RELIGIOUS BELIEFS, SELF-ESTEEM, ANXIETY, AND DEPRESSION AMONG GREEK ORTHODOX ELDERS

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Abstract

Objectives. The purpose of this preliminary study is to determine the relationship between religious beliefs, self-esteem, anxiety, and depression in Greek elders.
Material and methods. Thirty healthy older adults, all members of the Greek Orthodox Church, participated voluntarily in this research. Participants completed four relevant self-report questionnaires: 1) Beck Depression Inventory, 2) State -Trait Anxiety Inventory, 3) The Royal Free Questionnaire for Religious and Spiritual Beliefs, and 4) Rosenberg Self-esteem Scale.
Results. Results indicated no significant differences on the basis of gender ($p > 0.05$). The vast majority of the participants ($n = 25$) stated a strong religious and/or a spiritual belief, as measured by the Royal Free Questionnaire for Religious and Spiritual Beliefs. High scores on the Royal Free Questionnaire for Religious and Spiritual Beliefs were moderately and positively correlated with increased self-esteem, as measured by the total scores in the Rosenberg Self-esteem Scale ($p < 0.05$). In addition to that, the Royal Free Questionnaire for Religious and Spiritual Beliefs scores were negatively correlated with depression, as measured by the Beck Depression Inventory ($p < 0.05$). The Royal Free Questionnaire for Religious and Spiritual Beliefs was negatively correlated with state anxiety ($p < 0.05$), as well as anxiety, as personality trait ($p < 0.05$), both measured by the State and Trait subscales of the Anxiety Inventory.
Conclusions. This study shows that there is a number of statistically moderate correlations between religious beliefs and other mental health variables in older adults living in Greece. The findings indicated a need for further research in this field.

Keywords: elderly, religious beliefs, self-esteem, anxiety, depression.

Introduction

The meaning of faith is central to the Orthodox Church (Ware, 1979). Despite numerous studies, mainly in Catholic and Protestant individuals, supporting that religious or spiritual beliefs are conductive to better physical health and psychological well-being (AbdAleati, Zaharim and Mydin, 2016; Ahrenfeldt et al., 2017; Ahrenfeldt et al., 2018; Vitorino et al., 2018), religious and spiritual beliefs have been little investigated in Greek Orthodox older adults, in relation to health-related behaviors and mortality rates (Chliaoutakis et al., 2002; Darviri et al., 2016). Between 2011-2012, in a sample of 1215 subjects aged between 18-74 years old from Romania, was found that "84% of the subjects pray, meditate or take part in similar activities outside the church. In reference to the church as institution, the respondents stated it responded first to people's spiritual needs. Half of the respondents considered that church had an important role in the individual's and the family's morality. The lowest results the church obtained refer to its capacity of resolving the social

problems throughout the country, more than ¾ stating that church did not offer answers to these problems" (Rada, 2013, p. 339). Studies mainly in the U.S.A. have found that there is no significantly important relationship between religiousness and depression or self-esteem in older nursing home residents (Commerford and Reznikoff, 1996), while other researchers have found that religious participation significantly increases self-esteem, but no significant effect has been found on depression among older individuals who are suddenly bereaved (Sherkat and Reed, 1992), and that religious involvement and self-esteem, especially in older adults, may be influenced by the belief in a supportive higher power- " divine support" (Schieman et al., 2017). In addition to that, caregivers of dementia patients, who participated more in religious activities and used religion as positive coping, reported less caregiver burden and depression (Shin et al., 2017). In cancer family caregivers, the finding of an association between attendance at religious services and depressive symptoms, despite no association between prayer and depressive symptoms, indicates the hidden importance of social factors that may contribute to the association (Williams et al., 2015). Other researchers support that spirituality in older adults, seeking outpatient mental health treatment, attenuates the association between depression symptom severity and meaning in life (Bamonti et al., 2016), and also religious affiliation has a protective effect on suicide rates in older age (Lawrence, Oquendo and Stanley, 2016; Nisbet et al., 2000; Norko et al., 2017). In older women, higher frequency of religious service attendance has been found to decrease the risk of incident depression, while women with a diagnosis of depression were less likely to subsequently attend services (Li et al., 2016). Finally, frequency of religious attendance and the belief in an afterlife are inversely associated with feelings of anxiety and positively associated with feelings of tranquility (Ellison, Burdette and Hill, 2009; Shreve-Neiger and Edelstein, 2004).

