CROSSROADS…

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health Volume 7 Issue 2 August 2017

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

LATEST RESEARCH

Promotion of Human Flourishing

In a seminal article published last month in the *Proceedings for the National Academy of Sciences* (one of the most presigious science journals in the world), Tyler VanderWeele at the Harvard School of Public Health discusses the topic of human flourishing that goes beyond income, disease state, and positive affect. He emphasizes the importance of happiness and life satisfaction, meaning and purpose, character and virtue, and close social relationships. He reviews the research literature on determinants of human flourishing, and proposes brief (2-item) measures to assess the different dimensions of this construct. In discussing pathways to human flourishing VanderWeele examines the effects of family, work, education, and **religious community involvement**. The description presented here of human flourishing and determinants has policy and future research implications for the biomedical and social sciences, and importantly, includes religion as a key determinant.

Citation: VanderWeele TJ (2017). On the promotion of human flourishing. Proceedings of the National Academy of Sciences (PNAS), July, E-pub ahead of press

Comment: This article is a must read for all those interested in the field of religion, spirituality and health, since it puts religious involvement squarely on the map as a determinant of a much broader definition of "health" than has been previously conceptualized by the scientific community. PNAS is the journal of the National Academy of Sciences, which is the premier science organization in the U.S., and therefore the article's impact is likely to be substantial.

Physical Activity and Well-being in Church Settings

Researchers from San Diego State University randomized 16 Catholic churches in San Diego County (California) to either a physical activity intervention or a cancer screening attention control condition. They examined the effects on self-reported and accelerometer-based physical activity over 12 months (n=436, women only, ages 18 to 65, attending religious services at least 4 times per month, and living within 15 minutes of church). The physical activity intervention involved individual, interpersonal, organizational, and environmental components. At the individual level this involved physical activity classes (2 walking groups, 2 cardio dance classes, 2 strength-training classes) organized by trained church volunteers. Before each class, participants prayed as a group together. After the class, participants were given a health handout sheet with physical goals and a short discussion was held on how to accomplish those goals. Church volunteers called participants who were absent from classes and encouraged them to attend. In addition, volunteers conducted a 30-minute motivational interview, and providing social support to encourage physical activity and overcome barriers (interpersonal level). Extensive advertising was done to alert church members to the classes (organizational level), and advocacy efforts directed at local governments were made to make the church grounds and surrounding neighborhood more conducive to walking (environmental level). The primary outcome was accelerometer-assessed physical activity (accelerometers are considered to be one of the current standards in assessing free living physical activity levels, more accurate than pedometers). **Results**: Compared to the control condition, those in the intervention group increased significantly in physical activity as assessed both by the accelerometer-assessed measure (d=0.25, small effect, increasing moderate to vigorous physical activity [MVPA] by 22 minutes/week) and by self-report (d=0.38, increasing MVPA by 40 minutes/week). Those in the intervention group also had a 66% higher likelihood of meeting the 2008 WHO Physical Activity Guidelines (≥150 minutes/week of moderate or 75 min per week of vigorous physical activity) and reduced their body mass index (BMI) (d=0.23, or by 0.5 points). Researchers concluded that: "A faith-based intervention was effective increasing MVPA and decreasing body mass index among participants. Process analysis showed the value of program attendance and motivational interviewing calls."

Citation: Arredondo, E. M., Elder, J. P., Haughton, J., Slymen, D. J., Sallis, J. F., Perez, L. G., ... & Ayala, G. X. (2017). Fe en Acción: Promoting physical activity among churchgoing Latinas. American Journal of Public Health, 107(7):1109-1115.

