

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 February 2013) go to: <http://www.spiritualityandhealth.duke.edu/publications/crossroads.html>

LATEST RESEARCH AT DUKE

Spirituality and Resilience in Later Life

To what extent does spirituality contribute to resiliency in dealing with the changes associated with aging? Manning, a post-doctoral fellow in the Duke Center for Aging, answers this question by conducting 30 in-depth interviews with six women age 82 to 94 years from central North Carolina. Using a grounded theory approach, the researcher explored the interplay between spirituality and resilience over the life course. Five interviews, 1 to 4 hours in length, were conducted with each person, with the fifth interview focused on joint analysis and member checking. A series of rich narratives resulted. These women were explicit in describing how their spirituality and connection with God served as a way for coping with adversity and hardship, and how it enabled them to reach their advanced ages. Powerful quotes are included in the article. Manning concluded that "Resilience for the women represented here was learned and practiced in the context of their spirituality over the life course. To say that spirituality was their only pathway to resilience would be erroneous. Their lives had been complex and rich, and filled with relationships and meaningful connections...Enduring hardship, challenge, and adversity while using their spirituality as a framework for making meaning and processing allowed them not only to cope with challenge, but also to bounce back in a manner that resulted in positive development, growth, and positive transformation."

Citation: Manning LK (2013). Navigating hardships in old age: Exploring the relationship between spirituality and resilience in later life. *Qualitative Health Research*, Jan 2 [E-pub ahead of print]

Comment: While quantitative research that examines relationships between religion, spirituality and health is important, the kind of in-depth qualitative work exemplified in this report is needed to understand what the quantitative findings mean (and how this varies from individual to individual).

LATEST RESEARCH OUTSIDE DUKE

Spiritual Beliefs and Onset of Major Depression in Europe/Chile

Researchers followed a convenience sample of 8,318 patients ages 18 to 75 being seen in general medical outpatient practices located in seven countries (United Kingdom, Spain, Slovenia, Estonia, The Netherlands, Portugal and Chile). The aim was to determine whether baseline spiritual or religious (S/R) beliefs predicted the onset of major depressive disorder (MDD) during a 12-month follow-up. S/R beliefs were measured using a series of questions: (1) whether their understanding of life was primarily religious, spiritual, or neither (secular), (2) if religious or spiritual, were they affiliated with a specific religion, and (3) if S/R, how strongly they held this view of life. The Composite International Diagnostic Interview (CIDI) was used to make the diagnosis of MDD in the past 6 months at 6 and 12 mo follow-ups.

Demographic confounders assessed were gender, age, education, marital status, employment status, ethnicity, and history of depression. Mediators assessed were stressful life events in past 6 months and level of social support. **Results** indicated that the average age was 49, two-thirds were women, and 75% held a S/R view of life. Of those with a religious view of life, 10.3% experienced MDD, compared to 10.5% of those with a spiritual view and 7.0% of those who were secular. Missing data were imputed and logistic regression was used to predict the onset of MDD; given multiple comparisons, significance level was set at 0.01. Adjusting for confounders and mediators, those with a spiritual view (but not religious) view of life were slightly more likely to experience MDD over the next 12 months compared to those with a secular view of life (OR=1.32, 95% CI 1.02-1.70, not statistically significant, $p>0.01$). When analyses were stratified by country, the adjusted effect reached statistical significance only in the UK (OR 2.68, 95% CI 1.52-4.71, $p<0.01$), not in any other country. When analyses were stratified by history of depression, those with a religious understanding of life were more likely to have a first-time MDD (OR=1.60, 95% CI 1.05-2.42, ? statistically significant) and a recurrence of MDD (OR=1.44, 95% CI 1.07-1.93, ? statistically significant). A spiritual view of life predicted an increased risk of recurrent MDD only (OR=1.61, 95% CI 1.19-2.17), although the interaction was not significant ($p=0.15$). With regard to specific religion, no difference in subsequent MDD was found between Catholics (9.8%), Protestants (10.95%), other religion (11.5%), or no religion (10.8%). Higher strength in S/R belief predicted a *non-significant* increased MDD risk (adjusted for confounders and mediators) (OR=1.08, 95% CI 1.00-1.15, where confidence interval includes 1.00). When examining change in S/R belief, those with a decrease in strength of belief were at greater not lower risk of depression on follow-up.

