivers.²⁵ Religiously active elderly have a lower risk of suicide,²⁶ report less depression, anxiety, and alcoholism, and indicate they have higher life satisfaction than non-religious seniors.²⁷ In a study of elderly in southern Florida, researchers found that greater involvement in the social aspects of their faith community was significantly related to less loneliness.²⁸ Religious involvement among this group of elderly Floridians was a more consistent factor in reducing loneliness than relationships with family members, friends, or neighbors.

Faith commitment can provide a buffer against hardships and losses, diminish loneliness and encourage hopefulness, offer an active support system, and provide the opportunity for meaningful volunteer work. In a high risk group of older Jewish, Catholic and Protestant men who experienced "the death of someone close," simply being a member of a synagogue or church was a good predictor of much lower levels of depression.²⁹

The Current Study

Given the high involvement of older adults in religious life in the United States and the reported mental health benefits for elderly who are religiously involved, we studied depression, loneliness and spiritual beliefs and practices among a group of Jewish elderly residing in New York City. We were specifically interested in the association among these three variables and their relationship to other factors, including age, gender, and education.

²²Ann A. Hohmann and David B. Larson, "Psychiatric Factors Predicting Use of Clergy," in Everett L. Worthington, Jr. (Ed), *Psychotherapy and Religious Values* (Grand Rapids, MI: Baker Book House, 1993), pp. 71-84.

²³Gallup Organization, *Attitude and Incidence of Suicide Among the Elderly* (Princeton, NJ: The Gallup Organization, Inc, 1992).

²⁴Koenig and Weaver, 1996, *op.cit.*

²⁵Harold G. Koenig, Michael E. McCulloch, & David B. Larson, *Handbook on Religion and Health* (Oxford: Oxford University Press, 2000).

²⁶Andrew J. Weaver and Harold G. Koenig, "Elderly Suicide, Mental Health Professionals and the Clergy: A need for Collaboration, Training and Research," *Death Studies*, 1996, Vol. 20, No. 5, pp. 495-508.

²⁷Koenig *et al.*, 2000, *op.cit.*

²⁸Doyle P. Johnson and Larry C. Mullins, "Religiosity and Loneliness among the Elderly," *The Journal of Applied Gerontology*, 1989, Vol. 8, No. 1, pp. 110-131.

²⁹Judith M. Siegel and David H. Kuykendall, "Loss, Widowhood, and Psychological Distress among Elderly," *Journal of Consulting and Clinical Psychology*, 1990, Vol. 58, No. 5, pp. 519-524.

Method

A random sample of 118 Jewish men and women were interviewed for the study. All the participants were clients of one of three Jewish social service agencies: DOROT, Selfhelp Community Services, Inc., and the Jewish Association for Services for the Aged (JASA). The clients at Dorot live in Manhattan in private residences scattered throughout the city. The clients at Selfhelp live independently in subsidized housing apartment buildings operated by that organization. The clients of JASA live independently in Naturally Occurring Retirement Communities, with which JASA has established a relationship. The research was conducted with the approval of the agencies involved and the verbal consent of the participants.

All participants were interviewed by one of the Clinical Pastoral Education residents at the Jewish Institute for Pastoral Care who served the three agencies. During the interview, participants were asked to provide demographic data and to respond to the questions contained in the Brief Depression Scale,³⁰ Version 3 of the UCLA Loneliness Scale,³¹ and the Index of Core Spiritual Experience—INSPIRIT.³² The demographic data included gender, age, marital status, religious movement, country of birth, years of formal education and years of religious education. Age was measured as a continuous variable and gender was dummy coded with female = 1 and male = 0.

The Brief Depression Scale consists of eleven questions to which participants answer yes or no, coded as 1 and 0. Version 3 of the UCLA Loneliness Scale contains 20 items, each of which has four response categories: never = 1, rarely = 2, sometimes = 3, and always = 4. Certain items on the depression and loneliness scales are reversed coded.

