

Spirituality and Chronic Illness: *What Do You Believe?*

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Spirituality and Chronic Illness: *What do You Believe?*



Presentation Goals

- To explore one's definition of and biases toward spirituality
- To provide a model of how spirituality can play a part in coping with a chronic illness
- To provide an overview of latest research on links between spirituality, religiosity, and health
- To suggest strategies for application of spirituality and coping with chronic illness

Spirituality and Chronic Illness: *What do You Believe?*



- **What is your definition of spirituality?**
- **What is your definition of religion?**
- **What are your feelings about spirituality?**
- **What are your feelings about religion?**

Framework to “Living Well”



“Living Well”—An Integrative Approach to Wellness with MS

- ◆ A comprehensive wellness program
- ◆ Created by the Southern California Chapter of the National Multiple Sclerosis Society and the Marilyn Hilton MS Achievement Center at UCLA
- ◆ Designed to optimize the quality of life of those living with the challenges of MS.

What is Multiple Sclerosis?



Multiple Sclerosis (meaning many scars) is:

- An autoimmune disease of unknown origin
- Affects the brain and the spinal cord.
- Symptoms vary greatly depending upon where the affected areas and might include:
 - ◆ eye trouble
 - ◆ speech problems
 - ◆ paralysis of any part of the body
 - ◆ tingling sensation
 - ◆ unusual fatigue
 - ◆ cognitive impairment
 - ◆ loss of bladder and bowel control

Key Components of “Living Well” Program



Program Components

- ◆ *Eating/Nutrition*
- ◆ *Physical Activity/Stretching*
- ◆ *Yoga/Relaxation*
- ◆ *Spirituality*
- ◆ *Stress Management*
- ◆ *Lectures on MS Symptom Management and:*
 - Intimacy
 - Cognition/Memory
 - Career Management
 - Communication
 - Complementary and Alternative Medicine

“Living Well” Program Profile of Participants



Participants were self-identified meeting one or more of these 3 criteria:

- Recent MS diagnosis of less than 5 years
- Possessing minimal MS symptoms
- Employed

The participants met 3 hours one-day a week for 12 consecutive weeks.

“Living Well” Program Profile of Participants



Program participants included:

- 121 men and women (70.2% female)
- Currently employed (85.7%),
- College educated (97.1%),
- Mean age of 41.7 (SD=9.4).
- Most were single (45.7%) or married (45.7%)
- Majority (79.2%) were using some type of approved MS treatment drug.

“Living Well” Program *Evaluation Tools*



Measures

- ◆ Profile of Mood States (POMS)
- ◆ Modified Fatigue Impact Scale
- ◆ StressScan (Western Psychological Services)
- ◆ Marlowe Crowne Social Desirability Scale
- ◆ Taylor Manifest Anxiety Scale
- ◆ Multiple Sclerosis Quality of Life-54 Instrument
- ◆ Self-Efficacy
- ◆ Knowledge/Confidence (Post-Then)
- ◆ Spirituality Index

About StressScan



- **StressScan quickly identifies individual characteristics that protect against or contribute to stress related illness**
- **This validated instrument based on over 15 years of research measures 15 psychosocial risk factors including perceived stress, lifestyle management behaviors, social support, Type A behavior, cognitive hardiness, coping style and psychological well being**
- **In addition, two validity scales measure inconsistent responding and responding bias**
- **Norms are based on ethnically diverse sample of 1,111 men and women, ages 20 to 68 from diverse working environments**

