

# CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health

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We are sending out our December newsletter early because of an upcoming [deadline on Dec 1, 2011, for a funding opportunity \(see p 4\)](#). This newsletter provides updates on research and other events related to spirituality and health. Please forward onto any colleagues or students who might benefit. An EVENTS CALENDAR concludes the newsletter and describes spirituality and health related conferences, workshops, and presentations that are happening at Duke, nationally, and around the world.

## LATEST RESEARCH OUTSIDE DUKE

### Forgiveness, Health, and Longevity

Researchers surveyed a nationally representative sample of 1,232 adults aged 66 or older, assessing forgiveness, health, religiousness/spirituality (R/S), and social and demographic factors. Participants were followed for three (3) years, during which 208 died. Forgiveness was measured using seven scales consisting of 1 to 3 items each that were developed specifically for this study, including forgiveness of others, conditional forgiveness, unconditional forgiveness, conditional forgiveness from God, unconditional forgiveness from God, self-forgiveness, and feeling forgiven by others. Eight types of R/S were assessed: organizational, private (without prayer), prayer, spiritual connectedness, positive religious coping, negative religious coping, religious commitment, and God control. Six psychosocial variables were also assessed with multiple items, including depressive affect, depressive somatic symptoms, life satisfaction, self-esteem, optimism, and personal control. Simultaneous logistic regression was used to examine the effects of forgiveness on mortality. Results: No forgiveness scale predicted lower mortality, but two of the seven predicted *greater* mortality: conditional forgiveness of others (apologies, assurances, and compensation required) and God's unconditional forgiveness (not necessary to seek forgiveness, offer assurances, or make amends). After controlling for gender, education, marital status, and other sociodemographic variables and health behaviors, conditional forgiveness of others remained a significant predictor of greater mortality ( $B=+0.30$ ,  $p\leq 0.05$ ), and unconditional forgiveness by God remained significant at a trend level ( $B=+0.21$ ,  $p\leq 0.10$ ). When mediation models were examined, the effect of conditional forgiveness of others on mortality was mediated by self-assessed physical health status.

*Citation:* Toussaint LL, Owen AD, Cheadle A (2011). Forgive to live: Forgiveness, health, and longevity. *Journal of Behavioral Medicine* DOI 10.1007/s10865-011-9362-4

*Comment:* This fascinating study found that older adults who are not willing to forgive others unless they apologize, make assurances that they will not do it again, or compensate the person for the alleged offence, experience greater mortality over a 3-year follow-up. This makes total sense, since apologies, assurances, and compensation may not occur from others, leaving the person trapped in an unforgiving state. Less clear, however, is why there was a trend towards greater mortality among those believing in unconditional forgiveness by God, unless perhaps it "gives license to indulge in more of life's guilty/unhealthy pleasures," as the authors suggest.

### Predictors of Happiness in the United Kingdom

Investigators surveyed a random national sample of 7,399 persons aged 16 or higher in the United Kingdom in 2007, examining predictors of happiness (measured using a single item with a response range from 1 [not to happy] to 3 [very happy]). Religious involvement was measured by frequency of religious attendance and importance of religion/spirituality. Adults age 60 or older were significantly more likely than younger adults to be religious/spiritual and to attend religious services; among those under age 60, 77% attended religious services less than once a year or never, compared to 68% of those ages 60-69, 66% of those ages 70-79, and 69% of those 80+. There were no significant relationships between either importance of religion/spirituality or religious attendance and happiness, except in those ages 80+, where greater religious attendance was associated with greater happiness (controlling for social capital, social participation, physical functioning, and demographics). Since they controlled for social factors, researchers concluded that there was something specific about attending religious services that was particularly helpful for people over age 80.

*Citation:* Cooper, C., Bebbington, P., King, M., Jenkins, R., Farrell, M., Brugha, T., et al. (2011). Happiness across age groups: results from the 2007 National Psychiatric Morbidity Survey. *International Journal of Geriatric Psychiatry*, 26(6), 608-614.

