

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

LATEST RESEARCH

Religiosity/Spirituality and Metabolic Syndrome in Hispanic Women

Investigators from multiple research universities from across the United States analyzed data from the Study of Women's Health Across the Nation (SWAN), which is a population-based 7-year longitudinal prospective cohort study of 2,371 women ages 42-52 years old traversing menopause. The purpose was to examine the relationship between religiosity/spirituality (R/S) and metabolic syndrome in Hispanic women (n= 168) compared to non-Hispanic women (n= 2,203). Religiosity/spirituality was assessed by five questions: "How much is religion/spirituality a source of strength and comfort to you?"; "How often do you pray or meditate?"; "I have a mission or purpose in life"; "My faith sustains me"; and "I have something meaningful in my life that helps me to get through difficult times." Responsive to these questions were dichotomized. Agreement to the statement "My faith sustains me" was categorized as "high faith." Metabolic syndrome was defined as documented high blood pressure or self-reported use of antihypertensive medications, low HDL cholesterol, high triglycerides, high fasting blood glucose (or type II diabetes), and elevated waist circumference. Proportional hazards regression models controlled for geographical region, marital status, education, depressive symptoms, and smoking status, along with time-varying BMI and menstrual characteristics. **Results:** At baseline, the prevalence of metabolic syndrome was greater in Hispanic women compared with non-Hispanic (33.9% vs. 23.5%). Hispanic compared to non-Hispanic women were more likely to find strength and comfort from R/S (82% vs. 60%), more likely to pray frequently (71% vs. 47%), and more likely to be sustained by faith (94% vs. 75%) ($p < 0.0001$ for all comparisons). When examining predictors of incident metabolic syndrome during the 7-year follow-up, a significant interaction ($p < 0.05$) was found between Hispanic ethnicity and response to the statement "My faith sustains me." Among women with high faith, the incidence of metabolic syndrome was similar between Hispanic and non-Hispanic women (HR=1.2, 95% CI=0.82-1.81); however among those with low faith, Hispanics were significantly more likely to develop metabolic syndrome during the 7-year follow-up period

(HR=5.2, 95% CI=1.4-18.9). Researchers concluded: "Faith might be associated with a different risk of metabolic syndrome among women of Hispanic vs. other ethnicities. Among women who are not part of a faith community, Hispanic ethnicity might be a risk factor for metabolic syndrome."

Citation: Allhouse, A. A., Santoro, N., Green, R., Wong, J. Y., Upchurch, D. M., Neal-Perry, G., ... & Derby, C. A. (2018). Religiosity and faith in relation to time to metabolic syndrome for Hispanic women in a multiethnic cohort of women—Findings from the Study of Women's Health Across the Nation (SWAN). *Maturitas* 112:18-23.

Comment: This study documents increased religiosity among middle-age perimenopausal Hispanic women compared with non-Hispanic women in the US. Although the measure of "faith" is a relatively weak one, the rigorous statistical analyses, the prospective nature of this study, and the high prevalence of metabolic syndrome among Hispanic women (1 out of every 3), all underscore the importance of these findings.

