

# CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health

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This newsletter provides updates on research, news and events related to spirituality and health, including educational resources and funding opportunities. **Please forward to colleagues or students who might benefit.** Our goal is to create a community of researchers, clinicians, clergy, and laypersons interested in spirituality and health and keep them informed and updated. An EVENTS CALENDAR concludes the newsletter and describes spirituality and health related presentations happening at Duke and around the world. This is your newsletter and we depend on you to let us know about research, news, or events in this area.

All e-newsletters are archived on our website. To view previous editions (July 2007 through July 2014) go to: <http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

## LATEST RESEARCH OUTSIDE DUKE

### Religiosity, Spirituality and Volunteering in Older Adults

Researchers in the department of psychology at Arizona State University analyzed data from 8,148 persons participating in the 2004 wave of the Wisconsin Longitudinal Study to examine relationship between religiosity, spirituality, care-based values to voluntarily assist others, and rates of actual volunteering during the past year. Religiosity was measured by a 3-item index that assessed frequency of religious attendance, level of involvement in church groups other than church itself, and level of involvement in church/temple/other places of worship. Spirituality was assessed by two questions: "How spiritual are you?" and "How important is spirituality in your life?" **Results** indicated that both religiosity and spirituality were positively related to value-expressive volunteer motivation (care-based values to voluntarily assist others) ( $r = 0.28$  for both), which were the strongest correlates of this outcome in a field of 23 predictors. With regard to actual volunteering, religiosity was again the strongest predictor of all variables in logistic regression analyses, with an odds ratio of 2.61 ( $p < 0.001$ ). Interestingly, with religiosity and value-expressive volunteer motivation in the model, spirituality was significantly and *inversely* correlated with volunteering ( $OR = 0.85$ ,  $p < 0.001$ ). Authors explained that "spirituality [apart from religion] is associated with a preference for solitary and self-focused pursuits..."

*Citation:* Okun MA, O'Rourke HP, Keller B, Johnson KA, Enders C (2014). Value-expressive volunteer motivation and volunteering by older adults: relationships with religiosity and spirituality. *Journals of Gerontology* ( Psychological and Social Sciences) [E-pub ahead of print]

*Comment:* Among all characteristics of older adults in this large study, religiosity was the strongest predictor of both value-expressive volunteer motivation and actual volunteering. Most surprising, though, was the negative association between actual volunteering and spirituality, when religiosity and volunteer motivation were taken into account.

### Does Spirituality in the Workplace Help Employees Cope with Stress?

Faculty in the department of psychology at Banaras Hindu University in Varanasi, India, examined the role of spirituality in buffering the effects of occupational stress among 150 managers working in public and private organizations. Spirituality was assessed using the Spirituality at Work scale; stress by the Occupational Stress Index; and health using the General Health Questionnaire. **Results:** Occupational stress was inversely correlated with health status, while spirituality was positively correlated with health. Furthermore, occupational stress was not related to poorer health among those with high spirituality. Researchers concluded: "The findings also support the practical importance of spirituality in the workplace for improving health conditions by providing a healthy atmosphere and meaningful work for employees."

*Citation:* Kumar V, Dumar S (2014). Workplace spirituality as a moderator in relation between stress and health: An exploratory empirical assessment. *International Review of Psychiatry* 26(3): 344-351

*Comment:* This is one of the few published studies that has quantitatively examined the buffering effect of spirituality on the effects of stress in the workplace on health. Unfortunately, only the abstract of the study was available, making it difficult to judge the quality of the study's methods or measures.

