

# 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 November 2016) go to: <http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

## LATEST RESEARCH

### Does Religion Protect against Suicide?

Researchers at Yale University School of Medicine briefly review the literature and discuss mechanisms by which religion may protect against suicide, reviewing attitudes toward suicide in each major faith tradition (Islam, Hinduism, Judaism, Buddhism, and Christianity). In particular they discuss how religion's protective effects may be utilized by the practitioner in clinical settings to prevent suicide, and emphasize the importance of taking a religious/spiritual history.

*Citation:* Noriko MA, Freeman D, Phillips J, Hunter W, Lewis R, & Viswanathan R (2016). Can religion protect against suicide? *Journal of Nervous and Mental Disease*. Epub ahead of press  
*Comment:* Given the recent findings reported on the effects of religious attendance on the suicide incidence rate among women in the Nurses Health Study (*JAMA Psychiatry* 2016; 73(8):845-851) and the increasing rate of suicide in US women (CDC 2016), this discussion of the possible applications to clinical practice is a timely one.

### Religion and Suicide in Children and Adolescents at Risk for Major Depression

Researchers in the department of psychiatry and epidemiology at Columbia University and New York State Psychiatric Institute examined the moderating effects of religion/spirituality on suicidality in children at risk for major depressive disorder (MDD). A total of 85 children (ages 6-18 years) were studied in a longitudinal research project involving families with MDD (n=48) and without (n=37) in participants grandparents. Suicide attempts and ideation were assessed using the Schedule of Affect of Disorders and Schizophrenia for School-Age Children (KSADS-PL). Religious involvement was assessed by religious attendance and importance of religion/spirituality (R/S). **Results:** Overall (n=85), the likelihood of suicidal ideation or attempts was 40% in those for whom R/S was not important compared to 9% among those who indicated R/S was important (OR=9.67, p=0.008). Risk of suicidal ideation or attempt was especially high among those at

high risk for MDD who indicated R/S was not important (n=48, where OR=15.2, p=0.017). Similar findings were reported in those who did not attend religious services (31%) compared to those who did (10%) (n=84, OR=4.63, p=0.058), and again the risk was higher in the group at high risk for MDD (OR=6.26, p=0.071). Investigators concluded that "Valuing R/S and attending R/S services suggest greater protective effects against suicidality in children at risk for depression."

*Citation:* Svob C, Reich L, Wickramaratne P, Warner V, Weissman MM (2016). Religion and spirituality predict lower rates of suicide attempts and ideation in children and adolescents at risk for major depressive disorder. *Journal of the American Academy of Child & Adolescent Psychiatry* 55 (10S): S251

*Comment:* Here is another study from a prominent group of psychiatric epidemiologists showing a lower risk of suicide among those who are more religious, in this case, children and adolescents.

### Spiritual Health of Adolescents in Six Countries

Investigators from six countries (Canada, the Czech Republic, England, Israel, Poland, Scotland) conducted school-based surveys of 45,967 adolescents ages 11-15 years in 2013-2014 to assess the prevalence of spiritual activity and its relationship to general health status. Adolescent spirituality was assessed with eight questions adapted from Fisher's Spiritual Well-Being Scale. Unfortunately, most of the items measured mental health (feeling that life has meaning or purpose, experiencing joy in life, being kind to other people, forgiving others, feeling connected to nature). However, two items assessed more distinctive spiritual characteristics (feeling a connection to a higher spiritual power and meditating or praying). General health status was assessed with a single question: "Would you say your health is (1) excellent, (2) good, (3) average, (4) not very well-off, or (5) not at all well-off. Demographic characteristics controlled for in analyses were age, gender, and socioeconomic status. **Results:** Among boys, 32-58% (depending on age) indicated they felt a connection to a higher spiritual power, whereas 33-61% of girls reported this. With regard to meditating or praying, 27-45% of boys and 28-48% of girls said that these were important. Strong declines in perceived importance of spiritual connections/practices were noted with age in both girls and boys, especially in England and the Czech Republic, although less so in Scotland and Israel. Spiritual health scores (overall) were positively associated with self-rated health in both boys and girls in all six countries.

*Citation:* Michaelson V, Brooks F, Jirásek I, Inchley J, Whitehead R, King N, Walsh S, Davison CM, Mazur J, & Pickett W (2016). Developmental patterns of adolescent spiritual health in six countries. *Social Sciences and Medicine* (Population Health) 2:294-303.

*Comment:* Again, the confusing overlap of mental with spiritual characteristics interferes with the interpretation of the findings reported here. However, it was clear that connections with a higher spiritual power and importance of prayer/meditation declined rapidly from ages 11 to 15 in these six countries that have become increasingly secular over time.

