# CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health Volume 1 Issue 4 Oct 2011

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. **Of particular importance in this issue** is recent research on religion, spirituality and depression by the Columbia University research group (see Latest Research Outside Duke below).

## LATEST RESEARCH AT DUKE

### Spirituality and Quality of Life in Breast Cancer Patients

Researchers in oncology at Duke University Medical Center examined the effects of psychosocial resources on quality of life in 44 participants in a psychosocial program (Pathfinders) directed at patients with advanced breast cancer. The program focused on strengthening adaptive coping skills, identifying inner strengths, and developing a self-care plan. Spirituality was one of the targets of the Pathfinder intervention, and was measured at baseline using the 12-item FACIT-Sp (with meaning/peace and faith subscales). Participants were followed for six months examining predictors of outcome, where the primary outcomes were distress, despair, quality of life, and fatigue. After adjusting for baseline outcome score, age, education, and performance status (Karnofsky), changes in spirituality during the six months were inversely correlated with despair ($p<0.01$) and positively related to emotional well-being ($p<0.05$). Spirituality was not the focus of the study and was hardly mentioned in the discussion.

*Citation*: Smith SK, Herndon JE, Lyerly HK (2011). Correlates of quality of life-related outcomes in breast cancer patients participating in the Pathfinders pilot study**.** Psychooncology 20(5): 559-564.

*Comment*: The FACIT-Sp, while the standard measure for assessing spirituality in the field of cancer research, has problems with it. The measure is confounded with items assessing mental health, resulting in tautological relationships with mental health outcomes. Nevertheless, it is exciting to see a major mainstream oncology group recognizing the importance of spirituality and making it a target of the Pathfinder intervention.

## LATEST RESEARCH OUTSIDE DUKE

### Does Religion Protect Against Major Depression in High Risk Individuals?

This is a 20-year prospective study of 114 adult offspring of depressed (n=72) and non-depressed parents (n=42). The present study focuses on the last 10 years between the 10-year and 20-year follow-up. Religious measures at baseline (the 10-year follow-up) were personal importance of religion or spirituality, frequency of attendance at religious services, and denomination. Religion or spirituality was highly important in 25% and 48% attended religious services at least monthly. The outcome was the presence of major depression at the 20-year follow-up (10 years after religious measures were assessed). In the overall group, baseline religious attendance and denomination (Protestant vs. Catholic) at the 10-year follow-up did not predict the presence of major depression at 20-year follow-up. However, after controlling for the covariates gender, age, history of depression and risk status (based on parental depression), those who indicated that religion or spirituality were highly important to them were 73% less likely to be depressed (OR=0.27, 95% CI=0.07-1.08, p=0.06, trend) 10 yrs later. In low risk group without a history of depressed parents, religious variables did not predict the presence of depression at follow-up. However, in those at high risk due to parental depression, after controlling for covariates, those indicating at baseline that religion or spirituality was highly important to them were 90% less likely to have depression (OR=0.10, 95% CI 0.01-0.92, $p<0.05$) 10 yrs later.

*Citation*: Miller L, Wickramaratne P, Gameroff MJ, Sage M, Tenke CE, Weissman MM (2011). Religiosity and major depression in adults at high risk: A ten-year prospective study. American Journal of Psychiatry, Aug 24: 1-6. [Epub ahead of print]

*Comment*: This is a very important study, besides the fact that it is published in arguably the most prestigious journal in the field of psychiatry. The investigators are recognized psychiatric epidemiologists from one of the top departments of psychiatry in the country (Columbia University), helping to establish the credibility of the findings. Furthermore, the finding itself is particularly relevant. Among those at high genetic risk for depression due to a family history of the disorder, importance of religion or spirituality may help to protect against the development of major depression. This result goes against the claim that religion worsens the risk of depression by increasing guilt.

