



The Spiritual Dimension of Health Care: Bridging Research and Practice

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Three Waves

- ❖ Demonstrating the connectedness of religion, spirituality, and health
- ❖ Identifying what it is about religion and spirituality that affect health



Signs of a Third Wave

- ❖ Health professionals who use spiritual self-management tools experience significant improvements in mental health and stress levels (Oman, Hedberg, & Thoresen, 2006)



Signs of a Third Wave

- ❖ A group of oncologists is trained to integrate questions about religion and spirituality as part of the initial patient interview; the program is tied to greater satisfaction with physician's care (Kristeller et al., 2005)



Signs of a Third Wave

- ❖ Pastors from African American churches are involved in a program to encourage their members to engage in healthier eating, with positive results (Resnicow et al., 2004)





Three Waves

- ❖ Demonstrating the connectedness of religion, spirituality, and health
- ❖ Identifying what it is about religion and spirituality that affect health
- ❖ Extending research to practice



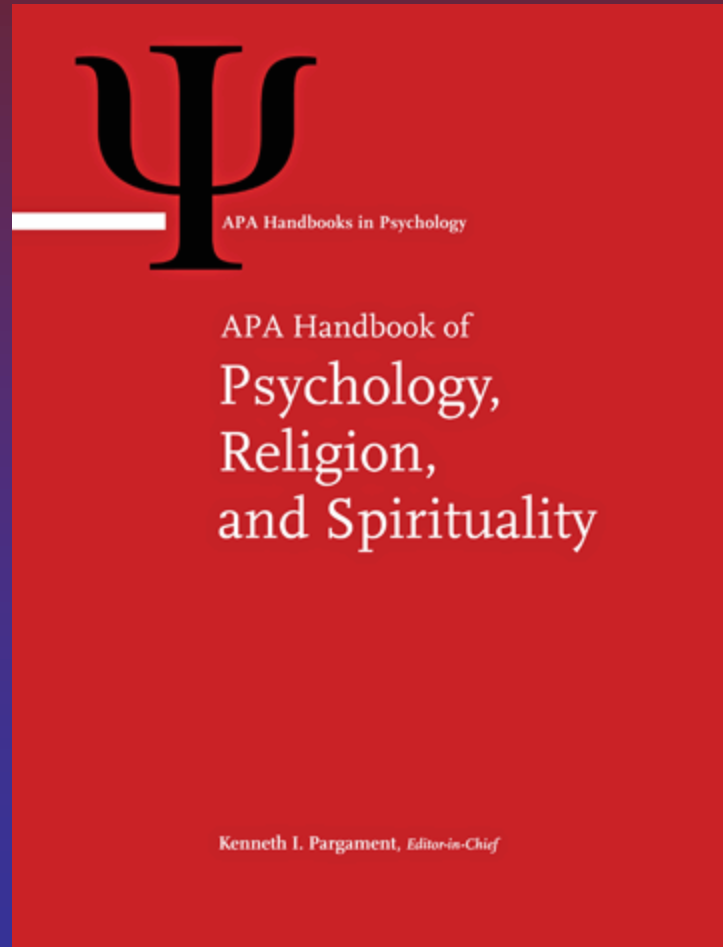
The Goals of Science

- ❖ Description
- ❖ Explanation
- ❖ Prediction
- ❖ Application



Overview

- ❖ The challenges in moving from research to practice
- ❖ A rationale for an applied science of spirituality and health
- ❖ A vision for an applied science of spirituality and health
- ❖ Future directions and future challenges



Tensions between Research and Practice in Spirituality and Health

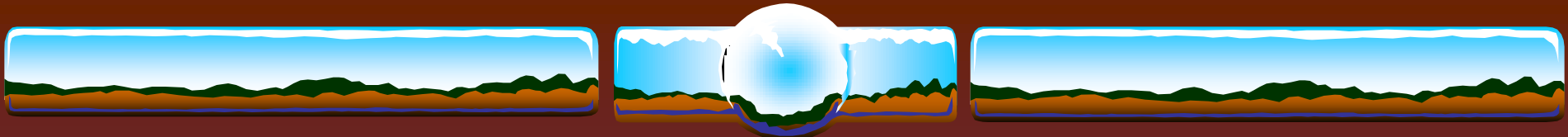
- ❖ Scientific avoidance of religion and spirituality





Tensions between Research and Practice in Spirituality and Health

- ❖ Scientific avoidance of religion and spirituality
- ❖ Scientific skepticism about religion and spirituality



Psychiatrists vs. General Population of U. S. (Shafranske, 2000)

- ❖ Religion is very important or fairly important
 - ❖ 90% of general population
 - ❖ 56% of psychiatrists
- ❖ I believe in God
 - ❖ 96% of general population
 - ❖ 73% of psychiatrists
- ❖ I believe in life after death
 - ❖ 71% of general population
 - ❖ 48% of psychiatrists



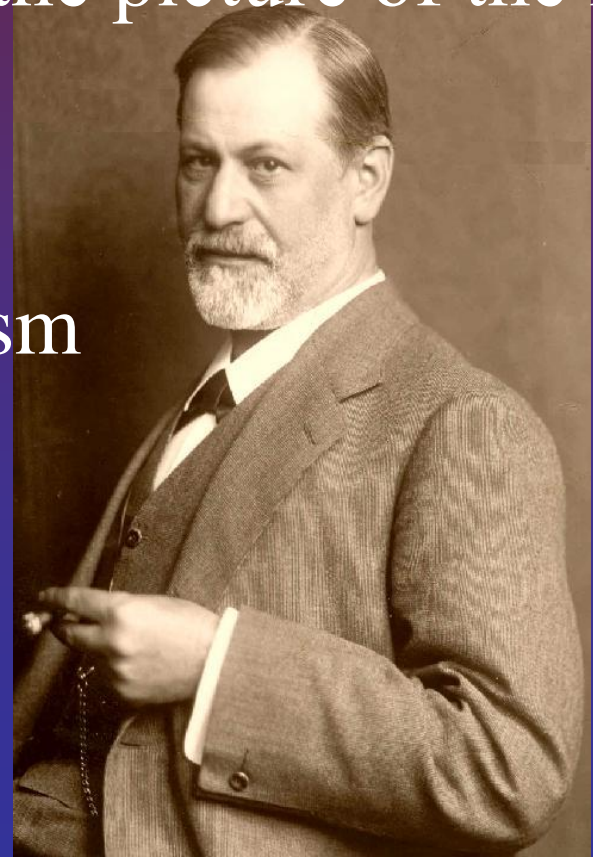
Tensions between Research and Practice in Spirituality and Health

- ❖ Scientific avoidance of religion and spirituality
- ❖ Scientific skepticism about religion and spirituality
- ❖ Scientific antagonism toward religion and spirituality



A History of Tension between Religion and Health Care

Religion works “by distorting the picture of the real world in delusional manner. . . by forcibly fixing [adherents] in a state of psychical infantilism and by drawing them into a mass delusion” (Freud, 1930, pp. 31-32, Civilization and Its Discontents).





