

CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health

Volume 5

Issue 10

April 2016

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, and events in this area.

All e-newsletters are archived on our website. To view previous editions (July 2007 through March 2016) go to: <http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

LATEST RESEARCH

Spirituality and Post-Traumatic Growth in U.S. Veterans

Investigators at the VA New England Mental Illness Research Center and Yale University identified predictors of post-traumatic growth (PTG) over a two-year period (2011-2013) in a nationally representative sample of 1,838 U.S. Veterans. PTG was assessed using the 10-item PTGI-SF (Cann et al., 2010) that assesses five domains of growth following what the participant identifies as their worst traumatic event: development of intimate relationships, recognition of new possibilities for life, increase in personal strength, increase in spiritual development, and increase in appreciation for life (assessed at both Wave 1 and Wave 2). Predictors assessed were trauma characteristics (including PTSD symptoms), physical health, mental health, substance abuse, protective psychosocial characteristics, social connectedness, altruism, spirituality, and active lifestyle. Spirituality was assessed by frequency of religious attendance, frequency of private religious activities, and intrinsic religiosity (using the Duke Religion Index). **Results:** Cluster analysis was used to form five PTG trajectories: (1) consistently low (34%), (2) dramatically declining (16%), (3) moderately declining (19%), (4) increasing (17%), and (5) consistently high (15%). Spirituality measured at Wave 1 (especially intrinsic religiosity) predicted consistently high and increasing PTG compared to the consistently low PTG group. Researchers concluded that: "Post-traumatic stress disorder symptoms, medical conditions, purpose in life, altruism, gratitude, religiosity, and an active reading lifestyle predicted maintenance or increase in PTG."

Citation: Tsai J, Sippel LM, Mota N, Southwick SM, Pietrzak RH (2016). Longitudinal course of posttraumatic growth among US Military Veterans: Results from the National Health and Resilience in Veterans Study. *Depression and Anxiety* 33(1):9-18.

Comment: This is the first prospective study to examine baseline predictors of PTG over time in a large nationally representative

cohort of Veterans. While the analyses are complex and the findings somewhat difficult to follow, this is an important study that can help guide clinicians caring for Veterans, particularly Veterans with PTSD symptoms.

Health and Well-Being among the Non-religious

Researchers from the School of Public Health at the University of Michigan, Ann Arbor, analyzed cross-sectional data from a representative sample of 3,010 US adults, examining physical health, psychological functioning, social support, and health behaviors in atheists (n=83), agnostics (n=189), and those with no religious preference (n=329). These non-religious groups were compared with religiously affiliated participants (n=2,401, who were 21% Catholic, 8% Black Protestant, 33% Evangelical Protestant, 11% Mainline Protestant, and 11% other). Health outcomes were assessed by a 3-item measure of subjective health, 14-item list of chronic conditions, 11-item list of disease symptoms, and 15-item list of limitations of activities of daily living. Psychological well-being was assessed with a 5-item measure of positive affect, a 3-item measure of happiness, a 3-item measure of life satisfaction, a 3-item measure of self-esteem, a 7-item measure of depressive symptoms and a 4-item measure of death anxiety. Positive psychological characteristics assessed included gratitude, optimism, meaning in life, humility, compassion, forgiveness of others, and forgiveness of self using 1-4 item scales developed by the authors to measure these constructs. Social support was assessed by emotional support received and given, each measured by a 3-item scale, and by a 3-item loneliness scale. Health behaviors assessed included smoking, alcohol use, illicit drug use, and exercise, measured using single questions for each of these constructs. Due to the large number of outcomes, related dimensions were combined using MANCOVA, and comparisons were made across the four groups (atheists, agnostics, no affiliation, religiously affiliated), controlled for gender, age, education, race, and region of US. **Results:** There were no significant differences in physical health status between groups overall, although atheists and agnostics had *better* physical health in terms of BMI, number of chronic conditions, and physical limitations. However, members of these non-religious groups scored significantly *lower* on psychological well-being, positive psychological domains, social support, and health behaviors ($p < 0.001$ for all analyses except health behaviors, where $p = 0.017$). On measures of psychological well-being, atheists and agnostics in particular tended to have worse outcomes than either those with a religious affiliation or those who indicated they had no religious affiliation (but did not say they were atheists or agnostics). *Citation:* Hayward RD, Krause N, Ironson G, Hill PC, Emmons R (2016). Health and well-being among the nonreligious: Atheists, agnostics, and no preference compared with religious group members. *Journal of Religion and Health*, January 7 [E-pub ahead of press].

