

**DR HAROLD KOENIG**  
**'Faith & Health: Research, Clinical Applications, and**  
**Resources'**  
**Mental Health Symposium June 18<sup>th</sup> 2016**

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[2016/06/18 14:25] LV (lorivonne.lustre): Hello everyone.  
Today's presentation is being transcribed so those without audio or who  
require text only can participate in real time.

A little explanation about this service.

Voice-to-text transcriptionists provide a translation of the key ideas discussed,  
NOT a word for word transcription.

Voice-to-text services provide an in-the-moment snapshot of ideas and  
concepts, so that those who are unable to hear or to understand the audio  
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Transcription is provided by Virtual Ability, Inc.

The transcriptionists are:  
LoriVonne Lustre  
Carolyn Carillon

The following initials in the transcription record will identify the speakers:  
HK = Harold Koenig

<<transcription begins>>

[2016/06/18 14:30] iSkye Silverweb: Hello and welcome to the Virtual Ability  
Mental Health Symposium.

The title of this session is "Faith & Health: Research, Clinical Applications,  
and Resources."

My name is iSkye Silverweb. I assist Gentle Heron in planning and organising  
Virtual Ability's two annual conferences;  
this one and the International Disability Rights Affirmation Conference  
(IDRAC) in the fall.

I also maintain the Virtual Ability community calendar, seen on this island,  
blog (<http://blog.virtualability.org>)

and Flickr site (<https://www.flickr.com/photos/virtualabilityinc/>).

I also help out around Virtual Ability wherever needed.

It is my great pleasure and honour to introduce to you Dr. Harold Koenig. Dr. Koenig is Director, Center for Spirituality, Theology and Health and Professor of Psychiatry & Behavioral Sciences at Duke University Medical Center, Georgia, US.

He is also an Adjunct Professor in the Department of Medicine at King Abdulaziz University, Jeddah, Saudi Arabia, and Adjunct Professor in the Department of Public Health, Ningxia Medical University, Yinchuan, People's Republic of China.

Dr. Koenig has published extensively in the fields of mental health, geriatrics, and religion, and his research on religion, health and ethical issues in medicine has been featured in popular journalism.

His latest book is "Health and Well-being in Islamic Societies".

Dr. Koenig has testified before the U.S. Senate and House of Representatives on the benefits of religion and spirituality on public health.

Please hold your questions until Dr. Koenig's talk is over.

Thank you.

[2016/06/18 14:33] LV (lorivonne.lustre): HK: let's start

Overview:

- Definitions
- Use of religion to cope
- Review of early research (focusing on depression)
- Review of latest research at Columbia University, Duke University, etc. (2010-2015)
- Clinical applications
- Further resources

I will try to use layman's terms

Definition of terms

- Religion

Beliefs, practices, and rituals related to the Transcendent, where in Western traditions, the Transcendent is also called God, Allah, HaShem, or a Higher Power, or in Eastern traditions, may be called Vishnu, Krishna, Buddha, or Ultimate Reality. Religions usually have doctrines about life after death and rules to guide behavior. Religion is often organized as a community, but can also exist outside of an institution and may be practiced alone and in private. My definitions includes practices that people use / do on their own

- Secular humanism

Secular humanism views human existence without reference to religion, i.e., God, the transcendent, a higher power, or ultimate truth. The focus is on the rational self, science, & community as the ultimate source of power & meaning.

- Spirituality

According to the traditional definition, spirituality was the core of what it meant to be religious, i.e., describing those who were deeply religious, living a life

dedicated and surrendered to the Divine. The modern definition of spirituality, however, has become much broader, including not only those who are deeply religious, but those who are superficially religious & those who are not religious at all (secular humanists).

Pretty much everyone may consider themselves spiritual in one way or another.

I will focus on religion because it is easier to measure. I am a researcher and I use quantifiable measures

Freud was not keen on religion.