Religious/Spiritual Coping and Incidence of Hypertension in Black Women

Researchers at Boston University, Harvard School of Public Health, Massachusetts General Hospital, and other Boston area academic institutions analyzed data from the Black Women's Health Study, a prospective cohort study of 59,000 participants beginning in 1995 (although data for this study were from 43,179 participants followed from 2005 to 2013). The purpose was to examine the relationship between religion/spirituality (R/S) in 2005 and risk of developing hypertension over time. R/S was assessed by two questions from the Fetzer Institute's Brief Multidimensional Measure of Religiousness/Spirituality ("To what extent is your religion or spirituality involved in understanding or dealing with stressful situations in any way?" and "To what extent do you consider yourself a religious or spiritual person?") and by two questions from the Duke University Religion Index ("How often do you attend religious services?" and "How often do you pray?"). Incident hypertension was self-reported on the 2007 through 2013 questionnaires; cases were defined as physician-diagnosed hypertension with use of either antihypertensive medications or diuretics (99% confirmed by medical records or physician checklists). Cox proportional hazards regression was used to identify predictors of incident hypertension, while controlling for age, smoking status, alcohol consumption, weight, geographic region, education, exercise, medical diagnoses, diet, perceived stress, socioeconomic status, depressive symptoms, experiences of racism, child abuse, victimization, insurance status, and physical exam within the past two years. **Results:** During the 8-year follow-up, 5194 cases of incident hypertension were identified. High R/S coping with stress was associated with a 13% reduced risk of hypertension (incident risk ratio [IRR]= 0.87, 95% CI=0.75-1.00). This association was found to be strongest in women with high levels of perceived stress, where the risk was nearly 25% lower (IRR= 0.77, 95% CI=0.61-0.98, with p value for interaction=0.01). In contrast, more frequent prayer was associated with an increased risk of developing hypertension (IRR=1.12, 95% CI= 0.99-1.27). No significant associations were found for other

EXPLORE...in this issue

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indicators of R/S. The researchers concluded: "R/S was associated with a decreased risk of hypertension in African-American women, especially among those reporting high levels of stress. Further research is needed to understand the mechanistic pathways through which R/S coping may affect health."

Citation: Cozier, Y. C., Yu, J., Wise, L. A., VanderWeele, T. J., Balboni, T. A., Argentieri, M. A., ... & Shields, A. E. (2018). Religious and Spiritual Coping and Risk of Incident Hypertension in the Black Women's Health Study. *Annals of Behavioral Medicine*, E-Pub ahead of press.

Comment: As the researchers acknowledge in the introduction, previous findings on the relationship between religiosity and hypertension have been conflicting. This study, which controlled for an enormous number of possible covariates (and explanatory factors) in a large random sample of African-American women, is an important one to add to the mix.

Spirituality and African-Americans' Willingness to Participate in Research

Investigators from multiple universities across the US examined factors affecting the willingness of African-Americans to participate in research studies. The researchers emphasized that African-Americans are often underrepresented in health-related research. Lack of participation in research has been attributed to low health literacy, distrust of the health system, cost of participation, poor access to healthcare, institutional racism, and poor recruitment efforts. This is prompted efforts by these researchers to identify factors that may increase the likelihood of African-Americans participation in research. In the present study, investigators surveyed 430 adult African-Americans from Worcester and Boston, Massachusetts. Participants were asked: "How likely are you to agree to participate in a health-related research study?" Spirituality was assessed by a 6-item Self-Rating Spirituality Scale (SRSS): "It is important for me to spend time in private spiritual thought and meditation"; "I try hard to live life according to my religious beliefs"; "The prayers or spiritual thoughts that I say when I am alone are as important to me as those I say during services or spiritual gatherings"; "I enjoyed reading about my spirituality and/or religion"; "Spirituality helps keep my life balanced and steady in the same ways as my citizenship, friendships, and other memberships do"; and "My whole approach to life is based on my spirituality". Items were summed to create a scale ranging from 6 to 24. Logistic regression was used to examine predictors of being "very likely" to participate in health-related research, controlling for gender, education, employment status, and previous experience with research. **Results:** Bivariate analyses indicated a positive relationship between self-rated spirituality (SSRS) and likelihood of agreeing to participate in research ($p < 0.005$). Logistic regression indicated a 24% increase in the likelihood of being very willing to participate in research for every one point increase on the SSRS ($OR = 1.24$, 95% $CI = 1.07-1.44$, $p < 0.01$). Researchers concluded: "This work offers new insights for developing recruitment initiatives within African-American spiritual communities."