Comment: The faith-based portion of the intervention primarily involved praying before each exercise class (and perhaps involved faith-based aspects during discussions after the classes). All participants were committed Catholics, attending religious services at least weekly. The increase in exercise and decrease in BMI were relatively modest, despite a fairly vigorous intervention. This shows how difficult it is to change people's physical habits. However, given the obesity epidemic in the U.S., particularly in minority communities (who attend church more often), addressing this problem in churches makes perfect sense. Even small increases in physical activity and reduction in BMI could have a huge impact on public health. Plus, the intervention here depended almost entirely on volunteers from the church, so was relatively low cost. See also an accompanying editorial by VanderWeele [VanderWeele, T. J. (2017). Physical activity and physical and mental well-being in church settings. *American Journal of Public Health*, 107(7):1023-1024]

Religious Participation and Suicide: A Global Perspective

Ning Hsieh in the department of sociology at Michigan State University analyzed data from the World Health Organization Mortality Database and the World Values Survey (1981-2007) including data from 42 countries in three geographical regions of the world. Multi-level models were used to analyze relationships between religious participation nad suicide. Religious participation was assessed by percentage of country's population attending religious services at least once/month. **Results** indicated an inverse relationship between country religious participation and age-gender specific suicide rates in English-speaking countries (U.S., U.K., Ireland, Canada, Australia, New Zealand), Latin America (Mexico, Brazil, Argentina, Peru, Uruguay, Venezuela), Northern Europe (Denmakr, Finland, Norway, Sweden), and Eastern Europe (Hungary, Poland, Romania, Sussia, Ukraine, etc.), but a *positive* relationship between religious participation and suicide in Eastern Asia (China, Japan, South Korea, Taiwan) and Western Europe (Austria, Belgium France, Germany, Netherlands). Researchers also examined deaths from undetermined causes (poisoning, drowning) and found that these deeaths were more common in Latin America with high religious participation rates, suggesting that suicide rates may be underreported in more highly religious, less technologically advanced countries (partially explaining the inverse relationship between religious participation and suicide). The positive relationship between religious participation and suicide rate found in East Asia where religious participation is low was explained as being due to lack of support from the surrounding culture/society for those who are religious (low religious integration/regulation), suggesting that religious participation led to increased risk of suicide due to less social support.

Citation: Hsieh, N. (2017). A global perspective on religious participation and suicide. Journal of Health and Social Behavior, E-pub ahead of press (DOI 10.1177/0022146517715896)

Comment: This study raises a number of issues: suicide in East Asia and Western Europe related to high religious participation due to low social support, suicide in Latin America related to low religious participation due to under-reporting. However, the study also has a number of weaknesses, partly based on their choice of country-level analysis. First is the "ecological fallacy," i.e., country rates of religious participation and suicide often do not translate into findings applicable to individuals (e.g., poor mental health and substance use rates are highest in Mississippi and Alabama, the two most religious U.S. states, but when examined on individual level, religiosity is both cross-sectionally and longitudinally associated with better mental health and lower substance use in those states). Second, the results were inconsistent. The relationship between religious participation and suicide was the opposite in areas where industrialization and under-reporting were similar (e.g., N Europe and W Europe, and E Europe vs. S Europe). Third, the interpretation of the finding of higher rates of suicide in low religious participation regions such as East Asia is misleading; the investigator assumed that religion drives suicide rates, rather than considering that conditions increasing proximity to suicide (depression, high stress) might be driving religious participation (reverse causation). Cross-sectional analyses like those conducted here provide no information about direction of causation. Indeed, religion is often a coping behavior that is turned to *in response to* psychological distress creating an artificial positive association between distress and religion, especially in low religious regions where the threshhold of distress for turning to religion is much higher (i.e., East Asia). As an analogy, there is invariably a positive association found between depressive symptoms and antidepressant drug treatment, despite the fact that antidepressants lower depressive symptoms.

Religiosity, Crack, and Marijuana Use in Women Prisoners

Investigators from the University of Florida and University of Miami examined the relationship between religiosity and 30-day crack/cocaine and marijuana use among 319 incarcerated females. Religiosity was assessed by importance, religious attendance, and seeking advice from religious leaders. Multinomial logistic regression was used to examine the association between religiosity, sociodemographic characteristics, and 30-day drug use. **Results**: Nearly half of the sample used crack cocaine/marijuana in the past 30 days. Regression analyses indicated that religiosity/spirituality decrease the odds of crack cocaine and marijuana use by 70% (adjusted OR=0.30) and crack cocaine use alone by 61% (adjusted OR=0.39). Researchers concluded "Future drug prevention and intervention should consider the potential protective effects of religion/spirituality on substance use."

Citation: Acheampong, A., Vidot, D. C., Striley, C. W., & Cottler, L. (2017). The association between religion/spirituality and 30 day crack/cocaine and marijuana use among female offenders. Drug & Alcohol Dependence, *171*, e2-e3.