Citation: Leurent B, Nazareth I, Bellon-Saameno J, Geerlings MI, Maarros H, Saldivia S, Svab I, Torres-Gonzalez F, Xavier M, King M (2013). Spiritual and religious beliefs as risk factors for the onset of major depression: An international cohort study. *Psychological Medicine*, February [E-pub ahead of print]

EXPLORE...in this issue

1-2 LATEST RESEARCH

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Comment: These results run counter to recent research in the U.S. that have found a decreased risk of depression among those who were more religious (see Miller et al. studies). Several points deserve mentioning regarding the present study. First is the weak, superficial measure of S/R beliefs. Second, is the failure of the researchers to hold to their stated significance level (<0.01) in discussing the findings and making conclusions (only in the UK did adjusted analyses indicate a significant increase risk of MDD for those with S/R beliefs). Third, is the interesting finding that a decrease in S/R beliefs was associated with an increased risk of MDD (the opposite of what one would expect if S/R belief increased depression). Finally, researchers did acknowledge that the direction of causal effects was uncertain, and that "people predisposed to depression might seek meaning in spiritual or religious sources" (i.e., depression leading to greater R/S, not vice-versa).

Religion, Spirituality and Personality Disorder

This article reviews the relatively limited research on spirituality and personality disorders (PD), in particular borderline PD and schizotypy. Borderline PD is characterized by long-standing dysfunctional dramatic changes in mood within the context of interpersonal relationships, with extreme rage alternating with adoration and idealization. Schizotypy is a PD characterized by unusual perceptual and cognitive experiences; disorganized thought processes; introversion, flat moods, asocial behavior, and lack of ability to experience pleasure from social interactions; and impulsive non-conformity (deviating from accepted norms and social conventions). The author concludes from the review that while psychological well-being is known to be very low among individuals with PD, studies suggest that spiritual well-being remains relatively high.

Citation: Bennett K, Shepherd J, Janca A (2013). Personality disorders and spirituality. *Current Opinion in Psychiatry* 26 (1):79-83

Comment: Very little research exists on religion, spirituality and these long-standing, severe, life-disrupting personality disorders. This review, then, provides a benchmark that may give ideas for future research, particularly longitudinal studies and perhaps eventually, randomized clinical trials.

Religion, Quality of Life and Depression Among Older Korean Adults Living Alone

Investigators surveyed 274 persons aged 65 or over living alone in Chuncheon, South Korea, examining the relationship between religious involvement, depression, and quality of life in this population. Depressive symptoms were measured with the 15-item Geriatric Depression Scale (Korean version) and the Geriatric Quality of Life-Dementia scale. The Duke Religion Index was used to assess religious involvement. Although details of this study are lacking due to inability to obtain the full paper, results indicated that among those subjects who were depressed, quality of life was higher among those who were religious compared to non-religious persons. Furthermore, regression analyses indicated significantly lower depression and higher quality of life among those who were more religious. Interestingly, religious involvement was not related to depression or quality of life among Buddhists, but was restricted to Protestants and Catholics.

Citation: Moon YS, Kim DH (2013). Association between religiosity/spirituality and quality of life or depression among living-alone elderly in a South Korean city. *Asia-Pacific Psychiatry*, Jan 22 [E-pub ahead of print]

Comment: The association between religious involvement, less depression and greater quality of life in older adults is not a new one, but this report is one of the first in older Koreans living alone in Korea. The lack of an association in Buddhists in this setting is also notable.

Attitudes Toward Spirituality by Medical Students and their Teachers

Investigators examined differences in attitudes toward spirituality held by medical students (n=475) and medical teachers (n=44) in a medical school in Sao Paulo, Brazil; response rates were 63% among students and 42% among faculty. The 5-item Duke Religion Index validated in Portuguese was administered to both groups, along with questions about age, gender, and medical school year. Also asked were questions about addressing spirituality in clinical practice (attitudes and practices), feeling prepared to address spirituality, and the role of medical school in preparing students for addressing spiritual issues. Results indicated that there was no significant difference between students and teachers on whether they thought spirituality could influence patients' health (44% to 61% said yes, although year 1-4 students tended to be less likely to agree). However, teachers were much more likely to say that they usually addressed spirituality in patient care (59% vs. 24% of year 1-4 students and 36% of year 5 students, p<0.001). With regard to feeling prepared to address this issue, both teachers and students felt uniformly unprepared (82 to 85%). 1st and 2nd year students were more likely to report that this issue had been addressed at their medical school (52% vs. 25-29% for 3rd and 4th year students or 35% for teachers, p<0.05-0.001). Very few teachers or students said that medical schools in Brazil were providing all the required information on spirituality in medicine (5% to 16%). Finally, students were somewhat more likely than teachers to say that medical students should be prepared to discuss these issues (60-70% of students vs. 58% of teachers).

