

LETTERS TO THE EDITOR

Spirituality and HIV Disease Progression

To the Editor:— The recent finding of Ironson et al.¹ that after HIV diagnosis those patients reporting an increase in spirituality/religiousness after the diagnosis had significantly greater preservation of CD4 cells and significantly better control of viral load (VL) over the 4-year period is an important one, but requires careful interpretation.

Unlike most previous research, the study made a useful attempt to distinguish spirituality/religiousness as a variable from associated psychological components like social support and optimism, by controlling for a whole host of these and similar variables including for example church attendance.¹ It is this feature of the study, which renders its results particularly intriguing and important.

Religiousness/spirituality remained a significant predictor of CD4 and VL over 4 years when controlling for health behaviors (adherence, risky sex, use of alcohol, and use of cocaine), affect (optimism, depression or hopelessness), coping (avoidant, proactive), or social support.¹ Thus, the authors conclude that the relationship between religiousness/spirituality and slower disease progression could not be accounted for by any of the above variables.¹

The authors acknowledge, however, that a limitation of their study is that the measure of religiousness/spirituality was a single item with 5 options which is unlikely to adequately capture the complexity of the concept.¹

This issue of what is meant by the word spirituality, as opposed to the term religiousness, continues to confound scientific study of this important dimension of human experience. For example, in a qualitative study designed to explore in depth what patients understood by the word spirituality, McSherry et al.² found that in general most were unclear about its meaning and considered it to be synonymous with religion.

Some definitions of spirituality are so all-encompassing that the interesting variable might become what it says about you if you rejected any association with the term. For example, Murray and Zentner's³ definition includes: 'The spiritual dimension tries to be in harmony with the universe, and strives for answers about the infinite, and comes into focus when the person faces emotional stress, physical illness or death'.

The next leap forward in the field is likely to come from studying in greater depth those who reject the more general descriptor of 'spiritual' (as opposed to religious) in terms of understanding what this says about them. For example, a recent review⁴ of religious/spiritual coping in relation to cancer from a total of 17 studies, 11 were conducted in the US and 4 were conducted in Europe, found that while the American studies tended to produce more significant findings

(both negative and positive), none of the 4 European studies found religious coping to be significant and 1 found it to be counterproductive.

This review⁴ also pointed out the stark contrast between Europe and the US in terms of general population attitudes to religion by reporting surveys which found that 83% of Americans felt that God was important in their lives in comparison to 49% of Europeans. In the US, 47% attend a place of worship regularly in contrast to 12% in the UK.

In different countries and cultures with such dramatically contrasting normative views on religion and spirituality, rejecting the label of 'spiritual' in relation to oneself is likely to have markedly different implications. This becomes particularly pertinent to the study of coping with diseases like HIV, given according to the data of Ironson et al., it was almost normative for this sample to become more religious/spiritual after contracting the disease.

It follows that not only do we need to investigate more rigorously what patients mean by the word 'spiritual' when applied to themselves, now following the new data of Ironson et al., more particularly what they are standing for when they reject it.

The importance of the research of Ironson et al.¹ is that it is one of the first and most rigorous indicators that spirituality might be an extremely fertile variable in its own right in terms of correlations with biological measures beyond the usual psychological cofounders and 'usual suspects' including social support, optimism, and depression.

Raj Persaud, *Bethlem Royal and Maudsley NHS Hospitals Trust, Monks Orchard Road, Beckenham, Kent, London, BR3 3BX, UK (email: r.persaud@iop.kcl.ac.uk).*

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