CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health Volume 2 Issue 2 August 2012

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.

LATEST RESEARCH AT DUKE/UNC

Religious Songs, Coping and Mental Health in African-Americans

In this qualitative study, researchers conducted interviews with 65 African-American adults age 50 or over living in North Carolina. Participants were members of religious congregations. Three open ended questions were administered to participants: (1) "Can you recall a time in your life that was particularly stressful for you?"; (2) "Tell me about a religious song, scripture, or prayer that helped you during that time;" (3) and "Tell me how that song, scripture and/or prayer helped you during that time." Results indicated that participants experienced feelings of comfort, strength, being uplifted, and finding peace by singing or listening to the songs they described. The songs mentioned by participants involved themes of thanksgiving and praise (being thankful to God for past acts of goodness, mercy and grace), instruction (identification with sufferings of the singer and God as provider), memory of forefathers (personal meanings of songs that connected the person to past events or relatives), communication with God (lyrics of songs as prayers to God for protection, healing and relief from pain), and life after death (lyrics that expressed belief in life after death, belief in immortality, and going to heaven). Adults over age 75 were more likely than those ages 50 to 74 to find comfort in songs about life after death. There were no other significant differences in type of song by age group. Researchers concluded that religious practices in the form of songs may be helpful to the mental health of older African-Americans. Clinical applications include asking older African-Americans about their favorite songs as as a sensitive way of approaching mental health issues in this population.

Citation: Hamilton JB, Sandelowski M, Moore AD, Agarwal M, Koenig HG (2012). "You need a song to bring you through:" The use of religious songs to manage stressful life events. The Gerontologist, Vol. 0, No. 0, 1–13.doi:10.1093/geront/gns064

Comment: This is the first study to examine the role of religious songs in helping to cope with personal loss and stress. There is a long historical tradition that this research builds on that emphasizes the importance of religious songs (along with prayer and scripture) in dealing with hardship by older African-Americans. Given the importance of this practice in obtaining relief of suffering, it is surprising that more research has not been done. Hopefully this study will be the first of many to explore the roles that music and song play in coping with emotional illness in African-Americans and other ethnic groups as well.

Religious vs. Conventional Psychotherapy for Depression in the Medically Ill

This article reviews research examining the relationship between religion and depression, the physiological changes induced by depression and possibly reversed by religious involvement, and considers the possibility of using religious beliefs in psychotherapy for depression. In particular, it describes an ongoing randomized clinical trial at Duke University that is examining the effects of religious cognitive behavioral therapy (CBT) versus conventional CBT for the treatment of major depression in patients with medical illness. Religious CBT is being provided by Masters' level therapists using psychotherapy manuals developed for Christians, Jews, Buddhists, Hindus, and Muslims. The interventions are briefly described in this paper, and preliminary results are provided, including experience with delivery of CBT by telephone, Skype, and instant messaging, and the challenges that each of these methods presents, including patient acceptability.

Citation: Koenig HG (2012). Religious versus conventional psychotherapy for major depression in patients with chronic medical illness: Rationale, methods, and preliminary results. Depression Research and Treatment, article ID 460419, doi:10.1115/2012/460419 (see website http://www.hindawi.com/journals/drt/2012/460419/ for free download)

Comment: Given the increasing emphasis in the field of spirituality and health on applications, this ongoing study explores the benefits of utilizing patients' religious resources in psychotherapy of major depression in those with chronic medical illness. Another novel aspect of this study is the use of remote methods to deliver psychotherapy to those with chronic illness and disability that might interfere with their ability to go to therapists' offices.

LATEST RESEARCH OUTSIDE DUKE

Religion and Suicidal Ideation among Blacks in the United States

In order to understand the relationship between religious belief and suicidal ideation, investigators analyzed data from a random sample of 5181 Black Americans who participated in the National Survey of American Life conducted in 2001-2003. This study was part of the National Institute of Mental Health Collaborative Psychiatric Epidemiology Survey, which is a cross-sectional survey of a random national sample of adults in the United States. A single question assessed subjective religiosity: "How religious are you?" (with responses ranging from not religious at all [1] to very religious [4], which were dichotomized into high [38%] and low religiosity [68%]). The World Mental Health Composite International Diagnostic Interview (WMH-CIDI) was used to make diagnoses of mood, anxiety, substance use, childhood and eating disorders; 22% had a history of one psychiatric disorder and 9% had two or more. Suicidal ideation was assessed with the question, "Have you ever seriously thought about suicide?" Responses were yes or no. Age of first suicidal thought was also assessed. Cox regression was used to assess the relationship between predictors and age of first suicidal thought. Results indicated that 12% of respondents have at some point had experienced serious suicidal thoughts, and this was significantly

