

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

LATEST RESEARCH

Religious Involvement and Depression in South Africa

Investigators from the Center for Rural Health at the College of Health Sciences, University of KwaZulu-Natal, Durban, South Africa, analyzed data from a longitudinal study involving a nationally representative sample of 15,571 adults in South Africa (2008 to 2010 to 2012; three waves). Religious involvement was assessed by religious affiliation and perceived importance of religious activity ("not important at all=1 to "very important"=4). Depression was assessed with the 10-item CES-D (Center for Epidemiologic Studies Depression Scale), using a cutoff of 10 for significant depression on the scale that range from 0 to 30. Analyses controlled for demographic and clinical covariates along with time/assessment periods. **Results:** At baseline most participants reported a religious affiliation (89.6%) and indicated that religion was important in their lives (88.0%), and nearly one-third of participants (32.2%) reported significant depressive symptoms on the CES-D. Those with a religious affiliation were at 15% lower risk of significant depressive symptoms (adjusted OR=0.85, 95% CI=0.76-0.96). Those who reported religious activity is important to them were nearly 20% less likely to experience significant depression compared to those indicating that religious activity was not important (adjusted OR=0.81, 95% CI=0.73-0.91). Researchers concluded: "Our study points to the potentially important role of religious involvement as an emerging area of investigation toward improving mental health at a population level in resource-limited settings."

Citation: Tomita, A., & Ramlall, S. (2018). A nationwide panel study on religious involvement and depression in South Africa: Evidence from the South African National Income Dynamics Study. *Journal of Religion and Health*, E-pub ahead of press.

Comment: The researchers note that despite the nonsignificant relationship between religiosity and depression at baseline, religious involvement was found to reduce the risk of significant depressive symptomatology over time in this cohort study. Although there is some question of whether this was actually a longitudinal analysis (details are insufficient to determine that, or whether baseline depressive symptoms were controlled),

the findings are remarkable given the large sample size and 4-year follow-up.

Religion, Spirituality and Mental Health in Canada

Maryam Dilmaghani from the Department of Economics at St. Mary's University in Halifax Canada, examined the relationship between importance of religion or spirituality and mental health in a random sample of 20,868 adults from across Canada. Importance of religion was assessed by a single question: "In general, how important are religious or spiritual beliefs in your daily life?"

Response options ranged from very important (1) to not important at all (4); for analyses, responses were categorized into (1) very important (32%), (2) not important at all (22%), and (3) moderate importance, i.e., those in the middle (46%). Mental health was assessed by 3 questions: Q#1=self-rated mental health (rated from excellent to poor on a 1-5 scale); Q#2= ability to handle day-to-day demands (same responses); and Q#3=ability to handle unexpected problems (same responses). Also assessed as outcomes were five questions that asked (1) how often the participant felt they had something to contribute to society; (2) how often they perceived they belonged to a community; (3) how often they felt that society was becoming a better place for people; (4) how often they believed that challenges made a person better; and (5) how often they believed that life has a meaning or direction [response options ranged from 0 (never) to 30 times daily]. Mental health and other outcomes were compared across the three levels of religiosity (highly religious, average religiosity, secularized).

Results: The highly religious indicated that they were more likely to contribute something important to society (47% more frequently than the secular); more likely to feel that they belong to a community (60% more likely than the secular); more likely to report that society improves life for them (46% more likely than the secular); more likely to regard challenges in life as means of self-improvement (34% more likely than the secular); and more likely to indicate a sense of direction or meaning in life (30% more likely than the secular). These analyses were controlled for a variety of covariates including age, income, employee status, education, marital status, household size, living situation, and province of residence. With regard to self-rated mental health question (Q#1), regression analyses indicate that both the highly religious and the secular were significantly more likely than the moderately religious (those in the middle) to report excellent mental health. The same pattern was found for ability to handle day-to-day demands of life (Q#2) and ability to deal with unexpected and difficult problems (Q#3); again, the findings were independent of other covariates above. The researcher concluded that "the secularized and the highly religious were almost equally more likely to rate their mental health as excellent, than the individuals with average religiosity."

Citation: Dilmaghani, M. (2018). Importance of religion or spirituality and mental health in Canada. *Journal of Religion and Health* 57(1), 120-135.

Comment: Interesting findings in a large random sample of the Canadian population. This finding apparently provides support for the biblical verses: "I know your deeds, that you are neither cold nor hot. I wish you were either one or the other! So, because you are lukewarm—neither hot nor cold—I am about to spit you out of my mouth" (Revelation 3:15-16).