### Spirituality and Chronic Orofacial Pain

Researchers from Sao Paulo, Brazil, identified 24 women with chronic orofacial pain who were consecutively evaluated at a general hospital (cases) and compared them to a control group of 24 healthy women without orofacial pain matched by age. Cases and controls were compared on spirituality, and relationships between spirituality and chronic orofacial pain symptoms (including oral parafunctioning habits, bruxism, comorbidities, teeth grinding, muscle dysfunction, etc.), time lost from work, and various biochemical parameters in blood. Spirituality was measured using Reed's 10-item Spiritual Perspective Scale, which includes a number of questions that tap religious beliefs and activities, along with broader aspects of spirituality. **Results** indicated that spirituality was significantly higher in women with orofacial pain compared to healthy women, especially scores on spiritual practices (meditation, prayer) and on feelings of God, indicative of those women turning to religion to cope with symptoms. Higher spirituality was correlated with lower levels of ACTH and IGE in blood, less time absent from work, lower levels of TMJ pain and muscle palpation, and less bruxism, oral parafunctional habits, and comorbidities, but higher muscle dysfunction. Researchers concluded that spirituality was an important tool for coping with chronic orofacial pain in women.

*Citation:* Lago-Rizzardi CD, de Siqueira JTT, de Siqueira SRDT (2014). Spirituality of chronic orofacial pain patients: Case-control study. *Journal of Religion and Health* 43:1236-1248

EXPLORE...in this issue

1-3 LATEST RESEARCH

NEWS

3-4 EVENTS & RESOURCES

4-5 FUNDING Opportunities & CALENDAR

*Comment:* A small study with interesting findings on relationships between religion/spirituality, psychological and physical symptoms associated with a common chronic illness, and a host of biomedical markers. Particularly noteworthy is the less time absent from work among women with orofacial pain who scored higher on spirituality.

### Does Social Support Explain the Relationship between Religiosity and Mental Health?

In this cross-sectional survey, researchers examine whether “religion-based” support mediates or explains the positive relationship frequently reported between religiosity and mental health. The sample studied were college students at a mid-western university in the U.S. Religiosity was measured using a scale that assessed intrinsic religiosity. Religion-based support was measured by social interaction, instrumental, and emotional support subscales. The dependent variable (outcome) was hopelessness, depressive symptoms, and suicidal behaviors. **Results:** Analyses revealed that the relationship between intrinsic religiosity and mental health was fully mediated by religion-based emotional support. The authors concluded that, “These findings provide strong support to the notion that the relationship between religiosity and mental health can be reduced to mediators such as social support.”

*Citation:* Hovey JD, Morales LRA, Hurtado G, Seligman LD (2014). Religion-based emotional support mediates the relationship between intrinsic religiosity and mental health. *Archives of Suicide Research*, May 20 [E-pub ahead of print] *Comment:* We would challenge the authors’ conclusion quoted above that the results of this cross-sectional study in a convenience sample of college students provides “strong” evidence that the relationship between religiosity and mental health can be completely explained away by social support. Of particular note is that the kind of social support that mediated the relationship between intrinsic religiosity and mental health was in fact “religion-based support.” What is not clear is whether the results would be the same if researchers removed the religious aspects from this form of social support.

### Spiritual Coping in People with HIV/AIDS

Researchers in the department of psychology at the University of Miami followed 177 people with HIV (CD-4 count 150-500 at baseline) for a period of 10 years examining their use of spiritual coping and the benefits that were derived during this time. This was a qualitative study involving content analyses of interviews conducted every six months. Themes were identified using ATLAS-ti. Raters read and coded each transcript to identify coping spiritual strategies and to rate overall spiritual coping. Spiritual coping was defined as establishing a “connection to a higher presence” whether this was found “praying to God” or “feeling one with a mountain,” and was examined in relationship to coping with life trauma or HIV-related stress. **Results** indicated that 65% of participants used spiritual coping with positive results (empowerment, growth, transformation, meaning, community, etc.), 7% with negative results (conflict, struggle, guilt, anger, etc.), and 28% did not use spiritual coping at all. Women (30% of the sample), heterosexuals (45%), and African-Americans (36%) were more likely to use spiritual coping across time. Researchers concluded that “For the majority of our participants, spirituality is an effective and useful tool to cope with trauma.”

*Citation:* Kremer H, Ironson G (2014). Longitudinal spiritual coping with trauma in people with HIV: Implications for health care. *AIDS Patient Care and STDs* 28(3):144-154

*Comment:* An interesting and important study by a top-notch research group. Although the definition of spiritual coping was broad, it did not exclude traditional forms of religious coping (as some definitions do). The positive benefits from spiritual coping

clearly outweighed the negative aspects (65% vs. 7%) in this study.