A History of Tension between Religion and Mental Health

“Obviously the sane and effective psychotherapist should not go along with the patient’s religious orientation and try to help these patients live successfully with their religions, for this is equivalent to trying to help them live successfully with their emotional illness”

(Ellis, 1986, p. 15;
The Case against Religion).





Tensions between Research and Practice in Spirituality and Health

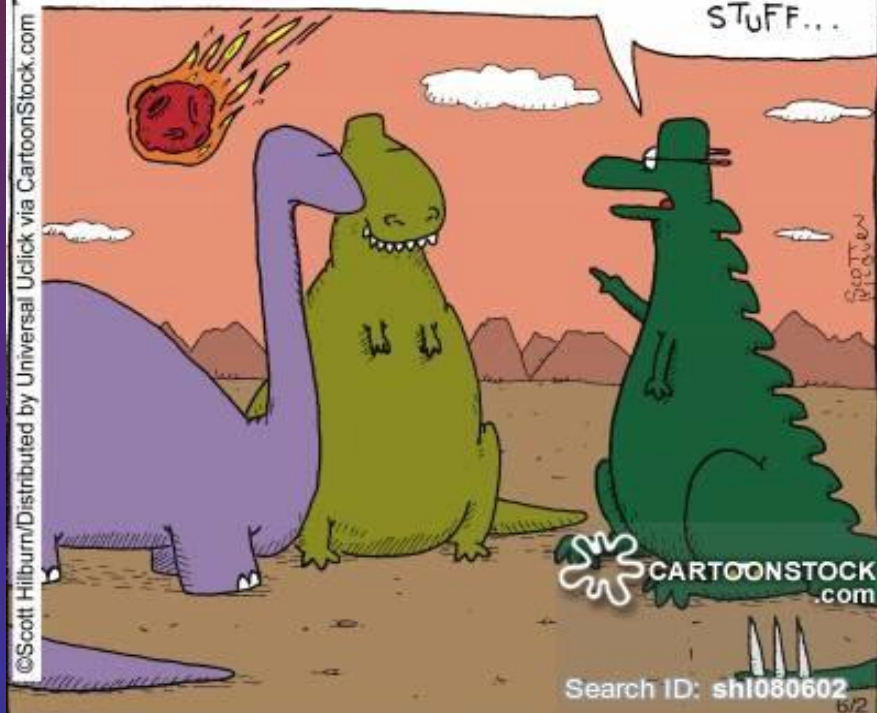
- ❖ Scientific avoidance of religion and spirituality
- ❖ Scientific skepticism about religion and spirituality
- ❖ Scientific antagonism toward religion and spirituality
- ❖ Spiritual illiteracy
 - ❖ 65% psychiatrists report religious/spiritual issues never or rarely discussed in training
 - ❖ Only 25% of graduate programs in clinical psychology in the U. S. and Canada offer a course in religion or spirituality (Schafer et al., 2011)



Tensions between Research and Practice in Spirituality and Health

- ❖ Scientific avoidance of religion and spirituality
- ❖ Scientific skepticism about religion and spirituality
- ❖ Scientific antagonism toward religion and spirituality
- ❖ Spiritual illiteracy
- ❖ Spiritual ineffability

HEY EVERYBODY, LOOK OUT! IT'S ONE OF THOSE...
UM... YOU KNOW... UHH, WITH THE FIRE AND
STUFF...



DESPITE ITS NAME, THE THESAURUS WAS QUITE
OFTEN AT A LOSS FOR WORDS.



The Most Frequently Used Items to Assess Religious Life

- ❖ Self-rated religiousness/spirituality
- ❖ Frequency of church attendance
- ❖ Frequency of prayer/meditation
- ❖ Religious affiliation



Sources of Knowledge: Science vs. Spirituality

- ❖ Skepticism
 - ❖ Observation
 - ❖ Empiricism
 - ❖ Pragmatism
 - ❖ Replication
- Faith
 - Revelation
 - Intuition
 - Religious authority
 - Mystery



A Rationale for an Applied Science of Spirituality and Health

- ❖ Religion and spirituality are embedded in western culture
 - ❖ Over 147 million people belong to religious congregations
 - ❖ Over 335,000 congregations in the U. S. (Lindner, 2010)



Religious Landscape Survey - 2008

- ❖ 68% believe in angels and demons
- ❖ 59% believe in hell
- ❖ 58% pray daily
- ❖ 57% agree that it is necessary to believe in God to be moral and have good values
- ❖ 40% report attending religious services in past week



Religion and Spirituality are Cultural Facts

- ❖ Many people see the world through a sacred lens
- ❖ Many people speak the language of religion and spirituality
- ❖ Many people pursue religious goals in life
- ❖ Many people traverse religious pathways



A Rationale for an Applied Science of Spirituality and Health

- ❖ Religion and spirituality are embedded in western culture
- ❖ Spirituality is a resource to many people



Coping with 9/11

- ❖ Schuster et al. (2001)
- ❖ 90% of national sample of Americans sought solace and support from religion

God Help Me

- ❖ Under stress, many people seek and find help from religion in coping (Pargament, 1997)
 - ❖ Soldiers
 - ❖ Divorcees
 - ❖ Physically abused spouses
 - ❖ Parents of children with disabilities
 - ❖ Medically ill
 - ❖ Victims of natural disasters





Correlates of Religious Involvement

Koenig, King, & Carson (2012)

- ❖ Well-being, happiness and life satisfaction
- ❖ Lower rates of depression and faster recovery
- ❖ Lower rates of suicide
- ❖ Less anxiety
- ❖ Less psychosis
- ❖ Lower rates of alcohol and drug use
- ❖ Less delinquency and criminal activity
- ❖ Greater marital stability and satisfaction



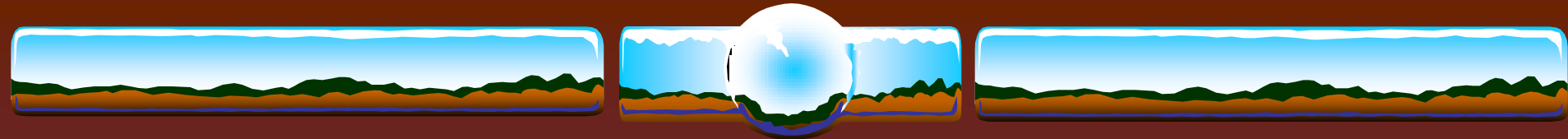
Positive Spiritual Coping: Benevolent Spiritual Appraisals

“I was told by the swamis early in my study of Vedanta that disability was present in my life so that I could grow in new ways and progress along the path to God consciousness. . . This life is riddled with physical frustrations but wealthy with opportunities for spiritual growth” (Nosek, 1995, Hindu woman disabled with neuromuscular disorder)



Positive Spiritual Coping: Spiritual Support

“I’m speaking to my higher power, my God. And I give thanks to that power. It has been a source of strength. You know, it’s like tapping in to some sort of power source that I can recharge my batteries” (Siegel & Scrimshaw, 2002).