*Comment:* The strength of this study is that it involves a large random sample of adults recently surveyed in the UK. The greatest weakness is the measure of happiness (single item on a 1-3 scale), which probably only allowed this research to detect the strongest predictors of happiness. Overall, religion was clearly not one of them, in a country where 66-77% attended religious services less than once a year or never. In those over age 80, however, religious attendance was associated with greater happiness, and social factors or good physical functioning could not explain this association.

### Use of Ministers for Personal Problems by African-Americans

Researchers surveyed a random national sample of 6,082 African-Americans ages 18 years or older asking whether the participants had experienced a personal problem in their life that caused a significant amount of distress ( $n=2,103$ ), and whom they saw for help with this problem. Of those reporting a personal problem, 21% sought help from a minister; the next most common source of help was a family doctor (16%), followed by a psychiatrist 9.4%, and other mental health professionals (8.7%). Interestingly, those who sought help from their minister were more highly educated and had higher incomes. Women were also more likely to see a minister than men (26% vs. 16%). Those over age 30 were more likely to seek help from a minister (24%) than those ages 18 to 29 (11%). Compared to other denominations, Pentecostals were more likely to see a minister for help (35%). The most common reason for seeing a minister was death of a loved one (28%), and the least common problem was money (12%).

*Citation:* Chatters, L. M., Mattis, J. S., Woodward, A. T., Taylor, R. J., Neighbors, H. W., & Grayman, N. A. (2011). Use of ministers for a serious personal problem among African Americans: findings

EXPLORE...in this issue

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from the national survey of American life. American Journal of Orthopsychiatry 81(1), 118-127

*Comment:* Impressive finding that African-Americans are almost one-third more likely to see their minister for personal problems than either a medical doctor or other mental health professionals. This is especially true for women, for Pentecostals, and for all ages except those under age 30. The high quality of this research design (national random sample, large sample size, high response rate [71%]) helps to ensure the reliability and accuracy of these results.

### **Religion and Protection from HIV Risk in Young Transgender Women**

In a convenience sample of 92 young male-to-female transgender women (YTW) (mean age 20.4 years), researchers examined the relationship between religiosity and sexual risk taking (sexual behaviors that confer high risk of contracting HIV), alcohol use, and religious involvement. The majority (58%) was at high sexual risk. Religious involvement was measured using an 8-item religious practices scale (focusing on meditation, religious attendance, reading scriptures, direct experiences with God), and a 5-item God consciousness scale (religious self-description, belief in and thoughts about God). Scores were dichotomized into low and high religious involvement at the median. Logistic regression examined relationship between high sexual risk and religious scales, controlling for age, race, education, employment, and alcohol use. Results: A high level of religious practice was associated with a 72% lower likelihood of high sexual risk (95% CI 23-90%), whereas high God consciousness was associated with only a 56% lower risk (not statistically significant).

*Citation:* Dowshen, N., Forke, C. M., Johnson, A. K., Kuhns, L. M., Rubin, D., & Garofalo, R. (2011). Religiosity as a protective factor against HIV risk among young transgender women. Journal of Adolescent Health 48(4), 410-414.

*Comment:* This study is important because it examines a population (YTW) on which very little is known, and because it addresses an important health concern (behaviors related to high risk of contracting HIV). Religious practices (attending services, reading scripture, etc.) appear to be more important in preventing high-risk HIV behaviors than being conscious of God (i.e., having beliefs and thoughts about God).

### **Religion, Depression, Risky Behavior, and Academic Performance in Korean American Adolescents**

Researchers surveyed 248 Korean American adolescents participating in a protestant Korean American church (52% girls, 77% U.S. born). Structural equation modeling was used to examine associations between religious involvement, depressive symptoms, risky health behaviors (alcohol, sex, stealing, drug use, etc.), and academic performance in boys and girls separately. Results: In girls, high level of religious involvement (years attending church, personal choice to attend, and participation in youth religious activities) was associated with fewer depressive symptoms, but not fewer risky behaviors or better academic performance. The association with fewer depressive symptoms was mediated by greater personal spirituality (daily spiritual experiences, level of belief in God, and private religious activities). In boys, high level of religious involvement was associated with better academic performance (higher grades), but not depressive symptoms or risky behavior. The association with grades was again mediated by greater personal spirituality.