More specifically, although spirituality and religiousness are increasingly gaining attention as old age research variables, especially related to physical health and health problems/diseases (Cheadle and Dunkel Schetter, 2017; Miller and Thoresen, 2003), there are no extensive research attempts regarding the connection that there may exist between psychological variables and religiousness-spirituality when concurrently examined (Underwood, 2006) not in older individuals with diagnosed chronic health problems and their caregivers (Giannoulis and Giannouli, in press, 2020; Lucette et al., 2016), but in physically healthy older adults. Additionally, different features not only of national, but also of cultural contexts may strengthen or attenuate the relationship of religion and spirituality with subjective well-being (Bond, Lun and Li, 2012; Diener, Tay and Myers, 2011; Giannouli, 2017a; Giannouli, 2017b), but also with other psychological variables and the relationship between them (Stoyanova, Giannouli and Gergov, 2017). Thus, based on the findings of a previous study on students that stated a strong religious and/or a spiritual belief strongly positively correlated with increased self-esteem and negatively correlated with depression, current stress, and stress as personality trait (Papazisis et al., 2014), the specific objective of this study is to determine the relationship between religious beliefs, self-esteem, anxiety, and depression in physically healthy older adults living in Greece. Therefore, it was expected to find on the one hand strong positive correlations for religious/spiritual beliefs and self-esteem, and on the other hand strong negative correlations of the abovementioned variables with anxiety and depression. In addition to that, it was examined whether the gender of the participants could differentiate the above variables - depression, state anxiety, trait anxiety, and religious/spiritual beliefs -, as the religious-spiritual beliefs are very little investigated in Orthodox Greek elders (Giannoulis and Giannouli, in press).

Material and methods

Participants

Thirty healthy older adults (15 females), all members of the Greek Orthodox Church, participated voluntarily in this research. The sample size for this preliminary and exploratory study was sufficient (minimum n = 30 rule of thumb) (Hogg, Tanis and Zimmerman, 1977). All participants came from a specific city in Northern Greece and the examination was completed in one session in 2018. Participants were recruited through printed advertisements on notice boards at various city sites. Their mean age was 75.58 years (SD = 7.50, range 61-90 years old), and level of education 15.47 years (SD = 3.82). There were no statistically significant differences regarding age and education between males and females ($p > .05$). 15 participants were married, 10 were widowers, and 5 were divorced. All participants received information about the study prior to participating, and signed the informed consent form. In addition to that, participants were given the opportunity to ask questions about the study, and were informed that participation in the study was voluntary. They were also informed that they could withdraw at any time without any repercussions.

Inclusion criteria were: age 65 years and older, no previous or current diagnosis of chronic physical illness based on recent (not more than 3 months) medical tests - as this is a crucial point in this study - to focus only on individuals free from diseases, no diagnosis of neurological diseases and psychiatric disorders, and taking no medication regarding any physical disease. Exclusion criteria were: being a member of any other Christian Church other than the Greek Orthodox Christian, being younger than 65 years old at the time of recruitment, not speaking adequately the Greek language or present cognitive and especially even mild language impairments, not having a permanent residence in Greece, and not giving a response to all the questions from the administered questionnaires.

Instruments

Participants completed four self-report questionnaires (all previously translated and validated in Greece), which are easy to complete by elderly: 1) Beck Depression Inventory - a multiple-choice self-report inventory, 2) State and Trait Anxiety Inventory - a psychological inventory based on a 4-point Likert scale which consists of 40 questions on a self-report basis, used to measure trait and state anxiety, 3) The Royal Free Questionnaire for Religious and Spiritual Beliefs - an instrument which has the form of a self-report questionnaire, and 4) Rosenberg Self-esteem Scale - a widely used self-esteem measure.

