

CROSSROADS...

Exploring research on religion, spirituality and 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 2019) go to: <http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

LATEST RESEARCH

Religious Attendance and Biological Risk

Based on data from a prospective study of a random national sample of 2,912 adults age 50 or older in the United States (U.S. Health and Retirement Study), researchers from the school of sociology at the University of Arizona, Tucson, examined the effect of frequency of religious service attendance in 2006 on high-risk biomarkers and allostatic load in 2010. Biological risk measures included body mass index, C-reactive protein, cystatin-C, waist circumference, glycosylated hemoglobin, non-high-density lipoprotein cholesterol, systolic blood pressure, diastolic blood pressure, and pulse rate. In addition, overall allostatic load was calculated (a) based on an index of the individual biomarkers (continuous allostatic load) and (b) count allostatic load based on number of individual biomarkers that exceeded the high risk cutoff criterion defined as the top 25th percentile for each biomarker (count allostatic load). Analyses were controlled for age, gender, marital status, employment status, race/ethnicity, education, household wealth, and financial debt. In addition, 2006 continuous allostatic load and count allostatic load were controlled for in all analyses predicting 2010 outcomes. Ordinary least squares regression was used to estimate effects. **Results:** The average age of participants was 66.3 years, and 45% attend religious services weekly or more often. Those attending religious services at least weekly tended to have lower allostatic load measured continuously ($b=-0.02$, $p<0.10$) and significantly lower allostatic load measured by counts ($b=-0.07$, $p<0.05$) compared to those attending yearly or less. With regard to individual biomarkers, when measured continuously, weekly or more religious attendance predicted a trend towards lower C-reactive protein ($b=0.64$, $p<0.10$), Cystatin-C ($b=-0.02$, $p<0.10$), and a significantly slower pulse rate ($b=-0.77$, $p<0.05$). When measured as a binary outcome (not high risk vs. high risk), weekly or more religious attendance tended to predict lower C-reactive protein ($b=-0.18$, $p<0.10$), lower non-HDL cholesterol ($b=-0.18$, $p<0.10$), lower diastolic blood pressure ($b=-0.19$, $p<0.50$), and significantly lower Cystatin-C ($b=-0.22$, $p<0.05$). Researchers concluded "older adults who attended religious services weekly or more in 2006 tend to

exhibit fewer high risk biomarkers in 2010 and greater reductions in allostatic load over the 4-year study period than respondents who attended yearly or not at all."

Citation: Suh, H., Hill, T. D., & Koenig, H. G. (2019). Religious attendance and biological risk: A national longitudinal study of older adults. *Journal of Religion and Health*, 58, 1188-1202.

Comment: Another important study linking frequency of religious attendance with important biological outcomes in a large random national sample of older adults in the US. Although the findings are relatively modest, the follow-up period was also fairly short, reducing power to detect change. Analyses of future follow-up data on this cohort will help to determine whether some of these trends turn out to be significant over time.

Hope, Religiosity, and Mental Health of Current and Former U.S. Military Personnel

In a multi-site study of 591 Veterans and Active Duty Military (ADM) with significant PTSD symptoms, researchers examined the relationship between hope, religiosity and mental health (depression, anxiety, and severity of PTSD). Hope was measured by a single question: "How hopeful are you about the future?" rated on a visual analogue scale from 1 ("not at all hopeful") to 10 ("very hopeful"). Religiosity was assessed using the 10-item Belief into Action Scale (range 10 to 100). Social relationships were assessed by a 2-item index measuring the quality of relationships with family/friends and level of involvement in community activities. PTSD symptoms were measured by the 20-item PTSD Symptom Checklist DSM-5 version (PCL-5), and depressive and anxiety symptoms by the 14-item Hospital Anxiety and Depression Scale. Stepwise hierarchical linear regression was used to examine associations between demographic, military, religious, social, psychological symptoms, and level of hope.

