

# CROSSROADS...

exploring the intersection of health, spirituality and faith

Newsletter of the Society for Spirituality, Theology & Health

Volume 1

Issue 1

July 2007

## WELCOME...from our co-editors

Welcome to this inaugural issue of the newsletter for the Society for Spirituality, Theology & Health (the Society). If you haven't already done so, we encourage you to sign up as a member of the Society at website <http://www.dukespiritualityandhealth.org/sth/> so that you will continue to receive this e-newsletter and enjoy other benefits of Society membership. If you have already signed up, we sincerely welcome you as a member and trust that you will find the content of this newsletter worthy of your time and energy.

The intention of this bi-monthly newsletter is to provide opinions and discussions on key topics in spirituality and health, present interviews with opinion leaders about their work, summarize and discuss the latest research studies, review books and other publications, and inform readers about special events in the field of spirituality, theology and health. This newsletter is currently supported by Duke's Center for Spirituality, Theology and Health, in the Duke Aging Center, through a grant from the [John Templeton Foundation](#), but we anticipate the time when the newsletter becomes an independently supported publication of a free standing professional Society. We hope that perhaps you will be the editor of the Society's newsletter, participate as a staff member of the Society, or give leadership to the Society as the Society and the newsletter take form and mature in coming years.

Every major field within medicine, nursing, chaplaincy and other health and academic disciplines has a professional society to help support the field, facilitate communication between members, and provide opportunities to periodically gather and share information about research, scholarship, education, and developments within the field. The field of religion, spirituality, theology, and health is growing rapidly, with many interested health professionals across multiple disciplines involved. Research on spirituality and health is increasing at a remarkable rate, with hundreds of studies published in scientific journals each year. Schools of nursing, medicine and other health disciplines have initiated educational courses on this topic. Spiritual care is increasingly understood to be an important part of good patient care. Until now, however, there has been no organization to connect those of us with common interests in this area, no regular national/international meeting where persons can present their research and get to know one another, and no source of information that can keep people informed about the latest developments in research, training and practice. The Society is meant to fill this gap.

There is another important reason why the Society is needed. Academic activity in spirituality and health is often seen as being on the fringe of mainstream scholarship and scientific work. In reality, religious communities and organizations helped to establish some of the first universities and built and staffed the first hospitals in the Western world. They provided the intellectual and practical resources for improving health and human flourishing for centuries. As our understanding of the relationship between science and religion - along with our interpretation of illness, suffering, and healing - evolved, religion and theology were increasingly

peripheralized within the practices of health and caring. Good questions are now being asked about how we might honor this history of religion and health while appreciating the substantive progress made in science and medicine.

Within academic environments in universities across the United States and many countries around the world, there are those in departments of medicine, nursing, public health, psychology, sociology, public policy, social work, rehabilitation, law, business, and other disciplines, who are interested in pursuing research, training, and clinical practice in the area of spirituality, religion and health. Often graduate students, post-doctoral students, or young faculty, may wish to pursue research and teaching in this area. However, they frequently receive limited support from colleagues and mentors, who discourage them from developing a career in this area. This has limited the development of researchers and educators with interests in spirituality and health at universities and other learning institutions, slowing research and the development of funding in this area. We are launching the Society with the hope that this association will connect, inform, encourage, and support researchers, educators, and practitioners in the area of spirituality, theology and health.

Another emphasis of the Society that has been lacking frequently in previous conversations on spirituality and health is the theological voice. Most research, education, and practice in this area have not included input from theologians and religious scholars. Researchers and educators in psychology, medicine, sociology, public health, and the behavioral sciences have frequently led the development of this field. As a result, there has been inadequate dialogue between theologians, religious scholars, and these other academic leaders. Consequently, the design of research studies and the interpretation of results have lacked sufficiently theological input. By correcting this deficit, we believe that the field can be moved to an entirely different level of growth, productivity, and advancement.

This Society welcomes membership from all different disciplines of scholarship and practice. Through this diverse membership we believe the Society will enrich the substantive conversation, enhance the speed at which the field develops, and facilitate the application of its research findings within health care and community settings. We also welcome laypersons with a personal interest in this area, who may wish to support it or otherwise become involved. We encourage current members to let others know about the Society and act as our emissaries around the world to recruit new members. Thank you for joining us in what we think is an incredibly exciting adventure, and one that will ultimately lead to a better understanding of the importance of spirituality and religious communities in nurturing health and human flourishing as we seek to move the study of spirituality, theology, and health forward.

