

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

LATEST RESEARCH

Religious Coping and Suicide in Veterans

Marek Kopacz and his colleagues at the VISN 2 Center of Excellence for Suicide Prevention, Veterans Health Administration Medical Center in Canandaigua, NY, examined the relationship between religious coping and suicide risk in a convenience sample of 772 Veterans who had recently returned from serving in Iraq, Afghanistan, or surrounding areas. Average age was 34.7 years, 40% female (over-sampled), 19% racial minorities, and average household income was been \$20,000 and \$35,000. Nearly a quarter of the sample (23%) reported some form of suicide risk, and 6% indicated past attempts or current suicidal ideation. Religious coping was measured using the Brief RCOPE-Short Form, which consisted of a 3-item positive and 2-item negative religious coping subscales (PRC and NRC, respectively). Suicide risk was assessed with three items: "In the past three months, have you wished you were dead or wished you could go to sleep and not wake up?"; "In the past three months, have you actually had any thoughts of killing yourself?" and "Have you ever in your life made a suicide attempt?" (adapted from the Columbia Suicide Severity Rating Scale). Depressive symptoms were assessed using 11 items adapted from the PRIME-MD screen for minor depression. **Results:** Regression analyses indicated that those at greater suicide risk were female, married or divorced (compared to those who were never married), had lower household income ($p=.057$), and more depressive symptoms. NRC ($OR = 1.25, p < .001$), but not PRC ($OR = .97, p = .280$), was significantly related to greater suicide risk. Gender did not moderate this relationship (i.e., it was the same in men and women). Researchers concluded that: "The present findings support the importance of understanding veteran experiences of religious coping, particularly negative religious coping, in the context of suicide prevention efforts."

Citation: Kopacz, M. S., Crean, H. F., Park, C., & Hoff, R. A. (2017). Religious coping and suicide risk in a sample of recently returned veterans. *Archives of Suicide Research*, (just-accepted; see <https://www.ncbi.nlm.nih.gov/pubmed/29220614>).

Comment: These are important findings in Veterans recently discharged from the military, a group known to have a particularly high risk of suicide; indeed, nearly one-quarter of all participants in this sample had some degree of suicide risk. Negative religious coping (NRC) increased suicide risk by about 25%, which is clinically significant. Given that NRC is one of the key dimensions of "moral injury" (and is tracked as part of the MISS-M; see January issue of Crossroads), these findings support the role that VA chaplains can play in the prevention of suicide by U.S. Veterans.

Religiosity and Suicide Risk in Brazilian Hemodialysis Patients

Researchers from several Brazilian universities led the current study that examined the relationship between religiosity (measured by the Duke Religion Index), spirituality (measured by the FACIT-Sp 12), depression and anxiety (assessed by the MINI Neuropsychological Interview), and suicide risk (measured by the MINI). Participants were a convenience sample of 264 hemodialysis patients in the Greater Vitoria Metropolitan area (response rate 82.5%) of Brazil. Average age of participants was 51.3 years, and 59% were male. Suicide risk was present in 17.8%; the risk was low in 11.4%, moderate in 1.1%, and high in 5.3%. Religious affiliations were 38% Catholic, 39% Protestant, 13% other, and 10% none. Religious activity and belief were widespread with 58% attending religious services at least once a week, 83% indicating they prayed or meditated at least daily, 88% indicating totally true for a question asking about feeling the presence of God, 78% indicating totally true for a statement asking about religious beliefs as the basis for everything they did in life, and 70% indicating totally true to a statement asking about whether they tried to incorporate their religious beliefs into every aspect of life (the last three items being the "intrinsic religious" subscale of the DUREL. Demographic and other covariates were controlled for in logistic regression analyses. The FACIT-Sp was composed of three subscales: general meaning and purpose in life, feeling peaceful and contented, and having faith. **Results:** After adjusting for demographics, length on dialysis, and cognitive impairment, results indicated that – not surprisingly – patients who scored high on meaning and purpose in life (FACIT-Sp subscale) and those who were peaceful and contented (FACIT-Sp) scored lower on suicide risk; however, even after controlling for these positive psychological dimensions, higher scores on the intrinsic religiosity subscale of the DUREL ($OR=0.83, 95\% CI=0.72-0.96, p<0.05$) and on the "faith" subscale of the FACIT-Sp ($OR=0.77, 95\% CI=0.69-0.85, p<0.001$) were associated with a lower suicide risk. These associations were largely explained by level of depression/anxiety, although the relationship with the FACIT-Sp faith subscale persisted after controlling for depression/anxiety ($OR=0.80, 95\% CI 0.71-0.90, p<0.001$). Public and private religious activities, after controlling for meaning, peace, and faith, were unrelated to suicide risk. Researchers concluded that: "Spiritual beliefs were associated with lower suicide risk and better mental health among hemodialysis patients."

