CROSSROADS…

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health Volume 4 Issue 6 Dec 2014

This newsletter provides updates on research, news and events related to spirituality and health, including educational resources and funding opportunities. **Please forward to colleagues or students who might benefit.** Our goal is to create a community of researchers, clinicians, clergy, and laypersons interested in spirituality and health and keep them informed and updated. An EVENTS CALENDAR concludes the newsletter and describes spirituality and health related presentations happening at Duke and around the world. This is your newsletter and we depend on you to let us know about research, news, or events in this area.

All e-newsletters are archived on our website. To view previous editions (July 2007 through November 2014) go to: http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads

LATEST RESEARCH FROM DUKE

Religious Involvement, Immune and Endocrine Function in Major Depression

Researchers from the Center for Spirituality, Theology and Health, and several other research groups, examined relationships between religiosity and a wide range of immune, inflammatory, and stress hormone indicators in a sample of 132 adults with co-morbid major depressive disorder (MDD) and chronic medical illness. Participants from central North Carolina and Los Angeles County were involved in a randomized clinical trial examining the effects of religious vs. conventional cognitive behavioral therapy (CBT) in the treatment of MDD. In the present report, investigators examine the cross-sectional correlations at baseline between religious involvement and biological indicators described above. **Results**: Inflammatory markers and stress hormones were higher in our sample with MDD compared to a community sample without depression, as expected. Depressive symptoms here in those with MDD, however, were largely unrelated to stress biomarkers, and were unexpectedly inversely related to the pro-inflammatory cytokine levels TNF-α and IL-1β. Likewise, indicators of religious involvement were largely unrelated to stress biomarkers, although religiosity was positively related to the anti-inflammatory cytokine IL-1RA and inversely related to the stress hormone norepinephrine, both as hypothesized. Unexpectedly, however, religiosity was also positively related to the pro-inflammatory cytokine IFN-γ and to IFN-γ/IL-4 and IFN-γ/IL-10 ratios. Researchers concluded that there was little evidence from this study for a consistent pattern of relationships between depressive symptoms or religiosity and stress biomarkers, and that future research is needed to determine whether religious interventions can alter stress biomarkers over time in MDD.
Citation: Bellinger DL, Berk LS, Koenig HG, Daher N, Pearce MJ, Robins CJ, Nelson B, Shaw SF, Cohen HJ, King MB (2014). Religious involvement, inflammatory markers and stress hormones in major depression and chronic medical illness. Open Journal of Psychiatry 4:335-352
Comment: This relatively small cross-sectional study of religiosity and biomarkers in patients with MDD identified some relationships indicating a buffering effect of religiosity on the adverse physiological changes associated with depression that will need further verification in future larger studies. Within the next 12 months we will be reporting on the effect that religious vs. conventional CBT has on these biomarkers during treatment.

Religiosity and Health in Renal Dialysis Patients in Saudi Arabia

Researchers at Duke University and King Abdulaziz University examined relationships between religious involvement and a wide range of mental, social, and physical health outcomes in 310 patients (99.4 % Muslim) at hemodialysis centers in Jeddah and Mecca, Saudi Arabia. This was a convenience sample and all analyses were cross-sectional. Religiosity was measured using a 13-item Muslim Religiosity Scale that assessed personal religiosity and frequency of religious practices. **Results**: Psychological functioning was better and social support higher among those who were more religious. Greater religiosity was also correlated with a lower likelihood of smoking cigarettes, and better cognitive and physical functioning, despite being associated with more severe medical illness and a longer time on dialysis. Authors concluded that whether greater religiosity leads to better mental, social and physical health, or results from better mental and physical health, will need to be determined by future longitudinal studies and clinical trials.
Citation: Al-Zaben F, Khalifa DA, Sehlo MG, Al-Shohaib S, Binzaqr SA, Badreg AM, Alsaadi RA, Koenig HG (2014). Religious involvement and health among dialysis patients in Saudi Arabia. Journal of Religion and Health, October 14 [E-pub ahead of print]
Comment: Although cross-sectional, this is one of the largest studies of religiosity and health among Muslim dialysis patients conducted so far in the Middle East. The 13-item Muslim Religiosity Scale used to assess religiosity in this study is contained in the appendix of the article.

