

# 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 2018) go to: <http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

## NEWS

### Call for Papers: Special Issue on Moral Injury for Frontiers in Psychiatry

There will be a special issue of the journal *Frontiers in Psychiatry* devoted to "Screening for and Treatment of Moral Injury in Veterans/Active Duty Military with PTSD." Emphasis will be placed on the role that religion/spirituality plays in the treatment of moral injury, especially spiritually-integrated psychotherapies and chaplain interventions. All are invited to submit a research study, commentary, brief report, or literature review for this issue. Although *Frontiers in Psychiatry* is an open access journal that charges a publication fee, it is a mainstream journal with a relatively high Thomson-Reuter's impact factor (3.53) and a rigorous review process. We are hoping this journal issue helps to mainstream the topic of moral injury (and spiritually-integrated treatments) into mental and behavioral health. To submit an article for the Special Issue, go to <https://www.frontiersin.org/research-topics/7377/screening-for-and-treatment-of-moral-injury-in-veteransactive-duty-military-with-ptsd>. For more information about the journal itself (including publication fees), go to <https://spiritualityandhealth.duke.edu/images/pdfs/Frontiers-in-Psychiatry-Special-Issue.pdf>. For specific information about submissions or to obtain the partial publication fee waiver form, contact [Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu).

## LATEST RESEARCH

### Moral Injury and Psychological Distress Among U.S. Veterans

Investigators at the Michael E. DeBakey Veterans Affairs Medical Center in Houston, Texas, conducted a study of 155 Veterans examining the relationship between moral injury events, psychological distress, and religious/spiritual struggles. The mean age of participants was 51 years, 60% were Black, 26% Caucasian, and 12% Hispanic/Latino; 83% were affiliated with a Christian denomination and 57% were Army veterans. The

purpose was to examine the mediating role that religious/spiritual struggles play in the relationship between 'the occurrence of moral injury events' and psychological distress. Participants completed the Moral Injury Event Scale (MIES), the 26-item Religious/Spiritual Struggles Scale (RSS; Exline), the 17-item PCL-C (PTSD symptoms), and the CESD-10 (depressive symptoms), and GAD7 (anxiety symptoms). **Results:** The majority of participants reported they had experienced morally injurious events (e.g., 56% acted in ways that violated their own moral code/values, 55% violated their own morals by failing to do something they should have) and symptoms (e.g., 71% indicated they felt troubled by having witnessed immoral acts, 61% said they felt betrayed by leaders they once trusted). Total score on the MIES was significantly correlated with PTSD symptoms ( $r=0.21$ ,  $p<0.05$ ), anxiety symptoms ( $r=0.22$ ,  $p<0.01$ ), but not depressive symptoms ( $r=0.13$ ,  $p=ns$ ). The MIES was also positively related to religious/spiritual struggles (RSS;  $r=0.21$ ,  $p<0.01$ ), which in turn was positively related to PTSD symptoms ( $r=0.36$ ,  $p<0.01$ ), anxiety symptoms ( $r=0.48$ ,  $p<0.01$ ), and depressive symptoms ( $r=0.48$ ,  $p<0.01$ ). Regression modeling indicated that RSS completely explained (mediated) the relationship between MIES and PTSD, anxiety and depressive symptoms. Researchers concluded: "Implications for moral injury intervention call for attention to potential dissonance between actions (witnessed or perpetrated) and religious/spiritual underpinnings of the individual's moral framework."

*Citation:* Evans, W. R., Stanley, M. A., Barrera, T. L., Exline, J. J., Pargament, K. I., & Teng, E. J. (2017). Morally injurious events and psychological distress among veterans: Examining the mediating role of religious and spiritual struggles. *Psychological Trauma: Theory, Research, Practice and Policy*, E-pub ahead of press (<http://dx.doi.org/10.1037/tra0000347>)

*Comment:* This study adds evidence to the theory that religious/spiritual struggles may be important symptoms of moral injury, resulting from morally injurious events that occur during deployment to combat theaters. It is evident that both may impact mental health outcomes. The findings underscore the importance of spiritually-integrated interventions for treating moral injury in Veterans.