Harold G. Koenig, M.D.      Keith G. Meador, M.D., Th.M.  
Co-editors, **CROSSROADS**

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## CONVERSATION...



Dr. Dan Blazer, M.D., Ph.D., is the J.P. Gibbons Professor of Psychiatry and Behavioral Sciences and the Vice Chair of Education and Academic Affairs in Psychiatry at Duke University. He began

working at Duke University as a psychiatric resident in January, 1973, and was hired on as faculty in 1976. He spoke with me about how he became interested in the field of spirituality, religion, and health, and what he sees as the major purposes and potential contributions of the Society for Spirituality, Theology & Health (SSTH).

### **Tell me about your research.**

I study chronic diseases in older persons, particularly late-life depression. I am a social epidemiologist, and as such I am interested in the social risk factors of diseases.

### **What are you most proud of in your career?**

I am proud to have helped start the epidemiology program in Psychiatry and in the Aging Center at Duke. I am pleased to have contributed to our knowledge about the social risk factors for disease, particularly the important role of social support to health. In terms of honors, I am pleased to have been given the endowed J.P. Gibbons Chair in Psychiatry and Behavioral Sciences in 1990, and to have been elected to the Institute of Medicine of the National Academy of Science in 1995.

### **When and how did you become interested in the relationship between spirituality and health?**

I was interested in this relationship from the very beginning of my career. I went to medical school with the intent of becoming a medical missionary in Africa. However, at the time, it became clear to me that given the political situation in Africa it was not going to be possible to feel secure establishing my career there, even though I worked in Cameroun for two years as a medical missionary. I also realized that the major need was for surgeons, and not feeling that skilled with my hands, I decided to pursue a career in psychiatry and epidemiology at Duke. As I had always hoped, I have been able to integrate my faith with my career and explore how psychiatry is related to the Christian tradition.

### **Do you study spirituality in your research?**

Not so much in my research, but I do present and write about spirituality. In 1998, I wrote a book entitled, "Freud vs. God: How Psychiatry Lost its Soul and Christianity Lost its Mind." I wrote this book because I felt there was a real lack of conversation between psychiatry and Christianity, and even some hostility within Christianity towards psychiatry. Although there has been some change, I am disappointed that there is not more communication between the two.

### **What purposes do you think the Society for Spirituality, Theology & Health will serve?**

The number one purpose I think the Society can serve is to meet the need for a conversation, especially for those who go into their profession with strong spiritual convictions. One needs to think seriously about how to live out one's life and spiritual beliefs within the framework of the professional specialty one chooses. Engaging in conversations with others who are trying to do the same is important. Second, the field needs to advance in terms of its theory and theological depth. As far as theology goes, we are still at the early discussion stage; the Society can help to move us forward in this area. Finally, the Society can help to generate research, although it's important we don't gallop ahead of the theory.

### **What do you think the Society's greatest challenge will be?**

I think it faces at least three challenges. First, and this has nothing to do with the topic of spirituality per se, academics are under enormous pressure to produce these days. Spirituality and health is a topic many find interesting and important, but it's not something people are paid for or evaluated on. As a result, topics like spirituality and health tend to get put on the backburner. Second, many have lived what I call parallel lives: they are religious or spiritual, and they are also a professional, rather than being a religious or spiritual professional. It will be an intellectual and spiritual leap for many to think of the two being integrated, not parallel, and to grapple with the deeper issues this integration will undoubtedly bring up. Finally, I think we all face the challenging question of, "What exactly do we mean by spirituality?" Do we think that the spirituality of the Buddhist and New Age traditions is the same as the spirituality of the Christian and conservative Jewish traditions?

### **Do you think there is a common spirituality across traditions?**

I think there is a particularity to spiritual traditions. There may be surface

similarities, some generic factor, but I think it is also important to recognize the differences between them. This is a difficult question. We're still figuring it out.

### **Do you think it is important to increase the voice and input from theologians? If so, how can we do this?**

I think this is very important. We need to get theologians, philosophers, and ethicists to the table. Each has a different perspective. We need a more complex conversation. From my experience, to have these sorts of deep and productive conversations you need to get people from different perspectives in the room together on a regular basis for longer than an hour. Working on a project together can be very effective.