Results: Multivariate analyses demonstrated that hope was significantly associated with lower PTSD symptoms ($b=-1.37$, $SE=0.26$, $p\leq 0.0001$), fewer depressive symptoms ($b=-1.65$, $SE=0.26$, $p\leq 0.0001$), and less anxiety ($b=-1.22$, $SE=0.26$, $p\leq 0.0001$). Religiosity was positively related to hope in all models, controlling for demographic, military-related, social factors, and psychological symptoms (with p values ranging from ≤ 0.01 to ≤ 0.0001 depending on model). Researchers concluded: "While further research is warranted, particularly longitudinal studies capable of addressing questions about causality, providing support for the existing religious beliefs of current and former military personnel may help to enhance hope and mental health in the setting of severe combat-related trauma."

Citation: Koenig, H. G., Youssef, N. A., Smothers, Z., Oliver, J. P., Boucher, N. A., Ames, D., ... & Haynes, K. (2019). Hope, religiosity, and mental health in US Veterans and Active Duty Military with PTSD symptoms. *Military Medicine*, E-pub ahead of press (<https://doi.org/10.1093/milmed/usz146>).

Comment: Maintaining "hope" is an important aspect of resilience among Active Duty Military who must engage in the trauma of combat and for recovery from the consequences of that trauma among Veterans.

EXPLORE...in this issue

1-4 LATEST RESEARCH

4-6 NEWS, EVENTS & RESOURCES

6-7 TRAINING, FUNDING Opportunities, and CALENDAR

Religiosity, Trauma, and Suicidal Behaviors among College Students in China

Investigators at Ningxia Medical University in Yinchuan, China, analyzed data from a random sample of 5,301 college students at three universities/colleges in the Qinghai province, Ningxia Hu and Xingjiang Uygur autonomous regions in northwest China. Religious involvement was assessed by the 14-item Revised Intrinsic-Extrinsic Religiosity Scale (IE-R; Gorsuch & McPherson). Suicidal behaviors (the primary outcome) were assessed by the 4-item Osman Suicidal Behavior Questionnaire-Revised (SBQ-R). Also examined were social support, purpose in life, self-esteem, hope, and traumatic experiences. Traumatic experiences were assessed by the 5-item Trauma Suicide Potential Index (TSPI-5).

Hierarchical regression was used to analyze cross-sectional relationships between religiosity and suicidal behaviors, controlling for demographics, psychological and social factors, and traumatic experiences. In the final model, the interaction between religiosity and traumatic experiences in predicting suicidal behaviors was also examined. **Results:** Less than one-third of students indicated a religious affiliation (31.0%); of those, 18.5% were Muslim, 10.8% were Buddhists or Taoists, 0.9% were Christian, and 1.2% were affiliated with another religion. Bivariate correlation revealed a significant *positive* correlation between religiosity and suicidal behavior ($r=0.59, p<0.01$). In contrast, multivariate analyses revealed a *negative* correlation between religiosity and suicidal behavior ($b=-0.55, p<0.01$). The interaction between religiosity and traumatic experiences in predicting suicidal behavior was also significant ($b=-0.23, p<0.01$), such that there was a positive correlation between traumatic experiences and suicidal behavior only in those who were not religious. Researchers concluded: "These findings suggest that religiosity may play a role in reducing the risk of traumatic experience-induced suicidal behaviors among college students in a largely secular society."

Citation: He, Z., Wang, Z., Lew, B., Mansor, A. T., Jie, Z., & Koenig, H. G. (2019). Moderating effects of religiosity on the relationship between trauma and suicidal behaviors among college students in Northwest China. *SAGE Open*, 9(2):1-7 <https://doi.org/10.1177/2158244019859087>.

