

# 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 December 2019) go to: <http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

## LATEST RESEARCH

### Religiosity and Expression of the Tp53 Cancer Suppressor Gene

Investigators in the department of sociology at University of Georgia (Athens) examined the effects of discrimination, religiosity, and friendship networks among 413 African-Americans (average age 29) on expression of the Tp53 cancer suppressor gene. Also assessed was the mediating effect of inflammation on these relationships. Tp53 gene expression was determined in the usual manner via genome-wide transcriptomic analysis at Rutgers University. Inflammation was likewise assessed in the standard fashion at the Rutgers repository. Racial discrimination was measured using the Schedule of Racist Events. Friendship network was assessed by the proportion of casual and close friends who were African-American. Finally, religiosity was measured by a 5-item scale that included questions asking about importance of spiritual beliefs, frequency of participation in religious services, prayer, meditation, and other activities. Control variables included gender, education, age, weekly income, work status, marital status, health insurance, cigarette smoking, alcohol consumption, diet, exercise, and self-reported illnesses. Structural equation modeling was used to examine the relationships.

**Results:** Religiosity was inversely related to level of inflammation ( $b=-0.108$ ,  $p\leq 0.05$ ), which in turn was inversely related to Tp53 gene expression ( $-0.171$ ,  $p\leq 0.01$ ), independent of other control variables and risk factors. The indirect effect of religiosity through inflammation on Tp53 gene expression was significant ( $b=0.019$ , 95% CI=0.004-0.045,  $p<0.05$ ). Investigators indicated that inflammation likely increases risk of cancer by suppressing expression of the Tp53 cancer suppressor gene, and that religiosity may help to protect against cancer by increasing expression of this gene through on reduction of inflammation.

*Citation:* Simons, R. L., Lei, M. K., Carter, S., Beach, S. R., Gibbons, F. X., Gerrard, M., & Philibert, R. A. (2019). Inflammation mediates the effect of discrimination, religiosity, and friendship

network on expression of the Tp53 cancer suppressor gene. *Social Science & Medicine* (Population Health), 7, 100389 (<https://www.sciencedirect.com/science/article/pii/S2352827318303185>).

*Comment:* This study shows that religiosity (via its effects as a coping resource in decreasing stress and consequently reducing inflammation) may serve as an environmental factor that influences gene expression during adulthood, particularly for this important cancer suppressing gene.

### Religious Participation during Adolescence and Assistance Provided to Aging Mothers

Investigators at Syracuse University and the University of Southern California analyzed data from 220 adolescents participating in the Longitudinal Study of Generations. Adolescents were initially assessed in 1971 and followed up at least once during adulthood in 1997, 2000, 2005, or 2016. Of particular interest to researchers was whether adolescents who participated in religious activities with their mothers in 1971 would be more or less likely to assist their older mothers after those adolescents had reached adulthood (1997-2016). Religiosity was assessed by a single question in 1971 that asked about the extent to which adolescents participated in religious activities with their mothers. Response options were trichotomized for analysis into none (50%), intermittently (21%), and regularly (29%).

Assistance provided to mothers was the primary outcome variable and was determined by how often participants assisted mothers in household chores, assisted with transportation or shopping, helped if she were sick, provided personal care, discussed important life decisions, or provided information and advice. These six indicators were summed to create a single dependent variable for each wave of data collection. Adolescent-related covariates included age, self-rated health, number of living siblings, and self-rated religiosity. Maternal covariates were age, functional impairment and widowhood status, which served as indicators of maternal vulnerability. Tested as possible mediators of this relationship included emotional closeness to mothers, geographic distance from mother, and norms of eldercare responsibility. Sociodemographic factors assessed in 1971 and controlled for in analyses included child gender, child marital status, parental education, family income, and participation in shared nonreligious activities with mothers. Multilevel modeling with random effects was used to analyze the data.