About StressScan Continued

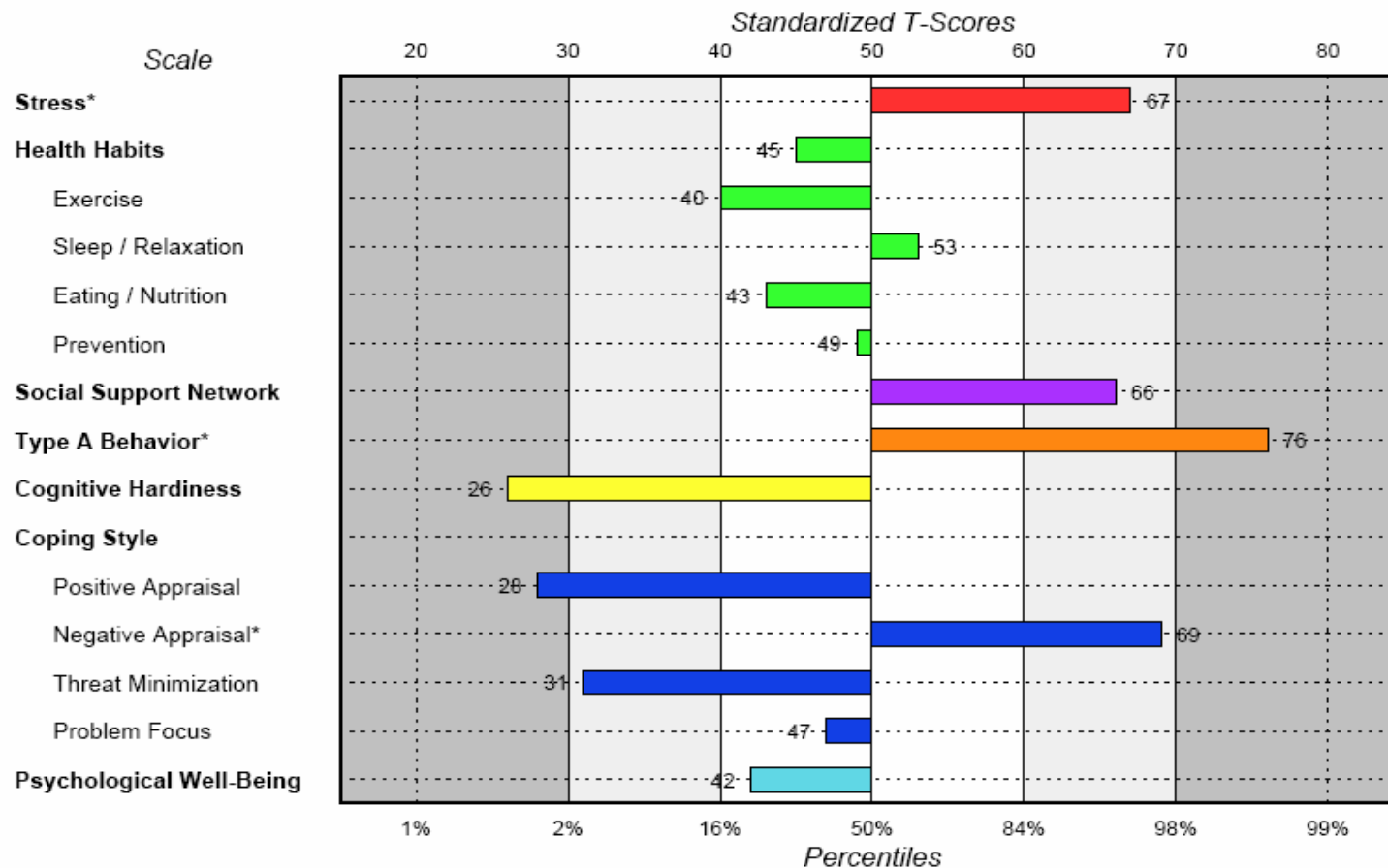


- **StressScan is available online or scored by hand in just 15 to 20 minutes**
- **The StressScan report summarizes important health risk alerts and health resources for each individual**
- **StressScan has established reliability and validity based on over 15 years of research**
- **StressScan is ideal for coaches who are dealing with work pressure, stress and family balance issues**
- **StressScan makes an excellent health risk appraisal within organizational settings (as part of executive coaching, wellness, stress management and health promotion programs)**

StressScan Summary Report Scales



Summary Results



* High T-scores indicate a health risk. For all other scales, high T-scores indicate strengths, and low T-scores indicate health risks.

Key Points About Stress and Health



- Sickness and disease are not the same
- Stressors do not make you sick
- Stressors make you more likely to get diseases that make you sick
- Chronic stress exacerbates pre-existing conditions, rather than, causing disease directly
- There exists substantial individual variability in response to disease

Stress and MS



- In a study of 73 MS patients, **the experience of at least one stressful life event during a period of 4 weeks was associated with double the risk of an exacerbation within the next week**
(Buljevac, 2002, British Medical Journal)
- In a one year study of 23 women with MS, **the women experienced 2.6 exacerbations with 85% associated with at least one stressful life event in the prior 6 weeks**
(Ackerman, et. al, 2002, Psychosomatic Medicine)

Stress and MS



- In a 16 year study, **the risk of developing multiple sclerosis was significantly higher in parents who lost a child unexpectedly (21,062) compared to matched controls (293,745) of those that did not** (*Li, J. et, al., 2004, Neurology*)
- In a recent review of 14 studies, **a significant increase in the likelihood of MS relapse following stressful life events, such as marital problems or financial difficulties was observed in all but one study** (*Mohr, D., et. al, 2004, British Medical Journal*)

