

CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health

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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 2017) go to: <http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

LATEST RESEARCH

Religious Attendance and Suicide Rate in U.S.

VanderWeele et al from the Harvard T.H. Chan School of Public Health respond to a letter to the editor that criticized the results from their study of religious attendance and suicide from the Nurses Health Study, particularly their finding that weekly attendance reduced the suicide rate in Catholic women by 20-fold. The critique complained that the study didn't take into account clergy-related child abuse in the Catholic Church. VanderWeele and colleagues countered by indicating that data on clergy child abuse was not included until later waves of the Nurses Health Study, not allowing sufficient time to elapse for enough suicides to have occurred during the follow-up period (since this was a study of suicide incidence). Furthermore, to explain away the effect of religious attendance on suicide rate, a confounder (such as clergy-related child abuse) would have to increase the suicide rate by 12-fold (highly unlikely). Finally, in describing the public health importance of their religious attendance-suicide finding, VanderWeele et al note that the suicide rate in the U.S. increased significantly between 1999 and 2014 (from 10.5/100,000 to 13.0/100,000), while the rate of weekly religious attendance declined during that same period (from 43% to 36%). Extrapolating their study's estimate of the effect of weekly attendance on suicide to that for the general population, the researchers indicate that up to 40% of the recent increase in suicide rate in the U.S. population may be attributed to the decline in religious service attendance.

Citation: VanderWeele TJ, Li S, Kawachi I (2017). Reply to "Religious service attendance and suicide rate." *JAMA Psychiatry* (formerly Archives of General Psychiatry) 74(2):197-198

Comment: Declining religious attendance in the U.S. could explain 40% of the increase in suicide rate in this country. Think about that for a moment. Might other mental or physical health outcomes be likewise affected by declining religious attendance in the U.S.? What about the effects on health and healthcare costs resulting from secularization of societies in other religious countries around the world, particularly those in the Middle East, Africa, and South America?

Religious Belief and Suicide in Iran

Researchers from Kerman University of Medical Sciences in Kerman Iran identified 300 patients who had attempted suicide and 300 controls (outpatients from the sample hospital matched on age and on gender, but no history of suicidal behavior). Assessed were personality traits (Eysenck), stressful life events (SLE) (Holmes and Rahe), coping skills (Billings and Moos), socio-economic status, psychiatric distress (GHQ-28), and social support (MSPSS). Religious belief was assessed using the 5-item Duke Religion Index (DUREL). **Results:** Religiosity scores on the DUREL were significantly higher among controls than among cases in those with few SLE's and with high scores on mental distress (GHQ); those with high mental distress, low SLE's, and low intrinsic religious beliefs were much more likely to attempt suicide (71% in this category attempted suicide). However, for those with high SLE's and mental distress, family support and problem-solving coping skills were more important than religious beliefs. Researchers concluded that white religious beliefs were important in protecting against suicidal behavior for some, among those experiencing high SLE's and mental distress, family support and problem-solving skills were needed (not more religion).

Citation: Baneshi MR, Haghdoost AA, Zolala F, Nakhaee N, Jalali M, Tabrizi R, Akbari M (2017). Can religious beliefs be a protective factor for suicidal behavior? A decision tree analysis in a mid-sized city in Iran, 2013. *Journal of Religion and Health* 56:428-436

Comment: An interesting and unexpected finding in those reporting high stressful life events (where religion appeared not to be less helpful). Suicide is highly forbidden in Islamic society, so the association between religiosity and fewer suicide attempts is expected (among those with low SLE and high mental distress). Note also that the inverse association between religiosity and suicide was for **intrinsic religiosity**, not frequency of religious attendance.

Importance of Religion/Spirituality and Posterior EEG Alpha

Analyzing data from a cohort of 73 individuals at high and low risk for major depressive disorder, researchers from the division of cognitive neuroscience at New York State Psychiatric Institute and Columbia University examined the relationship between importance of religion/spirituality (R/S) and posterior resting EEG alpha over a 20-year period. Assessed were changes in posterior EEG alpha as participants increased or decreased R/S importance and changed religious denominations across the three assessments (T10, T20, and T30). Prominent EEG alpha has been associated with better antidepressant treatment outcomes in clinical depression; whether posterior alpha is related to vulnerability to depression, predicts treatment outcome, or is related in some other way to depression is not yet known.

Results: Those who indicated high importance of R/S at T10, regardless of whether R/S importance decreased at T20 or T30, also had high levels of posterior EEG alpha at T30; likewise, among those who had low importance of R/S at T10, regardless of whether they increased R/S importance at T20 or T30, experienced low posterior EEG alpha at T30.