INSPIRIT is composed of 7 items, with Item 7 containing 12 questions. All the questions on the scale are scored from 1 to 4, but the specific response categories differ on different items. The first six items basically ask: (1) How religious or spiritual do you consider yourself to be? (2) How often do you spend time on religious or spiritual practices? (3) How often have you felt very close to a spiritual force that lifted you outside yourself? (4) How close do you feel to God? (5) How often have you had experiences that convince you God cares about you? and (6) Do you agree or disagree that "God dwells within you?" The exact wording of the first six items is given in Table 7. Five of the first six items use different response categories. For example, a score of 1 on Item 1 means "not at all" whereas a score of 4 means "strong." On the other hand, the response categories for Item 2 go from "yearly" (equals 1) to daily (equals 4), while response categories in Item 4 range from "I don't believe in God" (equals 1) to "extremely close" (equals 4).

Item 7 of the INSPIRIT asks people if they have had 12 different types of experiences and how these experiences affected them. The response choices are: "I never had this experience" = 1; "I have had this experience

³⁰Harold G. Koenig, James Blumenthal, & Kathleen Moore, "A New Version of the Brief Depression Scale," *Journal of the American Geriatric Society*, 1995, Vol. 43, No. 12, p. 1447.

³¹Daniel W. Russell, "UCLA Loneliness Scale (Version 3): Reliability, Validity, and Factor Structure," *Journal of Personality Assessment*, 1996, Vol. 66, No. 1, pp. 20-40.

³²Jared D. Kass, Richard Friedman, Jane Leserman, Patricia C. Zuttermeister, & Herbert Benson, "Health Outcomes and a New Index of Spiritual Experience," *Journal for the Scientific Study of Religion*, 1991, Vol. 30, No. 2, pp. 203-211.

and it did not strengthen my belief in God" = 2; "I have had this experience and it did strengthen my belief in God" = 3; "I have had this experience and it convinced me of God's existence" = 4. The exact wording used to describe the twelve types of experiences is given Tables 5.

Kass *et al.*³³ used the highest score on any of the twelve experiences as the score for Item 7. VandeCreek, Ayres, and Bassham³⁴ suggested a different way to scoring Item 7, in which the average response to all twelve experiences was used as the score for Item 7. VandeCreek *et al.*'s³⁵ method of scoring is used throughout the current paper except in once instance, when we factor analyzed the current data using the two different scoring methods (see Table 7).

Participants were asked additional questions about: (a) their relationship with their family (scored poor = 0 through very good = 3); (b) whether they had any physical impairments (yes = 1, no = 0); (c) whether they are able to venture out of their apartment (scored 0 to 2); (d) whether they had been victims of Nazi persecution (yes = 1, no = 0); and (e) how often they felt a sense of meaning or purpose in life. The last question used the same scoring as the UCLA Loneliness Scale.

Results

Table 1 gives the demographic characteristics of the sample, which was composed of 19 men and 99 women between 64 and 98 years of age. Over three quarters of the participants (76.3%) were born in the United States or Canada. Among the rest of the participants, 9.3% were born in Austria or Germany, 10.2% were born in countries in Eastern Europe, and 4.2% were born elsewhere.

TABLE 1
DEMOGRAPHIC CHARACTERISTICS OF STUDY PARTICIPANTS

Measure	Mean	Median	Percent
Years of age	81.5	82	
Years of formal education	13.8	13	
Years of religious education	5.9	4	
Religious movement			
Conservative			38.1
Orthodox			15.3
Reform			16.1
Other			30.5
Family situation			
Married			23.7
Divorced			8.5
Widowed			56.8
Never Married			11.0

³³Kass *et al.*, *op.cit.*

³⁴Larry VandeCreek, Susan Ayres, & Meredith Bassham, "Using INSPIRIT to Conduct Spiritual Assessments," *The Journal of Pastoral Care*, 1995, Vol. 49, No. 4, pp. 83-89.