Determinants of Individual Health



- | | |
|-----------------------------|------------|
| ■ Genetic | 30% |
| ■ Social Circumstances | 15% |
| ■ Environment | 5% |
| ■ Medical Care | 10% |
| ■ Behavior/Lifestyle | 40% |

McGinnis et al., 2001

Health Promoting and Preventing Behaviors in MS



- In a telephone survey study of 2,554 people from NMSS society's membership list, individuals with MS reported health practices levels equal to or better than the general population (*Frey et. al, 2003*)
- People with MS reported lower levels of high risk behaviors (e.g., binge drinking)
- Women reported significantly better overall health behaviors compared to males
- 21.6% reported smoking compared to 22.5% for the general population

“Living Well” Program Outcomes



- **Stress and Fatigue Outcomes:** Participants reported significantly less
 - ◆ stress
 - ◆ sleep difficulties
 - ◆ cognitive & physical fatigue (all p's < .01)

- **Lifestyle, Psychological and Health Outcomes:** Participants reported significant improvements in subjective ratings of:
 - ◆ overall health & specific health habits: eating/nutrition, physical activity/exercise
 - ◆ social support
 - ◆ cognitive hardiness
 - ◆ psychological well-being and reduced anxiety and Type A behavior (all p's < .01).

- **Coping Outcomes:** Participants reported using:
 - ◆ greater positive appraisal
 - ◆ less negative appraisal
 - ◆ more threat minimization
 - ◆ more problem focused coping approaches
 - ◆ increased self-efficacy (all p's < .01).

Living Well Effect Sizes



Living Well Research Variable (N=105)	Time 1 Mean	Time 2 Mean	ES ¹
Knowledge of MS	2.8	4.1	1.92
Confidence in Managing	2.5	3.9	1.88
MS Current Health	3.2	3.8	1.01
Spirituality Index	9.9	11.3	.70
Perceived Stress	55.9	49.9	.69
Psychological Well-Being	45.4	51.2	.62
Exercise/Physical Activity	44.4	50.5	.63
MFIS Fatigue—Physical	19.9	15.9	.50
Cognitive Hardiness	46.6	51.6	.50
Social Support	46.7	51.2	.32

¹Effect Size (ES) = mean change/ standard deviation

ES=0.2 small effect. cES=0.5 moderate effect. dES=0.8 large effect

**“If I’d known I was gonna live
this long, I’d have taken better
care of myself”**

Eubie Blake at 100

Religion/Spirituality: Linkages to Health



- Religion is important part of life for approximately 67% of the American public
- 96% of the American public believe in God
- 42% attend religious services regularly
- Interest in spiritual growth is increasing

Religion/Spirituality: Linkages to Health



Definitions of Spirituality and Religion

Defining Spirituality



Spirituality: (from the Latin verb *spirare*, meaning “**the act of breathing**”)

The animating or vital principle held to give life to a physical being.

Religion: A cause, principle, or system of beliefs held with adoration and faith.