### **What advice would you give to those who are considering pursuing research and teaching in this area?**

I tell people that they need to read wide and deep and they need to think wide and deep. It's easy to tackle this topic in a superficial way, to throw in a spirituality scale or two in a research study. But, this has been done many times now. We need to get a group together and really start to ponder the next important questions we need to be asking.

### **What do you hope the Membership Society will be able to accomplish in the next five years?**

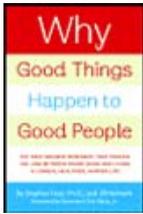
This is the right question to be asking. It is good to set some benchmarks so that in several years we will know how well we have done. It may be helpful for the Society's members to share their writing with one another, and provide critiques in an informal way. I think we would know that we had accomplished something if we had a formal conference or two in which we dialogued with a larger audience, followed by discussion sessions. Another measure of success would be having a group of individuals meeting and conversing with one another on a regular basis.

### **How can we get the word out to others in the field that might be interested in being part of this Society?**

Well, I'm not an advertising person, but I think that given the number of other groups out there talking about this topic, we need to let people know what makes SSTH different and what unique needs we are proposing to meet. I think the major contribution we are making is facilitating a deep conversation among individuals of different professions and backgrounds.

**Interview by Michelle Pearce**

## COMMENTS...from the author



Stephen Post and Jill Neimark, *Why Good Things Happen to Good People: The Exciting New Research That Proves the Link Between Doing Good and Living a Longer, Healthier, Happier Life* (Broadway Books – A Division of Random House, Inc., May 2007)

*Why Good Things Happen* is about how ten expressions of unselfish love for others positively impact the happiness and health of the giver, and odds are, even add a few years to life. Psychiatrist Karl Menninger wrote that “Love cures – both the ones who give it and the ones who receive it.” This book shows that there is much truth in the statement “Tis better to give than to receive.” So what is this Gift Love, to use a term coined by C.S. Lewis? When the happiness and security of another mean as much or more than your own happiness and security, you love that person. And this love is expressed in ten ways that are each the subject of a chapter in the book – celebration, helpful generativity, forgiveness, “carefrontation,” humor, respect, compassion, loyalty, attentive listening, and creativity. The thesis of the book is that all these expressions of unselfish love are as good for the giver as they are for the recipient. People who forgive, for example, have lowered stress and better immune function; good listeners tend to be happier and less stressed because they are less concerned about themselves and their own problems and more focused on others; people who do “unto others” through volunteering tend to have longer lives than those who don’t. The appeal in this book is not to selfishness, but to the human essence. Great new science is presented, much of it supported by the John Templeton Foundation through the [Institute for Research on Unlimited Love](#), for which Dr. Post serves as President. Dr. Post has written about the ways of love for many years. The book is co-authored with journalist Jill Neimark, who shapes the writing of these ideas in a wonderful way, and adds a lot of wisdom about the subject herself. Science is combined with wonderful stories, “how to,” and even a scale that lets the reader assess his or her strengths in each area of neighbor love. The book is easily ordered through the website at [www.whygoodthingshappen.com](http://www.whygoodthingshappen.com). For all who think that “spirituality” includes the spirit of *agape* love, this is THE book for you!

Stephen G. Post  
School of Medicine  
Case Western Reserve University

## INSIGHT... latest research

### **Meeting Patients’ Spiritual Needs**

Balboni TA, Vanderwerker LC, Block SD, Paulk ME, Lathan CS, Peteet JR, Prigerson HG (2007). Religiousness and spiritual support among advanced cancer patients and associations with end-of-life treatment preferences and quality of life. *Journal of Clinical Oncology* 25:555-560

**Summary:** Investigators surveyed 230 patients with advanced cancer who had failed first-line chemotherapy. These patients, participating in Harvard’s Coping with Cancer Study, came from multiple sites, including Yale Cancer Center (New Haven, CT), Veterans’ Affairs Connecticut Healthcare System Comprehensive Cancer Clinics (West Haven, CT), Memorial Sloan-Kettering Cancer Center (New York, NY), Simmons Comprehensive Cancer Care Center (Dallas, TX), and Parkland Hospital Palliative Care