*Citation:* Kang PP, Romo LF (2011). The role of religious involvement on depression, risky behavior, and academic performance among Korean American adolescents. Journal of Adolescence 34:767-778

*Comment:* Several characteristics of this study weaken its conclusions. First, all participants were attending a Christian Korean church, meaning that the results may not generalize to

Korean American adolescents in general, who may not be attending church or may not be Christian. Furthermore, the use of structural equation modeling to examine associations between characteristics in such small samples (128 girls, 120 boys) may be problematic.

### **Jewish Ethnicity and Pancreatic Cancer**

The association between Jewish ethnicity and pancreatic cancer mortality was examined in a cohort of 1,184,862 participants in the American Cancer Society's Cancer Prevention Study II (57% women). Participants completed a questionnaire in 1982 and were followed up through 2006. Excluded were participants whose religion data were missing, those with cancer at baseline, and non-whites. Religious affiliation was assessed in the baseline questionnaire, with response options as Protestant, Catholic, Jewish, Latter Day Saint, other, or none. Frequency of participation in religious services (church or temple) per month was also assessed. Of the 1,014,625 participants in the sample, 480 Jews and 6,247 non-Jews died of pancreatic cancer during the 24-year follow-up. Adjusting analyses for age and sex, there were 32.4 cases per 100,000 among non-Jews and 45.1 cases per 100,000 among Jews; controlling for age, sex, smoking, diabetes, and body mass index (BMI), Jews were 43% more likely to die of pancreatic cancer than non-Jews (95% CI 30-57%). Jewish ethnicity did not interact with gender, age, BMI, family history of pancreatic cancer, or smoking status in predicting mortality rate from pancreatic cancer. Temple attendance among Jews was also related to pancreatic cancer deaths, with those attending synagogue weekly or more having the lowest rate (34.7/100,000), those attending less than weekly having the highest rate (53.1/100,000), and those attending rarely or never having an intermediate rate (38.4/100,000).

*Citation:* Eldridge, R. C., Gapstur, S. M., Newton, C. C., Goodman, M., Patel, A. V., & Jacobs, E. J. (2011). Jewish ethnicity and pancreatic cancer mortality in a large U.S. cohort. Cancer Epidemiology, Biomarkers & Prevention 20(4), 691-698.

*Comment:* In this 24-year prospective study of over 1 million Americans without cancer, Jews were 43% more likely to die of pancreatic cancer than non-Jews, independent of established risk factors. Researchers suggested that further study was needed to identify genetic or environmental factors that might explain this association. Pancreatic cancer has received increasing attention after the recent deaths of Steve Jobs and actor Patrick Swayze from this dreaded disease. Neither were Jewish.

### **Spiritual Health – On-going Research at University of Eastern Finland**

Researchers at the University of Eastern Finland in Kuopio, Finland, are studying spiritual health. The aims are to produce information about spiritual health and describe the conceptions of spiritual health by the Kendu hospital staff and inhabitants of the village where the hospital resides (Kendu Bay). Data are being collected using methods of observation, interview and photography. The interviews include individual, pair and group interviews. Nursing students have written four essays for the research. A total of 99 people have participated in the study thus far. Investigators are seeking to 1) better understand the conceptions of spiritual health held by the Kendu hospital staff, patients and villagers, and 2) model these conceptions. Preliminary results have identified factors that contribute to spiritual health, factors that support spiritual health, and factors that threaten spiritual health. Supernatural explanations are often given for becoming ill, being ill and getting better. Additional factors explaining spiritual health have included nutrition, relationships to the surrounding culture, and the practice of existential contemplation.

*Citation:* Karvinen, I (2009). Spiritual health: Ethnographic research about the conceptions of spiritual health held by the

Kendu hospital staff members, patients and the inhabitants of the Kendu Bay village. Kuopio University Publications D. [Medical Sciences](#) 451.