Comment: Interesting how the bivariate positive association between religiosity and suicidal behaviors ($r=+0.59, p<0.01$) switched to negative ($b=-0.55$; significantly less suicidal behavior among the more religious) once demographic factors and other psychological and social factors were controlled for. Most prior research has found a positive association between religiosity and suicidal thoughts/behaviors in China. Note, however, the significant proportion of Muslim students in this sample, which was recruited from northwestern China, which does not reflect the overall Chinese population.

Buffering Effect of Religious Involvement on Negative Life Events and Psychological Well-Being in U.S. Adults

G. Rainville from the research department of the American Association of Retired Persons analyzed data from a U.S. national random sample of 2,601 adults (mean age 47), examining the impact of frequency of private prayer and religious service attendance on the relationship between negative life events and psychological well-being. Frequency of prayer and religious attendance were assessed with single items; for prayer, the response range was 0 (never; 24%) to 3 (once/day or more; 36%) and for religious attendance responses ranged from 0 (not at all; 54%) to 5 (every day; 0.8%). Negative life events (NLE) were assessed by the sum of positive responses to six major life stressors (range 0 to 6). Psychological well-being was measured with the 14-item Warwick-Edinburgh Mental Well-Being Scale. Analyses were controlled for other religious/spiritual practices (mindful activities such as meditation, practicing yoga), healthy

lifestyle (alcohol consumption, a aerobic exercise, eating healthy diet, the adequate sleep per night), and mental acquisitiveness/social engagement (regular volunteering to help others, reading for pleasure, socializing, learning new things), as well as demographics (age, region of country, gender, marital status, income, education, race/ethnicity, work status). **Results:** There was a significant "NLE by prayer by attendance" interaction in the full model ($b=0.48, SE=0.24, p<0.05$). The interaction indicated that the stress-moderating effect of frequent religious attendance was found only among those who also frequently engaged in private prayer, and vice-versa, i.e., the stress-relieving effects of private prayer in the face of negative life events operated only among those who frequently attended religious services.

Citation: Rainville, G. (2018). The interrelation of prayer and worship service attendance in moderating the negative impact of life event stressors on mental well-being. *Journal of Religion and Health*, 57(6), 2153-2166.

Comment: Just as prayer has been shown to be positively related to mental health only in those with a strong attachment to God (*Journal for the Scientific Study of Religion* 2008; 47:644 – 659; *International Journal for the Psychology of Religion* 2010; 20:130 – 147; *Sociology of Religion* 2014; 75:208-233), this study found that prayer helps to buffer the negative effects of stressful life events only in those who attend religious services more frequently. Perhaps a desperate prayer in response to traumatic life events, if it occurs outside of a relationship with God or engagement in a religious community, may not be all that helpful – at least in terms of relieving psychological distress.

Religion/Spirituality, Community Violence, and Psychological Well-Being in Latino Adolescents

Investigators in the department of psychology at the University of Michigan, Ann Arbor, surveyed 223 Latino adolescents living in poor urban neighborhoods to determine whether religiosity/spirituality at home or current religious involvement has a buffering effect on the relationship between community violence and psychological well-being. Participants were 9th-grade students (mean age 14.5 years) attending three high schools (one parochial, two public) in socioeconomically disadvantaged northeastern US cities. The ethnic backgrounds of youth were primarily from the Dominican Republic (60%), Puerto Rico (17%), Colombia, Mexico, and El Salvador. Spirituality was assessed from five items taken from the BMMRS (e.g., Do you believe in a spiritual power? Do you feel close to God?, etc.). Religious importance at home was assessed by two items: (1) importance of religion at home and (2) importance for Latino parents of sending their children to religious services. Current religious involvement was assessed by two items that measured (1) frequency of attendance at religious services and (2) frequency of participation in other religious activities apart from religious services. Community violence was measured by the 20-item Survey of Exposure to Community Violence (Richters & Martinez, 1993), which captures (a) personal victimization and (b) witnessing violence. Psychological well-being was measured by depressive symptoms (Children's Depression Inventory) and PTSD symptoms (Child Posttraumatic Stress Reaction Index). Controlled for in analyses were age, school type (public versus parochial), ethnicity, and socioeconomic status. **Results:** Bivariate analyses demonstrated little relationship between spirituality/religiosity and indicators of community violence or psychological well-being (with the exception of spirituality being inversely related to depressive symptoms). Multivariate analyses identified significant interactions between spirituality and both personal victimization and witnessing violence on depressive symptoms (personal, $b=-0.23, p<0.01$; witnessing, $b=-0.15, p<0.01$) and PTSD symptoms (personal, $b=-0.46, p<0.01$; witnessing, $b=-0.36, p<0.01$), with greater spirituality buffering these relationships. In other words, there was a strong positive relationships between personal victimization and