Service (Dallas, TX). Patients rated to what extent either their religious community or the medical system supported their spiritual needs on a scale from 1 (not at all) to 5 (completely supported). Although 88% of patients said that religion was at least somewhat important, 47% said that their spiritual needs were minimally or not at all met by their religious community. Furthermore, 72% said that their spiritual needs were minimally or not at all met by the medical system (i.e., doctors, nurses, or chaplains). Patients who indicated that either the religious community or the medical system was providing spiritual support reported significantly higher quality of life ( $p < 0.0005$ ). Of nine variables, degree of spiritual support was the 2<sup>nd</sup> most powerful predictor of quality of life. This was particularly true for African-Americans and Hispanics. The editorial that accompanied this report encouraged oncologists to take a spiritual history.

**Comment:** This multi-site study documents the failure of both the faith community and the medical system in meeting the spiritual needs of many patients, even when they are dying. These findings are consistent with post-hospital satisfaction surveys that show that of patient care indicators, the meeting of emotional and spiritual needs has among the lowest ratings. Most hospitals do not have enough pastoral care resources to meet the spiritual needs of every patient, given that chaplains see only about 20% of hospitalized patients. While not all patients may need pastoral services, there are many who do, especially those with serious medical illness. These findings underscore the need for health professionals to identify the spiritual needs of patients and then refer those patients to pastoral care experts trained to meet those needs.

### **Effects on Physical Health Outcomes**

Ironson G, Stuetzle R, Fletcher MA (2006). An increase in religiousness/ spirituality occurs after HIV diagnosis and predicts slower disease progression over 4 years in people with HIV. *Journal of General Internal Medicine* 21:S62-68

**Summary:** Investigators from the University of Miami examined the effects of changes in religiousness/spirituality (R/S) among 100 patients following the diagnosis of HIV, and the consequences that this had on CD4 cell levels and viral load over the next 4 years. Following diagnosis, 45% of patients showed an increase in R/S, 42% remained the same, and 13% reported a decrease in R/S. Hierarchical linear modeling was used to examine the effects of changes in R/S on individual patients’ slopes of change in CD-4 cell counts and viral load over time. Those who reported an increase in S/R after diagnosis had significantly less decrease in their CD4 counts and significantly less increase in viral load during the 4-year follow-up. Results were independent of church attendance and initial disease status, medication at every time point, age, gender, race, education, health behaviors, depression, hopelessness, optimism coping, and social support. In fact, of all other predictors of CD-4 cell preservation and viral load, change in R/S was the most powerful predictor. Religious service attendance was also an independent predictor in the same direction as increased R/S, but the effect was weaker.

**Comment:** Previous research indicates that changes in religiousness/spirituality, particularly a loss of faith, impacts the need for mental health services for PTSD many decades later among soldiers involved in active combat. This is the first study, however, that documents the potential effects of changes in R/S on physical outcomes. These investigators showed previously that long-term survivors with AIDS are those who are more religious/spiritual, and this effect appears to be mediated by lower serum cortisol levels. Cortisol, secreted in response to emotional stress, is known to interfere with immune functions necessary to control the AIDS virus. If turning to R/S helps patients to cope, which reduces their stress levels, then serum cortisol levels are likely to be lower also, potentially explaining the results from the above study.

**Continued on page 4**

### Associations with Mental Health

Koenig HG (2007). Religion and depression in older medical inpatients. *American Journal of Geriatric Psychiatry* 15 (4): 282-291

**Summary:** This research examined the religious characteristics of older medical inpatients with major and minor depression, comparing them to religious characteristics of non-depressed patients and examining their relationship to severity and type of depressive disorder. One thousand (1000) medical inpatients over age 50 at Duke University Medical Center (DUMC) and three community hospitals were identified with depressive disorder using a structured psychiatric interview. Religious characteristics of these depressed patients were then compared to those of 428 non-depressed patients, controlling for demographic, health, and social factors. In addition, among depressed patients, relationships to severity and type of depression were also examined. Depressed patients were more likely to indicate no religious affiliation, less likely to affiliate with Fundamentalist denominations, more likely to indicate "spiritual but not religious," less likely to pray or read scripture, and scored lower on intrinsic religiosity. Among depressed patients, depression severity was associated with lower religious attendance, less prayer, less scripture reading, and lower intrinsic religiosity. Thus, hospitalized patients with depression are less religiously involved than non-depressed patients or those with less severe depression. **Comment:** This is the largest cross-sectional study to date showing a correlation between religious involvement and depression in hospitalized patients with severe illness. Unknown is whether religious involvement prevented the development of depression, or whether depression interfered with religious activities or self-rated level of religious commitment. On the one hand, we know that the symptoms of depression can interfere with religious activity. On the other hand, if religion is an effective coping behavior, as many studies indicate, then it would make sense that those who are more religiously involved would experience less depression, often an indicator of failure to cope. Longitudinal studies and randomized clinical trials are needed to help sort out cause from effect.