Citation: Banin LB, Suzart NB, Banin VB, Mariotti LL, Guimaraes FG, Lucchetti G (2013). Spirituality: Do teachers and students hold the same opinion? *The Clinical Teacher* 10:3-8

Comment: A well-known finding both inside and outside the U.S. is that while spiritual beliefs and ideals are often present among medical students when they enter medical school, as year of training increases, spiritual interests begin to dissipate as attention to the scientific and technological aspects of patient care become the focus. Such a trend was not found as clearly in this study of medical students and faculty in Brazil, particularly with regard to practice, where faculty (59%) were more likely than students (24-36%) to routinely address these issues, although one reason may have been because students in earlier years may not have had an opportunity to do so.

NEWS

David B. Larson Fellowship

The John W. Kluge Center at the Library of Congress has announced that they are currently accepting applications for the David B. Larson Fellowship in Health and Spirituality. The fellowship involves conducting full time research on-site at the Library of Congress for a period of 6-12 months. The Library of Congress is the nation's oldest federal cultural institution and the largest library in the world, holding 151.8 million items in various languages, disciplines and formats. Applicants must be U.S. citizens or permanent residents and have a doctorate degree by the deadline date (Ph.D., M.D., Sc.D., Dr.P.H., D.S.W., P.Psy, D.S.T., Th.D., or J.D.). The stipend is \$4,200 per month. **The deadline is April 17, 2013.** More information regarding eligibility go to the Kluge Center website, <http://www.loc.gov/loc/kluge/fellowships/larson.html>.

Special Issue of World Psychiatry

World Psychiatry, the official journal of the World Psychiatric Association (impact factor 6.23), has published a Forum on *The Complex Interplay Between Religion and Mental Illness* in its February 2013 issue. There is a lead article by Ken Pergament and J.W. Lomax, and a series of commentaries from HM van Praag (Netherlands), SL Dein (United Kingdom), P Huguelet

(Switzerland), A. Moreira-Almeida (Brazil), M Baetz (Canada), R Paulraj (India), D Greenberg (Israel), JJ Lopez-Ibor (Spain), and PJ Verhagen (Netherlands). The entire issue can be downloaded from website:

http://www.wpanet.org/uploads/Publications/WPA_Journals/World_Psychiatry/Past_Issues/English/WP_Feb_2013.pdf.

SPECIAL EVENTS

David B. Larson Memorial Lecture (Durham, NC) (March 7, 2013, 5:30P)

The 11th Annual David B. Larson Memorial Lecture will be held at Duke University Hospital North, Room 2001. The speaker will be George Fitchett, D.Min., Ph.D., who is Professor and Director of Research in the Department of Religion, Health, and Human Values, Rush University Medical Center, Chicago, Ill, where he also holds an appointment in the Department of Preventive Medicine. Dr. Fitchett is trained in both chaplaincy and epidemiology. Using data from a recent study of VA mental health chaplains, Dr. Fitchett will describe current practice in chaplains' spiritual assessment, a model for evidence-based spiritual assessment, and will describe the research needed to develop that model. For details about the location and time of the lecture see website:

<http://www.spiritualityandhealth.duke.edu/education/larson/index.html>.

Duke Summer Spirituality & Health Research Workshops (Durham, NC) (August 12-16, 2013)

Register now to ensure a spot in our 2013 research workshop on spirituality & health. The workshop is designed for those interested in conducting research in this area or learning more about the research that has already been 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 600 persons have attended this workshop since 2004. Individual mentorship is being provided to those who need help with their research or desire career guidance. Partial **tuition scholarships** will be available for those with strong academic potential and serious financial hardships. For more information, see website:

<http://www.spiritualityhealthworkshops.org/>.

RESOURCES

Handbook of the Psychology of Religion and Spirituality (Guilford Press, 2012, 2nd ed)

Edited by Ray Paloutzian and Crystal Park, this second edition comprehensively examines the psychological processes associated with religion and spirituality. Leading scholars from multiple psychological subdisciplines present developmental, cognitive, social psychological, cultural, and clinical perspectives. Forms and functions of religious practices and rituals, conversion experiences, and spiritual struggles are explored. Available at Guilford Publications for a discounted price of \$72.25

<http://www.guilford.com/cgi-bin/cartscript.cgi?page=pr/paloutzian.htm&dir=pp/rs>.