witnessing violence with depression and PTSD symptoms at low or average spirituality, but no relationship at high spirituality. With regard to importance of religion at home, there was a significant interaction with witnessing violence on PTSD symptoms ($b=-0.31$, $p<0.05$), such that the positive relationship between witnessing violence and PTSD symptoms was significant only in those with low or average religiosity at home, but not in those with high religiosity. Likewise, current religious involvement also significantly interacted with witnessing violence ($b=-0.11$, $p<0.05$), such that the positive relationship between witnessing violence and depression was significant only at low or average levels of religious involvement but not at high levels. Researchers concluded: "different dimensions of religiosity [and especially spirituality] may serve to protect Latino youth from the negative effects of community violence exposure."

Citation: Jocsos, R. M., Alers-Rojas, F., Ceballos, R., & Arkin, M. (2018). Religion and spirituality: Benefits for Latino adolescents exposed to community violence. *Youth & Society*, <https://doi.org/10.1177/0044118X18772714>

Comment: Although sample is small and the results are cross-sectional, the findings are remarkable in this high-risk population of Latino youth.

Religious Affiliation, Posttraumatic Growth, and Mental Health in Parkinson's Disease

Researchers from Davidson College in North Carolina surveyed 140 adults with Parkinson's disease seeking to identify positive psychological predictors of mental health in this cross-sectional study. Participants were a convenience sample recruited from Parkinson's organizations throughout the U.S., who were asked to complete an online questionnaire. Religious affiliation was the only indicator of religious involvement (70% of the sample). Self-compassion was assessed with a 26-item scale; optimism by a 6-item version of the Life Orientation Scale; and stress-related growth by the 21-item Posttraumatic Growth Inventory. Mental health outcomes were depression, anxiety and stress (measured by the Depression Anxiety and Stress Scale) and life satisfaction (by the 5-item Satisfaction with Life Scale). Simple correlations and t-tests were used to examine relationships with mental health outcomes (without controlling for other variables). **Results:** Posttraumatic growth was positively correlated with optimism and life satisfaction, but not with self-compassion, depression, anxiety or stress. Religious affiliation was associated with significantly higher posttraumatic growth ($t=2.19$, $p=0.03$), but was also correlated with higher levels of anxiety compared to non-religious individuals ($t=2.23$, $p=0.03$). Associations with religious affiliation were mentioned only in the text, not in the tables or in the study abstract, since this was not a focus of the study.

Citation: Stutts, L. A., Speight, K. L., Yoo, S., & Little, I. D. (2019). Positive psychological predictors of psychological health in individuals with Parkinson's disease. *Journal of Clinical Psychology in Medical Settings*, E-pub ahead of press (<https://doi.org/10.1007/s10880-019-09633-3>).

Comment: Although this was a cross-sectional study, preventing causal inferences, and the measure of religious involvement was poor (religious affiliation only), we reviewed it here because so little research has examined the relationship between religious involvement and mental health in those with Parkinson's disease. Participants with a religious affiliation indicated more posttraumatic growth, but they also experienced greater anxiety, compared to those without a religious affiliation.

