SOCIETY of BEHAVIORAL MEDICINE
Better Health Through Behavior Change

SIG Members In Touch
Spirituality and Health Newsletter

The whole is greater than the sum of its parts

Volume 9, Number 1 Spring 2012

SIG Chair
Crystal Park., Ph.D.

SIG Editor
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Hello fellow Spirituality and Health SIG members,

It is once again time for the Society of Behavioral Medicine Annual Meeting. This year we are in New Orleans, which promises to be a time filled with great research, amazing food, and incredible music. There are SIG-related events every day during this year's conference so there will be plenty of opportunities to mentor and to be mentored. For your convenience, this newsletter includes a list of SIG-related events as well as the abstracts from the supplement for many of these events.

We look forward to seeing you in the Big Easy!

Best wishes,

Crystal & Brooke

Events of Particular Interest to SIG members at the 2012 Annual Meeting

All events are at the Hilton New Orleans Riverside

Page references refer to pages in the 2012 Annual Meeting Supplement

WEDNESDAY April 11, 2012

12:00 – 6:00pm

Full Day Seminar #03, *Mindfulness-Based Eating Awareness Training: An Introduction to Clinical Use.* *Lead Presenter: Jean L. Kristeller, PhD.* **Grand Salon 15, 1st Floor**. Additional fees & preregistration are required. See page s1.

6:30 – 8:00pm

Poster Session A. Hilton Exhibition Center (HEC).

You Don't Need to be a Lifelong Guru: Brief Loving Kindness Meditation Promotes Forgiveness and Offers Health Benefits. *Sara Hoffman, BA, Leah Gates, BA, Shelby Carroll, BA, Sarah Frehner, BA, Anna Dillard, BA, Justin Marschall, BA, Asani Seawell, PhD, and Loren Toussaint, PhD.* **Poster B-082a.** Abstract not in supplement.

Religious commitment predicts lower incidence of preterm birth in rural Appalachian women. *Andrea D. Clements, PhD, Anna V. Ermakova, MA, and Beth A. Bailey, PhD.* **Poster A-165.** See page s43.

Patient Reactions to Spiritual Assessment in a Pain Management Setting. *Shiquina L. Andrews, MS and Leanne Cianfrini, PhD.* **Poster A-137.** See page s37.

Spiritual well-being may buffer anxiety symptoms in patients with implantable cardioverter defibrillators (ICD). *Elena Salmoirago-Blotcher, MD, PhD, Chau Tran, BA, Sybil Crawford, PhD and Ira Ockene, MD.* **Poster A-036.** See page s14.

Frequent private spiritual activity does not reduce cardiovascular risk in aging women. *Elena Salmoirago-Blotcher, MD, PhD, George Fitchett, PhD, Kathleen Hovey, MS, ChrisAndrews, PhD, Cynthia Thomson, PhD, Sybil Crawford, PhD, Eliezer Schnall, PhD, Stephen Post, PhD, Rowan Chlebowski, MD, PhD, and Judith Ockene, PhD.* **Poster A-037.** See page s14.

THURSDAY April 12, 2012

7:30 – 8:30am

Spirituality and Health SIG Breakfast Roundtable, *Mentoring the Next Generation.* *Moderators: Crystal L. Park, PhD and Amy B. Wachholtz, PhD, MDiv.* **Prince of Wales, 2nd floor.** This breakfast roundtable is designed to facilitate networking, with a specific welcome to students and early career professionals interested in spirituality and health. We will discuss challenges, both from the perspectives of seasoned researches and practitioners and those new to the field.

