

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

LATEST RESEARCH

Sense of Mission or “Calling” and Future Health in Young Adults

Researchers at the Human Flourishing Program, Harvard Institute for Quantitative Social Science and T.H. Chan School of Public Health, analyzed longitudinal data from the Growing up Today Study (GUTS). The GUTS surveyed children of nurses who participated in the Nurses Health Study, children who were initially ages 9-14 in 1996. A total of 16,882 GUTS in 1996 participants were surveyed annually or biennially through 2013. In 2007, a question that asked about sense of mission was included in the survey and administered to 9,860 young persons whose average age at the time was 23.0, which serves as the baseline for this study. Mental and physical health outcomes were reevaluated in 2010 or 2013. Data on covariates were obtained at the 2005 and 2007 assessments and controlled for in the analyses. Sense of mission was assessed by the question: “I have a sense of mission or calling in my life,” with response options ranging from 1 (strongly agree) to 4 (strongly disagree), which were reverse coded. Covariates controlled for in analyses included age, gender, race, location of residence, socioeconomic status, household income, religious service attendance, maternal attachment, and prior values of the health outcome variables in 2005 and 2007. Data were analyzed using generalized estimating equations (GEE) models and p values were corrected for multiple comparisons using the conservative Bonferroni correction (threshold $p < 0.002$). **Results:** 27.4% of participants indicated strong agreement to having a sense of mission or “calling” in life. At baseline in 2007, positive responses to sense of mission or calling were significantly and positively correlated with religious service attendance ($p < 0.001$) and were inversely related to depressive symptoms ($p < 0.001$). Sense of mission/calling in 2007 was predicted greater life satisfaction ($b = 0.33$, $p < 0.002$), positive affect ($b = 0.42$, $p < 0.002$), self-esteem ($b = 0.33$, $p < 0.002$), emotional processing ($b = 0.43$, $p < 0.002$), and emotional expression ($b = 0.21$, $p < 0.002$) in 2010 or 2013, and was inversely related to depressive symptoms ($b = -0.11$, $p < 0.01$). Sense of mission also predicted greater use of preventative healthcare ($b = 1.15$, $p < 0.002$), short sleep duration

($b = 1.20$, $p < 0.05$), time contributed to community activities ($b = 0.17$, $p < 0.002$), time contributed to charity ($b = 0.20$, $p < 0.002$), and time contributed to a place of worship ($b = 0.31$, $p < 0.002$). Sense of mission did not predict anxiety symptoms or diagnosis, health behaviors, or number of physical health problems. Researchers concluded: “The formation of a sense of mission may provide a novel target for promoting multiple facets of psychological well-being, prosocial character, and possibly mental health among young adults.”

Citation: Chen, Y., Kim, E. S., Koh, H. K., Frazier, A. L., & VanderWeele, T. J. (2019). Sense of mission and subsequent health and well-being among young adults: An outcome-wide analysis. *American Journal of Epidemiology*, 188(4), 664-673.

Comment: Based on these sophisticated and carefully controlled analyses in this large sample of young adults, a sense of mission or calling in life appears to predict future well-being and better self-care among younger adults. Sense of mission or calling was also strongly associated with frequency of attendance at religious services.

Church as a Source of Support for Black Adolescents

Investigators from the Center for Research on Ethnicity, Culture, and Health, School of Public Health, University of Michigan, Ann Arbor, analyzed data on 1,170 Black adolescents ages 13-17 participating in the National Survey of American Life - Adolescent (NSAL-A) Supplement study (a random national sample of U.S. adolescents). The study included 810 African-Americans and 360 Black Caribbeans. Church support network questions were only asked of those who attended religious services at least a few times a year ($n = 726$ and 316 , respectively). Church support was assessed by 2 questions measuring support received (overall assistance and financial assistance), 3 questions measuring emotional support received, and 3 questions assessing support given to others in their congregation. Regression models controlling for covariates (ethnicity, age, gender, family income, region, religious attendance, and frequency of participating in other congregational activities) examined correlates of support.

