

“The Effects of Religion When Coping with Chronic Illness”

Jan 20, 2011

John K Graham, M.D., D.Min.

The Institute for Spirituality and Health
at the Texas Medical Center,
Houston, TX 77054

Thursday Class Schedule

- January 13, 20, 27 – John Graham, M.D., 3-week study entitled, “Religion and Effects on Health and Healing”
- Jan 13: Positive and Negative Effects of Religion on Health and healing
- **Jan 20: Effects of Religion when Coping with Chronic Illness**
- Jan 27: Effect of Religion on Well Being

Thursday Class Schedule

- February 3, 10, 17 – Rabbi David Lyon, 3-week study entitled, "God, Be With Me: Imagining God for a Lifetime," based on his new book (Jewish Lights Publishing, 2011).
- Feb 3: God is Everywhere and God Lives with Me
- Feb 10: God Knows Me and God Receives Me
- Feb 17: God Comforts Me and God Strengthens Me

Thursday Class Schedule

- February 24 – The Rev. Stephen Spidell – 1-week study on subject entitled, “Essential Spirituality in Patient Care.”

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Feb 24: Essential Spirituality in Patient Care.

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Thursday Class Schedule

- March 3, 10, 17, 24, 31 – John Graham, M.D., 7-week study entitled, “Effects of Faith on Health & Medicine” --Review of H. Koenig, et al, *Handbook of religion and Health (HRH)*
- March 3: Effect of Religion on Depression and Suicide, (chapter 7 - 8 HRH)
- March 10: Effect of Religion on Mental Health (chapter 15 HRH)

Thursday Class Schedule

- March 17: Effect of Religion on Anxiety Disorders, Schizophrenia, and other Psychoses (ch. 9 - 10, HRH)
- March 24: Effect of Religion on Alcohol and Drug Use, Delinquency (chapter 11 - 12, HRH)
- March 31: Effect of Religion on Heart Disease & Hypertension (chapters 16-17, HRH)
- April 7: Effect of Religion on Immune System Dysfunction and Cancer (chapter 19-20, HRH)
- April 14: Effect of Religion on Longevity; and, Religion and Disability (Chap. 21-22, HRH)