Religiosity, Quality of Communication and Trust in the Seriously Medically Ill

Researchers from the college of nursing at the University Colorado, Denver, analyzed data from a consecutive series of 537 medical patients with chronic, life-limiting illnesses being seen by

primary and specialty care clinicians in Seattle, Washington. Also surveyed were 128 clinicians who treated them. To be eligible, patients had to have a likely median survival of approximately two years; included were those with cancer, chronic pulmonary disease, restrictive lung disease, pulmonary hypertension, cystic fibrosis, heart disease, cirrhosis, end-stage liver disease, dialysis-dependent renal failure, high Charlson comorbidity scores, etc. Religiosity was assessed by a single item from the 5-item Duke Religion Index ("My religious or spiritual beliefs are what really lie behind my whole approach to life"); those indicating "definitely true" were designated "very religious" vs. everybody else. Quality of communication was assessed by 7 items from a standard measure of this construct. Trust was measured by the 5-items Wake Forest Trust-in-Physician Scale. Also collected was information on race, socioeconomic status, age, gender, and self-rated health, which were controlled in analyses, depending on their bivariate correlations with the outcome. **Results:** Regression analyses demonstrated that religiosity was positively related to quality of communications between patients and physicians ($b=0.28$, $p<0.005$), but was driven primarily by communication regarding religious/spiritual beliefs. No significant relationship was found between religiosity and physician trust after adjustment for gender. Researchers concluded that "religiosity/spirituality served as a mediator between race/ethnicity and quality of communication, but its impact was limited to one specific aspect of communication: higher ratings of the clinician's inquiries about the patient's religious beliefs."

Citation: Coats, H., Downey, L., Sharma, R. K., Curtis, J. R., & Engelberg, R. A. (2018). Quality of communication and trust in patients with serious illness: An exploratory study of the relationships of race/ethnicity, socioeconomic status, and religiosity. *Journal of Pain and Symptom Management*, *56*(4), 530-540.

Comment: This study's somewhat confusing presentation and statistical approach weaken its conclusions. The location of the study (Seattle, Washington, known as the "secular peninsula") may have also contributed to the weak associations between religiosity, quality of communications, and physician trust. Nevertheless, the findings are notable and need replication in areas of the U.S. that are more representative of the population overall.

Religiosity and Physician Lifestyle

Researchers from the Adventist University of Sao Paulo, Brazil, conducted a small study of 30 physicians examining the quantitative relationship between religiosity and physician lifestyle from a family health perspective (40% Protestant, 30% Catholic, 20% no religion). Religiosity was assessed using the 5-item DUREL, which measures frequency of religious attendance (ORA), frequency of private religious activities (NORA), and three aspects of intrinsic religiosity (IR1, experiencing the presence of God; IR2, whole approach to life based on religious beliefs; IR3, attempt to carry religion over into all other areas of life). Physician lifestyle was assessed using a questionnaire that measures nine domains: family and friends; physical activity; nutrition; cigarette smoking and use of drugs; alcohol use; sleep, seatbelt use, stress and safe sex; type of behavior; insight, and career. Simple correlations without control for other variables were presented. **Results:** With regard to family and friends, IR2 was the only religious characteristic positively correlated with this dimension ($r=0.39$, $p<0.05$). Concerning physical activity, IR2 was negatively correlated ($r=-0.42$, $p<0.05$, indicating less physical activity). With regard to alcohol use, ORA, NORA, and IR3 were all negatively correlated (r 's ranging from -0.42 to -0.64). Insight (e.g., "I think positively and optimistically") was positively related to ORA ($r=0.42$, $p<0.05$), and career (e.g., "Satisfaction with my work or function") was positively correlated to both ORA ($r=0.53$, $p<0.05$) and IR1 ($r=0.46$, $p<0.05$). Researchers concluded that "Greater

religious involvement is associated with better overall and specific areas of physician lifestyle.”

