

# CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health

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This newsletter provides updates on research, news and events related to spirituality and health, including educational resources and funding opportunities. **Please forward to colleagues or students who might benefit.** Our goal is to create a community of researchers, clinicians, clergy, and laypersons interested in spirituality and health and keep them informed and updated. An EVENTS CALENDAR concludes the newsletter and describes spirituality and health related presentations happening at Duke and around the world. This is your newsletter and we depend on you to let us know about research, news, and events in this area.

All e-newsletters are archived on our website. To view previous editions (July 2007 through January 2020) go to: <http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

## LATEST RESEARCH

### Religious Attendance and Hypertension in Women

Investigators from the department of sociology at the University of Toronto, at Massachusetts General Hospital, and at the Harvard School of Public Health examined the effects of religious attendance on risk of hypertension among 44,281 non-hypertensive women participating in the Nurses' Health Study-II (93-95% white). Religious attendance assessed in 2001 was examined as a predictor of incident hypertension between 2001 in 2013. There were 453,706 person-years of follow-up and 11,773 incident cases of hypertension that developed. Results indicated that women who frequently attended religious services at T1 were significantly less likely to develop hypertension during the 12-year follow-up, controlling for age, pre-tax household income, race, geographical region of residence, country of birth, perceived stress, physical, emotional, and sexual abuse in childhood and adolescence, self-reported physician diagnoses of chronic illness, family history of hypertension, hypercholesterolemia, contraceptive use, menopausal status and hormone replacement therapy, body mass index, cigarette smoking, alcohol consumption, physical activity, and diet. In addition, social integration was assessed by marital status, number of close contacts, frequency of seeing close contacts, participation in social, community, or workgroups, and presence and frequency of interaction with a confidant (i.e., an extraordinary number of control variables). **Results:** Compared to women who never or almost never attended religious services, those attending less than once/month were 3% less likely to develop hypertension (hazard ratio [HR]=0.97, 95% CI=0.91-1.03), those attending between 1 and 3 times/month were 6% less likely (HR = 0.94, 95% CI = 0.88-1.00), those attending about once/week were 7% less likely (HR = 0.93, 95% CI = 0.88-0.98), and women attending more than once/week were 9% less likely (HR = 0.91, 95% CI = 0.86-0.97). These findings also indicated a dose-response effect on developing hypertension with a  $P_{trend}=0.001$ . The primary mediator of this relationship was body mass index, explaining 11.5% of the attendance-hypertension effect ( $p<0.001$ ). Researchers concluded: "...religious service attendance was modestly associated with hypertension in an inverse dose-

response manner and partially mediated through body mass index. Future research is needed on biological or social reasons for the lower risk of hypertension."

*Citation:* Spence, N. D., Farvid, M. S., Warner, E. T., VanderWeele, T. J., Tworoger, S. S., Argentieri, M. A., & Shields, A. E. (2019). Religious service attendance, religious coping, and risk of hypertension in women participating in the Nurses' Health Study II. *American Journal of Epidemiology*, E-pub ahead of press  
*Comment:* While previous studies have reported conflicting results, this is one of the largest, longest, and best controlled prospective study of religiosity's effect on developing hypertension. The sophisticated statistical analyses adds further to the credibility of these findings.