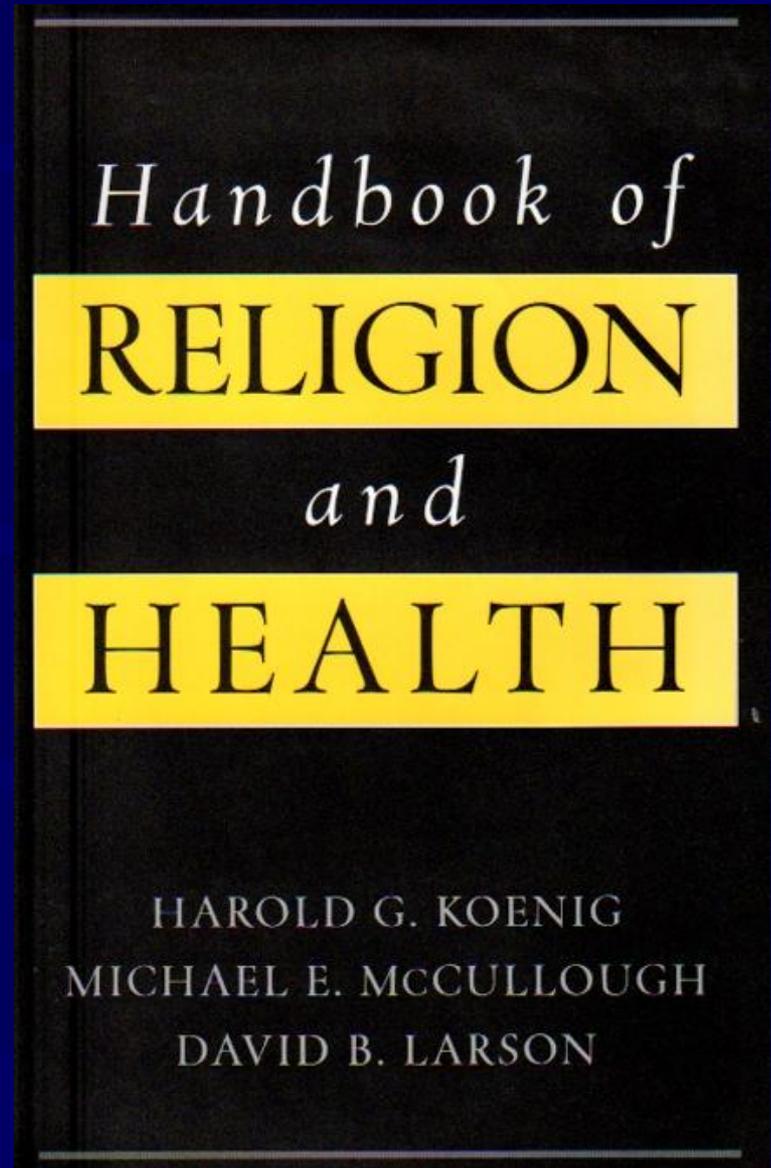
Outline for today's talk

"The Effects of Religion When Coping with Chronic Illness"

- Introduction
- Religious coping with Specific Illnesses
- Religious coping among Caregivers
- Religious coping during Natural Disasters
- Do people want religious issues addressed in health care?