Sigmund Freud – Future of an illusion (1927)

"Religion would thus be the universal obsessional neurosis of humanity... If this view is right, it is to be supposed that a turning-away from religion is bound to occur with the fatal inevitability of a process of growth...If, on the one hand, religion brings with it obsessional restrictions, exactly as an individual obsessional neurosis does, on the other hand it comprises a system of wishful illusions together with a disavowal of reality, such as we find in an isolated form nowhere else but amentia, in a state of blissful hallucinatory confusion..."

Amentia... that is pretty intense.

Amentia is related to dementia

This view had a huge impact on the entire field of psychology and psychiatry

Religion as a coping behaviour

1. Many persons turn to religion for comfort when stressed
2. Religion used to cope with common problems in life, especially those experienced in the setting of physical and psychiatric illness
3. Religion often used to cope with challenges such as:
  - uncertainty
  - fear
  - pain and disability
  - loss of control
  - discouragement and loss of hope

Religion is very helpful when dealing with these kinds of things

This study asked hospitalized patients about how they used religion to cope.

On a scale of 1-10, how much do you use religion to cope?

40% reported that religion was the most important factor that kept them going

religion is often used by people to deal with difficult problems either physical or psychological

OK... that's NC. What about the rest of the US?

Here is a study done across the US after 9-11

Stress-induced religious coping

America's Coping Response to Sept 11th:

1. Talking with others (98%)

2. Turning to religion (90%)
3. Checked safety of family/friends (75%)
4. Participating in group activities (60%)
5. Avoiding reminders (watching

Note 90% turned to religion

Religious coping – does it really help?

Systematic Review of the Research – 1987 to 2010

I will summarize some of this research, focussing on depression

## Depression

The most common emotional disorder found in medical settings

20% with major depression

20% with minor depressive disorders

About 40% of those hospitalized experience a major depressive event

Religious people tend to recover faster and have less depression

Neuroanatomical Correlates of Religiosity and Spirituality: A study in adults at high and low familial risk for depression. JAMA Psychiatry

looked at children and grandchildren of those at risk due to parent or grandparent having major depression

sorted to 2 groups based on significance / importance of religion for them

Religion/ Spirituality and Cortical Thickness: A functional MRI Study

You can see that for the group for whom religion was not important had major difference in cortical thickness

Is emotional disorder different in the religious?

Is depression the same in those with deep religious faith?

Even if depressed, research suggests that deeply religious people experience more positive emotions:

- greater purpose and meaning
- greater optimism and hope
- more gratitude and thankfulness
- more generosity

Koenig HG, Berk LS, Daher N, Pearce MJ, Belinger D, Robins CJ, Nelson B, Shaw SF, Cohen

HJ, King MB (2014). Religious involvement, depressive symptoms, and positive emotions in the setting of chronic medical illness and major depression. Journal of Psychosomatic Research 77:135–143

People who are more religious experience more positive emotions, even in the midst of a depressive event

this study looked at positive emotional experience and religiosity

notice the upper line... these are the people who became more religious and experienced more positive emotions

## Religious Psychotherapy Study

132 persons with major depressive disorder and chronic medical illness (the majority over age 50) randomized to Religious CBT vs. Conventional Secular CBT

65 from Durham County, North Carolina (Duke University)

67 from Los Angeles County (Glendale Adventist)  
Ten 50-minute psychotherapy sessions by telephone over 12 weeks  
They either got religious or conventional secular therapy  
We developed 5 types of religious therapies  
5 religious-integrated psychotherapies:

- Christian
- Jewish
- Buddhist
- Muslim
- Hindu

Manuals and workbooks now up on our Duke website:

<http://www.spiritualityandhealth.duke.edu/index.php/religious-cbt-study/therapy-manuals>

A training video is now available on website:

<http://www.spiritualityandhealth.duke.edu/index.php/religious-cbt-study/training-video>

What did we find?