LATEST RESEARCH OUTSIDE DUKE

Religiosity and HIV Drug Risk Behavior

Investigators at the Johns Hopkins School of Public Health analyzed data on 838 adults living in Baltimore communities with high rates of drug use to examine relationships between religiosity and drug risk behaviors (opiate/cocaine use, IV drug use, and sharing needles, cotton, or cookers) (SHIELD-5 study). Nine items from the Fetzer Institute's BMMRS were ussed to assess three dimensions of religiosity: ideation, participation, and support. **Results**: The majority of the sample was male (59%), poor (75% earning <$1000/month), history of unemployment in past 6 months (80%), and currently used heroin/cocaine (62%). Major religious affiliations were Baptist (62%), Catholic (9%), Pentecostal-Holiness (7%), Muslim (4%), other (11%), and none (6%). Over two-thirds (68%) said they attended religious services at least once/month; 92% said they prayed at least once/week; and 74% said they were moderately or very spiritual. In multivariate models adjusting for sex, age, self-reported health, income, employment status, and education, results indicated significant inverse relationshps between drug use/high risk behaviors and virtually

every measure of religious involvement(ideation, participation, and support). The adjusted odds of drug use and high risk drug behavior were lowest (greatest effect) for religious participation (OR's ranging from 0.51 to 0.72) and highest for religious ideation (OR's from 0.72 to 0.86). Researchers concluded that "those with greater religious participation are significantly less likely to report recent opiate or cocaine use; injection drug use; crack use; and needle, cotton or cooker sharing."
Citation: Billioux VG, Sherman SG, Latkin C (2014). Religiosity and HIV-related drug risk behavior: A multidimensional assessment of individuals from communities with high rates of drug use. Journal of Religion and Health 53:37-45
Comment: The prevalence of religious involvement in this poor, largely unemployed sample at high risk for drug abuse is remarkable (68% at least monthly attendance; 92% weekly prayer). Despite this, though, high rates of drug use were reported. Given the relationships found here, imagine what the risk would be for drug use and high risk drug behavior in this sample if there was no religious involvement.

Religious Coping, Chronic Medical Illness and Major Depressive Disorder

Shervin Assari at the School of Public Health at the University of Michigan, Ann Arbor, analyzed cross-sectional data on 5,899 adult Blacks and Whites in the U.S. participating in the National Survey of American Life (a nationally representative sample, with an over-sampling of Black Americans) to determine if positive religious coping was related to depressive disorder and if it moderated the relationship between number of chronic medical conditions and major depressive disorder (MDD). Participants were 3,570 African Americans, 1,438 Caribbean Blacks, and 891 non-Hispanic Whites. Two questions assessed positive religious coping: "How important is prayer when you deal with stressful situations?" (not at all important [0] to very important [3]) and "How much do you look to God for strength, support and guidance?" (strongly disagree [0] to strongly agree [3]). Scores were summed to create a positive religious coping scale ranging from 0 to 6. Number of medical conditions were self-rated based on a list of 14 chronic conditions. MDD within the past 12 months was assessed using a structured psychiatric interview, the CIDI. Analyses were stratified by ethnic group. **Results**: Number of chronic conditions was strongly correlated with MDD in all three ethnic groups. Controlling for number of chronic conditions and sociodemographic factors, positive religious coping was related to a significantly lower likelihood of MDD in Caribbean Blacks (OR=0.55, 95% CI=0.39-0.77), and while the effect was similar in Whites (OR=0.28, 95% CI 0.07-1.14) and African Americans (OR=0.96, 95% CI 0.70-1.33), it did not reach statistical significance. Likewise, there was an interaction between number of chronic medical conditions and positive religious coping in Caribbean Blacks (OR=0.73, 95% CI 0.55-0.96), such that the relationship between chronic conditions and MDD was significantly weaker in those with high religious coping. This relationship was again not found in Whites or African Americans. Researchers concluded that positive religious coping is related to a lower risk of MDD and buffers the relationship between chronic medical conditions and MDD among Caribbean Black Americans in particular.
Citation: Assari S (2014). Chronic medical conditions and major depressive disorder: Differential role of positive religious coping among African Americans, Caribbean blacks and non-Hispanic whites. International Journal of Preventive Medicine 5(4):405-413
Comment: Why these relationships would be present in Caribbean Black Americans and not present in African Americans is a bit of a mystery, and was not discussed in the article. Nevertheless, the present study adds to the evidence that positive religious coping may help to prevent depression and buffer against the development of depression in persons with chronic medical illness, at least in certain ethnic racial groups.