### Mortality Rates in Seventh-day Adventists vs. General U.S. Population

Researchers in the School of Public Health at Loma Linda University, California, compared all-cause mortality, cancer-specific mortality, and cancer incidence rates between 86,610 participants in the Adventist Health Study-2 (AHS-2), 383,600 participants in the National Longitudinal Mortality Study (NLMS), and 62,074 participants in the Surveillance, Epidemiology, and End Results substudy of the NLMS (SEER-NLMS). The NLMS is a study examining mortality over time in cohorts from the Census Bureaus' Current Population Survey, a national probability sample of U.S. households. The SEER-NLMS links census data to SEER cancer incidence information from 18 SEER registries. Participants were followed for an average 7.8 years during which mortality and cancer incidence were recorded. AHS-2 participants were 60% female and 26% Black when enrolled between 2002 and 2007. Cox proportional hazards regression models were used to calculate mortality and cancer incidence hazard ratios, controlling for race, smoking status, gender, education, and for former smokers, time since quitting. **Results** indicated that compared to the general US population (NLMS), Adventists experienced significantly lower all-cause mortality that varied by age. The model-estimated HR at age 65 was 0.67 (95% CI=0.64-0.69,  $p<0.0001$ ), i.e., a 33% reduction in mortality. The HR at age 85 was 0.78 (95% CI= 0.75-0.81,  $p<0.0001$ ), i.e., a 22% reduction in mortality. Among Blacks, mortality was reduced by 36% (HR=0.64, 95% CI=0.59-0.69,  $p<0.0001$ ). Cancer-specific mortality was also significantly reduced among Adventists compared to other Americans (HR=0.90, 95% CI= 0.85-0.95,  $p<0.0001$ ) and among Black Adventists in particular (HR=0.83, 95% CI=0.73-0.95,  $p=0.0007$ ). Among all Adventists, the incidence of cancer was specially reduced for breast cancer (HR= 0.70, 95% 0.62-0.79,  $p<0.0001$ ), colorectal cancer (HR=0.84, 95% CI 0.71-0.99,  $p=0.04$ ), rectal cancer (HR=0.50, 95% CI 0.36-0.69,  $p<0.0001$ ), and lung cancer (HR=0.70, 95% CI=0.56-0.88,  $p=0.002$ ). Researchers concluded: "Substantially lower rates of all-cause mortality and cancer incidence among Adventists have implications for the effects of lifestyle and perhaps particularly diet on the etiology of these health problems."

*Citation:* Fraser, G. E., Cosgrove, C. M., Mashchak, A. D., Orlich, M. J., & Altekruse, S. F. (2019). Lower rates of cancer and

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all-cause mortality in an Adventist cohort compared with a US Census population. [Cancer](#), E-pub ahead of press.

*Comment:* This prospective cohort study involving extraordinarily large samples for comparison indicates that Adventists live significantly longer than Americans in the general. Although the researchers primarily attributed this effect to lifestyle and diet, the strong religious faith of this conservative Christian group is also likely to play a role (at least in helping Adventists comply with a healthy diet and lifestyle).

## Religiosity and Cognitive Functioning in Alzheimer's Disease

Researchers in the department of psychiatry at Hallym University College of Medicine in South Korea recruited 325 patients age 60 or over with Alzheimer's disease (AD) from the university's psychiatry outpatient clinic to engage in a study examining the relationship between religiosity and cognitive function. The average age of participants was 79.2 years and 72% were female. The 5-item Duke University Religion Index (DUREL, which assesses organizational, non-organizational, and intrinsic religiosity) was administered along with an extensive battery of cognitive assessments (Consortium to Establish a Registry for Alzheimer's Disease Assessment Packet or CERAD). Religious affiliation was also assessed (42.2% Christian, 12.9% Buddhist, and 44.9% none). The data were analyzed using partial correlations, controlling for age, gender, and education, along with structural equation modeling (SEM). **Results** indicated a significant relationship between organizational religious activity and memory (partial  $r=0.144$ ,  $p=0.01$ ), language ( $r=0.149$ ,  $p=0.007$ ), and constructional ability ( $r=0.19$ ,  $p=0.001$ ).

Nonorganizational religiosity was also positively associated with memory ( $r=-0.115$ ,  $p=0.04$ ) and constructional ability ( $r=0.207$ ,  $p<0.001$ ), as was intrinsic religiosity with memory ( $r=0.140$ ,  $p=0.01$ ) and with constructional ability ( $r=0.136$ ,  $p=0.015$ ). In SEM, religiosity overall was positively correlated with cognitive function overall, controlling for age, gender, and education ( $b=0.30$ ,  $p<0.001$ ). Researchers concluded: "The findings suggest that religiosity positively affects cognitive functions and that each religious variable is related differently to the subdomains of cognitive functions in patients with AD."

*Citation:* Jung, J., Lee, C. H., Shin, K., Roh, D., Lee, S. K., Moon, Y. S., ... & Kim, D. H. (2019). Specific association between religiosity and cognitive functions in Alzheimer's Disease. [American Journal of Alzheimer's Disease & Other Dementias](#), 34(4), 254-260.

*Comment:* Although a cross-sectional study, with limitations regarding causal inference, the consistency of the findings between all dimensions of religiosity and cognitive functions (after controlling for age, gender and education) is remarkable. These findings are also consistent with numerous studies in other countries reporting a positive correlation between religiosity and cognitive function in later life, including prospective cohort studies.