In a second report on this sample (expanded from 114 to 185) by the research group at Columbia University, investigators examined differences in relationships between religiosity/spirituality and future depression episodes based on exposure to negative life events (NLEs). Resilience was defined as any factor that lowered the likelihood of experiencing major depression on follow-up. Baseline religious attendance and importance were treated as continuous predictors and standardized. All analyses were controlled for age, gender, denomination, history of depression, and history of parental depression. In the overall sample, increased religious attendance predicted a 49% lower likelihood (odds) of mood disorder (OR=0.51, 95% CI 0.30-0.87, $p<0.02$) and 53% lower likelihood of any psychiatric disorder (OR=0.47, 95% CI 0.29-0.79, $p<0.005$), but did not predict major depression. Attendance also reduced the effect that parental depression had on mood disorder (interaction OR=2.13, 95% CI 1.14-3.97, $p<0.02$) and on any psychiatric disorder (interaction OR=1.81, 95% CI 0.96-3.41, $p<0.07$, trend). When stratified by risk group, higher religious attendance predicted a 42% reduced odds of any psychiatric disorder (OR=0.58, 95% CI 0.34-0.98) among off spring of non-depressed parents. Most important, however, was the interaction found with NLEs. For high risk participants (those with depressed parents) who had high exposure to NLEs,high religious attendance reduced the likelihood of major depression on follow-up by 76% (OR=0.24, 95% CI 0.06-0.94, $p<0.05$), any mood disorder by 69% (OR=0.31, 95% CI 0.09-1.00, $p<0.05$), and any psychiatric disorder by 64% (OR=0.36, 95% CI 0.11-1.17, $p<0.10$, trend). Importance of religion/spirituality also reduced the odds of mood disorder in this group by 74% (OR=0.26, 95% CI 0.07-0.94, $p<005$).

**EXPLORE...in this issue**

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*Citation*: Kasen S, Wickramaratne P, Gameroff MJ (2011). Religiosity and resilience in persons at high risk for major depression. Psychological Medicine, Aug 17:1-11
*Comment*: The significance of this report is that both religious attendance and importance of religion/spirituality reduced the likelihood (odds) of mood disorder in persons at high risk for depression both because of genetic vulnerability (parental depression) and because of high stress (current negative life events). It adds to the growing research showing that religious involvement increases resilience to stress. We found similar results in two prospective studies of medical patients experiencing the stress of chronic illness and disability; it was in those with the most stress and disability that the effects of religion on resolving depression were the greatest.

### Impact of Breast Cancer Diagnosis on Religious Involvement

Researchers in the United Kingdom examined the effects that a diagnosis of breast cancer has on the religious/spiritual involvement of patients. Patients with newly diagnosed breast cancer (? London) were given a questionnaire on average three days after surgery, with 91% having stage I or II disease). The questionnaire measured current belief in the existence of God, the extent to which they considered themselves religious or spiritual, their strength of faith, three questions assessing private religious activities (prayer, scripture reading, religious TV/radio), and two items assess attendance at religious services and participation in religious/spiritual activities with other people. Participants were asked to answer the question for the present time and also for one year prior to their illness (retrospectively). Current and past responses were compared to determine how religious involvement had changed. In addition, 110 control healthy women were identified from the community and matched to patients by religious affiliation, age, and employment status. Control women were asked the same questions about current religious involvement and compared to the response of the women with breast cancer. Results indicated a significant increase in belief in God (prior to illness vs. shortly after surgery, $p<0.01$), increase in strength of faith ($p<0.005$), and increase in private religious activities ($p<0.0005$), but no change in level of religiosity/spirituality or public religious/spiritual activities. Regarding prayer, 22% indicated that they had increased praying, whereas 11% said that prayer had decreased. When compared to control healthy women, there was no significant difference on any measure of religious involvement.
*Citation*: Thune-Boyle IC, Stygall J, Keshtgar MR (2011). The impact of a breast cancer diagnosis on religious/spiritual beliefs and practices in the UK. Journal of Religion and Health 50(2): 203-218.
*Comment*: Few studies have examined the effects of a significant medical diagnosis on religious/spiritual involvement, particularly in Europe, making this study of special interest. The study methodology (single cross-sectional questionnaire, retrospective reports, early stage disease, comparison to a weakly matched control group), however, limits what can be concluded from this study.