Religion and Suicide: Response, and Response to the Response

In our June 2014 e-newsletter, we reviewed a 12-18 year prospective study of 20,014 adults in the NHANES-III by Kleiman and Liu examining religious attendance and suicide published in the British Journal of Psychiatry (indicating reduced suicide among frequent attendees). In response to this report, two British psychiatrists wrote a rebutal, criticizing the methodology and interpretation of the results, focusing on the low number of suicides, the lack of intermediate data during the follow-up period, the nature of the study (piggy-backed onto a larger study), and the emphasis on completed suicide rather than attempted suicide (in terms of clinical applicability). They cautioned clinicians not to focus on a particular population static risk factor (i.e., religious attendance assessed 12-18 years previously) and rather to examine individual dynamic risk factors. In response to this critique, Kleiman and Liu countered by defending their statistical methods and design, emphasizing the importance of studying completed suicide (building on previous research that had examined attempted suicide), and pointing out the complexities and cost of conducting a longitudinal study designed from the start to examine religion's effects on completed suicide.
Citation: Yares SC, Arya D (2014). Nothing in between: A multi-faith response to the paper on religion and suicide. British Journal of Psychiatry 205:163
Comment: This is an interesting and well-written back and forth commentary on research design and interpretation of findings related to studies on religion and suicide.

Religious Beliefs and Suicidal Ideation in Black Americans

Analyzing data on 5,181 adult Black Americans participating in the National Survey of American Life, investigators from the University of Michigan sought to determine if self-rated religiosity moderated the effect of psychiatric disorder on age of onset of suicidal ideation. Self-rated religiosity was measured using a single item: "How religious are you?" (nor religious at all, not too religious, fairly religious, very religious). Responses were dichotomized for analysis into low religiosity (first two responses) and a high religiosity (last two responses). A structured psychiatric interview, the CIDI, was used to diagnose psychiatric disorders. Suicidal ideation was based on a single question: "Have you ever seriously thought about suicide?" If yes, the age when first experiencing this was assessed. **Results**: About half of the sample was male (44.4%) and mean age was 42.2 years; 31.7% had high religiosity and 68.3% low religiosity; 28.7% had a lifetime psychiatric disorder; and 11.7% had seriously thought about suicide, with the first age occuring on average at 28.5 years. Number of lifetime psychiatric disorders was inversely related to age at first suicidal thoughts (i.e., age was lower among those with more psychiatric disorders). However, a significant interaction was found between perceived religiosity and number of psychiatric disorders in predicting age of first onset of suicidal ideation. Among those with low religiosity, number of psychiatric disorders was more strongly correlated (inversely) with age of first onset of suicidal ideation, whereas this relationship was much weaker in those with high religiosity. Investigators concluded that religious belief may buffer the effect of psychiatric disorder on suicidal ideation, and that Black Americans who are not religious and suffer psychiatric disorder are at the highest risk for the development of suicidal thoughts at an early age.
Citation: Assari S, Lankarani MM, Moazen B (2012). Religious beliefs may reduce the negative effect of psychiatric disorders on age of onset of suicidal ideation among Blacks in the United States. International Journal of Preventive Medicine 3(4):358-364

Comment: Interesting study of the influence that religious beliefs may have on the development of suicidal ideation in Black Americans with psychiatric disorder.