Citation: Loureiro, A. C. T., de Rezende Coelho, M. C., Coutinho, F. B., Borges, L. H., & Lucchetti, G. (2018). The influence of

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spirituality and religiousness on suicide risk and mental health of patients undergoing hemodialysis. Comprehensive Psychiatry 80: 39-45.

Comment: Not surprisingly, hemodialysis patients with greater meaning and purpose, and a greater sense of peace and contentment, had a lower risk of suicide. This should be self-evident, and is a common reason for not using the FACIT-Sp when examining relationships with mental health. However, the lower suicide risk among those with higher intrinsic religiosity and greater faith, is noteworthy.

Religiosity and Suicide Among University Students in China

Investigators from Malaysia, China and multiple universities around the world surveyed 2,074 Chinese college students (average age 20 years, 66% female) distributed across all four years (94% response rate). Only 6% (122 of 2,074) indicated they were religious (32% affiliated with Chinese folk religions). Religiosity was measured by the 14-item Religious Orientation Scale-Revised (Gorsuch & McPherson), which produced three subscales/factors: intrinsic religiosity (IR), personally-oriented extrinsic religiosity (ER-P), and socially-oriented religiosity (ER-S); items using the word God and those negatively worded were removed from the IR subscale, leaving four IR, three ER-P, and three ER-S item subscales. Suicidal behavior was assessed by the 4-item Suicide Behavior Questionnaire-Revised that examined lifetime history of suicidal ideation and attempt, frequency of suicidal ideation in the past 12 months, threat of suicide attempt, and future likelihood of suicidal behavior. Analyses did not control for demographics nor were the moderating effects of gender examined. **Results:** Greater IR was inversely related to suicidality ($B=-0.212$, $p<0.05$), whereas greater ER-P was positively related to suicidality ($B=.312$, $p<0.01$). ER-S was unrelated to suicidality ($B=-0.03$, $p=ns$). Researchers concluded: "Results from regression analysis showed that respondents with higher intrinsic religious orientation and lower personally-oriented extrinsic religious orientation are more likely to have lower suicidality."

Citation: Lew, B., Huen, J., Yuan, L., Stack, S., Maniam, T., Yip, P., ... & Jia, C. X. (2018). Religious Orientation and Its Relationship to Suicidality: A Study in One of the Least Religious Countries. Religions, 9(1), 15.

Comment: This is one of the few studies conducted in mainland China showing an inverse relationship between religiosity (intrinsic religiosity) and suicidal ideation/behavior.

Buddhist Practices and Happiness in Thailand

Researchers from the Institute of Population and Social Research at Mahidol University in Nakhon Pathom, Thailand, analyzed data on a representative sample of 32,198 Buddhists, examining the relationship between Buddhist practices, happiness and negative emotions. Buddhist practices included: offering food to the monks, praying, listening to sermons or reading or viewing the Dharma, practicing basic Buddhist doctrine, and practicing meditation. Also assessed were Buddhist values (expressing gratitude to one's parents, repaying people who provided assistance, accepting guilt, forgiving, practicing principles of sufficiency economy, helping the needy, providing opportunity to others, and saving). Happiness was assessed by a single question: "presently, what is your level of happiness?" (responses ranging from 0 "very unhappy" to 10 "very happy"). Also assessed were negative emotions: "I feel disgusted and discouraged with my daily life"; "I feel frustrated with myself"; and "I feel that life is suffering" (with response options ranging from 1 to 4). Also assessed were family connections, community connections, self perceived health status, and demographic information such as age, gender, education, region of residence, and area of residence. Structural equation modeling was used to analyze the data. **Results:** Weighted prevalence of Buddhist practices ("usually/always" vs "never/seldom") were as