Both types of treatment worked equally well

there was a slight edge for the religious therapy, especially for those who were more religious to begin with

Religious psychotherapy worked particularly well for those with a serotonin receptor gene as well

after the trial, the religious CBT group did better overall

We are now looking at this area: Spiritually-Oriented Cognitive Processing Therapy (using veteran's spiritual resources)

Diagram shows process

specifically looking at moral injury

such as experienced by soldiers in battle

2 forms of moral injury: religious and psychological

religious is when people are struggling and may lose their faith in God

psychological moral injury has to do with loss of meaning in life

We think that if we can treat the types of moral injury, we can lessen the effects of PTSD

We hope to get funding for this someday

Religion and Physical Health

Cardiovascular Disease (systemic review)

Religious involvement is related to:

Lower blood pressure

(36 of 63 studies) (57%)

Better cardiovascular functions (CVR, HRV, CRP)

(10 of 16 studies overall) (63%)

Less coronary artery disease

(12 of 19 studies overall) (63%)

This is from a study done in Israel (large long term)

Six month mortality after open heart surgery  
10000 men  
this study looked at open heart surgery  
high religiosity and social support had much better outcomes  
1/14 likelihood of dying. Very robust!

Mortality (all cause)

Religious involvement related to:

- Greater longevity in 82 of 120 studies (68%)
- Shorter longevity in 7 of 120 studies (6%)
- Higher quality studies, 47 of 63 greater longevity (75%)

whites: 7 years longer

african american: 14 years longer

This study just came out in May 2016 (JAMA)

74534 women followed for 16 years

looked at mortality

Harvard study

by top level statisticians

women who attended religious services more than 1 per week was much more likely to survive than those who did not

all causes

for cardiovascular disease, the gradient of affect was present as well

cancer mortality was also significantly lower for those who attended religious services

gradient effect was present

Why? Mediation Analysis for the Religious Attendance – All-Cause Mortality Effect

The women who attended religious services were less likely to be depressed, to not smoke, to be more optimistic, and were more socially integrated

still 35% of the mortality effect is unexplained

There are many studies that find a positive effect with religion and survival.

Religion seems to be good for your health

Theoretical Model of causal pathways

We believe that the source of this comes from belief in and attachment to God. This one is for monotheistic religions

that attachment to God: faith, hope, love

all of that I consider to be related to spirituality, which influences daily choices  
forgiveness, care for self, altruistic, etc.

those virtues that religious communities nurture do help to increase positive emotional states

that help to heal people when they are sick or injured

positive emotional states and social connections relate to physical health

Research now being done to understand the underlying biological mechanism that may help explain WHY religious involvement is related to better physical health in later life and greater longevity

We completed a study looking at telomere length in women who are long term caregivers for someone with a disability

Religious Involvement and Telomere Length in Women Caregivers

each time the cell divides, telomeres shorten

women under stress have shorter telomeres

this is a predictor of life length and health

As people grow older they have shorter telomeres

what about religiosity?

notice, the longest telomeres are present in those with no religiosity

however, if you remove that group, you get the results you would expect with a positive relationship with religiosity

We don't know what is happening with the first group -- perhaps they are better educated

This study was replicated in the last month. Looked at men and women

They did not find the same results with the low religiosity group

Applications in clinical practice

Reasons for doing so

1. Many patients have spiritual needs related to illness that influence patient satisfaction and healthcare costs
2. Religion influences coping with illness and affects the patient's emotional state and motivation to recover
3. Religion affects important health-related behaviors and likely influences medical outcomes
4. Religious beliefs influence patients' medical decisions
5. Religious beliefs influence health professions decisions
6. Religion influences compliance with treatments
7. Standards of care require respect for patients' cultural and spiritual beliefs

Applications in Healthcare

- Physicians should take a spiritual history -- talk with pts about these issues
- Respect, value, support beliefs and practices of the patient
- Identify the spiritual needs of the patient
- Ensure that someone meets patients' spiritual needs (pastoral care)
- Pray with patients if patient requests
- Work with the faith community, if patient consents

always patient centered

valued, respected and honoured

What does a spiritual history look like?