**Results** indicated that compared to adult children *not engaged* in religious activities with their mothers, those who participated "intermittently" were more likely to provide assistance to mothers ( $B=1.80$ ,  $SE=0.84$ ,  $p<0.05$ ) and those who participated "regularly" in religious activities with mothers tended to be more likely to provide such assistance ( $B=1.44$ ,  $SE=0.76$ ,  $p<0.06$ ). These effects were especially strong for widowed mothers. Emotional closeness and geographic distance mediated these effects, especially for widowed mothers. In contrast, regular or intermittent participation in nonreligious activities with mothers during adolescence had no effect on amount of assistance given.

EXPLORE...in this issue

1-4 LATEST RESEARCH

4-6 NEWS, EVENTS & RESOURCES

6-7 TRAINING, FUNDING Opportunities, and CALENDAR

Researchers concluded: "Religious socialization during an impressionable period of life produced emergent benefits at a point in the family lifecycle when intergenerational solidarity becomes important for well-being in later life."

*Citation:* Silverstein, M., Zuo, D., Wang, J., & Bengtson, V. L. (2019). Intergenerational religious participation in adolescence and provision of assistance to older mothers. *Journal of Marriage and Family*, 81(5), 1206-1220.

*Comment:* Based on the results of this study conducted in Southern California, participating in religious activities with children when they are adolescents might be a good way to ensure a more comfortable retirement for mothers. A related question is whether participating in religious activities with children during adolescence also accomplishes the same results for fathers.

### Religious Attendance and Stepfamily Functioning

Researchers from the Population Research Institute at Pennsylvania State University analyzed data from 1,523 adolescents participating in Waves I (grade 7-12) and III (ages 18-26) of the US National Longitudinal Study of Adolescent to Adult Health. The purpose was to examine the relationship between shared religious attendance and stepfamily functioning. Stepfather-adolescent closeness at Wave I was assessed with a 5-item scale; mother-adolescent closeness was assessed with a similar measure. Mother-stepfather relationship at Wave I was measured using a 3-item scale. Separation of the mother and father by Wave III was assessed by a single question. Religious attendance was measured by two questions asking whether adolescents had gone to a religious service or church-related activity in the past 4 weeks (1) with their stepfathers or (2) with their stepmothers; response options were then categorized into 3 groups: frequently attends with both the mother and stepfather (18%), frequently attends with one parent (13%), does not frequently attend with either parent (69%). Also assessed and controlled for in analyses were adolescent age, gender, race, years in stepfamily, number of siblings, maternal education, family income, frequency of family dinners, and shared non-religious activities (eight shared non-religious activities with stepfather and with mother were asked separately). **Results:** "Attendance with both parents" was positively associated with stepfather-adolescent relationship ( $b=0.21$ ,  $p<0.01$ , even after controlling for shared activities and family dinners); a similar relationship was found for mother-adolescent relationship ( $r=0.11$ ,  $p<0.05$ ), although lost statistical significance after controlling for shared activities and family dinners. Likewise, attendance with both parents was positively associated with mother-stepfather relationship quality ( $b=0.11$ ,  $p<0.05$ , controlling for all covariates including shared activities and family dinners). Attendance with both parents was also associated with family belonging ( $b=0.12$ ,  $p<0.05$ , again controlling for all covariates including shared family activities and family dinners). In the longitudinal analysis, religious attendance with both parents significantly predicted a lower likelihood of separation of mother and stepfather by Wave III ( $b=-0.58$ ,  $p<0.05$ , controlling for all covariates including shared family activities and family dinners). Not surprisingly, the effect of attendance with both parents on family stability was largely explained by the quality of the mother-stepfather relationship. Researchers concluded: "Shared religious attendance was positively associated with several aspects of stepfamily functioning above and beyond the positive association of family members' engagement in other types of shared activities."

*Citation:* King, V., Lindstrom, R., & Washington, C. (2019). Patterns of shared religious attendance and positive stepfamily functioning. *Journal of Research on Adolescence*, 29(2), 357-368.

