

CROSSROADS...

exploring the intersection of health, spirituality and faith

Newsletter of the Society for Spirituality, Theology & Health

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Spirituality and Health in Education and Research: National Survey of Academic Leaders in Medicine, Nursing and Public Health

In the last twenty years, the breadth and depth of interest into the relationship between health and spirituality has grown exponentially. Accompanying this increased general interest, some educational institutions are including educational materials on spirituality and health in standard and elective curricula. In fact, the American Association of Medical Colleges (AAMC) now includes spirituality as a component in the Medical School Objectives Project Report III which contains a set of curriculum guidelines applicable to all U.S. medical schools.

This inclusion is in part due to the support since 1995 that the John Templeton Foundation (JTF) has provided for medical schools to develop courses on religion, spirituality and medicine. The program was developed and implemented by David B. Larson and Dale Matthews at the National Institute for Healthcare Research (NIHR). In 1995, NIHR awarded three \$25,000 grants to medical schools to develop courses on religion, spirituality and medicine. The winners of the first three awards were schools of medicine at Johns Hopkins University, Ohio State University, and Pennsylvania State University

In 2001, Christina Puchalski assumed administrative responsibility for the medical school curricular awards program and moved it to George Washington University's Institute for Spirituality and Health (GWISH), where it continues. Now, the curricular awards are \$50,000 and administered over 4 years. They are offered to medical schools in the U.S. and Canada (and similar awards to residencies in primary care and in psychiatry) to integrate spirituality as part of the curriculum. According to GWISH, nearly 100 of the 143 medical schools in the U.S. and Canada now have courses on spirituality and health. Expansion of the medical school curricular awards program internationally are under consideration.

Accompanying the curricular growth has been an increase in the volume of research in the area of spirituality and health.

In the context of this growth, however, we continue to lack adequate understanding of the importance that the leaders of these schools place on educating students about spirituality and health or conducting research on this topic.

Over the next year, with support from the John Templeton Foundation, the Duke Center for Spirituality, Theology and Health will conduct a survey of deans from schools of medicine, nursing, and public health. In addition, in order to develop our understanding more thoroughly, a sub-sample of 20 deans of medical education will be selected for more in-depth interviews. Ten of these deans will be from medical schools with required courses or course content on religion, spirituality and medicine, and ten will be from medical schools without elective or required spirituality and medicine courses or course content.

From the perspective of these top administrators, this study seeks to identify what schools are doing in terms of training students in the area of spirituality and health, what is known about the research that has been done, what research their universities are doing in spirituality and health, and what specific areas of research they perceive as having the highest priority to help with the development of this field. The results should help clarify understanding of current attitudes, practices, and experiences.

Of particular interest will be the ability to compare attitudes and practices across the different types of schools. This will help characterize which disciplines provide the most appropriate context for expansion and promotion of training and research in spirituality and health.

Combining knowledge of current activities with knowledge about attitudes toward such activities should prove helpful in developing funding priorities and ensuring productive research and training programs.

EXPLORE...in this issue

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ANNUAL MEETING

The First Annual Meeting of the Society for Spirituality, Theology and Health will be held June 25-27, 2008 in Durham, North Carolina. The meeting will provide scholars with the opportunity to present and discuss their latest research and scholarship, while providing participants a context in which to establish relationships and share ideas. The meeting will be held at the R. David Thomas Executive Conference Center located at the Duke Fuqua School of Business. All who are interested in spirituality, theology and health are welcome to attend the meeting.

“Spirituality, Health and Human Flourishing: Meaning? Measurement? Implications?”

The theme of the meeting represents the direction that the field of spirituality, theology and health is moving. The meeting will include a keynote speaker, four plenary speakers, and a variety of paper and poster presentations given by the participants. Poster and paper presentations will be given by scholars from various universities, organizations, and disciplines. Some presentations will focus on the latest empirical research while others will describe interventions and programs already in place that care for the spiritual needs of patients.

Speakers

The keynote and plenary speakers are recognized as experts in the field of spirituality, theology and health. The keynote address will be held Wednesday evening, June 25 while the plenaries will be on Thursday and Friday of the meeting.