1) Beck Depression Inventory: The Beck Depression Inventory (BDI) is used to measure depression as it examines somatic as well as cognitive aspects of depression not only in young adults, but also in older adults (Segal et al., 2008). The BDI is a 21-item scale that has been used as a self-report instrument, which apart from its original purpose (assessment of the severity of known depression), for screening purposes (Michopoulos et al., 2008). The Greek version has been translated, validated, and widely used to date (Jemos, 1984).

2) State and Trait Anxiety Inventory: The State-Trait Anxiety Inventory (STAI) –is a brief self-rating scale for the assessment of state and trait anxiety, standardized and used mainly in adults (Spielberger, 1970). "State anxiety refers to the subjective and transitory feeling of tension, nervousness, worry and may be characterized by activation of the autonomous nervous system, at a given moment. Trait anxiety refers to relatively stable individual differences in anxiety proneness as a personality trait, that is, in the tendency to perceive and respond to stressful situations with elevations in the intensity of state anxiety reactions" (Fountoulakis et al., 2006). STAI consists of 40 self-report items (20 state and 20 trait) pertaining to anxiety symptoms, which are scored on 4-

point Likert-type response scale, and scores range from 20 to 80, with higher scores suggesting greater levels of anxiety. According to Spielberger's criteria, a score of 40 or higher reflects clinically relevant symptoms of anxiety. STAI is reported to be reliable and valid and has been used extensively in research and clinical practice in diverse populations (Giannouli and Stoyanova, 2018).

3) The Royal Free Questionnaire for Religious and Spiritual Beliefs: This is a questionnaire that can take also the form of an interview designed to measure religious and spiritual belief by examining various aspects of religiousness as well as spirituality (King, Speck and Thomas, 2001). In addition to that, it is brief and simple to complete in the Greek population (Sapountzi-Krepia et al., 2005). High scores (from 0 to 10 points to specific closed-ended questions) in this questionnaire indicate that respondents hold strongly to their beliefs, and that these beliefs have a major role in their everyday lives.

4) Rosenberg Self-esteem Scale: Self-esteem is the positive or negative attitude toward self (Rosenberg, 1979). This specific scale consists of 10 questions rated on a Likert scale from 1 – 4, having 1 = strongly disagree to 4 = strongly agree, as shown in a previous large-scale study in Greece (Galanou et al., 2014). A scale of 0-30 is used, where a score less than 15 may indicate a problematic low self-esteem (Rosenberg, 1979).

Procedure

Participants first answered demographic questions about gender, age, and their health status. Then, they completed the Beck Depression Inventory, the State and Trait Anxiety Inventory, the Royal Free Questionnaire for Religious and Spiritual Beliefs, and the Rosenberg Self-esteem Scale. The collected data was first processed in Excel, and then in SPSS. In order to control confounding, that is a variable or variables whose presence may affect the variables being studied so that the results do not reflect the actual relationship, matching was used, which involves selection of participants with respect to the distribution of one or more potential confounders (in our case age, gender, social, economic, health and family status of the first 15 participants, so the rest formed a homogeneous identical comparison group). Independent samples t-tests were used to compare the scores in all the above mentioned questionnaires, when gender (male/female) was used an independent variable. In addition to that, Pearson's correlation coefficient was used to assess associations between the four questionnaires. A statistical significant level was considered for $p < 0.05$.

Results

Results indicated no significant differences on the basis of gender regarding depression ($t(28) = 3.790$, $p = .870$), state anxiety ($t(28) = 2.355$, $p = .300$), trait anxiety ($t(28) = 1.345$, $p = .206$), religious-spiritual beliefs ($t(28) = 1.417$, $p = .841$), and self-esteem ($t(28) = .032$, $p = .322$) (Table 1). The majority of the participants had scores over 50/70 and stated a strong religious and/or a spiritual belief (close to the maximum10 points), as measured by the Royal Free Questionnaire for Religious and Spiritual Belief (n = 25).

