

CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health

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This newsletter provides updates on research, news and events related to spirituality and health, including funding opportunities. Please forward to colleagues or students who might benefit. Our goal is to create a community of researchers, clinicians, clergy, and laypersons interested in spirituality and health and keep them informed and updated. An EVENTS CALENDAR concludes the newsletter and describes spirituality and health related presentations happening at Duke and around the world.

LATEST RESEARCH AT DUKE

Unmet Spiritual Needs Impact Cancer Patients

Investigators surveyed 150 patients with advanced cancer on the malignant hematology and solid tumor oncology inpatients units at Duke University Medical Center. Examined were spiritual care received and desired, quality of life, mood level, and satisfaction with care. Almost all patients (91%) in this southeastern US hospital said they had spiritual needs, and the majority **desired** and **received** spiritual care from healthcare providers (67% and 68%, respectively), from their religious community (78% and 73%), and from hospital chaplains (45% and 36%). Some patients, however, received less spiritual care than they desired from healthcare providers (17%), their religious community (11%), or chaplains (40%); overall, 28% received less spiritual care than desired from one or more of these sources. Compared to those who received the spiritual care desired, those receiving less spiritual care experienced higher depressive symptoms (CES-D) ($p=0.01$) and less meaning and peace (FACIT-Sp subscale) ($p<0.05$), controlling for gender, race, age, marital status, education, disease type, and geographical location. Furthermore, 35% of patients indicated that attention to their spiritual needs would improve their satisfaction with overall care. Investigators concluded that a significant percentage of patients with advanced cancer receive less spiritual care than desired, that these patients experience more depressive symptoms and less meaning and peace, and that addressing their spiritual needs could increase satisfaction with overall care.

Citation: Pearce, M.J., Coan A.D., Herndon, J.E., Koenig H.G., Abernethy, A.P. (2011). Unmet spiritual care needs impact emotional and spiritual well-being in advanced cancer patients. *Supportive Care in Cancer*; Nov 29, Epub ahead of print (see website <http://www.ncbi.nlm.nih.gov/pubmed/22124529>)

Comment: Although the design of this study prevents causal inferences, it adds to the evidence that a substantial percentage of hospitalized patients (even those with advanced cancer at a hospital in the "Bible Belt") experience unmet spiritual needs that may adversely affect their mental health, quality of life, and satisfaction with care.

LATEST RESEARCH OUTSIDE DUKE

Role of Spiritual and Religious Coping in Advanced Cancer

Harvard researchers conducted a survey of advanced cancer patients receiving palliative radiation therapy (RT) at Beth Israel Deaconess Medical Center, Boston University Medical Center, Brigham and Women's Hospital, and the Dana Farber Cancer Institute. Religious involvement (Fetzer), religious coping (Koenig, Pargament), and quality of life (McGill) were assessed using

standard scales, along with demographics and physical functioning (Karnofsky). Over three-quarters (76%) of patients indicated they used religious beliefs or activities at least a moderate extent to cope with their illness, with nearly 20% indicating that it was the most important factor that kept them going. Controlling for physical functioning, religious coping (measured using Pargament's 7-item positive RCOPE) and self-rated spirituality (single item, 4 levels) were both related to greater overall quality of life ($p=0.01$ and $p<0.001$, respectively). Researchers concluded that many patients undergoing RT rely on R/S beliefs to cope with advanced cancer, and that positive religious coping and self-rated spirituality are associated with a better quality of life. Furthermore 58% considered it moderately or very important for oncology physicians to recognize patients' spiritual needs, and 62% said it was moderately or very important for oncology nurses to do so.

Citation: Vallurupalli M, Lauderdale K, Balboni M, Phelps AC, Block SD, Ng AK, Kachnic LA, VanderWeele TJ, Balboni TA (2011). The role of spirituality and religious coping in the quality of life of patients with advanced cancer receiving palliative radiation therapy. *Journal of Supportive Oncology*; Nov 15, Epub ahead of print (see website: <http://www.sciencedirect.com/science/article/pii/S1544679411002138>)

Comment: Unlike the Duke study above, where 79% of patients were Protestant, this patient population from Boston was 46% Catholic, 7% Jewish, and only 32% non-Catholic Christian. Based on these and other studies, spiritual needs are important to patients with serious medical illness regardless of religious background, and may influence their quality of life.