Positive Spiritual Coping: Active Spiritual Surrender

“I pray a lot. I gave it to God because I couldn’t deal with it, it was too stressful for me. It was like a load had been lifted off of me. I didn’t have to worry about that because I knew it was in God’s hands. . . Before I thought I was running everything, but I realized that it’s God that’s in charge of everything about me (Siegel & Scrimshaw, 2002).



Positive Spiritual Coping: Seeking Support from Religion

“The pastor there, he doesn’t look down on a person because of HIV. . . And when the congregation prays, they pray for all different kinds of things without saying anyone in particular and they also pray for people what are HIV positive and who have AIDS. So that’s my support group really, is my church” (55- year old Puerto Rican Baptist woman, Siegel & Scrimshaw, 2002).



Positive Spiritual Coping: Spiritual Purification

- ❖ “In the beginning when I was first diagnosed and everything, I was angry at myself. . . Through the spiritual part of my life, I’ve gotten to be understanding that I have to forgive myself and I have to forgive him (the man that infected her), and God forgives both of us.” (Siegel & Scrimshaw, 2002).



Ano and Vasconcelles Meta-Analysis

(2004, Journal of Clinical Psychology)

	Number of Studies	Cumulative Effect Size	Confidence Interval
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Positive Religious Coping with Positive Health Outcomes

29

.33*

.30 to .35

Positive Religious Coping with Negative Health Outcomes

38

-.12*

-.14 to -.10



“So you go to church and I belong to the Kiwani’s. What’s the difference?”



Religion and Spirituality as Distinctive Resources

- ❖ Empirical studies have not been able to “explain away” the effects of religion and spirituality
- ❖ Religious congregations have distinctive access to minority, marginalized, and disenfranchised groups





What Makes Religion and Spirituality Special?

- ❖ An ultimate, overarching, organization vision for life
- ❖ Tools for coming to terms with human limitations and finitude
 - ❖ “The events through which we live are forever outrunning the power of ordinary, everyday moral, emotional and intellectual concepts to construct them, leaving us, as a Javanese image has it, like a water buffalo listening to an orchestra” (Geertz, 1968, p. 101).
- ❖ The language of spirituality: suffering, surrender, transcendence, transformation, love, compassion, forgiveness, gratitude, and humility.



Religion, Spirituality, and Human Limitedness

- ❖ Religious and spiritual resources are particularly helpful to people:
 - ❖ With limited resources – minorities, elderly, impoverished
 - ❖ In situations that point to the limits of human control – major illness, death, accidents, natural disasters



A Rationale for an Applied Science of Spirituality and Health

- ❖ Religion and spirituality are embedded in western culture
- ❖ Spirituality is a resource to many people
- ❖ Religion and spirituality can be a source of problems





The “Seamy Side” of Religion

- ❖ Extremism
- ❖ Prejudice
- ❖ Hypocrisy
- ❖ Crippling guilt
- ❖ Passivity
- ❖ Denial



Spiritual Struggles (Exline, Pargament)

- ❖ Divine struggles
- ❖ Intrapersonal spiritual struggles
- ❖ Interpersonal spiritual struggles





Divine Struggles

- ❖ “I’m suffering, really suffering. My illness is tearing me down, and I’m angry at God for not rescuing me, I mean really setting me free from my mental bondage. I have been dealing with these issues for ten years now and I am only 24 years old. I don’t understand why he keeps lifting me up, just to let me come crashing down again” (undergraduate dealing with bipolar illness).



Intrapersonal R/S Struggles

Ultimate Meaning

“Imagine a happy group of morons who are engaged in work. They are carrying bricks in an open field. As soon as they have stacked all the bricks at one end of the field, they proceed to transport them to the opposite end. This continues without stop and everyday of every year. One day one of the morons stops long enough to ask himself what he is doing. He wonders what purpose there is in carrying the bricks. And from that instance on he is not quite as content with his occupation as he had been before. I am the moron who wonders why he is carrying the bricks” (in Yalom, 1980, p. 419, suicide note).



Interpersonal Spiritual Struggles

- ❖ Negative interactions among congregation members:
 - ❖ Gossiping
 - ❖ Cliquishness
 - ❖ Hypocrisy
 - ❖ Disagreements with doctrine
- ❖ “They get off in a corner and talk about you and you’re the one that’s there on Saturday working with their children and washing the dishes on Sunday afternoon. They don’t have the Christian spirit” (Krause et al., 2000).



Interpersonal Spiritual Struggles

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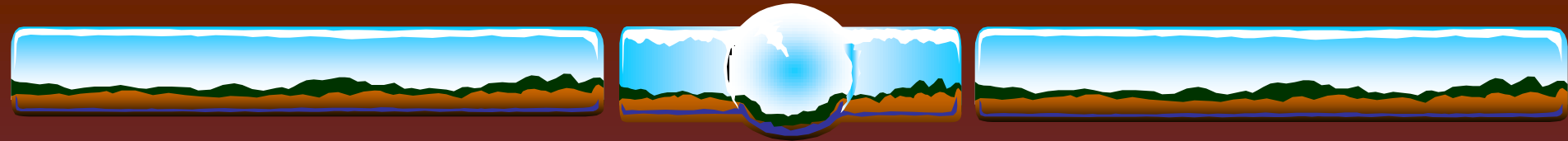
Spiritual Struggles are Not Uncommon **(Balboni et al., 2013)**

- ❖ 69 advanced cancer patients
 - ❖ 58% endorsed a spiritual struggle
 - ❖ 30% wondering why God allowed this to happen
 - ❖ 29% wondering whether abandoned by God
 - ❖ 25% angry at God
 - ❖ 25% questioning God's love for them
 - ❖ 22% feeling cancer is punishment from God



Correlates of Spiritual Struggles (Exline, 2013)

- ❖ Anxiety
- ❖ Depression
- ❖ PTSD
- ❖ Poorer physical health
- ❖ Declines in immune status
- ❖ Risk of mortality



Spiritual Struggles among Patients with Multiple Myeloma

(Sherman et al., 2005)

- ❖ 213 multiple myeloma patients
- ❖ Negative religious coping associated with greater fatigue, pain, clinician and self-rated depression, and distress
- ❖ Other measures of religiousness were unrelated to indices of health



Measures

(Pargament, Koenig et al. 2004)

- ❖ Number of Active Diagnoses
- ❖ Subjective Health
- ❖ Severity of Illness Scale (ASA)
- ❖ Activities of Daily Living (ADL)
- ❖ Mini-Mental State Exam (MSE)
- ❖ Depressed Mood
- ❖ Quality of Life
- ❖ Positive Religious Coping and Religious Struggle
- ❖ Global Religious Measures (Church Attendance, Private Religiousness, Religious Importance)
- ❖ Demographics