Table 1. Mean and Standard Deviations for the Scales

Scales	Gender	N	Mean	S.D.
Beck Depression Inventory	men	15	7.80	3.93
	women	15	2.73	3.36
State Anxiety	men	15	24.40	2.29
	women	15	23.80	3.60

Trait Anxiety	men	15	26.00	2.59
	women	15	24.53	3.33
Scales	Gender	N	Mean	S.D.
Royal Free Religious and Spiritual Beliefs	men	15	53.46	14.99
	women	15	60.66	12.74
Rosenberg Self-esteem Scale	men	15	34.73	6.15
	women	15	34.80	5.40

High scores on the Royal Free Questionnaire for Religious and Spiritual Beliefs were moderately correlated with increased self-esteem as measured by the total scores in the Rosenberg Self-esteem Scale ($r = .429$, $p = .018$). In addition to that, the Royal Free Questionnaire for Religious and Spiritual Beliefs scores were negatively correlated with depression, as measured by the Beck Depression Inventory ($r = -.430$, $p = .018$). Finally, the Royal Free Questionnaire for Religious and Spiritual Beliefs was negatively correlated with state anxiety ($r = -.553$, $p = .002$), as well as anxiety as personality trait ($r = -.469$, $p = .009$), both measured by the State and Trait subscales of the Anxiety Inventory.

Discussions

Religiousness and spirituality have been defined variously in the literature something that may play the role of an obstacle in research (Chatters, 2000; Hill and Pargament, 2003; Koenig, 2008; Oman, 2013). In contrast to this theory gap, most of the empirical research use specific self-assessment measures of religiosity and spirituality that include parameters such as service attendance, prayer, Scripture reading, mediation, spiritual experience, and specific beliefs (Hill and Hood, 1999; Idler et al., 2003).

Given that multiple studies focus only on the relationship between religious involvement and depression (one of the most widespread problems in mental healthcare in the 21st century) (Koenig et al., 2012), while several yield either no association or a positive correlation (Paine and Sandage, 2017; Smith, McCullough and Poll, 2003), and although there is still debate as to the importance of religiousness and spirituality in healthcare, this study includes the measurement of additional psychological variables in healthy older adults, and confirms previous findings coming from a study on students (Papazisis et al., 2014). A number of statistically moderate correlations were found between religious beliefs and other mental health variables in older adults who live during a time period characterized by the financial crisis and social changes in Greece. The research indicated a need for further research in this field as simultaneous testing of psychological constructs in healthy elders is not thoroughly examined so far (Tillich, 1958), and may support future interventions in old age that focus on improving psychological-emotional life by taking into account aspects of religious life.

The study had some shortcomings which could be eliminated in future studies. The main limitation of this research is concerned with the sample size, which impedes generalisability of the results and which is not representative for the Greek population. Of course, the results of this preliminary study should be interpreted in light of giving directions for a future large-scale research. In addition to that, self-report questionnaires may be subject to response bias, something that must be taken into account and checked with reliable sources of information (e.g. the opinion that others have regarding the expressed emotions and behavior of the individuals) (Giannouli, 2017c). Finally, the study could be repeated on a clinical sample of people with health problems and people with psychiatric diagnoses, and be compared to a general non-clinical sample, in future cross-cultural studies (Giannouli, Stamovlasis and Tsolaki, 2018).

Conclusions

In conclusion, this research contributes in a theoretical and methodological way in the understanding of a growing body of evidence about religious beliefs, self-esteem, anxiety, and depression in Greek elders. This preliminary study supports that positive dimensions of psychology, such as self-esteem and low levels of depression and anxiety, especially in older individuals, may be linked to their religious and spiritual beliefs, therefore, rendering necessary in future research attempts the reconsideration of the simultaneous inclusion and examination of these variables (Eichhorn, 2011), while the beliefs about the statistical relationships of these variables in healthcare professionals and in the elders themselves could be also examined (Giannouli et al., 2019).