Suicide and Religion Among Young Persons in Rural China

Investigators sought to determine predictors of suicide in 392 persons aged 15-34 who had committed suicide compared to living controls (same age) from 16 rural counties in China in 2008. In this NIH-funded case-control study, psychological autopsies were conducted on suicides and controls (using two or more informants for each). Inter-rater reliability was established and maintained for 24 trained clinical interviewers. Variables assessed included age, education, marital status, religion, psychiatric diagnosis, failed aspiration, relative poverty, and coping skills. Four aspects of religion and religiosity were measured for cases and control: (1) religious affiliation (Taoism, Islam, Protestantism, Catholicism, Buddhism, other, and none), (2) times that person attended religious events per month, (3) belief in God, and (4) belief in an afterlife. The responses to these four religious variables were summed, and dichotomized into "yes" if one or more of the responses were positive and "no" if all responses were negative or subject did not respond. Analyses were conducted for the entire group and stratified by gender. Results indicated that involvement or belief in religion was **more common** among young persons who committed suicide compared to controls (28.8% vs. 16.8%, $p<0.001$); when stratified by gender, this was particularly true for men (24.8% vs. 9.9%, $p<0.001$). When other predictors of suicide were controlled for using logistic regression (education, psychiatric diagnosis, failed aspirations, poverty, and coping skills), religion no longer predicted suicide in either men ($p=0.20$) or women ($p=0.22$). Researchers explained the uncontrolled finding of a connection

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between religion and suicide as being due to the fact that in China, an atheist country, only 10% of its population claims they are religious, and church attendance and prayer are considered deviant to the majority of Chinese, resulting in less social support and greater social strain for believers who are treated as a minority group. In addition, researchers speculated that Buddhist incarnation may encourage believers to end their lives.

Citation: Zhang J, Wieczorek WF, Conwell Y, Ming Tu, X (2011). Psychological strains and youth suicide in rural China. *Social Sciences & Medicine* 72(12): 2003-2010 (epub May 14).

Comment: This was a very well done study using standard procedures (psychological autopsy) to study a large random sample of youth suicides in rural China. Although there was no relationship between religion and suicide once other factors were taken into account, the uncontrolled results are impressive, especially among men. What is not clear is the explanation for these findings. Is the researchers' explanation correct? Could greater poverty and less education explain the finding (since the results lost significance when these factors were controlled)? Alternatively, did the psychological pain that drove these youth to commit suicide cause them to turn to religion to cope with their pain (unsuccessfully)?

Randomized Trial of Spiritual Assessment in Patients with Schizophrenia

Researchers from the University of Geneva (Switzerland) randomly assigned outpatients with stable psychosis to either traditional treatment plus spiritual assessment (n=40) or to traditional treatment only (i.e., avoiding R/S, unless patient brought up) (n=38). Spiritual assessment included taking a religious and spiritual (R/S) history, asking about current R/S practices, importance of religion, illness impact on R/S, and synergy of religion with psychiatric care. Eight psychiatrists were trained to do the spiritual assessment in a 90 min training session. Outcomes assessed at baseline and 3 months post-intervention were (1) desire to speak with their psychiatrist about religious or spiritual issues, (2) medication adherence, (3) working alliance, (4) attendance at clinic visits, and (5) symptom severity, recovery, functioning, quality of life, and patient satisfaction. Results at 3 months indicated no differences in any of the outcomes between groups, except "willingness to ask for help" and better attendance at clinical appointments during follow-up period (p=0.03), both favoring the intervention group. Spiritual assessment was well tolerated by patients, although 5 patients reported that their religious beliefs conflicted with their expectations for treatment. At baseline, 26-30% of patients wanted to speak with their psychiatrist about R/S "a lot or totally"; by 3-mo f/u, patients in intervention group continued to want to speak about R/S (31%), while those in control group lost interest in doing so (11%, p=0.02). Investigators concluded that spiritual assessment raised important clinical issues in patients with schizophrenia, and that R/S should be considered early in clinical training, since many psychiatrists are uncomfortable with this topic.

Citation: Huguelet, P., Mohr, S., Betrisey, C., Borrás, L., Gillieron, C., Marie, A. M., et al. (2011). A randomized trial of spiritual assessment of outpatients with schizophrenia: patients' and clinicians' experience. *Psychiatric Services*, 62: 79-86.

