

CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health

Volume 1

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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 here locally, nationally, and around the world.

This issue includes several opportunities relevant to those interested in spirituality and health, including a "call-for-papers" in the area of religion, spirituality and depression, information about the NIH loan repayment program, a clinical workshop on integrating spirituality into cognitive behavioral therapy, and a new training program (masters of arts or master of science) in spirituality, theology and health in the United Kingdom.

LATEST RESEARCH

Divine Love and Spiritual Support

Investigators at the University of Pittsburgh examined the relationship between the experience of divine love in a prospective study of 200 cardiac surgery patients. Preoperative interviews collected information on left ventricular ejection fraction, New York Heart Association Classification, baseline health (physical and mental), optimism, hope, religiousness, prayer coping, religious/spiritual coping, and demographics. Divine love was measured about two and one-half year after surgery. Pre-operative positive religious coping predicted experiences of divine love post-operatively, independent of other predictors. Perceived spiritual support appeared to mediate the relationship between positive religious coping and divine love, although no other religious characteristics predicted divine love. Investigators concluded that further research on divine love and spiritual support was indicated to help guide clinicians on how to meet their patients spiritual needs and encourage spiritual growth in the post-operative period.

Citation: Ai AL, Hall DE. Divine love and deep connections: a long-term followup of patients surviving cardiac surgery. *Journal of Aging Research* 2011; 841061. Epub 2011 Jun 15

Comment: This is one of the future studies examining factors related to divine love (I feel loved by God, God's love is eternal, etc., using Jeff Levin's 4-item scale). This area of research relates to "divine relations, which Pollner studied in the late 1980s but has received relatively little attention since then. This may be at the source of religion's effects on health, so is important to study.

Quality of Life of those Caring for Family Members with Breast Cancer in Iran

Researchers at the Karolinska Institute in Stockholm, Sweden, and Iran University of Medical Sciences in Tehran, Iran, examined the role of spirituality and religious coping in the coping and quality of life of 150 Iranian family members caring for a family member with breast cancer. Outcomes were quality of life (using the Persian version of the Caregiver Quality of Life Index-Cancer), sense of coherence (Sense of Coherence Scale), and general health

(Health Index) that were assessed at baseline and 6 months later. The Spiritual Perspective Scale and Religious Coping Scale were likewise assessed at two time points. While there was a significant overall increase in quality of life over 6 months, sense of coherence, spirituality, and negative religious coping all decreased over time. Sense of coherence (positive), negative religious coping (negative), and patients having more severe breast cancer (negative) were the strongest predictors of quality of life at follow-up. Investigators concluded that despite improved quality of life over time, family caregivers struggle to cope and encouraged the development of support groups for caregivers to provide information and emotional support during this time.

Citation: Khanjari S, Oskouie F, Langius-Eklöf A. Lower sense of coherence, negative religious coping, and disease severity as indicators of a decrease in quality of life in Iranian family caregivers of relatives with breast cancer during the first 6 months after diagnosis. *Cancer Nursing* 2011; Jun 13.

Comment: Few studies have examined the way family members cope with caring for a loved one with cancer in Iran. Although the particular religious/spiritual measures used in this study had relatively little relationship to quality of life, sense of coherence (a primary predictor) certainly had its roots in religious beliefs in this culture.

Attitudes Toward Treatment of Epilepsy in Rural Tanzania

Researchers in the department of neurology at the Ludwig-Maximilians University in Munich Germany examined the attitudes of people (affected and not affected by epilepsy) in rural Tanzania towards the treatment of epilepsy. The sample consisted of 59 persons with epilepsy, 62 relatives, and 46 unrelated villagers (n=167). Semi-structured questionnaire examined traditional healing methods including herbal medicine, spiritual healing, scarifications, and spitting. Nearly half of the sample (44%) indicated that they believed epilepsy could be treated by one of these traditional healing methods. Furthermore, over one-third (34%) said they believed that Christian prayers could cure epilepsy. Persons with epilepsy and family members were more likely to believe that traditional healing methods could cure epilepsy than were villagers unfamiliar with and unaffected by the disease. Other factors related to attitudes toward the treatment of epilepsy included gender, tribe, religion and size of village in which they lived. Researchers concluded that not only were traditional healing methods used, but also Christian prayers played an important role in beliefs about the treatment of epilepsy.

Citation: Winkler AS, Mayer M, Ombay M. Attitudes towards African traditional medicine and Christian spiritual healing regarding treatment of epilepsy in a rural community of northern Tanzania. *African Journal of Traditional and Complementary Alternative Medicine* 2009; 30; 7(2): 162-70

Comment: This fascinating study of people with epilepsy, relatives, and neighbors found that many believe in traditional healing methods (apparently because of experience of their benefits) that include spiritual healing practices and Christian prayer. Little systematic research exists on the benefits of such practices in rural African populations that believe strongly in their efficacy.