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References

1. AbdAleati, N.S., Zaharim, N.M. and Mydin, Y.O., 2016. Religiousness and mental health: Systematic review study. *Journal of Religion and Health*, 55(6), pp. 1929-1937.
2. Ahrenfeldt, L.J., Möller, S., Andersen-Ranberg, K., Vitved, A.R., Lindahl-Jacobsen, R. and Hvidt, N.C., 2017. Religiousness and health in Europe. *European Journal of Epidemiology*, 32(10), pp. 921-929.
3. Ahrenfeldt, L.J., Möller, S., Hvidt, N.C. and Lindahl-Jacobsen, R., 2018. Religiousness and lifestyle among Europeans in SHARE. *Public Health*, 165, pp. 74-81.
4. Bamonti, P., Lombardi, S., Duberstein, P.R., King, D.A. and Van Orden, K.A., 2016. Spirituality attenuates the association between depression symptom severity and meaning in life. *Aging & Mental Health*, 20(5), pp. 494-499.
5. Bond, M.H., Lun, V.M.C. and Li, L.M., 2012. The roles of secularism in values and engagement in religious practices for the life Satisfaction of young people: The moderating role of national-societal factors. In: G. Trommsdorff and X. Y. Chen, eds. *Values, religion and culture in adolescent development*. New York, Cambridge University Press, pp. 123-145.
6. Chatters, L.M., 2000. Religion and health: Public health research and practice. *Annual Review of Public Health*, 21(1), pp. 335-367.
7. Cheadle, A.C. and Dunkel Schetter, C., 2017. Untangling the mechanisms underlying the links between religiousness, spirituality, and better health. *Social and Personality Psychology Compass*, 11(2), pp. e12299.
8. Chliaoutakis, J.E., Drakou, I., Gnardellis, C., Galariotou, S., Carra, H. and Chliaoutaki, M., 2002. Greek Christian Orthodox Ecclesiastical lifestyle: Could it become a pattern of health-related behavior?. *Preventive Medicine*, 34(4), pp. 428-435.
9. Commerford, M.C. and Reznikoff, M., 1996. Relationship of religion and perceived social support to self-esteem and depression in nursing home residents. *The Journal of Psychology*, 130(1), pp. 35-50.
10. Darviri, C., Artemiadis, A., Tigani, X., Darvyri, P. and Gnardellis, C., 2016. Religiosity as a predictor of mortality: A retrospective cohort study in 1519 rural citizens in Greece. *Psychology & Health*, 31(9), pp. 1080-1090.