Comment: Rather remarkable results given the quality of the sample and the careful statistical analyses. Despite having better physical health on several measures, atheists and agnostics did not do so well on psychological, social, and behavioral domains.

EXPLORE...in this issue

1-4 LATEST RESEARCH

4-6 NEWS, EVENTS & RESOURCES

6 FUNDING Opportunities & CALENDAR

Modeling the Relationship Between Religiosity and Psychological Distress in Non-Religious Environments

Researchers in the School of Public Health at Ningxia Medical University surveyed 1812 university students at three universities in western, eastern, and midwestern mainland China (two-thirds indicating “none” for religious affiliation). The primary study aim was to examine the cross-sectional relationship between religiosity and psychological distress, testing several models indicating a hypothesized direction of effect. The 10-item Religious Commitment Inventory (Worthington) was used to assess religiosity. Psychological distress was assessed using Ronald Kessler’s 10-item Psychological Distress Scale. Other measures included the 4-item social interaction subscale of the Duke Social Support Index and the 20-item Purpose in Life Test – Short Form (Schulenberg). Structural equation modeling was used to test hypothesized models examining the relationship between religion and psychological distress. Two statistical models were tested: Model 1, with direction of effect hypothesized from religiosity to psychological distress, and Model 2, with direction of effect hypothesized from psychological distress to religiosity. Model 2 was hypothesized since people in non-religious environments may not turn to religion until psychological distress is severe and forces them to do so (since religion is not supported by the surrounding culture). **Results:** For Model 1, results indicated that religiosity was positively associated with psychological distress ($B=0.23$, $p<0.01$, with only minor mediated effects). For Model 2, results indicated that religiosity was inversely related to psychological distress ($B=-0.40$, $p<0.01$), with substantial indirect protective effects on psychological distress through purpose in life and social support. Both models explained the data equally well. Investigators concluded that, “The findings are consistent with the hypothesis that psychological distress increases religious involvement, which then increases purpose in life and social support that then lead to lower psychological distress.”

Citation: Wang Z, Koenig HG, Ma H, Al Shohaib S (2016). Religion, purpose in life, social support, and psychological distress in Chinese university students. *Journal of Religion and Health*, January 27 [E-pub ahead of press]

Comment: This study suggests that the way religiosity and psychological distress are modeled in cross-sectional analyses may influence the findings. In particular, it is important to consider that psychological distress may lead to an increase religiosity (in attempts to cope with the distress); religiosity may then lead to an increase in social support and purpose in life, which in turn decrease psychological distress. Failure to consider that distress may lead to an increase in religiosity and religiosity to an increase in psychosocial protective factors will likely miss the strong indirect positive effects of religiosity on distress, resulting in a misinterpretation of findings -- particularly when research is conducted in non-religious areas of the world.

Religiosity/Spirituality and Well-Being in Young Gay and Bisexual Men

Investigators at the University of Michigan School of Public Health (Ann Arbor) surveyed 351 young gay and bisexual men (YGBM) in Detroit, Michigan, examining relationships between religiosity/spirituality and psychological well-being. Participants (ages 18 to 29) were recruited online and in-person from the Detroit metropolitan area during 2012. Religious commitment was assessed with two items: “To what extent do you consider yourself a spiritual person?” and “To what extent do you consider yourself a religious person?” (both rated from 1 to 4). Religious participation was assessed with a single item: “In the past year how often have you attended religious services?” (rated from 1 to 7). Religious coping was measured with two questions: “My spiritual beliefs help me to get through hard times,” and “My spiritual beliefs are a