follows: offering food to monks (26.6% vs. 24.0%, respectively), praying (32.1% vs. 32.1%), listening to sermons or reading or viewing the Dharma (8.2% vs. 43.4%), practicing basic Buddhist doctrine (12.9% vs. 68.9%), and practicing meditation (7.4% vs. 77.1%). Buddhist practices were positively correlated with happiness ($r=.15$, $p<0.001$) and were negatively correlated with negative emotions ($r=-.03$, $p<0.001$), controlling for gender, age, and educational level. Structural equation modeling demonstrated that Buddhist practices were positively related to Buddhist values, which in turn were positively related to happiness and negatively related to negative emotions. Buddhist practices were also both directly and indirectly related to family connections and community connections. Greater happiness, family connections, community connections, and less negative emotions were all related to greater self-perceived health. Researchers concluded: "By regulating negative emotions, promoting family and community connections, and strengthening positive feelings, religion has an indirect impact on health."

Citation: Winzer, L., & Gray, R. S. (2018). The role of Buddhist practices in happiness and health in Thailand: A structural equation model. Journal of Happiness Studies, E-pub ahead of press

Comment: This is a fascinating study in a large representative sample of Thai Buddhists living in the country with the highest percentage of Buddhists (95%) in the world. It is clear that greater religious involvement (Buddhist practices) is associated with better mental health in this country.

Effect of Spiritual Counseling on Spiritual Well-Being in Iranian Women with Cancer

Investigators at the School of Nursing and Midwifery at the Arak University of Medical Sciences in Arak, Iran, conducted a randomized clinical trial in 42 female cancer patients (52% breast cancer). Half ($n=21$) were randomized to spiritual counseling and half ($n=21$) to routine education/care. The primary outcome was spiritual well-being assessed by Paloutzian and Ellison's 20-item Spiritual Well-Being Scale (SWBS), which has two 10-item subscales -- religious well-being (RBW) and existential well-being (EWB). The intervention consisted of eight face-to-face sessions administered once a week. Each of the sessions incorporated Islamic teachings as part of the intervention and was modeled after religious/spiritual interventions reported in other studies. Each of the one-on-one 45-60 min individual sessions involved a question and answer period, sharing, reflecting, providing feedback, relaxation exercises, and meditation. Participants also completed homework that involved recitation of the Holy Qur'an and other religious books, along with relaxation exercises. There were no dropouts in the study. **Results:** No significant differences on sociodemographic or clinical characteristics were present between intervention and control groups at baseline. Following the intervention, there were significant "between group" differences in both RBW ($p=.01$) and EWB ($p=.001$). In the intervention group 38.1% scored in the high range of the overall SWBS, compared to 100% at the conclusion of the intervention; in the standard care control group, 38.1% scored in the high range on the SWBS, compared to 47.6% after the intervention. Researchers concluded: "Spiritual counseling is associated with significant improvements in spiritual well-being in Iranian women with cancer. Interventions that acknowledge the spiritual needs of these patients should be incorporated into conventional treatment."

Citation: Sajadi M, Niazi N, Khosravi S, Yaghobi A, Rezaei M, Koenig HG (2018). Effect of spiritual counseling on spiritual well-being in Iranian women with cancer: A randomized clinical trial. Complementary Therapies in Clinical Practice 30:79-84

Comment: A well-done randomized clinical trial demonstrating significant changes in spiritual well-being among those in the spiritual (religious) counseling group, compared to those in the

usual care control group. This was true for both religious and existential well-being.

Hope, Anxiety and Religion/Spirituality in Latino Youth

Investigators at the Clinici Child Psychology Program and School of Social Welfare at the University of Kansas surveyed 134 Latino adolescents to examine the mediating and moderating effects of religion/spirituality (R/S) on the relationship between hope and anxiety. Latino adolescents who attended an academically-focused charter high school in a large Midwestern US city were asked to participate (74% response rate). R/S was measured using a single question: "Do you consider yourself a religious or spiritual person?" (Yes vs. No). Hope was assessed with the 6-item Children's Hope Scale (Snyder), and anxiety by the 6-item Youth Self-Report Scale (YSR). Control variables were age, nativity, and gender. **Results:** Participants' ages ranged from 14 to 20 (mean 16), 84% were of Mexican descent, and the majority were in the 9th and 10th grades (56%); 95% had family incomes of less than 30,000 to 43,000. No association was found between R/S and hope or anxiety in bivariate analyses. However, regression analyses indicated that R/S moderated the relationship between hope and anxiety ($B=-.21$, $p<0.05$, for interaction term). Hope was inversely related to anxiety only among students who indicated that they were religious or spiritual ($B=-0.57$, $p<0.001$); in contrast, no significant relationship was found between hope and anxiety in those who were not R/S ($B=-.16$, $p=.17$). Researchers concluded: "Simple slope plots revealed that a negative association between hope and anxiety was only evident in the presence of religion/spirituality. Hope was unrelated to anxiety in the absence of religion/spirituality."