11. Diener, E., Tay, L. and Myers, D.G., 2011. The religion paradox: If religion makes people happy, why are so many dropping out?. *Journal of Personality and Social Psychology*, 101(6), pp. 1278-1290.
12. Eichhorn, J., 2011. Happiness for believers? Contextualizing the effects of religiosity on life-satisfaction. *European Sociological Review*, 28, pp. 583-593.
13. Ellison, C.G., Burdette, A.M. and Hill, T.D., 2009. Blessed assurance: Religion, anxiety, and tranquility among US adults. *Social Science Research*, 38(3), pp. 656-667.
14. Fountoulakis, K.N., Papadopoulou, M., Kleanthous, S., Papadopoulou, A., Bizeli, V., Nimatoudis, I. and Kaprinis, G.S., 2006. Reliability and psychometric properties of the Greek translation of the State-Trait Anxiety Inventory form Y: Preliminary data. *Annals of General Psychiatry*, 5(1), pp. 2.
15. Galanou, C., Galanakis, M., Alexopoulos, E. and Darviri, C., 2014. Rosenberg self-esteem scale Greek validation on student sample. *Psychology*, 5(08), pp. 819.
16. Giannouli, V., 2017a. Alzheimer's disease: Psychosocial dimensions of a modern plague?. *Encephalos*, 54, pp. 33-38.
17. Giannouli, V., 2017b. Ethnicity, mortality, and severe mental illness. *The Lancet Psychiatry*, 4(7), pp. 517.
18. Giannouli, V., 2017c. Fatigue, depression, and obesity in patients with Rheumatoid Arthritis; More questions than answers: Comment on the Article by Katz et al. *Arthritis Care & Research*, 69(3), pp. 454-455.
19. Giannouli, V., Ivanova, D., Stoyanova, S. and Drugas, M. 2019. When is a person with dementia in need of palliative care? Opinions of healthcare professionals and university students from three south east European countries. *Psychiatria Danubina*, 31(4), pp. 465-472.
20. Giannouli, V., Stamovlasis, D. and Tsolaki, M., 2018. Exploring the role of cognitive factors in a new instrument for elders' financial capacity assessment. *Journal of Alzheimer's Disease*, 62(4), pp.1579-1594.
21. Giannouli, V. and Stoyanova, S. 2018. Exploring emotional aspects of infertility in women from two countries. *Psychiatrike = Psychiatriki*, 29(1), pp. 34-41.
22. Giannoulis, K. and Giannouli, V., 2020. Subjective quality of life, religiousness and spiritual experience in Greek Orthodox Christians: Data from healthy aging and patients with cardiovascular disease. In P. Vlamos, ed. *Advances in Experimental Medicine and Biology. Springer. pp. in press.*
23. Hill, P.C. and Hood, R.W., 1999. *Measures of religiosity*. Birmingham, AL: Religious Education Press.
24. Hill, P.C. and Pargament, K.I., 2008. Advances in the conceptualization and measurement of religion and spirituality: Implications for physical and mental health research. *American Psychologist*, 58(1), pp.64-74.
25. Hogg, R.V., Tanis, E.A. and Zimmerman, D.L., 1977. *Probability and statistical inference*. New York: Macmillan.
26. Idler, E.L., Musick, M.A., Ellison, C.G., George, L.K., Krause, N., Ory, M.G., Pargament, K., Powell, L., Underwood, L. and Williams, D.R., 2003. Measuring multiple dimensions of religion and spirituality for health research: Conceptual background and findings from the 1998 General Social Survey. *Research on Aging*, 25(4), 327-365.
27. Jemos, J., 1984. *Beck Depression Inventory; Validation in a Greek sample*. Athens University Medical School.
28. King, M., Speck, P. and Thomas, A., 2001. The royal free interview for spiritual and religious beliefs: Development and validation of a self-report version. *Psychological Medicine*, 31(6), pp. 1015-1023.