9:25 – 9:45am	**Symposium #7C,** ***Coping with HIV Stigma: Do Proactive Coping and Spiritual Peace Buffer the Effect of Stigma on Depression?*** *Stephenie Chaudoir, PhD, Wynne E. Norton, PhD, Valerie A. Earnshaw, PhD, Linda Moneyham, PhD, Michael Mugavero, MD, and Kathie Hiers, MA.* **Grand Salon 13/16, 1st floor.** See page s60.
2:00 – 3:30pm	**Symposium #11,** ***Yoga as an Emerging Intervention for Cancer Patients and Post-Treatment Survivors (SY11).*** *Chairs: Suzanne C. Danhauer, PhD and Crystal Park, PhD; Presenters: Suzanne C. Danhauer, PhD, Nicole Culos-Reed, PhD, Sarah M. Rausch, PhD, Crystal Park, PhD, and Alyson Moadel, PhD; Discussant: Karen M. Mustian, PhD.* **Grand Salon 03, 1st floor.** See page s65-s66.
3:45 – 5:15pm	**Paper Session 03,** ***Mindfulness and Mindfulness-Based Health Interventions (P3).*** *Chairs: Lynn L. DeBar, PhD, MPH and Bobbi Jo Yarborough, PsyD.* **Grand Salon 03, 1st floor.** All abstracts published in supplement, s77-s78.
4:57 – 5:15pm	**Paper Session 08,** ***Men's Prostate Cancer Awareness Church Training (M-PACT) Project: Intervention Development and Formative Research*** *Cheryl L. Holt, PhD, Darlene R. Saunders, PhD, Tony Whitehead, PhD, Jimmie Slade, MA, Bettye Muwwakkil, PhD, Min Qi Wang, PhD, Ralph Williams, BS, Emily Schulz, PhD, and Michael Naslund, MD.* **Grand Salon 13/16, 1st floor.** See page s85.
7:00 – 8:30pm	**Poster Session B. Hilton Exhibition Center (HEC)**
	Religious Commitment as a predictor of decreased blood pressure in high-risk pregnancies of Southern Appalachia. *Anna V. Ermakova, MA, Andrea D. Clements, PhD, and Beth A. Bailey, PhD.* **Poster B-163.** See page s124.
	The Blessing of a Curse: An Examination of Growth and Transformation from Chronic Fatigue Syndrome. *Susan Sharp, MS, Justin R. Chernow, PhD, Kathleen E. Wall, PhD, Ami Student, MS, and Cheryl Koopman, PhD.* **Poster B-192.** See page s130.
FRIDAY April 13, 2012	
11:45am – 12:45pm	**Spirituality and Health SIG Forum,** ***Measurement Issues in Spirituality and Health Research.*** *Moderators: Crystal L. Park, PhD and Amy B. Wachholtz, PhD, MDiv.* **Grand Salon 13/16, 1st floor.** Researchers in Spirituality and Health will present specific measurement considerations in different areas (general health, psycho-oncology, cardiovascular disease, pain) and then we will open the forum to audience questions and comments.

7:00 – 8:30pm **Poster Session C. Hilton Exhibition Center (HEC)**

Stress and sleep problems in college students: The role of spiritual well-being. *Megan E. Grigsby, Stephanie A. Hooker, Kevin S. Masters, Patrick R. Steffen*. **Poster C-180a**. Abstract not in supplement.

Multidimensional Measurement of Religious Practices, Depression, and Substance Use among Rural African American Cocaine Users. *Brooke E.E. Montgomery, MPH, PhD, Katharine E. Stewart, PhD, MPH, Karen H.K. Yeary, PhD, Songthip T. Ounpraseuth, PhD.* **Poster C-203.** See page s214.

SATURDAY April 14, 2012

11:45 am - 1:15 pm **Paper Session 34, *Complementary and Integrative Medicine Interventions (P34).*** *Chairs: Laura A. Young, MD, PhD and Susan A. Gaylord, PhD.* **Grand Salon 21/24, 1st floor.** All abstracts published in supplement, s282-s283.

8:30 – 10:00am **Poster Session D. Hilton Exhibition Center (HEC)**

The link between religiosity and mental health among HIV-positive mothers. *Katharine E. Stewart, PhD, MPH, Terri Lewis, PhD, Susan L. Davies, PhD, and Elizabeth K. Gates, JD, MPH.* **Poster D-063.** See page s231.

The Role of Religion in Social-Cognitive Models of Sex Risk among Rural African American Cocaine Users. *Brooke E.E. Montgomery, MPH, PhD, Katharine E. Stewart, PhD, MPH, Songthip Ounpraseuth, PhD.* **Poster D-173.** See page s256.

Abstracts

WEDNESDAY April 11, 2012

Seminar 03: Mindfulness-Based Eating Awareness Training: An Introduction to Clinical Use
Jean L. Kristeller, PhD.
This seminar will introduce the conceptual background, briefly review research evidence, and present treatment components of the MB-EAT program that has been used effectively with individuals with compulsive eating problems and obesity (Kristeller & Hallett, 1999; Kristeller & Wolever, 2011; Kristeller et al., under review). It is intended for a range of practitioners, with particular value for those working with health behavior change, eating problems and obesity. Mindfulness approaches to treating obesity offer substantial promise. An overview of two completed NIH-randomized clinical trial will be presented, along with expanded portions developed for addressing weight loss. Portions of a video of participants' experiences will be shared. For these participants, meditation appears to act by rapidly promoting self-awareness, internalization of control and self-acceptance. Therefore, this approach may be useful not only for treatment for eating problems, but may help expand understanding of how self-awareness/ mindfulness may contribute to emotional, behavioral and physiological self-regulation. Experiential work will include presentations of several key guided meditations.
Mindfulness exercises with actual food will be used, in addition to other eating and general meditation exercises. In addition, substantial time will be allowed for group discussion of application to various populations.