*Comment:* Research on spirituality and health in Finland is extremely important (1) because very little research on spirituality and health has been done in this area of the world; (2) because this society is highly secular in nature (as with all Scandinavian countries), and (3) because their healthcare system records information on all residents in some areas, providing large datasets for studying issues related to public health (including religious/spiritual factors).

### Research on Religion and Health in Denmark

This report describes the Danish Religious Societies Health Study, which involves 14,653 Seventh Day Adventists (SDA) and 5,717 Baptists born in Denmark between 1920 and 2005. The purpose of this study is to examine the effects of religion on risk of chronic diseases such as cancer, cardiovascular disease, and psychiatric disease, as well as on prognosis and survival. Religious data available include religious denomination (SDA vs. Baptist), duration of membership, date of entry, date leaving the denomination (where applicable), whether participants are also members of national church of Denmark, and whether their parents were members of the denomination. However, there is no information on religious practices. The average length of follow-up currently is 33-39 years. Follow-up between 1943 and 2007 determined that 62% of SDA and 40% of Baptists have died (difference due to difference between SDA and Baptists in ages enrolled, not due to difference in mortality rates between groups). There is also rich health data available given that there is complete, nationwide registration of all citizens in Denmark, allowing assessment of morbidity and mortality on 100% of participants (without the need to contact or interview individuals). The findings thus far indicate that the standard mortality ratio (SMR) of participants (SDA and Baptist combined) is 24% lower in men (95% CI 21-27%) and 13% lower in women (95% CI 11-16%) compared to the general Danish population. Lower SMRs have been found for liver cirrhosis, chronic lung disease, and lung cancer (likely due to less smoking and drinking), but also for heart disease. These findings are consistently stronger in men than in women (presumably due to lifestyle factors being more influential on diseases in men than in women). SMRs for suicide are vastly lower among participants than for the general Danish population (92% lower in men [95% CI 82-97%] and 89% lower in women [95% CI 77-96%]); similar results are found for traffic accidents. No differences from the Danish population have been found for neurological disorders such as Parkinson's disease or multiple sclerosis.

*Citation:* Thygesen LC, Hvidt NC, Juel K, Hoff A, Ross L, Johansen C (2011). The Danish religious societies health study. *International Journal of Epidemiology* doi:10.1093/ije/dyr089

*Comment:* This is a huge sample with complete follow-up data due to the Danish health information registry. The biggest weakness is a lack of information on religious activity, i.e., level of religious involvement. The low mortality rates from suicide and traffic accidents are particularly impressive (92% lower suicide and 97% lower accidents than in the general Danish population among men, and 89% lower suicide and 92% lower accidents in women). The investigators welcome collaborators with whom they are willing to share their data (contact [christof@cancer.dk](mailto:christof@cancer.dk)).

## NEWS

### Endowed Professorship in Clinical Ethics at Johns Hopkins School of Nursing

The JHU School of Nursing and Berman Institute of Bioethics are inviting applications for a new endowed professorship in clinical ethics. All applicants should have an active portfolio of

scholarship, teaching, and service in bioethics, and have a PhD, DNSc/DNS, or JD, and be at the associate professor or professor level of appointment. The duties of the professorship will include building a collaborative program of scholarship working with the school of nursing and Berman Institute, and performing other scholarship related to the ethics of clinical care, clinical research, and similar areas. The school of nursing at JUH is ranked No. 1 among nursing graduate programs in the country. Send applications to: [btodd1@son.jhmi.edu](mailto:btodd1@son.jhmi.edu).

### Special Issue of Depression Research and Treatment: Call for Papers

Call for Papers for a special issue of the academic peer-reviewed journal *Depression Research and Treatment* (<http://www.hindawi.com/journals/drt/si/rsd/>). The focus of this issue (*Religious and Spiritual Factors in Depression*) is spiritual and religious factors in the development, course, and treatment of depression. Center will pay the \$1000 article processing fee for all accepted articles, so there will be no charge to authors. We encourage investigators to submit their research for publication well before the final deadline of February 3, 2012.

