

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 and other events related to spirituality and health. Please forward onto any colleagues or students who might benefit. An EVENTS CALENDAR concludes the newsletter and describes spirituality and health related conferences, workshops, and presentations that are happening at Duke, nationally, and around the world.

LATEST RESEARCH AT DUKE

Medical School Deans' Attitudes Toward Spirituality in Medical Curriculum

Until this study, no systematic information existed on the extent to which U.S. medical schools are teaching spirituality and health (S&H), or attitudes of faculty toward inclusion of this subject in the medical curriculum. Investigators surveyed the deans at all 122 accredited medical schools in the United States, assessing whether or not they addressed S&H in their curriculum, how important they felt this was, and whether they would be interested in expanding their S&H content. Eighty-five percent completed and returned the surveys (n=104), and 94% (n=115) responded to the question about whether they had S&H content in their medical curricula. Results indicated that 90% (range 84%-90%) of deans said their schools had courses or content on S&H: 7% had a required dedicated course, 73% had content in a required course, 34% offered an elective course dedicated to S&H, and 45% said they had content in an elective course dedicated to other subjects. Although over 90% of responding deans indicated that patients emphasize spirituality in their coping and health care, only 39% said that including S&H in the medical curriculum was important. When asked if their medical school needed more spirituality and health curricular content, 43% indicated they did. Nevertheless, when asked if they would open additional curricular time for S&H content if funding and training support were no issue, only 25% said they would do so. Researchers concluded that while most U.S. medical schools now had curricular content on S&H, the scope of that content varied considerably and that despite acknowledging the importance of spirituality to patients, the majority of deans felt that including spirituality in the medical curriculum was not that important and would not open additional curricular time regardless of available resources.

Citation: Koenig HG, Hooten EG, Lindsay-Calkins E, Meador KG (2010). Spirituality in medical school curricula: Findings from a national survey. *International Journal of Psychiatry in Medicine* 40 (4): 391-398.

Comment: While it is encouraging that 90% of U.S. medical schools address spirituality and health in some fashion, the leaders of the majority of these institutions have rather tepid attitudes towards its importance and are unwilling to open additional curricular time.

LATEST RESEARCH OUTSIDE DUKE

Religious and spiritual beliefs in Parkinson's disease

Giaquinto and colleagues in Italy compared the mental health and spiritual beliefs of 83 patients with Parkinson's disease (PD), 79 patients with hypertension, and 88 health subjects. Their goal

was to determine whether religious and spiritual beliefs of PD patients were different from those with hypertension or age-matched healthy controls. Religious and spiritual (R/S) beliefs were assessed using the Royal Free Interview (RFI), and anxiety and depressive symptoms were assessed using the Hospital Anxiety and Depression Scale. Results indicated no difference on R/S beliefs between patients with PD compared to those with hypertension or healthy controls, except that PD patients with left-sided PD onset scored 5 points higher on the RFI than healthy controls (p=0.03). There were large differences in anxiety and depressive symptoms between the three groups, with 55-69% of PD patients have elevated levels compared to 15% of those with hypertension and 0% of healthy controls, although there was no correlation with R/S beliefs. Investigators concluded that PD patients maintain their faith despite their disease, and emphasized the possible benefits of religious coping.

Citation: Giaquinto, S. Bruti, L. Dall'Armi, V. Palma, E. Spiridigliozzi, C (2011). Religious and spiritual beliefs in outpatients suffering from Parkinson Disease. *International Journal of Geriatric Psychiatry* 26(9):916-922

Comment: This study is significant because it is one of only a few studies examining religious and spiritual beliefs in Parkinson's disease, which is one of the most disabling of chronic neurological conditions.

Does Spirituality Affect Volunteering?