William Roper M.D., M.P.H., Dean of the School of Medicine and Chief Executive Officer of the UNC Health Care System will deliver the keynote. Near the beginning of his career, Dr. Roper held several key positions in Washington, D.C., including administrator of the Health Care Financing Administration. From there he went on to lead the Centers for Disease Control and Prevention in

Atlanta. Formerly the Dean of the School of Public Health, Dr. Roper has been at UNC since 1997. He is broadly published and acknowledged for leadership in American Medicine having received numerous distinguished service awards from the U.S. Public Health Service, the Association for Health Services Research, the National Association of Health Data Organizations, Emory University, and the University of Alabama.

Opening remarks will be given by *John Templeton, Jr., M.D.*, president of the John Templeton Foundation. He works closely with the Foundation's staff and international board of advisors consisting of more than 50 leading scholars, scientists, researchers and theologians, to develop substantive programs in this endeavor. Dr. Templeton has been actively involved in the Foundation since its inception in 1987. In 1995, he retired from his medical practice to serve full-time as president of the Foundation. His more than 25-year career as a physician and pediatric surgeon and long-held spiritual beliefs provide both the formal science training and the commitment to advance the Foundation's work.

The plenary speakers will be *Kenneth Pargament, Ph.D.*, Professor of Psychology at Bowling Green University; *John Swinton, Ph.D.*, Professor and Chair in Practical Theology and Pastoral Care and Professor of Nursing at the University of Aberdeen, Scotland, and founder of the Centre for Spirituality, Health and Disability at the University of Aberdeen; *Ellen Idler, Ph.D.*, Professor in the Department of Sociology and the Institute for Health Policy Research as well as Acting Dean of Social and Behavioral Sciences at Rutgers University; and *Jeff Levin, Ph.D.*, author, epidemiologist, and religious scholar.

More information

For more information about the meeting, please visit the Society's new website: <http://www.societysth.org/>

FUNDING OPPORTUNITY...

Funding Available to Study Godly Love. The University of Akron (www.uakron.edu) and The Institute for Research on Unlimited Love (www.unlimitedloveinstitute.org) are pleased to announce a Request for Proposals for a research venture titled “The Flame of Love: Theologically Informed Social Scientific Research on the Experience and Expression of Godly Love in the Pentecostal Tradition.” A total of six projects will be funded at up to \$150,000 each. Each of the six projects will be co-directed by teams of at least one social scientist and at least one theologian. Proposals may be submitted by public or private nonprofit organizations in the United States, such as universities, colleges, hospitals, laboratories, or research institutions. The awards will be made at the beginning of 2009 and all research must be complete by the end of 2010. Letters of Intent must be received by July 28, 2008 and invited proposals must be received by October 13, 2008. Full details, including the complete Request for Proposals and a supporting White Paper can be found at www.godlyloveproject.org/rfp. This new research initiative was made possible through a generous grant from the John Templeton Foundation (www.templeton.org).



Pregnancy termination or loss and religious coping
[Susan Cowchock, MD, MAHL](#)

Summary: My research as a post-doctoral fellow with the Center for Spirituality, Theology and Health reflects my dual roles as a physician specializing in pregnancy loss and as a rabbi and chaplain. This year I am pursuing three projects:

1. Religious coping and beliefs as predictors of grief after pregnancy loss: This is a joint project with Dr. Judith Lasker of Lehigh University and coworkers which is analyzing longitudinal data from 139 women with pregnancy loss followed for two years. The religious data includes questions on church attendance and affiliation, positive and negative religious coping, and intrinsic and extrinsic religiosity, as well as beliefs in God's will as a cause of the loss, or in an afterlife. Grief was assessed using the Perinatal Grief Scale, which has subscales identified as: Active Grief, Difficulty Coping, and Despair.
2. Coping after pregnancy termination: Women who have terminated late pregnancies for fetal anomalies are at high risk for complicated grief reactions, including post-traumatic stress disorder. In this study we are interviewing women in the next, normal (after fetal diagnostic tests are completed) pregnancy after such a termination to assess how religious coping, affiliation, or rituals have/have not helped them to cope with these stresses in a normal pregnancy. This study will be conducted in collaboration with University of North Carolina Women's Hospital, Chapel Hill, NC.
3. Spiritual needs of mothers and partners terminating for fetal abnormalities. This survey of spiritual needs will be the first study to consider the spiritual needs of partners in this crisis, and to follow up one month later to assess the couples' utilization of religious and pastoral resources.