Comment: Although there were few differences between groups, the differences present were beneficial and favored the spiritual assessment group. Many patients wished to discuss R/S issues (52%) and no patients spontaneously expressed concerns about the spiritual assessment. Discussing R/S issues certainly did not worsen psychosis, a concern often expressed by psychiatrists.

Religious Involvement and Self-Rated Health in Europe

Using data from 127,257 participants in the European Social Surveys conducted between 2002 and 2008, investigators examined the relationship between individual religious involvement

and self-rated health. They also examined the influence of religious context (religious affiliation and activity at the country level) on that relationship. Information was available on religious affiliation, attendance, subjective religiosity, self-rated health, and socioeconomic status on those aged 25 or older living in 28 European countries. Religious characteristics were Catholic 34%, Protestant 17%, Eastern Orthodox 9%, and no religion 37%; frequency of religious attendance was 1.7 on a 0 to 6 scale; and subjective religiosity was 4.9 on a 0 to 10 scale. Controlling for gender, age, urbanization, marital status, education, and other religious characteristics, researchers found that greater self-rated religiosity was related to worse self-rated health (that they explained was due to increased religiosity in response to worsening health status). Second, self-rated health was better in Protestants compared to other denominations, especially Catholics; however, this difference varied across countries and depended on the percentage of Catholics vs. Protestants in the country (in countries with a low % Catholic, the difference was great, whereas in countries with a high % Catholic, the difference was minimal). Third, and the primary finding, was a positive relationship between religious attendance and self-rated health, an association that was present regardless of denomination; this relationship varied by country, but was not influenced by national level of religious attendance (unlike the relationship between denomination and self-rated health). The authors concluded that just as studies have found in the U.S., religious attendance is related to better self-rated health in Europe (even after controlling for socioeconomic status and denominational differences), and that differences in self-rated health by denomination depend largely on religious context.

Citation: Huijts, T., & Kraaykamp, G. (2011). Religious involvement, religious context, and self-assessed health in Europe. *Journal of Health & Social Behavior* 52: 91-106.

Comment: Religious context matters for some aspects of religion and health, but not for others. For greater religious attendance, whether one lives in the U.S. or Europe, the relationship with better self-rated health appears the same.

Trauma-focused Spiritual Intervention in Veterans

Investigators randomized 54 traumatized veterans to either 8 weekly sessions of a spiritual group intervention (Building Spiritual Strengths, BSS) (n=26) or to a wait-list control group (n=28). PTSD symptoms were assessed at baseline and follow-up using the PTSD symptom checklist. Results indicated significant reductions in PTSD symptoms in the BSS group compared to wait-list controls (p=0.02) at the end of treatment.

Citation: Harris JI, Erbes CR, Engdahl B.E., et al (2011). The effectiveness of trauma-focused spirituality integrated intervention for veterans exposed to trauma. *Journal of Clinical Psychology* 67: 425-438

Comment: This is an important study given the rarity of research examining spiritual interventions in serious mental illnesses such as PTSD, particularly PTSD among military veterans given its poor response to conventional therapies.

NEWS

Special Issue of *Depression Research & Treatment*: Call for Papers (Deadline Approaching)

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. The Duke Center will pay the \$1000 article processing fee for all accepted articles, so there will be no charge for authors. We encourage investigators to submit their research for publication well before the February 3, 2012 due date.

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

This **new book** summarizes and expands the content presented in the *Duke Research Workshops on Spirituality and Health* (see below), reviews the research that has been done, 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, describes how to actually conduct that research, and provides the measurement tools and statistical methods necessary to do so. Also covers practical matters such as how to write fundable grants to support the research, where to find sources of funding for research, and what can be done even if the researcher has little or no funding support. This 467-page volume is packed with information related to conducting research in this area, and no researcher in spirituality and health should be without it. Now available at a discount (\$39.96) at: <http://templetonpress.org/book/spirituality-and-health-research>.

Special Issue of Journal of Behavioral Medicine devoted to Spirituality

David Rosmarin, Amy Wachholtz, and Amy Ai, the guest editors, have put together a special issue of the *Journal of Behavioral Medicine* with 12 full-length articles focusing on spirituality in behavioral medicine research. Top researchers in the field report original data examining a wide range of topics, including how view of God affects HIV progression, religious struggle as a predictor of outcome in heart failure patients, R/S as a predictor of physical functioning in cancer, religious motivation and cardiovascular reactivity, and other topics. See website: <http://www.springerlink.com/content/u5722mq478h7/>.