Consequences of Spiritual Struggles

- ❖ Study of medically ill elderly patients over two years (Pargament, Koenig, Tarakeshwar, & Hahn, 2004)
- ❖ Struggles with the divine predicted increases in depressed mood, declines in physical functional status, declines in quality of life after controls
- ❖ Struggles with the divine predicted 22-33% greater risk of mortality after controls
- ❖ Struggles also predict stress-related growth



Specific Spiritual Struggle Predictors of Mortality

- ❖ “Wondered whether God had abandoned me” (RR = 1.28)
- ❖ “Questioned God’s love for me” (R = 1.22)
- ❖ “Decided the devil made this happen” (R = 1.19)

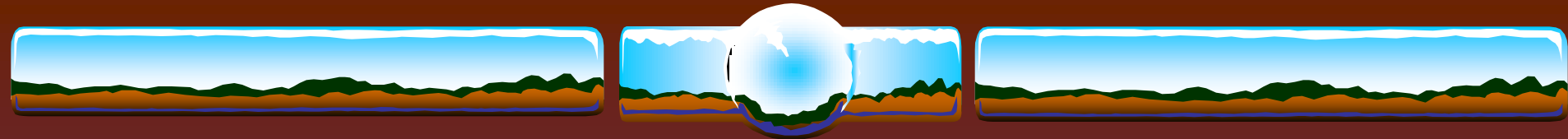


Ano and Vasconcelles Meta-Analysis

(2004, Journal of Clinical Psychology)

	Number of Studies	Cumulative Effect Size	Confidence Interval
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Spiritual Struggles with Negative Health Outcomes	22	.22*	.19 to .24
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Correlates of Spiritual Struggles among Muslims

(Abu-Raiya and Pargament, 2006)


- ❖ Depression $r = .35$
- ❖ Purpose in Life $r = -.41$
- ❖ Angry Feelings $r = .32$
- ❖ Positive Relationships $r = -.44$
- ❖ Alcohol Use $r = .62$
- ❖ Poorer Physical Health $r = .35$



Correlates of Spiritual Struggles among Hindus

(Tarakeshwar et al., 2003)

- ❖ Depression $r = .40$
- ❖ Life Satisfaction $r = -.40$
- ❖ Marital Satisfaction $r = -.27$



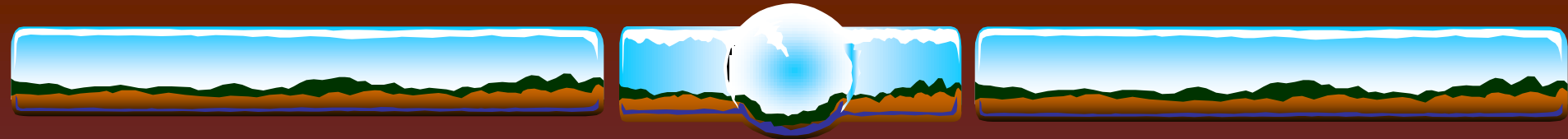
Correlates of Spiritual Struggles among Jews (Rosmarin, 2008)

❖ Depression	$r = .34$
❖ Anxiety	$r = .27$
❖ Worry	$r = .15$



A Rationale for an Applied Science of Spirituality and Health

- ❖ Religion are embedded in western culture
- ❖ Spirituality is a resource to many people
- ❖ Religion and spirituality can be a source of problems
- ❖ **Patients generally prefer spiritually integrated approaches to care**



Rose et al (2001)

Journal of Counseling Psychology

- ❖ 74 patients surveyed from 9 diverse counseling centers
- ❖ Only 18% say they prefer not to discuss religious or spiritual issues in counseling



A Rationale for an Applied Science of Spirituality and Health

- ❖ Religion are embedded in western culture
- ❖ Spirituality is a resource to many people
- ❖ Religion and spirituality can be a source of problems
- ❖ People are interested in spiritually integrated approaches to change
- ❖ Spiritually integrated interventions have shown promising results