Poster B-082a: You Don't Need to be a Lifelong Guru: Brief Loving Kindness Meditation Promotes Forgiveness and Offers Health Benefits.
Sara Hoffman, BA, Leah Gates, BA, Shelby Carroll, BA, Sarah Frehner, BA, Anna Dillard, BA, Justin Marschall, BA, Asani Seawell, PhD, and Loren Toussaint, PhD.
Research has indicated that loving-kindness meditation can benefit individuals' physical and psychological health (Fredrickson et al., 2008; Hutcherson et al., 2008). Prior research has been limited by a variety of factors, including the number of hours participants are expected to meditate to achieve health benefits (e.g., 26 hours; Carmody & Baer, 2009), as well as the almost exclusive use of advanced clinicians to administer meditation. Hence, the current study examined physical and psychological health effects of a brief loving-kindness meditation facilitated by trained peer-leaders. Participants completed three total sessions over a week-long period, with a follow-up questionnaire two weeks later. Participants (N= 46) were randomly assigned to either a loving-kindness meditation group (n= 22) or control group (n= 24) and completed questionnaires pre- and post-condition. All questionnaires included measures of mood, forgiveness, self-kindness, and sleep disturbance. Meditation participants were led in loving-kindness meditation for a total of 1 hour over 3 sessions, while control participants read about the research and history of meditation for the same amount of time. A mixed model ANOVA was performed on all dependent variables across time. The effect of positive and negative mood was not significant (p=.27, .12). Measures of forgiveness (p= .036), self-kindness (p= .031), and sleep disturbance (p= .001) each demonstrated a group*time interaction. Follow-up simple effects tests revealed that the meditation condition improved from pre-to post-condition as compared to controls for forgiveness (p=.001) and sleep disturbance (p=.001). This study demonstrates the efficacy of a brief, peer-led, loving-kindness meditation for promoting forgiveness and its positive effects. Continued enhancement of this type of intervention could provide efficient and accessible options for those struggling with forgiveness issues and resultant quality of life impairments.

Poster A-165: Religious commitment predicts lower incidence of preterm birth in rural Appalachian women.

Andrea D. Clements, PhD, Anna V. Ermakova, MA, and Beth A. Bailey, PhD.

The ability to predict preterm birth (PTB) is important because predictive variables might lead to interventions to reduce the incidence of PTB. In a recently completed longitudinal study, which enrolled women during the first trimester of pregnancy, we measured many physical, cultural, and psychological variables throughout pregnancy. In the current investigation, we attempted to determine whether religious commitment was predictive of the rate of PTB. This hypothesis stemmed from two previous findings. First, stress has been shown to predict preterm labor, and second, we have recently shown that reported stress levels are significantly lower in women who report a certain type of religious commitment, Surrender to God (SURR). In the current study we measured both SURR and Frequency of Attendance at Religious Services (ATT) and had complete data on 291 women. ATT was not predictive of PTB (p=.68) independently, and SURR only approached significance (p=.051), therefore, in order capture religiosity in both words and actions, we created a composite variable (Religious Commitment [RC]) containing two items from Wong-McDonald and Gorsuch's (2000) Surrender Scale and the religious service attendance item from the Brief Multidimensional Scale of Religiousness and Spirituality (BMMRS, Fetzer, 1999). RC was then used as a predictor of PTB measured on a five point scale (Extreme PTB <32 wks gestation, Moderate PTB 32-33 wks gestation, Mild PTB 34-36 wks gestation, Early term 37-38 wks gestation, and Term 39+ wks gestation). Multiple regression showed that RC was a significant predictor of lower rates of PTB (p=.043, Beta = 0.121) when controlling for Insurance Type (Public Assistance vs. Private Insurance; p=.732, Beta = -0.021) and Marital Status (Married vs. Unmarried; p=0.013, Beta = -0.156). No PTBs prior to 34 weeks gestation were reported for those dichotomously identified as RC. The RC women carried pregnancies to term (39+ weeks) 62.2% of the time compared to 54.3% for non-RC women.

Poster A-137: Patient Reactions to Spiritual Assessment in a Pain Management Setting.