Results: Results indicated that 7 of 10 African-Americans and 6 of 10 Black Caribbeans attending religious services reported receiving support from church members on a “very” or “fairly often” basis. Slightly over half of both groups indicated they provided assistance to others in their congregation on a very or fairly often basis. Among African-American adolescents, those in north-central US, those more frequently attending religious services, and those more involved in congregational activities were more likely to receive emotional support. Among Black Caribbeans, those who were younger, attended religious services more frequently, participated in congregational activities more often, and were from Caribbean countries other than Jamaica, Haiti, and Trinidad-Tobago, were more likely to receive emotional support. Among African Americans, frequency of providing help to others was predicted primarily by frequency of religious attendance and participation in congregational activities; among Black Caribbeans, providing help to others was predicted by younger age, male gender, higher household income, participation in congregational

EXPLORE...in this issue

1-4 LATEST RESEARCH

4-6 NEWS, EVENTS & RESOURCES

6-7 TRAINING, FUNDING Opportunities, and CALENDAR

activities, and country of origin other than Jamaica, Haiti, and Trinidad-Tobago. Researchers concluded: "Information about sociodemographic and religious differences in involvement with church support exchanges can be used to align Black adolescents' participation in ways that are developmentally appropriate and consistent with their life experiences."

Citation: Hope, M. O., Taylor, R. J., Nguyen, A. W., & Chatters, L. M. (2019). Church support among African American and Black Caribbean adolescents. Journal of Child and Family Studies, E-pub ahead of press

Comment: Given the heavy influences that negative peers groups can have on adolescents' attitudes and behaviors, identifying ways to increase church-based support among African-American and Black Caribbean youth may help to reduce drug use, crime, and other antisocial behaviors in these young people.

Religion and Suicide in College Students from 12 Countries

Researchers at multiple international universities collaborated to conduct this survey of 5,572 college students from Confucian countries (China, Japan), Muslim (Iran, Jordan, Palestine, Saudi Arabia, Turkey, Tunisia), Protestant (United Kingdom, U.S.), and Catholic (Austria, Italy) countries. Religiosity was assessed by religious affiliation and strength of religious belief (on a 7-point scale from "none whatsoever" to "very strong"). Suicidal behavior was measured using a 5-item scale assessing past suicidal thoughts, suicidal thoughts in past 12 months, current suicidal thoughts, previous suicide attempts, and suicide attempts within past 12 months. In addition, the 24-item Eskin's Attitudes toward Suicide Scale and 20-item Eskin's Social Reactions to Suicidal Person Scale were also administered. Psychological distress was measured by the 12-Item General Health Questionnaire (GHQ). Demographics included gender, age, and number of siblings. The data were analyzed using binary logistic regression along with other methods (i.e., MANCOVA); correlations were corrected for multiple comparisons (Scheffe). **Results:** Suicide ideation, attempts, and GHQ scores were compared across religious affiliations. Among Muslims, suicidal ideation was significantly lower (OR=0.73, 95% CI=0.63-0.84), but suicidal attempts (OR=2.11, 95% CI=1.60-2.78) and psychological distress were significantly higher (OR=1.79, 95% CI=1.55-2.06, for GHQ \geq 5). Among Buddhists, suicide attempts were significantly lower (OR=0.35, 95% CI=0.13-0.96), but there was no difference on psychological distress. Christian Orthodox had more suicide ideation (OR=1.65, 95% CI=1.11-2.43), but less psychological distress (OR=0.49, 95% CI=0.29-0.83). Catholic Christians had fewer suicide attempts (OR=0.55, 95% CI=0.26-0.75) and less psychological distress (OR=0.64, 95% CI=0.51-0.80). Those with no religion had more suicidal ideation (OR=1.22, 95% CI=1.04-1.42), but fewer suicidal attempts (OR=0.69, 95% CI=0.49-0.96) and less psychological distress (OR=0.70, 95% CI=0.59-0.82). For the entire sample, strength of religious belief was inversely related to suicidal ideation ($r=-0.14$, $p<0.01$) and inversely related to psychological distress ($r=-0.04$, $p<0.05$, GHQ \geq 3). For Hindus, strength of religious belief was also inversely related to suicidal ideation ($r=-0.26$, $p<0.05$), as it was for Muslims ($r=-0.17$, $p<0.01$), Christian Orthodox ($r=-0.21$, $p<0.05$), and Christian Catholics ($r=-0.10$, $p<0.05$). Strength of belief was also inversely related to suicidal attempts in Muslims ($r=-0.10$, $p<0.01$), but was positively related to suicidal attempts in Christian Catholics ($r=0.10$, $p<0.05$) and those with no religious affiliation ($r=0.17$, $p<0.05$). Strength of religious belief was inversely related to psychological distress only in Muslims ($r=-0.06$, $p<0.01$). In the overall sample, strength of belief was also inversely related to acceptability of suicide, but positively related to punishment after death and to both hiding suicidal behavior and to open reporting & discussion. However, hiding suicidal behavior was not related to strength of belief among Muslims. Overall, strength of religious beliefs was positively