EXPLORE...in this issue

1-5 LATEST RESEARCH

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Those who changed religious denominations between T10 and T30, also experienced low posterior EEG alpha at T30.

Researchers concluded that: "These findings provide additional support for the linkage between the timecourse of personal R/S importance that unfolds over a lifetime and a persistent individual trait of prominent posterior EEG alpha."

Citation: Tenke, C. E., Kayser, J., Svob, C., Miller, L., Alvarenga, J. E., Abraham, K., ... & Bruder, G. E. (2017). Association of posterior EEG alpha with prioritization of religion or spirituality: a replication and extension at 20-year follow-up. *Biological Psychology* 124:79-86.

Comment: This study is important because it identifies a neurological correlate of importance of R/S that appears to be stable over time, even if importance of R/S changes; it also suggests that change in religious denomination has a neurological impact (as indicated by changes in posterior EEG alpha).

Volunteer Work, Religious Commitment and Pulse Rate

Researchers in the school of public health at the University of Michigan surveyed a random national sample of 2,265 adults in the U.S., assessing frequency of volunteer work, religious commitment, and "resting pulse rate." A low resting pulse rate is associated with lower mortality, lower risk of cardiovascular disease, and larger cerebral brain volumes 20 years later. Persons with a strong sense of purpose and meaning in life tend to have slower resting pulse rates as well. Pulse rates were determined as slow (less than 60 beats per minute), medium (60-100 beats/min), or high (greater than 100 beats/min). Among participants, 13.1% had slow, 75.9% medium, and 11.0% high pulse rates.

Volunteering was assessed by a single question: "How often do you spend time in programs, whether through a religious organization or not, that help people in need, such as food banks and programs that provide shelter to the homeless? Other than giving donations of money, food or clothing, how often do you spend time working in this type of program?" (1=never to 6=several times/week). Religious commitment was assessed by three "intrinsic religiosity" type items. **Results:** Results indicated that volunteering was significantly associated with *higher* pulse rates ($B=0.044$, $p<0.05$). However, there was a significant interaction between volunteering and religious commitment ($B=-0.243$, $p<0.005$) on pulse rate, such that this positive correlation between volunteering and increased pulse rate progressively weakened as religious commitment increased.

Citation: Krause N, Ironson G, Hill PC (2017). Volunteer work, religious commitment, and resting pulse rate. *Journal of Religion and Health* 56:591-603

Comment: Any study that links religious commitment to biological variables is worth reporting, since this may help to explain the relationship between religion, physical health and mortality. Of course, there needs to be a rational explanation for "why" religious commitment ought to impact the biological variable, which this study provides (given the link between pulse rate and mortality, cardiovascular disease, and brain volume). The authors make the following conclusions about volunteering: "...the current study suggests that merely helping other people is not enough. Instead, helping others must arise from proper motives. Religious commitment represents one way of assessing these motives because it reflects dedication to faith traditions that emphasize the importance of loving others and helping people who are in need" (p 601).

Psychometric Properties of the DUREL in 5 Languages among Women with Cardiovascular Disease

Investigators from the school of nursing at the University of San Diego and other universities in the U.S., Japan, and Oman,

investigated the psychometric properties of translations of the Duke Religion Index (DUREL) in five languages among 282 women who were in cardiovascular disease recovery. The women were from seven different cultures. The five languages examined here were Japanese, Ukrainian, Tagalog, Arabic, and Hispanic.

Results indicated that the reliability and validity of the DUREL was strong for each of the five languages. Cronbach's alpha averaged at 0.84 across the languages. Convergent validity with the Index of Religiousness indicated a correlation of 0.91. Researchers concluded that "Understanding a woman's social isolation and whether she has a connection with religious groups assists healthcare professionals to identify a woman's social support resources during recovery from acute cardiovascular episodes." *Citation:* Gonzales, L., Koci, A., Gee, R. M., Noji, A., Glaser, D., Marsh, A. K., ... & Al Sabei, S. (2015). Caring for women globally: Psychometric testing of two instruments translated into five languages for use in cardiovascular recovery. *International Journal of Nursing Practice*, 21(S1): 27-37.

Comment: This study reports five additional languages in which the 5-item DUREL has been shown to be a reliable and valid measure of religiosity, now in women recovering from cardiovascular events living in Japan, Ukraine, Oman, Haiti, and the U.S. (immigrant groups).