Shiquina L. Andrews, MS and Leanne Cianfrini, PhD

Background. Health care practitioners (HCPs) are increasingly acknowledging the role of spirituality in holistic treatment (Handzo & Koenig, 2004; D'Souza, 2007), as patients wish to discuss personal spiritual beliefs (MacLean et al., 2003; McCord, 2004). Assessment methods are outlined to help HCPs discover these beliefs and their impact on health outcomes (Puchalski & Romer, 2000; Borneman et al., 2010). For chronic pain patients (CPPs), spirituality can both help (Wachholtz et al., 2007) and hinder coping (Rippentrop et al., 2005). Given the role of spirituality in pain coping, understanding CPP's reactions to spiritual assessment seems warranted. Aim. To provide pilot descriptive data on the appropriateness of spiritual assessment in the context of chronic pain management. Methods. We conducted standard psychological intake interviews with 28 patients at an outpatient pain clinic. Spiritual assessment was blended into the hour-long interview using the HOPE method (Anandarajah & Hight, 2001). Patients were informed about the study and asked to complete a brief anonymous questionnaire including demographics, religious beliefs/practices, pain experience, and opinions about spiritual assessment. Results. Only 15/28 patients were consented due to time constraints. Of these, 11 submitted complete surveys. Most respondents were White, female, middle-aged and married. Most (n=7) identified with a specific religion, Baptist. Though 45% reported religious service attendance of <1x/month, 82% reported praying daily. Average pain intensity was 7.3/10; most patients (n=6) experienced pain for 10+ years. All reported comfort with spiritual assessment for various reasons, though most (n=7) endorsed surprise that it was addressed in the pain setting. The majority (n=8) wished to continue discussing spiritually-related issues with the HCP. Conclusion. This small sample of CPPs appreciated the inclusion of spiritual assessment and welcomed the opportunity to integrate spirituality into their chronic pain care. Future studies could determine whether results generalize across larger samples or in different geographical regions, and how assessment can guide treatment using spirituality-based themes for improved pain coping.

Poster A-036: Spiritual well-being may buffer anxiety symptoms in patients with implantable cardioverter defibrillators (ICD)

Elena Salmoirago-Blotcher, MD, PhD, Chau Tran, BA, Sybil Crawford, PhD and Ira Ockene, MD

Background: Anxiety is common in patients with ICDs and has been associated with a worse prognosis. Various characteristics that may positively impact this condition have recently received attention in the literature. We sought to evaluate whether spiritual well-being may be associated with reduced anxiety in a sample of patients with ICDs. Methods: We used the Functional Assessment of Chronic Illness Therapy - Spiritual Well-Being (FACIT-sp) questionnaire and the Hospital Anxiety and Depression Scale (HADS) to measure spiritual well-being and anxiety, respectively, in a group of ICD outpatients followed at the UMass Memorial Medical Center. Multivariate linear regression was used to explore the relationship between spiritual well-being and anxiety. Next, in order to evaluate whether higher baseline FACIT-Sp scores predicted anxiety after 2 months of follow-up, we examined this association in a subset of patients who completed the HADS survey 2 months later. Results: 44 outpatients (30 M, 14 F) aged 43-83 years (mean 65.2) completed a series of baseline questionnaires. 83% were in New York Heart Association class II or higher; mean ejection fraction was 0.29. 39% had significant (HADS>7) anxiety at baseline. Baseline HADS scores were inversely correlated with FACIT scores ($r=-0.67$, $p<0.001$); there was no correlation between HADS scores and race, education, severity of clinical condition, ICD type and time since ICD implantation. In multivariate regression models, baseline FACIT-Sp scores were inversely associated with anxiety ($F=0.001$; R squared: 0.71; $\beta=-0.29$, CI: -0.41, -0.17) after adjustment for age, marital status, psychiatric comorbidities, gender, and socioeconomic status. Similar significant associations were observed with HADS scores measured after 2 months. Conclusion: Higher spiritual well-being is independently and inversely associated with anxiety at baseline and predicted lower anxiety symptoms after two months of follow-up. Spiritual well-being may act as a protective factor against anxiety in patients with ICDs.

Poster A-037: Frequent private spiritual activity does not reduce cardiovascular risk in aging women.

Elena Salmoirago-Blotcher, MD, PhD, George Fitchett, PhD, Kathleen Hovey, MS, ChrisAndrews, PhD, Cynthia Thomson, PhD, Sybil Crawford, PhD, Eliezer Schnall, PhD, Stephen Post, PhD, Rowan Chlebowski, MD, PhD, and Judith Ockene, PhD.