EXPLORE...in this issue

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Religious Factors and Perceived Growth Following Breast Cancer Diagnosis

Canadian researchers (Ottawa) examined the relationships between perceived growth and importance of religion, God images, and religious coping in 87 breast cancer patients followed from pre-diagnosis up to 24 months after surgery. Interestingly, religious involvement at baseline prior to the diagnosis of breast cancer predicted less perceived growth 24 months after surgery, whereas a positive image of God was unrelated to growth. While some aspects of positive religious coping were associated with greater perceived growth, while other aspects did not, and some aspects were related to less perceived growth. Likewise, negative religious coping was related to either more or less growth depending on the particular item. Passive deferral (leaving everything up to God and not doing anything oneself) was related to less growth; however, spiritual discontent (wondered whether God had abandoned them, questioned God's love, etc.) was related to more perceived growth across time.

Citation: Gall TL, Charbonneau C, Florack P. The relationship between religious/spiritual factors and perceived growth following a diagnosis of breast cancer. *Psychology and Health* 2011; 26(3): 287-305

Commentary: Interesting negative study that seems a bit counter-intuitive. However, the possibility that spiritual struggles (negative religious coping) might ultimately lead to greater perceived growth (particularly if worked through) is certainly a notion that is firmly rooted within theological writings.

Attitudes toward Spirituality and Spiritual Care by Nurses in Turkey

Investigators examined nurses' perceptions concerning spirituality and spiritual care in a large sample of 319 nurses staffing public hospitals in Turkey (a largely Muslim nation), acquiring responses from 92% of nurses approached. The mean age of nurses was 32 years, and about one-quarter had a bachelor of nursing degree. Results indicated that nurses' perceptions concerning spirituality and spiritual care were on average "uncertain" and not well defined. Results indicated that educational level, belief in the evil eye, and part of the hospital in which they were employed was positively related to perceptions of spirituality and spiritual care. However, 60% of nurses ignored patients' spiritual practices (praying, wearing a blue bead against the evil eye, etc.), 29% supported such practices, and 11% did not allow them. The highest mean scores for the 17 statements about spirituality that were presented was "I believe spirituality involves only going to mosque/place of worship" and "I believe spirituality does not apply to atheists or agnostics." The two items rating highest for providing spiritual care were "I believe nurses can provide spiritual care by having respect for privacy, dignity as well as religious and cultural beliefs of patients" and "I believe nurses can provide spiritual care by spending time with a patient giving support and reassurance especially in time of need." Those statements receiving the lowest scores were "I believe nurses can provide spiritual care by arranging a visit by the religious official or the patient's own religious leader if requested" and "I believe spirituality involves personal friendships, relationships."

Citation: Ozbasaran F, Ergul S, Temel AB. Turkish nurses' perceptions of spirituality and spiritual care. *Journal of Clinical Nursing* 2011; doi: 10.1111/j.1365-2702.2011.03778.x.

Comment: Seems like nurses in Turkey are just about as confused about what spirituality is and what spiritual care involves as nurses in the U.S. Just under two-thirds ignored the spiritual practices of patients and less than 30% supported them, and one out of 10 did not allow patients to engage in spiritual practices in the hospital. The large sample and high response rate make the findings from this study even more significant.

A Spiritual Intervention to Help Older Adults Cope with Chronic Disease

Researchers at Johns Hopkins conducted a randomized clinical trial involving 100 older chronically ill adults (mean age 66, 62% female) that involved watching a half-hour video and having them complete workbook over a period of 4 weeks. Those in the intervention group viewed a spiritual video titled "Plans to Prosper: A Patient Guide to Faith and Health", which featured brief discussion of spirituality and health by physician researchers from Johns Hopkins and Duke University. The video focused on five themes: trusting that a Higher Being had a plan and purpose for life events; cleaning house (getting rid of destructive habits), giving thanks (appreciating life's blessings), helping others (finding life purpose), and asking for help (social and spiritual support). Those in the control group watched an educational video focused on reducing cardiac risk factors. Neither intervention required additional clinician time. Over a 4 to 8 week period, energy level increased significantly in the intervention group that watched the spiritual video, and decreased in the education control group. There was also a trend toward decreased health distress in the group watching the spiritual video. No significant differences were found on pain level, mood, health perceptions, illness intrusiveness, or self-efficacy.

Citation: McCauley J, Haaz S, Tarpley MJ, Koenig HG, Bartlett SJ. A randomized controlled trial to assess effectiveness of a spiritually-based intervention to help chronically ill adults.