³⁵*Ibid.*

A statistically significant positive correlation was found between the depression and loneliness scores, $r(116) = .56, p < .001$. Spirituality was not correlated with either of these scales. The average scores of all participants on the three scales were 3.3 (SD = 2.7), 45.8 (SD = 10.3) and 2.2 (SD = 0.6) for depression, loneliness, and spirituality, respectively. The highest possible score on the depression scale is 11, and the highest possible scores on loneliness and spirituality scales are 80 and 4, respectively. Cronbach's alpha for each of the scales was quite high, meaning that they were internally consistent: Brief Depression Scale (alpha = .76), the UCLA Loneliness Scale (alpha = .87) and the INSPIRIT (alpha = .86).

Table 2 shows the correlations between participants' scores on each of the three scales and their answers to various other questions they were asked. Both depression and loneliness were significantly higher among women, among people who had physical impairments and those who had been victims of Nazi persecution. Although depression and loneliness tended to increase with age and years of formal education these effects were not statistically significant.

TABLE 2

CORRELATIONS BETWEEN DEPRESSION, LONELINESS AND SPIRITUALITY SCALES AND OTHER CHARACTERISTICS OF PARTICIPANTS

	Depression		Loneliness		Spirituality	
	r	p	r	p	r	p
Age	.18	ns	.11	ns	.11	ns
Gender (Female)	.20	<.05	.19	<.05	.24	<.01
Years of formal education	.15	ns	.12	ns	-.03	ns
Years of religious education	.00	ns	.00	ns	.17	ns
Physically impaired	.21	<.05	.27	<.01	.18	ns
Ability to venture out	-.47	<.001	-.29	<.01	.03	ns
Good family relationship	-.21	<.05	-.23	<.05	.01	ns
Victim of Nazi persecution	.20	<.05	.30	<.001	.05	ns
Feeling a sense of meaning or purpose in life	-.40	<.001	-.37	<.001	.14	ns

Depression and loneliness were inversely related to participants' ability to venture out of their house and to their relationship with their families, with depression being lowest among those who had "very good" family relationships and highest among those with "poor" family relationships. Having a sense of meaning or purpose in life was also inversely related to depression and loneliness.

Spirituality tended to be higher among women, those participants with more years of religious education, and those with physical impairments, but only the gender effect was statistically significant. A t-test was conducted to compare the average INSPIRIT score of our sample to that reported by

VandeCreek *et al.* ($M = 2.26$, $SD = .62$)³⁶ No statistically significant difference was found between the two samples.

Participants' means on the three scales are given in Table 3, broken down by religious movement. As seen in the table, the mean spirituality score of Orthodox and Conservative participants was 2.4 out of a possible total score of 4, whereas the mean spirituality score of other participants was 2.0. When Orthodox and Conservative participants were combined into a single group to compare their responses to those of other participants, analysis of variance revealed a significant difference between the Orthodox/Conservative participants compared to other participants with respect to spirituality, $F(1, 116) = 16.2$, $p < .001$, but not to depression or loneliness.

TABLE 3

PARTICIPANTS' AVERAGE DEPRESSION, LONELINESS AND SPIRITUALITY SCORES BROKEN DOWN BY RELIGIOUS MOVEMENT

Movement	Depression	Loneliness	Spirituality
Conservative	3.6	45.1	2.4
Orthodox	2.7	43.9	2.4
Reform	3.0	48.3	2.0
Other	3.2	46.4	2.0

Depression was relatively high among participants regardless of religious movement. When Koenig *et al.*³⁷ tested the Brief Depression Scale with patients who met all of the DSM-III-R diagnostic criteria for major depression, the average score was 4.9 out of 11. The average score of our sample was 3.2 with 31.4% of all participants scoring 5 or higher. The average depression scores of participants who were victims of Nazi persecution ($M = 4.4$) was almost as high as the patients in Koenig *et al.*³⁸ sample, with 40.9% of those who said they experienced persecution scoring 5 or higher on the Brief Depression Scale. The average depression score of the eleven people born in Austria or Germany, all but one of whom suffered Nazi persecution, was 4.7. The mean depression score of participants born in Eastern Europe ($M = 3.1$) was the same as that for participants born outside of Germany, Austria and Eastern Europe ($M = 3.1$).