*Comment:* Young people growing up in stepfamilies experience many additional stressors besides the ordinary stressors of adolescence. It is clear from this study that when adolescents attend religious services with both parents, relationships with

parents are not only better but the family is more likely to remain intact.

### Religiosity and Moderation of Polygenic Risk for Marijuana Use

Researchers in the department of psychiatry at the State University of New York in Brooklyn examined polygenic risk scores (PRS) in predicting cannabis use. These were derived from a GWAS (genome-wide association study) involving 7,591 adults of European and 3,359 adults of African ancestry. This family-based sample was enriched with individuals having alcohol or other substance use disorders (Collaborative Study on the Genetics of Alcoholism). Cannabis use during one's lifetime was determined by a single question: "Have you ever used marijuana or hashish?" Frequency of religious service attendance was assessed by how often persons attended religious services in the past 12 months. Trauma exposure was assessed using two established measures (SSAGA-IV and SSAGA-II) and controlled for. **Results:** An interaction was observed between frequency of religious service attendance and PRS in predicting lifetime cannabis use, such that the relationship between PRS and cannabis use and cannabis use disorders was stronger among those who attended religious services less frequently. This moderating effect of religious attendance weakened with inclusion of a gender by attendance interaction in the model, but remained statistically significant ( $p<0.037$ ). Further inclusion of an ancestral background by attendance interaction diminished the association to nonsignificance. Researchers concluded: "These findings provide the first evidence of PRSxE [polygenic risk score by environment] effects for cannabis use and support previous findings that trauma exacerbates genetic risk for substance use, while religious service attendance may serve as a protective factor."

*Citation:* Meyers, J. L., Salvatore, J. E., Aliev, F., Johnson, E. C., McCutcheon, V. V., Su, J., ... & Wang, J. C. (2019). Psychosocial moderation of polygenic risk for cannabis involvement: the role of trauma exposure and frequency of religious service attendance. *Translational Psychiatry*, 9(1), 1-12.

*Comment:* This is one of the first studies to examine the moderating effect of religiosity on the relationship between a polygenic risk score and cannabis use (based on a genome wide association study), and therefore is worth knowing about.

### Religious Involvement and Substance Use: A 10-Year Prospective Study of Young People in U.S.

Researchers from the department of criminology and criminal justice at the University of South Carolina analyzed data from the U.S. National Longitudinal Survey of Youth, a 10-year prospective study of a national random sample of 6,787 adolescents ages 17-21 years at baseline. The purpose was to examine the effects of religious attendance on alcohol, marijuana, and hard drug use over time. Controlled for in random-effects logistic regression models were emotional achievement, school enrollment status, weeks employed, marital status, parenthood status, arrest status, age, smoking, marijuana use, hard drug use, and other variables. **Results** indicated that youth attending religious services more frequently at baseline were less likely to use alcohol. This was true for within-person effects ( $b=-0.084$ ,  $p\leq 0.001$ ) and between-person effects ( $b=-0.287$ ,  $p\leq 0.001$ ), although these effects weakened with increasing age and non-white racial status. Frequency of religious attendance also predicted less marijuana use ( $b=-0.126$ ,  $p<0.001$ ) and less hard drug use ( $b=-0.64$ ,  $p<0.01$ ), independent of covariates, for within-person effects. Religious attendance also predicted less marijuana use ( $b=-0.262$ ,  $p<0.001$ ) and less hard drug use ( $b=-0.182$ ,  $p<0.001$ ) for between-person effects. Frequency of parental religious attendance had no effect on substance use outcomes. The effects of youth attendance were present regardless of age, although effects were

stronger in females than in males and stronger in whites than in non-whites.

*Citation:* Guo, S., & Metcalfe, C. (2019). Religion as a social control: A longitudinal study of religious involvement and substance use. *Crime & Delinquency*, 65(8), 1149-1181.