Researchers at the Texas A&M Health Sciences Center in College Station, TX, surveyed a random sample of 525 adults over age 60 living in the community, examining factors that influenced volunteering (formal and informal). Formal volunteering was asked by the question, "Do you currently participate in an organized volunteer program run by a group or organization, or have you volunteered in the past?" Informal volunteering was determined by the question, "Do you currently perform volunteer work without being a member of an organized program by helping others on a recurring basis (monthly)?" Response options were: yes; no, not currently; no, but have in the past; and no, never. Participants were then categorized as overall volunteering (formal or informal), formal only, informal only, or no volunteering. Spiritual activities were assessed by the question, "How often do you participate in activities that are spiritually satisfying?" Volunteering varied by race/ethnicity, with 56% of non-Hispanic whites, 51% of African-Americans, and 43% of Hispanics reporting they volunteered. Logistic regression analyses indicated that being younger (ages 60-69), non-Hispanic white, having good mental health, perceiving that community involvement was important, and experiencing satisfaction with community involvement predicted greater volunteering. However, weekly or daily spiritual activities were one of the strongest predictors of volunteering, equal in strength to satisfaction with community involvement.

Citation: Ahn S, Phillips KL, Smith ML, Ory MG (2011). Correlates of volunteering among aging Texans: the roles of health indicators, spirituality, and social engagement. *Maturitas* 69(3): 257-262

Comment: Although the results are not surprising, this study documents the importance that spiritual involvement plays in motivating older adults to volunteer. This will be a critical issue in the days ahead, as health care resources diminish in the face of

EXPLORE...in this issue

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growing populations with chronic illness and disability in our aging society.

Adolescent Mental Health Problems in Vietnam

Researchers surveyed a random sample of 1,914 households in the DaNang and Khanh Hoa provinces of Vietnam, examining adolescent mental health problems reported by parents. Religious affiliation, age, gender, ethnicity, wealth, and social capital were examined as predictors. The final sample consisted of parents of 1,368 adolescents ages 11 through 18. On average, parents reported 6.7 problems with their adolescents; 9% of the sample reported problems serious enough for their adolescent to be considered a "problem case." Logistic regression analysis determined independent predictors of "caseness." Other than family wealth, which predicted fewer problems, religious affiliation (yes) was the strongest inverse predictor in the model. In other words, adolescents with a religious affiliation were 42% less likely to be a problem case (OR=0.58, 95% CI 0.36-0.92), independent of other risk factors.

Citation: Amstadter AB, Richardson L, Meyer A, Sawyer G, Kilpatrick DG, Tran TL, Trung LT, Tam NT, Tuan T, Bui LT, Ha TT, Thach TD, Gaboury M, Acierno R (2011). Prevalence and correlates of probable adolescent mental health problems reported by parents in Vietnam. *Social Psychiatry & Psychiatric Epidemiology* 46(2):95-100.

Comment: This is one of the few studies examining relationship between religious involvement and adolescent mental health in Vietnam, where the majority classify themselves as non-religious, although 80% practice Mahayana Buddhism, Confucianism, or Taoism (only a small percentage are Catholics and Protestants). Bottom line: American parents aren't the only ones having problems with their adolescents, and it looks like religion helps.

Religion and the Adjustment of Adolescent Mothers and Teenage Offspring

Researchers at the University of Oklahoma analyzed data collected on a cohort of 110 adolescent mothers recruited during the last trimester of pregnancy in South Bend, Indiana, and Aiken, South Carolina, and their teenage offspring when they turned age 14 (follow-up). Maternal religiosity was assessed at baseline and when offspring were 3, 5, and 8 years of age by frequency of religious attendance, frequency of contact with church members, and support received from their church community (called "early maternal religiosity"). When offspring turned age 14, the current religious practices of both mothers and offspring were assessed by frequency of religious attendance, self-rated religiosity, and strength and comfort derived from religion. For mothers, depressive symptoms were measured with the Beck Depression Inventory; self-esteem by the Self-Esteem Inventory; and child abuse potential by the Child Abuse Potential Inventory. For offspring, depressive symptoms, self-esteem, and delinquent and aggressive behaviors were assessed using standard scales. Analyses were controlled for socio-demographics, maternal intelligence (WAIS-R) and child intelligence (WISC-III). With regard to maternal outcomes, early maternal religiosity was related to significantly greater self-esteem and inversely related to child abuse potential on follow-up. For offspring outcomes, early maternal religiosity was related to less offspring depression (trend) and significantly related to less offspring delinquent and aggressive behaviors. Offspring religiosity fully mediated (i.e., explained) the effect of early maternal religiosity on offspring delinquency and aggression.