increased in those with psychiatric disorder. The hazard rate of suicidal ideation was higher among those with low subjective religiosity. Furthermore, among those with low religiosity, having a psychiatric disorder had a greater impact on age of first serious thoughts about suicide. Authors concluded that religious beliefs may buffer the effects of psychiatric disorder on risk of early suicidal thoughts.
Citation: Assari S, Larkarani MM, Moazen B (2012). Religious beliefs may reduce the negative effect of psychiatric disorders on age of onset of suicidal ideation among Blacks in the United States. International Journal of Preventative Medicine 3 (5): 358-364
Comment: Although few studies have focused on suicide among African-Americans, research suggests that suicide rates are lower among African-Americans compared to white Americans, although the reason is not completely understood. It may be that greater religiosity among African-Americans is one factor, as this cross-sectional study suggests. The large random sample and the use of a standard structured interview to make psychiatric diagnoses are strengths. The presentation, however, is somewhat confusing with conflicts between table data and text, and may explain why this paper was not published in a better quality journal.

Are Religious Beliefs a Barrier to HIV Testing and Antiretroviral Treatment?

Investigators surveyed 246 Black Africans attending HIV clinics in London, UK, to determine the relationship between religious beliefs and the likelihood of having HIV testing or antiretroviral treatment. Religious variables measured included religious affiliation (99% with an affiliation), importance of religion (89% important or very important), and attendance at religious services (68% monthly or more often). Belief that taking anti-retroviral therapy was an indicator of lack of faith in God was present in only 5%; however, 30.6% indicated that faith alone could cure HIV. Outcome measures included late diagnosis, antiretroviral therapy, and measures of immunological and virological outcomes at six months post-diagnosis. Results indicated that there was no relationship between religiousness and late HIV diagnosis, change of CD4 count or viral load during the six months after diagnosis, or time when antiretroviral therapy was initiated. Researchers concluded that strong religious beliefs did not prevent HIV testing or antiretroviral treatment in this population.
Citation: Fakoya I, Johnson A, Fenton K, Anderson J, Nwokolo N, Sullivan A, Munday P, Burns F (2012). Religion and HIV diagnoses among Africans living in London. HIV Medicine doi:10.1111/j.1468-1293.2012.01031.x. [Epub ahead of print]
Comment: It has long been feared that HIV-positive individuals who are highly religious may forgo medical treatment in preference for religious therapies. This has been of particular concern in those from ethnic minorities of low socioeconomic status, who often are highly religious and have poor access to health care. This study suggests that even in a highly religious population of Black Africans living in London, England, religious belief does not appear to be a barrier to conventional medical treatment for HIV.

The Effect of Prayer on Depression and Anxiety

This prospective study sought to assess the impact of in-person prayer on depression, anxiety, and positive emotions, 12 months after the intervention. At baseline, 44 women underwent six weekly 1 hour prayer sessions conducted in a primary care physician's office. Outcome measures included the Hamilton rating scales for depression and anxiety, Life Orientation Test (optimism), and Daily Spiritual Experiences Scale. Subjects were assessed at baseline, after the intervention, one month later, and one year later. Analyses using one-way repeated measures ANOVA indicated significantly less depression & anxiety, greater optimism, and higher levels of daily spiritual experiences on follow-up compared to baseline (all p's <0.01). Researchers concluded that improvements following the intervention persisted for a duration of at least one year, and suggested that direct person-to-person prayer may be useful in medical care settings for some patients with depression and anxiety.
Citation: Boelens PA, Reeves RR, Replogle WH, Koenig HG (2012). The effect of prayer on depression and anxiety: Maintenance of positive influence one year after prayer intervention. International Journal of Psychiatry and Medicine 43 (1): 85-98
Comment: This is one of the few intervention studies examining the effects of simple in-person prayer on emotional symptoms over time in patients with medical illness. Further research is needed to better understand how prayer impacts depression and anxiety, and these results need replication by other research groups in different settings, especially in comparison to a control group.