Comment: This is one of the first studies to examine the role that religious involvement plays in the prevention of drug use in female prisoners. Although cross-sectional, the sample is large and the statistical methods are sophisticated, making this an important study.

Religiosity and Psychotic Symptoms in Psychiatric Inpatients

AbdelGawad and colleagues examined the relationship between psychotic symptoms and religiosity in 175 psychiatric adult inpatients at the University of Texas Health Science Center in Houston. The clinician rated 8-item CRDPSS was used to assess psychosis severity, and the 5-item DUREL was used to assess religiosity. **Results:** Frequency of psychotic disorder was slightly less common (47.8 vs. 52.2%, p=0.01) and past suicide attempts were less common (28% vs. 71%, p=0.02) among those with a high vs. low frequency of private religious activity (prayer, Bible study, meditation), and no association was found with frequency religious attendance (ORA) or intrinsic religiosity (IR). In contrast, greater private religious activity was associated with increased psychosis severity (14.5 vs. 12.4 on the CRDPSS, p<0.05), more severe delusions (2.82 vs. 2.02, p=0.003), and longer length of hospital stay (8.3 days vs. 7.0 days, p=0.02). No relationship was found between any of these outcomes and ORA; however, those high on IR experienced more severe auditory and visual hallucinations compared to those low on IR. Researchers concluded that "a brief measure of religious activities may identify psychiatric inpatients at greater risk for psychosis, suicidality, and longer hospitalizations."

Citation: AbdelGawad, N., Chotalia, J., Parsaik, A., Pigott, T., & Allen, M. (2017). Religiosity in acute psychiatric inpatients: relationship with demographics, clinical features, and length of stay. Journal of Nervous and Mental Disease *205*(6): 448-452.

Comment: All analyses were cross-sectional, making causal direction difficult to establish, and all findings were presented as bivariate associations (without control for confounders). The findings were inconsistent for ORA and IR, although greater frequency of private religious activities was consistently related to more severe psychotic illness.

Religiosity and Hallucinations in Dutch Children

Steenhuis and colleagues examined 337 children with auditory or visual hallucinations (AVH) in the Netherlands. Participants were assessed at ages 7-8 and again five years later at ages 12-13, comparing them to 337 controls without AVH. Religiosity was assessed by a 5-item Dutch Spirituality and Religiosity

Questionnaire (Jenner, 2006), adapted for the current study in children and adolescents; content validity of the five questions was reasonable and the measure was not confounded with the outcome being studied. AVH was assessed using the Auditory Vocal Hallucination Rating Scale. Religiosity was examined as a predictor of trajectories of change in AVH over time. Trajectories were (1) persistent AV hallucinations (both at baseline and five year follow-up), (2) remitted (present at baseline, absent on follow-up), (3) incident (AVH present at follow-up, but not baseline), and (4) control subjects (AVH never present). **Results**: Severity of AVH was not related to religiosity. However, moderately religious participants were more likely to have AVH than nonreligious (24.5% vs. 11.0%, $p<0.05$), and strongly religious youth had AVH intermediate between the moderate and low religious youth (15.2%). Persistence vs. remittance of AVH was not associated with religiosity. Interestingly, religious beliefs were reported to be supportive, useful, or neutral by 82% of participants regardless of level of religiosity or presence of AVH in this secular Dutch sample of youth.
Citation: Steenhuis, L. A., Bartels-Velthuis, A. A., Jenner, J. A., Aleman, A., Bruggeman, R., Nauta, M. H., & Pijnenborg, G. H. (2016). Religiosity in young adolescents with auditory vocal hallucinations. Psychiatry Research *236:*158-164.
Comment: Psychotic symptoms (AVH) were less common among non-religious participants compared to moderately religious (but not less than the highly religious). Since this was not a clinical population, it is doubtful that the experiences labeled as "AVH" were actually symptoms of psychosis, since the authors acknowledged that there was no difference in psychiatric service use between those with and without AVH during follow-up. It is also possible that some questions assessing AVH may have actually measured normative religious beliefs (i.e., the Auditory Vocal Hallucination Rating Scale was contaminated by indicators of religiosity).