### Moral Injury and Religiosity in U.S. Veterans with PTSD

Researchers at Veterans Administration hospitals across the southern U.S. examined the relationship between religiosity and moral injury (feelings of shame, grief, meaninglessness, and remorse from having violated core moral beliefs) in 373 U.S. Veterans with PTSD symptoms. Average age of participants was 56 years (range 23 to 92), 47% had served in the Middle East, and 40% in Vietnam. Religiosity was assessed with the 10-item BIAC (Belief into Action Scale) and was correlated with moral injury (MI) assessed by the 45-item Moral Injury Symptom Scale – Military Version (MISS-M). Analyses were controlled for demographic, military, religious, physical, social, behavioral, and psychological characteristics. The moderating effect of PTSD symptom severity (measured by the 20-item PCL-5) was also examined. **Results:** Symptoms of MI were widespread in this population: over 90%

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reported high levels of at least one MI symptom (9 or 10 on a scale from 1-10) and the majority reporting five symptoms or more at this severity level. Religiosity was inversely related to MI in bivariate analyses ( $r=-.25$ ,  $p<.0001$ ) and multivariate analyses ( $B=-.40$ ,  $p=.001$ ). Severity of PTSD symptoms modified this relationship: the association between religiosity and MI was significant only in Veterans with severe PTSD, i.e., those with PCL-5 scores of 56 or higher ( $B=-.65$ ,  $p=.0003$ ,  $n=184$ ), not in those with less severe PTSD ( $B=-.03$ ,  $p=.84$ ,  $n=174$ ).

*Citation:* Koenig HG, Youssef NA, Ames D, Oliver JP, Teng EJ, Haynes K, Erickson ZD, Arnold I, Currier JM, O'Garro KN, Pearce MJ (2018). Moral injury and religiosity in U.S. veterans with PTSD symptoms. *Journal of Nervous and Mental Disease*, E-pub ahead of press (<https://www.ncbi.nlm.nih.gov/pubmed/29494381>)

*Comment:* Although based on a cross-sectional study, the findings suggest that religiosity may be particularly important in relieving symptoms of moral injury in Veterans with severe PTSD symptoms. These findings again emphasize the need to develop spiritually-integrated psychotherapy and chaplain pastoral interventions for MI in Veterans.

### Moral Injury and Religiosity in Active Duty U.S. Military with PTSD

Investigators from Liberty University and Duke University examined the prevalence of moral injury (MI) and its association with religiosity in 103 Active Duty U.S. Military with PTSD symptoms resulting from deployment to a combat zone (100% serving in the Middle East; average age 35 years). MI was assessed with the 45-item MISS-M, religiosity by the 10-item BIAC, and PTSD symptom severity by the 20-item PCL-5. The relationship between MI and religiosity was examined, controlling for demographic, military, religious, physical, psychosocial, and behavioral characteristics; the modifying effects of PTSD severity on this relationship was also explored, as was receptivity of participants to a spiritual intervention for MI. **Results:** Symptoms of MI were prevalent in this population, with over 84% reporting high levels of one or more symptom (9 or 10 on a severity scale from 1-10), and 52% indicated four or more symptoms at this level of severity. Although religiosity was inversely related to MI in bivariate analyses ( $r=-.20$ ,  $p<.05$ ), the relationship was explained by age in multivariate analyses. PTSD severity did not moderate this relationship (however, the association was slightly stronger among those who were older with severe PTSD,  $r=-.30$ ,  $p<.0.15$ ; statistical power may have been an issue in this small sample). Two-thirds of those with severe PTSD symptoms were interested in a spiritually-integrated intervention for MI. Researchers concluded that MI was common in Active Duty Military with PTSD symptoms, and while religiosity was not associated with it, two-thirds of participants were interested in a spiritual approach to relieve their symptoms.

*Citation:* Volk F, Koenig HG (2018). Moral injury and religiosity in active duty U.S. military with PTSD symptoms. *Military Behavioral Health*, E-pub ahead of press, <https://www.tandfonline.com/doi/full/10.1080/21635781.2018.1436102>

*Comment:* As in Veterans, moral injury was common in Active Duty Military with PTSD symptoms, and while the relationship between MI and religiosity was weaker than in Veterans, many were interested in a spiritual approach to their symptoms delivered by either chaplains or behavioral health specialists.