Citation: Ojukwu, E., Powell, L. R., Person, S. D., Rosal, M. C., Lemon, S. C., & Allison, J. (2018). Spirituality and willingness to participate in health-related research among African Americans. *Journal of Health Care for the Poor and Underserved*, 29(1), 400-414.

Comment: This study provides crucial information related to factors that motivate African-Americans to participate in health-related research. The findings are consistent with the general finding that those who are more religious are more likely to volunteer. In particular, the results suggest that African-Americans who are more religious might also be more likely to participate in studies of religion and spirituality research, so this must be kept in mind in the design of such research and the interpretation of results.

Religiosity and Postpartum Depression

Investigators from Hope College and UCLA analyzed data from a prospective study of 2,399 pregnant women between the ages of 18 and 40 recruited as part of the Community Child Health Network (Los Angeles, Chicago, Washington DC, Baltimore, in eastern North Carolina). Participants were assessed at 2-16 weeks (T1), 6-10 months (T2), and 12-15 months (T3) postpartum. Depressive symptoms were assessed with the 10-item Edinburg Postnatal Depression Scale at all time points. Also assessed were mastery at T1, self-esteem at T1, and dispositional optimism at T2 using standard multi-item scales. Religiosity/spirituality (R/S) was assessed at T2 and at T3. At T2, religious indicators assessed were religious affiliation, religious attendance, self-rated religiosity, self-rated spirituality, strength and comfort from religion, feelings of deep inner peace or harmony, and experience of the Divine in their lives. The last three items were summed to create a daily spiritual experiences scale ranging from 3 to 18. At T3, questions were asked about private religious behaviors such as reading religious books, magazines and pamphlets; listening to religious programs on TV or radio; and frequency of praying. Structural equation modeling was used to examine the data to determine whether (1) R/S predicted depressive symptoms over time, (2) R/S was a predictor of psychosocial resources (mastery, self-esteem, and optimism), (3) psychosocial resources were a predictor of depression, and (4) whether the association between R/S and depression would be mediated by psychosocial resources.

Results: 15% of women at T1 scored above the cutoff for significant depressive symptoms (possible or probable depression); at T2, 17% fulfilled these criteria; and at T3, again 17% scored in the depression range on the scale. Structural equation modeling (longitudinal growth curve model) revealed that R/S predicted significantly fewer depressive symptoms at T1 ($B = -0.182$, $p < 0.001$) and predicted a negative or decreasing slope or trajectory of depressive symptoms over time ($B = -0.135$, $p < 0.05$). These relationships were mediated by a positive association between R/S and greater mastery, self-esteem, and dispositional optimism. Researchers concluded: "Our findings contribute to existing knowledge by establishing psychological resources as mechanisms explaining how religiousness and spirituality influence mental health in women postpartum."

Citation: Cheadle, A. C. D., & Schetter, C. D. (2018). Mastery, self-esteem, and optimism mediate the link between religiousness and spirituality and postpartum depression. *Journal of Behavioral Medicine*, E-pub ahead of press.

Comment: This is one of the first longitudinal studies examining the effects of R/S on postpartum depression in women over the 15 months following birth of a child.

Childhood Sexual Abuse, Mental Health and Religion in Jews

Researchers in the department of psychiatry at McLean Hospital and other universities in the Northeastern US surveyed 372 Jews (70% female; average age 38) participating in Jewish organizations from a wide religious spectrum from ultra-Orthodox to reform Judaism. The purpose was to examine the prevalence of childhood sexual abuse among the various Jewish groups based on religiosity, and examine the association with religiosity. Childhood sexual abuse was assessed by the presence of four types of sexual abuse: being touched in an uncomfortable way, being made to touch another person's body parts involuntarily, having one's private parts touched involuntarily, and being subject to involuntary vaginal, oral or anal sex (penetration). Participants were divided into four groups: always Orthodox ($n = 100$), formerly non-Orthodox ($n = 98$), never Orthodox ($n = 138$), and formerly Orthodox ($n = 36$). **Results:** The prevalence of any childhood sexual abuse in males ranged from 18% in formerly non-Orthodox to 31% in formerly Orthodox; among females, the range was 21% in always Orthodox to 45% in formerly Orthodox. Differences in