Sleep Quality and Spiritual Well-being of Hemodialysis Patients in Iran

Researchers from several universities throughout Iran collaborated in this study to examine correlations between sleep quality in 190 hemodialysis patients and a several characteristics, including spiritual well-being. Sleep quality was assessed using the 24-item Pittsburgh Sleep Quality Index (PSQI), and spiritual well-being by the Paloutzian-Ellison 20-item spiritual well-being scale (which has two subscales, a 10-item religious well-being scale and a 10-item existential well-being scale). Other variables included gender, education, financial status, marital status, use of hypnotics, and employment status. **Results**: Over 80% of patients had a sleep disorder and 72% used sleeping pills (hypnotics). Regression analysis indicated that better sleep quality was associated with use of sleeping pills, being married, higher income, being employed, higher education, having a family, and greater spiritual well-being. The strongest correlation, in fact, was with spiritual well-being (standardized B=0.21, compared to B=0.11 for sleeping pills).
Citation: Eslami AA, Rabiel L, Khayri F, Nooshabadi MRR, Masoudi R (2014). Sleep quality and spiritual well-being in hemodialysis patients. Iran Red Crescent Medical Journal 16(7):e17155
Comment: Quite a finding, i.e., that the strongest correlate of sleep quality was spiritual well-being (SWB), which had nearly double the effect of taking sleeping pills. The greatest weakness of this study, though, is the failure to separate out religious well-being from existential well-being. As far as we know, the link between sleep quality and SWB have had nothing to dp with the religious well-being part of the scale, and could have simply been due to the existential well-being component (not very surprising since participants with greater purpose and meaning in life, more hope regarding the future, and geater satisfaction with their lives are probably going to sleep better too).

Willingness to Donate Organs during Ramadan

Investigators at the Lung Transplantation Research Center at Shaheed Behsheti Medical University in Tehran compared the number of applications for organ donation cards during the month of Ramadan with that during the month immediately preceding Ramadan in 2007. Information on applicants for donation cards was obtained from a single center (Masih Daneshvari Hospital) in the Iranian capital city of Tehran. Donation cards were for heart, lungs, liver, kidneys, and all organs and tissues. **Results**: During the month of Ramadan, a total of 11,528 applications for donor cards were made, compared to 4,538 cards during the month prior to Ramadan ($p<0.001$). Researchers explained this increase as being due to the importance of altruism in Islam and to the increased attention paid to religious teachings, duties, and observances during the month of Ramadan.
Citation: Najafizadeh K, Ghorbani F, Hamidinia S, Elmamhadi MA, Moinfar MA, Ghobadi O, Assari S (2010). Holy month of Ramadan and increase in organ donation willingness. Saudi Journal of Kidney Diseases and Transplantation 21(3):443-446
Comment: Although this study is nearly five years old, it illustrates the role that religious organizations can play in health education, helping to dispel myths and misconceptions regarding organ transplantation (which are prevalent in the Middle East).