Physician-Initiated Prayer Prior to Ophthalmologic Surgery

There is serious concern about the ethical nature of physicians offering prayer to patients, given the potential for coercion. This study examines patients' perceptions regarding their physicians offering prayer prior to elective ophthalmalogic surgery. In this clinical practice located at the University of Oklahoma Health Sciences Center, it is standard practice for two eye surgeons to offer Christian prayer to all patients prior to surgery. During the study period, these surgeons performed surgery on 567 consecutive patients, who were also asked to fill out a questionnaire inquiring about their experiences with regard to the physicians offering prayer. Of those receiving the survey, 300 returned it (53%), and virtually all of these were Christian (96%). Results indicated that all patients (100%) were offered prayer prior to their operation. All except for two patients (<1%) accepted the prayer and felt that they wanted to accept the prayer. All but 11 patients (4%) indicated that they felt free to reject the prayer. Other questions asked in the survey included whether physicians should not address spiritual issues (90% disagreed with this statement and 75% strongly disagreed with it); whether patients would like to have future prayer with their doctor (95% in favor); and whether the physician offered the prayer for their well-being (97% indicating yes). While 9% of patients felt some degree of discomfort when they were offered prayer by the surgeon, only 1% indicated that they would have preferred not to have been offered the prayer. Some patients (2-3%) agreed that the prayer was intended to alter their opinion of the surgeon or were offended that the prayer was Christian-based. Ane patient stated that he/she did not like the prayer and would not have come to that physician had he/she known the prayer would be offered. Of the 12 non-Christian patients, 50% said they were glad the physician offered prayer and would like to pray with their doctor again; one patient disagreed, and the remainder of the patients were neutral. None of these 12 patients stated that they would rather not have been offered the prayer or felt offended by the Christian-based prayer; however, 25% (n=3) said that they felt uncomfortable when the physician offered the prayer. Of patients in the overall sample, 90% said that they believed the prayer affected their relationship with their physician in a positive way.
Citation: Siatkowski RM, Cannon SL, Farris BK (2008). Patients perception of physician-initiated prayer prior to elective ophthalmologic surgery. Southern Medical Journal 101 (2): 138-141
Comment: In this Oklahoma clinic, it appears that most patients were not offended by physician-initiated prayer, even those who were non-Christian. However, note that 47% did not return the survey, and we know nothing about their attitudes toward the physician-offered prayer. Several patients who responded indicated that they felt uncomfortable when offered a Christian-based prayer, and some were offended by this. My guess is that many of those who did not return the survey may have felt the same way. I would not recommend that physicians or other health

care professionals offer prayer to patients as a standard practice. **Patient**-initiated prayer is the best way to avoid coercion in medical settings. However, patients might like to know if their health professional would be willing to pray with them (given that patients are often fearful of offending their health professional by making such requests).

Addressing Spiritual Issues at the End of Life: Perspectives of Patients, Oncologists and Nurses

Researchers at the Dana-Farber Cancer Institute, Harvard School of Public Health, RAND Corporation, and Johns Hopkins Hospital surveyed 68 patients with advanced cancer, 204 oncologists, and 114 oncology nurses. The aim was to determine attitudes toward spiritual care at the end of life. Results indicated that 78% of patients, 72% of physicians and 85% of nurses indicated that routine spiritual care would benefit cancer patients at the end of life. Interestingly, only 25% of patients had previously received spiritual care. There was a significant difference in religiousness between patients, physicians and nurses: 19% of patients, 25% of nurses, and 30 % of physicians said they were not at all religious ($p<0.05$), and 3% of patients, 5% of nurses, and 11% of physicians indicated they had no religious affiliation ($p<0.001$). Overall, physicians had more negative attitudes toward spiritual care than either patients ($p<0.001$) or nurses ($p<0.01$); only 16% of physicians indicated "very positive" attitudes toward spiritual care, compared to 38% of nurses and 41% of patients. The primary objections to spiritual care centered around professional role conflicts (i.e., spiritual care takes away from the ability to deliver impartial medical care, and asks the doctor to practice in a realm that he or she is not trained in).
Citation: Phelps AC, Lauderdale KE, Alcorn S, Dillinger J, Balboni MT, Van wert M, VanderWeele TJ, Balboni TA (2012). Addressing spirituality within the care of patients at the end of life: Perspectives of patients with advanced cancer, oncologists, and oncology nurses. Journal of Clinical Oncology, May 21 10.1200/JCO.2011.40.3766 (Epub ahead of print)
Comment: The results of this study are not particularly surprising, given past research in this area. However, the low percentage of oncologists who had very positive attitudes toward spiritual care (16%) is surprising, especially since 72% indicated that routine spiritual care would benefit cancer patients. Further research is needed to better understand why many oncologists do not have very positive attitudes toward spiritual care, and whether this is due to lack of training or simply due to discomfort with the subject.