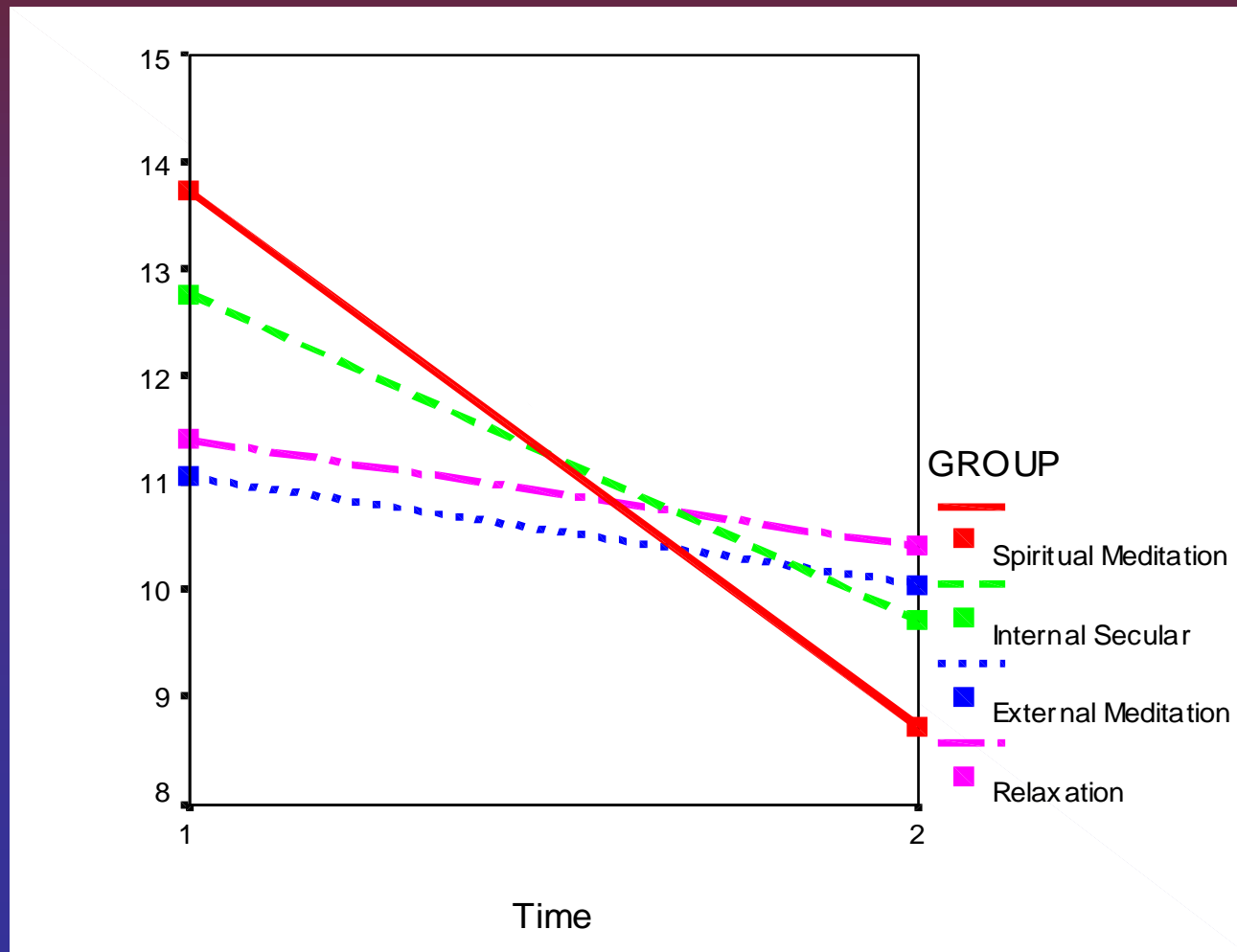


Spiritual Meditation among Patients with Vascular Headaches

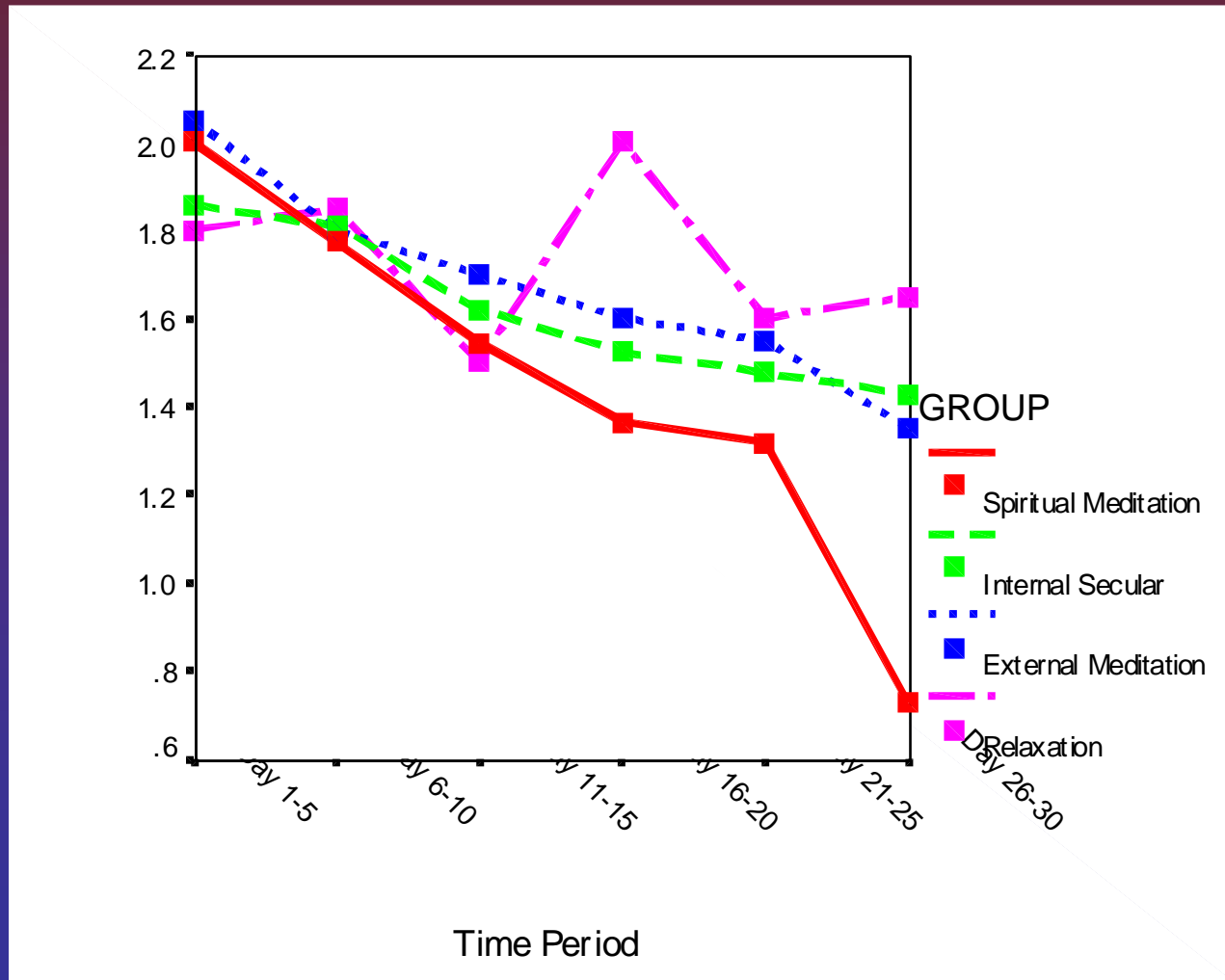
(Wachholtz & Pargament, 2005)

- ❖ 83 college students with vascular headaches according to criteria of the International Headache Society (1988)
- ❖ Random assignment to four groups
 - ❖ Spiritual Meditation (e.g., “God is peace,” “God is joy”)
 - ❖ Internally Focused Secular Meditation (“I am content,” “I am joyful”)
 - ❖ Externally Focused Secular Meditation (“Grass is green,” “Sand is soft”)
 - ❖ Progressive Muscle Relaxation
- ❖ Practice technique 20 minutes per day for four weeks
- ❖ Assess changes in headache frequency, pain tolerance, affect, headache control efficacy