Spiritually-Sensitive Care, Quality of Life, and Satisfaction with Care among Oncology Inpatients
[Michelle Pearce, Ph.D.](#)

Summary: I began my post doctoral fellowship with the Center for Spirituality, Theology, and Health, under the mentorship of Dr. Koenig and Dr. Meador, in April 2007. During the past year, I initiated a research study with the Duke Cancer Care Research Program, directed by Dr. Amy Abernethy, to examine spirituality and spiritual needs among end of life (EOL) cancer inpatients at Duke Medical Center.

Survey studies have revealed that terminally ill cancer patients struggle with myriad spiritual and existential issues, perceive these issues as related to their quality of life, and want to discuss these issues with medical providers (Bulmsjo, 2000). However, in a recent study among 230 advanced cancer outpatients, 72% reported that the medical system supported their spiritual needs minimally or not at all; these reports were significantly associated with poorer quality of life (Balboni et al., 2007). Notably, no published studies have examined spiritual needs among hospitalized EOL cancer patients, who have acute physical needs, a different functional status, increased emotional distress, and arguably heightened existential concerns.

The study I am working on was developed in response to this gap in our knowledge. Specifically, this study will determine: (a) the nature and importance of spirituality to EOL cancer patients; (b) whether patients desire to have their spiritual needs addressed in the context of their medical care; if so, how and by whom; and (c) how spirituality and spiritual needs are linked to patients' quality of life (QOL), emotional distress, and satisfaction with care.

INSIGHT...latest research CSTH Post Doctoral Fellows continued from page 3

Michelle Pearce...

The spiritual needs survey will be administered to 185 advanced cancer patients at Duke University Hospital. Participants will complete a brief paper and pencil spirituality assessment battery, which includes measures assessing spiritual practices, meaning and purpose, QOL, emotional distress, and satisfaction with care, as well as items assessing how patients define spiritual needs and their preferences for spiritually- oriented and -sensitive care.

Over the last four months, we conducted a small pilot study (n=35) using the proposed questionnaires, and results suggest the relevance and importance of studying the proposed issues in greater depth. The information from this survey study will prepare us to develop a practical patient-centered, spiritually-oriented intervention tailored to the needs expressed by advanced cancer patients at Duke University Hospital. Once tested in the Duke setting, we intend to standardize and disseminate this process of (1) spiritual needs assessment, and (2) development of tailored intervention(s), so that it can be replicated at other institutions.

CALENDAR OF EVENTS...

June 2008

25-27 1st Annual Meeting of the Society for Spirituality, Theology & Health

July 2008

21-25 5-day Summer Research Course on Spirituality, Theology and Health

August 2008

11-15 5-day Summer Research Course on Spirituality, Theology and Health

All events are held in Durham, North Carolina unless otherwise noted

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**Spirituality, Theology & Health Seminar Update
A Summary**

September 6, 2007

“A Model for Understanding and Evaluating Spirituality: Implications for Health and Well-being.”

Kenneth Pargament, Ph.D.

Dr. Pargament contends that spirituality is “a search for the sacred” and that sacred is defined not only as God or the divine but that the concept can be stretched to other aspects of life that relate to the divine. Once the search is over and the sacred has been found, people often continue to sustain this spirituality. Spiritual integration, or how well your spirituality helps you understand all aspects of life, may have important implications for health. There is evidence that personal struggles, like religion, can be either good or bad. Religions provide methods of coping, and struggles can help foster a transformation or personal growth. Research shows, however, that spiritual struggle is a strong predictor of declining physical and mental health. Perhaps, then, a struggle is like a “fork in the road,” the pathway one takes, either toward growth or decline, depends upon how well his or her spirituality is integrated.

October 4, 2007

“Dementia, Meaning, and Spirituality: Implications for pastoral and spiritual care of people with dementia”

Elizabeth MacKinlay, Ph.D., B.Th., R.N.

In this seminar, Dr. MacKinlay outlined one part of a study in which “spiritual reminiscence” was used in interviews with older adults who have dementia. Spiritual reminiscence is based on a model of spiritual tasks and processes of aging. Participants were asked about childhood experience and current religious behaviors and how they viewed God. These interviews provide important implications for pastoral care of people with dementia. Spiritual reminiscence helps to guide and encourage the search for meaning for older people. It can be used in both individual and group settings, and patience is imperative. Everyone has a story, and it is important that we take the time to foster and encourage the telling of these stories, despite the difficulties with communication that dementia may cause. We may be asking the wrong question when we think about communicating with people who have dementia. We should not ask, “How can this person with dementia communicate with me the way he/she used to?” But instead we should ask, “How can I connect to this person with dementia?”