Positive Religious Coping and Distress in Deployed Soldiers

Investigators at Auburn University, Iowa State, and Illinois State University examined the association between positive religious coping (PRC) and psychological distress at two time points separated by one month in 192 U.S.Army soldiers stationed in Iraq for a 1-year deployment in 2005. Religious coping (RC) was assessed with the 14-item Brief RCOPE; religious commitment was assessed with the 10-item Religious Commitment Inventory (Worthington). Distress level was assessed with the Outcome Questionnaire-45 (Lambert et al., 1996), a measure that assesses psychological distress, interpersonal relationship problems and difficulties in social role. Both RC and distress were assessed at both time points (T1 and T2). **Results**: Bivariate analyses indicated that T1 PRC and T1 NRC, but not level of religious commitment, were positively correlated with greater T2 distress ($r=0.15$ and $r=0.25$, respectively, both $p<0.05$). Cross-lagged modeling (controlling for T1 distress) demonstrated that T1 PRC (but not T1 NRC) was positively related to greater T2 distress ($B=0.19$, $p<0.05$), after controlling for combat exposure. In contrast, T1 distress did not predict either T2 PRC or T2 NRC, controlling for baseline values of the latter. Researchers concluded that: "…greater use of positive religious coping significantly predicted greater distress 1 month later, whereas distress at T1 did not predict positive religious coping one month later."
Citation: Cornish, M. A., Lannin, D. G., Wade, N. G., & Martinez, M. (2017). Can use of positive religious coping predict greater distress? An examination of Army soldiers on deployment. Journal of Counseling Psychology, *64*(3), 302-310.
Comment: This is one of the few prospective studies (if not the only one) showing that positive religious coping predicts increased distress over time, while level of distress at baseline had no effect on future religious coping (either negative or positive). As the authors acknowledge, the study design may have led to these findings since participants were not enrolled until 10 months into their 12 month deployment. PRC may have been mobilized in response to the distress experienced during the previous 10 months in this high stress environment and benefits already maximized before the baseline assessment. These findings are relevant in this population of US Army soldiers on deployment, although require replication – preferably assessing soldiers before, during, and after deployment.

Spirituality, Religion and Suicide in Veterans

In this qualitative study of 30 veterans, researchers from the VA Portland Health Care System (Oregon) examined the relationship between religion/spirituality and suicide attempts/ideation. Veterans interviewed endorsed either chronic suicidal thoughts or had made suicide attempts in the past. Only the abstract was available, so details are limited. **Results**: Veterans indicated that religion/spirituality may help to discourage suicidal thoughts, may help to cope with suicidal thoughts, and may provide meaning that helps to transform suffering so that it may be endured. Some veterans indicated that religious or spiritual beliefs also provided permission for having suicidal thoughts. Researchers concluded, the "Findings highlight a complex and diverse relationship between spirituality/religion and suicidality. These findings may inform further research on treatment strategies that assess the function of spirituality/religion, and incorporate protective aspects of spirituality/religion into mental health treatment."
Citation: Lusk, J., Dobscha, S. K., Kopacz, M., Frances Ritchie, M., & Ono, S. (2017). Spirituality, religion and suicidality among veterans: a qualitative study. Archives of Suicide Research, E-pub ahead of press.
Comment: This qualitative study provides additional support for developing religious/spiritual interventions for the prevention of suicide among Veterans, where suicide has become a major public health issue given that Veterans have a 41% to 61% higher risk of suicide relative to those in the general US population (*Annals of Epidemiology*, 2015; *25*(2), 96-100), especially soon after separation from military service, where the increased risk is 63% (*JAMA Psychiatry*, 2015 *72*(6), 561-569)