source of strength” (both rated 1 to 4). Other psychosocial measures included self-esteem (10-item Rosenberg scale), life purpose (6-item Steger scale), internalized homophobia (9-item Ego-Dystonic Homosexuality scale), local community stigma (7-item scale), and demographic characteristics. Multivariate analyses were conducted only in participants who were at least somewhat religious/spiritual ($n=279$). **Results:** Over three-quarters of the sample (80%) identified themselves as either religious and/or spiritual. Among these individuals, three-quarters (77%) reported attending religious services in the past year and almost all (91%) indicated that spirituality was a source of strength to some degree. Black participants in particular were more likely than other racial/ethnic groups to be religious/spiritual. Compared to those who were not religious/spiritual ($n=72$), religious/spiritual participants scored *higher* on internalized homophobia ($p<0.01$). No significant differences between groups were found on sexual identity, age, educational attainment, local community stigma, life purpose, or self-esteem. Multivariate analyses examining predictors of purpose in life, self-esteem, and internalized homophobia revealed that religious participation was inversely related to purpose in life ($B=-0.07$, $SE=0.03$, $p<0.05$) and was positively related to internalized homophobia ($B=0.06$, $SE=0.03$, $p<0.05$). Likewise, religious/spiritual commitment was inversely related to self-esteem ($B=-0.06$, $SE=0.03$, $p<0.05$) and was positively related to homophobia ($B=0.07$, $SE=0.03$, $p<0.05$). In contrast, spiritual coping was positively related to purpose in life ($B=0.13$, $SE=0.02$, $p<0.001$) and to self-esteem ($B=0.09$, $SE=0.02$, $p<0.001$), but was unrelated to internalized homophobia ($B=-0.04$, $SE=0.03$, $p=ns$). Researchers concluded that while religious participation and commitment were negatively associated with psychological well-being, spiritual coping was positively associated with it.

Citation: Meanley S, Pingel ES, Bauermeister JA (2016). Psychological well-being among religious and spiritual identified young gay and bisexual men. *Sexuality Research and Social Policy* 13(1):35-45.

Comment: This is one of the few studies that has examined the religion/spirituality-mental health relationship in a relatively large sample of inner city YGBM. Most interesting is the high prevalence (80%) of at least some degree of religiosity/spirituality in the sample. Homophobia was significantly higher among religious/spiritual vs. non-religious/spiritual participants. Although associations were relatively weak, religiosity/spirituality was associated with significantly worse self-esteem and lower purpose in life and with significantly greater homophobia. In contrast, spiritual coping was strongly and positively related to psychological well-being, and was not associated with homophobia. Unfortunately, religious organizations are often not very kind to YGBM, and as the authors suggest, action is needed to increase sensitivity to the religious/spiritual needs of persons in this group.

Predictors of Religious Participation in Older Europeans

Researchers at the Center for Social and Economic Research in Warsaw, Poland and at several other institutions in Poland, the Netherlands, Italy, Austria, and Portugal analyzed cross-sectional data on 57,391 individuals age 50 or older living in 16 European countries (collected in 2010-2011). Participation in religious activities was assessed by asking participants if they had attended or taken part in the activities of a religious organization within the past 12 months. Responses were scored in the binary fashion (1=yes, 0=no). Physical health was assessed by number of self-reported health conditions including myocardial infarction, stroke, cerebrovascular disease, diabetes, chronic pulmonary disease, arthritis, cancer, ulcers, Parkinson’s disease, cataracts, and fractures. “Multi-morbidity” (sick) was determined by the presence of two or more of these physical health conditions. Other predictors included physical functioning, which was assessed by

10 different forms of physical activity that which were used to categorize participants as having mobility limitations. Mental health (Euro-D scale), presence of Alzheimer's disease or dementia (self-reported), demographic factors (age, sex, marital status, household size), human capital (level of education), socioeconomic status, and social participation were also assessed. Analyses were stratified by multi-morbidity status. Logistic regression was used to identify predictors of religious activity.

Results: Among those with fewer than two medical comorbidities (i.e., healthy), participation in religious activities was predicted by the absence of dementia, gender (female), age 65 are older, not being divorced, not have a secondary education, lower income, engagement in informal caregiving activities, and involvement in sports or clubs, volunteer activities, and educational activity. Results were similar among those with two or more medical comorbidities (i.e., sick), except that there was no relationship between religious activity and divorce status, income level, or informal caregiving status; however, a negative relationship with religious activity did emerge with number of people in the household (2-person household vs. single person household). Controlling for functional limitations had little effect on these relationships in either the sick or healthy group, although mobility limitations itself was negatively related to religious activity. Researchers concluded that the activities of churches and religious organizations is specifically aimed at older and ill people in Europe, accounting for these relationships.