## EXPLORE...in this issue

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## Religiosity/Spirituality and Well-Being among Children & Adolescents in Zambia

Canadian psychologists examined the relationship between psychological well-being and religiosity/spirituality among 391 children ages 7-12 years and 902 adolescents ages 13-19 living in Zambia, Africa. Well-being was measured by the single item Faces Happiness Scale, the 4-item Subjective Happiness Scale, and the 10-item Global Life Satisfaction Scale. Religiousness was assessed by a 2-item scale that measured frequency of religious attendance and importance of religion in life. A single item asked about global spirituality: "I consider myself a spiritual person." An additional 3-item scale that measured spirituality *focused entirely on nature*: "I feel connected to nature," "I feel connected to plants and animals around me," and "I enjoy being outdoors and outside." **Results:** 95% of participants attended church at least once in the past month and 96% reported that religion was important in their lives, whereas 44% strongly agreed that they were spiritual persons, 36% felt strongly connected with nature, 29% felt close to plants and animals, and 25% strongly agreed that they enjoyed being outside. Attending religious services was not associated with any measures of well-being in children, but was positively associated with two out of three measures in adolescents ( $r=0.098$ ,  $p<0.05$ , for Faces scale, and  $r=0.104$ ,  $p<0.05$ , for Subjective Happiness scale). Importance of religion in adolescents was also associated with Subjective Happiness Scale scores ( $r=0.127$ ,  $p<0.05$ ). In children, all four spirituality items were associated with the Global Life Satisfaction Scale (but not with Faces or Subjective Happiness scales). In adolescents, spirituality items were also positively associated with well-being scales. In children, regression analyses revealed that religiousness items predicted significantly greater scores on the Subjective Happiness Scale, whereas spirituality items predicted significantly greater scores on the Global Life Satisfaction Scale. In adolescents, regression analyses found that religiosity items predicted significantly higher well-being scores on two of three well-being scales, whereas spirituality items predicted higher well-being scores on all three scales. Using spirituality defined as closeness to nature, these researchers concluded that spirituality was more likely to be associated with children's and adolescents' well-being than religiosity.

*Citation:* Holder MD, Coleman B, Krupa T, Krupa E (2016). Well-being's relation to religiosity and spirituality in children and adolescents in Zambia. *Journal of Happiness Studies* 17(3): 1235-1253.

*Comment:* This is one of the few studies on religiosity and the well-being of youth in central Africa, and so is worth noting. As in studies of youth in other world regions, religiosity was associated with greater well-being on several measures. Because researchers equated spirituality with enjoying nature, it is difficult to make any conclusions from this study on whether spirituality (at least that related to the Transcendent) was correlated with well-being in this sample.

## Does Religious Attendance Reduce the Time People Spend Watching TV?

Richard Gillum and colleagues at Howard University College of Medicine analyzed data from a national random sample of 3,029 adults in the U.S. ages 40 or over (the 2005-2006 NHANES) to examine the association between religious attendance and time spent watching TV. Weighted linear regression was used to examine the effects of religious attendance on hours watching TV, controlling for age, gender, body mass index, physical activity, race, marital status, and education. **Results:** Average weekly religious attendance was 35%, whereas 85% watched at least 30 minutes of TV per day. Without covariates in the model, religious attendance was inversely related to time watching TV ( $b=-0.31$ , 95% CI= -0.49 to -0.13,  $p=0.002$ ). After controlling for covariates,

the relationship actually strengthened slightly ( $b=-0.35$ , 95% CI= -0.52 to -0.18,  $p=0.001$ ). Overall, then, frequent attendees spent on average 20 minutes less time watching TV each day. Frequency of religious attendance was not associated with time spent at the computer.

*Citation:* Gillum R, Dodd K, Dodd IME (2016). Religion and screen hours in a US national sample. *Howard Law Research Paper* No. 16-11. Available at Social Science Research Network (SSRN): <https://ssrn.com/abstract=2825157>

*Comment:* Although these data were from 2005-2006, if this association remains true today, then religious attendance may have even a greater effect on physical and mental health (especially over the past 6-9 months!).