overall rates across religious categories in males and females were not significant, nor were they significantly different from national estimates of childhood sexual abuse. With regard to specific types of sexual abuse in both genders, involuntary penetration was reported highest among formerly Orthodox Jews compared to other groups (OR=3.00, p=0.04). Across the sample, childhood sexual abuse was associated with having a psychiatric diagnosis, greater mental distress, lower religious observance, and lower intrinsic religiosity. Furthermore spiritual/religious factors demonstrated a moderate buffering effect of childhood sexual abuse on adult mental distress. Researchers concluded: "Thus, we found childhood sexual abuse to occur across the spectrum of Jewish religious affiliation and greater prevalence among formerly Orthodox individuals. Furthermore, history of childhood sexual abuse was associated with greater risk for psychiatric distress and less religious involvement, however spiritual/religious engagement and belief appeared to facilitate resilience in the context of abuse." *Citation:* Rosmarin, D. H., Pirutinsky, S., Appel, M., Kaplan, T., & Pelcovitz, D. (2018). Childhood sexual abuse, mental health, and religion across the Jewish community. *Child Abuse & Neglect*, 81, 21-28.

Comment: To our knowledge, this is the first study to examine the relationship between religiosity and childhood sexual abuse in Jews, and the buffering effects of religious/spiritual engagement and belief on distress in adulthood following that abuse.

Inclusion of Religion and Spirituality in Psychiatric Care

Psychiatrist Simon Dein at Queen Mary University of London argues for the inclusion of religion and spirituality in psychiatric care. In this article, he reviews the antagonism shown by mental health professionals towards religion and critically overview studies examining the relationship between spirituality, religion and various aspects of mental health including depression, suicide, anxiety, delinquency, drug abuse, and schizophrenia. He emphasizes the need to assess the impact of religion in different faith groups. He also discusses the importance of clinicians determining how individuals deploy religion in their lives, since so many studies show that religion impacts mental health either in positive or negative ways, making it incumbent for mental health professionals to address it as part of clinical practice. The author concludes: "Future work in this area needs to explore the clinical implications of these findings, and how working with patients' theological constructs such as guilt, sin and forgiveness helps to promote recovery."

Citation: Dein, S. (2018). Against the stream: Religion and mental health—the case for the inclusion of religion and spirituality into psychiatric care. *British Journal of Psychiatry (BJPsych) Bulletin*, 42(3), 127-129.

Comment: This is a concise and articulate presentation of the argument for addressing the spiritual needs of psychiatric patients of all ages, addressed primarily to psychiatrists in Great Britain. Early research among British psychiatrists in London found that 73% reported no religious affiliation, only 19% of men believed in God (vs. 39% of women), 58% never made referrals to clergy, and 42% indicated that religiousness can lead to mental illness (*Acta Psychiatrica Scandinavica* 1993; 88:420-424). Given the increased secularization of Europe since 1993, especially Great Britain, it is doubtful that psychiatrists' attitudes have changed much since then. Thus, this article is definitely going "against the stream."

Integrating Spirituality into the Clinical Care of Older Psychiatric Patients

Psychiatrists at Harvard's Dana Farber Cancer Institute in Boston, Duke University Health System, and King Abdulaziz University in Jeddah Saudi Arabia, provide detailed recommendations on how to integrate spirituality into the care of older psychiatric patients,

taking a multicultural perspective. Reasons for addressing religious and spiritual issues are provided, including a review of published position statements in this regard from the American Psychiatric Association, Royal College of Psychiatrists, and World Psychiatric Association. The authors emphasize the prevalence of spiritual needs in this population, the relationship between R/S and health outcomes and health care costs, and provide step-by-step guidelines on how to identify spiritual needs and address them in a time-efficient manner. Underscored here is the taking of a spiritual history on all psychiatric patients, which is the primary intervention being recommended for mental health professionals (and then usually, referral). A comprehensive 15-item history is provided in the article, along with many resources that can be utilized for training and for basic information about how to address spiritual needs of clients from Christian, Jewish, Muslim, Hindu, and Buddhist faith traditions. Boundaries on what clinicians should not do are also described.