A review of the literature indicated that loneliness also was quite high among our sample, so we decided to directly compare the scores of our sample on the UCLA Loneliness Scale to those reported by other researchers who had studied elderly populations (Table 4). In addition to providing the means and standard deviations for the UCLA Loneliness Scale in each study, Table 4 gives the sample size, age range of the sample, and a characterization of some of the samples. Some of the means and standard deviations given in the table were recalculated from those originally reported in order to pool the variance from different groups. For

³⁶VandeCreek *et al.*, *op.cit.*

³⁷Koenig *et al.*, *op.cit.*

³⁸Koenig *et al.*, *op.cit.*

example, the experimental and control groups in Evans, Werkhoven, and Fox³⁹ were combined for our analyses, as were the mild and severe hearing loss groups in Christian, Dluhy, and O'Niell.⁴⁰ When repeated measures were reported, as in Evans *et al.*,⁴¹ the means were taken from the first test. The studies are listed in chronological order in the table.

TABLE 4
STATISTICAL COMPARISON OF PRESENT LONELINESS RESULTS WITH OTHER PUBLISHED STUDIES ON ELDERLY SAMPLES OF COMPARABLE AGE USING STUDENT'S T-TEST

Study	UCLA		Sample		Salient Characteristic of Sample	t	p<
	Mean	SD	Scale	Size Age Range			
Present Study	45.8	10.3	118	64 - 98	Jewish		
Kim (1999)	42.6	13.2	174	60 - 87	Korean Immigrants	2.22	.05
Taylor & Adams (1996)	36.7	10.7	300	60 - 90	New Zealanders	14.22	.001
Russell & Cutrona (1991)	31.5	6.9	284	65 - 85		16.25	.001
Christian et al. (1989)	33.3	9.1	63	65 - 94	Hearing Impaired	8.18	.001
Cutrona et al. (1986)	37.4	8.8	64	60 - 88		5.47	.001
Evans et al. (1982)	42.1	8.2	84	53 - 76	Legally Blind	2.88	.01

As seen in Table 4, loneliness among the elderly in the present study was significantly higher than that reported for other populations of comparable age. It was also higher than that reported for individuals who were somewhat younger, but legally blind.

We also decided to take a closer look at participants responses on the INSPIRIT.⁴² Following the example of VandeCreek *et al.*,⁴³ we did so by (a) looking at responses of all participants to the twelve experiences listed in Item 7 (see Table 5), (b) examining the responses of participants who said they had such experiences (see Table 6), and (c) performing factor analyses on the INSPIRIT (Tables 7 and 8).

As seen in Table 5, relatively few participants said they experienced a "great spiritual figure," "angels or spirits," or "near-death/life after-death" experiences. On the other hand, many participants said they had had an "overwhelming experience of love" and a fairly sizeable majority of participants said they had experienced "complete joy and ecstasy." All subjects said they had had at least one of the twelve experiences listed in Item 7, with more than half of the participants saying they had six or more (Md = 6). The mean number of experiences reported was 6.2 (SD = 2.4). No significant difference was found among the religious movements in terms of the number or kinds of experiences they said they had.

³⁹Ron L. Evans, Walt Workhoven and Harold R. Fox, "Treatment of Social Isolation and Loneliness in a Sample of Visually Impaired Elderly Persons," *Psychological Reports*, 1982, Vol. 51, pp. 103-108.

⁴⁰Ellen Christian, Nancy Dluhy and Rita O'Neill, "Sounds of Silence: Coping with Hearing Loss," *Journal Gerontological Nursing*, 1989, Vol. 15, No. 11, pp. 4-9.