### Use of Prayer for Health in Older Adults

Researchers analyzed data from the 2002 National Health Interview Survey (NHIS) and 2003 Medical Expenditure Panel Survey (MEPS), both involving US national random samples. The MEPS was administered to a sub-sample of participants in the NHIS study a year later. Of particular interest were responses regarding use of complementary therapies reported by those aged 55 to 85 (average age 69) in the 2002 NHIS, and the relationships with health outcomes assessed in the 2003 MEPS. Health outcomes (assessed at only one point in time in 2003) were functional status, physical health-related quality of life, and mental health related quality of life (SF-12). Results indicated that the use of prayer for health was the most common complementary alternative medical (CAM) therapy reported by this age group (52.3%), which was more than twice as common as any other category of CAM therapy (20.4% for "any use of biologically based therapies"). Adjusting for age, gender, race, education, health insurance, income, and co-morbid conditions, use of biologically based therapies and use of manipulative and body-based methods were associated with better physical functioning. No significant relationship was found between use of prayer for health and any of the health measures.
*Citation*: Nguyen HT, Grzywacz JG, Lang W (2010). Effects of complementary therapy on health in a national U.S. sample of older adults. Journal of Alternative and Complementary Medicine 16(7):701-706.
*Comment*: The most striking finding from this study was the high prevalence of use of prayer for health (over half) among this older population. This complementary health practice was more than double as frequent as any other CAM therapy. The absence of a cross-sectional association with any health measure is not surprising given the known relationship between prayer and poor physical health, i.e., many people don't start praying until their health gets pretty bad, often neutralizing any health benefits of the practice on cross-sectional analysis.

### Religious Coping and Medical Illness

Authors present a comprehensive and updated review of religious coping in people with medical illness. They present a conceptual model to explain the use of religion to cope, review the prevalence of religious coping in a range of medical samples, report the relationships between different types of coping and health outcomes, and explore pathways by which religious coping behaviors may affect emotional responses to illness through enhancing social support and facilitating meaning and purpose. They also examine the relationships between negative religious coping and health outcomes, which have been uniformly poor. Finally, the authors explore psycho-spiritual interventions in medical patients that may enhance positive religious coping and reduce negative religious coping.
*Citation*: Cummings JP, Pargament KI (2010). Medicine for the spirit: Religious coping in individuals with medical conditions. Religions 1:28-53; doi:10.3390/rel1010028
*Comment*: This update, co-authored by Ken Pargament, provides a succinct overview of recent research on religious coping and medical illness. Those interested in spirituality and health should know about this review.

## NEWS

### Special Issue of Depression Research and Treatment: Call for Papers

We recently sent out a 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/). As noted there, this is an open access journal from which investigators can download PDFs of articles for free from anywhere in the world, which dramatically increases the circulation and impact of research reports. The focus of this issue is spiritual and religious factors in the development, course, and treatment of depression. Papers reporting original data will be given priority, although original data is not required. Potential topics to be included but are not limited to: (1) relationships between religion, spirituality and depression (cross-sectional or prospective); (2) roles that different religious traditions play in the prevention or exacerbation of depression in different cultures; (3) effectiveness of religious vs. conventional cognitive-behavioral treatments (CBT) for depression (may include description of an ongoing clinical trial focused on this comparison); (4) spiritually-integrated intervention (not CBT) used for the treatment of depression/anxiety; (5) interaction that religious involvement may have with either biological treatments (medication, ECT) or psychotherapy for depression; (6) how

religious beliefs may exacerbate depression and prolong its course by worsening guilt and increasing anxiety; (7) how religious communities may discourage the use of antidepressants or psychotherapy and may condemn members for being depressed; (8) the spiritual assessment process in patients with depression/anxiety; (9) how to educate mental health professionals on the negative and positive effects on depression that religious involvement may have. We encourage investigators to submit their research for publication (February 3, 2012 due date), and if they wish to serve as reviewers, to send their CV to Dr. Koenig (mailto:koenig@geri.duke.edu).