## Effects of Cancer and Chronic Illness on Religious Practices in Turkey

Researchers at seven universities across Turkey (members of the Turkish Oncology Group) surveyed 235 patients (average age 50 years) – 169 with a diagnosis of cancer and 66 with chronic illnesses. Approximately half of patients (55%) were diagnosed with their condition during the past 12 months. Participants were recruited from waiting rooms of chemotherapy units, dialysis units, and outpatient clinics. Changes after diagnosis were the focus of this study. Note that 98% of the overall population of Turkey is Muslim. **Results:** For the entire sample, small changes in religious activities were reported after initial diagnosis. These included a 45% decrease and 1% increase in fasting; a 9% decrease and 4% increase in worshipping; a 6% decrease and 2% increase in giving money to the needy; a 25% decrease and 1% increase in going on pilgrimage; and 6% decrease and 3% increase in praying. Among cancer patients specifically, there was a 53% decrease and 1% increase in fasting; a 10% decrease and 6% increase in worshipping; a 5% decrease and 2% increase in giving money to the needy; a 31% decrease and 1% increase in going on pilgrimage; and a 6% decrease and 2% increase in praying. There were no significant differences between cancer patients and those with chronic illness. Investigators concluded that changes in religious practices among cancer patients after diagnosis were similar to those noted in patients with chronic illnesses, underscoring the need to identify all patients' spiritual needs and provide resources accordingly.

*Citation:* Turhal NS, Akinci F, Haciabdullahoglu Y, Dolmaci M, Sari A, Gurhan N, Mutlu A, Ozdemir F, Artac M, & Kilickap S. (2016). Changes in lifestyle upon diagnosis of cancer or other chronic illnesses: A Turkish Oncology Group study. *Journal of Health Psychology*, E-pub ahead of press

*Comment:* Although changes in religious practices after diagnosis were relatively small, bear in mind that these are retrospective reports that were provided a year (on average) after diagnosis. Recall bias, then, may have influenced reports of decrease or increase in this Muslim sample.

## Spirituality and Posttraumatic Growth in Breast Cancer Survivors

U.S. researchers examined the relationship between spirituality and emotional health among individuals with breast cancer (BC) and their spouses. Assessed were the spiritual attitudes and mental health of nearly 500 women and their spouses within 3-8 years of diagnosis who were registered in the Eastern Oncology Group database. Details of methodology are lacking due to availability of only the abstract. **Results:** Higher level of spirituality in both BC survivors and their spouses was associated with higher post-traumatic growth (PTG). Although there was no relationship between spirituality and mental health in BC survivors (or partner spirituality and partner's mental health), greater spirituality in the partner was associated with fewer intrusive thoughts reported by BC survivors; there was no association,

however, between BC survivor's spirituality and the mental health of their partner.

*Citation:* Gesselman, A. N., Bigatti, S. M., Garcia, J. R., Coe, K., Cella, D., & Champion, V. L. (2016). Spirituality, emotional distress, and post-traumatic growth in breast cancer survivors and their partners: An actor-partner interdependence modeling approach. *Psycho-Oncology*. E-pub ahead of press.

*Comment:* Although it is difficult to comment on these results given our inability to access information about how spirituality was measured (probably by the FACIT-Sp), it is interesting that the partner's spirituality appeared to affect BC survivors' likelihood of having intrusive thoughts about the cancer. The association of spirituality and PTG in both BC survivor and partner is also notable.

### Role of the Black Church in Advanced Care Planning & End-of-Life Care

Investigators at Duke University, Johns Hopkins University, and the New Shiloh Baptist Church surveyed 930 adults attending two Baptist Protestant black churches in Baltimore, Maryland (37% response rate). Participants (77% over age 50 years) were asked about their experiences caring for someone with multiple medical problems and/or was dying, and their attitudes towards end-of-life care (EOLC) and advanced care planning (ACP). **Results:** 70% indicated they had cared for someone who had a lot of health problems or were near the end of life; 84% indicated that it was very important to have good EOLC for themselves or a loved one; 60% had talked with someone who could make decisions for them if they were ill; and 93% indicated they would like information from the church about EOLC for themselves or a loved one.

Researchers concluded that "respondents would welcome a church-based program focus on improving EOLC."

*Citation:* Sloan HD, Peters T, Johnson KS, Bowie J, Ting Y, & Aslakson R (2016). Church-based health promotion focused on advance care planning and end-of-life care at Black Baptist Churches. *Journal of Palliative Medicine* 19(2): 190-194.

*Comment:* If results can be generalized across other African-American churches, then this indicates considerable receptiveness to acquiring information about advanced directives in a church-based setting. This is especially important given that African-Americans, compared to Whites, have been shown to have less knowledge about advanced care planning, decreased use of hospice services, and increased use of acute care hospital and ICU services at the end-of-life.

### Religious Meaning as a Moderator of the Financial Strain-Drug Use Relationship

Investigators from University of Michigan and other US-based academic institutions examined the effects of religious meaning on the relationship between financial strain and poly-drug use in a random national sample of 2,622 adults in the U.S. Further details on study methodology are lacking since only the abstract was accessible. **Results:** Regression analyses of these cross-sectional data indicate that religious meaning buffered the effects of financial strain on drug use. In other words, the relationship between financial strain and drug use weakened at higher levels of religious meaning; in contrast, a more general sense of meaning in life did not have such a buffering effect.