### Religiosity and Change in Mental Health following Childhood Adversity

Jong Jung from the Department of Sociology at Purdue University analyzed data from a longitudinal study of a random sample of 1,635 adult Americans (the MIDUS study), examining the relationship between religiosity assessed in 1995 (Wave I) and

changes in positive and negative emotions over a 10-year follow-up (Wave II). Negative and positive emotions were each assessed using a 12-item scale (six items for each) at both Waves I and II. Childhood adversity was assessed at Wave I with 14 indicators in categories of abuse (physical and emotional), family instability (early divorce, parental death, etc.), and financial strain (on welfare, worse off than others, etc.). Religious involvement was assessed at Wave I by frequency of religious attendance (1 item), religious importance (6 items), and importance of spirituality in life (2 items). Age, gender, race, marital status, education, and income were controlled for were. Importantly, negative and positive affect (emotions) at Wave I were controlled for in analyses that examined predictors of Wave II emotions. **Results:** After controlling for Wave I negative affect, childhood adversity was unrelated to change in negative affect over the 10-year follow-up, so there was no moderating effect of religious involvement on this outcome. However, when Wave I positive affect was controlled for, childhood adversity was inversely related to increases in positive affect over time, and importance of religion significantly buffered this inverse relationship. In other words, childhood adversity was inversely related to changes in positive affect ONLY in those with moderate ( $B=-0.02$ ,  $p<0.01$ ) or low religious importance ( $B=-0.04$ ,  $p<0.01$ ), but this was not true in those with high religious importance ( $B=0.00$ ,  $p=ns$ ). The researcher concluded: "These results underscore the importance of religion as a countervailing mechanism that blunts the negative impact of childhood abuse on adult mental health over time."

*Citation:* Jung, J. H. (2018). Childhood adversity, religion, and change in adult mental health. *Research on Aging* 40(2):155-179. *Comment:* Longitudinal studies assessing changes in mental health seldom include multiple measures of religiosity/spirituality, particularly those involving a large nationally representative U.S. adult samples where investigators appropriately control for baseline mental health. Therefore, this study is important to know about.

### Religion, Humility and Self-Rated Health

Neal Krause from the School of Public Health at the University of Michigan analyzed data from a nationwide cross-sectional study of 1,744 U.S. adults, examining the relationship between religious attendance, spiritual support, humility, forgiveness, meaning in life, and self-rated health. Krause hypothesized that greater religious attendance would be associated with greater spiritual support, which in turn would be associated with greater humility, greater forgiveness, greater meaning and purpose in life, and ultimately, better self-rated physical health. Religious attendance was assessed with a single item, spiritual support (from fellow church members) was assessed by a 3-item scale, humility by a 3-item scale, forgiveness by a 2-item scale, meaning in life with the 6-item scale, and self-rated health with a single item rated from poor (1) to excellent (4). Structural equation modeling was used to analyze the data, controlling for age, sex, education, and marital status.

**Results:** Religious attendance was positively associated with spiritual support ( $B=0.430$ ,  $p<0.001$ ), which was positively associated with being more humble ( $B=0.388$ ,  $p<0.001$ ), which was associated with being more forgiving ( $B=0.277$ ,  $p<0.001$ ), which was associated with both greater meaning in life ( $B=0.215$ ,  $p<0.001$ ) and better self-rated health ( $B=0.163$ ,  $p<0.001$ ). The author concluded: "First, the study model adds to a growing literature that suggests that virtues like humility and forgiveness do not arise in social isolation and that there may be important 'causal' relationships between these core virtues."

*Citation:* Krause, N. (2018). Assessing the relationships among religion, humility, forgiveness, and self-rated health. *Research in Human Development*, 15(1), 33-49.

*Comment:* Although this was a cross-sectional study that does not allow for causal inferences, the findings here are certainly consistent with the author's hypothesis. The finding that religious

involvement is related to being more humble and forgiving is good to hear, given the emphasis on these virtues in every major religious tradition.