## Stress and Inflammation among Older Adults: Can Religiosity Moderate the Relationship?

Investigators at the University of Massachusetts in Boston analyzed cross-sectional data collected on 4,734 community-dwelling older adults surveyed during the 2006 wave of the US Health and Retirement Study. Logistic regression analyzed the relationship between chronic stress (assessed by an 8-item index), inflammation (assessed by C-reactive protein in blood), and religiosity (assessed by the DUREL, which measures organizational, non-organizational, and intrinsic religiosity), controlling for other relevant covariates. Findings indicated that intrinsic religiosity moderated the relationship between chronic stress and inflammation ( $p=0.02$ ). The strength of the stress-inflammation relationship was significantly weaker among those

indicating high levels of intrinsic religiosity. Researchers concluded: "Higher intrinsic religiosity attenuated the effects of stress on inflammation, suggesting that individuals with stronger religious commitment/motivation may better cope with stress." *Citation:* Tavares, J. L., Ronneberg, C. R., Miller, E. A., & Burr, J. A. (2019). Stress and inflammation among older adults: The moderating role of religiosity. [Journal of Religion, Spirituality & Aging](#), 31(2), 187-202.

*Comment:* Not only does this study show that greater intrinsic religiosity may help older individuals cope better with stress, but more importantly, it shows that greater religiosity may attenuate the effect that stress has on inflammation (C-reactive protein). Given that increased inflammation in older age is the cause of many chronic medical conditions, including coronary artery disease and dementia, as well as a variety of cancers, any psychosocial factor that reduces inflammation by decreasing stress could have a major impact on health in later life. Over 20 years ago in 1997, we also found that greater religiosity in older adults (in particular, organizational religiosity) was associated with lower levels of IL-6, a pro-inflammatory cytokine, which reflects body inflammation as does C-reactive protein ([International Journal of Psychiatry in Medicine](#) 1997; 27(3): 233-250), a finding that was later replicated by others ([Health Psychology](#), 2004; 23(5):465-475).

## Buddhist Walking Meditation, Glycemic Control and Vascular Function in Type II Diabetes

Researchers on the Faculty of Sports Science at Chulalongkorn University in Bangkok, Thailand, examined the effects of a Buddhist walking meditation intervention on weight, blood pressure, glycemic control, and vascular function in 23 patients with type II diabetes. Participants were randomized to either the Buddhist-based walking meditation exercise ( $n=12$ ) or to a traditional walking exercise ( $n=11$ ). The exercise program involved walking on a treadmill at 50-70% maximum heart rate for 30 minutes (with a 10-minute warm up and a 10-minute cool down) for a total of 50 minutes. This was done three times per week over 12 weeks. The only difference between groups was that in the Buddhist group, participants concentrated on foot stepping, voicing "Budd" and "Dha" while setting each foot on the floor, with the goal of practicing mindfulness while walking. Outcome measures were body mass index (BMI), systolic and diastolic blood pressure, heart rate, maximal oxygen consumption, muscle strength, flow-mediated endothelial-dependent vasodilation, arterial stiffness, ankle-brachial index, 8 hour overnight fasting blood glucose, hemoglobin A1c, lipid profile, plasma cortisol, and insulin resistance. **Results** indicated no significant within-group changes in BMI or body fat in either group during the intervention. However, blood pressure, HgA1c, cortisol, and brachial artery stiffness all improved significantly in the Buddhist meditation group, but not in the exercise control group. No other significant differences within or between groups were found. Researchers concluded: "Buddhist walking meditation exercise produced a multitude of favorable effects, often superior to traditional walking program, in patients with type II diabetes" (although there was no indication that between-group differences were examined).

*Citation:* Gaine, A., Himathongkam, T., Tanaka, H., & Suksom, D. (2016). Effects of Buddhist walking meditation on glycemic control and vascular function in patients with type 2 diabetes. [Complementary Therapies in Medicine](#), 26, 92-97.

*Comment:* An interesting study with remarkable pre-post findings after only 12 weeks at 30 minutes three times per week. However, the multiple statistical comparisons without correction of p values temper our enthusiasm for these findings. Although a dated study published 3-4 years ago, the study is worth being aware of.