29. Koenig, H.G., 2008. *Medicine, religion, and health: Where science and spirituality meet.* West Conshohocken, PA: Templeton Foundation Press.
30. Koenig, H., Koenig, H.G., King, D. and Carson, V.B., 2012. *Handbook of religion and health*. Oxford: Oxford University Press.
31. Lawrence, R.E., Oquendo, M.A. and Stanley, B., 2016. Religion and suicide risk: A systematic review. *Archives of Suicide Research*, 20(1), pp. 1-21.
32. Li, S., Okereke, O.I., Chang, S.C., Kawachi, I. and VanderWeele, T.J., 2016. Religious service attendance and lower depression among women—A prospective cohort study. *Annals of Behavioral Medicine*, 50(6), pp. 876-884.
33. Lucette, A., Ironson, G., Pargament, K.I. and Krause, N., 2016. Spirituality and religiousness are associated with fewer depressive symptoms in individuals with medical conditions. *Psychosomatics*, 57(5), pp. 505-513.
34. Michopoulos, I., Douzenis, A., Kalkavoura, C., Christodoulou, C., Michalopoulou, P., Kalemi, G. and Lykouras, L., 2008. Hospital Anxiety and Depression Scale (HADS): Validation in a Greek general hospital sample. *Annals of General Psychiatry*, 7(1), pp. 4.
35. Miller, W.R. and Thoresen, C.E., 2003. Spirituality, religion, and health: An emerging research field. *American Psychologist*, 58(1), pp. 24-35.
36. Nisbet, P.A., Duberstein, P.R., Conwell, Y., and Seidlitz, L., 2000. The effect of participation in religious activities on suicide versus natural death in adults 50 and older. *The Journal of Nervous and Mental Disease*, 188(8), pp. 543-546.
37. Norko, M.A., Freeman, D., Phillips, J., Hunter, W., Lewis, R. and Viswanathan, R., 2017. Can religion protect against suicide?. *The Journal of Nervous and Mental Disease*, 205(1), pp. 9-14.
38. Oman D., 2013. Defining religion and spirituality. In R.F. Paloutzian, C.L. Park (Eds.), *Foundations of the Psychology of Religion*. New York: Guilford Press.
39. Paine, D.R. and Sandage, S.J., 2017. Religious involvement and depression: The mediating effect of relational spirituality. *Journal of Religion and Health*, 56(1), pp. 269-283.
40. Papazisis, G., Nicolaou, P., Tsiga, E., Christoforou, T. and Sapountzi-Krepia, D., 2014. Religious and spiritual beliefs, self-esteem, anxiety, and depression among nursing students. *Nursing & Health Sciences*, 16(2), pp. 232-238.
41. Rada, C., 2013. *Valori identitare ale familiei românești contemporane înn contextual globalizării. O abordare antropologică [Identitary values of the contemporary Romanian family in the framework of the globalization. An anthropological approach*]. București: Editura Muzeului Național al Literaturii Române, p.339.
42. Rosenberg, M., 1979. *Rosenberg self-esteem scale*. New York, NY: Basic Books.
43. Sapountzi-Krepia, D., Raftopoulos, V., Sgantzos, M., Kotrotsiou, E., Roupa-Darivaki, Z., Sotiropoulou, K. and Dimitriadou, A., 2005. Validation and test-retest reliability of the Royal Free Interview for Spiritual and Religious Beliefs when adapted to a Greek population. *Annals of General Psychiatry*, 4(1), pp. 6.
44. Schieman, S., Bierman, A., Upenieks, L. and Ellison, C.G., 2017. Love thy self? How belief in a supportive God shapes self-esteem. *Review of Religious Research*, 59(3), pp. 293-318.
45. Segal, D.L., Coolidge, F.L., Cahill, B.S. and O'Riley, A.A., 2008. Psychometric properties of the Beck Depression Inventory—II (BDI-II) among community-dwelling older adults. *Behavior Modification*, 32(1), pp. 3-20.
46. Sherkat, D.E. and Reed, M.D., 1992. The effects of religion and social support on self-esteem and depression among the suddenly bereaved. *Social Indicators Research*, 26(3), pp. 259-275.
47. Shin, S., Huddleson, M., Brown, L.M., Tormala, T. and Gomez, R.G., 2017. The role of religion in caregiver burden and depression for family caregivers of dementia patients. *Innovation in Aging*, 1(Suppl 1), pp. 139.

48. Shreve-Neiger, A.K. and Edelstein, B.A., 2004. Religion and anxiety: A critical review of the literature. *Clinical Psychology Review*, 24(4), pp. 379-397.
49. Smith, T.B., McCullough, M.E. and Poll, J., 2003. Religiousness and depression: Evidence for a main effect and the moderating influence of stressful life events. *Psychological Bulletin*, 129(4), pp. 614-636.
50. Spielberger C.D., 1970. *Manual for the State-Trait Anxiety Inventory (Self-Evaluation Questionnaire).* Palo Alto, CA, Consulting Psychologists Press.
51. Stoyanova, S.Y., Giannouli, V. and Gergov, T.K., 2017. Sentimentality and nostalgia in elderly people in Bulgaria and Greece–Cross-validity of the questionnaire SNEP and cross-cultural comparison. *Europe's Journal of Psychology*, 13(1), pp. 109-128.
52. Tillich, P., 1958. *Dynamics of faith*. UK: Harper Collins.
53. Underwood, L.G., 2006. Ordinary spiritual experience: Qualitative research, interpretive guidelines, and population distribution for the Daily Spiritual Experience Scale. *Archive for the Psychology of Religion*, 28(1), pp. 181-218.
54. Vitorino, L.M., Lucchetti, G., Leão, F.C., Vallada, H. and Peres, M.F.P., 2018. The association between spirituality and religiousness and mental health. *Scientific Reports*, 8(1), pp. 17233.
55. Ware, K., 1979. *The Orthodox Way, revised edition*. Crestwood, NY: St Vladimir's Seminary Press.
56. Williams, A.L., Dixon, J., Feinn, R. and McCorkle, R., 2015. Cancer family caregiver depression: Are religion-related variables important?. *Psycho-Oncology*, 24(7), pp. 825-831.