### Religious Social Support, Religiosity, and Health-Related Outcomes in African-Americans

Investigators from the School of Public Health at the University of Maryland investigated the longitudinal relationship between religious social support, religiosity, mental health, and health behaviors in 766 African-Americans assessed over a 5-year period (average age 59 years, 64% women). Participants, initially a national probability sample of 3,173 healthy adult African-Americans, were assessed at baseline (Wave 1) and two follow-up telephone interviews at 2.5 years (Wave 2), and 5.0 years (Wave 3), with 24% completing all three waves of data collection. The purpose of this report was to evaluate whether religious involvement was associated with changes in religious social support over time, and whether such changes were associated with health-related outcomes. Assessed were religious involvement using a 9-item measure of religious beliefs and behaviors; religious social support using an 8-item measure (6 questions assessing positive religious social support from other church members, and two questions assessing negative religious social interactions). Health behaviors assessed included fruit and vegetable consumption, alcohol and tobacco use, physical activity, and cancer screening behaviors. Finally, depressive symptoms were assessed using the CES-D. Structural equation modeling was used to examine relationships between these variables.

**Results:** Positive religious support at Wave 2 was significantly related to fewer depressive symptoms, less vegetable servings per day, and less heavy alcohol use at Wave 3 (controlling for outcomes at Wave 1 and Wave 2). Positive religious support mediated the inverse relationships between religious behaviors and depressive symptoms and frequency of alcohol use. No evidence was found for negative religious support mediating relationships between religious beliefs or behaviors and health-related outcomes, although negative religious social interactions predicted increases in depressive symptoms and declines in emotional functioning over time. Researchers concluded: "This provides greater evidence and confidence in the idea that religious participation is important for maintaining positive religious support, which in turn is protective against the negative health outcomes [depressive symptoms, heavy alcohol use] in African Americans." *Citation:* Holt, C. L., Roth, D. L., Huang, J., & Clark, E. M. (2018). Role of religious social support in longitudinal relationships between religiosity and health-related outcomes in African Americans. *Journal of Behavioral Medicine*, 41(1), 62-73.

*Comment:* The importance of this study is that it is one of the few longitudinal studies that examines several measures of religious belief, behavior, and religious support, correlating these with health behaviors and mental health outcomes over time in African-Americans.

### Religion and Hypertension

Researchers from the Department of Cardiology, Sichuan University in Chengdu, China, conducted a Medline literature review to examine and summarize research on the relationship between religiosity and hypertension. They identify 79 research data-based articles which were summarized briefly in this review. They indicate that longitudinal studies of this relationship are infrequent (most studies being cross-sectional), most studies do not include religiosity as an integral part of the study, and few studies utilized religious measurements that represent a distinct dimension of religion. They also concluded that most studies involved Christians and that more diversity in religious affiliation is needed. Finally, they conclude that the mechanism underlying the relationship between religion and hypertension is complex, which may help explain the different results found in different studies.

They suggest a comprehensive evaluation of a specific religion should be done, but studies should also include participants from a wide range of religious backgrounds.

*Citation:* Meng Q, Zhang Z, Shi R, Liao H, Chen X (2018). Correlation between religion and hypertension. *Internal and Emergency Medicine*, E-pub ahead of print (<https://doi.org/10.1007/s11739-018-1791-4>).

*Comment:* This study is mentioned here because it is one of the most recent reviews of this literature published to date. Unfortunately, the authors' English is poor and the paper is difficult to read. Nevertheless, the tables that described the studies are very helpful.

### The Spiritual Climate Scale

Researchers from the Department of Pediatrics, Stanford University School of Medicine, and Lucile Packard Children's Hospital, in Palo Alto, California, conducted a cross-sectional study of 7,923 US healthcare workers (86% response rate) within a large faith-based health system on the West Coast to examine the psychometric properties of a new 4-item measure of "spiritual climate" (Spiritual Climate Scale; SCS) that assesses the spiritual environment of healthcare workers. The four items are: (1) "I am encouraged to express spirituality in this clinical area"; (2) "My spiritual views are respected in this clinical area"; (3) "My spirituality has a comfortable home in this clinical area"; and (4) "A diverse set of spiritual views are accepted in this clinical area." Response options range from 1 (disagree strongly) to 5 (agree strongly). Participants (75% female) included staff physicians (3%), registered nurses (35%), charge nurses, nurse managers, physician assistants/nurse practitioners, licensed vocational nurses, hospital age, physical or occupational therapists (7%), pharmacists, respiratory therapists, technicians (13%), ward clerks/unit secretaries, medical administrators, and others.