⁴¹Evans *et al.*, *op.cit.*

⁴²Kass *et al.*, *op.cit.*

⁴³VandeCreek *et al.*, *op.cit.*

TABLE 5
MEAN AND PERCENTAGE OF RESPONSES GIVEN TO EACH EXPERIENCE ON THE CHECKLIST OF ITEM 7 OF THE INSPIRIT

Experience	1	2	3	4	Mean	SD
A. An experience of God's energy or presence	48.3%	8.5%	22.0%	21.2%	2.2	1.2
B. An experience of a great spiritual leader	76.3%	8.5%	11.0%	4.2%	1.4	0.9
C. An experience of angels or guiding spirits	71.2%	4.2%	14.4%	10.2%	1.6	1.6
D. An experience of communication with someone who has died	46.6%	31.4%	10.1%	11.9%	1.9	1.0
E. Meeting or listening to a spiritual teacher or master	39.8%	29.7%	26.3%	4.2%	1.9	0.9
F. An overwhelming experience of love	13.6%	54.2%	19.5%	12.7%	2.3	0.9
G. An experience of profound inner peace	41.5%	28.0%	17.0%	13.5%	2.0	1.1
H. An experience of complete joy and ecstasy	34.0%	36.4%	18.6%	11.0%	2.1	1.0
I. A miraculous (not normally occurring) event	52.5%	9.3%	18.7%	19.5%	2.1	1.2
J. A healing of your body or mind (or witnessed such a healing)	44.1%	20.3%	23.7%	11.9%	2.0	1.1
K. A feeling of unity with all living things	54.2%	17.0%	14.4%	14.4%	1.9	1.1
L. An experience with near death or life after death	61.9%	17.0%	11.9%	9.2%	1.7	1.0

TABLE 6
SCORES OF PARTICIPANTS WHO SAID THEY HAD THE EXPERIENCE, CATEGORIZED BY GROUP

Experience	Orthodox and Conservative				Reform and Others				n
	2	3	4	Mean	2	3	4	Mean	
A. Experience of God's energy or presence	18.9%	37.8%	43.3%	3.2	12.5%	50.0%	37.5%	3.3	61
B. Experience of a great spiritual leader	26.7%	46.6%	26.7%	3.0	46.1%	46.1%	7.8%	2.2	28
C. Experience of angels or guiding spirits	10.0%	55.0%	35.0%	3.3	21.4%	42.9%	35.7%	3.1	34
D. Communication with someone who has died	53.9%	25.6%	20.5%	2.7	66.7%	8.4%	25.0%	2.6	63
E. Meeting a spiritual teacher or master	39.0%	48.8%	12.2%	2.7**	63.3%	36.7%	0.0%	2.4	71
F. Overwhelming experience of love	50.0%	30.8%	19.2%	2.7*	76.0%	14.0%	10.0%	2.3	102
G. Experience of profound inner peace	25.6%	48.7%	25.6%	3.0*	76.7%	3.3%	20.0%	2.4	69
H. Experience of complete joy and ecstasy	45.2%	35.7%	19.1%	2.7	66.7%	19.4%	14.9%	2.5	70
I. Miraculous (not normally occurring) event	11.4%	45.7%	42.9%	3.3	33.3%	28.6%	38.1%	3.0	56
J. Healing of your body or mind	24.4%	46.3%	29.3%	3.0**	56.0%	36.0%	8.0%	2.5	66
K. Feeling of unity with all living things	24.1%	34.5%	41.4%	3.2*	52.0%	28.0%	20.0%	2.7	54
L. Experience with near death or life after death	19.1%	47.6%	33.3%	3.2*	66.7%	16.7%	16.7%	2.5	45

* $p < .05$ ** $p < .01$

Table 6 shows the responses of only those participants who said they had had a particular experience. Over 80% of participants who said they experienced God's energy or presence said it increased their religious belief. Likewise, the relatively few participants who experienced angels or guiding spirits said the experience strengthened their belief in God regardless of their religious movement: 90% of Orthodox and Conservatives and 78.6% of Reform and others. On six of the twelve questions, however, Orthodox and Conservative participants who had such experiences were significantly more likely than other participants to say the experience enhanced their belief in God, in terms of the proportion of their responses of 3 or 4 and their mean scores (see Table 6).