Negative Religious Coping and Eating Disorder in Jewish Adolescents

Researchers at universities in Israel and the U.S. teamed up to examine levels of disordered eating and religious coping in 102 Modern Orthodox Jewish adolescent girls ages 17-18 in New York City. Eating disorders were assessed using standard measures, i.e., the 64-item Eating Disorder Inventory (EDI) and the 26-item Eating Attitudes Test (EAT-26). Also administered was the 14-item Brief RCOPE, with 7-item positive and 7-item negative religious coping subscales, and the 10-item Rosenberg Self-Esteem Scale. Included in regression models was body mass index (BMI).
Results: Higher scores on negative religious coping (NRC) were strongly correlated with every aspect of disordered eating. In every analysis, including self-esteem in the model reduced the correlation between NRC and disordered eating to non-significance. Positive religious coping, in turn, was associated with higher levels of self-esteem ($r=0.23$, $p<0.05$). Researchers concluded the relationship between NRC and disordered eating is explained by low levels of self-esteem among girls with high levels of NRC, and that "strong spiritual identity may serve as a protective factor against DEP [disordered eating pathology]".
Citation: Latzer Y, Weinberger-Litman SL, Gerson B, Rosch A, Mischel R, Hinden T, Kilstein J, Silver J (2014). Negative religious coping predicts disordered eating pathology among Orthodox Jewish adolescent girls. Journal of Religion and Health, Aug 20 [E-pub ahead of print]
Comment: Although direction of causation cannot be determine in this small cross-ectional study, the consistent way that self-esteem explained the relationship between negative religious coping and every aspect of disordered eating (in 5 out of 5 analyses) is a remarkable finding. This underscores the strong relationship in these girls between eating disorder, low self-esteem, and feeling punished or abandoned by God or one's faith community.

Chaplains and Confidentiality

Faculty in the Palliative Care Unit of the School of Public Health of La Trobe University in Melbourne, Australia, review and discuss the literature on patient confidentiality and professional ethics as it applies to chaplains. First, they examine terms and definitions of words such as confidentiality, privacy, and secrecy, and then break them down into types of secrecy and levels of confidentiality (from abolute confidentiality to absence of confidentiality). One study reviewed found that when 246 patients at a hospital in New Zealand were asked about this, 83% said they believed chaplains would not tell the doctor, but rather keep whatever information they revealed in absolute confidentiality. On the other hand, a survey of 2,895 U.S. Navy personnel indicated that 65% believed that navy chaplains were required to report certain matters to "command" and 63% indicated that what they said to chaplains was not confidential (prompting a policy of absolute confidentiality for navy chaplains). The authors discuss all of these issues in depth, including how lack of confidentiality may impact what patients say to chaplains, how confidentiality relates to the role of the chaplain as part of the healthcare TEAM (sharing information with other providers), and the impact of confidentiality on the "duty to tell" if someone's life is in danger. Future policy in this regard is also addressed.
Citation: Carey LB, Willis MA, Krikheli L, O'Brien A (2014). Religion, health and confidentiality: An exploratory review of the role of chaplains. Journal of Religion and Health, Aug 23 [E-pub ahead of print]
Comment: This article provides an excellent background on the delicate and controverial issue involving confidentiality in the chaplain-patient relationship. In the Catholic Church, according to canon law, the priest is forbidden to reveal to anyone what has been confessed as part of the sacrament of penance – even if it may result in their own death or the death of others. Thus, there is no "duty to warn" as there is in psychiatry. As chaplains are striving to establish their role as an integral part of the hospital healthcare team with access to medical records, ability to make notes in the record as physicians and nurses do, and desire to contribute to the overall care and treatment of patients, the issue of

confidentiality becomes extremely important (although is seldom discussed).

NEWS

New Book Series on Religion, Spirituality and Health

Editors' description: "The relationship between religious/spiritual belief or behaviour and health behaviour has been explored over several decades and across various disciplines. Religious variables have consistently been found to have a direct relationship to physical and mental health. At the same time - research has also indicated potential societal tensions that can exist between religion and health – we have seen this in relation to family planning, HIV/AIDS, and reproduction." Subtitled "A Social Scientific Approach," this new series by Springer seeks to uncover the impact of religion on individual health behaviours and outcomes but also the influence of religion on health practices at the community level. Spoken values are often shared within religious communities; however, religious influence can at times be extended outside of the community in instances of service provisions such as hospital ownership, various research active think tanks, political action, and the development of community mores. This book series is being edited by Christopher Ellison, Ph.D., Dean's Distinguished Professor of Social Science, at the University of Texas at San Antonio, and Dr Alphia Possamai-Inesedy at the University of Western Sydney. For more information, contact : alphia.possamai@uws.edu.au.