**Results:** The SCS was internally consistent ( $\alpha=0.86$ ), and was positively associated with teamwork climate ( $r=0.43$ ,  $p<0.01$ ), safety climate ( $r=0.49$ ,  $p<0.001$ ), and was inversely related to disruptive behaviors ( $r=-0.25$ ,  $p<0.001$ ) and burnout ( $r=-0.24$ ,  $p<0.001$ ). Researchers concluded: "The spiritual climate scale exhibits good psychometric properties, elicits results that vary widely by clinical area, and aligns well with other cultural constructs that been found to correlate with clinical and organizational outcomes."

*Citation:* Doram K, Chadwick W, Bokovoy J, Profit J, Sexton JD, Sexton JB (2017). Got spirit? The spiritual climate scale, psychometric properties, benchmarking data and future directions. *BMC Health Services Research* 17:132

*Comment:* An interesting novel scale that is brief and may be useful in healthcare settings, including those that are not faith-based.

### The Origins of "Christian Psychiatry"

Atwood Gaines, a non-Christian medical anthropologist, tracks the origins of what was to become known as "Christian Psychiatry" beginning at a well-known university in the Southeastern United States in the early 1980's. Fictitious names are used to represent the actual players. In this article, his goal was to "introduce Christian psychiatrists into the growing literature on Western psychiatry and biomedicine.... examined here include conceptions of therapeutic relationships and processes, conceptions of Divinity, Explanatory Models, notions of the nature and sources of healing, self-identity, and role relationships of Christian psychiatrists vis-à-vis patients and the wider society."

*Citation:* Gaines AD (1982). The Twice-Born: 'Christian Psychiatry' and Christian psychiatrists. *Culture, Medicine and Psychiatry* 6:305-324

*Comment:* This article is included here because of its historical value in setting the stage for a movement that has flourished on and off for more than 35 years, ultimately giving rise to faith-based

mental health systems such as Pine Rest Christian Mental Health Services in Grand Rapids, Michigan, and several Christian outpatient psychiatry clinic chains throughout the U.S.

## SPECIAL EVENTS

### 2018 Conference on Medicine and Religion

(St. Louis, Missouri, April 13-15, 2018)

The theme this year is "Examining the Foundations of Medicine and Religion." Plenary speakers include Wendy Cadge (Sociology Professor, Brandeis University); Rebecca Messbarger (Director of Medical Humanities, Washington University); Daniel Sulmasy (Senior Research Scholar, The Kennedy Institute of Ethics, Georgetown University); and Tyler VanderWeele (Co-Director, Initiative on Health, Religion and Spirituality, Harvard University). For more information, go to: <http://www.medicineandreligion.com/>.

### 6<sup>th</sup> European Conference on Religion, Spirituality and Health PRE-CONFERENCE Workshop

(Coventry, England, May 13-16, 2018)

Preceding the ECRSH18 will be 4-day Pre-Conference Research Workshop with Prof. Harold G. Koenig and other spirituality and health experts. The workshop is open to all interested in doing research on religion, spirituality and health (accepting participants of any educational level or degree, including theologians, chaplains, physicians, nurses, psychologists, pastoral counselors, public health specialists, epidemiologists, or other). To register for the workshop, go to: <http://www.ecrsh.eu/ecrsh-2018/registration> (early registration is strongly encouraged since spaces are limited).