Contents of Spiritual History

- Do your beliefs provide comfort?
- Are your beliefs a source of stress?
- Do you have beliefs that might influence your decisions concerning your health care?
- Are you a member of a faith community, such as a church, synagogue, or mosque? If yes, is it supportive?

- Do you have any other spiritual concerns that you'd like someone to address?
- Adapted from Koenig HG (2002). JAMA 288 (4): 487-493  
 5 CME-qualified 45-60 min Training Videos on How to Integrate Spirituality into Patient Care  
 Go to the following Duke University website:  
<http://www.spiritualityandhealth.duke.edu/index.php/cme-videos>

Conclusions:

1. Religion is easier to measure than spirituality, so most of the research supporting clinical applications has to do with religious involvement
2. Religion is commonly used to cope with chronic medical illness
3. Religious involvement is associated with less emotional disorder, greater well-being, less substance abuse, greater social support, and better health behaviors
4. Consequently, religious involvement is also related to better physical health and greater longevity
5. It is time to begin applying this research into clinical practice in sensible ways.

NOTE: Sensible ways!

Monthly FREE e-Newsletter  
 CROSSROADS...

Exploring Research on Religion, Spirituality & Health

- Summarizes latest research
- Latest news
- Resources
- Events (lectures and conferences)
- Funding opportunities

To sign up, go to website: <http://www.spiritualityandhealth.duke.edu/>

If you would like to be part of the research...

Summer Research Workshop: 15-19 Aug

5-day intensive research workshop focus on what we know about the relationship between spirituality and health, applications, how to conduct research and develop an academic career in this area. Leading spirituality-health researchers at Duke, Yale University, Johns Hopkins, and elsewhere to give presentations:

- Strengths and weaknesses of previous research
- Theological considerations and concerns
- Highest priority studies for future research
- Strengths and weaknesses of measures of religion/spirituality
- Designing different types of research projects
- Primer on statistical analysis of religious/spiritual variables
- Carrying out and managing a research project
- Writing a grant to NIH or private foundations
- Where to obtain funding for research in this area
- Writing a research paper for publication; getting it published

-Presenting research to professional and public audiences; working with the media

Partial tuition Scholarships are available

If interested, contact Dr. Koenig: Harold.Koenig@duke.edu

This is my latest book. Based mainly on my personal experiences and those I have seen in my psychiatric practice

How to live a fuller and more productive life

Are you my beloved, really?

Explorations of God in our lives

for christians and non-christians alike. Just \$7.00... \$1.00 on Kindle

Questions?

[2016/06/18 15:26] Carolyn Carillon: QUESTION: Dr. Koenig, will Virtual Ability be posting your slides, or will you make them available on SlideShare?

[2016/06/18 15:26] Carolyn Carillon: HK: I'm happy to allow PDF slides to be distributed

but not the original PowerPoints

but PDFs are just fine

[2016/06/18 15:26] Stefano (stephanos.kowalski): QUESTION: I didn't understand the definition of secular humanism in the beginning of the presentation. Was it included between the religious [sic]?

[2016/06/18 15:27] Carolyn Carillon: HK: Secular humanism was distinguished between being religious and being spiritual but the categories aren't all that distinct

I want to put out secular humanism to distinguish it from being religious

[2016/06/18 15:28] Gentle Heron: Dr. Koenig, you were very clear in your definitions and descriptions of research. Thank you, this is very interesting. I hope you will consider coming back into SL to share results of your future research. (I wish you could do your summer research virtually as well.) Will you come back to talk more?