Spirituality vs. Existential Well-being vs. Well-being

The author discusses the overlap and distinctions between these three constructs by commenting on a study conducted by other investigators that tried to show that the Spiritual Attitudes and Involvement List (SAIL) is not contaminated with indicators of well-being (which would interfere with the use of the measure in spirituality and health research). MacDonald, a psychometrician and spirituality and health researcher, carefully examines the methodology, the findings, and interpretation of the findings by the authors, and expresses several concerns. He concludes that (a) the authors' conclusion that the SAIL is not confounded by mental health items is not entirely warranted; (b) but, the authors' attempts to address this topic helps scholars to focus on the complex issues involved in the measurement of "spirituality" and "health" and their overlap; (c) if the SAIL is conceptualized as a unitary construct assessing spirituality, then the scale is confounded with well-being, which is problematic; (d) if the SAIL is repositioned as tapping constructs within a broad but unique domain of spirituality, then some of its components could be useful in identifying mechanisms and outcomes; (e) "if the SAIL or any spirituality measure is to be used in health research, then it is imperative that mechanisms specific to spirituality are theoretically identified and *are not contaminated with outcomes both within and across domains of functioning if one wants to avoid tautology.*" Finally, while he acknowledges the contribution of Koenig (2008) to the area of measurement purity, he criticizes his insistence that spirituality be defined and measured only as a unique and uncontaminated construct and notes that he is insensitive to the overlap that exists between spirituality and variables implicated in health and well-being. He admits that Koenig's criticisms have value with respect to the mechanism-outcome distinction (see below), but are less relevant to spirituality when treated as a complex *domain of functioning*. He disagrees with Koenig regarding his position that spirituality ends up being only religiousness once its overlap with other constructs is removed, and insists that religion is only "one of the many ways that spirituality is expressed and lived."

Citation: MacDonald, D. A. (2017). Commentary on "Existential Well-Being: Spirituality or Well-Being?" *Journal of Nervous and Mental Disease*, 205(3): 242-248.

Comment: This is an important commentary that researchers seeking to measure spirituality should read. The discussion is rather complex, somewhat hard to follow, and makes analogies between spirituality and neurosis in the Big Five factor model of personality that I don't agree with (or at least don't understand)

concerning construct overlap. However, the author raises many important issues in the measurement of spirituality that are essential for researchers to grapple with. In particular, he makes distinctions between (1) assessing spirituality in order to identify the relationship between spirituality and health outcomes and determine the mechanisms by which spirituality affects those outcomes (where measurement contamination is a real problem), and (2) assessing spirituality as a domain of functioning with various elements that may have some overlap with health (where measurement contamination is less problematic).

Spirituality/Religion and Burden in Caregivers of Terminally Ill Cancer Patients

Researchers from several universities in Rome, Italy, surveyed 200 caregivers of terminally ill cancer patients exploring factors that might alleviate caregiver burden. Caregivers were identified from hospices in Rome. Several indicators of caregiver distress were assessed including prolonged grief (PG-12), anxiety (14-item HAM-A), depression (21-item HAM-D), and caregiver burden (24-item CBI that assesses developmental burden, physical burden, social burden, and emotional burden). In addition, time-dependence burden was also assessed, i.e., the amount of time spent on caregiver duties. Spirituality/religion was assessed using the 15-item Spiritual Beliefs Inventory-Revised, which has 10-item intrinsic spirituality and 5-item extrinsic spirituality subscales.

Results: Intrinsic spirituality was positively related to time-dependence burden (time spent on caregiver duties) ($r=0.14$, $p=0.04$), but negatively related to developmental burden ($r=-0.13$, $p=0.07$), social burden ($r=-0.13$, $p=0.07$), and emotional burden ($r=-0.14$, $p=0.04$). Regression analyses confirmed these findings. Researchers concluded: "higher levels of intrinsic spirituality predicted a higher amount of time devoted to caregiving, and also protected against the emotional distress linked to providing assistance."

Citation: Lai, C., Luciani, M., Di Mario, C., Galli, F., Morelli, E., Ginobbi, P., ... & Lombardo, L. (2017). Psychological impairments burden and spirituality in caregivers of terminally ill cancer patients. *European Journal of Cancer Care* e12674, doi.org/10.1111/ecc.12674

Comment: Interesting study from Europe on caregivers of terminal cancer patients, a population on whom there is little information regarding spirituality and coping. Furthermore, studies in Europe seldom show inverse relationships between spirituality/religiosity and emotional distress. This study certainly did, although associations were weak and uncontrolled. Of particular interest is the positive association with time devoted to caregiving and the negative association with emotional burden. Therefore, despite spending more time on caregiving activities, the emotional burden was less in those who more spiritual/religious (suggesting greater emotional resiliency).