EXPLORE...in this issue

1-4 LATEST RESEARCH

4-5 NEWS, EVENTS & RESOURCES

5-6 TRAINING, FUNDING Opportunities, and CALENDAR

Religion, Suicide Attempts and Suicidal Ideation

Investigators in the Netherlands examined the relationship between severity of suicidal ideation and religious service attendance, frequency of prayer, importance of religion (four-item scale), type of God representation, and moral objections to suicide in 155 in-patients and outpatients with major depression (113 women, 42 men). Participants were being seen for psychiatric care at a Christian mental health care system in the Netherlands. The dependent variable, suicidal ideation, was assessed with the Paykel Suicide Scale. Also administered was the Beck Depression Inventory and the Brief Psychiatric Rating Scale. Major depression was documented using the SCID-IV. God representation was assessed by a 33-item scale that measures relationship with God/the divine (positive, anger, anxiety) and perceived God's actions (supportive, ruling/punishing, passivity). Moral objections to suicide (MOS) were assessed with a subscale of the Reason for Living Inventory made up of four items (for example my "religious beliefs forbid it" and "I am afraid of going to hell"). Also assessed was social support. **Results:** Frequency of church attendance, frequency of praying, religious salience, MOS, positive feelings toward God, God has ruling/punishing, and God is supportive were all inversely related to suicidal ideation, and MOS was inversely related to lifetime suicide attempts. However, feeling anger at God was positively associated with lifetime suicide attempts. These findings were largely confirmed after controlling for age, gender, marital status, and depressive symptoms. Researchers concluded that a positive-supportive God representation and moral objections to suicide were negatively correlated with suicidal ideation, whereas a passive-distressing God representation was positively correlated with it.

Citation: Jongkind, M., van den Brink, B., Schaap-Jonker, H., van der Velde, N., & Braam, A. W. (2018). Dimensions of religion associated with suicide attempt and suicide ideation in depressed, religiously affiliated patients. Suicide and Life-Threatening Behavior, E-pub ahead of press

Comment: Although these were religiously affiliated patients being cared for in a religious mental health care system (and the results are cross-sectional), this study's findings -- particularly in the Netherlands, which is a largely secular European country -- adds to the literature base demonstrating a protective effect for religious beliefs (and now, relationship with God) on suicidal ideation/attempts in a high risk population with major depressive disorder.

Religiosity and Mental Health Treatment Seeking among African-Americans and Caribbean Blacks

Researchers in the School of Social Welfare at the University of Albany (New York) examined relationships between mental health care usage and strength of religious beliefs among African-American and Caribbean Blacks. Participants included 3,570 African-Americans and 1,621 Blacks of Caribbean descent. Mental health care seeking was assessed by a single question: "Did you ever in your life have a session of psychological counseling or therapy that lasted 30 minutes or longer with any type of professional?" (yes vs. no). Two questions were asked about strength of religious and spiritual beliefs: "How religious would you say you are?" (1-4) and "How spiritual would you say you are?" (1-4). Responses were dichotomized into "very religious and very spiritual" vs. "not very religious and not very spiritual" for analysis. Controlled for in all analyses were race/ethnicity, gender, and region of US. **Results:** Those with strong religious/spiritual (R/S) beliefs were 26% more likely to seek mental health care compared to those without strong R/S beliefs (OR=1.26, 95% CI=0.99-1.61, p<0.10, n=4,772). Researchers concluded: "Strong religious/spiritual beliefs may promote mental health care usage."

Citation: Turner, N., Hastings, J. F., & Neighbors, H. W. (2018). Mental health care treatment seeking among African Americans and Caribbean Blacks: what is the role of religiosity/spirituality? Ageing & Mental Health, E-pub ahead of press.