International Journal of Children's Spirituality (IJCS)

IJCS is the new official journal of the Association for Children's Spirituality (<http://www.childrenspirituality.org/>), whose primary aim is to "promote and support research and practice in relation to children's spirituality within education and wider contexts of children's care and well-being." The Journal is intended to provide an international, inter-disciplinary and multi-cultural forum for those involved in research and development of children's and young people's spirituality. This includes examining the nature and possible expressions of spirituality, the philosophical and practical foundations for morality, and their relationship in our rapidly changing world. The need for and the nature of spiritual and moral development in schools and society are of great significance, and this journal attempts to address some of these issues. For more information, see website <http://www.tandf.co.uk/journals/carfax/1364436X.html>.

SPECIAL EVENTS

Register now for 2012 Duke Spirituality & Health Research Workshops

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

3rd European Conference on Religion, Spirituality and Health

This biennial conference, to be held in Bern, Switzerland on May 17-19, 2012, will focus on *Spiritual Care*. The primary aim of this conference is to enhance the interdisciplinary dialogue between medicine, neuroscience and theology. Research groups will be allowed to present their research projects in paper or poster format, and the best presentation given by a young researcher will

be honored by the *Young Researchers Award*. Eckhard Frick, Professor of Spiritual Care at Ludwig-Maximilians-University in Munich, Germany, will give the Bern Lecture. Other presenters include Franco Bonaguidi (Italy), Lars Danbolt (Norway), Sheila Furness (UK), Pehr Granqvist (Sweden), Rene Hefti (Switzerland), Peter Verhagen (Netherlands), Wilfred McSherry (UK), and Fraser Watts (UK). Although the deadline for abstracts was December 15, 2011, this may be extended to encourage participation. For more information, see website <http://www.ecrsh.eu>.

Mayo Clinic Spiritual Care Research Conference

One of the top research conferences on spirituality and health will be held on November 1 and 2, 2012, at the Mayo Clinic in Rochester, Minnesota. Sponsored by the school of nursing, the goals are to (1) encourage the conduct of spiritual care research and its application to practice, (2) provide a forum for the dissemination of spiritual care research findings from investigations into spirituality in the context of healthcare, and (3) encourage the exploration of the application of research findings to further research and/or application to practice. The conference provides an opportunity for researchers, educators, and care providers to discuss emerging research. The focus of this year's conference is spirituality and innovation. In particular, the conference will explore spirituality in the context of healthcare innovations, and the impact of spirituality on decision-making related to innovations, technology, ethics, and issues around beginning of life, end of life, and quality of life. Physicians, nurses, chaplains, social workers, psychologists, and other healthcare providers are invited to submit abstracts; deadline for paper and poster applications is February 28, 2012. For more information, see <http://www.mayo.edu/pmts/mc2300-mc2399/mc2301-71.pdf>.

Research Conference on Judaism and Mental Health

Jewish populations have been traditionally neglected in research on spirituality/religion (S/R) and health, and evidence-based treatments are rarely adapted to a Jewish religious context. This one-day conference will connect researchers who study Jewish mental health with clinicians by featuring a series of research talks, Q&A with an expert panel of clinician-researchers, a series of rapid-fire (5-minute) student presentations, and a poster session presenting new research in this area. Participants will learn about recent empirical studies about the relevance of Jewish S/R to mental health and issues facing the Jewish community. Participants will also learn about innovative techniques to provide Jewish individuals with evidence-based treatment. The date is April 29, 2012, from 9:00A-5:00P, at the Center for Anxiety in New York City. The intended audience is psychologists, psychiatrists, social workers, nurses, chaplains, and counselors, along with graduate students, fellows, and residents. No familiarity with spirituality and mental health research is necessary. For more information, go to website: <http://centerforanxiety.org/training.html>.