### Religion/Spirituality among Cardiac Patients in Denmark

Researchers in the department of psychology at Aarhus University approached 376 consecutive patients hospitalized with acute coronary syndrome, of whom 97 completed questionnaires and 85 completed a similar assessment 6 months later (23% response rate). The purpose was to assess religious or spiritual beliefs at baseline and determine changes in belief and use of religious coping that occurred between baseline and follow-up. The majority of participants were men (72%) and middle-aged or older (ave age 61 years); about three-quarters indicated a Christian religious affiliation; and diagnosis was acute myocardial infarction in 80% and unstable angina in 20%. **Results:** With regard to religious faith at baseline (while hospitalized), 29.9% said “yes” to the question “Do you believe in a personal God?”, whereas 23.7% said “yes” to the question “Do you believe in a spiritual power?” At 6-month follow-up (after discharge and now at home), no change in belief in God was found (from 29.9% to 31.8%); however, belief in a spiritual power declined significantly (from 23.7% to 11.8%,  $p<0.05$ ). The authors explained the latter as due to a decrease in the acuteness of their heart condition, which had stabilized by 6 months after discharged. During initial hospitalization 16.5% indicated they had more considerations of religion compared to 15.3% when re-interviewed 6 months later. With regard to religious coping during initial hospitalization, 74.2% said they received “no comfort at all” from religious or spiritual beliefs, whereas only 5.2% said “a lot”, and 70.1% said they made no use of prayer or meditation when coping with the event, whereas only 6.2% said a lot. These figures changed little at the 6-month follow-up. No faith variables were related to depressive symptoms (measured by PHQ-9) either at baseline or follow-up.

*Citation:* Bekke-Hansen S, Pedersen CG, Thygesen K, Christensen S, Waelde LC, Zacharie R (2014). The role of religious faith, spirituality and existential considerations among heart patients in a secular society: Relation to depressive symptoms 6 months post acute coronary syndrome. *Journal of Health Psychology* 19:740-753

*Comment:* This study underscores the low belief in God and infrequent use of religious coping in northern European countries like Denmark, even during life-threatening events like acute myocardial infarction. Furthermore, there appeared to be very little change in belief or religious coping during the 6 months recovery from the acute event. The authors admit, however, that they were unable to assess degree of religious belief prior to the acute coronary event that resulted in hospitalization, so they could not rule out an increase in belief and religious coping immediately following the event prior to the baseline evaluation. Finally, lack of any association between faith variables and depression – a common finding in secular areas of Europe – likely reflects the fact that people in secular areas only turn to religion if they are really desperate (so religious involvement often ends up being a “marker” for psychological distress, affect the ability to observe any protective effects in cross-sectional and sometimes longitudinal analyses).

### Religion, Spirituality, Negative Life Events, and Psychological Distress

Researchers at Johns Hopkins school of public health analyzed cross-sectional data on 1,071 community dwelling adults ages 30+ from the 4<sup>th</sup> wave of the Baltimore Epidemiologic Catchment Area survey. Religious involvement was measured by attendance at religious services, and spirituality was assessed by three questions: “In general, how important are religious or spiritual beliefs in your daily life”; “When you have problems or difficulties in

your family, work, or personal life, how often do you seek spiritual comfort?"; and "When you have decisions to make in your dail life, how often do you ask yourself what God would want you to do?" Negative life events asked about were divorce, onset of illness, physical or sexual assault, and other events involving separation, loss or threat to health or safety. Psychological distress was measured by the 20-item version of the General Health Questionnaire. Regression analyses controlled for demographics, past distress, and social support. **Results:** Religious attendance was significantly associated with lower levels of distress in a dose-effect fashion after adjustment for other covariates including level of spirituality. Compared to non-attendees, beta coefficients were -0.90 for less than once/month, -1.88 for 1-3 times/mo, -2.20 for once/week, and -2.82 for more than once/wk. Although spirituality was unrelated to psychological distress, and neither religious attendance nor spirituality buffered the relationship between negative events and psychological distress, the associations between religious attendance and distress were present only in those with high spirituality.