### 6<sup>th</sup> European Conference on Religion, Spirituality and Health & the 5<sup>th</sup> International Conference of the British Association for the Study of Spirituality

(Coventry, England, May 17-19, 2018)

These two European conferences are meeting jointly in 2018, making for a particularly attractive program in a beautiful area of England. The main theme of the conference will be "Forgiveness in Health, Medicine and Social Sciences." The Coventry Lecture will be delivered by Everett Worthington on the dimensions of forgiveness. Keynote speakers include Anthony Bash (Durham University, England), Arndt Bussing (University of Witten/Herdecke, Germany), Robert Enright (University of Wisconsin-Madison), Deborah Lycett (Coventry University, England), and numerous other high quality speakers from Europe and around the world. Nearly 120 abstracts have been submitted for oral and poster presentations. For more information, go to: <http://www.ecrsh.eu/ecrsh-2018>.

### 4<sup>th</sup> International Spirituality in Healthcare

**Conference** (Dublin, Ireland, Trinity College, University of Dublin, June 20-21, 2018)

The theme of this year's conference is "Spirituality at a Crossroads" and features keynote speakers Dr. Lindsay Carey (Research Fellow, La Trobe University Palliative Care Unit, Australia) and Dr. Susan Crowther (Professor of Midwifery, Robert Gordon University, Scotland). Enjoy an enriching conference and come see beautiful Ireland during the summer! For more information go to <http://nursing-midwifery.tcd.ie/SRIG/4th-International-Spirituality-in-healthcare-conference.php>.

### 15<sup>th</sup> Annual Duke University Summer Research Workshop

(Durham, North Carolina, August 13-17, 2018)

Register **now** to attend this one-of-a-kind 5-day training session on how to design research, get it funded, carry it out, analyze it,

publish it, and develop an academic career in the area of religion, spirituality and health. The workshop compresses training material that was previously taught during our 2-year post-doctoral fellowship, so the curriculum is packed. Leading religion-health researchers from Duke, Yale and Emory serve as workshop faculty. Screening for and treatment of moral injury in veterans and active duty military personnel will be covered. 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 800 academic researchers, clinical researchers, physicians, nurses, chaplains, community 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 should be no exception. Partial tuition scholarships are available. To learn how to register, go to: <http://www.spiritualityandhealth.duke.edu/index.php/5-day-summer-research-course>.

### International Student Scholarship Fund

We are requesting donations to support the tuition, travel and living expenses of students from outside the United States to attend the above 5-day research workshop at Duke. The Center will match \$600 in tuition funds. This will be a competitive scholarship based on the amount of funds that are donated. Only the best and the brightest students will be considered for this scholarship. For more information, contact [Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu).

### Practice & Presence: A Gathering for Christians in Healthcare

(Duke Divinity School, Durham, North Carolina, Sept 7-9, 2018)

From the sponsors of this event: "At its core, medicine is a practice of attending to those who suffer. Christians know that 'those who suffer' are the neighbors we are called to love, even those in whom Jesus visits us (Mt. 25:34-36). Who is equal to such a task? What does it look like when done well? What practices strengthen us for this sacred work? Join us in September as we wrestle with these questions, seeking to receive from God gifts that will renew us in our vocations as healthcare practitioners. Over the course of the three days, we explore and re-imagine the connections of vocation and faith, and tune our hearts and minds to find God present in all aspects of our work. Please consider joining us for this opportunity to grow in friendship and fellowship with one another in the context of shared meals, conversation, prayer and worship." More information: <https://tmc.divinity.duke.edu/programs/practice-and-presence/>.

## RESOURCES

### Religion and Mental Health: Research and Clinical Applications

(Academic Press, 2018) (Elsevier, forthcoming)

From the publisher: "[This 384 page volume] summarizes research on how religion may help people better cope or exacerbate their stress, covering its relationship to depression, anxiety, suicide, substance abuse, well-being, happiness, life satisfaction, optimism, generosity, gratitude and meaning and purpose in life. The book looks across religions and specific faiths, as well as to spirituality for those who don't ascribe to a specific religion. It integrates research findings with best practices for treating mental health disorders for religious clients, also covering religious beliefs and practices as part of therapy to treat depression and posttraumatic stress disorder. [In brief, this volume] summarizes research findings on the relationship of religion to mental health,

investigates religion's positive and negative influence on coping, presents common findings across religions and specific faiths, identifies how these findings inform clinical practice interventions, and describes how to use religious practices and beliefs as part of therapy." Available for preorder at

<https://www.elsevier.com/books/religion-and-mental-health/koenig/978-0-12-811282-3>.