[2016/06/18 15:28] Carolyn Carillon: HK: That's a very good question I'd like to see how one could do the summer workshop through this way this is a neat way to get the word out to be able to communicate

with people about this important area of research that could affect people's lives in dramatic ways

[2016/06/18 15:28] Sister (sister.abeyante): QUESTION: I'm wondering if you've considered whether different religious belief systems make a difference in this?

[2016/06/18 15:29] Carolyn Carillon: HK: So far, the research in Muslim populations seems to be very similar to the research in Christian populations the research I was talking about was largely in Christian populations

that's also true in Judaism  
if you go further  
you find Buddhist & Hindu practices such as mindfulness meditation are  
correlated with better health  
the key factor seems to be how devout someone is  
to what extent have they surrendered their lives to their faith  
how they behave & treat other people  
people who are like that do better  
no matter what their religion  
certainly true within the monotheistic traditions  
[2016/06/18 15:31] Mook (mook.wheeler): because you pass the mantle of  
responsibility to your faith  
[2016/06/18 15:31] Stefano (stephanos.kowalski): it shows clearly that the  
advantages of religion for the health are about the social support, better  
lifestyle and optimism, and has nothing to do with deities.

[2016/06/18 15:30] Sister (sister.abeyante): It would be interesting to see how  
this might play out in religious belief systems that are not monotheistic... for  
example, aboriginal belief systems that involve a very different cultural  
perspective/reality as well as religious practices....

[2016/06/18 15:31] Carolyn Carillon: HK: I don't have the answer to Sister's  
question

the research has been limited in Aboriginal populations  
the spirituality of those groups haven't been measured  
if there were measures

then one could look at these relationships

I'm talking about quantitative research

qualitative research that involves people's stories

is one way

spirituality can be a deep part of people's lives

but we have to separate it out

[2016/06/18 15:31] Stefano (stephanos.kowalski): it is hard to have control  
groups in those populations

[2016/06/18 15:31] Shyla (krijon): QUESTION: Given the positive relation in  
Buddhism, which is not monotheistic, could these relationships possibly be  
replicated in communities outside a religious context?

[2016/06/18 15:33] Carolyn Carillon: HK: Shyla asked a very good question

I've done a lot of research in China

it would be fascinating to study populations for which religion is not relevant or  
important

you could compare them to populations where it is important

there are studies comparing religious and non-religious kibbutzim

In the religious kibbutzim, people have better health

there haven't been good studies for the buddhist tradition

I'm not aware

but there could be good studies out there

[2016/06/18 15:34] Stefano (stephanos.kowalski): it would be interesting to study spiritual secular humanists, but that would be hard to define

[2016/06/18 15:32] Gentle Heron: I think the U shape of religiosity vs telomere length that you found could show that people with no internal conflicts about their religiosity (either they have it fully or the fully don't have it) are healthier than those who struggle with their beliefs (they are sometimes religious sometimes not). Comment?

[2016/06/18 15:35] Carolyn Carillon: HK: that's an interesting point let's look at the slide on telomere length

notice you are correct

those who aren't very religious

this group of non-religious people with long telomeres are not very happy people

their depressive symptoms are very high

but if you look at that slide, if you're just a little bit religious, your telomeres drop

you're right

if you have any confusion about your religion, you're in trouble

[2016/06/18 15:36] Sister (sister.abeyante): So...that would have to do with "sense of self" as much as/more than relationship with a religious practice.

[2016/06/18 15:36] Mook (mook.wheeler): less internal conflict = less stress

[2016/06/18 15:37] Sister (sister.abeyante): Less internal conflict but more depressed?

[2016/06/18 15:37] Carolyn Carillon: HK: Sister's comment is interesting these are all trends

they're superficial

some of the qualitative research

looking at people's stories

it's hard to make generalizations

because people are so different

so I just don't know

[2016/06/18 15:38] Sister (sister.abeyante): Or..depression gives you longer telomeres?