Patient vs. Healthcare Providers' Perspectives on Spiritual Care in Canada

Researchers from the faculty of nursing at the University of Toronto conducted qualitative interviews with 16 patients with advanced medical illness and a prognosis of less than 12 months, and with 21 healthcare professionals (HCPs) who usually treat Canadian patients with end-stage diseases (8 physicians, 7 nurses, 6 social workers; the majority with 5 years or more of experience treating patients with advanced end-of-life disease). Researchers asked patients and clinicians about their definition of spirituality, spiritual distress, spiritual care, and screening for spiritual distress. **Results** indicated that HCPs (in contrast to patients) struggled to articulate their definitions of spirituality, had difficulty relating stories of patients experiencing spiritual distress (whereas patients had no problem describing such experiences), and felt that spiritual care was not something they could provide

(their definitions of spiritual care also differed from that of patients' definitions). HCPs' understanding of spiritual care was more task-oriented, whereas patients understood spiritual care involved HCPs' active/deep listening, being present, and helping them live in the present moment. Researchers concluded that "...discrepancies in perception of spirituality, spiritual distress, and spiritual care may hinder the ability of HCPs to effectively offer meaningful spiritual care."

Citation: Selby, D., Seccaraccia, D., Huth, J., Kurppa, K., & Fitch, M. (2017). Patient versus health care provider perspectives on spirituality and spiritual care: the potential to miss the moment. *Annals of Palliative Medicine*, Epub ahead of press
Comment: Canadian patients with terminal illness in this study appeared to have a much better handle on spirituality than did the health professionals who cared for them. This is probably due to lack of training.

Frequency of Nurses Taking a Spiritual History

Elizabeth Taylor Johnson and colleagues from the department of nursing at Loma Linda University surveyed 1030 registered nurses and advanced practice nurses working in the following settings: intensive care (ICU), hospice and palliative care, and Christian health systems. Nurses were also recruited from journal websites (Journal of Christian Nursing, etc.). Two of these settings targeted nurses who were highly likely to be Christian. Researchers assessed 17 spiritual care therapeutics in terms of frequency in the past 72-80 hours (past two weeks of full-time employment). Frequency was measured by the categories of never (i.e., 0 times in past 72-80 hours), 1-2 times, 3-6 times, 7-11 times, and 12 times or more. One of the 17 items asked was the frequency that the nurse "assessed a patient's spiritual or religious beliefs or practices that are pertinent to health." **Results** indicated that 16.7% of nurses never did this, and 10.3% assessed spiritual/religious beliefs 12 or more times within the past 2 weeks of full-time work. Researchers concluded that "Findings affirm previous research that suggests nurses provide spiritual care infrequently."

Citation: Taylor EJ, Mamier I, Rici-Allegra P, Foith J (2017). Self-reported frequency of nurse-provided spiritual care. *Applied Nursing Research* 35:30-35

Comment: This is one of the few studies that attempts to assess the frequency of nurses taking a spiritual history. The particular groups of nurses that made up the sample (ICU nurses, palliative care and hospital nurses, and Christian nurses) makes it likely that these estimates are higher than for nurses in hospitals more generally. In other words, this is a "best case scenario." Even so, the frequency is pretty low considering how many patients nurses care for during an 80-hour work period. Low, indeed, when JCAHO requires that nurses provide care that is respectful for every patient's personal beliefs and values. How exactly does that occur if patients' most common beliefs and values, i.e., spiritual ones, are not routinely assessed by nurses?

U.S. Clergy Beliefs Regarding End-of-Life (EOL) Discussions and Care

Michael Balboni and colleagues from Harvard's Dana-Farber Cancer Institute surveyed a random sample of 1,005 clergy (60% of eligible respondents) identified from a database of 368,407 houses of worship in the U.S. Inquired about were clergy beliefs and practices regarding EOL medical decisions and interactions over these matters with congregants who had recently died. Questions assessed life-affirming religious values with regard to medical treatments in terminally ill patients within the last week of life, and discussions with congregants in this regard. Predictors of these attitudes and practices were also examined. Most clergy were from Christian denominations (98%). **Results:** Many clergy felt that God could perform a miracle of complete cure (86%), that all life-preserving treatment should be pursued because of the