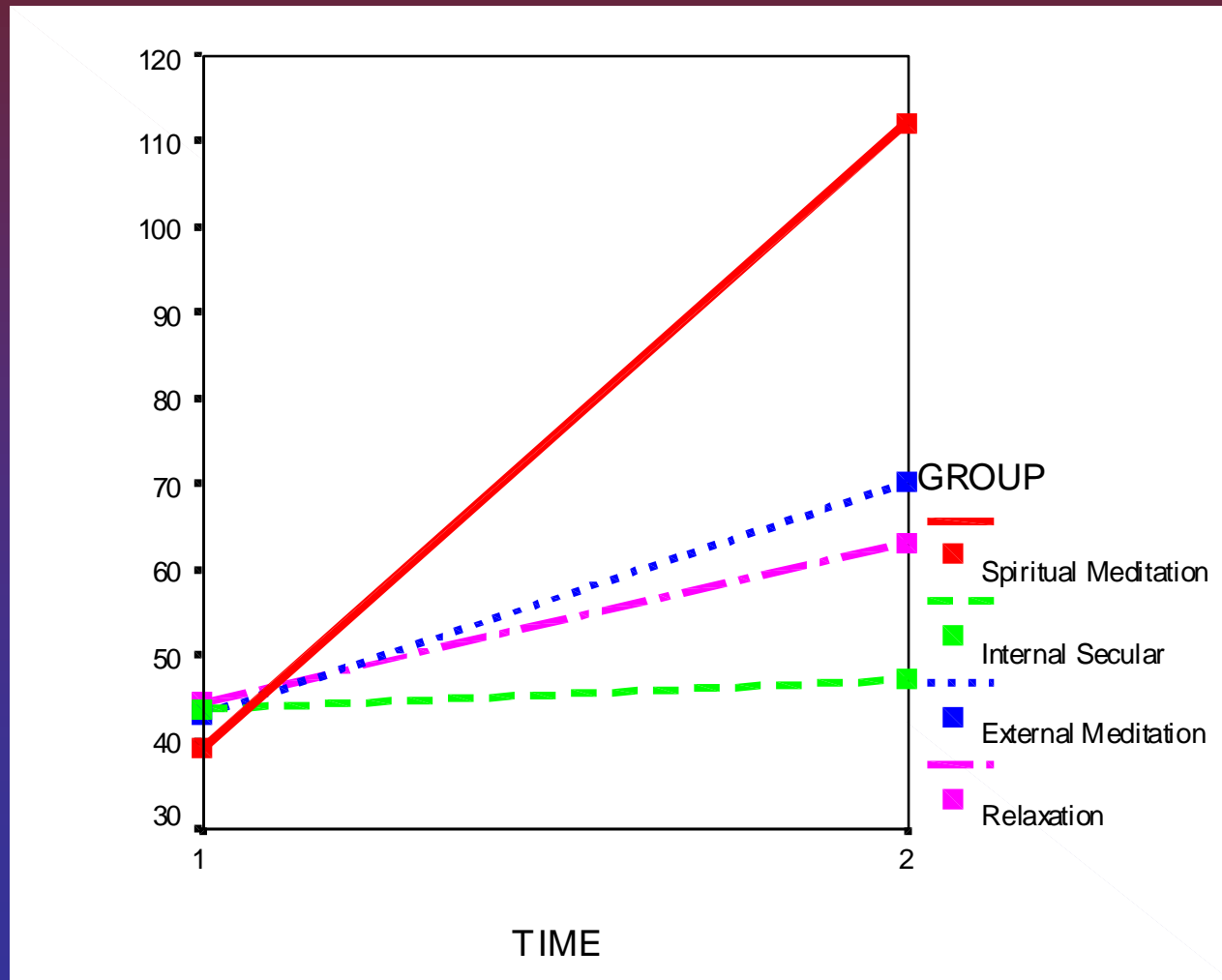
Headache Occurrence Prior to and during the Intervention



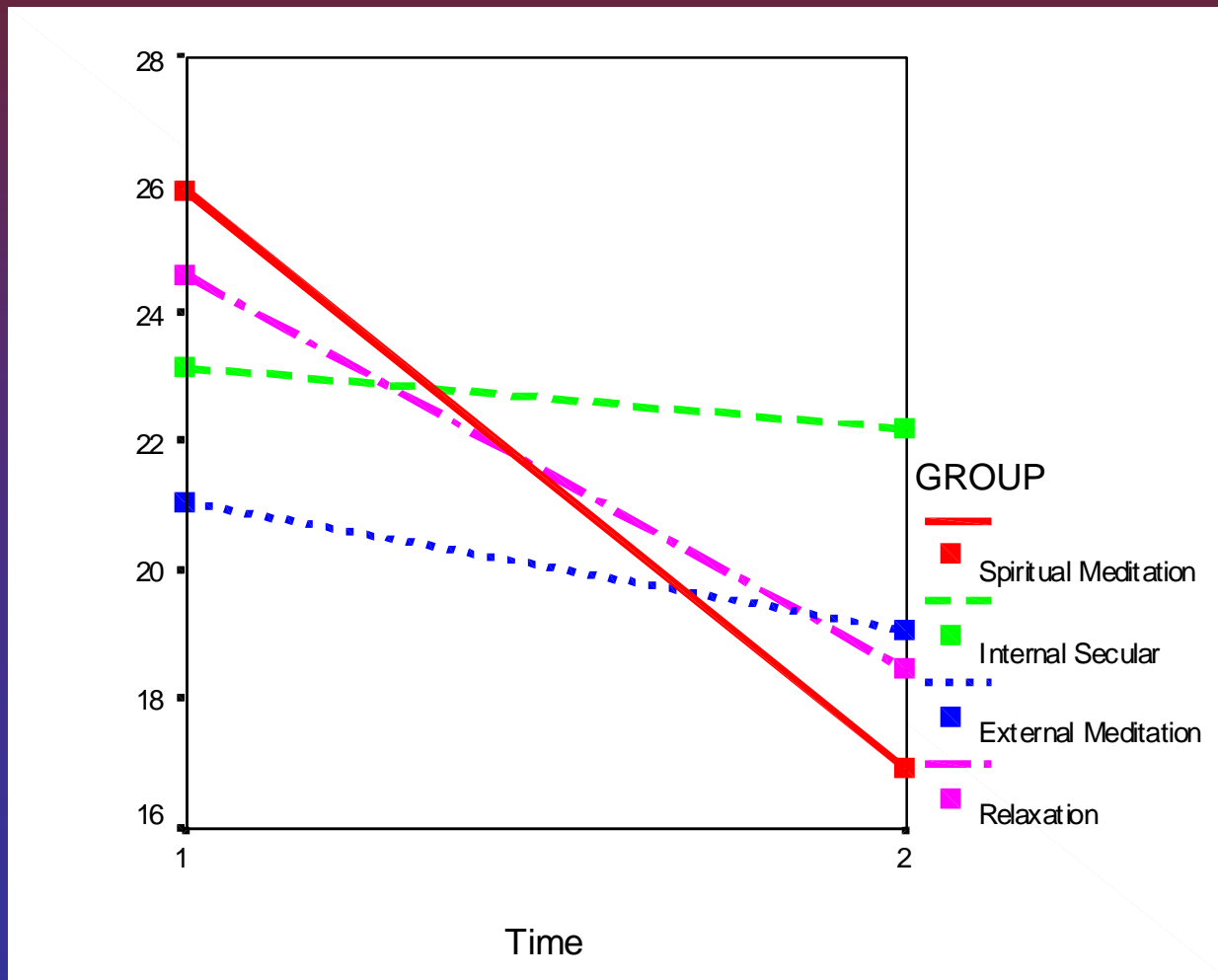
Diary Analyses of Headache Occurrence by Group and Time



Pain Tolerance by Group and Time



Negative Affect by Group and Time





Effectiveness of Chaplaincy

(Bayer et al., 2007)

- ❖ Randomized clinical trial of 166 CABG patients
- ❖ Half assigned to chaplaincy intervention (5 visits – 44 minutes total time) and half to control
- ❖ Intervention group shows significantly greater increases in positive religious coping and significantly greater decreases in negative religious coping (spiritual struggles)
- ❖ No differences on anxiety and depression



A Rationale for an Applied Science of Spirituality and Health

- ❖ Religion are embedded in western culture
- ❖ Spirituality is a resource to many people
- ❖ Religion and spirituality can be a source of problems
- ❖ Patients generally prefer spiritually integrated approaches to care
- ❖ Spiritually integrated interventions have shown promising results
- ❖ **Spiritually sensitive care is ethically mandated**