Healing to All Flesh: Jewish and Christian Perspectives on Spirituality, Theology, and Health (Templeton Press, 2012)

This book "asks us to step back and carefully rethink the relationship between religion and health. It does so by examining overlooked issues of theology and meaning that lie at the foundation of religion's supposed beneficial function. Is a religion-health relationship consistent with understandings of faith within respective traditions? What does this actually imply? What does it not imply? How have these ideas been distorted? Why does this

matter—for medicine and healthcare and also for the practice of faith? Is the ultimate relation between spirit and flesh, as mediated by the context of human belief and experience, a topic that can even be approached through empirical observation, scientific reasoning, and the logic of intellectual discourse?" Included here are chapters by leading Jewish and Christian theological, pastoral, ethical, and religious scholars who seek to answer these questions, including Richard Address, William Cutter, Elliot N. Dorff, Dayle A. Friedman, Stanley Hauerwas, Warren Kinghorn, M. Therese Lysaught, Stephen G. Post, John Swinton, and Simkha Y. Weintraub. Available at Templeton Press for a discounted price of \$39.16 (see website: <http://templetonpress.org/book/healing-all-their-flesh>).

Spirituality in Clinical Practice: Theory and Practice of Spiritually Oriented Psychotherapy, 2nd ed (Routledge, 2012)

The second edition addresses the actual practice of spiritually oriented psychotherapy from the beginning to end of the therapeutic relationship. Sperry, a master therapist and researcher, emphasizes the therapeutic processes in spiritually oriented psychotherapy with individual chapters on the therapeutic relationship, assessment and case conceptualization, intervention, evaluation and termination, and culturally and ethically sensitive interventions. Sperry organizes his text around the central focus of conducting spiritually sensitive psychotherapy in a competent manner grounded on a theory-based framework. See the following website for a description of the chapters:

<http://media.routledgeweb.com/pp/common/sample-chapters/9780415957243.pdf>. Available at Routledge for \$36.95 (<http://www.routledgejournalhealth.com/books/details/9780415957243/>).

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

This book summarizes and expands the content presented in the *Duke Research Workshop on Spirituality and Health*, and is packed full of information necessary to conduct research in this area acquired over 25 years by the author. Book available for purchase (\$39.96) at: <http://templetonpress.org/book/spirituality-and-health-research>. For a comprehensive review of this text, see [Matthew Porter's review in the December 2012 online edition of Journal of Religion and Health](#) (<http://link.springer.com/article/10.1007/s10943-012-9666-x>).

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. Religion/spirituality-health researchers, educators, health professionals, and religious professionals will find this resources invaluable. Available, at <http://www.amazon.com/Handbook-Religion-Health-Harold-Koenig/dp/0195335953>

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 **February 1 and April 1, 2013**. If the funding inquiry is approved (applicant notified by May 3, 2013), the Foundation will ask for a full proposal that will be due September 2, 2013, with a decision on the proposal reached by December 20, 2013. More information: <http://www.templeton.org/what-we-fund/our-grantmaking-process>

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

2013 CALENDAR OF EVENTS...

Mar

- 7 **Developing an evidence-based approach to spiritual screening and spiritual assessment**
David B. Larson Memorial Lecture
Presenter: George Fitchett, DMin, PhD
Duke North, Room 2001, 5:30-6:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 27 **An interpersonal perspective of scriptures: Insights from a CCRT study of 763 English narratives from the Torah, New Testament, and Qur'an**
Presenter: Carol Weingarten, M.D., Ph.D.
Adjunct Assistant Professor, Psychiatry, Duke University
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

Apr

- 4 **Spirituality and Health: An Integrated Approach**
Iowa Methodist Medical Center Conference
Des Moines, Iowa
Presenter: Harold G. Koenig, M.D.
Contact: Bob Green (GreenRW@ihs.org)
- 24 **Bio-Cultural Origins of Spirituality and Healing Rituals**
Presenter: Kenneth Wilson, M.D.
Professor, Microbiology; Associate Professor, Medicine-Infectious Disease, Duke University Medical Center
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 29-30 **Religion, Spirituality and Health**
Gammon Heatherly Series, Fort Sanders Regional Medical Center
Knoxville, Tennessee
Presenter: Harold G. Koenig, M.D.
Contact: Randy Tingle (rtingle@covhlth.com)