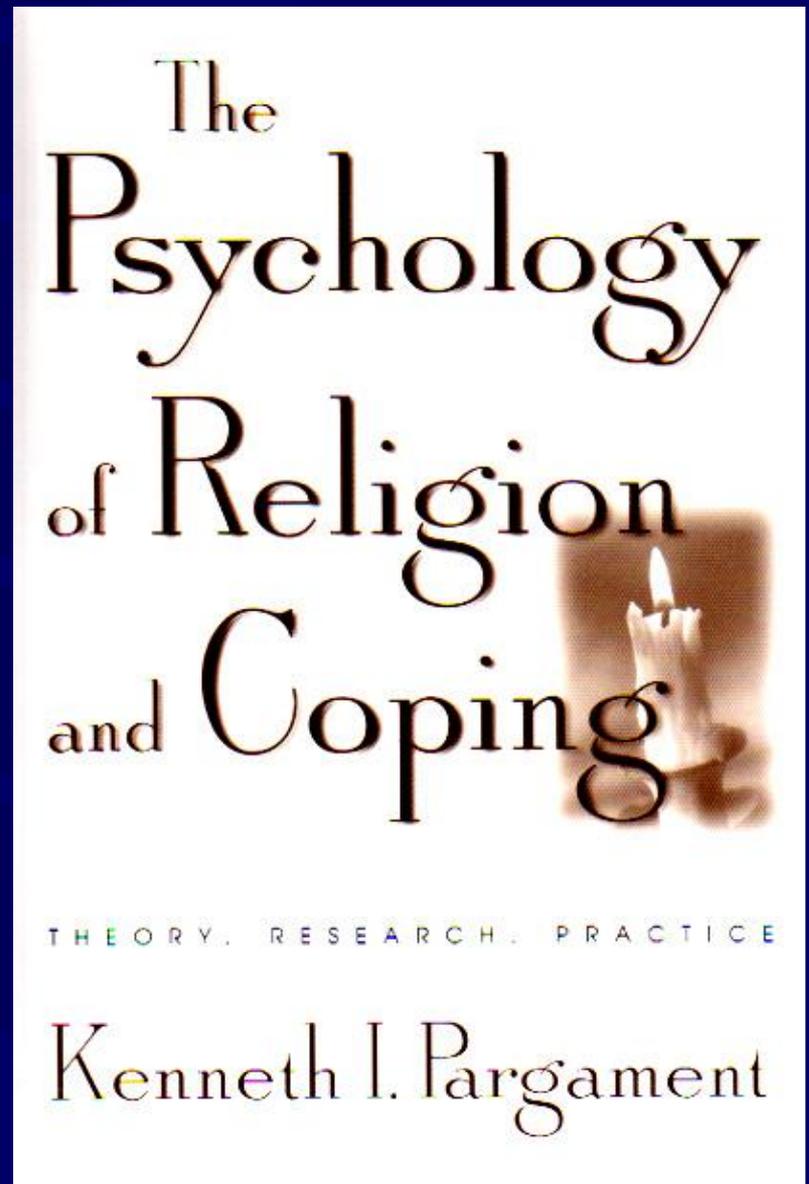
Introduction to the Series

- During January and March-April, 2011, we will be looking at Dr. Harold Koenig, Michael McCullough and David Larson's book,
- ***Handbook of Religion and Health (2001)***
- published by Oxford University Press, New York.



Introduction to the Series

- The American Journal of Psychiatry says this book is “A massive, scholarly, even-handed, level-headed book.”
- **The Psychology of Religion & Coping (1997)**
- published by Guilford Press, New York.



Pargament: 3 Reasons to Study Religion and Coping

1. First, the study of religion and coping has something to teach us about coping. Studying these moments can help complete the picture of human nature. It can reveal the
2. This study also offers an opportunity to learn more about religion which is often viewed in the abstract, as a system of beliefs, rituals, symbols, feelings and relationships that have little to do with the particulars of an individual's life.
3. This study can have practical implications. Crises are pivotal periods. They destabilize the "tried and true" methods of dealing with problems and call for new solutions. Painful as they are, stressful periods represents a cross-roads where individuals may choose a different path.

Pargament on Religion and Coping

- Religion does not stand idly by when it comes to this choice of directions. It provides guidance about where to go and how to get there.
- Of course, not all religions agree on these kinds of choices and how to respond to problems. From religion we learn about some of the better pathways and about some of the poorer ones, too.
- Pargament hopes that the study of religion and coping will provide a bridge between two very different worlds – that of science and religion.

Harold Koenig, M.D. on Religion & Coping

- People with serious health problems, people fighting against life-threatening or life-disabling disease, tell us the most about how religion relates to health.
- Even if no relationship existed, religion would be relevant to health care if patients perceived that it improved their coping with health problems.
- Patients often say they wish health care providers addressed spiritual issues as part of their medical or psychiatric care, especially when coping with a serious medical problem.

Harold Koenig, M.D. on Religion & Coping

- How does one study the role that religion plays in helping people cope with a serious medical problem?
- First, the illness must be severe enough and cause sufficient stress to require considerable adaptation. Often seen with older people who have multiple severe medical problems.
- Other situations are family caregivers of persons with dementia, end-stage cancer, AIDS, or other illness that present heavy care demands.

How to assess a patient or family member?

- Ask an open-ended question about what helps the person cope with the fear, helplessness, uncertainty, and physical discomfort. The goal is to identify the single most helpful coping strategy.
- A second way is to provide a list of different coping strategies and ask the subject to choose those they have found most helpful.
- Third, is to directly ask patients whether they use religion to cope with their health problems.

Results may vary depending on the method used

II. Religious coping in Specific Medical Conditions

Coping and Kidney Disease

Greenberg, et al (1975) evaluated coping behaviors in 7 chronic hemodialysis patients and families and concluded factors related to adjustment were:

1. The defense mechanisms used, esp. denial.
2. The patient's ability to cope with the dependency demands of the dialysis procedure.
3. The presence of responsible family members willing to emotionally support the patient.

There was no mention of prayer or other religious behaviors – were not assessed in this study.

Coping and Kidney Disease, continued

O'Brien (1982) evaluated coping behaviors in 126 chronic hemodialysis patients (75 % African American & 70 % Protestant). Perceptions of religious coping were assessed in this study:

1. 52.4% said religion was "usually" or "always" assoc with their adjustment to hemodialysis.
2. Jews (63%) were more likely to say that religion was never related to adjustment.
3. Only 1 in 63 reported a decline in importance of religion due to the experience of hemodialysis.

