Forschungsinstitut für Spiritualität und Gesundheit
Research Institute for Spirituality and Health

European Network of Research on Religion, Spirituality and Health

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Editorial

Dear colleagues, dear friends,

The European network is continuously growing. This year the Nordic Network on Research in Faith and Health has been established (see http://tro-helbred.org). At the beginning of October 2011 the "Internationale Gesellschaft für Gesundheit und Spiritualität" (IGGS, www.spiritualcare.de) was founded in Munich.
We are looking forward to the 3rd European Conference on Religion, Spirituality and Health in Bern 2012. It will be a great gathering of the different European and International groups in the field. For registration and abstract submission contact www.ecrsh.eu.
In the present newsletter Prof. Harold Koenig outlines the rationale and the specific aims of a randomized clinical trial comparing conventional CBT vs. religious CBT in medical patients with major depression.

René Hefti, MD

Topic

Religious versus Conventional Psychotherapy for Depression

Major depression is a common, painful, physically impairing, and financially costly illness with a lifetime prevalence of nearly 15%. It is the world's second most disabling condition (behind heart disease). Depression has negative effects on physical health and medical outcomes by destroying the motivation necessary to recover and by adversely affecting vital immune and endocrine functions. Religion is widely prevalent and often turned to as a coping behavior in response to stressors related to physical illness, disability, and loss.

Based on a joint study conducted by the Harvard School of Public Health and the World Health Organization, depression was the leading cause of disability in the world (measured by years of life lived with disability) in 1990 and in 2020, is expected to be the world's second leading cause of disability, surpassed only by cardiovascular disease. The lifetime prevalence of depression in the United States is 20% in women and 10% in men. While the point prevalence of major depression in the United States is 7%, this figure increases to 10% to 45% in patients with medical illness depending on setting. Not surprising, the use of antidepressants by primary care physicians has increased dramatically in recent years. Treating with antidepressants, however, increases risk of side effects in medically frail patients and increases the risk of drug interactions with medications prescribed for other reasons. Major depression is already a potent risk factor for disease morbidity, as medical patients with depression have double the mortality of non-depressed persons.

Importance of Religious Involvement

Religious involvement is important to many. According to a January 2009 Gallup Poll, 65% of Americans indicated that religion is an important part of their daily life, a figure that increases to over 75% in the southeastern U.S. According to the Pew Foundation's national survey of 35,000 Americans, 56% indicated that religion was "very important" in their lives. This is especially true for medical patients, who often turn to religious beliefs to cope with illness (especially those in ethnic minority groups).
Hundreds of qualitative and quantitative studies document high rates of religious coping behaviors in persons with medical illness around the world. In some areas of the U.S., nearly 90% of medical inpatients use religion to cope, and of those who do, nearly half (45%) report that religion is the most important factor that keeps them going. Furthermore, religious involvement has been associated with positive emotions such as optimism and purpose in life, and consequently, religiosity also predicts a faster resolution of depressive symptoms in medical patients over time (increasing speed of remission by 50 to 70 percent).

Religious beliefs and practices may also reduce depression by enhancing gratefulness, generosity and altruism. While research on the human virtues is still in the early stages, there is growing evidence that religious involvement is associated with higher levels of gratitude, altruism, and attention to the needs of others. These characteristics, then, may enhance well-being and counter depressive cognitions and feelings. There is also evidence that religious involvement is associated with better immune and endocrine functions, helping to explain why it has been associated with better mental and physical health, and greater longevity. The mechanisms explaining this association are unclear, but likely involve behavioral and psychosocial factors operating at least partly through immune/endocrine pathways related to stress.

Randomized Clinical Trial comparing CCBT versus RCBT

A psychological therapy that takes advantage of patients' religious resources ought to improve depression more quickly than one that ignores them, and be more effective in reversing depression-induced physiological changes. Duke University Medical Center in Durham, North Carolina, in partnership with University of London in the UK and Glendale Medical Center in Los Angeles, California, propose a randomized clinical trial of conventional cognitive behavior therapy (CCBT) vs. religious cognitive behavior therapy (RCBT) for major depression in medical patients with chronic disabling illness. Therapists will deliver the treatment in real time over the Internet and/or by telephone.

This randomized clinical trial comparing CCBT vs. RCBT will demonstrate whether conducting such a study is feasible by our research team and explore whether there is a clinically meaningful difference between these two therapies. A total of 70 patients with major depression and chronic illness will participate in this preliminary study. The trial will consist of

ten 50 min sessions administered by master's level therapists and delivered over 12 weeks. The primary endpoint will be depression scores (Beck) at baseline, 4, 8, 12, and 24-week follow-up. Christian, Jewish, Hindu, Buddhist, and Muslim versions of the RCBT manual will be developed, and CBT experts in each of these traditions will supervise therapists for these patients. Of particular importance, we will examine the effects of genetic variation at candidate genes (serotonin transporter, 5-HT1A receptor, and monoamine oxidase A promoter) on treatment response, and compare the effects of RCBT vs. CCBT on endocrine and immune measures in blood and urine.