危機 **CRISIS** =

DANGER + ***Opportunity***

The Hero/Heroine's Journey

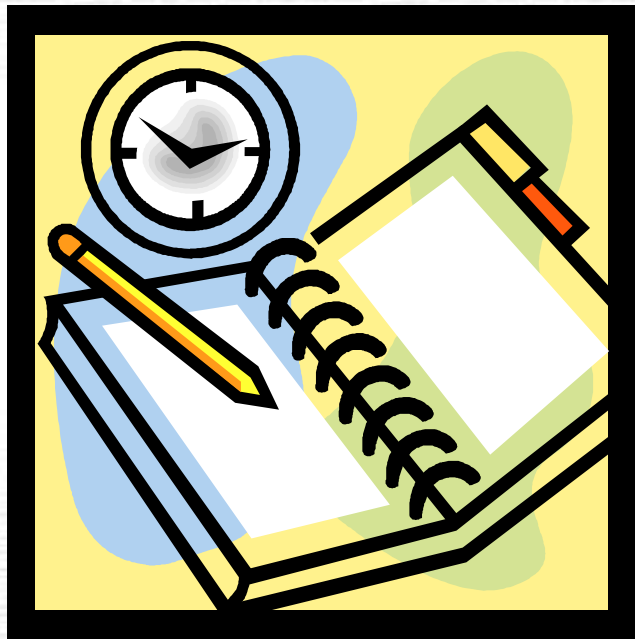


**THE
DEPARTURE**
an imbalance is
created

**THE
STRUGGLE**
to restore
balance

**THE
RETURN**
to balance

Components of the Spiritual Work



Time

Intention

Attention

Models of Spiritual Discernment



Authenticity vs Alienation

Integration vs Fragmentation

Stages of the Process to Restore Balance

Shock

Bargaining

Denial

Depression

Anger

Acceptance



Awareness Wheel



TRIGGER

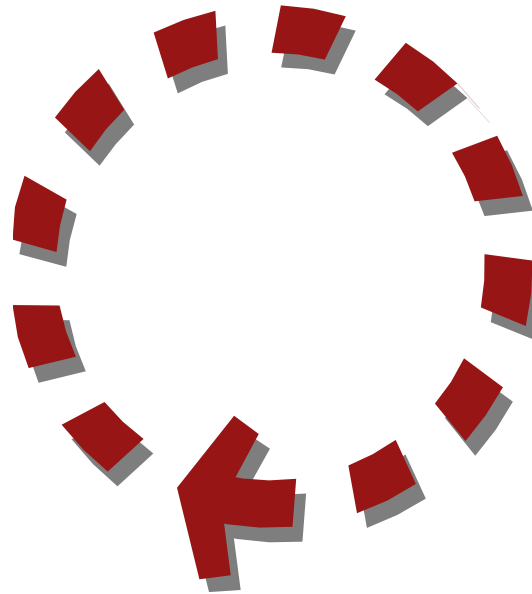
Sensory: seen, felt,
heard, smelled, tasted

ACTION

In the past
In the present
In the future

WANTS

For myself
For another
For the relationship



THOUGHTS

Beliefs
Interpretations

EMOTION

Angry
Sad
Happy

Imagery and Meditation



- **Safe Place Imagery**
- **Color/Energy Imagery**
- **Mindfulness Meditation**
- **Higher Level Awareness Imagery**

Religion/Spirituality: *Linkages to Health*



***What is the relationship
between Religion and
Spirituality and health?***

Religion/Spirituality: *Linkages to Health*



- Systematic reviews of the empirical literature indicate that religion and spirituality are understudied variables in health-related research in a number of disciplines, including psychology psychiatry, family practice and gerontology
- [Weaver et al. \(1998\)](#) conducted a systematic review of research on religion and spirituality in articles published in seven American Psychological Association journals between the years 1991 and 1994 and found that 2.7% of the quantitative studies included a religion and spirituality variable

Measurement of Religion/ Spirituality



BEHAVIOR: Attendance at religious services, religious coping behaviors, religious social support seeking, active prayer/meditation

COGNITIONS/EMOTIONS: Strength of beliefs, Perceived closeness to god, benefit finding, sense of meaning in life, life satisfaction

Religion/Spirituality: *Strength of Evidence* *Linking to Health*



- | | | |
|----|--|-------------------|
| 1. | Service attendance protects against death | Persuasive |
| 2. | Religion/spirituality protects against heart disease | Some |
| 3. | Deeply religious people are protected against death | No |
| 4. | Religion/spirituality protects against disability | No |
| 5. | Religion/spirituality slows cancer | No |
| 6. | People who use religion to cope live longer | Inadequate |
| 7. | Religion/spirituality improves recovery from illness | No |
| 8. | Religion/spirituality impedes recovery from illness | Some |
| 9. | Being prayed for improves physical recovery from illness | Some |

“Living Well” Program *Spirituality Index Items*¹



How often have you experienced or felt each of the following in the last 3 months (1=Never to 5=Always)

- ◆ *Feeling stimulated and challenged by your work and life*
- ◆ *Genuinely enjoying the things you are involved in*
- ◆ *Pleased with life overall*

¹Items derived from the Stress Profile published by Western Psychological Services—Psychological Well-being Scale; Mean=9.56, SD=2.26; Alpha=.76

“Living Well” Program *Spirituality Index Outcomes*

Pre-Program Mean

9.90 (SD=2.03)

Post-Program Mean

11.30 (SD=2.02)

Paired Sample t-test $t=4.86$,
 $p < .01$

Effect Size .70

- Living Well program participants (N=105) reported an **increased level of enjoyment, challenge and pleasure with work and life**
- The components of the Living Well program **empower clients to achieve well-being through a sense of life purpose and satisfaction**
- It is unknown exactly what components of the program may be contributing towards well-being

Spirituality and Chronic Illness: *What do You Believe?*



- Has there been any shift in your definition of spirituality?
- Has there been any shift in your definition of religion?
- Has there been any shift in your feelings (+/-) about spirituality?
- Has there been any shift in your feelings (+/-) about religion?



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