Citation: DiPierro, M., Fite, P. J., & Johnson-Motoyama, M. (2017). The role of religion and spirituality in the association between hope and anxiety in a sample of Latino youth. *Child & Youth Care Forum*, Epub ahead of press

Comment: Interestingly, while R/S did not appear to protect Latino youth from anxiety or increase hope (at least in the simplistic way that R/S was measured), it did moderate the relationship between hope and anxiety. Explanations for the finding provided in the article were not convincing, so they are not mentioned here. However, it may be that hope derived from religious sources may be more effective in relieving anxiety than hope derived from other sources.

African-American Family Members Making Sense of Loss Through Religious Faith

Jill Hamilton and colleagues at the Emory University School of Nursing conducted qualitative interviews with 19 African-Americans in North Carolina who had lost a family member to cancer. Open-ended semi-structured interviews were conducted, and qualitative content analysis and quantitative descriptive analyses were conducted. The average age of informants was 54 years, 84% were women, 53% were affiliated with a Baptist church (all participants were Christian), and 63% lived in rural areas.

Results: Themes that emerged from these interviews were belief in life after death; being present physically at the time of death (singing hymns and reading Bible verses to their dying loved one); committing to live a life according to God's purpose (in honor of their loved one's memory); faith in God's omniscience, absolute power, and limitless knowledge; and faith and trust that God would get them through the pain and keep them going.

Citation: Hamilton, J. B., Best, N. C., Wells, J. S., & Worthy, V. C. (2017). Making sense of loss through spirituality: Perspectives of African American family members who have experienced the death of a close family member to cancer. *Palliative & Supportive Care*, E-pub ahead of press

Comment: A fascinating qualitative study that provides a glimpse into how African-Americans in the South deal with the death of a loved one from cancer.

Integrating Spirituality into Patient Care: Attitudes of Medical Students, Psychiatry Residents, and Attending Psychiatrists

Investigators in the department of psychiatry at Wayne State University School of Medicine surveyed 22 medical students on a psychiatry rotation, 12 psychiatry residents, and 7 attending psychiatrists (40% response rate) to examine attitudes and practices related to asking about and addressing religion/spirituality (R/S) in clinical practice. The majority of participants were female (56%) and ages 25-34 (63%). **Results:** Only a minority of medical students (23%) and residents (42%) had any exposure to religion/spirituality during medical school (despite their being a R/S elective at the medical school). Most felt it was appropriate to inquire about R/S, felt comfortable asking about it (76%), and felt comfortable addressing R/S needs (83%). Most felt that R/S can contribute to or compound mental illness (88%), and yet also improve treatment compliance and success (93%), as well as help patients cope with distress (88%). Nearly three-quarters (73%) said that patients mention R/S, especially those contemplating suicide (59%) or death (85%). Finally, only a minority said that they prayed with patients (29%), felt it was too personal to ask about (32%), or felt that such questions might suggest they were trying to influence patients' beliefs (47%). The primary barriers to discussing R/S with psychiatric patients were insufficient time (63%), concern about offending patients (51%), and insufficient knowledge/training (56%), while a significant minority indicated that barriers included general discomfort (46%) and concern over disapproval by peers (12%). Researchers concluded: "Perhaps, it is time again to evaluate the number of psychiatry programs that are covering religion/spirituality and additionally, survey trainees, practicing psychiatrists, and patients seeking treatment for mental health care as to how often religion and spiritual concerns are discussed during psychiatric care."

Citation: Gattari, T., Arfken, C., & Morreale, M. (2017). Perspectives of religion and spirituality in psychiatry: A comparison of students, residents, and attending physicians. *Academic Psychiatry*, E-pub ahead of press

Comment: A small but important study. Low response rate means that this is probably a "best case scenario" since only those who were interested in the topic probably responded to the survey.