Citation: Sowa A, Golinowska S, Deeg D, Principi A, Casanova G, Schulmann K, Ilinca S, Rodrigues R, Moreira A, Gelenkamp H (2016). Predictors of religious participation of older Europeans in good and poor health. European Journal of Ageing, March 12 [E-pub ahead of print]

Comment: These complicated analyses and results were not well presented or interpreted, although the study's huge sample size and European context justify reporting the study here. The primary findings were that predictors of religious activity changed very little when examined in those with or without multiple medical comorbidities (sick vs. healthy), nor did they change much when controlling for functional limitations. Those over age 65 (and especially over age 75) were more likely to be engaged in religious activity than those ages 50-64. Similarly, women, those with less education and income, fewer functional limitations, and greater involvement in other group, educational, and volunteer activities were also more likely to be involved in religious activities.

Intrinsic Religiosity and Suicide Attempts in Iran

Researchers in the Health Policy Research Center at Shiraz University of Medical Sciences conducted a case-control study of 300 adults (average age 25) who were hospitalized for attempted suicide. Cases were compared to 300 control adults. Controls were those without a history of suicide attempt who accompanied adults to the hospital with any other diagnosis besides suicide or suicide attempt. The two groups were matched by age and gender. All interviews were conducted in private rooms in the hospital. Measures included Persian versions of the Eysenck Personality questionnaire, Billings and Moos Coping questionnaire, Multidimensional Scale of Perceived Social Support, and the General Health Questionnaire-28 (GHQ-28 assesses depression, anxiety, social impairment, and hypochondriasis related to a general medical illness). Religiosity was measured by a Persian version of the Duke University Religion Index (DUREL). Also assessed were socioeconomic status and stressful life events.

Results: Cases scored significantly lower on all aspects of religiosity (organizational, non-organizational, and intrinsic). Multivariate analyses using logistic regression indicated that the independent predictors of suicide attempt were stressful life events, having a general health condition, less perceived social support from friends, less problem-focused coping, and lower intrinsic religiosity (OR=0.86, 95% CI=0.76-0.97, p=0.01).

Researchers concluded that "intrinsic religious beliefs and close social networks may have protective effects" against suicide attempts in Iran.

Citation: Akbari M, Haghdooost AA, Nakhaee N, Bahramnejad A, Baneshi MR, Zolala F (2015). Risk and protective factor for suicide attempt in Iran: a matched case-control study. Archives of Iranian Medicine 18(11):747-752.

Comment: Well-done cross-sectional study that controlled for socioeconomic factors, social support, and other psychological and physical characteristics. For every one point increase on intrinsic religiosity there was a 14% reduction in likelihood of suicide attempt.

Religion and Depression in Women with Fertility Problems in Iran

Investigators in the department of psychology at the same university above examined 72 women (average age 31.6) with fertility problems recruited from several private infertility clinics in Shiraz, Iran. Depressive symptoms (Beck Depression Inventory-II) and a 21-item Iranian religious coping scale were administered. The religious coping scale (developed by authors) consisted of five dimensions: practice, active, passive, benevolent reappraisal, and negative religious coping. **Results:** Nearly one-third of women (30%) scored above the cutoff for depression on the BDI-II. Regression modeling indicated that benevolent religious coping (i.e., "I saw my situation as God's will"), active religious coping (i.e., "I turned the situation over to God after doing all that I could"), and practice religious coping (i.e., "I sought help with prayer") were inversely related to depressive symptoms (all $p < 0.005$).

Citation: Aflakseir A, Mahdiyar M (2016). The role of religious coping strategies in predicting depression among a sample of women with fertility problems in Shiraz. Journal of Reproduction & Infertility 17(2): 117-122.

Comment: One of the few studies from the Middle East examining the role of religion in the coping of women with infertility problems. A pretty good study, although no participant characteristics were controlled for in regression analyses except religious coping styles.