## Religious Attendance and Perceived Social Support in Older Mexican Americans

Terrence Hill and colleagues from the school of sociology at the University of Arizona and other US universities analyzed data from the Hispanic Established Population for the Epidemiologic Study of the Elderly (Hispanic EPESE), which collected seven waves of data from 1993 to 2010 on 2,476 adults age 65 or older in 1993 who lived in the southwestern United States. The purpose was to examine the effects of religious attendance on trajectories of perceived social support during the 17-year follow-up. Social support trajectories were determined using gross mixture modeling. Effects of baseline religious attendance on social support trajectories were analyzed using multivariate multinomial logistic regression, controlling for age, gender, immigrant status, language proficiency, education, income, religious affiliation, marital status, living arrangements, contact with family/friends, secular group memberships, self-esteem, smoking, heavy drinking, depression, cognitive function, and physical mobility. **Results** indicated three classes of social support trajectories: high, moderate, and low. Compared to those who never attended religious services, those who attended at any level of frequency were significantly less likely to fall into the low social support trajectory than in the high social support trajectory, with OR's ranging from 0.29 (95% CI=0.11-0.77) for greater than weekly attendance to 0.45 (95% CI=0.24-0.86) for yearly attendance, all statistically significant after adjusting for other covariates and showing a gradient of effect. Researchers concluded: "...the association between religious attendance and the social support trajectories of older Mexican Americans is primarily driven by processes related to social integration, not selection."

*Citation:* Hill, T. D., Bradley, C. S., Dowd-Arrow, B., & Burdette, A. M. (2019). Religious attendance and the social support trajectories of older Mexican Americans. *Journal of Cross-Cultural Gerontology*, 34(4), 403-416.

*Comment:* The relationship between religiosity, particularly religious attendance, and social support has been plagued by concerns that this association is due to personality, health, and behavioral selection effects alone. This large long-term prospective study, however, puts to rest the concern that selection effects explain this relationship, at least in older Mexican Americans. Instead, involvement in religious community activities is thought to improve social support and integration among participants.

## Religiosity and Protection Against Substance Use from Adolescence to Adulthood

Investigators in the department of psychiatry at New York University School of Medicine and other institutions analyzed data from 674 participants in the Harlem Longitudinal Development Study (53% African-American and 47% Puerto Rican, 60% female). Substance use outcomes were for alcohol, tobacco, and cannabis use tracked from age 14 to age 36 across five waves of follow-up (T1 in 1990 to T5 in 2011-2013). Family church attendance was assessed at T1 by the following questions: "How often do: (a) you attend religious services?; (b) mother attend religious services?; (c) father attend religious services?" Other independent variables included low self-control, peer drug use, and parent-child attachment at T1; control variables included gender and race. Multinomial logistic regression and multivariate growth mixture models were used to identify trajectories of substance use, along with risk and protective factors. **Results** indicated six trajectories of substance use during the 22-year follow-up: (1) increasing alcohol use, increasing tobacco use, moderate cannabis use (IAITMC), (2) moderate alcohol use, low tobacco use, low cannabis use (MALTLC), (3) moderate alcohol use, high tobacco use, high cannabis use (MAHTHC), (4) increasing alcohol use, increasing tobacco use, increasing cannabis use (IAITC), (5) increasing alcohol use, low tobacco use,

increasing cannabis use (IALTIC), and (6) low alcohol use, no tobacco use, no cannabis use (LANTNC). The worst trajectory was #4 (IAITC) and the best trajectory was #6 (LANTNC). Youth with high family church attendance were 25% less likely to follow the IAITC trajectory compared to the LANTNC trajectory (adjusted OR=0.75, 95% CI=0.60-0.92,  $p<0.01$ ). Researchers concluded that: "Therefore, family church attendance may act as a protective factor against deviance such as substance use in adolescence. Here, the interesting point is that family church attendance in mid adolescence predicts individual's alcohol, tobacco, and cannabis use in the future (i.e., in the 20s and 30s)..."

*Citation:* Lee, J. Y., Kim, W., Brook, J. S., Finch, S. J., & Brook, D. W. (2019). Adolescent risk and protective factors predicting triple trajectories of substance use from adolescence into adulthood. *Journal of Child and Family Studies*, E-pub ahead of press.

*Comment:* This was a long-term prospective study of a group of adolescents in the Harlem area of New York City at high risk for future substance use. The study adds further to the evidence that religious involvement during youth may help to protect against substance use disorders during adulthood.