Institute for Muslim Culture and Health Established in China

As indicated in the last e-newsletter, China's first institute on religion and health was established in Western China at the Ningxia Medical University in Yinchuan on November 4, 2014, with blessings from the Chinese government. The vice president of the university (Professor Li Zheng Zhi) and dean of the school of public health (Professor Zhang Yu Hong) conducted the announcement and unveiling ceremony, with Dr. Zhizhong Wang and Dr. Harold Koenig in attendance (see below).

SPECIAL EVENTS

13th Annual David B. Larson Memorial Lecture

(Duke Hospital North, Durham, North Carolina, March 3, 2015)
This year's speaker is **David R. Williams**, the Florence Sprague Norman and Laura Smart Norman Professor of Public Health at the Harvard School of Public Health (HSPH) and Professor of African and African American Studies and of Sociology at Harvard University. More information about the lecture will be forthcoming. The lecture is free and open to the general public. See website: http://www.spiritualityandhealth.duke.edu/index.php/scholars/david-b-larson.

4th Annual Conference on Religion and Medicine

(Hyatt Regency, Cambridge, March 6-8, 2015)
"Contemporary western culture divides care of the soul from care of the body, apportioning the former to religious communities and the latter to medicine. The division of spiritual and material care of the human person has allowed us to meet many clinical needs efficiently, but it has also wrought unwanted outcomes, including increased mechanization of care and isolation in the experiences of illness and dying. Remedying this situation will require reengaging some critical questions: In what sense is illness a spiritual and/or religious experience? How should particular spiritual and religious needs of patients be addressed and by whom? What is at stake and what is experienced, spiritually, among those who care for patients? How may the powerful social and intellectual forces that continue to dehumanize the patient experience and the practices of health care be overcome? What do religious traditions teach us about these questions?" Conference conveners invite students, health care practitioners, scholars, and religious leaders to take up these questions and discuss their implications for contemporary medicine, doing so with reference to religious traditions and practices, particularly those of Judaism, Christianity, and Islam. For more information, go to: http://www.medicineandreligion.com/.

3rd Annual Emerging Tools for Innovative Providers Workshop (Pasadena, California, July 27-31, 2015)

This 5-day workshop, being held at Fuller Theological Seminary about 25 minutes from Hollywood, focuses on identifying spiritual interventions in healthcare settings. Physicians, nurses, psychologists, counselors, social workers, and chaplains are the target audiences for this workshop. Participants will work with each other and with workshop faculty to develop tools for assessing and addressing the spiritual and emotional needs of patients in their own unique settings, whether that be in medical hospitals and clinics, mental health, substance abuse, or community health environments. Faculty include Stephen Post, Alexis Abernethy, Sheryl Tyson, Lee Berk, Douglas Nies, Bruce Nelson, and Harold Koenig. A yearly West Coast conference targeted specifically at clinicians, this is the premier workshop in the U.S. that focuses on integrating spirituality into patient care. For more information, contact Dr. Sally Shaw at Glendale Adventist Medical Center (Sally.Shaw@ah.org).

Duke Spirituality & Health Research Workshop

(Durham, NC) (August 10-14, 2015)
Register for a spot in our 2015 summer research workshop on spirituality & health. The workshop is designed for those interested in conducting research in this area or learning more about the research that is now being done. Those with any level of training or exposure to the topic will benefit from this workshop, from laypersons to graduate students to full-time professors at leading academic institutions. Over 700 persons from all over the world have attended this workshop since 2003. Individual mentorship is being provided to those who need help with their research or desire career guidance. Partial **tuition scholarships** will be available for those with strong academic potential and serious financial hardships. For more information, see website: http://www.spiritualityhealthworkshops.org/.

