

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 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.

LATEST RESEARCH AT DUKE

Does Religious Attendance Prevent Depression, or Vice-Versa?

Investigators examined the effects of major depression (MDE) on religious attendance in a cohort of 2,097 persons (mean age 37 years) from Rhode Island. The majority of participants were white (84%) and Catholic (66%). Lifetime history of MDE was diagnosed by CITI (retrospectively) at each wave, and categorized as onset before age 18 (early onset) (8%) and after age 18 (adult onset) (19%). Religious attendance was assessed currently and was assessed retrospectively "while you were growing up", and categorized as attending religious services "once in a while" or "regularly", which were categorized together and compared with no attendance. Early onset of MDE in women (n=106) predicted a 42% increase in likelihood of stopping religious attendance (n=56) in transition from childhood to adulthood (OR=1.42, 95% CI 1.19-1.70). No effect was found among men. Authors concluded that the finding suggests that women are more likely to stop attending religious services after the onset of depression, which could help explain the inverse relationship between religious attendance and depression.

Citation: Maselko J, Hayward RD, Hanlon A, Buka S, Meador K (2012). Religious services attendance and major depression: A case of reverse causality? *American Journal of Epidemiology* DOI: 10.1093/aje/kwr349

Comment: This significant study is the first to demonstrate a possible impact of selection effects on the association between religious attendance and depression. However, a number of qualifications are in order. First, only religious attendance was assessed and so the findings cannot be applied to other aspects of religiosity (see Miller et al. *Am J Psychiatry* 2012; 169:89-94). Second, the sample size of women with early onset MDE who stopped attending services is relatively small (n=56), as was the effect size (19% difference between those continuing to attend and those stopping, i.e. 37% vs. 56%). Third, the findings apply only to young, predominantly white Catholic women in Rhode Island, making it important to replicate these findings in a larger sample that can be generalized more widely (and to older age groups; perhaps these young women start attending again later in life). Fourth, both major depression prior to age 18 and childhood religious attendance were retrospectively assessed making it unclear which preceded which (as the authors admit). Fifth, childhood religious attendance was not only retrospectively assessed but also was analyzed as a combination of attending services "once in a while" plus attending regularly (for Catholics, attending religious services once in awhile is not the same as attending regularly, i.e., once/ week), leaving the possibility that

the effect was only among infrequent attendees, not the standard weekly attendees. Finally, the findings are not consistent with other prospective studies that actually measured current religious attendance and followed young adults over time assessing current major depressive disorder (see Kasen et al. *Psychological Med* 2012; 42:509-519). Thus, while it makes sense that depression might impact religious attendance, the present study needs replication before anything definitive can be said about whether depression affects religion or religion affects depression.

LATEST RESEARCH OUTSIDE DUKE

Is Spirituality Related to Mental Health in Adolescents and Young Adults?

Researchers conducted a meta-analysis of results from independent studies examining 66,273 adolescents and young adults to determine the relationship between spirituality/religiosity and risk behavior (alcohol abuse, smoking, marijuana, other illegal drug use, stealing/vandalism, sexual activity), depression, well-being, self-esteem, and personality (particularly conscientiousness and agreeableness). To be included in the review, four criteria were necessary: (1) published between 1990 and 2010, (2) only empirical studies, (3) a measurable outcome of S/R examined, and (4) a commonly used effect size statistic provided (Pearson correlation, t-value, F test, mean with standard deviation) along with sample size and age of participants. S/R predictors were religious service attendance, S/R behaviors (prayer, scripture reading, religious TV/radio, youth group), importance of religious beliefs in life, religious searching (quest), and measures that consisted of combinations of the previous ones. Results indicated that 75 studies fulfilled these criteria, the majority of which involved adolescents (56%) and were done in the United States (78%). Average effect sizes across studies were as follows: risk behaviors (-0.17), depression (-0.11), well-being/happiness (+0.16), self-esteem (+0.11), conscientiousness (+0.19), agreeableness (+0.18), and openness (+0.14) (p values all less than 0.001), with moderating effects found for age, race, and type of S/R measure. Significant effect sizes across studies were not found for extraversion, neuroticism, or anxiety. Researchers concluded that S/R has a positive effect on psychological outcomes in adolescents and emerging young adults.

Citation: Yonker JE, Schnabelrauch CA, DeHaan LG (2012). The relationship between spirituality and religiosity on psychological outcomes in adolescents and emerging adults: A meta-analytic review. *Journal of Adolescence* 35:299-314

Comment: This is one of the first studies to take a quantitative approach to summarizing research on S/R and a wide range of mental health states in adolescents and young adults. These findings are important for researchers and society as a whole, given that mental health in youth predicts many physical, social, and economic outcomes during adulthood and later life. These findings also have implications for the future of societies that are becoming and more secular in this post-modern world.