Specific Aims of the Study

1. Determine if RCBT is more effective than CCBT in treating major depression in religious patients with chronic disabling illness, and examine whether religiosity is a moderator of this effect.
2. Determine if the benefits of RCBT over CCBT can be explained by improvements in gratefulness, generosity, optimism, purpose in life, social and physical functioning, and/or a stronger therapeutic alliance.
3. Determine if RCBT is more effective than CCBT in (1) reducing 12-hour urinary cortisol, norepinephrine, and epinephrine; (2) reducing pro-inflammatory cytokines (interferon-γ, interleukin [IL]-1β, IL-1ra, IL-6, tumor necrosis factor-α) and reducing another pro-inflammatory marker, C-reactive protein; and (3) increasing anti-inflammatory cytokines (IL-4, IL-10). In other words, is RCBT more effective than CCBT in optimizing the balance and modulation of endocrine and immune functions adversely affected by major depression?
4. Determine if genetic polymorphisms that increase susceptibility to depression in the presence of stressful life events are more prevalent in deeply religious depressed subjects vs. those less religious. Of particular interest are the serotonin transporter-linked promoter region (5-HTTLPR) genotype SL/SS, the rs6295 5-HT1A receptor genotype CG/GG, and the MAOA-uVNTR promoter high-activity-allele carriers.
5. Determine if RCBT is more effective than CCBT in the presence of one or more of these genetic polymorphisms, and if treatment efficacy is moderated by religiosity.

Eventual Findings of the Study

The findings from this research program could result in (1) the development of a new, more effective version of CBT for depressed religious patients that integrates religious resources (Christian, Jewish, Buddhist, Hindu, and Muslim) into therapy, (2) the identification of a delivery system particularly acceptable to depressed patients with chronic disabling medical illness that increases their access to treatment, (3) a better understanding of how religious beliefs and behaviors impact physical health through immune/endocrine mechanisms, and (4) genetic explanations for why religious patients with chronic disabling illness are particularly vulnerable to (or protected from) depression and for why a therapy that integrates religious resources into therapy is particularly effective in patients with religious beliefs.

The potential of this study is that it will help test several of the major mechanisms by which religion could influence physical health and longevity.

Harold G. Koenig, M.D.
Professor of Psychiatry & Behavioral Sciences
Associate Professor of Medicine
Director, Center for Spirituality, Theology and Health
Duke University Medical Center, Durham, North Carolina
Distinguished Adjunct Professor
King Abdulaziz University (KAU), Jeddah, Saudi Arabia

Announcements

Zeitschrift für Spiritual Care und Internationale Gesellschaft für Spiritualität & Gesundheit (IGGS)

The first edition of "Spiritual Care" will be published in Spring 2012. Become a member of the new society and get the journal for free (contact www.spiritualcare.de).

Book «Spirituality in Patient Care. Why, How, When and What» soon available in German

The book of Harold G. Koenig «Spirituality in Patient Care. Why, How, When, and What», 2007, 2nd edition, is the most comprehensive, specific reference available on the subject. It provides key resources for medical professionals to develop further skills in this area.
Kohlhammer Verlag in cooperation with the Research Institute for Spirituality and Health (RISH) will be publishing the German vesion of "Spirituality in Patient Care". The book should be available Spring 2012.

3rd European Conference on Religion, Spirituality and Health

May 17-19, 2012
in Bern / Switzerland
The conference will focus on "spiritual care" as a main topic. The Bern Lecture is presented by Prof. Eckhard Frick, Professor for Spiritual Care at Ludwig-Maximilians-University in Munich. Keynote lectures will cover a broad range of topcis (see first annoncement). Symposia invite discussion and free communications allow research groups to present recent research projects. The conference also aims to strengthen the network among researchers in the field.

For further information see www.ecrsh.eu or contact: René Hefti, info@rish.ch

Pre-Conference Research Workshop on Religion, Spirituality and Health with Prof. Harold Koenig

May 13-16, 2012
in Langenthal / Switzerland
Preceding the 3rd European Conference on Religion, Spirituality and Health in Bern you have the opportunity to participate in a comprehensive Research Workshop with Prof. Dr. Harold Koenig from Duke University Medical Center covering all relevant topics related to RSH-Research and providing individual mentorship.
For further information see www.ecrsh.eu or contact: René Hefti, info@rish.ch

Spirituality & Psychology Conference 2012

February 17-19, 2012
Menlo College, Atherton CA/USA
Third ATP-ITP Spirituality & Psychology Conference. Main tracks are: Spirituality and Culture, Research - Spiritual Development, Spiritually-Oriented Psychotherapy.

Impressum

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Editorial board: René Hefti, Jacqueline Bee, Maria Teschner

RISH - Research Institute for Spirituality and Health
Weissensteinstrasse 30
CH-4900 Langenthal / Switzerland
Phone +41 (0) 62 919 22 11
Fax +41 (0) 62 919 22 00
info@rish.ch / www.rish.ch