Background: Spiritual practices have been associated with improved cardiac autonomic balance, but their association with cardiovascular (CV) mortality and morbidity is not well-studied. We examined whether frequency of private spiritual activity is associated with reduced CV risk in postmenopausal women enrolled in the Women's Health Initiative observational study. Methods: Time spent in spiritual activity (prayer, Bible reading, meditation) was self-reported at year 5 of follow-up. Outcomes from medical records (CV mortality and CV events - a composite of angina, coronary and carotid revascularization, stroke, transient ischemic attack, congestive heart failure, peripheral arterial disease, and myocardial infarction) were centrally adjudicated. Risk of CV mortality and events across frequency of spiritual activity (daily, more than once/week, weekly vs. never) were estimated from multivariate Cox proportional hazard regression models adjusted for demographics, CV risk factors, and lifestyle and psychosocial variables. Time was computed in years from year 5 to death or last follow-up (FU). Survivors were censored at the date of last contact or loss to FU. Results: Final models included 43,708 women (mean age, 68.9 years) free of CV disease through year 5 of FU (median FU duration: 7.0 years). CV events increased with frequency of spiritual activity from 5.1% for never to 6.3% for daily activity. CV mortality was 1.01% for never and 1.05% for daily. In multivariate models, women reporting daily spiritual activity had a higher risk of CV events than the "never" group (HR: 1.14, CI: 1.01, 1.29). There was no association with CV mortality but the number of deaths was low. Conclusion: In aging women, increased frequency of private spiritual activity was not associated with a reduction in cardiovascular morbidity and mortality. Further studies are needed to understand the implications of this finding.

Symposium 07C: Coping with HIV Stigma: Do Proactive Coping and Spiritual Peace Buffer the Effect of Stigma on Depression?

Stephenie Chaudoir, PhD, Wynne E. Norton, PhD, Valerie A. Earnshaw, PhD, Linda Moneyham, PhD, Michael Mugavero, MD, and Kathie Hiers, MA

Although HIV stigma is a significant predictor of depression, little is known about which factors might most effectively buffer, or attenuate, this effect. We examined whether two coping-related factors—proactive coping and spiritual peace—modified the effect of HIV stigma on likelihood of depression among a sample of 465 people living with HIV/AIDS (PLWHA) in Alabama. In a cross-sectional analysis, we conducted hierarchical logistic regression analysis to examine the effect of HIV stigma, proactive coping, spiritual peace, and their interactions on likelihood of significant depressive symptoms. After controlling for the effect of education and work status, HIV stigma was related to greater odds of demonstrating significant depressive symptoms (OR = 3.74), whereas proactive coping and spiritual peace were each related to lower odds of significant depressive symptoms (ORs = 0.54 and 0.66, respectively). However, spiritual peace moderated the effect of HIV stigma on depression at high—but not low—levels of HIV stigma (OR = 0.53, $\chi 2$ (2) = 5.33, p = .05). No such effect was observed for proactive coping. Findings suggest that spiritual peace may help counteract the negative effect of HIV stigma on depression. Intervention components that enhance spiritual peace, therefore, may potentially be effective strategies for helping PLWHA cope with HIV stigma.

Symposium 11: Yoga as an Emerging Intervention for Cancer Patients and Post-Treatment Survivors

Presenters: Suzanne C. Danhauer, PhD, Nicole Culos-Reed, PhD, Sarah M. Rausch, PhD, Crystal Park, PhD, and Alyson Moadel, PhD

This symposium, organized by the first two authors, presents cutting-edge research on Yoga as a supportive intervention for people with cancer. Cancer diagnosis and treatment are stressful for many, with high levels of emotional and physical sequelae. Post-treatment survivorship often brings a variety of difficulty and unanticipated experiences such has substantial fear of recurrence and sense of uncertainty as well has high distress, lingering physical effects, and late effects of cancer treatment. In recent years, Yoga has emerged as a potentially beneficial treatment for cancer patients and post-treatment survivors, and data are accumulating regarding its salutary effects on emotional and physical health. However, this research area is in its infancy. This symposium will address several issues and gaps that remain. The first presenter will describe characteristics of young adult cancer survivors who self-select to participate in yoga and relationships between Yoga practice and well-being. The second presenter will share results of a study examining the clinical significance of patient-reported outcomes from Yoga interventions conducted with cancer survivors, an important area to consider when examining the impact of these interventions. The third presenter will describe data on physical and emotional symptoms and quality of life from both inpatient and outpatient Yoga for Cancer programs at a Comprehensive Cancer Center. The final presenter will report data demonstrating that Yoga is well-received and has positive impact on health-related quality of life for underserved, ethnic minority breast cancer survivors, both on and off cancer treatment. Our discussant will describe the major themes of these presentations and offer recommendations for clinical applications and future research.