EXPLORE...in this issue

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Religion, Corporal Punishment and Child Outcomes: Are They Related?

Investigators at the University of Texas used longitudinal data from 456 children participating in the National Survey of Families and Households to examine whether corporal punishment of children ages 2-4 years at baseline increases antisocial behavior and emotional problems over a 5-year period, and whether the religion of the mother moderated the impact of corporal punishment on these mental health outcomes. Outcomes included extent to which the child (1) cheats or tells lies, (2) bullies or is cruel or mean to others, (3) does not feel sorry when misbehaving, (4) is disobedient at school, (5) has trouble getting along with teachers, (6) feels or complains that no one loves him/her, (7) has sudden changes in mood, (8) feels worthless or inferior, (9) is unhappy, sad, or depressed, and (10) is withdrawn or doesn't get involved with others. Corporal punishment involved spanking or slapping the child during the week prior to the interview. Religion of the mother was measured by affiliation and beliefs about the Bible. Affiliation was dichotomized as Conservative Protestant (Southern Baptist, Nazarene, Church of Christ, Church of God, Pentecostal and Holiness, Assemblies of God, Full Gospel Fellowship, and other fundamentalist and evangelical groups) vs. other. Beliefs about the Bible were determined by extent of agreement with two statements: (a) "The Bible is God's Word and everything happened or will happen exactly as it says," and (b) "The Bible has the answer to all important human problems." Answers were summed to create an index of conservative religious views. All statistical analyses controlled for baseline child behavior and mood, positive maternal behaviors, maternal depression, and sociodemographic variables of mother (education, age, marital status, race) and age and gender of child. Results revealed the following. Regarding child antisocial behaviors, corporal punishment at baseline (T1) had no effect on outcome (T2) child antisocial behaviors, although when analyses were controlled for T2 corporal punishment, T1 corporal punishment predicted fewer child antisocial behaviors at T2 ($b=-0.14, p<0.05$). However, those children receiving corporal punishment at both T1 and T2 had elevated levels of antisocial behavior ($b=+0.49, p<0.05$). Regarding child emotional distress, corporal punishment at baseline (T1) had no effect on child emotional distress at outcome (T2), whether or not T2 corporal punishment was controlled for. However, T2 corporal punishment was associated with greater child emotional distress at T2 ($b=+0.49, p<0.05$), and corporal punishment at both T1 and T2 was associated with greater child emotional distress at T2 ($b=+1.11, p<0.05$). How did maternal religion affect these results? (1) Any negative effects of corporal punishment at either baseline (T1) or follow-up (T2) on child antisocial behaviors at T2 were significantly less among mothers belonging to fundamentalist or evangelical Protestant religious groups, (2) the same was true for the effect of maternal religious affiliation on the relationship between T1 corporal punishment and T2 emotional problems, but not for T2 corporal punishment on T2 emotional problems, and (3) substituting beliefs about the Bible for affiliation did not replicate these results. Researchers concluded that it is conservative Protestant communities and traditions -- not the specific doctrinal tenets -- that reduce the negative impact of spanking on child outcomes.

Citation: Ellison CG, Musick MA, Holden GW (2011). Does conservative Protestantism moderate the association between corporal punishment and child outcomes? *Journal of Marriage and Family* 73:946-961

Comment: Corporal punishing (spanking) appears to be harmful in young children only in families where the mother has a non-conservative religious affiliation. Although space limitations here prevent further explanation for this finding, the authors explain why this might be the case. The study is well-worth reading in complete, and we would encourage readers to obtain a copy of the original article. Ellison and colleagues are leading researchers in

the field of religion and health, and their particular focus over the years has been on the effects of religious affiliation and involvement on marital and child health.

Religion, Depressive Disorder, and Alcohol Use Disorder in South Korea

Investigators at Kangwon National University College of Medicine in Chuncheon, South Korea, analyzed data from a random national sample of 6,275 adults in South Korea. Mental disorders were diagnosed using the Korean version of the Composite International Diagnostic Interview (CIDI), a structured psychiatric interview administered by lay interviewers that is capable of diagnosing DSM-IV psychiatric disorders. "Spiritual values" were also assessed; however, we did not have access to the full article to determine how spiritual values were measured. In addition, religious affiliation was recorded. Controlling for age and gender, logistic regression analyses revealed that strong spiritual values were related to decreased rates of current alcohol use disorder, but increased rates of current depressive disorder. Furthermore, compared to atheists, Catholics had significantly higher odds of experiencing a depressive episode at some point in their lives (lifetime), while Protestants (compared to atheists) were more likely to have experienced an anxiety disorder at some point in their lives (lifetime) (although had a lower likelihood of lifetime alcohol use disorder). Given the cross-sectional nature of these findings, the authors concluded that depressive episodes often lead to a search for spirituality, and that religion might be helpful in overcoming depression or reducing the likelihood of relapse (although that is **not** what they found).