### FUNDING OPPORTUNITIES...

#### Faculty Fellowship in Ethics

The Edmond J. Safra Foundation Center for Ethics at Harvard University encourages teaching and research about ethical issues in the professions and public life. Its resident Faculty Fellowships support outstanding teachers and scholars who wish to develop their ability to address questions of moral choice in architecture, business, education, engineering, government, journalism, law, medicine, public health, public policy and other professions.

**Deadline:** The deadline for receipt of application is November 15, 2007. The names of recipients will be announced by March 1, 2008. **More information:** <http://www.ethics.harvard.edu>

#### The Influence of Religiosity and Spirituality on Health Risk Behaviors in Children and Adolescents

The National Institute of Child Health and Human Development (NICHD), National Institute of Alcohol Abuse and Alcoholism (NIAAA), and National Institute of Nursing Research (NINR) are soliciting research studies that examine the mechanism, mediators, and moderator by which religious and spiritual beliefs develop and are transmitted across generations, and whether and how these beliefs influence early sexual behaviors and alcohol or other drug use that may facilitate the transmission of HIV in children and adolescents. The focus of this solicitation is on the positive and negative effects of religiosity and spirituality, henceforth referred to solely as religiosity, on health risk behaviors in children and adolescents. There is an increasingly pluralistic religious landscape in the United States which makes it important to consider the influences and impacts of the beliefs and behaviors promulgated by numerous religions in the United States.

**Deadline:** The deadline for receipt of application is October 5, 2007. **More information:** <http://grants1.nih.gov/grants/guide/pa-files/PA-07-181.html>

#### Religion, Spirituality, and Aging Award

The Forum on Religion, Spirituality and Aging (FoRSA) of the American Society on Aging (ASA) presents the Religion, Spirituality and Aging Award to recognize outstanding individuals, programs, and services in religion, spirituality, and aging. In 2008, the Religion, Spirituality and Aging Award will be given to an outstanding individual or organization who has demonstrated continued excellence and leadership in direct or indirect service to the religious and spiritual needs of older adults and their families and who has had a profound and lasting impact on the religious and spiritual concerns of older adults, through practice, teaching, research, advocacy or policy planning. **Deadline:** The deadline for receipt of nomination is October 1, 2007. Winner will be honored at the FoRSA Annual Awards Luncheon as part of the 2008 Aging Conference, which will be held March 27 to 30, 2008. **More information:**

[http://www.asaging.org/asav2/awards/description\\_forsa.cfm](http://www.asaging.org/asav2/awards/description_forsa.cfm)

### CALENDAR OF EVENTS...

#### August 2007

- 4 Clinical Practice Workshop\*
- 15 RFP Religion and Health: Effects, Mechanisms and Interpretation. Finalist notification

#### September 2007

- 6 Spirituality, Theology and Health Seminar.\* Speaker: Ken Pargament, PhD, Professor of Psychology, Bowling Green State University
- 13, 20, 27 Spirituality, Theology and Health Literature Reading Group\*

- ★ **Workshops:** Registration required, for more details visit: <http://www.dukespiritualityandhealth.org>
- ★ **Seminars:** Lunch is provided, registration requested. To register contact: [elizabeth.alford@duke.edu](mailto:elizabeth.alford@duke.edu)
- ★ **Reading Group:** For additional information please contact [elizabeth.alford@duke.edu](mailto:elizabeth.alford@duke.edu)

All events are held in Durham, North Carolina unless otherwise noted

Published bi-monthly by the Society for Spirituality, Theology & Health, Durham, North Carolina

Society for Spirituality, Theology & Health  
DUMC Box 3825, Durham, NC 27710

<http://www.dukespiritualityandhealth.org/sth/>

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