Coping and Cancer

The effect of Religion and coping with cancer will be discussed in detail when we look at chapter 20 of Koenig's book on April 7, 2011

Coping and Cardiovascular disease

This will be discussed in great detail when we look at chapter 16 of Koenig's book on March 31, 2011.

- Croog & Levine, 1972, examined changes in religiousness over a 12 month period in 324 men following myocardial infarction (MI):
 1. 75% of Catholics; 50% of Protestants, and 40 of Jews indicated that religion was important or very important at T1 (before) & same at T2 (3 mo).
 2. But at T3 (12 mos) 20 % of Catholics, 11%Proestants and 26% of Jews reported an **increase** in religiousness.

Coping and Cardiovascular disease, cont...

- Saudia et al (1991) surveyed 100 patients one day before undergoing coronary artery bypass surgery:
 1. 95% reported they had used prayer to cope prior to surgery.
 2. 70% rated prayer as "extremely helpful."
 3. Only two rated the helpfulness of prayer on a scale of 1-15 as less than 10.

Coping and HIV-infected persons

- Carson (1993) surveyed 100 HIV-positive and 30 AIDS patients.
 1. They were asked questions on frequency of prayer, meditation, reading religious literature, church attendance, etc.
 2. Over half reported some to a great deal of activity
 3. Prayer and Meditation were related to hardiness

Coping and HIV, continued ...

- Folkman, Chesney, Cooke, et al (1994) examined spirituality of caregivers of patients with AIDS.
 1. Among HIV-positive caregivers, religiosity was inversely related to caregiver burden. I.e., the more religious had less stress and sense of burden, while the less religious had greater stress and felt a greater burden in carrying for individuals w AIDS.
 2. But, religiousness was unrelated in HIV-negative caregivers.

Coping and HIV, continued ...

- Kaldjian et al (1998) surveyed 90 HIV-positive patients: 90% Christian, 3 % Muslim, 7% no religion.
1. 44% felt guilty about their infection; 32 % expressed fear of death; 26% felt their disease was a form of punishment; 17% said it was from God
 2. Fear of death was less likely in those who read the Bible frequently.
 3. 98% said they believed in God of unconditional love; 84% expressed a personal relationship with God; 82% said their belief in God helped them face death.

Coping and Diabetes

- Zaldivar & Smolowitz (1994) surveyed 104 Hispanic diabetic inner-city patients (many were immigrants)

1. 78% said, "I have diabetes because it is God's will"
2. 55% said, "My priest helps me control my diabetes"
3. 81% said, "Only God can control my diabetes"

Koenig says these findings underscore the importance of including clergy in the care of Hispanic diabetic patients.

Diabetes and coping cont....

- Landis (1996) examined the spiritual wellbeing of 94 diabetic patients in Galveston. 83 % were Christian; 70% were insulin-requiring diabetics. When asked what most helped them cope with their illness:
 1. 34% said their family
 2. 29 % said their ability to manage their disease
 3. 18 % named spiritual support such as belief in God, prayer, hope for a cure, and purpose in life.

Cystic Fibrosis and Religious Coping

Stern, et al (1992) surveyed 402 cystic fibrosis patients and their families in Cleveland, OH.

1. The use of religion as a nonmedical treatment included visiting faith healers (14%) , making a religious pilgrimage (4%), owning a "healing article" (12%) or participating in a prayer group (50%).
2. Among those using prayer, 92 % believed it helped in maintaining health and conveying a sense of support
3. None reported an adverse effect from using these religious activities on their well-being or self-esteem

Terminally Ill and Religious Coping

Carey (1974) surveyed 84 terminally ill hospital patients.

1. Catholics (63%) scored higher than Protestants (49%), who scored higher than non-Christians (17%) on good emotional adjustment to a terminal illness.