Citation: Park JI, Hong JP, Park S, Cho MJ (2012). The relationship between religion and mental disorders in a Korean population. *Psychiatry Investigation* 9(1):29-35

Comment: It is difficult to elaborate much on this finding, especially without access to the original article. However, the study design was quite sophisticated, using a standard measure of psychiatric disorders (CIDI) in a large random sample of the population, and from the looks of the article abstract, the statistical analysis was also acceptable. The researchers were correct in pointing out that given their design (cross-sectional) they were unable to determine whether spiritual values caused depression or vice-versa. Depression, however, probably did not cause Catholic affiliation (nor did anxiety cause Protestant affiliation).

Church Going and Mood (especially on Sundays)

Based on a random national survey of 329,152 Americans ages 18 or older between January 2 and December 31, 2011, the Gallup Poll reported that those who attend religious services (church, synagogue, or mosque) nearly every week or more, experience significantly more positive emotions and significantly fewer negative emotions compared to those who attend less often. The relationship held up even after controlling for demographic variables such as age, education and income. Positive emotions included smiling, laughter, enjoyment, happiness, and learning or doing something interesting; negative emotions included worry, sadness, stress, and anger. Researchers also found that the day of the week that frequent churchgoers experience the most positive emotions is on Sunday; negative emotions were also least common on Sundays. For those attending once a month or less, positive emotions were more common on Saturday; similarly, for those attending religious services seldom or never, negative emotions were least likely to be experienced on Saturday.

Citation: Lim C (2012). In U.S., churchgoers boast better mood, especially on Sundays. Those who don't attend religious services often see their mood decline. *The Gallup Poll* (March 22). See website: <http://www.gallup.com/poll/153374/Churchgoers-Boast-Better-Mood-Especially-Sundays.aspx>.

Comment: Another interesting cross-sectional association. The enormous sample size and random sampling increase the

reliability of these findings. Furthermore, the graphs in the article (Figure 1) indicate that these relationships were stepwise and linear.

NEWS

David B. Larson Fellowship in Health and Spirituality (DEADLINE for Applications Approaching)

The deadline for applying for the David B. Larson Fellowship at the Kluge Center, Library of Congress, is April 17, 2012. The announcement for applications was made only 6-8 weeks ago. The fellowship is open to U.S. citizens or permanent residents with a doctoral degree (Ph.D., M.D., Sc.D., Dr.P.H., D.S.W., P.Psy., D.S.T., Th.D., J.D.) that was conferred prior to April 1, 2012. Applicants must spend their time and be primarily interested in conducting research on religion, spirituality and health. The fellowship is for 6 to 12 months, and requires full-time residency at the Library's John W. Kluge Center (i.e., temporary move to Washington DC). The stipend is \$4,200/month. The fellow has immediate access to the Library of Congress, the Library's specialized staff, the National Library of Medicine, and all the resources available in the Washington DC area. For more information, go to <http://www.loc.gov/loc/kluge/fellowships/larson.html>.

Handbook of Religion and Health (Second Edition)

According to Google Scholar, the 1st edition of the *Handbook*, published in 2001, is the most cited of any book or research article on religion and health in the past forty years (Google 2011). This new edition is completely re-written, and in fact, really serves as a second volume to the 1st edition. The 2nd edition focuses on the latest research published since the year 2000 and therefore complements the 1st edition that examined research prior to that time. Both volumes together provide a full survey of research published from 1872 through 2010 -- describing and synthesizing results from over 3,000 studies. Because the Second Edition covers the latest original quantitative scientific research, it will be of greatest use to religion/spirituality-health researchers and educators. Together with the First Edition, this Second Edition will save a tremendous amount of time in locating studies done worldwide, as well as provide not only updated research citations but also explain the scientific rationale on which such relationships might be based. This volume will also be of interest to health professionals and religious professionals wanting to better understand these connections, and even laypersons who desire to learn more about how R/S influences health. Now available, at <http://www.amazon.com/Handbook-Religion-Health-Harold-Koenig/dp/0195335953> (\$101.49, discounted from \$175.00)

Spirituality & Health Research: Methods, Measurement, Statistics, & Resources

Released in November 2011, this book summarizes and expands the content presented in the *Duke Research Workshops on Spirituality and Health* (see below), and is packed full of information necessary to conduct research in this area. No researcher in spirituality and health should be without it. Available at: <http://www.amazon.com/Spirituality-Health-Research-Measurements-Statistics/dp/1599473496> (\$36.04).