Psychometric Properties of the Belief into Action Scale in Mainland China

Researchers in the School of Public Health at Ningxia Medical University administered the 10-item Belief into Action Scale (BIAC), 10-item Religious Commitment Inventory (RCI; Worthington), and several other psychosocial measures (Purpose in Life Scale and Social Integration Scale) to 1,830 college students at three universities in mainland China. **Results:** The mean age of participants was 21.5 years (SD=1.3); 69% were female; and religious affiliation was 14% Buddhist, 18% Muslim, 2% Christian, and 67% no religious affiliation. The average score on the BIAC was 15.9 (SD 8.8) on a scale from 10 to 100. Exploratory and confirmatory factor analysis identified a 3-factor model (personal, social, and "God" factors). Cronbach's alpha for the overall sample was 0.83 for the BIAC and 2-week test-retest reliability in 133 participants was 0.86. Convergent validity was demonstrated with the RCI ($r > 0.60$ with subscales) and with the presence of a religious affiliation ($r = 0.56$). Discriminant validity was demonstrated by weak correlations with social interaction ($r = 0.10$), life satisfaction ($r = 0.02$), purpose in life ($r = 0.01$), and quality of life ($r = -0.02$). Investigators concluded that, "The BIAC scale is a reliable and valid measure of religiosity in Chinese college students."

Citation: Wang Z, Ma H, Rong Y, Koenig HG (2016). Psychometric properties of Belief into Action Scale among university students in China. International Journal of Social Science Studies 4(3):83-93.

Comment: Originally developed in the United States (central North Carolina and southern California), the 10-item BIAC in the original study was found to be an accurate and sensitive measure of religious commitment in middle-aged and older caregivers. The present study suggests that it is a reliable and valid scale even when used in a non-religious population of college students, two-thirds with no religious affiliation.

Effects of Religious Psychotherapy on Purpose in Life in Major Depression

Investigators at Duke University and Loma Linda University examined the effects of religious cognitive behavioral therapy (RCBT) vs. conventional CBT (CCBT) on purpose in life (PIL) in persons with major depressive disorder and chronic medical illness. A total of 132 participants were randomized to either RCBT (n=65) or CCBT (n=67) to receive ten 50-minute sessions of therapy (94% of sessions remotely by telephone). Purpose in life was measured by the 20-item Purpose in Life scale (Ryff, 1989). RCBT was administered using Christian, Jewish, Muslim, Buddhist, and Hindu versions of the therapy (all manualized). Baseline religiosity was measured with a 29-item religiosity scale composed of several standard measures. Major depression was diagnosed using a structured psychiatric interview, the MINI Neuropsychiatric Inventory, and chronic medical illness by the Charlson Comorbidity Index. Growth curve models were used to compare the trajectories of change in PIL over 24 weeks (assessed at baseline, 12 weeks, and 24 weeks) between treatment groups. **Results:** No significant difference between groups was found between trajectories of change of PIL in the overall sample (B=-1.22, SE=1.63, p=0.45, Cohen's d=0.12, slightly favoring RCBT). However, a significant group by time interaction was found indicating that RCBT was more effective than CCBT in increasing PIL in participants who were highly religious at baseline (n=40) (B=-5.87, SE=2.57, p=0.026, d=0.64). Researchers concluded that "RCBT does not appear to increase PIL more than CCBT, although this may depend on the religiosity of the client."

Citation: Daher N, Koenig HG, Pearce MJ, Nelson B, Shaw SF, Berk LS, Belinger D, Robins CJ, Coen HJ, King MB (2016). Effects of religious vs. conventional cognitive-behavioral therapy on purpose in life in clients with major depression and chronic medical illness: A randomized clinical trial. *International Journal of Existential Psychology & Psychotherapy* (February) 6(1):000-000 [Epub ahead of press]

Comment: This report indicates that RCBT may be particularly effective on increasing purpose in life among highly religious clients with major depressive disorder and chronic medical illness, conditions which are likely to threaten an individual's purpose in life.

SPECIAL EVENTS

Research Workshop on Spirituality & Health in Gdansk, Poland

(May 8-11, 2016)

A 4-day research workshop with Dr. Harold Koenig will be held just prior to the 5th biannual European Conference on Religion, Spirituality and Health (see below). This workshop is designed for graduate students and young faculty pursuing a research career or wanting to know more about research in this area. Individual mentorship on research projects and academic career development will be provided. This workshop mirrors the 5-day research workshop held in August each year at Duke University.