“Good adjustment” correlated with these six predictors:

- (1) Less physical discomfort,
- (2) feeling of concern by next of kin,
- (3) previous discussion of death with dying person,
- (4) extrinsic religious orientation,
- (5) higher education level, and
- (6) feeling of concern from one's local clergy.

Terminally Ill and Religious Coping, cont.

Gibbs and Achterberg (1978) surveyed 16 cancer patients at UT-Dallas. 50% African American, 50% white; 56% female and 75% Baptist/Church of Christ

- Strength of religious beliefs was strongly correlated with lack of fear and having positive death imagery
- Those who indicated their church was a major source of emotional support experienced less sleep difficulty and less denial of their impending death.

Terminally Ill and Religious Coping, cont.

Reed (1986) compared 57 terminally ill and 57 healthy patients on religiousness and sense of well-being.

- Terminally ill patients scored significantly higher than healthy subjects on religiousness ($p=.001$)
- There was a significant correlation between religiousness and well-being in the healthy group but the correlation was not significant for the terminally ill.
- 44 % of terminally ill patients said their religiosity had changed with their illness (89%, a greater spirituality).

Psychotic Patients and Religious Coping

Fitchett, et al (1997) examined 51 adult psychiatric and 50 adult general medicine patients at Chicago Hospital (40% depressed; 28% bipolar; 14% schizoaffective, etc)

- 68 % responded positively when asked to what extent religion brought comfort and support to them.
- 88% reported experiencing religious needs in hospital
- Only 24% talked to a member of the clergy during their current hospitalization (compared to 80 % of general medicine patients).

Religious Coping among Caregivers

Question being: Does religion help family caregivers cope with the stress of caring for a sick loved one?

Caregiver Coping with Alzheimer's Patients

Bains (1984) asked caregivers about the importance of religious activities in helping them cope with stress.

- 75% of caregivers in his study reported prayer was their primary method of coping.

Wright, et al (1985) examined the burden experienced by 240 caregivers of loved ones with Alzheimer's

- Spiritual support was more strongly correlated with lessening the sense burden than support extended by family, neighbors, or community support groups.

Caregiver Coping of Cancer Patients

Rabins, et al (1990) studied 62 family members caring for a terminally ill cancer or Alzheimer relative

- Strong religious faith and frequent social contacts were the two major predictors of adaptation in this study.

Keilman and Given's (1990) sample of 100 caregivers of cancer patients found an inverse correlation between spiritual/philosophical scores on the Copy Resources Inventory and depressive symptoms. (i.e., the more spiritual/philosophical had less depressive symptoms).

Folkmann, Chesney, et al, Spirituality scale

1. Meditation/prayer helps me find solutions to my problems.
2. Believing in a higher self/God gives meaning to life
3. Meditation/Prayer makes me feel better
4. Events in my life reflect an overall purpose and plan
5. I attend religious or spiritual services
6. I do personal meditation
7. I read spiritual or metaphysical literature
8. I talk to others about my spiritual concerns
9. I consult a spiritual or religious leader

Religious Coping During Disasters

Because Religious behaviors may help persons to maintain emotional and psychological stability during situations associated with severe, un-controllable stress, they are commonly used to deal with natural disasters.

Religious Coping During Nuclear Waste Spills

- Cleary and Houts (1984) examined persons involved in the Three Mile Island incident. 403 persons living within 5 miles were surveyed by phone.
- The investigators reported that neither baseline church attendance nor social support predicted lower than expected distress on followup evaluation.
- However, the number of friends was related to better outcomes.

Religious Coping During Hurricanes

- Weinrich, Hardin, et al (1990) studied stress in 61 nursing students who cared for hurricane victims in South Carolina after hurricane Hugo struck.
- 95% found talking about the experience helpful
- 82% said humor reduced stress
- 74% identified religion as bringing comfort
- 47% listed altruism

Religious Coping During War

- Zeidner and Hammer (1992) surveyed 261 Jews who experienced missile attacks during the Gulf War.
- High levels of religious activities and spiritual resources were correlated with higher anxiety
- Researchers concluded that spiritual persons perceived war as a greater threat to their religious culture, nation and people as a whole.
- Yet, many turned to religion for comfort.