International Journal of Psychiatry in Medicine 2011; 41(1): 91-105
Commentary: Simply watching a 28-minute video and filling out a workbook resulted in a significant increase in energy among a group of patients with chronic illness. No additional clinician time was required. The only cost involved the production of the video and the workbook. Seems like a cost-effective intervention to me.

NEWS

Special Issue of *Depression Research and Treatment*

We will soon be issuing a Call for Papers for a special issue of the journal *Depression Research and Treatment* (<http://www.hindawi.com/journals/drt/>). This is an Open Access journal from which investigators can download pdf's of articles for free from anywhere in the world. 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. Stay tuned for more information to come. For questions, contact Dr. Koenig at koenig@qeri.duke.edu.

Degree Program on Spirituality, Theology and Health

Durham University in the United Kingdom is offering a master of arts (MA) / master of sciences (MSc) degree in spirituality, theology and health. This inter-professional, interdisciplinary

program is for health professionals, clergy, theologians, anthropologists, psychologists and other professionals. The aims of the program are to (1) provide an environment in which theologians and scientists, clergy/chaplains and health professionals may reflect together on this topic, (2) assist practitioners in acquiring and extending their ability to reflect theologically on their pastoral and clinical work, (3) provide practitioners and researchers with subject specific knowledge and skills for teaching others in this area, (4) providing a depth of knowledge of the literature and research skills prior to undertaking a doctoral program of study (PhD or DThM), and (5) allow students to conduct academic research with a primary focus on either theology (MA) or health (MSc). To find out more about this program go to website: <http://www.dur.ac.uk/spirituality.health/>

SPECIAL EVENTS

Practice and Profession Symposium, University of Chicago

The Program on Medicine and Religion at UC is holding a special symposium on November 10, 2011, that focuses on the question: "What would it mean to set the practice of medicine in the context of a good and faithful life?" Speakers bring wide expertise from a variety of clinical, philosophical and theological backgrounds. Speakers include Stanley Hauerwas (Duke), Martin Marty (UC), Margaret Mohrmann (U Virginia), Daniel Sulmasy (UC), Eliot Dorff (American Jewish University), Joel Shuman (King's College), Farr Curlin (UC), Lisa Lehman (Harvard), Warren Kinghorn (Duke), and Allen Verhey (Duke). For more up-to-date information go to <https://pmr.uchicago.edu/events>.

Integrating Spirituality into Cognitive Behavioral Therapy

The Center for Anxiety in New York City is holding a workshop from 1:30-5:30P on Sunday October 30, 2011, at 116W. 23rd St.,

5th Floor, NY, NY 10011. The featured speaker is Dr. David H. Rosmarin, who will examine the current evidence base for integrating spirituality into CBT, review criteria for determining the appropriateness of integrating spirituality into CBT, describe a rationale for integrating spirituality into common CBT strategies, and describe how to do so in clinical practice. This workshop is intended for mental health professionals including psychologists, psychiatrists, social workers, nurses, chaplains, and counselors, as well as graduate students, fellows and residents. No familiarity with integrating spirituality into psychotherapy is needed. For more information, go to website: <http://centerforanxiety.org/training.html>.

LOAN Repayment

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. Tax offsets also are provided as additional benefits. An NIH grant or other NIH funding is not required to apply for or participate in this LRP. Eligibility requires a doctoral-level degree, US citizenship, be involved in conducting 20 hours or more per week of research funded by a domestic nonprofit, university or government entity, and have qualified education loan debt equal to or exceeding 20% of one's institutional base salary. Undergraduate, graduate, medical school, and other health professional school loans qualify for repayment. Over \$70 million is awarded yearly. For guidance on how to apply, potential applicants should watch an LRP webinar, review tips for completing a competitive application, and contact an NIH LRP liaison http://www.lrp.nih.gov/contact_us/IC_contacts_and_priorities.aspx. Application deadline is November 15, 2011. For more information and the application, go to <http://www.lrp.nih.gov>

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>

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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...

September 2011

15-18 25th Annual Westberg Parish Nurse Symposium
St. Louis, Mo
Contact: mslutz@eden.edu

26 Helmut Schumann Lecture, Dartmouth University
Lebanon, NH
Contact: Janice.R.Montgomery@hitchcock.org

27 Spirituality, Prayer and the Healing of Souls
AACC Annual Conference
Nashville, TN
Contact: djenkins@liberty.edu

28 Research seminar (3:30-4:30 Aging Center, Duke University)
Defrosting the Refrigerator Mother: A New Interpretation of Autism's Most Notorious Myth
Jeffrey Baker, M.D., Associate Professor of Pediatrics and Director, History of Medicine Program, Trent Center for Bioethics, Humanities, and History of Medicine
Contact koenig@geri.duke.edu

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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)