Moral Injury and the Role of Chaplains

Timothy Hodgson and Lidsay Carey from the Department of Religious Studies at University of Queensland, Australia, and Department of Public Health at La Trobe University, respectively, discuss the wide variations in definitions of the term "moral injury" (MI). These authors argue that betrayal and spirituality are core components in the definition and treatment of MI, thus supporting the essential role of chaplains in the treatment and rehabilitation of those with MI. They review the classical definitions of MI and alternative definitions, including a more holistic definition of the term that includes spirituality, and discuss various approaches to treatment. Theological perspectives on MI, and the role of chaplains and community clergy in its treatment are described. The authors emphasize the lack of research in this area, and make the point that spiritual issues and loss of faith are often excluded from many contemporary definitions and measures of MI. They conclude: "Any attempt, however, to reduce the treatment of moral injury to one particular paradigm, would be like (to use an old adage), trying to squeeze 'a camel through the eye of a needle,' -- and yes, some might argue it is possible, but only with a great deal of dissection and deception!"

Citation: Hodgson TJ, Carey LB (2017). Moral injury and definitional clarity: betrayal, spirituality, and the role of chaplains. *Journal of Religion and Health*, E-pub ahead of press
Comment: A thought-provoking and informative article. In the January issue of Crossroads, the development and psychometric testing of the first pure MI symptom scale, the Moral Injury Symptom Scale (MISS-M), was reviewed. This measure includes many of the dimensions of MI suggested in this article (including betrayal, spiritual struggles, and loss of faith).

SPECIAL EVENTS

16th Annual David B. Larson Memorial Lecture

(Durham, North Carolina, March 1, 2018)

Welcome to the David B. Larson Lecture on Religion, Spirituality and Health. No reservations are required. The 16th annual lecture is being given by Warren Kinghorn, M.D., Th.D., Associate Professor of Psychiatry, Duke University Medical Center, and Associate Research Professor of Psychiatry and Pastoral and Moral Theology at Duke University Divinity School. The title is: ***From Machines to Wayfarers: How Not to be a Dualist in Health Care.*** The event will be held at Duke Hospital North, Room 2001, from 5:30-6:30P on Thursday, March 1, 2018. Mark your calendars now. All are welcome. For more information, go to: <http://www.spiritualityandhealth.duke.edu/index.php/scholars/david-b-larson>.

6th European Conference on Religion, Spirituality and Health PRE-CONFERENCE Workshop

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

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

6th European Conference on Religion, Spirituality and Health & the 5th International Conference of the British Association for the Study of Spirituality

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

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

4th International Spirituality in Healthcare Conference

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

The theme of this year's conference is "Spirituality at a Crossroads" and features keynote speakers Dr. Lindsay Carey (Research Fellow, La Trobe University Palliative Care Unit, Australia) and Dr.

Susan Crowther (Professor of Midwifery, Robert Gordon University, Scotland). Enjoy an enriching conference and come see beautiful Ireland during the summer! For more information go to <http://nursing-midwifery.tcd.ie/SRIG/4th-International-Spirituality-in-healthcare-conference.php>.

15th Annual Duke University Summer Research Workshop

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

Register **now** to attend this one-of-a-kind 5-day training session on how to design research, get it funded, carry it out, analyze it, publish it, and develop an academic career in the area of religion, spirituality and health. The workshop compresses training material that was previously taught during our 2-year post-doctoral fellowship, so the curriculum is packed. Leading religion-health researchers from Duke, Yale and Emory serve as workshop faculty. If desired, participants will have the option of a 30-minute one-on-one with Dr. Koenig or another faculty mentor of their choice (early registration will ensure a mentorship spot, since these are limited). Nearly 800 academic researchers, clinical researchers, physicians, nurses, chaplains, community clergy, and students at every level in medicine, nursing, social work, chaplaincy, public health, psychology, counseling, sociology, theology, and rehabilitation specialty (as well as interested members of the general public) have attended this workshop since 2004. Participants from every faith tradition and region of the world usually come to this workshop, and this year should be no exception. Partial tuition scholarships are available. To learn how to register, go to:

<http://www.spiritualityandhealth.duke.edu/index.php/5-day-summer-research-course>.