*Citation:* Kidwai R, Mancha BE, Brown QL, Eaton WW (2014).

The effect of spirituality and religious attendance on the relationship between psychological distress and negative life events. *Social Psychiatry & Psychiatric Epidemiology* 49:487-497  
*Comment:* The Baltimore Epidemiologic Catchment Area survey is one of the most prominent epidemiological surveys ever conducted in the U.S. (commissioned by the National Institute of Mental Health). These findings are important because of the reputation of the research group that reported them, the quality of the data collected, and the dose-effect response seen with religious attendance. Of particular interest is the finding associations between religious attendance and psychological distress were present only in those scoring high on spirituality. Could this help to explain the commonly reported lack of association found between religion and mental health found in Europe and other secular regions of the world?

### Religion and Depression in African-American Cocaine Users

Investigators at the University of Arkansas and the University of North Carolina surveyed 223 Black cocaine users in rural Arkansas examining the relationship between religiosity, depressive symptoms, and substance use. Religiosity was assessed using a wide range of measures including positive religious coping, negative religious coping, private religious participation, public religious participation, and God-, clergy-, and congregation-based religious support. Depressive symptoms and substance use were the outcomes examined. **Results:** Regression analyses controlling for gender, employment status, and age, indicated that congregation-based support and clergy-based support were inversely associated with depressive symptoms. Furthermore, congregation-based support was also associated with less alcohol use.

*Citation:* Montgomery BEE, Stewart KE, Brant KJ, Ounpraseuth ST (2014). Dimensions of religion, depression symptomatology, and substance use among rural African American cocaine users. *Journal of Ethnicity in Substance Abuse* 13(1): Feb 24 [E-pub ahead of print]

*Comment:* Details of this study are lacking due to availability of the abstract only. However, the study is worth noting because of the population studied. There is very little research available on religious involvement and emotional symptoms in cocaine users.

### Marijuana Use and Mental Health

An exhaustive review of the research on marijuana use and health concluded that this behavior has multiple adverse effects on health, particularly on mental health and especially among young people. The lead author was Nora Volkow, the director of the National Institute on Drug Abuse (NIDA). These adverse effects

are in the area of brain development (through age 21), role as a "gateway drug" to multiple addictive behaviors in adulthood, predisposing factor to psychosis (particularly in those with genetic vulnerability or family history), poor school performance and low life-time achievement, risk of motor vehicle accidents, risk of cancer (lung and airodigestive tract), and risk of cardiovascular disease.

*Citation:* Volkow ND, Baler RD, Compton WM, Weiss SRB (2014). Adverse health effects of marijuana use. *New England Journal of Medicine* 370:2219-2227

*Comment:* Although this article does not specifically pertain to religion, spirituality and health, all major world religions discourage behaviors that adversely affect health, so readers should at least be aware of this important review. This is especially important since marijuana is the most commonly used "illicit" drug in the U.S. with 12% of the population over age 12 years having used it within the past year, including 7% of 12<sup>th</sup> graders who use it daily or nearly daily.

## SPECIAL EVENTS

**Islamic Bioethics Seminar** (University of Chicago, Chicago, IL (August 1-3, 2014)

This three-day workshop will provide an in-depth introduction into the field of Islamic bioethics and will cover key concepts within Islamic theology, law and ethical frameworks as they relate to bioethics. In addition, participants will gain practical skills and tools that enable them to read Islamic bioethics literature and engage in moral reasoning about clinical ethics cases. Allied health professionals, academic researchers, bioethicists, chaplains, Imams and policy makers all will leave equipped with an enhanced literacy in Islamic bioethics. For more information about the schedule, lecture titles and faculty, go to website:

<https://pmr.uchicago.edu/page/aug-bioethics>.