associated with social acceptance of and helping suicidal persons, although was also associated with disclosure disapproval. Researchers concluded that "the protective function of religion in educated segments of the population (university students) and in university students residing in Muslim countries where freedom from religion is restricted or religion is normative and/or compulsory is likely to be limited."

Citation: Eskin, M., Poyrazli, S., Janghorbani, M., Bakhshi, S., Carta, M. G., Moro, M. F., ... & Hamdan, M. (2019). The role of religion in suicidal behavior, attitudes and psychological distress among university students: A multinational study. Transcultural Psychiatry, E-pub ahead of press.

Comment: The authors' conclusion above is not nearly as strong as they claim. Yes, psychological distress and suicidal attempts were more frequent in Muslims overall; however, suicidal ideation was lower. Furthermore, strength of belief was inversely related to suicidal ideation, suicide attempts, and psychological distress in Muslims, the only religious group in which all three of these findings were present. Also, while it has been claimed that Muslims conceal or hide suicide more often because of the stigma associated with it, there was no evidence of that in this study.

Collaboration between Faith Communities at the State Level to Prevent Suicide

Researchers in the U.S. Veterans Administration and several universities analyzed state-level documents specifically focused on efforts to prevent suicide in the general population. A thematic analysis method was used to identify efforts to develop suicide prevention partnerships with faith-based communities (FBC). Identifying terms in this search were faith, faith leaders, faith-based, clergy, chaplains, religion or spirituality in a phrase, sentence or paragraph. **Results:** Suicide prevention documents were obtained from 49 states (except New Mexico). Documents secured from four states made no mention of FBCs (or any of the identifying terms above) in their suicide prevention efforts (Kentucky, Maryland, Oregon, South Carolina). The themes that emerged in the remaining 45 states were (1) suicide prevention training for FBC, i.e., increasing suicide prevention awareness (27 states), (2) suicide prevention training designed specifically for faith-leaders (24 states), (3) community engagement, i.e., FBC and faith leaders as key players in suicide prevention (26 states), (4) identifying faith-leaders as gatekeepers, i.e., facilitating clinical referrals to mental health professionals (17 states), (5) culturally sensitive suicide prevention, i.e., faith as a tool for preventing suicide (11 states), and "postvention" support, i.e., FBCs and faith-leaders helping with social and community reintegration following a suicide attempt (10 states). The authors concluded: "These state guideline documents consistently affirm the importance of engaging FBCs in suicide prevention efforts and cover a range of recommendations, though generally lack specifics with respect to how FBCs can optimally engage."

Citation: Kopacz, M. S., Nieuwsma, J. A., Wortmann, J. H., Reyes, I. L., & Meador, K. G. (2019). Examining faith-based collaboration in US States' suicide prevention guidelines. Journal of Prevention & Intervention in the Community, E-pub ahead of press

Comment: The finding that documents at the state-level of many US states already encourage collaboration with faith-based communities and faith-leaders in suicide prevention efforts, is encouraging. However, it is clear that much more could be done by state governments. The rapid increase in suicide rates in the U.S. population, increasing by nearly one-third over the past 20 years, will require it.