Citation: Bert SC (2011): The influence of religiosity and spirituality on adolescent mothers and their teenage children. *Journal of Youth & Adolescence* 40(1):72-84

Comment: Adolescent mothers are known to be at high risk for child abuse, and their offspring often experience mental health problems. This study shows that the adolescent mother's

religiosity predicts better maternal mental health 14 years later, but also shows that it predicts offspring mental health and externalizing behaviors (delinquency and aggression). Analyses suggest that it accomplishes this by transmitting their religiosity to their offspring.

Religious Coping and Hospitalization in Persons with Sickle Cell Disease

Researchers at the University of Maryland assessed religious coping and other demographic and health characters on 93 African American adults with sickle cell disease. Religious coping was assessed using three positive and two negative items from the Brief RCOPE (Pargament). Hospital admissions during the previous year were determined based on a review of medical records (average 3, range 0 to 19). Multiple regression analyses revealed that among six potential predictors (diagnosis [severe vs. less severe disease], age, gender, education, positive and negative religious coping), only one factor predicted hospital admissions: positive religious coping. Positive religious coping was related to significantly fewer admissions ($B=-0.29, p<0.05$) independent of other predictors.

Citation: Bediako SM, Lattimer L, Haywood C, Jr., Ratanawongsa N, Lanzkron S, Beach MC (2011). Religious coping and hospital admissions among adults with sickle cell disease. *Journal of Behavioral Medicine* 34(2):120-127.

Comment: Studies like this one showing that religious involvement may influence use of health services is particularly important, given rising health care costs and health disparities among minority populations.

Religiosity and Quality of Life of Amyotrophic Lateral Sclerosis (ALS) Caregivers

Caring for a patient with ALS can challenge the most resilient person's coping resources. Investigators at the ALS Center in the Department of Neuroscience at the University of Turin, Italy, assessed the relationships between caregiver religiosity (public and private), quality of life, life satisfaction, depression and anxiety in a sample of caregivers of 75 consecutive ALS patients treated at the Center. Results indicated that caregiver quality of life was related to private religiosity, and satisfaction with life was related to total religiosity (public and private combined). Researchers concluded that clinicians caring for ALS patients should be attentive to the spiritual needs of their caregivers.

Citation: Calvo, A., Moglia, C., Ilardi, A., Cammarosano, S., Gallo, S., Canosa, A., et al. (2011). Religiousness is positively associated with quality of life of ALS caregivers. *Amyotrophic Lateral Sclerosis* 12(3), 168-171.

Comment: There have been many studies examining the effects of religious involvement on caregiver adaptation, although this is the first such study in caregivers of ALS patients.

Spirituality, Worry and Health Care Utilization in Cancer Survivors

Investigators at the University of Nebraska Medical Center examined relationships between spirituality, patient worry, and health care utilization in a sample of 551 cancer survivors followed over 12 months. Spirituality scores at baseline were divided into high or low at the median, resulting in 271 patients with low spirituality and 280 with high spirituality. Nearly two-thirds of the entire group (59%) had worries concerning cancer recurrence or progression or treatment complications. Worry scores were assessed at baseline, 6 months, and 12 months. Health care utilization was assessed at 6 months and 12 months. Results indicated that cancer survivors with high spirituality had significantly fewer worries at both 6 and 12-month follow-ups. While cancer survivors with high worry levels utilized more health services at the 6 and 12-month follow-ups (phone calls and f/u visits), spirituality was unrelated to health care utilization.

Researchers concluded that spiritually based interventions might be useful to address cancer survivors' worries, although this analysis did not show an effect on health care utilization.

Citation: Cannon, A. J., Darrington, D. L., Reed, E. C., & Loberiza, F. R., Jr. (2011). Spirituality, patients' worry, and follow-up health-care utilization among cancer survivors. *The Journal of Supportive Oncology*, 9(4), 141-148.