*Citation:* Krause, N., Pargament, K. I., Ironson, G., & Hill, P. (2016). Religious involvement, financial strain, and polydrug use: Exploring the moderating role of meaning in life. *Substance Use & Misuse*, Oct 19, Epub ahead of press.

*Comment:* How fascinating that general meaning in life (which is often how popular spirituality is defined) did not have the same buffering effects as religious meaning.

### Religious Well-being and Personality Traits among Inpatients with Substance Abuse

Horton and colleagues at Florida Atlantic University in Boca Raton examined the relationship between spiritual well-being (existential and religious) and a wide range of personality traits in 252 patients receiving voluntary treatment at a residential substance abuse center. Mean age of participants was 33.7 years, 89% were White non-Hispanic, and 62% were male. Spiritual well-being was assessed using the Spiritual Well-Being Scale of Paloujian & Ellison (composed of a 10-item subscale assessing religious well-being, RWB, and a 10-item scale assessing existential well-being, EWB). Since the EWB subscale is simply a measure of psychological well-being, we focus here on the results obtained with the RWB subscale. Personality disorder traits were assessed with the Millon Multiaxial Clinical Inventory-III, which has 10 scales assessing personality patterns associated with Axis II personality disorders (PDs). **Results:** The most common personality disorder traits (combined subclinical and clinical) were antisocial (63.9%), borderline (36.5%), and compulsive (36.1%). RWB was not significantly correlated with paranoid, schizoid, schizotypal, antisocial, borderline, histrionic, avoidant, dependent, or compulsive traits, although was positively associated with narcissism. Regression analysis, however, revealed that RWB was unrelated to narcissism once existential well-being, attachment anxiety and avoidance were controlled for. Researchers concluded that "existential purpose and meaning in life [EWB] was the best predictor of borderline and antisocial PD traits."

*Citation:* Horton G, Luna N, Malloy T (2016). Exploring relationships between adult attachment, spirituality and personality disorder traits among individuals in inpatient treatment for substance use disorders. *International Journal of Social Work* 3(1):16-41.

*Comment:* Although the findings are not very dramatic, this is one of the few studies that have looked at the relationship between religious characteristics and DSM personality disorder traits in a substance dependent inpatient population.

### Effects of Stress and Forgiveness on Mental Health

Investigators in the departments of psychology at Luther College, UC Davis, and UCLA surveyed 148 young adults recruited from a Midwestern liberal arts college campus (average age 19.3 years) to examine the relationship between lifetime stress exposure, forgiveness, and health. Lifetime stress was assessed with the 96-item STRAIN tool (Slavich & Epel, 2010), forgiveness by the 18-item Heartland Forgiveness Scale, mental health symptoms by the Kessler-6, and physical health symptoms by the 14-item Physical Health Questionnaire. Hierarchical regression models were used to analyze the data, and included the interaction of life stress with forgiveness on health outcomes. **Results:** Lifetime stress was associated with both worse mental health and worse physical health, whereas forgiveness was associated with better mental health and better physical health (all correlations  $p < 0.001$ ). In the regression model, after controlling for lifetime stress severity and forgiveness, the interaction between stress severity and forgiveness was significant ( $B = -0.43$ ,  $SE = 0.02$ ,  $p < 0.001$ ), indicating that young adults with a low level of forgiveness had the strongest association between lifetime stress and distressing mental health symptoms. No significant interaction was found for effects on physical health symptoms. Researchers concluded that "developing a more forgiving coping style may help minimize stress-related disorders."

*Citation:* Toussaint, L., Shields, G. S., Dorn, G., & Slavich, G. M. (2016). Effects of lifetime stress exposure on mental and physical health in young adulthood: How stress degrades and forgiveness protects health. *Journal of Health Psychology*, 21(6), 1004-1014.

*Comment:* Although this study did not measure religious characteristics, most religions strongly emphasize forgiveness.