## Religiously-Motivated Forgiveness, Health and Well-Being in Young Adults

Researchers at the Harvard School of Public Health analyzed data collected during the Growing Up Today Study (GUTS) that involved 5,246-6,994 young persons (children of participants in the Nurses'Health Study II) who were followed for 3 to 6 years. Forgiveness of others, self forgiveness, and divine forgiveness were examined as predictors of psychosocial, mental, behavioral, and physical health outcomes. Generalized estimating equations (GEE) with Bonferroni correction for multiple comparisons was used to analyze the data, while controlling for sociodemographic characteristics, prior religious attendance, maternal attachment, and baseline values of outcome variables. **Results** indicated that all measures of forgiveness were positively and significantly related to psychosocial well-being outcomes, and inversely related to depression and anxiety symptoms. There was little impact, however, on behavioral or physical health outcomes.

*Citation:* Chen, Y., Harris, S. K., Worthington Jr, E. L., & VanderWeele, T. J. (2019). Religiously or spiritually-motivated forgiveness and subsequent health and well-being among young adults: An outcome-wide analysis. *Journal of Positive Psychology*, 14(5), 649-658.

*Comment:* Unfortunately, only the abstract of this article was available for review, so study details are lacking.

## Opinions of US Adults Regarding Religiously Affiliated Healthcare Facilities

Physician and Duke professor Farr Curlin comments on a study that examined factors people consider when selecting a healthcare facility and whether participants preferred that the healthcare facility being religiously affiliated or not (national probability survey of 1,446 U.S. adults). Results of the study indicated that 71.3% didn't care whether the facility was religiously affiliated or not, although 28.7% did care; the latter were split between those who preferred to be cared for in a religiously affiliated institution (13.4%) and those who did not want to be cared for in such an institution (15.3%). The study's authors concluded that most patients would disagree with the Department of Health and Human Services (DHHS) recent protections regarding conscientious refusals by healthcare practitioners who did not want to provide certain procedures such as sterilization, abortion, and physician-assisted suicide. The authors also argued that "Advocacy efforts are needed to enact legislation that counterbalances protections for institutions with protections for patients" and "Broader consideration should also be given for protections that ensure provision of medically indicated care even in nonemergent

settings.” Curlin, however, notes that these conclusions while reasonable are not actually supported by the study findings. Rather, he points out that this study revealed that most US adults (84.7%) do not have a problem with being cared for in a religiously affiliated institution, which suggests that most Americans are either unaware of Catholic and other religious ethical directives, agree with those directives, or do not experience those directives as standing in the way of their receiving healthcare. Furthermore, Curlin points out that 13.4% of participants in this study preferred to be cared for by a religiously affiliated healthcare facility, which is slightly lower than the proportion of facilities that are religiously affiliated in the US (18.5%). Farr concludes that: “These data indicate a disconnect between rhetoric about religious facilities imposing their values on patients and refusing care and the actual experiences and opinions of US adults.”

*Citation:* Curlin, F. A. (2019). On the opinions of US adults regarding religiously affiliated health care facilities. JAMA Network Open, 2(12), e1919013-e1919013. Commenting on: Guiahi, M., Helbin, P. E., Teal, S. B., Stulberg, D., & Sheeder, J. (2019). Patient views on religious institutional health care. JAMA Network Open, 2(12), e1917008-e1917008.

*Comment:* This is an important rebuttal to an article that claims to provide evidence on a politically charged topic with regard to the recent reinstatement of DHHS protections for health professionals and institutions regarding refusals to provide care that violate the moral beliefs and conscience of these individuals or their institutions.

### Religion and Health in Young Adult Black Caribbeans Living in the U.S.

Meredith Hope and colleagues from the National Center for Institutional Diversity at the University of Michigan and other U.S. institutions conducted this systematic review of studies examining the relationship between religiosity and medical, public health, and mental health outcomes in young adult Black Caribbeans ages 18-29 living in the U.S. Of 1,188 papers identified that were published through November 30, 2018, 11 met inclusion criteria for qualitative analyses. The study samples, methods, and religious measures were summarized in this article. All studies were cross-sectional in design and no consistent measure was used across studies. Seven of 11 studies focused on the benefits and/or risks conferred by religiosity to health, although the specific findings were not discussed. The researchers concluded: “Study results contribute to future studies’ conceptualization and measurement of religion among black Caribbean emerging adults.”