Comment: Although the findings were not statistically significant, still, the strong trend indicating that greater self-related religiosity/spirituality among US Blacks increases their likelihood of seeking mental health care, is notable. For a long time, those who were more religious were thought to avoid mental health care (because of the often unfriendly relationship between mental health care providers and religion since the time of Sigmund Freud who labeled religiosity as an obsessional neurosis). This is apparently not true among religious African-Americans and Caribbean Blacks who may be more likely to seek such assistance. Note that the finding of increased seeking of mental health care among religious African-Americans and Caribbean Blacks reported here is despite the fact that rates of mental disorder were actually **lower** among American Blacks compared to American Whites in this study [see Williams et al (2007). Prevalence and distribution of major depressive disorder in African Americans, Caribbean blacks, and non-Hispanic whites: results from the National Survey of American Life. Archives of General Psychiatry, 64(3), 305-315]

Race/Ethnicity, Spiritual Struggles Health and Well-Being

Researchers at the University of Michigan and several other universities examined the relationships between religion/spirituality, spiritual struggles and psychological well-being (anxiety, happiness, physical symptoms) in a nationwide sample of 2,022 US adults. Regression analyses controlled for age, gender, and education. Religiosity was also controlled for, including frequency of religious attendance and frequency of private prayer, each assessed by a single question. Anxiety was assessed by seven questions and happiness by three questions. Spiritual struggles was assessed with a 15-item version of the Religious and Spiritual Struggles Scale (RSSS). Interactions between ethnicity and spiritual struggles were also examined. **Results:** Spiritual struggles were associated with more physical symptoms, greater anxiety, and lower happiness. For physical health symptoms, interactions between Black race and Hispanic race were both significant, indicating that Whites were more vulnerable to the negative effects of spiritual struggles than Blacks or Hispanics. For anxiety, this was true for Whites compared to Blacks; however, the opposite was found for happiness, i.e., the relationship between spiritual struggles and lower happiness was significantly stronger among Blacks compared to Whites. Researchers concluded that the "differential-impact perspective suggests that the relationship between spiritual struggles, health, and well-being varies across racial/ethnic groups."

Citation: Krause, N., Pargament, K. I., Hill, P. C., & Ironson, G. (2018). Assessing the role of race/ethnicity in the relationships among spiritual struggles, health, and well-being. American Journal of Orthopsychiatry, 88(2), 132-141.

Comment: As usual, spiritual struggles were associated with more physical symptoms, anxiety, and lower happiness (as hundreds of studies have shown). However, the interaction between race/ethnicity and spiritual struggles on these health outcomes is a significant contribution to the literature. It appears that spiritual struggles may have more of a negative effect on the physical and emotional health of Whites than on that of Blacks or Hispanics.

Religion, Spirituality and HIV Outcomes

Researchers at Yale University School of Medicine systematically reviewed the literature from 1980 to 2016 to determine the relationship between religion, spirituality and clinical outcomes in HIV-infected persons. Of the 600 studies evaluated, 15 met inclusion criteria (focused on clinical outcomes such as mortality or CD4 cell counts) and exclusion criteria (CAM studies such as mindfulness were not included). Of the 15 studies identified, 10 (67%) reported positive associations between religion/spirituality and HIV outcome, two found no association, two found a negative

association, and one reported mixed results (negative and positive associations with HIV outcome). Researchers concluded: "Recognizing the religious or spiritual commitments of patients may serve as an important component of patient care." They also emphasized the importance of conducting longitudinal studies and the development of interventions.

Citation: Doolittle, B. R., Justice, A. C., & Fiellin, D. A. (2018). Religion, spirituality, and HIV clinical outcomes: A systematic review of the literature. *AIDS and Behavior*, 22(6), 1792-1801.

Comment: An important review by world-class researchers on a topic that has received much attention of late, given the current HIV/AIDS epidemic (particularly in third world countries such as Africa, which are also very religious areas of the world).

Psychometric Properties of the DUREL in Current Generation University Students

Investigators at Saint Louis University examined the psychometric properties of the 5-item Duke University Religion Index (DUREL) in 917 university students (mean age 19.2 years; 54% freshmen). Also administered was the 45-item Personal Religious Inventory (PRI; Lipsmeyer, 1984) and 16-item Daily Spiritual Experiences Scale (DSES; Underwood, 2002). The PRI consists of three subscales: prayer and meditation (PRP), regular attendance at religious services (RA), and integration of one's religion with his/her cognitions, mood and behaviors (INT). Confirmatory factor analysis were conducted, along with examination of convergent validity. **Results** indicated a three-factor model (organizational religiosity-ORA, non-organizational religiosity-NORA, intrinsic religiosity-IR) for the DUREL, which fit the data better than a unidimensional model. This factor structure was replicated in both males and females, thus confirming the original three dimensions reported for the scale. Strong correlations were found between subscales of the DUREL (ORA, NORA, IR), subscales of the PRI (PRP, RA, INT), and the DSES, indicating good convergent validity. Researchers concluded that the solid psychometric characteristics of the DUREL demonstrated here make it a good multidimensional measure of religiosity in English-speaking university students.