## Do Religious Hallucinations Have Social Utility?

Paul Kaufman at the Centre for Classical Studies of the Australian National University in Acton examined historical data on 95 famous persons reported to have experienced hallucinations (primarily religious) in Western countries. The author discussed 39 cases in detail, including Moses, Abraham, Jesus, Paul of Tarsus, the Prophet Muhammad, St. Francis of Assisi and several other Catholic saints, Martin Luther, John Wesley, Joseph Smith, Emmanuel Swedenborg, George Fox, Fyodor Dostoevsky, Socrates, etc. **Results:** High religiosity was common among those hearing voices or seeing visions, especially before 1911. Religious organizations often provided extensive social and cultural support to such individuals (except when they were persecuted for their heretic religious beliefs). Only since the 19<sup>th</sup> or 20<sup>th</sup> century has hearing voices been attributed to a psychotic disorder. The author also describes a number of more recent cases where a religious person was given a diagnosis of schizophrenia for religious hallucinations, including Anton Boisen (founder of clinical pastoral education) and Robert Pirsig (author of *Zen & the Art of Motorcycle Maintenance*). Based on a detailed examination of these cases, the author proposes that a research program be developed that examines the utility of providing social supports (along with medication) to those with schizophrenia or other psychotic disorders.

*Citation:* Kauffman PR (2016). Mike hallucinations have social utility? A proposal for scientific research. *Journal of Nervous and Mental Disease* 204 (9), E-pub ahead of print

*Comment:* Since schizophrenia is usually accompanied by progressive decline in social, occupational, and intellectual functioning (as the author acknowledges), it is more likely that these individuals today would be diagnosed as suffering from mania (or epilepsy), conditions that do not usually result in cognitive deterioration and severe deficits in functioning. Nevertheless, it is quite reasonable to question whether religious hallucinations in religious people always indicate mental illness, or perhaps, creative cultural breakthroughs. Fascinating article well-worth reading.

## Emphasis on Physical Health and Healing in the New Testament

The authors, a Methodist minister and a faculty member at the University of South Dakota School of Health Sciences, discuss a number of often controversial questions in this essay that is well-documented by Scripture references. First, they address whether Jesus in his earthly ministry was only concerned with spiritual not physical well-being; second, for writers of the New Testament, was the body considered important or irrelevant in the practice of their faith; third, is there a connection between the physical bodies of Christians and the spiritual body of Jesus; and finally, does the New Testament emphasize that the continuation of Jesus' work includes an emphasis on maintaining physical health. The authors' purpose was to determine whether the Scriptures of the early Christian church had an emphasis on promoting physical health and well-being that might be relevant to Christian communities today.

*Citation:* Rush, R. A., & Aboul-Enein, B. H. (2016). Health, healing, and well-being according to the New Testament. *ABNF (Association of Black Nursing Faculty) Journal* 27(2):44-47

*Comment:* This short 3-page essay summarizes many of the teachings of the early Christian church as documented in the New Testament that relate to attitudes toward physical health and healing.

## A History of Religion and Health Research

Dr. Jeff Levin details the history of research on religion and health over the past 100 years in this articulate and well-referenced article. First he reviews a number of claims about the field

presented by skeptics and supporters. He then goes into detail on the "real history" of what has happened and discusses barriers to rethinking this history among sociologists, psychologists, gerontologists, epidemiologists, physicians, and those in the complementary and alternative medicine community. Finally, he constructs a new and more accurate narrative history of research that undergirds this expanding field.

*Citation:* Levin J (2016). "For they knew not what it was": Rethinking the tacit narrative history of religion and health research. *Journal of Religion and Health*, Nov 3, E-pub ahead of print

*Comment:* If anyone should know about this history, it's Jeff Levin, who produced one of the first if not **the first** comprehensive review of research on religion and health that has now become a classic (Levin JS, Schiller PL. Is there a religious factor in health? *Journal of Religion and Health* 1987; 26:9-36). The only part of this history that we would add is the role that the John Templeton Foundation has played in supporting religion and health research over the past two and a half decades.

## OLDER STUDIES

Most studies examined in this newsletter have involved Judeo-Christian-Islamic beliefs and practices and their relationships to health. Given the rarity of published research on the effects of classical Buddhist beliefs and practices on health (aside from studies of Westernized mindfulness meditation), we review some of that research published since 2000 here.