Poster B-163: Religious Commitment as a predictor of decreased blood pressure in high-risk pregnancies of Southern Appalachia.

Anna V. Ermakova, MA, Andrea D. Clements, PhD, and Beth A. Bailey, PhD

Extensive literature review inspired a mediational model of the relationship between Religiosity/Spirituality (R/S) and Blood Pressure (BP), tested through secondary analyses of data from the TIPS program. Participants included 205 (92.1% Caucasian; age M=23.72, SD=5.33) pregnant

Southern Appalachian women drawn from the region's at-risk pregnancy population. The only variables correlated with BP were women's weight (r=.430, r=.467, p<.01, for diastolic and systolic BP, respectively) and prenatal care utilization (r=.138, p<.05, with diastolic BP), but not R/S. Multiple regression analyses confirmed participant weight as the only significant independent predictor of BP. Previous findings of health benefits of R/S cannot be assumed to generalize to pregnant women without further study. Limitations of this study and possible explanations for the findings are discussed.

Paper Session 08: Men's Prostate Cancer Awareness Church Training (M-PACT) Project: Intervention Development and Formative Research

Cheryl L. Holt, PhD, Darlene R. Saunders, PhD, Tony Whitehead, PhD, Jimmie Slade, MA, Bettye Muwwakkil, PhD, Min Qi Wang, PhD, Ralph Williams, BS, Emily Schulz, PhD, and Michael Naslund, MD

The objective of the Men's Prostate Awareness Church Training (M–PACT) Project is to develop and evaluate a spiritually-based educational intervention to increase informed decision making (IDM) for prostate cancer screening, to be delivered to African American men in church settings. The intervention will be delivered in peer group men's health educational sessions, by trained and certified Community Health Advisors. An advisory panel of community leaders and stakeholders was convened, informing all aspects of the project (e.g., name, logo, content). To inform and pilot the intervention content, the team conducted several rounds of focus groups as well as individual interviews with African American men age-eligible for screening. The first series of focus groups revealed that local access to health services was a significant challenge, and that men have competing concerns (e.g., unemployment, mental health, shelter, providing for family) that hinder regular checkups. In addition, the feasibility of a health information technology addition (e.g., text messaging) to the intervention was explored as a potential value added component. The intervention was pilot tested in additional focus groups and individual interviews, and made ready for piloting with the first church educational group. The finalized intervention will be evaluated in a randomized trial among 20 African American churches, to determine its impact on IDM. The feasibility of the health information technology component will be evaluated in terms of whether the men received, read, and liked the messages, as well as if they resulted in increased efficacy of the overall intervention.

Poster B-192: The Blessing of a Curse: An Examination of Growth and Transformation from Chronic Fatigue Syndrome.

Susan Sharp, MS, Justin R. Chernow, PhD, Kathleen E. Wall, PhD, Ami Student, MS, and Cheryl Koopman, PhD.

Empirical research in posttraumatic growth has observed that people can experience positive change from suffering (Tedeschi & Calhoun, 1995). In recognition of this phenomenon, and to identify the potential "benefits" of a chronic illness characterized by medical uncertainty and limited treatment options, the current study explored whether—and if so, how—persons with chronic fatigue syndrome (CFS) perceive their condition as a catalyst for positive change. The sample included 15 adults diagnosed with CFS who reported personal, spiritual, and/or religious growth or transformation from their illness experience. A majority (n=12) were female. All participants described developing, modifying, or already having a spiritual or religious meaning system. In-depth semi-structured interviews were conducted in-person or via telephone. A qualitative method involving thematic analysis (Aronson, 1994) was used to understand how persons with CFS experience and perceive the processes of positive change from their illness. Analysis revealed that the ongoing reconstruction of meaning, combined with attitudinal shifts in acceptance (n=15) and receptivity (n=13), significantly altered the context by which participants approached, experienced, and viewed adverse circumstances. Mediated by ongoing cognitive reappraisals, an interrelated series of positive changes emerged from these gradual adjustment processes over time. As a result, a majority (n=13) believed their lives are better now than before CFS, despite illness symptoms, while all reported a greater appreciation of life, and spiritual

change as part of their growth or transformation. These findings suggest the potential for persons to develop a highly adaptive response to not only cope with but also psychologically thrive from the illness experience of CFS. These results highlight the need to re-examine concepts of health and wellness in relation to the unique circumstances of the CFS population.