Citation: Lace, J. W., & Handal, P. J. (2018). Confirming the tripartite structure of the Duke University Religion Index: A methodological approach. *Journal of Religion and Health*, E-pub ahead of press.

Comment: This study provides further evidence for the usefulness of this brief 5-item scale in the measurement of religiosity in diverse populations, including now the current generation U.S. university students (at least those in the Midwest).

Religious Beliefs and Practices of US Social Workers

Holly Oxhandler and colleagues from the schools of social work at Baylor University and the University of Houston surveyed a random sample of 482 social workers from the National Social Work Finder on HelpPro to identify their religious beliefs and practices. Participants completed the 5-item Duke University Religion Index (DUREL), along with the Religious/Spiritually Integrated Practice Assessment Scale and several other questions from existing scales, including two items from the 2014 General Social Survey (GSS) ["To what extent do you consider yourself a religious person?" and "To what extent do you consider yourself a spiritual person?"]. Including these two items from the GSS allowed comparison of participants (Licensed Clinical Social Workers; LCSWs) with the general US population. **Results:** With regard to beliefs, 67% of LCSW participants indicated that they definitely or tended to experience the presence of the divine (i.e., God) in their lives; 55% that their religious beliefs definitely or tended to be what really lay behind their whole approach to life; and 48% definitely or tended to try hard to carry their religion over

into all other dealings in life. With regard to practices, 32% attended religious services at least a few times a month and 53% indicated they prayed, meditated or studied religious texts (Bible, etc.) two or more times per week. When compared to the US population, LCSW's were less likely to indicate that they were very or moderately religious (35% for LCSW vs. 54% for US pop, $p < 0.001$), but were more likely to describe themselves as very or moderately spiritual (82% for LCSW vs. 65% for US pop, $p < 0.001$). With regard to religious affiliation, LCSWs were significantly more likely than the general US population to be Jewish (22% vs. 1.5%), Buddhist or Other (21% vs. 3%), but were less likely to be Protestant (24% vs. 49%) or Catholic (13% vs. 25%). Researchers concluded that compared to the U.S. population, "fewer LCSWs self-identify as Protestant or Catholic, fewer engage in frequent prayer, and fewer self-identify as religious. However, more LCSWs engage in meditation and consider themselves to be spiritual."

Citation: Oxhandler, H. K., Polson, E. C., & Achenbaum, W. A. (2017). The religiosity and spiritual beliefs and practices of clinical social workers: A national survey. *Social Work*, 63(1), 47-56.

Comment: As more and more social workers begin to address the spiritual needs of clients, it is important to be aware of the differences with regard to personal religious/spiritual beliefs/practices between LCSWs and persons in the general population (who they are likely to encounter as clients). This underscores the importance of training LCSWs to address clients' spiritual needs using a patient-centered approach.

Preferences for Addressing Religion/Spirituality Among Persons with Mental Health Problems in US

Oxhandler and colleagues in the school of social work at Baylor University analyzed data on 245 persons who indicated they were current or former mental health clients. Participants were culled from a sample of 1047 US adults who responded to an online survey (Qualtrics). The purpose was to determine participants' attitudes toward integrating religion/spirituality (R/S) into mental health care based on a 10-item scale asking about preferences. Among the participants, 11% saw a therapist within the last month, 13% saw someone between a month and a year ago, 18% between 1-5 years ago, and 58% over 5 years ago. The average age of participants was 60, given recruitment involved in over-sample of older adults. Religious affiliation was 59% Christian (vs. 71% for the general U.S. population), 45% indicated they were moderately/very religious, and 66% said they were moderately/very spiritual. **Results:** The majority of participants indicated that their R/S beliefs were important to them during difficult times (65%), were open to discussing their R/S during treatment (74%), were open to accepting a referral to a R/S leader (54%), and were willing to work with a therapist from a different R/S belief system (69%). The majority also felt that the therapist's taking time to understand clients' R/S demonstrated concern for their clients (59%). More participants indicated that the client should bring up his or her R/S during a visit, rather than wait for the therapist to bring it up (44%), compared to those who thought the therapist should ask about the client's R/S, rather than wait for the client to bring it up (36%). When asked if R/S beliefs were brought up during therapy, about one-third said "yes" (19% indicated it was brought up by the client and 16% by the therapist). Among the two-thirds of those where R/S was not brought up, 14% indicated they wished it had been discussed and 51% indicated they were glad it was not discussed. Researchers concluded that while: "clients have mixed views regarding who should initiate the discussion of R/S, the majority responded favorably toward integrating R/S in practice."