Deadline is April 8. For more information, contact Dr. Rene Hefti (rene.hefti@klinik-sgm.ch).

5th European Conference on Religion, Spirituality and Health

(Gdansk, Poland, May 12-14, 2016)

The conference will focus on the integration of religion and spirituality into health care and its implications for patients in Europe. The Gdansk Lecture will be held by Prof. Dr. Halina Grzymala-Moszczyńska (Poland). Symposia are invited to allow research groups to present their research projects. Keynote speakers include: Julie Exline (Case Western Reserve University), Simon Dein (University College London), Michael B. King (University College London), Kevin Ladd (Indiana University), Vasileios Themos (University Ecclesiastical Academy of Athens), Stephanie Monod (University of Lausanne), Ulrich Kortner (University of Vienna), and others. For more info, go to: <http://www.ecrsh.edu>.

Practice & Presence: A Gathering for Christians in Healthcare

(Duke Divinity School, Durham, NC, May 20-22)

"If you are like me, you wonder at times how your day to day work in healthcare connects to and flows from your identity in Christ and your membership in his body. As a Christian, you long to *show up* in your clinical practice with both your mind and your heart more fully engaged. We pray that this May gathering, held annually at Duke Divinity School, will nourish Christian health practitioners to joyfully and wisely engage their vocations. In community with like minded colleagues, participants will learn from leading Christian scholars and practitioners, and they will do so in a context of shared prayer, worship, and conversation. We pray this will become a special gathering of friends and colleagues who long for eyes to see Jesus, and courage to follow him, in our health care vocations. We would be honored to have you join us." -- Farr Curlin, M.D., Josiah C Trent Professor of Medical Humanities, Co-Director, Theology, Medicine, and Culture Initiative, Duke University. To register, see website:

<https://tmc.divinity.duke.edu/programs/practice-and-presence/>.

Other Conferences

1st International Congress on Religious/Spiritual Counseling and Care

(Istanbul, Turkey, April 7-10, 2016)

See website: <http://mdrk.org/en>.

Honoring Dr. Ken Pargament

(Bowling Green, Ohio, April 15, 2016)

Attend the event honoring professor Kenneth Pargament at Bowling Green University in the Bowen-Thompson Student Union (room 308 from 8AM-4PM). Contact: allenda@bgsu.edu.

Health, Illness, and the Witness of the Church

(Durham, NC, Duke Divinity School, April 11, 2016)

Engaging healthcare and illness from a theological perspective. Registration: <https://divinity.duke.edu/aehs-study-day>

4th International Conference of the British Association for the Study of Spirituality (BASS)

(Manchester, UK, May 23-26, 2016)

See website: www.bassspirituality.org.uk. For any enquiries, contact: Prof. Holloway (m.i.holloway@hull.ac.uk).

4th Annual Disaster Ministry Conference

(Wheaton College, Wheaton, IL, June 7-10, 2016)

See website: <http://www.disasterministryconference.com/#story-1>.

2nd International Conference in Spirituality in Healthcare

(Dublin, Ireland, June 23, 2016)

Contact Professor Fiona Timmins (timmins@tcd.ie).

Duke University Spirituality & Health Research Workshop

(Durham, North Carolina, August 15-19, 2016)

See website: <http://www.spiritualityhealthworkshops.org/>.

RESOURCES

You Are My Beloved, Really?

(Printed by CreateSpace, 2016)

From the publisher: "This book is written for everyone, Christian and non-Christian, those who are religious or spiritual or neither. In 24 short easy to read chapters, it explores how God feels about us. Are we his beloved, as some claim? Or is this just fantasy and wishful thinking. The author, a psychiatrist and medical researcher, examines the evidence for God's love from Christian, Jewish, Muslim, Buddhist and Hindu perspectives based largely on the sacred scriptures from these traditions. Not a theologian, the author draws from his 30 years in clinical practice, his research, and his personal life in taking a practical approach to the subject. Those of any age with an open mind will find this book enlightening, if not inspiring." Dedicated to Veterans and active duty Service Members. Available (155 pages) for \$7.45 at: <http://amzn.com/1530613094> or <http://www.createinspace.com/6134341>.