*Citation:* Hope, M. O., Taggart, T., Galbraith-Gyan, K. V., & Nyhan, K. (2019). Black Caribbean emerging adults: A systematic review of religion and health. Journal of Religion and Health, E-pub ahead of press

*Comment:* A nice summary of research on religion and health among young adults in this important and growing ethnic group in the U.S.

### Prayer and Management of Pain

Marta Illueca and Benjamin Doolittle from the Episcopal Church in Delaware and Yale University School of Medicine conducted a systematic review of studies published between 2000 and 2019 examining the effect of prayer as an adjuvant therapy for pain. Of the 411 abstracts reviewed, only nine met inclusion criteria. Results indicated that prayer to God was associated with beneficial effects among religious patients undergoing surgery or other painful procedure. Three themes emerge from the analysis: prayer type, patient profile, and clinical setting. The four types of prayer were scriptural or mantra-like, target of the prayer as either religious (God) or secular, psychological content is active or passive, and implementation mode as receptive or proactive. Patient profile (those who were particularly amenable to using prayer for pain) focused on those who were particularly religious

with firm belief in God and faith in the power of prayer to reach God. The third theme involve clinical setting, which included post-surgical pain, procedural pain, and chronic pain. The mechanism of the effect of prayer on pain was also examined, and at least one study reported that prayer reduce pain without operating through the opioid pathway.

*Citation:* Illueca, M., & Doolittle, B. R. (2020). The use of prayer in the management of pain: A systematic review. Journal of Religion and Health, E-pub ahead of press

*Comment:* An interesting and important review of recent research on the effects that prayer has on pain. As the authors noted, more research is needed to better understand the benefits of prayer as an adjuvant therapy for pain and how it achieves these results.

## NEWS

### Position Open at the Templeton Foundation

Nicholas Gibson is being promoted to the position of Director, Human Sciences, at the Templeton Foundation. Therefore, the Foundation is looking for strong candidates to fill Nick’s previous position as Program Officer, Human Sciences. This is a key position at the Foundation directly related to grants involving religion, spirituality, and health research. Interested applicants should go to the following website:

<https://www.templeton.org/careers/program-officer-human-sciences>.

## SPECIAL EVENTS

### 2020 David B. Larson Memorial Lecture

(Duke North Hospital, Room 2001, Durham, North Carolina, **March 12, 2020**, 5:30-6:30P)

“From the Broad Street Pump, to *Call the Midwife*, to the Ebola Crisis: Partnerships in Religion and Public Health”

Much of the research on religion and health has been focused at the individual level. In clinical research the subjects are patients and the outcomes are measures of mental or physical health.

Even in population-based research, data on religion usually come from respondent reports in surveys, and outcomes also come from follow-ups of individuals. But there is a whole other level on which action in religion and health is taking place – less recognized, but no less consequential and instructive. In this lecture we will tell the stories of three such partnerships -- two historical, one quite recent -- in which religious institutions found common ground with public health authorities to accomplish population health improvements that neither could have achieved alone. Sociologist and public health expert, **Ellen Idler, Ph.D.**, from Emory University will be giving this year’s lecture on the topic above. The lecture is free to the public, although is not being audio or video recorded, so onsite attendance is required. For more information, contact:

[Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu).

### 2020 Bridges Capstone Conference

(Millennium Hotel, Durham, North Carolina, March 19-20, 2020)

For those interested in integrating spirituality into psychotherapy, please join us for this exciting conference that will present and discuss the results of 21 groundbreaking research projects on the topic. For more information, go to:

<https://bridgescapstoneconference.wordpress.com/> or contact [Bridges.PRN@BYU.EDU](mailto:Bridges.PRN@BYU.EDU).

### 2020 Conference on Religion and Medicine

(Ohio State University, Columbus, March 22-24, 2020)

This year’s theme is “True to Tradition? Religion, the Secular and the Future of Medicine.” The 2020 Conference invites clinicians,

scholars, clergy, students and others to take up these and other questions related to the intersection of medicine and religion. The conference encourages participants to consider these questions in light of religious traditions and practices, particularly, though not exclusively, those of Judaism, Christianity and Islam. The conference is a forum for exchanging ideas from an array of disciplinary perspectives, from accounts of clinical practices to empirical research to scholarship in the humanities. For more information, go to: <http://www.medicineandreligion.com/>.