Kass *et al.*⁴⁴ (1991) and VandeCreek *et al.*⁴⁵ performed factor analysis on the INSPIRIT, using principal component analysis and orthogonal Varimax rotation. Table 7 shows the factor structure of the INSPIRIT for our sample using the same procedures. Both the Kass *et al.*⁴⁶ and VandeCreek *et al.*⁴⁷ methods of scoring produced quite similar factor loadings. Whereas Kass *et al.*⁴⁸ and VandeCreek *et al.*⁴⁹ both found that a 7-item factor analysis of the INSPIRIT yielded a single common factor, our analyses produced a two factor solution with Eigenvalues greater than 1.0. The first factor consisted of items 3-7 of the INSPIRIT, whereas the second factor consisted of items 1 and 2. The two factors accounted for roughly 63% of the variance in the scores under both scoring methods (Kass method = 63.0%, VandeCreek method = 62.5%) and yielded identical Eigenvalues for both factors when rounded to the first decimal place: Factor 1 = 3.3; Factor 2 = 1.1.

TABLE 7
FACTOR LOADINGS FOR SEVEN-ITEM FACTOR ANALYSIS OF THE INSPIRIT USING
KASS ET AL.'S (1991) AND VANDECREEK ET AL.'S (1995) SCORING METHODS

Items	Kass <i>et al.</i> Method		VandeCreek <i>et al.</i> Method	
	Factor 1	Factor 2	Factor 1	Factor 2
1. How strongly religious (or spiritually oriented) do you consider yourself to be?		.871		.874
2. How often do you spend time on religious or spiritual practices?		.825		.821
3. How often have you felt as though you were very close to a powerful spiritual force that seemed to lift you outside yourself?	.688		.751	
4. How close do you feel to God?	.790		.757	
5. How often have you had experiences that convince you God cares about you?	.806		.804	
6. Do you agree or disagree with this statement: God dwells within you.	.506		.507	
7. All twelve experiences (questions A-L)	.812		.773	

⁴⁴Kass *et al.*, *op.cit.*

⁴⁵VandeCreek *et al.*, *op.cit.*

⁴⁶Kass *et al.*, *op.cit.*

⁴⁷VandeCreek *et al.*, *op.cit.*

⁴⁸Kass *et al.*, *op.cit.*

⁴⁹VandeCreek *et al.*, *op.cit.*

TABLE 8

FACTOR LOADINGS FOR EIGHTEEN-ITEM FACTOR ANALYSIS OF THE INSPIRIT USING VANDECREEK ET AL.'S (1995) SCORING METHOD

Items	Factor 1	Factor 2	Factor 3
1. How strongly religious (or spiritually oriented) do you consider yourself to be?		.724	
2. How often do you spend time on religious or spiritual practices?		.743	
3. How often have you felt as though you were very close to a powerful spiritual force that seemed to lift you outside yourself?		.513	
4. How close do you feel to God?		.611	
5. How often have you had experiences that convince you God cares about you?		.570	
6. Do you agree or disagree with this statement: God dwells within you.		.596	
A. An experience of God's energy or presence	.610		.805
B. An experience of a great spiritual leader	.545		.510
C. An experience of angels or guiding spirits	.654		.701
D. An experience of communication with someone who has died	.689		
E. Meeting or listening to a spiritual teacher or master			
F. An overwhelming experience of love			
G. An experience of profound inner peace			
H. An experience of complete joy and ecstasy			
I. A miraculous (not normally occurring) event			
J. A healing of your body or mind (or witnessed such a healing)	.532		
K. A feeling of unity with all living things			.587
L. An experience with near death or life after death			.560

Further analyses were undertaken to compare results from our sample to those presented by VandeCreek *et al.*⁵⁰ in their 18-item factor analysis. Initial analysis of the 18 items yielded a four factor solution, with items F ("overwhelming love"), H ("complete joy and ecstasy") and K ("feeling of unity") loading on the third factor, and items 1 and 2 loading on the fourth factor. Limiting the solution to three factors produced the factor loadings shown in Table 8, with items 1 and 2 loading on Factor 2 along with items 3-6. Six of the twelve experiences in Item 7 formed Factor 1 while four of the experiences formed Factor 3. Only items E and I failed to meet the cut-off criteria for loading (.5) used by VandeCreek *et al.*⁵¹ The three factor solution accounted for 47.5% of the variance.