Citation: Oxhandler HK, Ellor JW, Stanford MS (2018). Client preferences for integrating religion/spirituality in mental health treatment: Scale development and client responses. *Social Work*, in press

Comment: While this was a convenience sample of persons who had seen a mental health provider (the majority more than 5 years ago), this study provides an initial glance at clients' attitudes toward mental health professionals asking about or discussing clients' R/S beliefs during therapy. While three-quarters of participants were open to doing so, a large number (1/3 of all participants) were glad it was not brought up in therapy, underscoring the need for therapists to proceed cautiously in this area (although not avoid R/S either).

NEWS

Combat Trauma Healing Course

REBOOT Combat Recovery is an organization that operates combat trauma healing courses throughout the United States with 33 nationwide locations. These courses are for Veterans with combat-related trauma and PTSD. It is a faith-based healing course designed to address the spiritual wounds of those suffered as a result of wartime experiences. In a survey of 155 REBOOT participants from across the United States who attended their 12-week combat trauma healing course, the results were as follows: 94% indicated they felt very much welcome at the sessions; 84% indicated their faith/spirituality was very much respected; 95% indicated they were quite or very satisfied with the REBOOT experience; 41% said they would like to train to become a leader; and 85% said they would like to stay involved with the program by repeating the course or volunteering. Finally, when asked to rate their quality of life on a scale from 1 to 10 pre- and post-course, the average quality of life improved by 27% among participants. For more information, go to the following website: <https://rebootrecovery.com/>.

SPECIAL EVENTS

15th Annual Duke University Summer Research Workshop

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

Not too late to register for this one-of-a-kind 5-day training session on how to design research on religion, spirituality and health, get it funded, carry it out, analyze it, publish it, and develop an academic career in this area. The workshop compresses training material that was previously taught during our 2-year post-doctoral fellowship, so the curriculum is packed. Leading religion-health researchers from Duke, Yale and Emory serve as workshop faculty. If desired, participants will have the option of a 30-minute one-on-one with Dr. Koenig or other faculty mentor of their choice (these are limited). Nearly 800 academic researchers, clinical researchers, physicians, nurses, chaplains, community clergy, and students at every level in medicine, nursing, social work, chaplaincy, public health, psychology, counseling, sociology, theology, and rehabilitation specialty (as well as interested members of the general public) have attended this workshop since 2004. Participants from every faith tradition and region of the world usually come to this workshop, and this year should be no exception. Partial tuition scholarships are available. To register, go to: <http://www.spiritualityandhealth.duke.edu/index.php/5-day-summer-research-course>.

Practice & Presence: A Gathering for Christians in Healthcare

(Duke Divinity School, Durham, North Carolina, Sept 7-9, 2018)
From the sponsors of this event: "At its core, medicine is a practice of attending to those who suffer. Christians know that 'those who suffer' are the neighbors we are called to love, even those in whom Jesus visits us (Mt. 25:34-36). Who is equal to such a task? What

does it look like when done well? What practices strengthen us for this sacred work? Join us in September as we wrestle with these questions, seeking to receive from God gifts that will renew us in our vocations as healthcare practitioners. Over the course of the three days, we explore and re-imagine the connections of vocation and faith, and tune our hearts and minds to find God present in all aspects of our work. Please consider joining us for this opportunity to grow in friendship and fellowship with one another in the context of shared meals, conversation, prayer and worship." More information: <https://tmc.divinity.duke.edu/programs/practice-and-presence/>.

2018 Medicine and Ministry of the Whole Person Conference

(Hendersonville, North Carolina, November 2-4, 2018)

This year's conference seeks to inform its participants of spiritual aspects of professional healing opportunities whether physicians, ministers, psychologists, social workers, or other professionals involved in the healing arts. The conference is also unique in involving the healing couple as well. This year's speaker is Dr. Margaret Mohrmann, Professor Emerita of Pediatrics, Medical Education, and Religious Studies at the University of Virginia. Her topic is "Weave us together: The obligations of welcome in clinical practice and the moral life." CMEs will be available. For more information, go to: <http://www.medicineandministry.org/> or contact Charles Lefler, M.D. at charleslefler23@gmail.com.