RESOURCES

Children, Spirituality, Religion and Social Work (Rutledge, 2017)

From the publisher: "Attention to children's spiritual and religious well-being is required by legislation, Government guidelines and the UN Convention on the Rights of the Child 1989. Margaret Crompton has worked with and on behalf of children as a social worker, lecturer and writer. Her recent publications include *Children and Counselling* and a training pack, *Children, Spirituality and Religion*. This jargon-free book develops and adds to those ideas and materials, focusing on everyday practice in social work, education and health care. Reference is made to several religions and to ideas about spirituality, which is not necessarily associated with religious belief and observance. Practitioners' experience is also cited. Topics include, spiritual and religious rights, spiritual development, needs and well-being, implications of religious beliefs and observances for daily life and care, abuse and neglect, death, including suicide and abortion and communication, including stories and play." Available for \$55.01 new (\$21.41 used) from <https://www.amazon.com/Children-Spirituality-Religion-Social-Work/dp/1857423771>

Spiritually Competent Practice in Health Care (CRC Press, Taylor and Francis, 2017)

From the publisher: "This practical guide tackles the important issues of spirituality in health care, emphasizing the role of organizations in developing a culture of leadership and management that facilitates spiritual care. Spirituality is a central part of holistic care that addresses physical, mental, emotional and spiritual aspects of care in an integrated way. The chapters are written by experts in their fields, pitched at the practitioner level rather than addressing 'spirituality' as a purely theoretical concept. Each one describes the realities of spiritually competent practice

and show how it can be taught and put into practice in a variety of areas and settings, including undergraduate and postgraduate education, acute healthcare settings, mental health, primary care, end of life care, creative organizations, and social services. Ideal for practitioners, educators, trainees and managers in nursing and healthcare, the book is also relevant reading for occupational therapists, physiotherapists, social workers and psychologists." Available for \$37.06 (paperback) at <https://www.amazon.com/Spiritually-Competent-Practice-Health-Care/dp/1498778429>

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/>

You Are My Beloved. Really? (Amazon: CreateSpace Platform, 2016)

How does God feel about us? This book examines the evidence for God's love from Christian, Jewish, Muslim, Buddhist and Hindu perspectives based largely on the sacred scriptures from these traditions. Those of any age with an open mind -- especially if going through hard times -- will find this book enlightening, inspiring, and possibly transforming. Written for Christians, non-Christians, those who are religious, those who are spiritual, and those who are neither. Available for \$8.78: <https://www.amazon.com/You-are-My-Beloved-Really/dp/1530747902/>

CME/CE Videos (Integrating Spirituality into Patient Care)

Five professionally produced 45-minute videos on **why and how** to "integrate spirituality into patient care" are now available on our website (*for free*, unless CME/CE is desired). Videos are targeted at physicians, nurses, chaplains, and social workers in an effort to help them form **spiritual care teams** to provide "whole person" healthcare that includes the identifying and addressing of spiritual needs. Go to: <http://www.spiritualityandhealth.duke.edu/index.php/cme-videos>.

Health and Well-being in Islamic Societies (Springer International, 2014)

The core of the book focuses on research exploring religiosity and health in Muslim populations. Available for \$57.89 at: <http://www.amazon.com/Health-Well-Being-Islamic-Societies-Applications/dp/331905872X>

Spirituality in Patient Care, 3rd Ed (Templeton Press, 2013)

The 3rd edition provides the latest information on how health professionals can integrate spirituality into patient care. Available for \$14.15 (used) at: <http://www.amazon.com/Spirituality-Patient-Care-When-What/dp/1599474255/>.

Handbook of Religion and Health (2nd Ed) (Oxford University Press, 2012)

This Second Edition covers the latest original quantitative research on religion, spirituality and health (more than 3,300 studies prior to 2010). Available for \$139.99 (used) at: <http://www.amazon.com/Handbook-Religion-Health-Harold-Koenig/dp/0195335953>

Spirituality & Health Research: Methods, Measurement, Statistics, & Resources (Templeton Press, 2011)

This book summarizes and expands the content presented in the Duke University's Annual Summer Research Workshop on Spirituality and Health. Available for \$29.15 (used) at: <http://www.amazon.com/Spirituality-Health-Research-Measurements-Statistics/dp/1599473496/>