Religious Coping - a Flood

- Pargament, et al (1995) examined religious and nonreligious coping methods used by 225 who experienced a flood in 1993.
- Frequency of prayer and self-rated righteousness was correlated with better overall mental health; self-rated righteousness was related to less negative affect.
- Religious attendance was associated with less negative affect, less poor health and better mental status.
- Self-directed religiosity (without God) was related to poorer mental health.

Religious Coping – OKC bombing

- Pargament, et al (1996) interviewed 310 members of two churches in the area of the OKC bombing.
- Scales of positive religious coping were correlated with significant stress-related growth and also symptoms of Post Traumatic Stress Disorder.
- Negative religious coping was correlated with even greater symptoms of Post-Traumatic Stress Disorder (PTSD) and less strongly showing stress-related growth.

Religious Coping – Homicide

- Thompson and Vardaman (1997) surveyed 150 family members of homicide victims to see the role that religion played in coping with the loss. (90% were African-Americans)
- Scales of The religious support received by clergy and church members was inversely related to PTSD symptoms and distress.
- Religious pleading, religious deeds, and religious discontent were all correlated with increase in symptoms. The “pleading to God” was felt related to greater pathology due to the loss. However, bargaining with God is a normal response to loss of a loved one.

Exonerated inmate gets rest of life back

■ Convicted in 1990 robbery-rape, he hears a judge dismiss the charges

By **BRIAN ROGERS**
HOUSTON CHRONICLE

Allen Wayne Porter's toothy grin told the world exactly what the 40-year-old was thinking Tuesday after a Houston judge officially dismissed charges against him, putting a wrongful conviction and 19 years of prison behind him forever.

"I just want everybody to know, whatever you go through, just don't ever give up," Porter said. "Sometimes I had doubts, but I trusted God through it all."

After state District Judge Joan Campbell cleared him, Porter's attorney said his ordeal is over.

"We weren't going to be satisfied until it was final and

now it is," said Casey Garrett. "Now he can finally move on."

She also noted her client's grin. "It's an infectious smile, and behind it is a really happy person."

Campbell set Porter free in July after a daylong hearing in which another man was implicated in a June 18, 1990, robbery-rape in southwest Houston.

In that case, three men kicked their way into a sus-

*Please see **PORTER**, Page B4*

Houston
Chronicle,
Jan. 5, 2011,
Section E3

Religious Coping – False Imprisonment

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Houston
Chronicle,
Jan. 5, 2011,
Section B1

INFREQUENT use of Religion in Coping

- Persons in European countries do not rely as heavily on religion when coping with stress as do people in the U.S., Canada, Egypt, and other countries.
- Pettersson (1991) reported that the weekly church attendance in Sweden is about 2%. In a sample by Cederbland (1995) less than 1% of Swedish reported they “relied on religion” as a coping strategy.

Thus, when religious involvement is low, religious coping is less common as well.

Bouncing back from adversity

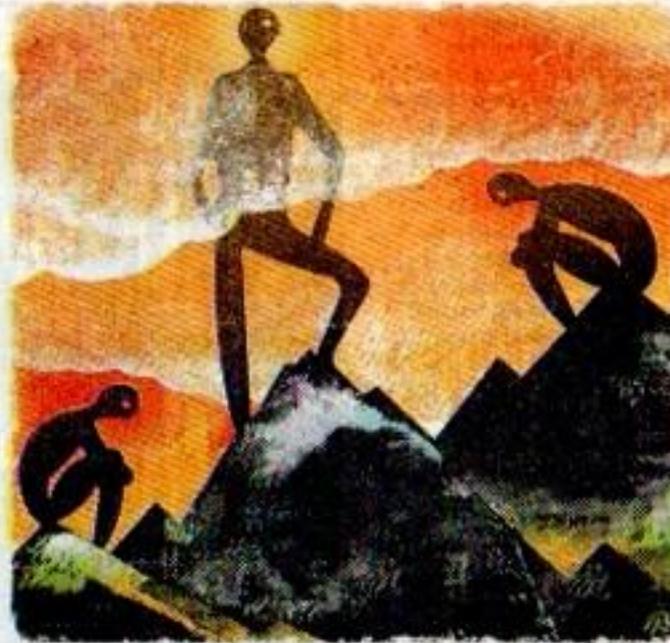
■ Experiencing stressful events in life may help people deal with future hardships