Citation: Sens, G. R., Abdala, G. A., Meira, M. D. D., Bueno, S., & Koenig, H. G. (2019). Religiosity and physician lifestyle from a family health strategy. *Journal of Religion and Health*, 58(2), 628-638.

Comment: At a time when physician burnout is common in many countries of the world, this small and relatively modest cross-sectional study demonstrates that physicians who are more religious are more likely to think optimistically and experience greater work satisfaction.

Religion, Spirituality and Mental Healthcare: Things are Changing

In this article, Harvard psychiatrist John R. Peteet discusses the major changes that have occurred in how psychiatrists and other mental health professionals view religion/spirituality over the past 20 to 30 years. He bases his discussion on the research demonstrating the impact of religion on mental health and the benefits that 12-step programs such as AA and NA have on recovery from drug and alcohol addictions. Despite these advances, he emphasized that no core competencies for psychiatrists in this area have been developed and stigma still exists against religion among many of them. Peteet discusses what these changes in attitude toward religion/spirituality mean for psychiatric ethics, for medicine, and for public health, including recent efforts that involve a collaboration between mental health organizations and faith communities.

Citation: Peteet, J. R. (2019). Spirituality and mental health: Implications for ethics, medicine, and public health. *Ethics, Medicine and Public Health*, 9, 75-79.

Comment: This relatively brief piece, written by a world leader in the area of psychiatric ethics, is worth reading in order to get an update on how the field of psychiatry is changing in response to accumulating research on the impact (both positive and negative) of religion on mental health and well-being.

Buddhist vs. Christian Mindfulness Meditation

This article, written by faculty at the school of medicine, Texas Tech University, discusses Buddhist and Christian versions of mindfulness meditation. They emphasize that in the Christian religious tradition, a variant of mindfulness emphasizes spiritual reflection on biblical teachings and God's interactions with humans. They cite Edmund Clowney's explanation to describe Christian mindfulness: "The meditator centers his mind on one subject; he reflects on many relationships and aspects of the subject but keeps coming back to the central thought. The pattern of his thought keeps looping back to the center... and [is] directed and informed in his own reflections on the Word of God." The authors indicate that Christian mindfulness deepens the union between the person and God to "create the emotional and spiritual space which allows Christ to construct an inner sanctuary in the heart" (citing Foster). In contrasting Buddhist-based mindfulness and Christian mindfulness, the authors indicate that "rather than having an empty mind, the mind is occupied by contemplating a truth, such as key scriptural passages, God's attributes, God's promises, or even the reality of heaven." They go on to describe other aspects of Christian mindfulness based on a biblical worldview.

Citation: Kopel, J., & Habermas, G. R. (2019). Neural Buddhism and Christian mindfulness in medicine. *Baylor University Medical Center Proceedings* 32(2), 308-310 (Taylor & Francis publishers, London) <https://doi.org/10.1080/08998280.2019.1581525>

Comment: Given that Buddhist-based mindfulness is part of many standard secular psychotherapies that are now being administered by mental health professionals, often without explaining the theological background and basis for this practice, it is important in this "patient-centered" era to provide treatments that are consistent

with patients' religious background and faith tradition. Christian mindfulness offers an option that might be offered to Christian patients (who make up 71% of all Americans and over 90% of religiously affiliated Americans), rather than blindly implementing Buddhist-based mindfulness as a secular treatment without explaining its theological basis (Steps 7 and 8 on the Eightfold Path, the core of Buddhist religious teachings). This will require research that compares the effectiveness of these two approaches in the treatment of Christian patients with emotional disorders (see *Journal of Psychology and Christianity*, 2011; 30(3), 243-250 for background, and specifically, *Spirituality in Clinical Practice* 2017; 4(2), 92-99, for research that has already been done).