**Duke Summer Spirituality & Health Research Workshops** (Durham, NC) (August 11-15, 2014)

Our 2014 summer research workshop on spirituality & health is full and bursting at the seams, although there is still room for participants (if mentorship is not needed). The workshop is designed for those interested in conducting research in this area or learning more about the research that is now being done. Those with any level of training or exposure to the topic will benefit from this workshop, from laypersons to graduate students to full-time professors at leading academic institutions. Over 650 persons from all over the world have attended this workshop since 2003. Partial **tuition scholarships** remain available for those with strong academic potential and serious financial hardships. For more information, see website:

<http://www.spiritualityandhealth.duke.edu/index.php/5-day-summer-research-course/>.

## RESOURCES

**Health and Well-being in Islamic Societies** (Springer International, 2014)

Muslim beliefs and practices based on the Qu'ran and Hadith are outlined in detail, as are health-related Islamic practices and moral standards. Christian beliefs and health-related practices are also summarized, and both differences and similarities to Muslim beliefs and practices are examined. After summarizing research on religiosity and health in Christians, the core of the book focuses on research on religiosity and health in Muslim populations and compares the health of Muslims with that of other religious groups. Topics covered include mental disorders (depression, suicide,

anxiety, psychosis, alcohol and drug abuse/dependence), positive emotions (well-being, happiness, optimism, hope, sense of control), personality traits (extraversion, neuroticism, agreeableness, etc.), social factors (marital stability, social support, social capital), health behaviors (exercise, diet, weight, smoking), and physical health (heart disease, hypertension, stroke, dementia, immune function, endocrine function, diabetes, cancer, overall mortality, etc.). This is the first comprehensive review of research on religion and health in Muslim populations. The book concludes with applications for clinical practice and the need for cooperation between Muslims and Christians for the purposes of enhancing public health. Available for \$63.99 at: <http://www.amazon.com/Health-Well-Being-Islamic-Societies-Applications/dp/331905872X>

#### **Spirituality in Patient Care, 3rd Ed** (Templeton Press, 2013)

The 3rd edition provides the latest information on how health professionals can integrate spirituality into patient care by identifying and addressing the spiritual needs of patients. Chapters are targeted to the needs of physicians, nurses, chaplains and pastoral counselors, mental health professionals, social workers, and occupational and physical therapists. Available (\$22.36) at: <http://templetonpress.org/book/spirituality-patient-care>.

#### **Handbook of Religion and Health (2nd Ed)** (Oxford University Press, 2012)

This Second Edition covers the latest original quantitative research on religion, spirituality and health. Spirituality and health researchers, educators, health professionals, and religious professionals will find this resource invaluable. Available (\$105.94) at: <http://www.amazon.com/Handbook-Religion-Health-Harold-Koenig/dp/0195335953>

#### **Spirituality & Health Research: Methods, Measurement, Statistics, & Resources** (Templeton Press, 2011)

This book summarizes and expands the content presented in the Duke University's Summer Research Workshop on Spirituality and Health (see above), and is packed full of information helpful in performing and publishing research on this topic. Available (\$39.96) at: <http://templetonpress.org/book/spirituality-and-health-research>.

## **JOBS / FELLOWSHIPS**

#### **Chief Executive Officer**

The Hope and Healing Institute and Center seeks a CEO. Located in Houston and founded by St. Martin's Episcopal Church, the Hope and Healing Institute and Center is a 501(c)3 private, nonprofit focused on delivering best practices and thought leadership as well as programmatic support for individuals and families emotional, mental, spiritual and physical health and well-being. The Chief Executive Officer will be responsible for ensuring that the Hope and Healing Institute and Center mission, vision and programs continue to expand and thrive while sustaining and enhancing relationships with the medical, academic, non-profit and local communities as well as with benefactors, volunteers, government entities and other key constituents. The CEO will provide overall strategic leadership to HHI/C, and day-to-day guidance and mentorship to HHI fellows and staff. For more information, please contact [hopeandhealing@heidrick.com](mailto:hopeandhealing@heidrick.com)

#### **Post-doctoral Fellowship**

The department of nursing at the University of Calgary, Calgary, Canada, is offering a post-doctoral fellowship position under the supervision of Shane Sinclair. This two-year fellowship begins in late 2014/ early 2015. The stipend is 50,000 CAN/year plus health

benefits. The fellow will perform research on spirituality and compassion in oncology and palliative care settings (adult and/or pediatric). Research will consist of qualitative or mixed-methods and focus on compassion-based models, measures, and interventions. The ideal applicant has a Ph.D. and a strong background in the field of spirituality and health. For more information, go to website <http://www.ucalgary.ca/risingstars/postdoc>. Applications will be accepted starting Sept 15, 2014. Send applications to [Sinclair@ucalgary.ca](mailto:Sinclair@ucalgary.ca).