sanctity of life (54%), but also that encouraging acceptance of dying as part of God's plan was appropriate (66%) and that asking if earthly affairs were in order was appropriate (60%). Only 16% believed that doctors should "always extend life." Many EOL discussions with congregants involved the discussion of hospice (56%), and many did not (44%). Endorsement of life-preserving values predicted not having EOL discussions with congregants who had recently died. Clergy who endorsed life-preserving values or who believed that doctors should "always preserve life" were also less likely to have a discussion with congregants about entering hospice (adjusted OR=0.58, 95% CI 0.42-0.80, $p < 0.0001$) and foregoing life-preserving treatments (adjusted OR=0.50, 95% CI 0.36-0.71). Lack of clergy discussion about hospice also correlated with decreased use of hospice (adjusted OR=0.45, 95% CI 0.29-0.66) and increased use of ICU services (adjusted OR=1.67, 95% CI 1.14-2.50). Black clergy, clergy serving low income congregations, evangelicals and Pentecostals were more likely to hold life-preserving values that prevented such discussions.

Citation: Balboni, M. J., Sullivan, A., Enzinger, A. C., Smith, P. T., Mitchell, C., Peteet, J. R., ... & Balboni, T. A. (2017). US Clergy Religious Values and Relationships to End-of-Life Discussions and Care. *Journal of Pain and Symptom Management*, E-pub ahead of print

Comment: This was a well done survey (national sample of all U.S. clergy, 60% response rate, large sample size, solid statistical analyses). It is clear that clergy have a big influence on patients' medical decisions at the end of life. Increasing clergy discussions with congregants regarding EOL decision making could have a significant impact on EOL care and cost. Education of clergy regarding the suffering that occurs during the last week of life among those with untreatable terminal illness may be help to increase the quality of these last days for the dying.

Spirituality Curriculum for Psychiatry Residents

Authors from Texas Tech University Health Sciences describe the development and content of a 3-year curriculum to sensitize general psychiatry residents to religious or spiritual issues relevant to psychiatric care. The curriculum includes didactics, seminars, case conferences, and bimonthly "spirituality dinners" with special guest speakers. They also assessed residents' attitudes toward the curriculum at the end of the 3rd year. A total of 12 residents were included in the study (4 Christian, 4 Hindus, 3 Muslims, 1 agnostic). **Results:** There was strong agreement by 86% of residents that psychiatry residents should not distance themselves from religious or spiritual issues in patients. Most residents (77%) indicated that addressing spiritual and religious needs of patients was important and appropriate, particularly in the management of addictions (69% indicating strong agreement). Most (92-100%) also strongly agreed that the treatment of suffering, guilt, depression, and complicated grief often required the addressing of spiritual issues. Less than one-half (43%) agreed that discussion of spiritual issues should be initiated by the patient rather than the psychiatrist. Researchers concluded that: "Our experience shows that attention to the spiritual and religious needs of patients enhances the personal and professional growth of residents in their residency training program."

Citation: McGovern, T. F., McMahon, T., Nelson, J., Bundoc-Baronia, R., Giles, C., & Schmidt, V. (2017). A descriptive study of a spirituality curriculum for general psychiatry residents. *Academic Psychiatry*, March 6, E-pub ahead of press

Comment: This study describes one of several psychiatric curricula that has sought to integrate spirituality into the training of psychiatry residents. Faculty in psychiatry should be aware of these efforts, and this curriculum in particular appears well-received by residents from a wide range of faith backgrounds.

NEWS

Religion and Medicine Conference in Houston

The Religion and Medicine conference on March 24-26 was well-attended with nearly 300 participants from a wide range of disciplines from internal medicine and palliative care to psychiatry, nursing, and social work. About one-quarter of participants were post-graduate students interested in pursuing academic careers in this area, making for a nice mix of researchers, clinicians, and learners.

Special Issue of Open Theology dedicated to Allen E. Bergin

P. Scott Richards put together an entire issue on religion and psychotherapy in honor of psychologist Allen E. Bergin (who himself contributed to this issue). Other contributors were Thomas Plante, Everett Worthington, Len Sperry, Daniel Judd, Lisa Miller, David Rosmarin, Brad Johnson, and numerous other researchers in the field of religion, spirituality and psychotherapy.