When a Patient Asks the Clinician to Pray

Pearce and Chiaramonte, a clinical psychologist and an oncologist at the University of Maryland, provide guidelines on what to do when a patient asks a clinician to pray with them. A brief case is presented and a variety of possible responses described. A patient's request to pray provides an opportunity to strengthen the doctor-patient relationship and bring enormous comfort to the patient, regardless of their prognosis. An awkward response can do just the opposite. Guidelines are provided on who should initiate the request for prayer (the patient), the different types of prayer (whether out loud or silent), how exactly to pray with a patient (many options), who should be prayed with (e.g., same religion as provider or not), what to pray for (ask patient), whether to touch the patient during prayer, how long the prayer should be, whether to decline and refer patient to a chaplain for prayer, and how to respond if the clinician feels uncomfortable about praying with patient (without rejecting the patient). Lots of useful information is provided here that will prepare the clinician and allay anxiety when patients ask to pray.
Citation: Pearce M, Chiaramonte D (2017). When a patient asks you to pray: What's a provider to do? International Journal of Palliative Nursing 23 (7) 108-109
Comment: This is a controversial area involving appropriate boundaries between clinicians and patients, where clinicians are asked to participate in activities that they are not trained to engage in and are not experts at. Fear of such interactions, in fact, has prevented many clinicians from "opening the door" by taking a

spiritual history, which should be done for all patients. This paper provides sensible guidelines for clinicians in oncology, nursing, medicine, and mental health settings to prepare them to appropriately and sensitively respond when patients ask to pray.

Spiritual Care is Not the Hospital's Business

Nicolas Pujol and colleagues in the Department of Theology and Religious Sciences at Laval University in Quebec, Canada, and the Department of Medical Ethics and Legal Medicine at Paris 5 University conducted a qualitative study involving 20 participants (11 men and 9 women) with stage IV advanced cancer (age range 37 to 80 years). Participants were interviewed while inpatients at a public hospital in Paris, France. Researchers asked the question, "Would patients with advanced cancer want or not want spiritual support from the hospital soon after the diagnosis of a life-threatening illness?" (where spirituality was defined as a "search for the sacred"). **Results**: Researchers indicated that "every participant mentioned at least one reason explaining why they would welcome the integration of spirituality into the hospital and one reason why they would not want this integration." Reasons for why patients would like their spirituality taken into account by the hospital included that the recognition of spirituality might transform the hospital into a more human institution, and they might be recognized as more than just patients. This recognition would reassure them that they were not just a number. Reasons why patients don't expect spiritual care from the hospital were that the hospital is not compatible with spiritual care; the less time spent in the hospital the better; patients are not in the right state of mind when they come into the hospital to show interest in spirituality; spiritual care should not be the hospital's business, but rather physical treatment, which should be provided in a more humane manner; and spiritual care could produce ethical tensions such as "violation of laicism, proselytism, no respect for private life and discrimination."
Citation: Pujol, N., Jobin, G., & Beloucif, S. (2016). 'Spiritual care is not the hospital's business': A qualitative study on the perspectives of patients about the integration of spirituality in healthcare settings. Journal of Medical Ethics 42:733-737
Comment: This study is highlighted here because it's findings go against nearly every study of patients' wishes regarding spiritual care in the hospital that has been published in the research literature to date. Given the qualitative nature of the study, these perceptions appear to be more those of the authors than those of the patients; however, the study was conducted in France, a highly secular country, which may also help to explain the results.

Spirituality in Palliative Care

Spirituality and health researchers from several U.S. universities have authored a paper that defines spirituality, examines its measurement, and reviews associations with health outcomes in the the area of palliative care. Several dimensions of spirituality relevant to palliative care were described; important outcomes such as quality of life were discussed; and future research priorities were examined. Authors concluded that this review: "…points to notable relationships between spiritual domains and palliative care patient and family outcomes, albeit with many limitations to the findings due to critical gaps in areas of inquiry and methodological issues hampering clarity of interpretation."
Citation: Steinhauser, K. E., Fitchett, G., Handzo, G., Johnson, K. S., Koenig, H.G., Pargament, K., Puchalski, C., Sinclair, S., Taylor, E.J. & Balboni, T. A. (2017). State of the science of spirituality and palliative care research part I: Definitions and taxonomy, measurement, and outcomes. Journal of Pain and Symptom Management, E-pub ahead of press.
Comment: Those interested in conducting research on spirituality in palliative care should be aware of this paper (Part I) and a second paper to follow soon that examines spiritual screening and assessment, spiritual care interventions, and clinician education (Part II).