## **CALL FOR PAPERS (CFP)**

Recently announced was a CFP on the topic of "atheism, health, and well-being" to be published in a special issue of *Science, Religion & Culture*. The guest editors of this issue are John R. Shook, Ph.D., Ralph W. Hood, Ph.D., and our very own colleague, Thomas J. Coleman, III. This special issue is aimed at developing the study of atheism and secularity from multiple perspectives and disciplines, focusing on it's relationship with science, while addressing multiple health related areas. For more information, go to <http://smithandfranklin.com/journal-details/Science-Religion-and-Culture/9/open-special-issues>.

## **FUNDING OPPORTUNITIES**

#### **Templeton Foundation Online Funding Inquiry (OFI)**

The Templeton Foundation will be accepting the next round of letters of intent for research on spirituality and health between **August 1, 2014 - October 1, 2014**. If the funding inquiry is approved (applicant notified by November 5, 2014), the Foundation will ask for a full proposal that will be due March 2, 2015, with a decision on the proposal reached by June 19, 2015. The three main areas in religion, spirituality and health that the Foundation funds are: (1) research on causal mechanisms (basic psychosocial, behavioral, and physiological pathways), (2) increasing competencies of health care professionals in working with religious patients (physicians, but also psychologists and experts in public health), and (3) research involving the development of religious-integrated interventions that lead to improved health. More information: <http://www.templeton.org/what-we-fund/our-grantmaking-process>.

#### **QUOTES**

"It is doubtless true that religion has been the world's psychiatrist throughout the centuries."  
Karl Menninger

Menninger K [1938]. *Man Against Himself*. NY, NY: Harcourt Brace Jovanovich (p 393)

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Website:

<http://www.spiritualityandhealth.duke.edu/about/giving.html>

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## 2014 Csth Calendar of Events...

### August

- 8-9 **How Faith Can Heal**  
Omega Institute  
Rhinebeck, New York  
Presenters: Mumford, Peng, Rediger, Koenig  
Contact: Gillian Arthur ([gilliana@eomega.org](mailto:gilliana@eomega.org))
- 10-15 **Duke Summer Research Workshop**  
Durham, North Carolina  
Presenters: Blazer, Oliver, Kinghorn, Carson, & Koenig  
Contact: Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))
- 20 **Religious Intolerance in the Armed Forces**  
Speaker: Michael L. "Mikey" Weinstein, Esq.  
President, Military Religious Freedom Foundation  
Center for Aging, 3rd floor, Duke South, 3:30-4:30  
Contact: Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))

### Sept

- 17 **Religious Involvement and Suicide in China**  
Speaker: Zhizhong Wang, Ph.D. (with Harold G. Koenig)  
Associate Professor, Department of Epidemiology and Statistics, School of Public Health, Ningxia Medical University Yinchuan, Ningxia, China  
Center for Aging, 3rd floor, Duke South, 3:30-4:30  
Contact: Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))
- 22 **Spirituality and Aging Panel**  
Yoga Professional Conference, 10:00-12:00 noon  
Presenters: Krucoff, Purcell, Koenig  
Duke Integrative Medicine Center, Durham, NC  
Contact: Kimberly Carson ([Kimberly@yogaofawareness.org](mailto:Kimberly@yogaofawareness.org))
- 30-Oct 1 **Spirituality and Palliative Care State of the Science Research Conference**  
Presenters: Steinhauser, Balboni, Koenig, others  
Duke Integrative Medicine Center, Durham, NC  
Contact: Karen Steinhauser ([Karen.Steinhauser@duke.edu](mailto:Karen.Steinhauser@duke.edu))