6th International Conference on Ageing and Spirituality (Los Angeles, October 4-7, 2015)

As advertised by conference organizations: "Previously held in Australia, New Zealand, Great Britain and Scotland, the CLH

Center for Spirituality is proud to host the inaugural U.S. session of the International Conference on Ageing and Spirituality with the theme 'Paradox and Promise in the Spiritual Pilgrimage of Aging.' We invite those who see this journey as inherently spiritual to join us in Los Angeles to consider together what the realm of spirituality and religion brings to the current, world-wide discussion on and reality of aging. Let's dicover together ways to access the wisdom of those who have taken this pilgrimage before us, and begin to journey together on this 21st century pilgrimage, making music, finding meaning, and being full of hope in spite of losses and limitations. Proposals for workshops, seminars and posters will be received January 7-February 27, 2015." See the following website for more info: http://www.6thinternationalconference.org.

RESOURCES

Forgiveness and Reconciliation: Theory and Application (Routledge, 2014)

This book is written by a giant in the area of forgiveness research and application: Everett Worthington. From the publisher: "To be unforgiving is harmful. The inability to come to terms with one's anger or strife often can lead to stress disorders, mental health disorders, and relationship problems. Forgiveness is a personal decision. *Forgiveness and Reconciliation* focuses on individual experiences with forgiveness, aiming to create a theory of what forgiveness is and connect it to a clinical theory of how to promote forgiveness. Dr. Worthington creates an evidence-based approach that is applicable for individuals and relationships, and even for society. He also describes an evidence-based method of reconciliation - restoring trust in damaged relationships. Dr. Worthington hopes that this theory will inform scientific research and improve intervention strategies. Showing that forgiveness transforms personality, Worthington describes ways a clinician can promote (but not force) forgiveness of others and self. He provides research-based theory and applications and discusses the role of emotion and specific personality traits as related to forgiveness. Forgiveness and reconciliation might not be cures, but, as Worthington shows, they are tools for transforming both the self and the world." Available for $54.95 (paperback) at: http://www.routledge.com/books/details/9780415763493/.

The Minister's Guide to Psychological Disorders and Treatments, Second Edition (Routledge, 2014)

Written by W. Brad Johnson and William L. Johnson, widely renowned religious psychotherapists and psychotherapy researchers, this book is described by the publisher as "a thorough yet succinct guide to everything a minister might need to know about the most common psychological disorders and the most useful mental-health treatments. Written in straightforward and accessible language, this is the minister's one-stop guide to understanding common mental health problems, helping parishioners who struggle with them, and thinking strategically about whether to refer—and if so, to whom. This thoroughly updated edition is fully aligned with the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) and the latest evidence regarding evidence-based psychological treatments. The second edition also contains a new chapter on ministerial triage as well as additions to the DSM-V such as autism spectrum disorder and somatic symptom disorders. Written with deep empathy for the demands of contemporary pastoring, this guide is destined to become an indispensable reference work for busy clergy in all ministry roles and settings." Available for $39.95 (paperback) at: http://www.routledgementalhealth.com/books/details/9780415712453/.

Health and Well-being in Islamic Societies

(Springer International, 2014)

As ISIS marches across the Middle East, conducting ethnic cleansing, beheading Westerners, and rewarding their soldiers with women they've captured along the way –justifying these activities by pointing to the Qur'an – what exactly do Muslims believe? What is contained and stressed in the Qur'an? In this volume, Muslim beliefs and practices based on the Qu'ran and Hadith are outlined in detail, as are health-related Islamic practices and moral standards. Christian beliefs and health-related practices are also clarified, which are often poorly understood by Christians and non-Christians alike. Differences and similarities between Christian and Muslim beliefs and practices are examined. Much of this information will be a real eye-opener to readers.