*Comment:* This report involved a relatively large random sample of US adolescents followed up through young adulthood. Sample methodology and analyses were exemplary, increasing the validity of the results obtained.

### Religiosity and Pathological Gambling

Researchers from the department of psychiatry at the University of Iowa surveyed 163 younger (under age 40) and older participants (over age 60) with DSM-IV pathological gambling (PG). This was a 30-month prospective study designed to examine the effects of religiosity on "chance beliefs" and PG symptoms. A convenience sample of persons scoring above the cutoff score for significant gambling problems was recruited to participate in the study. Religiosity was assessed with the 5-item DUREL (which measures religious attendance, private religious activity, and intrinsic religiosity). Chance beliefs were assessed by the 22-item Drake Beliefs about Chance Inventory (with two subscales, i.e., "superstition" and "illusion of control"). PG was assessed using a modified version of the Longitudinal Interview Follow-Up Evaluation (LIFE) that tracks the weekly course of PG symptoms during follow-up across four levels: 0=no gambling, 1=gambling present but not problematic, 2=gambling present, but gambling problems are subclinical, and 3=gambling present and achieves PG threshold. Generalized estimating equations (GEE) models were used to analyze the data, controlling for age, gender, race/ethnicity, and years of education. **Results:** Recruited were a sample of 53 older adults with PG (average age 67), 60 younger adults with PG (average age 28), and 50 older adults without PG (average age 71). Older adults with PG scored lower on religious attendance and intrinsic religiosity than those without PG. During follow-up, GEE models indicated a significantly lower risk of level 2 or 3 gambling problems in those frequently attending religious services (OR = 0.68, 95% = 0.49-0.95, p=0.023) and in those scoring high on intrinsic religiosity (OR = 0.64, 95% = 0.44-0.92, p=0.016), independent of beliefs about chance. Similar results were found for chronic PG. In the overall sample, the odds of remission from gambling problems were increased among those with frequent religious attendance (OR = 1.92, 95% CI = 1.25-2.94, p=0.003) or high intrinsic religiosity (OR = 1.56, 95% CI = 1.04-2.33, p=0.03), again independent of superstition and illusion of control chance beliefs. Researchers concluded: "... higher levels of public and intrinsic religiosity and lower levels of chance beliefs are associated with a more benign PG course."

*Citation:* Bormann, N. L., Allen, J., Shaw, M., & Black, D. W. (2019). Religiosity and chance beliefs in persons with DSM-IV pathological gambling enrolled in a longitudinal follow-up study. *Journal of Gambling Studies*, 1-12.

*Comment:* This is one of the first studies, if not THE first study, to examine the effects of religiosity on the course of pathological gambling, an addiction known to destroy the lives and families of many (and is growing more frequent in older adults with lots of time on their hands).

### Religiosity, Economic Disadvantage, and Violence

Researchers from the Chicago School of Professional Psychology and Bowling Green University analyzed data from the two waves of the National Study of Adolescent Health to examine the buffering effects of religiosity on the relationship between economic disadvantage and violence. Participants were 14,091 adolescents in the 7th through 12<sup>th</sup> grades in 1994/1995 (Wave I) who were reinterviewed one year later in 1996 (Wave II). Violent delinquency was assessed by an eight-item index assessing violent behaviors. Economic disadvantage was determined by

multiple measures. Religiosity was measured by a 2-item measure of private religious activity (importance of religion and frequency of prayer) and a 2-item measure of public religious activity (frequency of attendance at religious services and participation in other church-related activities such as youth groups, Bible classes, etc.). Regression analyses controlled for Wave I violent behavior, race, gender, family structure, and age, as well as family support/coping, parental supervision, and parent social capital. **Results:** Economic disadvantage strongly predicted Wave 2 violence, controlling for Wave I violence. Private religiosity was inversely related to Wave 2 violence, but public religiosity was not. A significant interaction emerged between public religiosity and economic disadvantage in predicting Wave 2 violence (b=0.047, p<0.01); likewise, a near significant interaction between private religiosity and economic disadvantage also emerged (b=-0.028, p<0.10). The estimates, however, are in the opposite direction. In other words, the relationship between economic disadvantage and violence was stronger in youth more actively involved in public religious activities, whereas it tended to be weaker among those who were more actively involved in private religious activity. Researchers concluded: "Results indicate that the relationship between economic disadvantage and violence is increased by public religiosity but diminished by private religiosity."