## Religiosity and Alcohol Use among Men Living in Thailand

Researchers from the department of psychiatry at Prince of Songkla University in Hatyai examined differences in religious beliefs and practices among (1) 91 alcohol-dependent persons, (2) 77 hazardous/harmful drinkers, and (3) 144 non/infrequent drinkers (controls). Participants were recruited from inpatient and outpatient settings (being seen for non-alcohol related problems), and from hospital personnel, friends, and relatives. Note that Thailand is the country in the world with the highest percentage of the population that is Buddhist (95%). **Results:** Interestingly, no difference was found between the three groups in terms of having been raised in a religious family, parents being moderately or strongly religious, parents having often participated in religious activities, whether or not parents forced religion on them as a child, or whether the participant him/herself had been active in religious activities as a child. However, men without alcohol problems (controls) were currently more likely than hazardous/harmful or alcohol dependent men to perceive themselves as moderately or strongly religious (86% vs. 74% and 75%), more likely to indicate the Fifth Precept (i.e., avoidance of distilled or fermented intoxicants causing carelessness) as the precept Thai men should observe (28% vs. 8% and 14%), and more likely to say that one should always abstain from drinking on a holy day (35% vs. 13% and 9%). Not including the obvious correlates (i.e., Fifth Precept should be observed or shouldn't drink on holy days), when analyses were adjusted for age, marital status, education, working status, social class and area of residence, the strongest predictors of being a hazardous/harmful drinker and alcohol dependent, respectively, were self-perception as moderately or strongly religious (OR=0.41, 95% CI=0.20-0.86, and OR=0.48, 95% CI=0.24-0.97), belief that religious teaching always influences daily life (OR=0.30, 95% CI=0.14-0.83, and OR=0.50, 95% CI=0.21-1.06), and interest in studying the Buddha's teachings (OR=0.51, 95% CI=0.28-0.93, and OR=0.81, 95% CI=0.47-1.41). Those serving as a "temple boy" as a child, however, were more likely to be alcohol dependent (OR=2.04, 95% CI=1.14-3.61). The authors explained: "These boys may have had fewer restrictions and increased opportunity to experiment with alcohol as a group of

teenagers living together” (since the temple was often used as a dormitory for boys).

*Citation:* Assanangkornchai S, Conigrave KM, Sauders JB (2002). Religious beliefs and practice, and alcohol use in Thai men. *Alcohol & Alcoholism* 37 (2): 193-197

*Comment:* Fascinating study of religion’s possible effects on alcohol use in Thai men. Although an old study now, this is one of the first to examine at substance use in Thailand. Buddhist religiosity appears to be inversely related to alcohol abuse here (at least it was 15 years ago).

### **Spiritually-focused Intervention for Increasing Motivation for HIV Prevention**

Investigators at Yale and Harvard schools of medicine tested the efficacy of a spiritually-focused intervention for improving motivation for HIV prevention among 72 methadone-maintained participants randomized to either standard care plus eight weeks of the intervention (n=38) or standard care alone (n=34), using a waitlist control design. All participants (ages 21-56) were opiate dependent using heroin for an average of 17.7 years prior to entering the methadone treatment program. The intervention was 3-S Therapy, which authors described as a manual-guided spiritually-focused psychotherapy using a Buddhist framework (Buddhist Eightfold Path). In this study, the 3-S therapy was administered in eight weekly sessions, either as individual sessions (n=20) or as group therapy sessions (n=18). Measures administered at baseline and post-treatment (2 time points) were a computerized reaction time task, spiritual/religious practices (four items assessing private religious practices and two items measuring public religious practices), a measure of 10 Buddhist spiritual perfections, measures of motivation for HIV prevention and HIV risk behavior, and a qualitative posttreatment interview.

**Results:** There were no differences in pretreatment variables (gender, race, age, education, religious affiliation, substance abuse history) between the 3-S intervention and control groups. Eighty-five percent of participants (61/72) completed the 8-week study. Computerized reaction time, spiritual/religious practice, expression or spiritual qualities in daily life, and motivation for HIV prevention increased and HIV risk behaviors decreased from baseline to follow-up in the intervention group (with all time by group interactions significant at  $p<0.05$ ). Researchers concluded that 3-S Therapy was “efficacious with respect to achieving its intended goal of increasing motivation for HIV prevention behavior among drug users.”

*Citation:* Margolin A, Beitel M, Schuman-Olivier Z, Avants SK (2006). A controlled study of a spiritually-focused intervention for increasing motivation for HIV prevention among drug users. *AIDS Education and Prevention* 18 (4): 311-322

*Comment:* Interesting results of a Buddhist psychotherapy intervention for treating primarily Christian (79%) drug-dependent patients. Unfortunately, the control group was standard care only and there was no attention control (or active treatment beyond standard care) to compare the 3-S Therapy to. This makes it impossible to distinguish whether the treatment was more effective simply because of the social attention received during the intervention or the spiritual nature of the intervention.