Citation: Peteet, J. R., Al Zaben, F., & Koenig, H. G. (2018). Integrating spirituality into the care of older adults. *International Psychogeriatrics*, E-pub ahead of press. <https://doi.org/10.1017/S1041610218000716>

Comment: This article comprehensively and concisely summarizes recommendations on how to integrate spirituality into the clinical care of older adults in a sensitive and sensible manner. We recommend it for mental health professionals who see older adults (just about all clinicians) and for those in geriatric psychiatry (and psychology) training programs.

Spirituality in Geriatric Psychiatry

It appears that the topic of religion/spirituality (R/S) and the treatment of patients with mental health problems (particularly older patients) is making its rounds among mainstream psychiatric journals at this time of the year. In this review, psychiatrists from Brazil and the United States provide an overview of studies examining the influence of R/S on the mental health of older adults and the clinical implications of these findings. They indicate that R/S involvement is usually associated with less depression, substance use/abuse, and cognitive decline in later life, as well as better quality of life, greater well-being, and better functional status. Despite these findings, the reviewers say that few studies have examined the impact of addressing spiritual needs or implementing R/S interventions in older psychiatric patients. The authors also describe the implications of these findings for clinical practice. Unfortunately, only the abstract was available for review, so details are lacking.

Citation: Lucchetti, A., Barcelos-Ferreira, R., Blazer, D. G., & Moreira-Almeida, A. (2018). Spirituality in geriatric psychiatry. *Current Opinion in Psychiatry* 31(4), 373-377.

Comment: It is good to hear that mainstream psychiatric journals are finally paying attention to this important topic relevant to the mental health of the growing population of older adults in the United States, South America, and worldwide. Hopefully, this will increase the likelihood of obtaining research funding to carry out some of the recommendations now being made in these articles.

Religious and Spiritual Struggles in College Students

Researchers in the department of psychology at the University of Alabama and other US colleges surveyed 791 college students at Gulf Coast universities (a Jesuit liberal arts college and a public research university) to determine the category of mental health problem students would assign to a person struggling with religious/spiritual issues. A case vignette of a college student struggling with their faith was presented, accompanied by several response options that participants had to choose from in responding to the case. Responses included recognition of the problem, cause of the problem, whether they had experienced a similar problem, and who should be sought to help with the

problem. Participants were approximately 70% female and most were ages 18 to 22; more than half were in their freshman or sophomore year. The majority were Christian (Catholic or Baptist), although there were also 12-15% agnostics/atheists. **Results:** A significant proportion of students (38%) indicated that they had experienced a similar problem as described in the case vignette. Nearly three-quarters (74%) of students recognized that the student in the case was dealing with a religious or spiritual problem, although 55% also attributed the problem to general life stress and more than one third (38%) to depression. The primary cause of the problem was felt to be either stress (39%), religious/spiritual factors (30%), or environmental factors (20%). With regard to what the person in the vignette should do, more than half (53%) suggested he seek professional help. Among students who themselves had experienced a similar problem, 68% said they dealt with the problem themselves, 26% said they spoke with a religious or spiritual leader, 37% talked with a family member, 54% spoke with a friend, 14% with a counselor, and 9% with a psychiatrist. When asked to imagine what they would do if they were in the person's shoes (vignette), 48% said they would deal with it themselves, 48% would talk to a religious/spiritual leader, 48% would talk with a friend (all same percentages), 21% with the counselor, and 11% with the psychiatrist. Researchers concluded: "...these findings underscore the probable importance of R/S struggles with college students as well as utility for enhancing training and engagement between mental health clinicians and R/S professionals."