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

This book, focused on conducting research on religion, spirituality and health, reviews the latest research on spirituality and health, discusses the strengths and limitations of that research, provides a research agenda for the future that highlights the most important studies needed to advance the field, and describes how to conduct that research, providing the necessary tools and statistical methods for doing so. Also covers practical matters such as how to write fundable grants to support the research, where to find sources of funding support for research, and what can be done even if the researcher has little or no funding support. The topics follow closely with the lectures given in the Duke summer research workshops described below. The book can now be ordered at: <http://templetonpress.org/book/spirituality-and-health-research> (20% discounted from \$49.95 to \$39.96).

## SPECIAL EVENTS

### 7th Annual North American Conference on Spirituality and Social Work

This year's Conference will be held in Thunder Bay, Ontario, Canada, on June 21-23, 2012, at Lakehead University. The theme of the conference is: "The Evolution of Family Across the Lifespan Embracing Spiritual Diversity from Northern Communities to Global Localities." There is a call for papers and workshop proposals that has recently gone out, and the deadline for submissions has been extended to December 9, 2011. For more information, go to website:

<http://socialwork.lakeheadu.ca/projects/sswc2012/> or to <http://www.spiritualityandsocialwork.ca/>.

### Register for 2012 Duke Summer 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. Abbreviated form of workshop is also being offered in Switzerland on May 13-16, 2012. Over 500 researchers at all levels of experience and training have attended these workshops over the past 8 years. See website: <http://www.spiritualityhealthworkshops.org/>

## FUNDING OPPORTUNITIES

### New Directions in the Study of Prayer

The Social Science Research Council invites proposal from scholars in all disciplines for studies that will enhance knowledge of the social, cultural, psychological, and cognitive dimensions of prayer, and its origins, variations, and correlations in human life. Approximately 20 to 25 grants, ranging from \$50,000 to \$200,000, each with a duration of two years, will be awarded. Unfortunately, letters of intent (3 page) are **due December 1, 2011**. For more information, go to website: <http://www.ssrc.org/programs/new-directions-in-the-study-of-prayer/>

### Templeton Foundation Online Funding Inquiry (OFI)

The Templeton Foundation will soon be 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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### Partner with Us - Last Chance for Matching

The Center needs your support to continue its mission and outreach. From July 1, 2011 through December 31, 2011, the Templeton Foundation will match 1:1 all gifts to the Center to help support research, teaching, and other academic activities at the Center.

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

## CALENDAR OF EVENTS...

### December 2011

- 13 **Health, Wellness and Spirituality**  
Northgate Mall, Food Court, 9:00A, Durham, North Carolina  
Contact: Dr. Harold G. Koenig ([koenig@geri.duke.edu](mailto:koenig@geri.duke.edu))
- 13 **Mental, Physical, Social, and Spiritual Pathways to Health and Wellness**  
Croasdaile Retirement Center, 7:00P, Durham, North Carolina  
Contact: Dr. Harold G. Koenig ([koenig@geri.duke.edu](mailto:koenig@geri.duke.edu))
- 14 **Religion, Spirituality and Aging**  
Geriatric Medicine Grand Rounds, 8:00-9:00A  
Duke Hospital North, 2nd floor, Rm 2001-2002  
Contact: Dr. Loren Martinez ([loren.martinez@duke.edu](mailto:loren.martinez@duke.edu))
- 14 **Measures of Religiosity and Spirituality**  
DUMC Center for Aging, Durham, North Carolina, 3:30-4:30P  
Contact: Dr. Harold G. Koenig ([koenig@geri.duke.edu](mailto:koenig@geri.duke.edu))

### January 2012

- 5 **Mental, Physical, Social, and Spiritual Pathways to Health and Wellness**  
Community Center Auditorium, Forest at Duke Retirement Community, 10:30-12:00A, Durham, North Carolina  
Contact: Dr. Harold G. Koenig ([koenig@geri.duke.edu](mailto:koenig@geri.duke.edu))
- 25 **Spirituality and Health Research at UNC**  
Tim Daaleman, M.D., Professor of Family & Community Med  
DUMC Center for Aging, Durham, North Carolina, 3:30-4:30P  
Contact: Dr. Harold G. Koenig ([koenig@geri.duke.edu](mailto:koenig@geri.duke.edu))