### **Spirituality and Narrative in Psychiatric Practice** (RCPsych Press, 2016)

For mental health service users, spirituality and faith are closely connected with questions of relationship, transcendence, and finding meaning and purpose in life – questions best approached by way of narrative (or story). In clinical practice, narrative can provide a means of exploring the ethical and professional dilemmas that are encountered when spiritual and/or religious concerns are in evidence. Narrative has been recognised as important in both medicine and theology, and now it can be employed as a framework for addressing spirituality and religion in clinical psychiatric practice, encompassing addictions, liaison and forensic psychiatry, and spanning all ages and cultures. Breaks new ground in using a narrative to explore the importance and challenge of spirituality in clinical psychiatric practice. Includes narrative excerpts and case illustrations to show how spiritual concerns can be included in a range of psychiatric treatment options. Provides a tool for exploring the ethical and professional dilemmas spirituality still raises in mental healthcare. Presents contributions from patients, chaplains, and leading psychiatrists and clinical psychologists. Readership is all psychiatrists and mental health professionals, plus of interest to anyone interested in the effect of religion/spirituality upon mental health, e.g. hospital chaplains. Available for \$35.95 at

<https://www.amazon.com/Spirituality-Narrative-Psychiatric-Practice-Stories/dp/1909726451>.

### **2017 Religion and Mental Health Book Series**

#### **Protestant Christianity and Mental Health: Beliefs, Research and Applications**

(Amazon: CreateSpace Platform, 2017)

For mental health professionals, clergy, researchers, and laypersons interested in the relationship between religious involvement and mental health in Protestant Christians. Available for \$7.50 at: <https://www.amazon.com/dp/1544642105/>

#### **Catholic Christianity and Mental Health: Beliefs, Research and Applications**

(part of the Religion and Mental Health Book Series; Amazon: CreateSpace Platform, 2017)

For mental health professionals, clergy, researchers, and laypersons interested in the relationship between religion, spirituality and mental health in Catholics. Available for \$7.50 at: <https://www.amazon.com/Catholic-Christianity-Mental-Health-Applications/dp/1544207646>

#### **Islam and Mental Health: Beliefs, Research and Applications**

(part of the Religion and Mental Health Book Series; Amazon: CreateSpace Platform, 2017)

For mental health professionals, clergy, researchers, and laypersons interested in the relationship between religion, spirituality and mental health in Muslims. Available for \$7.50 at: <https://www.amazon.com/Islam-Mental-Health-Research-Applications/dp/1544730330>.

#### **Hinduism and Mental Health: Beliefs, Research and Applications**

(Amazon: CreateSpace Platform, 2017)

For mental health professionals, clergy, researchers, and laypersons interested in the relationship between religion, spirituality and mental health in Hindus. Includes original research on current religious beliefs/practices in Hindus from India and throughout the world. Available for \$7.50 at: <https://www.amazon.com/dp/1544642105/>

#### **Judaism and Mental Health: Beliefs, Research and Applications**

(Amazon: CreateSpace Platform, 2017)

For mental health professionals, clergy, and researchers interested in the relationship between religion, spirituality and health in Judaism. Available for \$7.50 at: <https://www.amazon.com/Judaism-Mental-Health-Research-Applications/dp/154405145X/>

#### **Buddhism and Mental Health: Beliefs, Research and Applications**

(Amazon: CreateSpace Platform, 2017)

For mental health professionals, clergy, researchers, and laypersons interested in the relationship between religion, spirituality and mental health in Buddhists. Available for \$7.50 at <https://www.amazon.com/dp/1545234728/>

#### **You Are My Beloved. Really?**

(Amazon: CreateSpace Platform, 2016)

How does God feel about us? This book 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/>