By **BENEDICT CAREY**
NEW YORK TIMES

Whatever else it holds, this new year is sure to produce a healthy serving of redemption stories, against-the-odds tales of people who bounced back from layoffs, foreclosures and the other wreckage of 2010. They landed better jobs. They started successful companies. They found time to write a book, to study animal husbandry, to learn a new trade: to generate just the sort of commentary about perseverance, self-respect and character that can tempt anyone who's still struggling to throw things at the TV.

Character is a fine thing to admire, all right — once the storm has passed and the rigging is repaired.

But when people are truly sinking, because of job loss, illness, debt or some combination of ills, they have no idea what mix of character, connections and dumb luck will be enough to pull through. To use the psychologists' term, they don't know how "resilient" they are, or how much resilience they



TIM ROBINSON ILLUSTRATION | NEW YORK TIMES

New research suggests that resilience may have at least as much to do with how often people have faced adversity in the past as it does with who they are — their personality, their genes, for example — or what they're facing now. That is, the number of life blows a person has taken may affect his or her mental toughness more than any other factor.

"Frequency makes a difference: That is the message," said Roxane Cohen Silver, a psychologist at the University of California, Irvine. "Each negative

also of the University of California, Irvine, and Mark D. Seery, of the State University of New York at Buffalo, followed nearly 2,000 adults for several years, monitoring their mental well-being with online surveys. The participants, a diverse cross section of Americans between the ages of 18 and 101, listed all of the upsetting life events they had experienced before entering the study and any new ones that hit along the way. These included divorce, the death of a friend or parent, a serious illness and being in

unique?"

They weren't, the researchers found. Stranger still, they were not the most satisfied with their lives. Their sense of well-being was about the same, on average, as people who had suffered up to a dozen memorable blows.

It was those in the middle, those reporting two to six stressful events, who scored highest on several measures of well-being, and who showed the most resilience in response to recent hits.

In short, the findings suggest that mental toughness is something like physical strength: It cannot develop without exercise, and it breaks down when overworked.

"These people were truly suffering," Cohen Silver said, "and we do not minimize in any way the pain of such events when you're going through them. But it does appear that if you've had several such experiences but not too many, you learn something."

Other researchers who looked at the study were more cautious. George Bonanno, a psychologist at Columbia University, said the results may partly reflect a trick of memory. In particular, "people who are more distressed will tend to recall more stressful life events," Bonanno, the author of the book *The Other Side of Sadness*, said he

Houston
Chronicle,
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Section E3

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"Frequency makes a difference: That is the message," said Roxane Cohen Silver, a psychologist at the University of California,

Irvine. "Each negative event a person faces leads to an attempt to cope, which forces people to learn about their own capabilities, about their support networks — to learn who their real friends are. That kind of learning, we think, is extremely valuable for subsequent coping," up to a point.

Houston Chronicle,
Jan. 5, 2011,
Section E3

Finally: Do people want religious issues addressed in health care?

- From the surveys we studied, does it appear that patients want their religious issues addressed?
- Studies show that 60 % of patients do want their religious issues address in their health care. (a significant number, 40%, did not)
- 35 % of physicians in a survey felt it would be important to address religious issues in their care.

Yet, only 10 % of patients surveyed said their religious issues had been discussed in their care