NEWS

Chaplains Honored

The Association of Professional Chaplains (APC) presented Daniel H. Grossoehme, DMin, MS, BCC, and Susan L. Jelinek, M.Div., BCC, with the Anton Boisen Professional Service Awards, Rev. Dr. Dallas Little, BCC, with the Distinguished Service Award, and Chaplain Clark S. Aist, MDiv, STM, PhD, with the Retired Chaplain Award on the final night of the APC 2017 Annual Conference in Houston, TX, on June 24, 2017. Congratulations to all.

CNN Report on Chaplain Assessment in the ICU

CNN recently ran a story about chaplain Joel Nightingale Berning (at New York-Presbyterian Hospital) and modern day spiritual care. In this well-written and interesting article, the author describes a "spiritual care board" that can be used when assessing ICU patients. Included on this board are pictures of how the patient feels, a visual analogue scale assessing spiritual pain ranging from 0 (none) to 10 (extreme), and pictures of what the patient would like from the chaplain (options include prayer, blessing, sing a song, read poetry, sit with me, leave me alone, and others). The patient simply points to the picture the expresses what they would like the chaplain to do. To read the story and see the spiritual care board, go to: http://www.cnn.com/2017/07/12/health/spiritual-board-critical-care-eprise/index.html.

New Center for Anxiety E-Newsletter

The inaugural issue of the Center for Anxiety's e-newsletter has recently been anounced. The Center, with offices located in New York City, Brooklyn, and Boston, focuses on religiously/spiritually-integrated treatments for anxiety (particularly for those from Jewish backgrounds, but also for those from any religious or non-religious background). For more information and to register to receive the newsletter, see website http://mailchi.mp/centerforanxiety/newsletter-ni42i0ri3s?e=9f2f660cc1 or contact the Center's founder and director, Dr. David H. Rosmarin (info@centerforanxiety.org).

SPECIAL EVENTS

14th Annual Duke University Summer Research Workshop

(Durham, North Carolina, August 14-18, 2017)

LAST CALL. Still a few spots available for this one-of-a-kind 5-day training workshop 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 a 2-year Duke post-doctoral fellowship, so the curriulum 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 a faculty mentor of their choice (early registration will ensure a mentorship spot, since these are limited). Nearly 750 academic faculty, 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 should be no exception. **Partial tuition scholarships** are available. To register, go to: http://www.spiritualityandhealth.duke.edu/index.php/5-day-summer-research-course.

RESOURCES

Islam and Mental Health: Beliefs, Research and Applications (part of the Religion and Mental Health Book Series; Amazon: CreateSpace Platform, 2017)
From the publisher: "This book is for mental health professionals, clergy, researchers, and laypersons interested in the relationship between religion, spirituality and mental health in Muslims. A description of Islamic beliefs, practices, and values is followed by a systematic review of research conducted in Muslim populations, and then by recommendations for practice based on research, clinical experience, and common sense. In this volume, which is well-documented and highly cited, they bring together over 50 years of research that has examined how religious faith impacts the mental health of Muslims, including original research on well-being and happiness in Muslims that has not been reported elsewhere. The authors explain what these findings mean 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/Islam-Mental-Health-Research-Applications/dp/1544730330.

Spirituality and Suffering: The Path to Illness Healing (4th Floor Press, 2017)
This book offers clinical practice ideas from a nonreligious approach of the crossroads of suffering, spirituality, and illness. A holistic model emphasizing suffering, spirituality, and illness beliefs, the Trinity Model, is also offered. Actual clinical examples are provided to show how to integrate, implement, and enhance health professionals spiritual care practices that soften suffering with patients and families experiencing serious illness, disability, or loss. Available for $25.00 at https://www.amazon.com/Suffering-Spirituality-Path-Illness-Healing/dp/1897530854

Spirituality and Hospice Social Work
(Columbia University Press, 2017)
From the publisher: "[This book] helps practitioners understand various forms of spiritual assessment for use with their clients. The book teaches practitioners to recognize a client's spiritual needs and resources, as well as signs of spiritual suffering. It also discusses religious and spiritual practices that clients may use to enhance their spiritual coping. *Spirituality and Hospice Social Work* stresses the need for interdisciplinary collaboration with other members of the hospice team, along with the value of maintaining professional ethical standards when addressing spiritual issues. Throughout, the importance of spiritual sensitivity and its effect upon client well-being is emphasized." Available for $32.79 (paperback) at https://www.amazon.com/Spirituality-Hospice-Social-Work-Life/dp/0231171730