*Citation:* Pitt, C., & DeMaris, A. (2019). Religiosity as a buffer in the association between economic disadvantage and violence. *Interdisciplinary Journal of Research on Religion*, 15(1).

*Comment:* Results indicated that the relationship between economic disadvantage and violence was stronger among youth *more actively involved* in attending religious services and participating in other church-related activities. This is a new finding. The authors interpreted this provocative finding by explaining that "It may simply be the case that the more violent youth are more publicly involved at their churches at the request of their parents or court officials."

### Religiosity and Depression in U.S. College Students

Researchers from several U.S. universities surveyed a convenience sample of 775 young adults (ages 18-24 years) attending public and private colleges in the Southwest U.S. The purpose was to examine the relationship between religiosity and depressive symptoms, and the interaction between religiosity and family assets in their relationship to depression. Religiosity was measured using the 5-item DUREL (organizational, non-organizational, and intrinsic religiosity). Family assets were measured by the Youth Assets Survey (focused on relationship with mother and relationship with father). Depression was measured using the Kutcher's Adolescent Depression Scale-6, with a cut score of 12 or higher indicating possible depression (the primary dependent variable). Logistic regression was used to examine relationships, controlling for age, gender, ethnicity, family structure, parent education, religious fundamentalism, and family assets. **Results:** All indicators of religious involvement were associated with a lower likelihood of depression: organizational religiosity (attending religious services more than once per week was associated with a 75% lower likelihood of depression; OR=0.25, 95% CI=0.17-0.52), non-organizational religiosity (praying daily or more than daily was associated with a 60%-70% lower likelihood of depression; OR =0.30-0.40, 95% CI=0.17-0.52 to 0.19-0.83), and intrinsic religiosity (indicating definitely true for each of the three indicators was associated with a 51% to 69% lower risk of depression; OR=0.31-0.49, 95% CI=0.19-0.51, 0.23-0.60, 0.31-0.77). No interactions were significant in any of the models, i.e., the findings applied regardless of level of family assets or other control variables. Researchers concluded: "Inclusion of religiosity/spirituality-oriented strategies may be important for mental health interventions in emerging adulthood."

*Citation:* Gwin, S., Branscum, P., Taylor, L., Cheney, M., Maness, S. B., Frey, M., & Zhang, Y. (2019). Associations between

depressive symptoms and religiosity in young adults. Journal of Religion and Health, E-pub ahead press.

*Comment:* Although this was a cross-sectional study of a convenience sample of college students (weak design), the findings are important due to increasing rates of depression in US college students (and declining frequency of religious involvement).