TRAINING OPPORTUNITIES

Certificate in Theology and Healthcare

The Duke University Divinity School is now accepting applications for a new graduate certificate, the Certificate in Theology and Health Care. This one-year residential program provides robust

theological and practical engagement with contemporary practices in medicine and health care for those individuals with vocations in health-related fields (e.g., trainees or practitioners of medicine, nursing, and other health care professions). The Certificate aims to equip Christian health care practitioners with the training to embrace that calling and live into it with theological clarity and spiritual joy. This fully accredited course of study focuses on combining foundational courses in Christian theology, scripture, and church history with courses engaging the practical issues that health care practitioners encounter in contemporary culture. If you, or some you know, seek theological formation and further confidence engaging questions of suffering, illness, and the place of health care in a faithful life, go to the following website:

<https://tmc.divinity.duke.edu/programs/certificate-in-theology-and-health-care/>

Medical Student Summer Internship on Islamic Bioethics

The Initiative on Islam and Medicine at the University of Chicago is offering an 8 week Internship Program (with stipend) for 1st and 4th year medical students in good standing at an LCME-accredited US medical schools. The program involves a mentored reading course that introduces students to the critical concepts in Islamic theology and law that undergird normative ethical frameworks within Islam, and covers seminal works in the extant Islamic bioethics literature. In addition, interns are invited to participate in an II&M sponsored bioethics workshop and in ongoing bioethics-relevant studies in progress at II&M such as studies on Muslim physician attitudes towards end-of-life care, discourse analyses of the Muslim perspectives on healthcare reform or fatawa reviews on the permissibility of organ transplant, milk-banking, or other topics. All interested persons are required to mail a completed application to the address below. This should include the Medical Student Internship Program application form, a current CV, a 1-2 page personal statement, and 1-2 letter of recommendation.

Applications must be postmarked by February 16th, 2018.

Please visit the [II&M website](#) for exact requirements.

2018 YOUTH ESSAY CONTEST

The Institute for Research on Unlimited Love (IRUL) announces its 2018 Youth Essay Contest. Describe your spiritual experiences of divine love directly and/or through others & how these experiences may have increased your kindness and compassion toward all people. Due to the overwhelming success of the IRUL's first youth essay contest, the Institute is pleased to announce a second essay competition for young people ages 13 to 15 and ages 16 to 19.

Due date is February 1, 2018, midnight local time. For more information, go to: <http://unlimitedloveinstitute.org/essay-contest-2018.php>. Essays should be in the range of 700 words for 13-15-year-olds, and 1000-1200 words for 16-19-year-olds, double-spaced, and written in English. There will be a grand prize of \$1000 and second place prize of \$300 in each of the two age groups. Send your essay as an attachment to an email to contact@unlimitedloveinstitute.org. In the subject line of your email, state "2018 Youth Essay Contest [last name] [1st name] [email address]".

FUNDING OPPORTUNITIES

Templeton Foundation Online Funding Inquiry

The John Templeton Foundation is now accepting new Online Funding Inquiries (OFIs; essentially letters of intent) through their funding portal. The next deadline for Small Grant requests (\$234,800 or less) and Large Grant requests (more than \$234,800)

is **August 31, 2018**. The Foundation will communicate their decisions (rejections or invitations to submit a full proposal) for all OFIs by September 28, 2018. JTF's current interests on the interface of religion, spirituality, and health include: (1) research on causal relationships and underlying mechanisms (basic psychosocial, behavioral, and physiological pathways), (2) increasing competencies of health care professionals in working with religious patients and issues (especially in mental health and public health), (3) research involving the development of religious-integrated interventions that lead to improved health, (4) efforts to increase collaboration and rates of referrals between mental health professionals and religious clergy. More information:

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

2018 CSTH CALENDAR OF EVENTS...

February

28 **Associations between religious service attendance and mortality, depression and suicide: Is it casual? What are the mechanisms?**

Speaker: Tyler VanderWeele, Ph.D. (via Skype)
Professor of Epidemiology and Biostatistics
Harvard T.H. Chan School of Public Health
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

March

1 **16th Annual David B. Larson Memorial Lecture
From Machines to Wayfarers: How Not to be a Dualist
in Health Care**

Speaker: Warren Kinghorn, MD, Th.D.
Associate Research Professor of Psychiatry and
Pastoral and Moral Theology, Duke University Medical
Center and Duke Divinity School
Duke Hospital North, Room 2001, from 5:30-6:30P
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

28 **Funding and Other Sources of Support for
Research in Religion, Spirituality and Health**

Speaker: Congressman David R. Price, Ph.D.
North Carolina's 4th Congressional District
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>