RESOURCES

Why Religion and Spirituality Matter for Public Health: Evidence, Implications, and Resources (Springer, 2018)

From the publisher: "This volume reviews the exploding religion/spirituality (R/S) and health literature from a population health perspective. It emphasizes the distinctive Public Health concern for promoting health and preventing disease in societies, nations, and communities, as well as individuals. Part I offers a rigorous review of mainstream biomedical and social scientific theory and evidence on R/S-health relations. Addressing key gaps in previous literature, it reviews evidence from a population health viewpoint, surveying pertinent findings and theories from the perspective of Public Health subfields that range from Environmental Health Sciences to Public Health Nutrition to Health Policy & Management and Public Health Education. In Part II, practitioners describe in detail how attending to R/S factors enhances the work of clinicians and community health practitioners. R/S provides an additional set of concepts and tools to address opportunities and challenges ranging from behavior and institutional change to education, policy, and advocacy. Part III empowers educators, analyzing pedagogical needs and offering diverse short chapters by faculty who teach R/S-health connections in many nationally top-ranked Schools of Public Health. International and global perspectives are highlighted in a concluding chapter and many places throughout the volume." Available for \$119 at <https://www.amazon.com/Religion-Spirituality-Matter-Public-Health/dp/3319739654>

Religion and Mental Health: Research and Clinical Applications

(Academic Press, 2018) (Elsevier)

From the publisher: "[This 384 page volume] summarizes research on how religion may help people better cope or exacerbate their stress, covering its relationship to depression, anxiety, suicide, substance abuse, well-being, happiness, life satisfaction, optimism, generosity, gratitude and meaning and purpose in life. The book looks across religions and specific faiths, as well as to

spirituality for those who don't ascribe to a specific religion. It integrates research findings with best practices for treating mental health disorders for religious clients, also covering religious beliefs and practices as part of therapy to treat depression and posttraumatic stress disorder. [In brief, this volume] summarizes research findings on the relationship of religion to mental health, investigates religion's positive and negative influence on coping, presents common findings across religions and specific faiths, identifies how these findings inform clinical practice interventions, and describes how to use religious practices and beliefs as part of therapy." Available for \$72.00 at <https://www.elsevier.com/books/religion-and-mental-health/koenig/978-0-12-811282-3>.

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/>

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>.

Spirituality & Health Research: Methods, Measurement, Statistics, & Resources

(Templeton Press, 2011)

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

TRAINING OPPORTUNITIES

Certificate in Theology and Healthcare

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

FUNDING OPPORTUNITIES

Templeton Foundation Online Funding Inquiry

The John Templeton Foundation is now accepting new Online Funding Inquiries (OFIs; essentially letters of intent) through their funding portal. The next deadline for Small Grant requests (\$234,800 or less) and Large Grant requests (more than \$234,800) is **August 31, 2018**. The Foundation will communicate their decisions (rejections or invitations to submit a full proposal) for all OFIs by September 28, 2018. JTF's current interests on the interface of religion, spirituality, and health include: (1) research on causal relationships and underlying mechanisms (basic psychosocial, behavioral, and physiological pathways), (2) increasing competencies of health care professionals in working with religious patients and issues (especially in mental health and public health), (3) research involving the development of religious-integrated interventions that lead to improved health, (4) efforts to increase collaboration and rates of referrals between mental health professionals and religious clergy. More information: <https://www.templeton.org/what-we-fund/grantmaking-calendar>

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

2018 CSTH CALENDAR OF EVENTS...

July

- 25 **Judaism, Medicine, and Healing**
Speaker: Jeff Levin, Ph.D., M.P.H.
University Professor of Epidemiology and Population Health, and Professor of Medical Humanities
Baylor University, Waco, TX
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

August

- 2-3 **Assessment of Spiritual Fitness in the U.S. Airforce**
European Theater Airforce Chaplains
Duke University Center for Aging, Durham, NC
Private meeting (not open to public; invitation only)
Contact: (Harold.Koenig@duke.edu)
- 13-17 **15th Annual Spirituality and Health Research Workshop**
Speakers: Blazer, Oliver, Kinghorn, Hamilton, Willams, Doolittle, Koenig
See website for more information:
<http://www.spiritualityhealthworkshops.org/>
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 29 **The Challenges of Mourning for Those in the Care Giving Professions**
Speaker: Rabbi Daniel Greyber
Rabbi of Beth El Synagogue in Durham, NC
Author of *Faith Unravels: A Rabbi's Struggle with Grief and God*
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)