FRIDAY April 13, 2012

Poster C-180a: Stress and sleep problems in college students: The role of spiritual well-being
Megan E. Grigsby, Stephanie A. Hooker, Kevin S. Masters, Patrick R. Steffen
Previous research has shown that perceived stress is positively related to sleep problems, but the mechanisms underlying this relationship are unclear. One potential buffer might be spiritual well-being as it has been shown to be negatively related to sleep problems and perceived stress. However, no studies to date have tested whether spiritual well-being mediates the relationship. The purpose of this study was to examine whether spiritual well-being mediates the relationship between perceived stress and sleep problems. It was hypothesized that spiritual well-being (meaning and peace and faith) would significantly mediate the relationship. College students (N = 700; 66% female; 85% Caucasian) from three institutions both private and public, varying in geographic location and religious affiliation, completed surveys of demographics, perceived stress, spiritual well-being (meaning and peace and faith) and sleep problems (minutes to fall asleep and minutes of sleep lost at night). The hypothesis was tested in four regression mediation models. After controlling for relevant demographics (gender, ethnicity, income, religious affiliation, and self-rating of spirituality), perceived stress was positively related to minutes to fall asleep, $\beta = .21$, $p < .0001$, and minutes of sleep lost at night, $\beta = .21$, $p < .0001$, and negatively related to faith, $\beta = -.10$, $p < .0001$, and meaning and peace, $\beta = -.48$, $p < .0001$. Meaning and peace was negatively related to sleep problems; βs $> -.10$, ps $< .02$; though faith was not related to sleep problems. Meaning and peace was a significant partial mediator of the relationship between perceived stress and sleep problems, Sobel's tests > 2.21, ps $< .03$. This suggests that the relationship between perceived stress and sleep problems is partially accounted for by meaning and peace, but not a sense of faith. Meaning and peace may be a stress buffer that allows individuals to get more sleep while under stress. More research is needed to clarify this relationship.

Poster C-203: Multidimensional Measurement of Religious Practices, Depression, and Substance Use among Rural African American Cocaine Users
Brooke E.E. Montgomery, MPH, PhD, Katharine E. Stewart, PhD, MPH, Karen H.K. Yeary, PhD, Songthip T. Ounpraseuth, PhD
Despite the importance and relevance of religion due to its links with health in non-drug-using populations, it is often poorly assessed through one-dimensional measures in addiction research. Moreover, commonly-used religion-health measures have not been well-validated among vulnerable drug-using populations. Data from a sexual risk reduction intervention analyzed the links between dimensions of religion, depression, and substance use among African American cocaine users living in the rural South (n=223). Religious support subscales (God-based, congregation-based, or clergy-based), religious participation subscales (private or public), and religious coping subscales (positive or negative) all exhibited good reliability (Cronbach $\alpha \leq 0.60$). Except for negative religious coping, subscales had strong convergent validity. Mean differences in religion subscale scores were found based on religious preference, which supported construct validity. Older participants and women reported greater religiosity, which is consistent with non-drug-using populations. Several religion subscales were negatively correlated with substance use (i.e., alcohol use, marijuana use, multiple drugs), but none were related to cocaine use. Only negative coping was significantly related to depression ($p < 0.0001$). Multivariable linear regression controlling for age, gender, and employment status further examined significant links. Negative coping was a significant predictor of depression ($p<0.0001$). Public religious participation, positive coping, and support from God and congregation were significant predictors of less

alcohol use. Future addiction research should use increased specificity in its description and measurement of individual heterogeneous dimensions of religion, avoid collapsing separate religion variables, and examine these measures and relationships in diverse study populations.

SATURDAY April 14, 2012

Poster D-063: The link between religiosity and mental health among HIV-positive mothers.
Katharine E. Stewart, PhD, MPH, Terri Lewis, PhD, Susan L. Davies, PhD, and Elizabeth K. Gates, JD, MPH.
Although there is some evidence to support the protective effect of religiosity on mental health, such evidence is rather limited. Indeed, some data suggest that greater religiosity is associated with poorer mental health. As this link is explored, methodologists have called for greater specificity in measuring the multiple aspects of religion and religious practice. Further, these relationships are understudied in some groups, including minorities and persons living with HIV. Baseline data from 103 HIV-positive mothers enrolled in a behavioral trial to improve parenting skills were examined to test the relationship between specific aspects of religiosity and mental health. Regression models examined the association of religious practices (both public and private) and daily spiritual experiences, along with race, maternal age, and number of children, on mothers' self-reported hopelessness, depression, and stress. Overall, the predominantly (85%) African-American sample reported high rates of religiosity and high rates of depression, with 59% scoring above a clinical cutoff on the CESD. In bivariate analysis, daily spiritual experiences were significantly correlated with depression (r=-.25), and both spiritual experiences and religious practices were correlated with hopelessness (r=-.39 and -.39). In multivariate regression, religious practices remained significantly associated with hopelessness ($t = -2.08$, $p<.05$). Demographic variables were not associated with hopelessness or depression in regression analysis, but number of children trended towards a positive association with stress (p=.053). These results suggest that specific aspects of religion may have a slightly protective effect on mental health for HIV-positive mothers and that these mothers could benefit from interventions that enhance religious coping and support as well as mental health.

