SUPPLEMENTAL DIGITAL CONTENT

for

***Depression in Chronic Illness: Does Religion Help?***

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*By Harold G. Koenig, MD, RN*

Professor of Psychiatry and Behavioral Sciences and

Associate Professor of Medicine at Duke University Medical Center, Durham, NC

Distinguished Adjunct Professor at King Abdulaziz University, Jeddah, Saudi Arabia.

Duke University Medical Center, Durham, NC, currently is conducting the first randomized clinical trial to examine whether religious cognitive-behavioral therapy (CBT) is as or even more effective in improving symptoms than conventional secular CBT in patients with major depression who have chronic medical illness. We also are assessing whether religious CBT is more effective than conventional CBT in normalizing the immune and endocrine changes seen in depression, and whether these effects are more prominent in those with a certain genetic makeup. The study involves randomizing 100 persons to either conventional CBT, which does not integrate patients’ religious beliefs into therapy, or to religious CBT.

The intervention of religious CBT and the control group conventional CBT both follow Aaron and Judy Beck's model of conventional CBT (Beck, Rush, Shaw, & Emery, 1979;Beck, 2005). Conventional CBT helps clients recover from depression by helping them understand the links between thoughts, emotions, and behavior. It uses guided discovery, Socratic questioning, and challenges automatic negative thoughts to help clients identify and appraise cognitions and determine problematic behaviors. The CBT being used in the Duke study aims to help patients:

1. Develop the ability to identify problem situations and associated cognitions and behaviors that promote depressed moods;
2. Increase behaviors that promote feelings of mastery or pleasure;
3. Evaluate thoughts and beliefs about current problematic situations or issues, including patients’ medical conditions, by examining evidence and engaging in behavioral experiments to test thinking;
4. Develop alternative, more adaptive beliefs and assumptions;
5. Increase behaviors involving expression of gratefulness and altruism;
6. Engagement in a secular meditative practice (mindfulness).

**DESCRIPTION OF RELIGIOUS CBT**

For religious CBT, the core aspect of treatment involves utilizing patients' religious beliefs as a resource to combat dysfunctional cognitions and engage them in supportive behaviors within their faith community (both seeking and giving support). Faith issues are considered only in terms of patients’ beliefs and religious language.

Prior to onset of therapy, time is taken to identify subjects’ religious language, symbols, and particular faith tradition; this information is then used to guide integration of the participant's beliefs into the therapy. We have designed treatment manuals to incorporate the specific religious beliefs of patients into their therapy. The religious CBT manual was originally developed from within a Christian framework, and has been adapted to patients' faith traditions if not Christian (i.e., Jewish, Hindu, Buddhist, or Muslim).

Religious CBT sessions focus on a discussion of the patient's experience of depression and his or her current life situation, including family relationships, and on introducing the cognitive model of depression, noting the relations among environmental situations, thoughts, emotions, physical reactions, and behaviors. Christian CBT focuses on scriptures from the Bible to counteract dysfunctional cognitions, while emphasizing the "promises" contained in scripture, the teachings and life of Jesus, and the need for the patient to engage in religious activities, particularly involvement in their church community. Therapy occurs over ten sessions as follows:

***Session 1:*** The therapist assesses the patient's religious beliefs and background, introduces the religious CBT rationale, encourages identification of a memory verse from their Holy Scriptures, and then focuses on that memory verse.

***Session 2:*** The therapist reviews homework assignments, finalizes the religious assessment, discusses the role of faith and prayer, focuses on behavioral activation, introduces and explains the mastery/pleasure worksheets to increase pleasant events, and introduces the concept of contemplative prayer (based on patient's specific faith tradition).

***Session 3:*** The therapist focuses on helping the patient identify moods and thoughts accompanying changes in mood, all within a framework of their religious beliefs and scriptural principles.

***Sessions 4 and 5:*** Focus is on CBT methods for evaluating thoughts of loss related to chronic illness and disability, developing a more balanced or realistic appraisals when appropriate, and developing greater acceptance and problem-solving techniques to alleviate sense of loss, all within the religious framework of the patient.

***Session 6***: The therapist helps the patient identify underlying assumptions, rules, and core beliefs that give rise to negative thoughts about God or members of their faith community (spiritual struggles) and negative emotions, while helping to identify and strengthen alternative beliefs.

***Session 7:*** The therapist focuses on CBT methods for dealing with feelings of lack and taking things for granted, and explores alternative reactions of being thankful and expressing gratitude to God through the practice of gratitude exercises.

***Session 8:***  Focuses on dealing with anxiety and worry, incorporating behavioral exposure, methods to counteract self-centeredness, and learning ways of expressing religious gratitude (from last session) by practicing altruism and generosity towards others for religious reasons (i.e., serving and expressing love for God).

***Session 9***: Focuses on stress-related growth as a way of dealing with experiences of guilt, shame, and anger; a variety of standard CBT techniques and exercises are used from the patient's religious perspective to emphasize spiritual growth and help the patient focus on positive outcomes.

***Session 10:*** In the final termination session, plans are made for maintaining religious CBT treatment gains; for continuing to practice religious CBT techniques, contemplative prayer, gratitude exercises, and altruistic practices; and for ways of maintaining hope into the future.

It should be noted again that the religious CBT intervention is exactly the same as the conventional CBT intervention, except that religious motivations and rationale are used to change the patient's thinking and behavior. Figure 1 below illustrates the mechanism by which we think religious CBT affects depressive symptoms.

References:

Beck, J. S. (2005). *Cognitive Therapy for Challenging Problems.* New York, NY: Guilford.

Beck, A. T., Rush, J., Shaw, B.F., & Emery, G., (1979). *Cognitive Therapy of Depression*. New

York, NY: Guilford.

**Figure 1**. Model of Effects of Religious CBT on Beliefs and Values