SPECIAL EVENTS

16th Annual Duke University Summer Research Workshop

(Durham, North Carolina, August 12-16, 2019)

Last chance to register to attend this one-of-a-kind 5-day training session on how to design research, obtain funding support, carry out the research, analyze and publish the findings, with an emphasis on developing an academic career in the area of religion, spirituality and health. **Pass this information on** to colleagues, junior faculty, graduate students, and anyone you think might be interested. 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. Participants will have the option of a 30-minute one-on-one with Dr. Koenig or another faculty mentor of their choice, although these mentorship slots are limited, so early registration will be necessary to ensure that the mentor requested will be available. Over 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 (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 have come to this workshop, and this year should be no different. **Partial tuition reduction scholarships** are available. For more information, go to: <https://spiritualityandhealth.duke.edu/index.php/5-day-summer-research-course>

4th International Congress on Spirituality and Psychiatry

(organized by the World Psychiatric Association Section on Religion, Spirituality and Psychiatry) (Jerusalem, Israel, December 1-4, 2019)

Spirituality/religion (S/R) is relevant to most of human beings, 84% of the world's population reports a religious affiliation. Systematic reviews of the academic literature have identified literally thousands of empirical studies showing the relationship (usually positive but also negative) between S/R and health. However, there has been world wide a huge gap between knowledge available about the impact of S/R on health and the translation of this knowledge to the actual clinical practice and public health policies. Given this, the World Psychiatric Association recently published a Position Statement on Spirituality and Religion in Psychiatry emphasizing the importance of integrating S/R in clinical practice, research and education in psychiatry. This congress will focus on practical implications, on how to sensibly and effectively integrate S/R into mental health care and public policies. For more information, go to www.rsp2019.org.

7th European Conference on Religion, Spirituality and Health

(Lisbon, Portugal, May 28-30, 2020)

The 2020 European Conference will focus on "Aging, Health and Spirituality." There will also be a 4-day pre-conference spirituality and health research workshop on May 24-27 with Dr. Harold G. Koenig from the U.S. and a number of presenters from Europe. For more information, go to: <http://ecrsh.eu/ecrsh-2020>.

RESOURCES

Books

Spiritual Care for Non-Communicative Patients: A Guidebook

(Jessica Kingsley Publishers, 2019)

From the publisher: "Research shows that non-responsive patients benefit significantly from spiritual and pastoral care. This book equips chaplains with the confidence and skills to deliver excellent care in this challenging context. With exercises, worksheets, small group activities and case studies, it sets out how best to use words and body language, foster trust and respect, and involve patients' loved ones. It provides practical ways to recognise and affirm the humanity of the patient, and how to engage with the patient by employing skills of listening and presence." Available for \$22.95 at <https://www.amazon.com/Spiritual-Care-Non-Communicative-Patients-Handbook/dp/1785927426>

Faith-Health Collaborative to Improve Community and Population Health: Proceedings of the Workshop

(National Academies of Sciences, 2018)

On March 22, 2018, the National Academies of Sciences, Engineering, and Medicine convened a workshop to examine the collaboration between the faith and health sectors, and to highlight the unique opportunities these collaborations offer to help improve population health outcomes. This publication summarizes the presentations and discussions from the workshop. Download for free or purchase paperback for \$50.00 at: <https://www.nap.edu/catalog/25375/faith-health-collaboration-to-improve-community-and-population-health-proceedings>

Religion and Mental Health: Research and Clinical Applications

(Academic Press, 2018) (Elsevier)

This 384 page volume summarizes the latest research on how religion helps people cope with stress, covering its relationship to depression, anxiety, suicide, substance abuse, well-being, happiness, life satisfaction, optimism, generosity, gratitude and meaning and purpose in life. It integrates research findings with best practices for treating mental health disorders in religious clients with depression, anxiety, posttraumatic stress disorder, and other emotional (and neuropsychiatric) problems. Available for \$69.95 at <https://www.amazon.com/Religion-Mental-Health-Research-Applications/dp/0128112824>.

Hope & Healing for Those with PTSD: Psychological, Medical, and Spiritual Treatments.