The core of the book, though, focuses on research on religiosity and health in Muslim populations and compares the health of Muslims with that of other religious groups. Topics covered include mental disorders (depression, suicide, anxiety, psychosis, alcohol and drug abuse/dependence), positive emotions (well-being, happiness, optimism, hope, sense of control), personality traits (extraversion, neuroticism, agreeableness, etc.), social factors (marital stability, social support, social capital), health behaviors (exercise, diet, weight, smoking), and physical health (heart disease, hypertension, stroke, dementia, immune function, endocrine function, diabetes, cancer, overall mortality, etc.). This is the first comprehensive review of research on religion and health in Muslim populations. The book concludes with applications for clinical practice and the need for cooperation between Muslims and Christians in order to enhance global public health. Available for $63.99 at: http://www.amazon.com/Health-Well-Being-Islamic-Societies-Applications/dp/331905872X

Spirituality in Patient Care, 3rd Ed (Templeton Press, 2013)

The 3rd edition provides the latest information on how health professionals can integrate spirituality into patient care by identifying and addressing the spiritual needs of patients. Chapters are targeted to the needs of physicians, nurses, chaplains and pastoral counselors, mental health professionals, social workers, and occupational and physical therapists. Available ($22.36) at: http://templetonpress.org/book/spirituality-patient-care.

Handbook of Religion and Health (2nd Ed)

(Oxford University Press, 2012)

This Second Edition covers the latest original quantitative research on religion, spirituality and health. Spirituality and health researchers, educators, health professionals, and religious professionals will find this resource invaluable. Available ($105.94) at: http://www.amazon.com/Handbook-Religion-Health-Harold-Koenig/dp/0195335953

Spirituality & Health Research: Methods, Measurement, Statistics, & Resources

(Templeton Press, 2011)

This book summarizes and expands the content presented in the Duke University's Summer Research Workshop on Spirituality and Health (see above), and is packed full of information helpful in performing and publishing research on this topic. Available ($39.96) at: http://templetonpress.org/book/spirituality-and-health-research.

EDUCATION

Online Graduate Certificate Program on Applied Thanatology

The University of Maryland, Baltimore, is offering a new "Death, Dying, and Mourning" and is now accepting applications for the

2015 winter/spring semester. This 12-credit, three-course online program can be completed over the course of one year and is designed for busy health care professionals desiring greater competency and comfort levels working with those who are dealing with death, dying, and grief. The program is exclusively online, allowing people from all over the world to participate. For more information, go to http://www.graduate.umaryland.edu/thanatology/index.html.

FUNDING OPPORTUNITIES

Templeton Foundation Online Funding Inquiry (OFI)

The Templeton Foundation is now accepting letters of intent for research on spirituality and health between February 2, 2015 - April 1, 2015. If the funding inquiry is approved (applicant notified by May 1, 2015), the Foundation will ask for a full proposal that will be due September 1, 2015, with a decision on the proposal reached by December 21, 2015. The three main areas in religion, spirituality and health that the Foundation funds are: (1) research on causal mechanisms (basic psychosocial, behavioral, and physiological pathways), (2) increasing competencies of health care professionals in working with religious patients (physicians, but also pscyhologists and experts in public health), and (3) research involving the development of religious-integrated interventions that lead to improved health. More information: http://www.templeton.org/what-we-fund/our-grantmaking-process.

Inititative on Hope & Optimism: Conceptual and Empirical Investigations

The University of Notre Dame and Cornell University received a $4.5 million grant from the John Templeton Foundation to stimulate the field of hope and optimism. This project explores the theoretical, empirical, and practical dimensions of hope, optimism, and related states. Initiatives include $450,000+ for residential, non-residential and dissertation fellowships in philosophy; $450,000+ for residential, non-residential and dissertation fellowships in the phylosophy of religion; $1.4 million in research funding (psychology and sociology); a $50,000 playwriting competition; and a $10,000 amateur video competition. For more information, go to: http://hopeoptimism.com/.

2014-15 CSTH CALENDAR OF EVENTS…

December

17 To Heal and Restore Broken Bodies
Speaker: C. Scott Hultman, MD, MBA, FACS
Ethel and James Valone Distinguished Professor of Surgery Chief and Program Director UNC Burn Reconstruction and Aesthetic Center
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

January

21 Burnout, Angst, and Coping Among Physicians and Clergy
Speaker: Benjamin R. Doolittle, M.D., M.Div.
Associate Professor of Internal Medicine & Pediatrics
Yale University School of Medicine
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

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