SPECIAL EVENTS

Avera Parish Nurse Conference - Spirituality and Health Ministries

The Conference, to be held in Sioux Falls, SD on May 4, 2012, is designed for professional parish nurses, chaplains, pastors and

others in caring professions and health ministries. Robert J. Wicks, PsyD, will present throughout the day in four parts addressing topics relevant to modern health care providers. For more information, see website:

http://www.avera.org/experience/avera_profed/avera-profed-results-detail.aspx?eventId=b0f64f86-e54d-e111-8972-001ec9e06176

Institute for Spirituality and Health at Texas Medical Center

The Institute has weekly presentations in April and May that are relevant to our spirituality and health community. These include: "Happiness: Moral and Spiritual Considerations" (Nate Carlin, Ph.D.) on 4/26, "Spirituality, Religion and Medicine" (Rabbi Samuel Karff) on 5/3, "Genomic Medicine: Ethical, Legal, and Social Implications" (Amy McGuire, JD, PhD) on 5/10, and Mentalizing God (John Alen, Ph.D.) on 5/17. See website for details: <http://www.spiritualityandhealth.org/content/about-us?page=1>

3rd European Conference on Religion, Spirituality and Health

The conference will be held in beautiful Bern, Switzerland, on May 17-19, 2012, at the University of Bern. The primary conference topic will be "*Spiritual Care*." Eckhard Frick Dr. Med, Professor for Spiritual Care at Ludwig-Maximilians-University in Munich, Germany, will present the Bern Lecture. Keynote speakers presenting are from Italy, Norway, the United Kingdom, Sweden, Switzerland, and the Netherlands, making this a truly trans-European conference. For more information go to website: <http://www.ecrsh.eu/>

Conference on Medicine and Religion (University of Chicago)

Responding to the Call of the Sick: Religious Traditions and Health Professionals Today is the title of this national conference to be held on May 23-25, 2012, at the Westin Hotel on Michigan Avenue in Chicago, IL. For more information about the conference, see website: <http://pmr.uchicago.edu/events/2012-conference>.

Register now for 2012 Duke Spirituality & Health Research Workshops

Register now to ensure a spot and choice of mentors in one of our research workshops on spirituality & health during the summer of 2012. Dates are July 16-20 and August 13-17, 2012. This is the last year that full **tuition scholarships** will be available for those with strong academic potential and serious financial hardships; many scholarships continue to be available for those in need. An abbreviated form of this workshop is also being offered in Switzerland on May 13-16, 2012, which can be combined with the 3rd European Conference on Religion, Spirituality and Health (see above). For more information, see website: <http://www.spiritualityhealthworkshops.org/>.

FUNDING OPPORTUNITIES

Templeton Foundation Online Funding Inquiry (OFI) - April 16 Deadline

The Templeton Foundation is accepting letters of intent for research on spirituality and health (Feb 1- Apr 16, 2012). If the funding inquiry is approved (applicant notified by May 25, 2012), then the Foundation will ask for a full proposal that will be due May 26-Sept 4, 2012, with a decision on the proposal reached by Dec 21, 2012. More information:

<http://www.templeton.org/what-we-fund/our-grantmaking-process>

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2012 CALENDAR OF EVENTS...

April

- 16 **Religion, Spirituality and Health**
Richard H. Fitzgerald Lecture in Pastoral Education
Harold G. Koenig, M.D.
Roper St. Francis Healthcare, 10:00A-4:00P
Charleston, South Carolina
Contact: Angela Huffman (Angela.Huffman@rsfh.com)
- 20 **The Human Spirit and Health: What is the Relationship?**
Foglio Lecture, Michigan State University
Harold G. Koenig, M.D.
Grand Rapids, Michigan, Secchia Center, 1:00-3:00P
Contact: Bethany Ford (Bethany.Ford@hc.msu.edu)
- 21 **Forgiveness. Hope. Healing - Building an Effective Cancer Ministry**
Cancer Treatment Centers of America Annual Conference
Speakers: Michael Barry, Katherine Hurst, Loren Toussaint, Harold Koenig
The Chemical Heritage Foundation, Philadelphia, Penn
Contact: Deborah Hamilton
(Dhamilton@hamiltonstrategies.com)
- 25 **Understanding Culture and Coping among Older African American Cancer Patients**
Jill Hamilton, R.N., Ph.D.
Associate Professor, School of Nursing, UNC Chapel Hill
Center for Aging, Duke University Med Ctr, 4:30-5:30
Contact: Harold G. Koenig (koenig@geri.duke.edu)