(Amazon: CreateSpace Publishing Platform, 2018)

From the author: "If you or a family member has PTSD or are experiencing the aftermath of severe trauma, you will know a lot more about this disabling condition and how to deal with it after reading this book." Available for \$5.38 at <https://www.amazon.com/dp/172445210X>.

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/>

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/>

Other Resources

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>.

Taxonomy of Religious Interventions

Researchers at Coventry University, England have begun an exciting new 2-year project, funded by the John Templeton Foundation, developing an internationally agreed classification defining, in their simplest form, religious components integrated into health interventions. This creates a foundational, shared language for researchers and practitioners to rigorously develop and evaluate religiously integrated health interventions. This addresses current challenges associated with replicating, implementing and synthesising findings associated with religious health interventions. To find out more and get involved in shaping this taxonomy visit 'Religious Health Interventions in Behavioural Sciences' (RHIBS) website <http://rhibs.ac.uk> and subscribe to updates. Alternatively email riya.patel@coventry.ac.uk or deborah.lycett@coventry.ac.uk

TRAINING OPPORTUNITIES

Research Scholarships on Religion, Spirituality and Health

Thanks to generous support from the John Templeton Foundation, the Center for Spirituality, Theology and Health is offering twenty-seven \$3,000 scholarships to attend our 5-day Summer Research Workshop (see above) in the years 2020, 2021, and 2022. These scholarships will cover tuition, international travel, and living expenses. These scholarships are available only to academic faculty and graduate students living in third-world underdeveloped countries such as Africa, Mexico, Central and South America, Russia, Baltic countries, Eastern Europe, and portions of the Middle East, central and eastern Asia. The scholarships will be highly competitive and be awarded only to talented well-positioned faculty and graduate students with the potential to conduct research on religion, spirituality, and health, and serve as research

leaders in their part of the world. Since the demand for such scholarships will likely far exceed their availability, and we are now set up to evaluate potential scholarship recipients, we are hoping to identify individuals or foundations willing to support highly qualified third-world applicants for the 2019 workshop (and for applicants we are unable to provide scholarships to in 2020-2022 and the years ahead). A donation of \$3,500 to our Center will sponsor a faculty member or graduate student from a disadvantaged region of the world to attend the workshop either this year (2019) or in future years. If you are interested in sponsoring one or more such applicants and want to know more about this rigorously competitive program, or have ideas about other sources of support, please contact Harold.Koenig@duke.edu.

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 16, 2019**. The Foundation will communicate their decision (rejection or invitation to submit a full proposal) for all OFIs by October 11, 2019. JTF's current interests on the interface of religion, spirituality, and health include: (1) investigating the causal relationships between health, religion, and spirituality (determining direction of causation in associations reported; identifying the underlying causal mechanisms responsible), with a specific focus on longitudinal studies, and (2) engaging religious and spiritual resources in the practice of health care (increasing the religious and spiritual competencies of health care practitioners; testing the impact of religiously integrated therapies; and increasing the scientific literacy of health care chaplains). More information: <https://www.templeton.org/project/health-religion-spirituality>.

2019 CSTH CALENDAR OF EVENTS...

August

- 12-16 **Spirituality and Health Research Workshop**
Speakers: Blazer, Oliver, Kinghorn, Doolittle, Hamilton, Williams
Location: Cole Mill Road Church of Christ
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 28 **Hinduism and Mental Health based on Wisdom from the Vedas, Upanishads, and Bhagavad Gita**
Speaker: Madhu Sharma
Dharmic Advisor/Hindu Chaplain
Hindu Life at Duke
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

September

- 25 **Theological Reflections on the Relationship between Religion, Spirituality and Health**
Speaker: Warren Kinghorn, M.D., Th.D.
Associate Professor of Psychiatry, DUMC
Associate Professor of Pastoral and Moral Theology, Duke Divinity School
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.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>