### **7<sup>th</sup> European Conference on Religion, Spirituality and Health** (Lisbon, Portugal, May 28-30, 2020)

The 2020 European Conference will focus on "Aging, Health and Spirituality" and will be held at the Catholic University of Portugal in Lisbon. **Abstracts were due December 15, 2019**, but this deadline may be extended. Stephen Post and Ellen Idler, along with Harold Koenig, will be presenters from the U.S.

### **Research Workshop on Religion, Spirituality and Health in Lisbon** (Lisbon, Portugal, May 24-27, 2020)

The 7<sup>th</sup> European Conference will also host a 4-day pre-conference spirituality and health research workshop with Prof. Harold Koenig from the U.S., along with Dr. Rene Hefti, Prof. Arndt Buessing, Prof. Niels Hvidt, Prof. Constantin Klein, and a number of other European presenters. For more information, go to: <http://ecrsh.eu/ecrsh-2020> or contact Dr. Rene Hefti at [info@rish.ch](mailto:info@rish.ch).

## **RESOURCES**

### **Books**

#### **Spirituality, Religiousness and Health: From Research to Clinical Practice**

(Springer, 2019)

From the publisher (editors Giancarlo Lucchetti et al.): "This book provides an overview of the research on spirituality, religiousness and health, including the most important studies, conceptualization, instruments for measurement, types of studies, challenges, and criticisms. It covers essential information on the influence of spirituality and religiousness (S/R) in mental and physical health, and provides guidance for its use in clinical practice. The book discusses the clinical implications of the research findings, including ethical issues, medical/health education, how to take a spiritual history, and challenges in addressing these issues, all based on studies showing the results of incorporating S/R in clinical practice. It contains case reports to facilitate learning, and suggests educational strategies to facilitate teaching S/R to health professionals and students." Available for \$96.88 (hardcover) at <https://www.amazon.com/Spirituality-Religiousness-Health-Research-Scientific/dp/3030212203/>

#### **Religion and Recovery from PTSD**

(Jessica Kingsley publishers, December 19, 2019)

From the publisher: "This volume focuses on the role that religion and spirituality can play in recovery from post-traumatic stress disorder (PTSD) and other forms of trauma, including moral injury. Religious texts, from the Bible to Buddhist scriptures, have always contained passages that focus on helping those who have experienced the trauma of war. Many religions have developed psychological, social, behavioral, and spiritual ways of coping and healing that can work in tandem with clinical treatments today in assisting recovery from PTSD and moral injury. In this book the authors review and discuss systematic research into how religion helps people cope with severe trauma, including

trauma caused by natural disasters, intentional interpersonal violence, or combat experiences during war. They delve into the impact that spirituality has in both the development of and recovery from PTSD. Beyond reviewing research, they also use case vignettes throughout to illustrate the very human story of recovery from PTSD, and how religious or spiritual beliefs can both help or hinder depending on circumstance. A vital work for any mental health or religious professionals who seek to help people dealing with severe trauma and loss." Available for \$29.95 at <https://www.amazon.com/Religion-Recovery-PTSD-Harold-Koenig/dp/1785928228/>.

#### **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 \$67.38 (paperback) at <https://www.amazon.com/Religion-Mental-Health-Research-Applications-dp-0128112824/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.coventry.ac.uk/> and subscribe to updates.

Alternatively e-mail

[riya.patel@coventry.ac.uk](mailto:riya.patel@coventry.ac.uk) or [deborah.lycett@coventry.ac.uk](mailto:deborah.lycett@coventry.ac.uk).

## PRIZES

### 2019-2020 Jean-Marc Fischer Prize

The Doctor Jean-Marc Fischer Foundation encourages reflection in the field of human, social and theological sciences. Three prizes will be awarded in this fourth contest, which welcomes submissions in French and English from around the world. Any professional in the field of health (doctor, psychologist, nurse, chaplain, etc.) can submit a dossier on the theme "Care and Spirituality", as described below. Individuals wishing to enter the contest are requested to send to the Jean-Marc Fischer Foundation an application package specifying the price category to which the work is submitted. 1) A Scientific Prize - CHF 3000, to reward a *scientific work* (clinical study, review of scientific literature) on the theme of the contest. 2) Special Jury Prize - CHF 2000, to reward a more personal work (dissertation, case study, reflection paper...) on the same theme; and 3) A Culture, Care and Spirituality Prize - CHF 2000, to reward a scientific work or a reflection paper on the theme of the contest associated with a cultural dimension (e.g., a study on a specific culture, a cross-cultural comparison, or a culture-specific treatment). **Deadline for submission of application is March 31, 2020.** Send application packages by email to: Dr. Philippe Huguélet ([philippe.huguelet@hcu.ch](mailto:philippe.huguelet@hcu.ch)). For more information, go to: <https://fondationdocteurjmf.ch/concours/> or contact