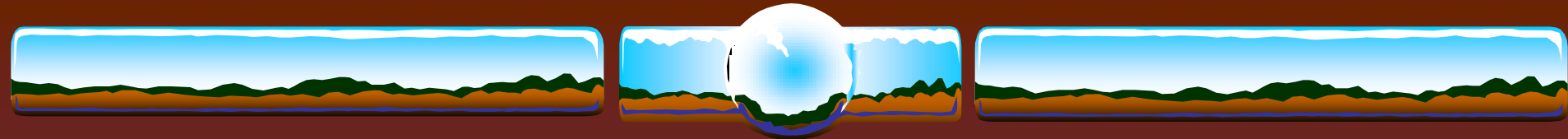
Spiritually Sensitive Care: An Ethical Mandate

- ❖ American Psychological Association (2002)
- ❖ American Psychiatric Association (1989)
- ❖ American Association of Marital and Family Therapists (2012)
- ❖ American Counseling Association (2009)
- ❖ American Nursing Association (2001)



A Rationale for an Applied Science of Spirituality and Health

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Future Directions for the Integration of Spirituality and Health Care

- ❖ Integrating spiritual assessment into health care



Spiritual Screening Tool

(Blanchard, Dunlap, & Fitchett, 2012)

- ❖ Do you have a belief, spiritual or otherwise, that is important to you?
- ❖ If yes, is that helping you now?
 - ❖ (1) yes
 - ❖ (2) no
- ❖ If no, was there ever a time when you did?
 - ❖ (3) yes
 - ❖ (4) no
- ❖ Spiritual struggle/distress = (2) + (3)



R/S Struggles Scale

(Exline et al., 2013)

- ❖ Supernatural
 - ❖ Divine
 - ❖ Demonic
- ❖ Interpersonal
- ❖ Intrapsychic
 - ❖ Moral
 - ❖ Ultimate Meaning
 - ❖ Doubt



Divine Struggle Items

Felt as though God had let me down

Felt angry at God

Felt as though God had abandoned me

Felt as though God was punishing me

Questioned God's love for me



Moral Struggle Items

Wrestled with attempts to follow my moral principles

Worried that my actions were morally or spiritually wrong

Felt torn between what I wanted and what I knew was morally right

Felt guilt for not living up to my moral standards



Ultimate Meaning Struggle Items

Questioned whether life really matters

Felt as though my life had no deeper meaning

Questioned whether my life will really make any difference in the world

Had concerns about whether there is any ultimate purpose to life or existence



Interpersonal Struggle Items

Felt hurt, mistreated, or offended by religious/
spiritual people

Felt rejected or misunderstood by religious/spiritual
people

Felt as though others were looking down on me
because of my religious/spiritual beliefs

Had conflicts with other people about
religious/spiritual matters

Felt angry at organized religion



OASIS

Rhodes and Kristeller (2000)

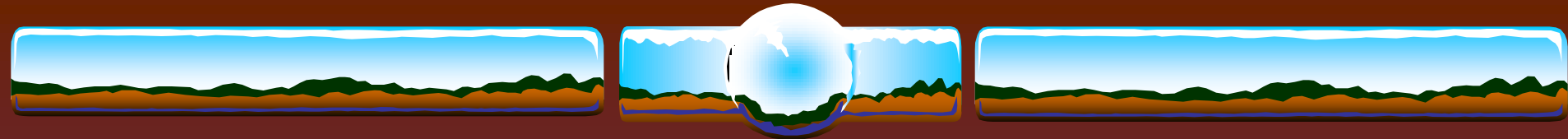
General Opening: “Religious or spiritual issues often influence how patients deal with or cope with cancer. Some people find their spiritual beliefs to be very helpful, while others do not find them helpful or never really think about these things at all. I would like to learn more about your feelings.”



OASIS: Key Results

Rhodes and Kristeller (2000)

- Greater improvements over 3 weeks in depression and overall quality of life than controls
- Greater improvements in satisfaction with interpersonal care and communication with physician than controls
- Oncologists report feeling comfortable and confident during intervention
- No patient reported being offended or disturbed by the intervention, even when they reported the intervention to be irrelevant or of no utility



Future Directions for the Integration of Spirituality and Health Care

- ❖ Integrating spiritual assessment into health care
- ❖ Spirituality as a resource for prevention and resilience



The Work of Frank Fincham

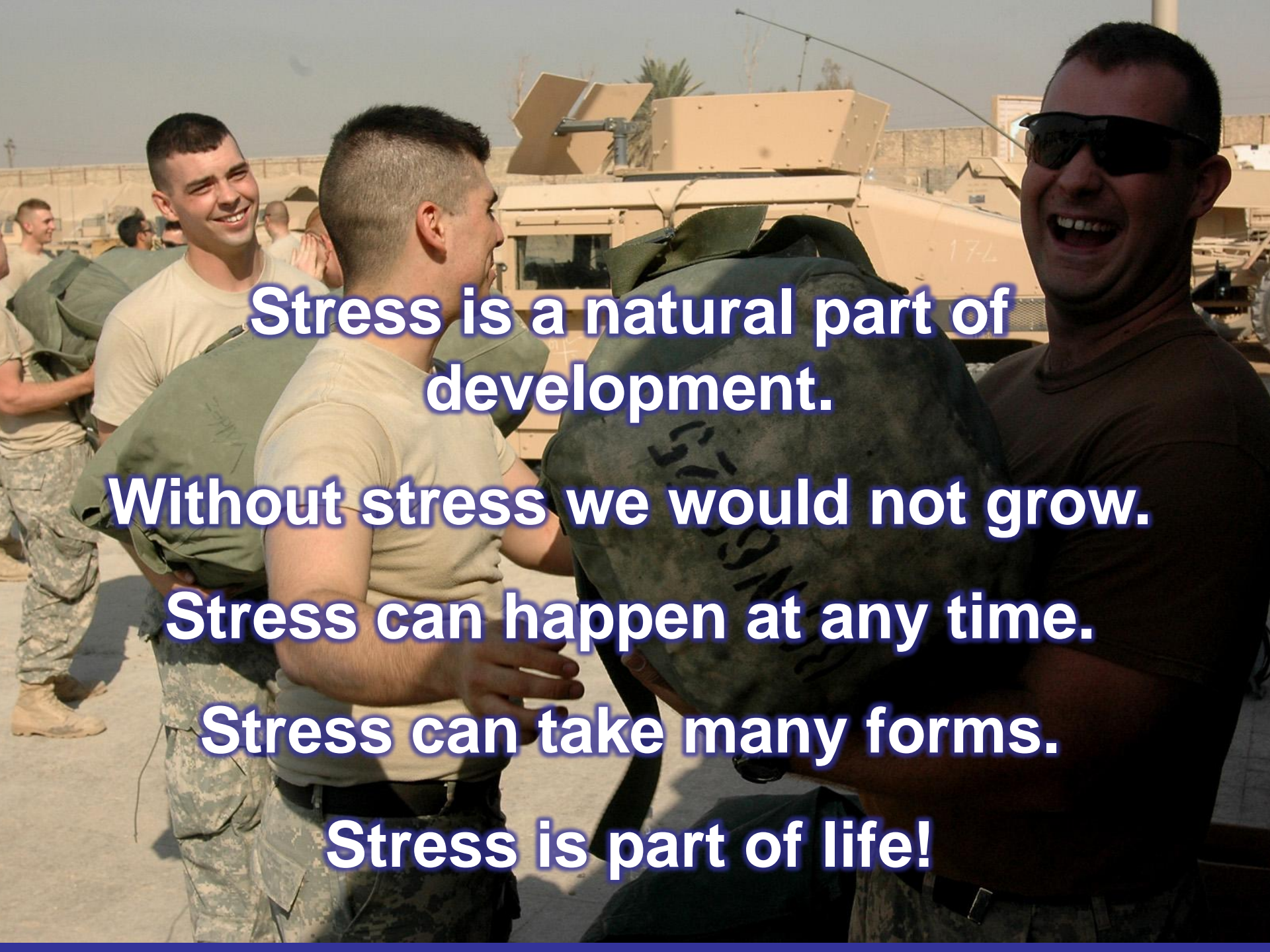
- ❖ Study of infidelity among couples
- ❖ Compare effects of prayer for each other vs. undirected prayers vs. thinking positive thoughts about one's partner
- ❖ Couples who prayed for each other less likely to engage in emotional and physical infidelity
- ❖ Praying for each other had strongest effects
- ❖ Effects of praying for partner mediated through perceptions that the relationship was sacred