### **Family Spirituality and Health Risk Behavior in Thai Adolescents**

Researchers from the Institute for Population and Social Research at Mahidol University in Nakhon Pathom surveyed a representative sample of 420 pairs of parents and teens from the Bangkok metropolitan area to examine the effects of the family spiritual beliefs and practices on substance use and sexual behaviors of adolescents ages 13-14. Data were utilized from the 2007 Thai Family Matters Project. Buddhist spiritual beliefs in adolescents and parents were assessed by “perception of the importance of

religion to self” (44.4% for adolescents indicating “a lot”), “belief in the help of religious prayer or meditation” (30.6%), and “belief in reincarnation and in the law of karma” (24.5% for reincarnation, 46.8% for karma). Buddhist spiritual practices were assessed by “regular religious prayer or meditation” (33.9%), “religious prayer or meditation when life is stressful” (13.5%), “practices of merit making including Tamboon (donation) and Saihart (offering food to monks)” (7.4%), and “observation of the Five Precepts including abstinence from killing, stealing, sexual misconduct, lying, and substance use” (10.1%). Health behaviors assessed were alcohol use, tobacco use, drug use, and sexual risk and sexual behaviors. In addition, parent monitoring (acquired from adolescents themselves) was assessed along with control variables including age, gender, and parent education. Structural equation modeling was used to analyze the data. **Results:** Alcohol use was present in 24-32% of 14 year olds, followed by cigarette smoking (9%) and drug use (1.8%-2.4% for marijuana); risk of sex in next 6 months was rated 1.3 on a scale from 1 to 4, and pre-sexual behaviors (touching private parts below waste) were reported by 3-4% of 13 year olds and 7-9% of 14 year olds. Spiritual beliefs and practices of teens were not related to alcohol use once parental monitoring and age were controlled for; parent (but not teen) spiritual beliefs ( $B=-0.057$ ,  $p<0.05$ ) and practices ( $B=-0.063$ ,  $p<0.05$ ) were related indirectly to lower cigarette smoking; neither parent nor teen spiritual beliefs or practices were related to sexual intention; however, parent spiritual beliefs ( $B=-0.044$ ,  $p<0.001$ ) and practices ( $B=-0.041$ ,  $p<0.01$ ) and teen spiritual beliefs ( $B=-0.079$ ,  $p<0.01$ ) were indirectly and teen spiritual practices ( $B=-0.14$ ,  $p<0.01$ ) were directly related to pre-sexual behaviors. Researchers concluded that “Both parent and youth spirituality are important in decreasing risky behaviors for youth in Thailand.”

*Citation:* Chamrathirong A, Miller BA, Byrnes HF, Rhucharoenpornpanich O, Cupp PK, Rosati MJ, Fongkaew W, Atwood KA, Chookhare W (2010). Spirituality within the family and the prevention of health risk behavior among adolescents in Bangkok, Thailand. *Social Sciences and Medicine* 71(10):1855-1863.

*Comment:* It appears that Buddhist religious beliefs and practices have effects on preventing substance use and premarital sexual behaviors among youth in Thailand, similar to those effects seen for religious beliefs and practices in other faith traditions.

## **SPECIAL EVENTS**

### **Harvard Symposium on Health, Religion, and Spirituality in Public Health**

(Cambridge, MA, December 2, 2016)

A day long symposium titled: “Harvard Symposium on Advancing Health, Religion, and Spirituality: From Public Health to End of Life” is being hosted by the Harvard Chan School of Public Health (10:30A-5:00P). The focus is on how religion and spirituality in concert with public health and the practice of medicine may alleviate illness and promote human well-being more generally and at the end of life. Invited panelists and speakers include Ken Pargament, Daniel Sulmasy, Christina Puchalski, Tyler VanderWeele, Tracy Balboni, and Harold Koenig. For more information, go to:

<http://projects.iq.harvard.edu/rshm/event/harvard-symposium-advancing-health-religion-and-spirituality> or contact Dr. Michael Balboni at [Michael\\_Balboni@dfci.harvard.edu](mailto:Michael_Balboni@dfci.harvard.edu).

### **Conference on Medicine & Religion**

(Houston, TX, March 24-26, 2017)

The 2017 Conference conveners invite health care practitioners, scholars, religious community leaders, and students to address questions associated with the theme, “Re-Enchanting Medicine.”

An array of disciplinary perspectives are welcomed, from empirical research to scholarship in the humanities to stories of clinical practice. See website: <http://www.medicinandreligion.com/>.

### 9th Annual Muslim Mental Health Conference

(East Lansing Marriott at University Place, April 14-15, 2017)  
Sponsored by Michigan State University's Department of Psychiatry, the focus is on understanding addiction among Muslim populations or more generally the topic of Muslim mental health. Suggested topics include faith-based cultural competency, treating and understanding addiction, smoking cessation, substance use, gambling or gaming addiction, trauma-informed care for Muslims, spirituality and therapy, cultural diversity within Muslim populations, experiences of marginalization, role of Imam/Islamic centers in mental health services, help seeking and mental health stigma, family therapy, and Islamic history of mental health interventions. Conference planners invite the submission of abstracts for oral presentations and posters that are due November 15, 2016. For more information go to: <http://www.psychiatry.msu.edu/about/news/9th-mmh-conference.html> or send e-mail to: [msummhconference@gmail.com](mailto:msummhconference@gmail.com).