Religion and Preferences for Life-Prolonging Treatment in Adverse Health States

Sanders and colleagues at Harvard's Dana-Farber Cancer Institute in Boston and other US universities examined factors that

predicted patient preferences for life-prolonging treatment in “adverse health states” deemed intolerable relative to death (severe, constant pain and inability to walk, talk, or recognize others). Data from the National Health and Aging Trends Study, a nationally representative sample of Medicare beneficiaries, were analyzed to identify predictors. Multivariate logistic regression was used to examine sociodemographic and illness characteristics of patients related to such preferences. **Results:** No demographic or health characteristics predicted hypothetical preferences for life-prolonging treatment under these adverse health circumstances except the following: being an ethnic minority, *those who indicated religion to be somewhat or very important*, those who received less than \$25,000 per year in annual income, and those who were depressed mood or hopelessness – these characteristics were significantly and positively related to a desire to accept life-prolonging treatments in adverse health states. Researchers concluded: “Clinicians leading advance care planning or goals of care discussions can effectively utilize these findings not to make assumptions about a given patient’s preferences, but to prepare themselves to discuss the meaning of different health states with patients by developing effective communication skills.”

Citation: Sanders, J., Berrier, A., Nshuti, L., Lindvall, C., & Tulskey, J. (2019). Differences by race, religion, and mental health in preferences for life-prolonging treatment in adverse health states: Results from a national sample of Medicare beneficiaries (TH322C). *Journal of Pain and Symptom Management*, 57(2), 378-379.

Comment: While it is not surprising that more religious persons were more likely to prefer life-prolonging treatment (because religion gives people a reason to live, even in the midst of horrible circumstances), what is amazing that those who were more depressed or hopeless were more likely to prefer life-prolonging treatment in the worst possible situations. Perhaps these individuals know better what suffering is all about and realize that life has intrinsic value despite all the suffering that they may be going through.

Religion and Health in Minority Ethnic Communities in the United Kingdom

Researchers at the University Leeds, UK, conducted 19 semi-structured qualitative interviews with selected respondents from ethnic minority communities in the UK, along with three focus groups. Based on their findings, they argue that “re-centering of religion and faith settings back into the therapeutic landscapes literature, reflecting evidence that faith-based affiliations, ideas, actors and organizations are relevant to the pursuit of health and well-being.” They also emphasize that places of worship act as “therapeutic places (i.e., specific transformative sacred sites) as well as therapeutic spaces (i.e., settings that provide adjuncts to formal PH [public health] promotion services).” Finally, the authors emphasize that places of worship “are often part of therapeutic networks including in ‘kinship groups and networks of care provided by family, friends, therapists and other agents of support.’” They conclude that healing is not only confined to biomedical settings, but also occurs in natural settings such as places of worship, in ethnic minority communities in the UK.

Citation: Tomalin, E., Sadgrove, J., & Summers, R. (2019). Health, faith and therapeutic landscapes: Places of worship as Black, Asian and Minority Ethnic (BAME) public health settings in the United Kingdom. *Social Science & Medicine*, E-pub ahead of press

Comment: Although religion may be dying out in the White Anglo-Saxon communities of the UK, this qualitative study demonstrates that religion remains vibrant and crucial to health and well-being in minority ethnic communities.

Religion and Happiness in Bangladesh

Investigators at universities in the United Kingdom analyzed data collected using the Resource and Needs Questionnaire that was

administered to 250 households from each of six different sites in Bangladesh (total 1500 households, with a final sample size for analysis of 1,403 persons). Happiness was assessed with a single question: “Taking all things together, how would you say things are these days? Would you say you are, very happy, fairly happy, or not too happy.” Religious involvement was assessed only by religious affiliation (Muslim vs. Hindu), and 85% of the sample was Muslim. Ordered probit regression was used to analyze the data.

Results: Muslims in the sample were significantly more likely to report they were happy compared to Hindus, controlling for region, age, gender, chronic illness, socioeconomic status, and occupation. A significant interaction between religion and region was identified. Muslim religion was associated with happiness (compared to Hindu) only in regions where there was a higher percentage of Muslims (>90%) in the region. Researchers concluded: “happiness through religiosity is not intrinsic but derived from the context in which people find themselves. In other words, people are not happier because they are individually more religious but because they live in the country context or environment where other people are religious... Our analysis suggests religion matters to well-being because it influences the everyday social and political processes that determine people’s life chances.”