Comment: Although this study showed that spirituality predicted fewer worries in cancer survivors, it did not show a relationship with health care utilization (even though worries were related to greater health care utilization). The measure of spirituality, however, was not very specific and probably not very sensitive to changes in health services use.

Religion, Happiness, and Life Satisfaction Among Jews

Jeff Levin at the Institute for Studies of Religion at Baylor University examined data from the World Values Survey to determine the correlation between well-being and religious involvement among Jews from Israel (n=1,023) and Jews living outside of Israel (n=859). Well-being was measured using single questions about happiness and life satisfaction. Religious involvement was assessed with six measures, including importance of God in one's life and frequency of attendance at synagogue. Results differed depending on whether Jews were residing in or outside of Israel. For Jews in Israel, importance of God in one's life was associated with greater life satisfaction ($\beta=0.07$, $p<0.05$), but was not related to happiness; for Jews living outside of Israel, both importance of God in one's life and frequency of attendance at synagogue were related to greater happiness ($\beta=0.13$, $p<0.01$ and $\beta=0.14$, $p<0.01$, respectively), but were unrelated to life satisfaction.

Citation: Levin, J. (2011). Religion and positive well-being among Israeli and diaspora Jews: Findings from the World Values Survey. *Mental Health, Religion and Culture* (iFirst), 1-12.

Comment: Religious involvement is related to well-being among Jews, and this effect may be particularly important for Jews living in countries outside of Israel, where involvement in the Jewish community may help to help protect Jews from the stresses of the surrounding cultures.

NEWS

Announcing Publication of New Book

"Spirituality and Health Research: Methods, Measurement, Statistics, and Resources"

In mid-November, this book (Templeton Press, 2011) based on Duke University's Spirituality and Health Summer Research Workshops, will be available for purchase. The book gathers together a lifetime of professional experience into a practical one-stop reference on designing and executing research studies in this exciting field. This volume reviews what research 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, and describes how to actually conduct that research. It also covers practical matters such as how to write fundable grants to support the research, where to find sources of funding support for research, and what can be done even if the researcher has little or no funding support. The information gathered here, which has been reviewed for accuracy and comprehensiveness by research design and statistical experts, was acquired during a span of over twenty-five years that the author has spent conducting research, reviewing others' research, reviewing research grants, and interacting with mainstream biomedical researchers both within and outside the field of spirituality and health. The material is presented in an easy to read and readily accessible format that will benefit researchers at almost any level of training and experience. Length: approximately 500 pages. Price: \$49.95 on Amazon.

Special Issue of Depression Research and Treatment: Call for Papers

Call for Papers for a special issue of the academic peer-reviewed journal *Depression Research and Treatment* (<http://www.hindawi.com/journals/drt/si/rsd/>). The focus of this issue (*Religious and Spiritual Factors in Depression*) is spiritual and religious factors in the development, course, and treatment of depression. We encourage investigators to submit their research for publication (February 3, 2012 due date).

Faculty Scholars Program (NEW)

The Faculty Scholars Program of the University of Chicago Program on Medicine and Religion is designed to develop a cadre of faculty leaders who will expand scholarship and education regarding the spiritual dimensions of the practice of medicine. The program will focus attention on the spiritual decline of the medical profession, employ innovative research to understand the nature, cause, and feasible remedies for the decline, and leverage the current widespread dissatisfaction within the profession as a fulcrum for spiritual renewal. The program will enroll a cohort of four faculty scholars for two years. Scholars will then gather for two-day meetings with other scholars and program leaders each spring and fall during their two-year tenure. Applicants should be junior faculty members at a U.S. or Canadian school of allopathic or osteopathic medicine holding the rank of instructor, assistant professor, or associate professor (within two years of promotion). Applicants need not be physicians, but physicians will have preference. To apply, submit a letter of intent and CV by December 1, 2011. Go to website: <http://pmr.uchicago.edu/fsp> for further information.