Poster D-173: The Role of Religion in Social-Cognitive Models of Sex Risk among Rural African American Cocaine Users.
Brooke E.E. Montgomery, MPH, PhD, Katharine E. Stewart, PhD, MPH, Songthip Ounpraseuth, PhD.
Disparities in HIV are dramatic and new perspectives in theoretically-based culturally-targeted prevention efforts are needed. Religion is an innovative way to culturally target sexual risk reduction efforts to African American communities. This research expands previous religion-risk research by examining distinct dimensions of religion, incorporating Social Cognitive Theory, and recruiting an understudied population. Data from participants (n=223) of a longitudinal sexual risk reduction study for African American cocaine users living in the rural South were analyzed using correlational and path analysis. Strong bivariate relationships between self-efficacy for condom use ($r=-0.52$, $p<0.05$), sexual risk negotiation skills ($r=-0.24$, $p<0.05$), and peer norms ($r=-0.27$, $p<0.05$) and unprotected sex support the importance of theory-based constructs in understanding sexual risk. All examined religion variables had a nonsignificant inverse association with unprotected sex. Weak associations between religion variables and mental health suggest that that some aspects of religion may be less protective of mental health in populations that experience high levels of distress. Healthier peer norms for risk behavior were correlated with greater perceived church leader-based religious support ($r=0.15$, $p<0.05$), which supports the role of church leaders as health advocates. However, religion variables were not universally associated with health-promoting benefits. Multivariate models that examined cognitive and social aspects of sex risk explained 72% and 66% of the variance in unprotected sex, respectively. Future research must examine specific dimensions of religion to determine their relationship with risk

behaviors and associated theoretical constructs so that cultural adaptation using religion has the desired effect.

Noteworthy Announcements

Faith-Based Initiatives to Promote Health: Call for Papers

Social scientists and theologians have noted that churches and other faith-based organizations can have a considerable impact on society and its members. Over the past decade, government-sponsored faith-based initiatives have raised the profile of faith-based organizations as those that can provide services to disadvantaged individuals and communities. During this time, an increasing number of health scientists and public health practitioners have begun to work with faith-based institutions in health promotion and disease prevention efforts designed to improve the health of "hard to reach" or "at-risk" populations. The emergence of these efforts has sparked interests in examining the relationship between faith and health. "Faith" like "health" is a concept with multiple descriptions and applications, making it difficult to specify elements of successful collaboration between scientific and spiritual institutions.

This thematic issue will build on the foundation laid in Volume 32, Issue 4 which highlighted the diversity of faith-based programs and their potential impact for individuals and their communities. We invite investigators to contribute original research as well as review articles that will further broaden the understanding of the relationship between faith and health. Potential topics include, but are not limited to:

- Papers that discuss or refine existing theoretical models undergirding current faith-based research
- Papers that highlight seemingly subtle distinctions (i.e., faith-based orientation vs. church-based orientation) that can lead to considerable differences in approaches and outcomes
- Descriptions of epidemiological studies examining associations between faith and health
- Descriptions of intervention studies in faith settings and/or that incorporate faith-based elements

We especially welcome manuscripts that have leaders of faith-based organizations (e. g., pastors) as contributing authors.

Submissions

Before submission authors should carefully read over the journal's Author Guidelines, which are located at http://journals.lww.com/familyandcommunityhealth/Pages/informationforauthors.aspx. Prospective authors should submit an electronic copy of their complete manuscript through the journal's system at http://www.editorialmanager.com/fch/ no later than **October 1, 2012**.

Newsletter Deadlines

Please send me news, events, issues, research and practice insights to share, information on resources, and a member profile about yourself June 15 so that I can get a newsletter out before the academics in the SIG disperse for the summer.

You can e-mail me bemontgomery@uams.edu. I can easily use WordPerfect or Word submissions, even .rtf files will work. Abstracts are always welcome, as are commentaries, or questions to pose to members. What are you doing? What would you like help with? Write to me with suggestions and comments too. This is the members' newsletter, so I need your help to make it useful for everyone.