### Religiosity and Depressive Symptoms among Older Adults in Ireland

Researchers from Trinity College in Dublin analyzed data from four waves of the Irish Longitudinal Study on Aging between 2009 (Wave I) and 2016 (Wave IV). The purpose was to examine the relationship between religiosity and depressive symptoms among older adults across the entire country of Ireland. Participants included a nationally representative sample of 6,750 adults aged 50 or over (55% female, average age 63.3). Religious affiliation, religious attendance, and importance of religion were each assessed with single items at all of the four waves. The 8-item CES-D was used to measure depressive symptoms at each of the four waves. Also assessed was social connectedness based on a count of close relatives and friends, along with other control variables including age, education, baseline self-reported health, and baseline marital status. Conditional growth curve and structural equation models were used to analyze the data, with analyses stratified by gender. **Results:** Frequency of religious attendance was inversely related to depressive symptoms at baseline in both women ( $b=-0.776$ ,  $p<0.001$ ) and men ( $b=-0.628$ ,  $p<0.001$ ); religious importance, however, was positively associated with depressive symptoms at baseline in men ( $b=0.692$ ,  $p<0.001$ ), but not in women. Social connectedness was inversely associated with depressive symptoms and positively associated with religious attendance at baseline. Social connectedness partially explained the inverse relationship between religious attendance and depressive symptoms, but only to a minor degree. No effect in either men or women was found for baseline religious attendance, religious importance, or social connectedness (or their slopes of change) on course of depressive symptoms during the 7-year follow-up. Researchers concluded: "This study found that the relationship between religion and depressive symptoms is complex, and any protective effect was driven by religious attendance."

*Citation:* Orr, J., Tobin, K., Carey, D., Kenny, R. A., & McGarrigle, C. (2019). Religious attendance, religious importance, and the pathways to depressive symptoms in men and women aged 50 and over living in Ireland. Research on Aging, 41(9), 891-911.

*Comment:* This was a study of a large random sample analyzed with sophisticated statistical methods in a population about which we know little about the relationship between religion and mental health, particularly in recent years. The authors note that the abuse scandals of past few decades have changed the status of the Catholic Church in Ireland, and may have affected the results of this study.

### Religiosity, Smoking, and Alcohol Use Disorder in Borderline Personality Disorder

Researchers at McLean Hospital in Boston analyzed data collected during Wave II of the National Epidemiological Survey on Alcohol and Related Conditions (NESARC) to examine the relationship between religious involvement, smoking, and alcohol use disorder (AUD) in participants fulfilling criteria for borderline personality disorder (BPD). BPD was diagnosed using the Alcohol Use Disorder and Associated Disabilities Interview Schedule DSM-IV (AUDADIS-IV). **Results:** Attending religious services weekly or more was associated with a significantly reduced likelihood of smoking and alcohol use disorders among persons with borderline personality disorder. Alcohol use disorders were also less

common among those reporting high subjective religiousness. Researchers concluded: "...people with BPD who are religiously inclined are less likely to engage in addictive behaviors, specifically smoking and AUDs."

*Citation:* Khan, S. H., Pucker, H. E., Temes, C. M., & Zanarini, M. C. (2019). The relationship between religion and health-related behaviours in patients with borderline personality disorder. Mental Health, Religion & Culture, 1-7.

*Comment:* There has been very little research examining the relationship between religiosity and addictive disorders among patients with borderline personality disorder. This may be the first such study that uses rigorous diagnostic methods in a large random sample. Unfortunately, only the abstract of the article was available for review, so study details are limited.

### The Embodiment of Worship

In this article, investigators from the Interdisciplinary Behavioral Research Center at Duke University's Social Science Research Institute discuss the effects that physical body postures taken during prayer and worship may have on emotions, thoughts, and decision-making. They propose a typology of postures during religious practices and review the published and unpublished literature on physical postures taken during religious worship. They also discuss the four functions of physical postures assumed during worship: communicative, social, cognitive, and intrapersonal. Finally, they examine characteristics that may limit the choice and psychological consequences of physical postures taken within and outside of religious settings. The authors propose that the effects of postures taken during worship may help to explain some of religion's psychosocial effects.

*Citation:* Van Cappellen, P., & Edwards, M. E. (2020). The embodiment of worship: relations among postural, psychological, and physiological aspects of religious practice. Journal for the Cognitive Science of Religion, in press (<https://osf.io/3fx7i/>)

*Comment:* A fascinating paper that lays the theoretical groundwork for examining the effects of physical postures during religious worship on mental health and social relationships. This report is prior to research that this research group is now doing to systematically study these effects (funded by the John Templeton Foundation).