Development and Validation of a Spiritual Needs Assessment Tool

Investigators at Northwestern University in Chicago, Maimonides Medical Center in New York City, MacLean Center for Clinical Medical Ethics, and the Divinity School at the University of Chicago report on their development of a Spiritual Needs Assessment for Patients (SNAP) tool. SNAP consists of 23 items in three domains: psychosocial (5 items), spiritual (13 items), and religious (5 items). The instrument was tested in a sample of 47 ambulatory cancer patients who were assessed cross-sectionally and longitudinally to establish validity and reliability. Subjects were recruited in the oncology clinics at the Maimonides Cancer Center in Brooklyn, New York, that serves a wide mix of ethnic groups, including Orthodox, Reform, Conservative, and secular Jews; Italian, Irish and Hispanic Catholics; African-Americans; and recent immigrants from China, the Middle East and around the world. Participants were predominantly white (60%), but also included a significant number of minorities (40% Black, Hispanic, or Asian). Interestingly, 68% described themselves as spiritual but not religious (much higher than other medical populations in previous studies), with only 15% reporting unmet spiritual needs and 19% wanting help to meet their spiritual needs. Results indicated that the SNAP had reasonable test-re-test reliability (0.69, n=32) and high internal reliability (Cronbach's alpha 0.95, n=40). Construct validity was also present, with those having unmet spiritual needs scoring significantly higher on the SNAP compared to those without spiritual needs (66.3 vs. 49.4, $p=0.03$). Researchers concluded that the SNAP was a reliable and valid measure of spiritual needs in the diverse population they studied.
Citation: Sharma RK, Astrow AB, Texeira K, Sulmasy DP (2012). The Spiritual Needs Assessment for Patients (SNAP): Development and validation of a comprehensive instrument to assess unmet spiritual needs. Journal of Pain and Symptom Management doi 10.1016/j.jpainsymman.2011.07.008 (Epub ahead of print)
Comment: This is a fairly comprehensive measure of spiritual needs. It has good face validity in terms of the measure's actual items, which capture a wide range of psychological, spiritual, and religious needs. However, in this diverse and somewhat unusual population, while the measure had good reliability, it did not do that well in distinguishing those with unmet spiritual needs from those without spiritual needs (a difference of only 16 points between groups, barely statistically significant, on a measure that ranged from 23-92). The instrument might have greater construct validity in a less diverse sample, although that needs to be established by future research.

NEWS

HealthCare Chaplaincy Awards $1.5 Million in Six Project Grants to Advance the Field of Chaplaincy Research in Palliative Care

HealthCare Chaplaincy announced on July 23, 2012, the winners of six grants to identify and explore hypotheses about chaplains' contributions to palliative care. These projects will begin to build a community of researchers, including professional chaplains, to grow the field of research on spiritual care in palliative care. The John Templeton Foundation has funded these grants, which are among the largest in size and scope ever for professional chaplaincy. A total of 72 proposals were submitted from institutions throughout North America, demonstrating significant interest in furthering professional health care chaplaincy as an evidence-based clinical field. The six grant recipients were: (1) Dana Farber Cancer Institute (Boston) for "Hospital Chaplaincy and Medical Outcomes at the End of Life", and project director is Tracy Balboni, M.D.; (2) University of California, San Francisco for "Spiritual Assessment and Intervention Model (AIM) in Outpatient Palliative Care for Patients with Advanced Cancer", and project director is Laura Dunn, M.D.; (3) Children's Mercy Hospital (Kansas City) for "Understanding Pediatric Chaplaincy in Crisis Situations," and project director is John Lantos, M.D.; (4) Advocate Charitable Foundation & Advocate Health Care (Chicago) for "'What do I do' – Developing a Taxonomy of Chaplaincy Activities and Interventions for Spiritual Care in ICU Palliative Care," and project director is Kevin Massey, BCC; (5) Emory University (Atlanta) for "Impact of Hospital-Based Chaplain Support on Decision-Making During Serious Illness in a Diverse Urban Palliative Care Population," and project director is Tammie Quest, M.D.; and (6) Duke University Medical Center (Durham, NC) for "Caregiver Outlook: An Evidence-Based Intervention for the Chaplain Toolkit," and project director is Karen Steinhauser, Ph.D.