Conference on Medicine and Religion (University of Chicago)

Responding to the Call of the Sick: Religious Traditions and Health Professionals Today is the title of this national conference to be held on May 23-25, 2012, at the Westin Hotel on Michigan Avenue in Chicago, IL. This conference, sponsored by the Program on Medicine and Religion at the University of Chicago, will consider the relation of religion to the practice of medicine, with a focus on clinicians' responses to the sick and the meaning and spiritual dimensions of the practice of medicine. The conference planners are inviting submission of abstracts (Call for Abstracts) for 90-minute panel sessions and 30-minute paper presentations around the conferences three major themes: (1) history of medicine and religion, (2) medicine as vocation, and (3) relationships between religion, ethics, science, and the practice of medicine. Submissions are due February 15, 2012, and should be e-mailed to Daniel Kim at dkim327@uchicago.edu. For more information on

conference, see website: <http://pmr.uchicago.edu/events/2012-conference>.

FUNDING OPPORTUNITIES

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>

HealthCare Chaplaincy \$1.5 Million Call for Proposals

In what may be the largest grant initiative in size and scope for professional chaplaincy research, the HealthCare Chaplaincy (HCC) in New York City has announced a call for proposals to: (1) develop and explore hypotheses about chaplains' contributions to palliative care, (2) team experienced health, behavioral and social scientists with chaplains to develop their research skills by becoming active participants in the research enterprise; and (3) involve aspiring chaplain-researchers not selected for funding in this competitive RFP, but who nonetheless show considerable promise as researchers. HCC will select, fund and support 6 to 10 interrelated and interdisciplinary research projects for up to \$1.5 million total. The John Templeton Foundation is funding this project. The deadline for applications is March 15, 2012. For more information see website:

<http://www.healthcarechaplaincy.org/templeton-research-project.html>.

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

2012 CALENDAR OF EVENTS...

January

5 **Mental, Physical, Social, and Spiritual Pathways to Health and Wellness**
Harold G. Koenig, M.D.
Community Center Auditorium, Forest at Duke Retirement Community, 10:30-12:00A, Durham, North Carolina
Contact: Dr. Harold G. Koenig (koenig@geri.duke.edu)

25 **Moving from Individual-level Spirituality to a Health Services Perspective of Spiritual Care**
Tim Daaleman, D.O., 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)

February

9 **The Impact of Faith on Mental and Physical Health**
Anne Borik, D.O.
Harold G. Koenig, M.D.
Church of the Beatitudes, 8:00A-2:00P
555 W. Glendale Ave, Phoenix, AZ
Parish/faith community nurses, clergy, physicians
Contact: Denise Viker (viker@duetaz.org)

22 **Associations of Spirituality, Religiosity, and Spiritual Needs with Physiologic, Psychosocial and Emotional Distress in Women Undergoing Core Needle Breast Biopsy**
Mary Scott Soo, M.D., Associate Professor, DUMC
Division of Breast Imaging, Dept of Radiology
DUMC Center for Aging, Durham, North Carolina, 3:30-4:30P
Contact: Dr. Harold G. Koenig (koenig@geri.duke.edu)

March

7 **Diagnosis and Treatment of Depression (and religious CBT)**
Harold G. Koenig, M.D.
Pickens Family Practice Clinic, classroom 020A
DUMC, corner of Erwin Road and Trent Drive
Contact: Sandy Curtin (sandy.curtin@duke.edu)

8 **From Research to Practice: Envisioning an Applied Psychology of Religion, Spirituality, and Health**
The David B. Larson Memorial Lecture
Ken Pargament, Ph.D., Professor of Clinical Psychology
Bowling Green State University, Bowling Green, OH
Duke North, Room 2001, 5:00-6:30P
Contact: Dr. Harold G. Koenig (koenig@geri.duke.edu)

28 **Pastoral Care and PTSD**
John P. Oliver, D.Min., Chief of Chaplain Service,
Durham Veterans Administration Hospital
DUMC Center for Aging, Durham, North Carolina, 3:30-4:30P
Contact: Dr. Harold G. Koenig (koenig@geri.duke.edu)

29-30 **Religion, Spirituality and Medicine**
Harold G. Koenig, M.D.
Cleveland Clinic, Cleveland, OH
Contact: Dennis Kenny (kennyd2@ccf.org)

31 **Spirituality and Medicine: Research and Applications**
Evangeline Andarsio, M.D.
Philip Diller, M.D.
Harold G. Koenig, M.D.
University of Dayton, Dayton, OH
Contact: Kathleen Scheltens (kscheltens1@udayton.edu)