## TRAINING OPPORTUNITIES

### Certificate in Theology and Healthcare

The Duke University Divinity School is now accepting applications for a new graduate certificate, the Certificate in Theology and Health Care. This one-year residential program provides robust theological and practical engagement with contemporary practices in medicine and health care for those individuals with vocations in health-related fields (e.g., trainees or practitioners of medicine, nursing, and other health care professions). The Certificate aims to equip Christian health care practitioners with the training to embrace that calling and live into it with theological clarity and spiritual joy. This fully accredited course of study focuses on combining foundational courses in Christian theology, scripture, and church history with courses engaging the practical issues that health care practitioners encounter in contemporary culture. If you, or some you know, seek theological formation and further confidence engaging questions of suffering, illness, and the place of health care in a faithful life, go to the following website: <https://tmc.divinity.duke.edu/programs/certificate-in-theology-and-health-care/>

## FUNDING OPPORTUNITIES

### Templeton Foundation Online Funding Inquiry

The John Templeton Foundation is now accepting new Online Funding Inquiries (OFIs; essentially letters of intent) through their funding portal. The next deadline for Small Grant requests (\$234,800 or less) and Large Grant requests (more than \$234,800) is **August 31, 2018**. The Foundation will communicate their decisions (rejections or invitations to submit a full proposal) for all OFIs by September 28, 2018. JTF's current interests on the interface of religion, spirituality, and health include: (1) research on causal relationships and underlying mechanisms (basic psychosocial, behavioral, and physiological pathways), (2) increasing competencies of health care professionals in working with religious patients and issues (especially in mental health and public health), (3) research involving the development of religious-integrated interventions that lead to improved health, (4) efforts to increase collaboration and rates of referrals between mental health professionals and religious clergy. More information:

<https://www.templeton.org/what-we-fund/grantmaking-calendar>

## 2018 CSTH CALENDAR OF EVENTS...

### April

- 7 **Religion, Spirituality and Medicine**  
Florida State University School of Medicine  
**Speaker:** Harold G. Koenig  
Professor of Psychiatry, DUMC  
Associate Professor of Medicine  
**Contact:** Elena Reyes ([elena.reyes@med.fsu.edu](mailto:elena.reyes@med.fsu.edu))
- 20 **Religion, Spirituality and Medicine**  
Campbell University School of Medicine  
**Speaker:** Harold G. Koenig  
Professor of Psychiatry, DUMC  
Associate Professor of Medicine  
**Contact:** Dr. Joseph Cacioppo  
([cacioppo@campbell.edu](mailto:cacioppo@campbell.edu))
- 25 **Treating Military Personnel with Moral Injury and PTSD**  
**Speaker:** Keisha-Gaye O'Garro, DPsy  
Assistant Professor of Psychiatry, DUMC  
Center for Aging, 3rd floor, Duke South, 3:30-4:30  
**Contact:** Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))

### May

- 12 **Theology, Spirituality and Mental Health**  
Union Theological College  
Belfast, Ireland, 9:15A-4:30P  
**Speakers:** Chris Cook, CM Koenig, HG Koenig  
**Contact:** Carolyn Blair ([cblair05@qub.ac.uk](mailto:cblair05@qub.ac.uk))
- 13-16 **Pre-Conference Research Workshop on Religion, Spirituality and Health**  
6<sup>th</sup> European Conference, Coventry, England  
**Speakers:** Koenig, Hefti, Bussing, Hvidt, & Klein  
**Contact:** Rene Hefti ([rene.hefti@rish.ch](mailto:rene.hefti@rish.ch))
- 17 **Debate: Michael King vs. Harold Koenig on Spirituality and Health Research**  
6<sup>th</sup> European Conference, Coventry, England  
**Contact:** Rene Hefti ([rene.hefti@rish.ch](mailto:rene.hefti@rish.ch))
- 23 **Spirituality and health in occupational therapy practice**  
**Speaker:** Timothy Holmes OTD, OTR/L  
Clinical Specialist, UNC Hospitals Rehab Services  
Center for Aging, 3rd floor, Duke South, 3:30-4:30  
**Contact:** Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))
- 30 **Religion, Spirituality and Flourishing in Later Life**  
North Carolina State University, Raleigh, NC  
**Speaker:** Harold G. Koenig  
**Contact:** Nancy Huber ([nancy\\_huber@ncsu.edu](mailto:nancy_huber@ncsu.edu))

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

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