Citation: Currier, J. M., McDermott, R. C., Hawkins, D. E., Greer, C. L., & Carpenter, R. (2018). Seeking help for religious and spiritual struggles: Exploring the role of mental health literacy. *Professional Psychology: Research and Practice*, 49(1), 90-97.

Comment: Remarkable that nearly 40% of this unselected group of college students experienced religious/spiritual struggles involving the divine, morality, ultimate meaning, and doubting, and that many indicated the problem was serious enough to see a mental health professional for help. As the authors concluded, this underscores the importance of religious and mental health professionals working together to address the spiritual/psychological needs of college students today.

SPECIAL EVENTS

15th Annual Duke University Summer Research Workshop

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

Not too late to register for 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 this area. 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. If desired, participants will have the option of a 30-minute one-on-one with Dr. Koenig or other faculty mentor of their choice (these are limited). Nearly 800 academic researchers, clinical researchers, physicians, nurses, chaplains, communityclergy, 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 is no exception. Partial tuition scholarships are available. To register, go to: <http://www.spiritualityandhealth.duke.edu/index.php/5-day-summer-research-course>.

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

Healing with Spiritual Practices: Proven Techniques for Disorders from Addictions and Anxiety to Cancer and Chronic Pain

(Praeger, 2018)

From the publisher: "This interdisciplinary study details spiritual approaches including meditation and yoga shown to be helpful in improving physical and psychological well-being. Covers select mental and physical disorders and spiritual approaches to healing from them; acknowledges the diversity of affected people, from children to elders and from the ultra-religious to the nonreligious; details evidence-based practices ranging from non-religious approaches such as yoga to orthodox practices; explains the science behind the effectiveness of the approaches discussed; and features the work of contributors expert on their respective topics." Available for \$60 at <https://www.amazon.com/Healing-Spiritual-Practices-Techniques-Addictions/dp/1440860696>

Religion and Mental Health: Research and Clinical Applications

(Academic Press, 2018) (Elsevier)

From the publisher: "[This 384 page volume] summarizes the latest 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 \$72 at <https://www.elsevier.com/books/religion-and-mental-health/koenig/978-0-12-811282-3>.

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/>

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

(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/>

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/>

Buddhism 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 Buddhists. Available for \$7.50 at <https://www.amazon.com/dp/1545234728/>

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>.

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>

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

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

2018 CSTH CALENDAR OF EVENTS...

August

- 2-3 **Assessment of Spiritual Fitness in the U.S. Airforce**
European Theater Airforce Chaplains
Duke University Center for Aging, Durham, NC
Private meeting (not open to public; invitation only)
Contact: (Harold.Koenig@duke.edu)
- 13-17 **15th Annual Spirituality and Health Research Workshop**
Speakers: Blazer, Oliver, Kinghorn, Hamilton, Willams, Doolittle, Koenig
See website for more information:
<http://www.spiritualityhealthworkshops.org/>
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 29 **The Challenges of Mourning for Those in the Care Giving Professions**
Speaker: Rabbi Daniel Greyber
Rabbi of Beth El Synagogue in Durham, NC
Author of *Faith Unravels: A Rabbi's Struggle with Grief and God*
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

Sept

- 20-21 **Religion, Spirituality and Health: A Research Agenda for Loma Linda University**
Loma Linda University, Loma Linda, California
Speaker: Koenig
Contact: Lee Berk, Ph.D. (lberk@llu.edu)
- 26 **"Search For Meaning" Group Process Addressing Moral Wounding Related to Trauma**
Speaker: Clyde T. Angel, DMin., BCC, LPC, VHA-CM Chief, Chaplain Service
National Coordinator for the Warrior to Soul Mate Program
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)