## TRAINING OPPORTUNITIES

### Full Scholarships to Attend Research Training on Religion, Spirituality and Health

With support from the John Templeton Foundation, Duke University's Center for Spirituality, Theology and Health is offering eleven \$3,600 scholarships to attend the university's 5-day Workshop on conducting research on religion, spirituality, and health. The workshop will be held on August 10-14, 2020. These scholarships will cover the \$1200 tuition, up to \$1500 in international travel costs, and up to 900 in living expenses. They are available only to academic faculty and graduate students living in third-world underdeveloped countries in Africa, Central and South America (including Mexico), Eastern Europe and North Asia (Russia and China), and portions of the Middle East, Central and East Asia. The scholarships will be competitive and awarded 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. If you want to know more about this program, contact [Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu) or go to our website for a description of the workshop: <https://spiritualityandhealth.duke.edu/index.php/5-day-summer-research-course>.

Since the demand for such scholarships will likely far exceed 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 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 in 2020 or future years. If you are interested in sponsoring one or more such applicants and want to know more about this program, or have ideas about other sources of support, please contact the Center.

## 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 14, 2020**. The Foundation will communicate their decision (rejection or invitation to submit a full proposal) for all OFIs by October 9, 2020. 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>.

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

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

## 2020 CSTH CALENDAR OF EVENTS...

### February

- 14-21 King Abdulaziz University, Jeddah, Saudi Arabia  
Research consultant: Koenig  
Multiple research project discussions (private)  
**Contact:** Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))
- 26 **Spiritual pain and the use of prayer as a therapeutic intervention for chronic pain**  
**Speaker:** Marta Illueca M.Div., M.Sc., M.D.  
Fellow of the American Academy of Pediatrics  
Curate, Brandywine Collaborative Ministries  
Center for Aging, 3rd floor, Duke South, 3:30-4:30  
**Contact:** Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))

### March

- 12 **From the Broad Street Pump, to *Call the Midwife*, to the Ebola Crisis: Partnerships in Religion and Public Health**  
**David B. Larson Memorial Lecture**  
Duke University Hospital North, Room 2001, 5:30-6:30P  
Durham, North Carolina  
**Speaker:** Ellen Idler, Ph.D.  
Director, Religion and Public Health Collaborative, and Professor, Departments of Sociology and Epidemiology, Emory University  
**Contact:** Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))
- 18 **Christian Perceptions of Food, Faith and Health: A Presentation of Preliminary Findings**  
**Speaker:** Kaitlyn C. Daly, BSN, RN  
Duke University School of Nursing  
Center for Aging, 3rd floor, Duke South, 3:30-4:30  
**Contact:** Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))
- 19 **Integrating Spirituality into Psychotherapy/Counseling**  
Capstone Conference: Bridges Project  
**Speakers:** Multiple  
Millennium Hotel, 2800 Campus Walk Ave,  
Durham, NC 27705  
**Contact:** [Bridges.PRN@BYU.EDU](mailto:Bridges.PRN@BYU.EDU)
- 24 **Best Practices in Christian Integration in Counseling**  
Live interactive Webinar from AACC Headquarters  
**Speaker:** Koenig  
Lynchburg, Virginia, 6:00-8:00P  
**Contact:** Kyle Sutton ([Kyle.Sutton@aacc.net](mailto:Kyle.Sutton@aacc.net)) or <http://www.counseltalk.net/calendar.php>
- 26 **Medicine, Religion and Health**  
Colliver Lecture Series  
**Speaker:** Koenig  
University of the Pacific  
Stockton, California (time TBA)  
**Contact:** Tanya Storch ([tstorch@PACIFIC.EDU](mailto:tstorch@PACIFIC.EDU))
- 28-29 **Islam and Mental Health: What the Research Shows**  
Muslim Mental Health Conference 2020  
**Speakers:** Koenig (via Zoom) and others  
Chicago, Illinois  
Contact: Hooman Keshavarzi  
([keshavarzi@khalilcenter.com](mailto:keshavarzi@khalilcenter.com))