Semantics and Psychology of Spirituality: A Cross-Cultural Analysis (Springer, 2016)

From the publisher: "This book examines what people mean when they say they are 'spiritual'. It looks at the semantics of 'spirituality', the visibility of reasons for 'spiritual' preference in biographies, in psychological dispositions, in cultural differences between Germany and the US, and in gender differences. It also examines the kind of biographical consequences that are associated with 'spirituality'. The book reports the results of an online-questionnaire filled out by 773 respondents in Germany and 1113 in the US, personal interviews with a selected group of more than 100 persons, and an experiment. Based on the data collected, it reports results that are relevant for a number of scientific and practical disciplines. It makes a contribution to the semantics of everyday religious language and to the cross-cultural study of religion and to many related fields as well, because 'spirituality' is evaluated in relation to personality, mysticism, well-being, religious styles, generativity, attachment, biography and atheism. The book draws attention to the – new and ever changing – ways in which people give names to their ultimate concern and symbolize their experiences of transcendence. Available for \$218.35 at: <http://www.amazon.com/Semantics-Psychology-Spirituality-Cross-Cultural-Analysis/dp/3319212443>.

Restoring the Healer: Spiritual Self-Care for Health Professionals (Templeton Press, 2016)

From the publisher: "Burn out. Two words that haunt those in high stress jobs, especially in the medical profession. Long hours and the literal life-and-death nature of the field creates expectations to not only be on call at all hours, but to be at one's best, even at 3:00 AM after a twenty-hour shift. So much energy is devoted to the care of others that self-care is forgotten. Yet, more are noticing and research confirms that self-care is needed, not only for personal sanity but also for quality of work. Unwell medical professionals are not the best at treating others. And this self-care includes not just rest, food, and water, but a deeper care, one that tends the spiritual side as well. To both the spiritually active and the spiritually resistant, hospital chaplain William Dorman offers a guide to understand a more comprehensive, full-bodied self-care. Each chapter begins with case studies, concrete experiences that

help unpack abstract concepts which bring much needed peace to stressed individuals. Dorman also structures each chapter to end with prayers and action steps, which offer more concrete ways to care for the self. From working as a hospital chaplain for over 18 years, and serving as the director of chaplaincy services for the largest integrated health care system in New Mexico, Rev. Dorman recognizes the stresses that come to those who have made it their profession to heal others. Healers need healing too—and this guide is the first step." Available for \$11.17 at: <https://www.templetonpress.org/book/restoring-healer>.

Disaster Ministry Handbook (InterVarsity Press, 2016)

From the publisher: "When disasters happen, people turn to local churches as centers for response and assistance. When floods or tornadoes devastate an area, or when shootings and violence shock a community, knowing what to do can be the difference between calm and chaos, courage and fear, life and death. But few churches plan in advance for what they should do— until the storm hits. Don't get caught unprepared. If a natural disaster or human tragedy strikes your community, your church can minister to the hurting. Jamie Aten and David Boan, codirectors of the Humanitarian Disaster Institute, provide a practical guide for disaster preparedness. Disaster ministry is a critically important work of the church, preparing for the unthinkable, providing relief to survivors, caring for the vulnerable and helping communities recover. Filled with resources for emergency planning and crisis management, this book provides best practices for local congregations. By taking action in advance, your church can help prevent harm and save lives during a disaster. The time to plan is now. Be prepared." Available for \$15.20 at: <http://www.ivpress.com/cgi-ivpress/book.pl/code=4122>.

CME/CE Videos (CSTH, July 2015)

Due to the generous support of the Templeton Foundation and Adventist Health System, five professionally produced 45-minute videos on **why and how** to "integrate spirituality into patient care" are now available on our website (*for free*, unless CME/CE is desired). Videos are targeted at physicians, nurses, chaplains, and social workers in an effort to help them form **spiritual care teams** to provide "whole person" medical care that includes the identifying and addressing of spiritual needs. No other resource like this currently exists. Go to: <http://www.spiritualityandhealth.duke.edu/index.php/cme-videos>.