### Hospital-Church Partnerships Save Millions

An article appearing in the *Columbus Dispatch* describes a program at the Methodist LeBonheur Hospital in Memphis, Tennessee. Called the Methodist Memphis Model, this program involves 376 congregations and trains volunteers from each of these congregations to help patients comply with medical treatments and follow-up with medical care. According to this article, Methodist has saved nearly $4 million, reducing mortality by 50% and cutting readmissions to the hospital by 20%. In another report, appearing in the Southern California newspaper the *Press-Enterprise*, Loma Linda University Medical Center (a Seventh Day Adventist institution) has been working with a number of religious groups including several mega-churches in the area. The purpose of their nearly 80 outreach programs (ranging from obesity and drug use prevention to cancer treatment) is to help members of the congregation stay healthy, diagnose diseases early, and prevent disease progression. These results were presented at a White House Conference on September 20, 2011, which involved 70 people from 18 hospitals from around the country, who were selected by Mara Vanderslice, director of the U.S. Department of Health and Human Service's Office of Faith Based and Neighborhood Partnerships. For more information, see website:http://www.fiercehealthcare.com/story/hospital-church-partnership-saves-4m-cuts-mortality-half/2011-09-22.

## SPECIAL EVENTS

### 2nd International Conference of the British Association for the Study of Spirituality (BASS)

The theme of this meeting is "Spirituality in a Fragmented World," and the dates are May 15-17, 2012. The location is Highgate House, Northampton, UK. Focus is on the role of spirituality in politics, health, religion, ecology, and social justice. Speakers include Sister Jayanti (ecology), Professor Grace Davie (religion), Professor Paul Gilbert (social justice), and Professor Chris Cook (health). For more info, see website: http://www.basspirituality.org.uk/.

### 2012 PHC (Providence Health Care) Spirituality Conference (Canada)

The theme of this conference is "Spirituality: The Invisible Ingredient in Health & Healing," and the dates are May 3 and 4, 2012, to be held in Vancouver, British Columbia. Submission deadline for workshops is October 14, 2011. For more information, contact Elizabeth Turtle at eturtle@providencehealth.bc.ca.

## FUNDING OPPORTUNITIES

### Templeton Foundation Online Funding Inquiry (OFI)

The Templeton Foundation is now accepting letters of intent for research on spirituality and health (August 1- October 14). If the funding inquiry is approved (applicant notified by November 23), then the Foundation will ask for a full proposal that will be due December 1-March 1, 2012, with a decision on the proposal reached by June 22, 2012. More information: http://www.templeton.org/what-we-fund/our-grantmaking-process

### 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/.

Published by the Center for Spirituality, Theology & Health
DUMC Box 3825, Durham, NC 27710

Website: http://www.spiritualityandhealth.duke.edu/



### Partner with Us

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…

**October 2011**

6 Religion, Spirituality and Health
Rogers Memorial Hospital, Oconomowoc, Wisconsin
Contact: Mark Klug (Mklug@rogershospital.org)

13-15 Spirituality and Mental Health
Loma Linda University, Loma Linda, California
Contact: Dr. Carlos Fayard (cfayard@llu.edu)

26 The Impact of Spirituality on Decision Making for Infants with Complex Life Threatening Conditions
DUMC Center for Aging, Durham, North Carolina, 3:30-4:30
Sharron Docherty, PhD, Debra Brandon, PhD
Associate Professors, Duke Univ School of Nursing
Raymond Barfield, M.D., Associate Professor,
Pediatrics-Hematology/Oncology
Contact: Dr. Harold G. Koenig
(koenig@geri.duke.edu)

**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)