SPECIAL EVENTS

14th Annual Duke University Summer Research Workshop (Durham, NC, August 14-18, 2017)

Only 4½ months left to register to attend this one-of-a-kind 5-day training session on how to design research on religion, spirituality and health, get it funded, carry it out, analyze it, publish it, and develop an academic career in the area. The workshop compresses training material that was previously taught during our 2-year Duke post-doctoral fellowship, so the curriculum is packed. Leading religion-health researchers from Duke, Yale and Emory serve as workshop faculty. If desired, participants will have the option of a 30-minute one-on-one with Dr. Koenig or another faculty mentor of their choice (early registration will ensure a mentorship spot, since these are limited). Nearly 750 academic researchers, clinical researchers, physicians, nurses, chaplains, clergy, and students at every level in medicine, nursing, social work, chaplaincy, public health, psychology, counseling, sociology, theology, and rehabilitation specialty (as well as interested members of the general public) have attended this workshop since 2004. Participants from every faith tradition and region of the world usually come to this workshop, and this year will be no exception with 7 medical students from Al Faisal University in Saudi Arabia attending. **Partial tuition scholarships** are available. To learn how to register, go to: <http://www.spiritualityandhealth.duke.edu/index.php/5-day-summer-research-course>.

Workshop on Mental Health for Religious Leaders & Educators (New York City, May 7, 2017)

On Sunday, May 7th, 2017 from 2pm-6pm at 313 West 83rd Street, New York, the Center for Anxiety will host a workshop entitled "Mental Health: An Evidence-Based Workshop for Religious Leaders & Educators." The workshop will be led by David H. Rosmarin, PhD, ABPP (Assistant Professor, Harvard Medical School, Founder/Director of the Center for Anxiety). Attendees will learn about the prevalence, severity and impact of common mental disorders, evidence-based treatments for common mental disorders, the relevance of spirituality/religion to mental disorders, and the important roles that religious leaders and educators can play in helping individuals with mental disorders. Registration is \$100 (\$75 for students). To register or for more information, please visit www.centerforanxiety.org/education/clergy/ or contact Aliza Dinerstein, LMSW at 414-484-3556 or adinerstein@centerforanxiety.org.

Spirituality: The Invisible Ingredient in Health and Healing (Vancouver, British Columbia, May 4-5, 2017)

Providence Health Care of Vancouver, British Columbia invites you and your colleagues to participate in our sixth biennial conference that explores the integral relationship between spirituality, health and healing. The conference will be held at the Coast Plaza Hotel and Suites in the heart of Vancouver's colourful and cosmopolitan West End. On your doorstep is the 400-hectare Stanley Park, with walking and bicycle paths and a pedestrian seawall that takes you to the beaches and the world-famous Vancouver Aquarium. Less than a kilometre away, is the city's downtown financial, business, shopping and entertainment centre. For more information go to: <http://www.providencehealthcare.org/news/20170118/6th-biennial-spirituality-conference-%E2%80%9Cexploring-hospitality%E2%80%9D>

9th Annual Muslim Mental Health Conference

(East Lansing Marriott at University Place, April 14-15, 2017)
Sponsored by Michigan State University's Department of Psychiatry, the focus is on understanding addiction among Muslim populations or more generally the topic of Muslim mental health. Suggested topics include faith-based cultural competency, treating and understanding addiction, smoking cessation, substance use, gambling or gaming addiction, trauma-informed care for Muslims, spirituality and therapy, cultural diversity within Muslim populations, experiences of marginalization, role of Imam/Islamic centers in mental health services, help seeking and mental health stigma, family therapy, and Islamic history of mental health interventions. For more information go to: <http://www.psychiatry.msu.edu/about/news/9th-mmh-conference.html> or send e-mail to: msummhconference@gmail.com.

RESOURCES

Judaism and Mental Health: Beliefs, Research and Applications (Amazon: CreateSpace Platform, 2017)

From the publisher: "This book is for mental health professionals, clergy, and researchers interested in the relationship between religion, spirituality and health in Judaism. A concise description of Jewish beliefs and practices is followed by a systematic review of the research literature that has compared the mental health of Jews and non-Jews, and examined the relationship between religiosity and mental health in Jewish populations. Recommendations for the care of Jewish patients are provided based on those research findings, clinical experience, and common sense. In this well-documented and highly cited volume, the author brings together over 50 years of research that has examined how religious faith impacts the mental health of those who call themselves Jews, and explains what this means for those who are seeking to provide hope, meaning, and healing to members of this faith tradition." Available for \$7.50 at: <https://www.amazon.com/Judaism-Mental-Health-Research-Applications/dp/154405145X/>

Spirituality, Religion, and Aging: Illuminations for Therapeutic Practice (Sage Publishers, 2017)

From the publisher: This volume "is a highly integrative book written for students, professionals in aging, ministers, and older adults themselves. Readers will gain the knowledge and skills they need to assess, engage, and address the spiritual and religious needs of older persons. Taking a fresh approach that breaks new ground in the field, the author discusses eight major world religions and covers values and ethics, theories, interventions, health and caregiving, depression and anxiety, dementia, and the end of life.