### 14<sup>th</sup> Annual Duke University Spirituality and Health Research Workshop

(Durham, North Carolina, August 14-18, 2017)  
Register **now** to attend this one-of-a-kind 5-day training session on how to design research, get it funded, carry it out, analyze it, and publish it, with a focus on religion, spirituality and health. The workshop compresses training material that was previously taught during our our 2-year Duke post-doctoral fellowship, so the curriculum is packed. Leading religion-health researchers from Duke, Yale and Emory serve as workshop faculty. There will also be time to discuss individual research projects with faculty. If desired, participants will have the option of a 30-minute one-on-one with Dr. Koenig or another faculty mentor of their choice (early registration will ensure a mentorship spot, which are limited). Nearly 750 academic researchers, clinical researchers, and students at every level in medicine, nursing, social workers, chaplaincy, public health, psychology, counseling, sociology, theology, and rehabilitation specialists (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

### Spirituality and Hospice Social Work

(Columbia University Press, 2016)

From publisher: "Many hospice social workers must address spiritual issues with their clients, but do not feel competent to do so effectively. This targeted volume draws upon multidisciplinary theory and research to advance a relational model of spiritually sensitive hospice care. The book will help readers elevate their spiritual competence and foster a relationship with their clients that will enrich the experience for all involved. *Spirituality and Hospice Social Work* 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 \$35.00 at <https://www.amazon.com/Spirituality-Hospice-Social-Work-Life/dp/0231171730>.

### You Are My Beloved. Really?

(CreateSpace publishing platform, 2016)

From the publisher: "How does God feel about us? Are we his beloved, as some claim? Or is this just fantasy and wishful thinking? The author, a psychiatrist and medical researcher, examines the evidence for God's love from Christian, Jewish, Muslim, Buddhist and Hindu perspectives based largely on the sacred scriptures from these traditions. Not a theologian, the author draws from his 30 years in clinical practice, his research background, and his personal life in taking a practical approach to the subject. Those of any age with an open mind -- especially if going through hard times -- will find this book enlightening, inspiring, and possibly healing. Written for Christians, non-Christians, those who are religious, those who are spiritual, and those who are neither." Dedicated to Veterans and active duty Service Members. Planning to use this version in a future clinical trial examining spirituality-oriented cognitive processing therapy for moral injury in PTSD; however, it is written for a much broader audience than those with PTSD. Compact paperback version (6 x 4 inches, with illustrations) 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 \$46.00 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/>

## 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 after **November 30** is **August 31, 2017**, with decisions communicated no later than September 29, 2017. Large Grants are defined as requests for more than \$217,400. The deadline for OFIs related to large grant requests is also August 31, 2017. All decisions on large grant OFIs are communicated by September 29. The three main areas in religion, spirituality and health that the Foundation funds are: (1) research on causal mechanisms (basic psychosocial, behavioral, and physiological pathways), (2) increasing competencies of health care professionals in working with religious patients (physicians, but also psychologists and experts in public health), and (3) research involving the development of religious-integrated interventions that lead to improved health. More information: <https://www.templeton.org/what-we-fund/grantmaking-calendar>

## 2016-17 Csth Calendar of Events...

### December

- 2 **Harvard Symposium on Advancing Health, Religion, and Spirituality in Public Health**  
Cambridge, MA  
Speakers: VanderWeele, Balboni, Koenig, others  
Harvard Medical School and Harvard T.H. Chan School of Public Health  
Contact: Dr. Michael Balboni  
([Michael\\_Balboni@dfci.harvard.edu](mailto:Michael_Balboni@dfci.harvard.edu))
- 21 **Theology and Mental Health**  
Speaker: Warren Kinghorn, ThD, MD  
Associate Professor of Psychiatry, DUMC  
Assistant Research 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](mailto:Harold.Koenig@duke.edu))

### January

- 1/21- 2/4 **Spirituality and Health in Islamic Societies**  
King Abdulaziz University, Jeddah, Saudi Arabia  
Speaker: Koenig, multiple talks  
Contact: Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))
- 25 **Bringing the Soul back into Psychiatry**  
Speaker: Dan G. Blazer, M.D., Ph.D.  
J.P. Gibbons Professor of Psychiatry, DUMC  
Center for Aging, 3rd floor, Duke South, 3:30-4:30  
Contact: Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))

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

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