Discussion

It is sobering to see how high the levels of loneliness and depression were among this population of elderly Jews. Among the entire sample, 31.4% met the criteria for depression while 40.9% of those who experienced Nazi persecution met the criteria. Kennedy and his colleagues⁵² reported that older Jewish adults are twice as likely to be depressed as their non-Jewish peers. Kennedy *et al.*⁵³ thought it unlikely this finding merely reflected over-reporting of depressive symptoms, since the Jewish populations he studied also reported using more mental services and taking more psychotropic medications. Possible factors which Kennedy *et al.*⁵⁴ thought might contribute to the high levels of depression they observed included familial and heritable factors, life stressors, and something called "melancholia Judaica" which is a unique depression among Eastern European Jews. Our findings partially replicate the results of Kennedy *et al.*,⁵⁵ and highlight the acute needs of the population we studied. One open question that arises for us concerns the role played by the ongoing trauma of the Holocaust.

The spirituality aspect of the research leaves several questions unanswered about the experience of spirituality among our population of elderly Jews. The participants' scores on the INSPIRIT were comparable to the scores reported by VandeCreek *et al.*,⁵⁶ but their spirituality scores were unrelated to their depression or loneliness scores. This may be because the INSPIRIT does not adequately capture the nature of Jewish spirituality. The factor analyses we performed on the INSPIRIT suggest this may be so. Whereas Kass *et al.*⁵⁷ and VandeCreek *et al.*⁵⁸ found that the first six items of the INSPIRIT represented a single common dimension of spirituality these six items formed two separate factors in our analysis. And while VandeCreek *et al.*'s⁵⁹ analysis of item 7 only produced two factors, our analysis of item 7 yielded three factors. These differences indicate that the INSPIRIT is not measuring spirituality as a single coherent dimension in our sample.

We used INSPIRIT in this study because it measures extrinsic and intrinsic

⁵⁰VandeCreek *et al.*, *op.cit.*

⁵¹VandeCreek *et al.*, *op.cit.*

⁵²Kennedy *et al.*, *op.cit.*

⁵³Kennedy *et al.*, *op.cit.*

⁵⁴Kennedy *et al.*, *op.cit.*

⁵⁵Kennedy *et al.*, *op.cit.*

⁵⁶VandeCreek *et al.*, *op.cit.*


⁵⁷VandeCreek *et al.*, *op.cit.*

⁵⁸Kass *et al.*, *op.cit.*

⁵⁹VandeCreek *et al.*, *op.cit.*

sic spirituality, and because the original sample on which Kass *et al.*⁶⁰ tested INSPIRIT was 40% Jewish. Nevertheless, the factor analyses we performed on the INSPIRIT yielded a more complicated factor structure than either Kass *et al.*⁶¹ or VandeCreek *et al.*⁶² found, and the instrument clearly did not capture a single dimension of religion/spirituality, like that reported by Kass *et al.*⁶³ or even a two-factor model like VandeCreek *et al.* found.⁶⁴ This indicates our participants responded differently to different types of questions on the scale than participants in the two previous studies who were mainly Christians. The feedback we received from our participants also indicated that many of the questions were alien to them. These findings lead us to believe there is a need for an instrument that can capture a fuller spectrum of Jewish spiritual experience. Equipped with such an instrument we might be better able to explore the relationship between religion and mental health in the Jewish elderly.

Summary

Consistent with previous research findings, the present results show a strong positive relationship between depression and loneliness. Depression and loneliness were very high among our participants, and their loneliness scores are among the highest in studies on the elderly using the UCLA Loneliness scale. Both depression and loneliness were significantly higher among women, among people who had physical impairments and those who had been victims of Nazi persecution. They both were significantly lower among people with better mobility, those with good family relationships, and those who felt a sense of meaning or purpose in life. Although spirituality did not appear to influence depression or loneliness, this may be due to the fact that the spirituality scale we used (INSPIRIT) did not adequately measure the nature of Jewish spirituality. 

⁶⁰Kass *et al.*, *op.cit.*

⁶¹Kass *et al.*, *op.cit.*

⁶²VandeCreek *et al.*, *op.cit.*

⁶³Kass *et al.*, *op.cit.*

⁶⁴VandeCreek *et al.*, *op.cit.*