Meditations and exercises throughout the book allow readers to expand and explore their personal understanding of spirituality. Referencing the latest research, the book includes assessments and skill-based tools designed to help practitioners enhance the mental health of older people." Available for \$40.00 at <https://www.amazon.com/Spirituality-Religion-Aging-Illuminations-Therapeutic/dp/1412981360/> (for preview, see <https://books.google.com/books?id=1V4VDgAAQBAJ&printsec=frontcover#v=onepage&q&f=false>)

Religious Beliefs, Evolutionary Psychiatry, and Mental Health in America: Evolutionary Threat Assessment Systems Theory (Springer, 2017)

From the Publisher: "This book provides a new perspective on the association between religious beliefs and mental health. The book is divided into five parts, the first of which traces the development of theories of organic evolution in the cultural and religious context before Charles Darwin. Part II describes the major evolutionary theories that Darwin proposed in his three books on evolution, and the religious, sociological, and scientific reactions to his theories. Part III introduces the reader to the concept of evolutionary psychiatry. It discusses how different regions of the brain evolved over time, and explains that certain brain regions evolved to protect us from danger by assessing threats of harm in the environment, including other humans. Specifically, this part describes: how psychiatric symptoms that are commonly experienced by normal individuals during their everyday lives are the product of brain mechanisms that evolved to protect us from harm; the prevalence rate of psychiatric symptoms in the U.S. general population; how religious and other beliefs influence the brain mechanisms that underlie psychiatric symptoms; and the brain regions that are involved in different psychiatric disorders. Part IV presents the findings of U.S. studies demonstrating that positive beliefs about God and life-after-death, and belief in meaning-in-life and divine forgiveness have salutary associations with mental health, whereas negative beliefs about God and life-after-death, belief in the Devil and human evil, and doubts about one's religious beliefs have pernicious associations with mental health. The last part of the book summarizes each section and recommends research on the brain mechanism underlying psychiatric symptoms, and the relationships among these brain mechanisms, religious beliefs, and mental health in the context of ETAS Theory." Available for \$119.00 (hardcover) at <http://www.springer.com/us/book/9783319524870>.

Released to Soar (The Write Place, 2010)

From the Publisher: "For ten years, physician Peter Boelens and his wife Eleanor have been practicing a new treatment for depression and anxiety-healing prayer that invites Christ into clients' painful memories. Clients still remember past hurtful events, but their pain is gone. Released to Soar describes the Boelens' healing prayer process, documents its effectiveness, and demonstrates its practice-for readers' personal use or to help others. Over their lifetime, Dr. Peter and Eleanor Boelens have founded and worked in Christian medical ministries: a community health, church-planting program in postwar South Korea; Cary Christian Health Center in the delta of Mississippi; indigenous, worldwide community health ministries through the Luke Society; and Shalom Prayer, a psycho-spiritual healing prayer ministry. Released to Soar is their third book. The stories of their other ministries are told in Delta Doctor and Where Next, Lord? The Boelens divide their time between Mississippi and Michigan." Available for \$13.00 at <https://www.amazon.com/Released-Soar-Peter-Boelens/dp/0982597444>.

You Are My Beloved. Really? (Amazon: CreateSpace Platform, 2016)

How does God feel about us? 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. Those of any age with an open mind -- especially if going through hard times -- will find this book enlightening, inspiring, and possibly transforming. Written for Christians, non-Christians, those who are religious, those who are spiritual, and those who are neither. Available for \$8.78: <https://www.amazon.com/You-are-My-Beloved-Really/dp/1530747902/>

CME/CE Videos (Integrating Spirituality into Patient Care)

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" healthcare that includes the identifying and addressing of spiritual needs. Go to: <http://www.spiritualityandhealth.duke.edu/index.php/cme-videos>.

Health and Well-being in Islamic Societies

(Springer International, 2014)

The core of the book focuses on research exploring religiosity and health in Muslim populations. Available for \$57.89 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. Available for \$14.15 (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 3,300 studies prior to 2010). Available for \$139.99 (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 Annual Summer Research Workshop on Spirituality and Health. Available for \$29.15 (used) at:

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

COURSES/WORKSHOPS

Chaplaincy Research Summer Institute

The Transforming Chaplaincy project will hold the first Chaplaincy Research Summer Institute the last week of July 2017 in Chicago. For more information, go to:

<http://www.researchliteratechaplaincy.org/summer-research-institute/>

Writing Workshop

Lisa Feldman Barrett and David DeSteno of Northeastern University will be hosting a three-day writing workshop, funded

by The John Templeton Foundation, for natural scientists, social scientists, and philosophers looking to communicate their ideas to the public via articles and essays in major media outlets. Led by *New York Times* editor James Ryerson, who has two decades of experience working with and editing academics, the workshop will focus on how to conceptually frame scholarly work for a wider audience, how to structure the writing of such pieces, and how to most effectively "pitch" editors at magazines and newspapers. The workshop will take place at Northeastern University in Boston from June 2-4, 2017. Applications will consist of a brief bio and a portfolio of (1) three short descriptions of pieces the applicant might like to write (no more than a paragraph each); (2) a brief writing sample, which can be a stand alone piece or a passage from a longer work, and of an academic or popular nature (no longer than 1,500 words); and (3) a CV. Applicants will be selected based on each portfolio's potential to interest non-scholarly readers. Although applications were due February 1, late applications may be considered. If interested go to:

www.northeastern.edu/cos/workshop-scholars-writing-public/

AWARDS AND PRIZES

Expanded Reason Awards

The University Francisco de Vitoria, in collaboration with the Joseph Ratzinger / Benedict XVI Vatican Foundation, have launched the Expanded Reason Awards with the objective of promoting research and academic innovation in the spirit of Benedict XVI's proposal to broaden the horizons of reason. 100,000 € will be awarded in four prizes of 25,000 € each, two for teaching and two for research. The awards seek works that relate scientific and professional disciplines to philosophy and/or theology and to those human reflections that elevate the human person to a spiritual dimension beyond the empirical and mathematical. This program is targeting professors and university researchers, individually or as a working group, who are able to embrace and explore aspects of their particular science that go beyond the purely empirical, to understand their own subject in a broader way (expanded reason). The category of Research must present a work that integrates a specific science with philosophy or theology by addressing some areas of the humanities, specifically four questions: an anthropological one, an epistemological one, and ethical one, and one related to meaning. These questions seek to understand how a proposal is integrated into a broader sense of reason. The category of Teaching requires the presentation of academic programs or syllabi that integrate the same questions as above with a detailed explanation of how it happens in the learning experience. The deadline for submissions is April 30, 2017. For more information go to:

<http://www.expandedreasonawards.org/>

FUNDING OPPORTUNITIES

RFP: \$1.8 Million Grant Competition for Research on Spiritually-Integrated Therapies

The Consortium for Spiritually Centered Psychology and Education housed within the David O. McKay School of Education at Brigham Young University in Provo, Utah, is pleased to announce a three-year \$1.8-million-dollar grant competition supported with funding from the . The project is a research initiative dedicated to creating an international, interdisciplinary collaborative network of researchers and practitioners who will help advance research and practice about spiritually integrated psychotherapies. We will investigate how mental health professionals use spiritually integrated psychotherapy approaches as they work with clients

who are struggling with emotional, relationship, and spiritual problems. For more information, go to <http://bridgesconsortium.com/>

Templeton Foundation Online Funding Inquiry

The John Templeton Foundation is now accepting new funding requests through their Online Funding Inquiry (OFI) site. Small Grants are defined as requests for \$217,400 or less. The next OFI deadline for small grant requests is **August 31, 2017**, with decisions communicated no later than September 29, 2017. Large Grants are defined as requests for more than \$217,400. The deadline for OFIs related to large grant requests is also August 31, 2017. All decisions on large grant OFIs are communicated by September 29. 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>

2017 CSTH CALENDAR OF EVENTS...

April

- 10 Religion, Spirituality and Health
Center for Research & Scholarship
Liberty University, Lynchburg, VA
Speaker: Koenig
Contact: Dr. Darren Wu (dcwu@liberty.edu)
- 21-22 **Integrating Spirituality into Patient Care**
Adventist Health Services
Hammond Beach Resort, Palm Coast, Florida
Speakers: Koenig and others
Contact: Ted Hamilton (Ted.Hamilton@AHSS.ORG)
- 26 **Does Religion Really Poison Everything? A Critical Review of New Atheist Perspectives on Religion**
Speaker: John Gravino
Author, "The Immoral Landscape [of the New Atheism]"
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 29 **The Impact of the Church on Mental Health**
2017 Spring Summit on The Church and Mental Health
Lynchburg, Virginia
Speakers: Koenig and others
Contact: Dina Jones (Dina.Jones@aacc.net)

May

- 31 **Vedic spiritual teachings – A way to enhance resilience and mental/physical well-being in young adults**
Speaker: Madhu Sharma
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)