Spiritual Fitness Program

- ❖ Part of Comprehensive Soldier Fitness Program for the United States Army
- ❖ Designed to enhance spiritual resilience of soldiers before they encounter serious problems
- ❖ Cultivating the human spirit by:
 - ❖ Meaning-making
 - ❖ Spiritual support
 - ❖ Rituals
 - ❖ Contemplation/Meditation





Stress is a natural part of development.

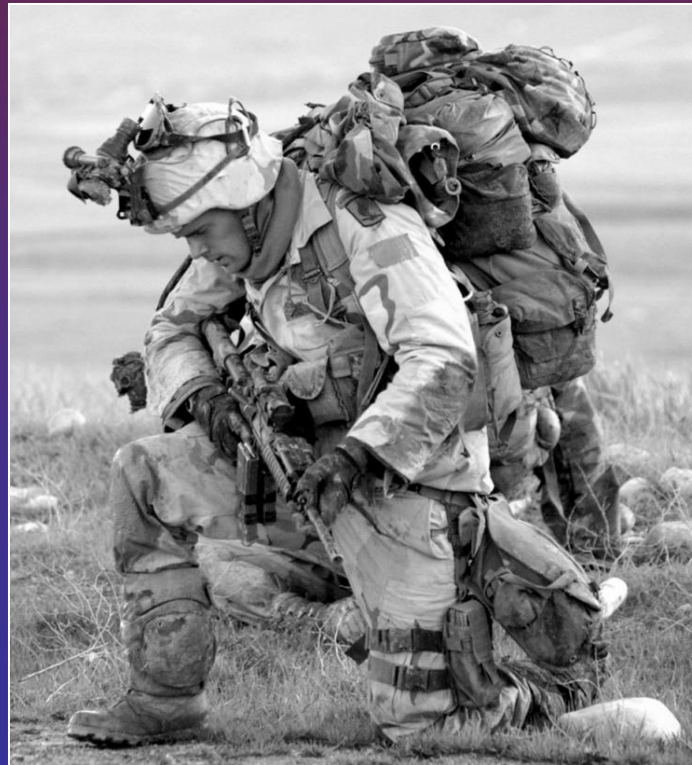
Without stress we would not grow.

Stress can happen at any time.

Stress can take many forms.

Stress is part of life!

You might also experience
*Spiritual Stress, or
Struggles of the Human Spirit.*





Future Directions for the Integration of Spirituality and Health Care

- ❖ Integrating spiritual assessment into health care
- ❖ Spirituality as a resource for prevention and resilience
- ❖ Spirituality as a resource for intervention



The Work of Nichole Murray-Swank

- ❖ Solace for the Soul - spiritually integrated therapy with sexually abused women
- ❖ Trauma affects people spiritually as well as psychologically, socially, and physically
- ❖ Shifts in understandings of God and basic beliefs about the world as a result of trauma
- ❖ Addressing spiritual trauma in therapy



Nichole Murray-Swank's Visualization of a Loving God

“Picture God as a waterfall within you. .. pouring down cool, refreshing water. . . the waters of love, healing, restoration throughout your body. . . a cool, refreshing waterfall washing down over your head, your face, your shoulders, your neck, out through your arms, down your legs, out through your toes, refreshing bringing life, quenching thirst. . . renewing, refreshing, restoring” (2003, p. 232).





Memphis: City of Disparity

The Work of Gary Gunderson



**Egregious disparity: Income, Heart Disease,
Diabetes, Cancer, Suicide/Homicide, Limb
Amputation**



Congregational Health Network

- ❖ Hospitals work with 380 churches in Memphis
- ❖ Hospital navigators (including chaplains) work with church-based liaisons to facilitate health care of individuals

CHN

Congregations

CHN

Members

Navigators

Liaisons

Director



1

10

512

602

15,012

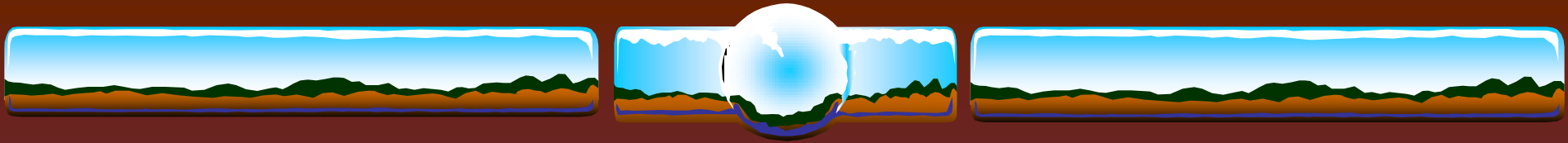
Paid Staff

Volunteers



Congregational Health Network

- ❖ CHN saved \$8,705 per person compared to non-CHN
- ❖ CHN significantly reduced charges for CHF, stroke, and diabetes compared to non-CHN
- ❖ CHN resulted in half the crude mortality of non-CHN



Future Directions, Future Challenges

- ❖ The emotionality of religion and spirituality
- ❖ The complexities of religion and spirituality
- ❖ The need for pluralistic, multi-disciplinary teams
- ❖ The need for training in spiritually integrated change



Conclusion

“An applied science of spirituality and health has the potential to illuminate, broaden and deepen our approach to health care. Greater attention to the spiritual dimension can only enrich and vitalize our efforts to enhance the human condition. Without that both our science and practice will remain incomplete.”