Health and Well-being in Islamic Societies (Springer International, 2014)

What exactly do Muslims believe? How do these teachings line up with Christian beliefs? While differences and similarities between Christian and Muslim beliefs and practices are examined, the core of the book focuses on research exploring religiosity and health in Muslim populations. Available for \$53.22 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. Chapters target physicians, nurses, chaplains and pastoral counselors, mental health professionals, social workers, and OT/PT. Available for \$21.23 (used) at: <http://www.amazon.com/Spirituality-Patient-Care-When-What/dp/1599474255/>.

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 (more than 3300 studies in 2010). Spirituality and health researchers, educators, health professionals, and religious professionals will find this resource invaluable. Available for \$132.51 (used) 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 for \$38.20 (used) at:

<http://www.amazon.com/Spirituality-Health-Research-Measurements-Statistics/dp/1599473496/>

POSTDOCTORAL FELLOWSHIPS AND INTERNSHIPS

David B. Larson Fellowship in Health and Spirituality

This research opportunity at the Library of Congress is open to post-doctoral scholars working at the intersection of health and spirituality. It provides a 6-to-12 month stipend of \$4,200/month for residential research at the Library of Congress for any topic that investigates the role of religion and spirituality in physical, mental, and social health. Deadline is **April 17, 2016**. For more information and information on former fellows, go to:

<http://www.loc.gov/kluge/fellowships/larson.html>.

FUNDING OPPORTUNITIES

Templeton Foundation Online Funding Inquiry (OFI)

The John Templeton Foundation is now accepting new funding requests *at any time of the year* through their OFI form. The next deadline for "small grants" submission is February 29, 2016 [a small grant is considered less than \$217,400], with decision made by March 31. The next deadline for "large grants submission" (greater than \$217,400) is August 31, 2016. 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 psychologists and experts in public health), and (3) research involving the development of religious-integrated interventions that lead to improved health. More information: <https://www.templeton.org/what-we-fund/grantmaking-calendar>.

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PLEASE Partner with us to help the work to continue...

<http://www.spiritualityandhealth.duke.edu/index.php/partner-with-us>

2016 CSTH CALENDAR OF EVENTS...

April

- 14 **Spiritually-oriented Cognitive Processing Therapy for the Treatment of Moral Injury in Active Duty Military with PTSD**
Eisenhower Army Medical Center, Augusta, GA
Speaker: Koenig
Contact: Scott Mooney, PhD (scott.r.mooney.civ@mail.mil)
- 15 **Gold Nuggets of Knowledge on religion, Spirituality and Health Mined from Medical Research**
Honoring Ken Pargament
Bowling Green University
Speakers: Koenig (via Skype) and others
Contact: Annette Mahoney (amahone@bgsu.edu)
- 27 **Ecology, Theology, and Health : Spiritual Care in Population Health**
Speaker: Keith G. Meador, M.D., ThM, MPH
Professor of Psychiatry & Health Policy, Vanderbilt University
Director, Mental Health & Chaplaincy, VHA-VISN 6 MIRECC
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 28 **The Benefits of Integrating Faith & Health**
CaroMont Spiritual Care, Gastonia, NC
Speaker: Koenig
Contact: Lisa Marisiddaiah (Lisa.Marisiddaiah@caromonthhealth.org)

May

- 4 **Religion, Spirituality and Mental Health**
Cherry Hospital Psychiatry Grand Rounds, Goldsboro
Speaker: Koenig
Contact: Thomas Jensen (thomas.jensen@dhs.nc.gov)
- 8-11 **Spirituality and Health Research Workshop**
Gdansk, Poland
Speaker: Koenig and others
Contact: Dr. Rene Hefti (rene.hefti@kliniek-sgm.ch)
- 12-14 **European Conference on Religion, Spirituality and Health**
University of Gdansk
Gdansk, Poland
Speakers: Koenig and others
Contact: Oliver Merz (info@oliver-merz.ch)
- 19 **Personal Journey of Spirituality and Career**
How Faith and Spirituality Influence Today's Innovative Leaders, sponsored by Johnson Service Corps
Chapel of the Cross Episcopal Parish, Franklin
Street, Chapel Hill, NC (6:00-9:00P)
Speaker: Koenig and others
Contact: Sarah Campbell (Sarah@JohnsonServiceCorps.org)
- 25 **Health and Wellness in North Carolina Churches**
Speaker: Jennifer E. Copeland, Ph.D.
Director, Executive Director NC Council of Churches
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)