[2016/06/18 15:38] Carolyn Carillon: HK: people who are depressed aren't doing well anyway

[2016/06/18 15:38] Stranger Nightfire: yes these studies can only tell us about statistical averages, some individuals could be very different than the groups in general

[2016/06/18 15:38] Ruby Vandyke: Please recommend Secondlife & the Virtual Ability group to your wife. VAI has a chronic support group that she might benefit from.

[2016/06/18 15:39] Carolyn Carillon: HK: I will definitely talk to my wife about the Virtual Ability chronic support group

[2016/06/18 15:39] Gentle Heron: Dr. Koenig, I want to share some published research with you, then ask a question.

Psychological Benefits of Participation in Three-Dimensional Virtual Worlds for Individuals with Real-world Disabilities

Gilbert, Murphy, et al. (2013). International Journal of Disability Development and Education

This was just a little survey we did with Loyola Marymount University.

[2016/06/18 15:39] Gentle Heron: We found that just being in SL for 3 months with NO treatment, doing whatever they wanted to do in the virtual world, people with disabilities showed significant decreases in depression, anxiety, and loneliness, and significant increases in positive affect, life satisfaction, and self-esteem.

So maybe it's about choice? Being able to choose is important?

[2016/06/18 15:40] Sister (sister.abeyante) giggles, cuz some religious practices are NOT known for large amounts of choice...hehe

[2016/06/18 15:40] Gentle Heron: Yes Sister, but you CHOOSE to be a nun!

[2016/06/18 15:40] Carolyn Carillon: HK: I couldn't agree more with Gentle

Even participating myself

is so neat

being able to participate

like this

I'd have trouble doing this

it's like a faith community

people who are joined here by a common bond

helping each other out

a community like this gives much of the benefits of a faith community

[2016/06/18 15:41] Sister (sister.abeyante): So, maybe "community belonging" is the variable, and not "religion?"

Did your research tease that out at all?

[2016/06/18 15:39] Sister (sister.abeyante): QUESTION: Were you able to analyze the impact of social belonging (which may or may not be inherent in religious practice)?

[2016/06/18 15:41] Carolyn Carillon: HK: The social belonging piece of the religion health effect

makes up between 15 & 25% of the health effect

if you look at depression or mortality

approximately 15 - 25% is made up by the social component itself

so that's an important factor

but it's not the only factor

belief systems

that are positive

are helpful

the core beliefs of all the scriptures describe a loving God

even Islam

which can be harsh at times

God's mercy is throughout the Koran

"God, the most merciful" is the first line of every chapter in the Koran

[2016/06/18 15:42] Stefano (stephanos.kowalski): there is the question of other facts like optimism, smoking, Sister but it's not about WHICH religion at all

[2016/06/18 15:43] Dhira Giha: QUESTION: you only commented on one study that separated out the social integration component of religiosity. Shouldn't they all do that before making claims of the association between religiosity and good health?

[2016/06/18 15:43] Carolyn Carillon: HK: They do control for social support but don't provide the health benefit explained by social factors there are only 2 studies the Harvard study and one by Robert Plummer (SP?) we always control for social support but not the extent of the effect the doctrines the belief system increases social interaction & social support among members that's part of the mechanism but not all

[2016/06/18 15:44] Stefano (stephanos.kowalski): of course, the life expectancy of religious people is a lot higher than the atheists in theocracies ;)

[2016/06/18 15:45] iSkye Silverweb: Stefano, that makes sense

[2016/06/18 15:45] Sister (sister.abeyante): Good point. The Inquisition was not healthy....

[2016/06/18 15:45] Carolyn Carillon: HK: thanks for having me talk to you all I'll sit down now!

[2016/06/18 15:45] Shyla (krijon): thank you - interesting and poses many good questions

[2016/06/18 15:45] Ruby Vandyke: thanks for the great information!

[2016/06/18 15:45] Sister (sister.abeyante): Very interesting things to consider. Thank you.

[2016/06/18 15:45] Carolyn Carillon: <<transcription ends>>