New Journal

The British Association for the Study of Spirituality (BASS) is starting a new international peer-reviewed journal titled *Journal for the Study of Spirituality*. Its intention is to create a unique interdisciplinary, inter-professional and cross-cultural forum where researchers, scholars and others engaged in the study and practices of spirituality can share and debate the research, knowledge, wisdom and insight associated with spirituality and contemporary spirituality studies. The journal will publish research papers based on completed research or substantial work-in-progress (epistemological and methodological approaches should be clarified for the benefit of readers from different disciplines and cultures); scholarly articles exploring understandings of spirituality, including within professional practice settings; critically reflexive and/or auto-ethnographic accounts of the experience or practice of spirituality; critique/discussion papers designed to generate debate from one issue to the next; book reviews of recent publications; occasional review essays focusing on established texts in the field; reports of recent relevant conferences; and brief summaries of completed doctoral theses in the field (online only). See website: <http://www.equinoxpub.com/JSS> for more information.

Expanding Horizons for Spirituality Research

David O. Moberg, Ph.D., one of the founding fathers of research on religion and health (early 1950s) has written an article summarizing his views on where the research field has been, is currently, and where it needs to go in the future. The full article, based on the Kaplan Lecture he delivered in June 2010 at Duke University's 3rd Annual Conference, is available at the following website: [http://www.hartfordinstitute.org/sociology/Expanding Horizons for Spirituality Research 2011.pdf](http://www.hartfordinstitute.org/sociology/Expanding_Horizons_for_Spirituality_Research_2011.pdf).

SPECIAL EVENTS

Association of Professional Chaplains' Webinars

APC's Webinar Journal Club is holding a series of continuing education webinars each month. In November, the topics are: Spiritual Screening - Using Just One Question (Nov 8) and Viktor

Frankl's Logotherapy (Nov 15). Cost is \$55 for members; \$95 for non-members. To register, go to website:
<http://www.professionalchaplains.org/APCStore/productslist.aspx?CategoryID=APCWebinars&selection=1>.

Psychosis and Spirituality: Inner Journeys in a Time of Transition

This conference is taking place in Liverpool on November 10, 2011 (short notice, but...). This conference revisits the whole area of non-ordinary experiencing, with neuropsychological research and above all, new and hopeful clinical approaches to psychosis, as well as a richer understanding of spirituality. For more information, go to website:
<http://www.spiritualcrisisnetwork.org.uk/innerjourneys/> or contact Esabel Clarke (Isabel.Clarke@southernhealth.nhs.uk).

FUNDING OPPORTUNITIES

2012 NIH Loan Repayment Program

Those who participate in this program receive up to \$35,000 annually for two years to help repay student loans, and participants may apply for competitive renewals which are issued for one or two years. Application deadline is November 15, 2011. For more information and the application, go to <http://www.lrp.nih.gov/>.

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

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

CALENDAR OF EVENTS...

November 2011

- 7 Spirituality in Medicine Conference
Bethesda, Maryland
Contact: Louisa Hollman (lhollman@adventisthealthcare.com)
- 17 Faith, Family and Mental Health Conference
Atlanta, Georgia
Contact: Dr. Branko Radulovacki (radulovackimd@att.net)
- 30 Frequency of Religious Activities and Physical and Mental Health: findings from a population based study in Sri Lanka
DUMC Center for Aging, Durham, North Carolina, 3:30-4:30
Joanna (Asia) Maselko, Ph.D.
Assistant Professor, Medical Psychology
Contact: Dr. Harold G. Koenig (koenig@geri.duke.edu)

December 2011

- 13 (9A) Health, Wellness and Spirituality
Northgate Mall, Food Court, Durham, North Carolina
Contact: Dr. Harold G. Koenig (koenig@geri.duke.edu)
- 13 (7P) Coping with Depression
Croasdaile Retirement Center, Durham, North Carolina
Contact: Dr. Harold G. Koenig (koenig@geri.duke.edu)
- 14 Measures of Religiosity and Spirituality
DUMC Center for Aging, Durham, North Carolina, 3:30-4:30
Contact: Dr. Harold G. Koenig (koenig@geri.duke.edu)