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

Hindusim 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 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/

Protestant 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 religious involvement and mental health in Protestant Christians. Available for $7.50 at: https://www.amazon.com/dp/1544642105/

Judaism 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, 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/

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/

COURSES/WORKSHOPS

Islam and Bioethics Workshop

The Milwaukee Muslim Women's Coalition in conjunction with the Initiative on Islam and Medicine and the Chicago Medical Society will be hosting a workshop titled "Islamic Bioethics and End-of-Life Care: A Practical Workshop" on September 9th (9:00A-2:30P) in Greenfield, Wisconsin. Dr. Aasim Padela discusses ethical obligations and goals pertaining to end-of-life care at the University of Chicago. His discussion of an Islamic theological framework at this lecture helped form a basis for our upcoming workshop. All are invited to attend and participate in the discourse. For more information, go to: https://pmr.uchicago.edu/iim-wi.

PRIZES

Jean-Marc Fischer Prize

The Doctor Jean-Marc Fischer Foundation encourages reflection in the field of human, social and theological sciences by awarding the Jean-Marc Fischer Prize. Three prizes will be awarded in this third contest, which welcomes submissions in French and English from around the world.
This year's theme is *Care and Spirituality*. Any professional in the field of health (doctor, psychologist, nurse, chaplain, etc.) can submit a dossier on the theme "Care and Spirituality", as described below. Individuals wishing to enter the contest are requested to send to the Jean-Marc Fischer Foundation an application package specifying the prize category to which the work is submitted. Three prizes will be awarded: (1) Scientific Prize - CHF 4000 - to reward a *scientific work* (clinical study, review of scientific literature) on the theme of the contest; (2) Special Jury Prize - CHF 3000 - to reward a more personal work (dissertation, case study, reflection paper...) on the same theme; and (3) Culture, Care and Spirituality Prize - CHF 3000 - to reward a scientific work or a reflection paper on the theme of the contest associated with a cultural dimension (e.g., a study on a specific culture, a cross-cultural comparison, or a culture-specific treatment). The deadline for submission of applications is 31 October 2017. For more information, go to: http://fondationdocteurjmf.ch/wp-content/uploads/2017/06/Prix-J.M.-Fischer-2017-2018-Anglais.pdf. Application packages and questions should be sent by e-mail to: philippe.huguelet@hcuge.ch.

JOB OPPORTUNITIES

Professorship for Biomedical Sciences at Federal University of Juiz de Fora School of Medicine, Brazil

A tenure track (3 years) faculty position for Full Professor to work at the Health Sciences Postgraduate Program - HSPP (Department of Internal Medicine, School of Medicine) (www.ufjf.br/ppgsaude-eng). Proficiency in Portuguese is not required. The selected candidate will be expected to play a major role in the development of the HSPP, conducting research and mentoring posdocs, masters and PhD students. It is the interdisciplinary post-graduation program located within the research program on spirituality and health at the University (www.ufjf.br/nupes-eng). Contact Dr. Alexander Moreira-Almeida who directs the spirituality center for more information (alex.ma@ufjf.edu.br).

FUNDING OPPORTUNITIES

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 pscyhologists 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

2017 CSTH CALENDAR OF EVENTS…

August

14-18 14th Annual Spirituality & Health Research Workshop
Speakers: Blazer, Doolittle, Oliver, Kinghorn, Hamilton, Carson, Williams, Koenig
Cole Mill Road Church of Christ, Durham, NC
Registration required
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

30 Invoking the Spiritual in Self-Care for Prevention, Health Promotion and Increased Resilience
Speaker: Jennifer Rioux, Ph.D.
Medical/Cultural Anthropologist
National Ayurvedic Medical Association
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

September

20 Islam and Health
Speaker: Azleena Salleh Azhar
Muslim Chaplain
Learning Lab 1502 Blue Zone, 1st floor,
Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

27-30 Religion and Mental Health
American Association of Christian Counselors (AACC) World Conference, Nashville, TN
Speaker: Harold G. Koenig, M.D., and others
Contact: Dina Jones (Dina.Jones@aacc.net)

PLEASE Partner with us to help the work to continue…

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