## NEWS

### Screening for and Treatment of Moral Injury in Veterans/Active Duty Military with PTSD E-Book

An E-book on a special issue in *Frontiers in Psychiatry* is now available for FREE download at the following website:

<https://www.frontiersin.org/research-topics/7377/screening-for-and-treatment-of-moral-injury-in-veteransactive-duty-military-with-ptsd>.

The tab to download a PDF or EPUB of the book is located just under the title. This e-book is a comprehensive review of screening tools for moral injury in Veteran and active duty military populations, and also provides information about treatment. The book contains a series of nine articles by different authors that address various aspects of moral injury, including several articles by chaplains and by psychiatrists.

## SPECIAL EVENTS

### 2020 Bridges Capstone Conference

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

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 this 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/>.

### **7th European Conference on Religion, Spirituality and Health**

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

The 2020 European Conference will focus on "Aging, Health and Spirituality" and will be held at the Catholic University of Portugal in beautiful Lisbon. Abstracts were due December 15, 2019, but this is not a firm deadline. Stephen Post and Ellen Idler will be presenters from the U.S. There will also be a 4-day pre-conference spirituality and health research workshop on May 24-27 with Prof. Harold G. 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**

#### **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 Hinduism 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:

<https://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

[riva.patel@coventry.ac.uk](mailto:riva.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 March 31, 2020. For more information, go to:

<https://fondationdocteurjmf.ch/concours/>.

## TRAINING OPPORTUNITIES

### Research Scholarships on Religion, Spirituality and Health [apply NOW]

Thanks to support from the John Templeton Foundation, the Center for Spirituality, Theology and Health is offering twenty-seven \$3,000 scholarships to attend our 5-day Summer Research Workshop (see above) in the years 2020, 2021, and 2022. These scholarships will cover tuition, international travel, and living expenses. The scholarships 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, and portions of the Middle East, Central Asia (India and Pakistan) and East Asia (including China). The scholarships will be highly competitive and awarded only to talented well-positioned faculty and graduate students with the potential to conduct research on religion, spirituality, and health, and serve as research leaders in their part of the world.

Since the demand for such scholarships will likely far exceed 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 who 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 rigorous competitive program, or have ideas about other sources of support, please contact [Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu).

### Certificate in Theology and Healthcare

The Duke University Divinity School is now accepting applications for a new graduate certificate, the Certificate in Theology and Health Care. This one-year residential program provides robust theological and practical engagement with contemporary practices in medicine and health care for those individuals with vocations in health-related fields (e.g., trainees or practitioners of medicine, nursing, and other health care professions). The Certificate aims to equip Christian health care practitioners with the training to embrace that calling and live into it with theological clarity and spiritual joy. This fully accredited course of study focuses on combining foundational courses in Christian theology, scripture, and church history with courses engaging the practical issues that health care practitioners encounter in contemporary culture. If you, or some you know, seek theological formation and further confidence engaging questions of suffering, illness, and the place of health care in a faithful life, go to the following website: <https://tmc.divinity.duke.edu/programs/certificate-in-theology-and-health-care/>

## FUNDING OPPORTUNITIES

### Templeton Foundation Online Funding Inquiry

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

### January

- 24 **Pursuing a Research Career in Spirituality & Health**  
North Carolina Central University (NCCU)  
Career Spring Institute  
**Speaker:** Koenig  
NCCU, Durham, NC, 11:00-11:45A  
**Contact:** Levette Scott, PhD ([lsdames@NCCU.EDU](mailto:lsdames@NCCU.EDU))
- 29 **What Communities and Others Can Do to Help Service Members with Moral Injury: The Quaker Perspective**  
**Speaker:** Curt Torell, M.Div., Ph.D.  
Board member and treasurer of Quaker House  
Center for Aging, 3rd floor, Duke South, 3:30-4:30  
**Contact:** Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))

### February

- 14-21 King Abdulaziz University, Jeddah, Saudi Arabia  
Research consultant: Koenig  
Multiple research project discussions  
**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))