Faculty Scholars Program at University of Chicago

The Program on Medicine and Religion at the University of Chicago is pleased to invite applications for the Faculty Scholars Program's (https://pmr.uchicago.edu/fsp) 2013-2015 cohort. The program seeks to develop a cadre of faculty leaders who will expand scholarship and education regarding the spiritual and religious dimensions of the practice of medicine. The deadline for the submission of a preliminary letter of intent is October 15, 2012. Applications are welcomed from junior faculty members with a

keen interest in the subject of physician spirituality and who have an aptitude for studying medicine and religion.

SPECIAL EVENTS

Last Chance to Register for August 2012 Duke Spirituality & Health Research Workshop

Register immediately to obtain a spot in this research workshop on spirituality & health. The July workshop was attended by 35 participants from around the world, 15 more than anticipated. Dates for the remaining workshop this summer are August 13-17, 2012. That workshop is also full, but we could accommodate a few more attendees. This is the last year that full ($1100) **tuition scholarships** will be available for those with strong academic potential and financial hardships; as of July 28, there were still 3 scholarships available for those with a financial need, academic promise, and primary research interests. For more information, see website: http://www.spiritualityhealthworkshops.org/.

RESOURCES

Latest Issue of the Journal of Muslim Mental Health

The Journal of Muslim Mental Health (http://quod.lib.umich.edu/j/jmmh?page=home) has just come out with Volume 6, Issue 2 (http://quod.lib.umich.edu/j/jmmh/10381607.0006.2*), which is free and available to all. This interdisciplinary peer-reviewed academic journal publishes articles exploring social, cultural, medical, theological, historical, and psychological factors affecting the mental health of Muslims in the United States and globally. This issue's table of contents is described below.

(1) Mental Illness Recognition and Referral Practices Among Imams in the United States, by
Osman M. Ali; Glen Milstein

(2) Subtle and Overt Forms of Islamophobia: Microaggressions toward Muslim Americans, by
Kevin L. Nadal; Katie E. Griffin; Sahran Hamit; Jayleen Leon; Michael Tobio; David P. Rivera

(3) Predicting Reasons for Experiencing Depression in Pakistani and Palestinian Muslims: The Roles of Acculturation and Religiousness, by Mark W. Driscoll; Michael J. Wierzbicki

(4) "Thinking Too Much": Psychological Distress, Sources of Stress and Coping Strategies of Resettled Afghan and Kurdish Refugees, by C. M. R. Sulaiman-Hill; S. C. Thompson

(5) Book Review: Counseling Muslims: Handbook of Mental Health Issues and Interventions, edited by Sameera Ahmed and Mona M. Amer, by Hooman Keshavarzi

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

This book summarizes and expands the content presented in the *Duke Research Workshops on Spirituality and Health* (see above), and is packed full of information necessary to conduct research in this area acquired over 25 years by the author. Available at: http://templetonpress.org/book/spirituality-and-health-research.

Handbook of Religion and Health (Second Edition)

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 is accepting letters of intent for research on spirituality and health (**Aug 1- Oct 15, 2012**). If the funding inquiry is approved (applicant notified by Nov 26, 2012), the Foundation will ask for a full proposal that will be due Nov 27-Mar 1, 2013, with a decision on the proposal reached by June 21, 2013. More information: http://www.templeton.org/what-we-fund/our-grantmaking-process

2012 CALENDAR OF EVENTS…

August

13-17 Spirituality and Health Research Workshop
5-day summer workshop
Presenters: Blazer, Oliver, Verhey, Carson, Williams, Koenig
Durham, North Carolina
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

29 Religious attendance and depression
Spirituality and health research seminar
Joanna (Asia) Maselko, Sc.D.
Duke Global Health Institute
Center for Aging, Duke University Med Center 3:30-4:30
Durham, North Carolina
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

Sept

3 Spirituality in healthcare: A seminar for health professionals
Presenters: Koenig and others
Christchurch, New Zealand
Contact: Wyatt Butcher (Wyattbutcher@clear.net.nz)

4 When disaster strikes: A seminar for clergy & pastoral workers
Presenters: Koenig and others
Christchurch, New Zealand
Contact: Wyatt Butcher (Wyattbutcher@clear.net.nz)

5 Coping with medical illness and the changes with ageing
Presenters: Koenig and others
Auckland, New Zealand
Contact: Chris Perkins (chrisp@selwyncare.org.nz)

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