Citation: Devine, J., Hinks, T., & Naveed, A. (2019). Happiness in Bangladesh: The role of religion and connectedness. *Journal of Happiness Studies*, 20(2), 351-371.

Comment: Note that religious affiliation alone was measured in this study, not strength of religious beliefs or level of religious involvement/commitment. Although researchers conclude that religion only influences well-being through its influences on everyday social processes that affect a person’s chances in life, this explanation sounds way too simple. No doubt, social processes do play a role, but there is a lot of research showing that social factors explain only about 25% of the impact that religiosity (not religious affiliation) has on health and well-being.

Religion, Health and Life Satisfaction in Australia

Investigators at Southern Cross University in Australia analyzed cross-sectional data from the Household, Income and Labor Dynamics in Australia survey that collected data on a nationally representative sample of 43,355 adults age 18 to 85 years surveyed in 2004, 2007, 2010, and 2014. Those surveys collected information on religious affiliation, religious attendance, and importance of religion, in addition to data on general health and life satisfaction. Religious attendance was dichotomized into several times a week or every day (3%) vs. less frequent (97%). Religious importance was dichotomized into 8 or higher on a 0-10 scale (20%) vs. less than 8 (80%). General health was assessed using the Short Form Health Survey (SF-36). Life satisfaction was assessed with a single question “All things considered, how satisfied are you with your life?” with responses on a 0 to 10 scale ranging from totally dissatisfied to totally satisfied. Controlled in these analyses were age, gender, disposable income, employment status, marital status, years of education, indigenous status, and year of survey. Hierarchical regression models were used to analyze the data, in addition to using random effects panel regression modeling. **Results:** With regard to general health, Anglican religious affiliation was positively related to health ($b=0.96$, $p<0.05$, compared to no religion), whereas frequency of religious attendance was *negatively* related to health ($b=-2.61$, $p<0.05$) as was importance of religion ($b=-0.91$, $p<0.05$). With regard to life satisfaction, compared to those with no religious affiliation, non-Christians were less likely to be satisfied with their life. Neither religious attendance (more than weekly or once a day) nor high importance of religion (8 or higher on a 0-10 scale) were associated with life satisfaction. When attendance and importance were examined as continuous variables, attendance no longer predicted worse health ($b=0.000$), whereas importance of religion

continued to do so ($b=-.21$, $p<0.01$). When attendance and importance were combined in a composite index, this combined religiosity index continued to predict worse health ($b=-0.35$, $p<0.01$) after controlling for religious denomination, marital satisfaction, job satisfaction, financial stress, social, activities, and friends (some of which may have been mediators); again, no association was found with overall life satisfaction. Researchers concluded: "Our findings suggest that on average, high levels of faith and attendance at religious services are associated with lower health. In contrast, however, we find no relationship between high levels of faith, attendance, and life satisfaction."

Citation: Bernardelli, L. V., Kortt, M. A., & Michellon, E. (2019). Religion, health, and life satisfaction: Evidence from Australia. *Journal of Religion and Health*, E-pub ahead of press.

Comment: Since these analyses were all cross-sectional, the association between importance of religion and worse health (the major finding in this study) could have been due to reverse causation, i.e., those in worse health sought comfort in religion, which perhaps at least subjectively helped them to cope (enough to indicate it was important to them). What is surprising is that religious attendance was unrelated to either physical health or life satisfaction, although it is not uncommon to find this in highly secular countries.

The Role of Religion in Natural and Human-Caused Disasters

Researchers Jamie Aten and colleagues at the Humanitarian Disaster Institute at Wheaton College, Illinois, and other universities across the US, examine the relationship between religion/spirituality (R/S) and mental health in the disaster context. They systematically identified 51 articles which they organized under general religiousness, God representations, religious appraisals, R/S meaning making, and religious coping. Based on this comprehensive review, the authors concluded that people often turn to religion during times of crisis to make sense of and cope with disasters; there is a minimum threshold of personal distress or perceived threat before a person will activate their R/S resources, appraisals and meaning making; religious appraisals vary depending on the type of disaster (natural versus human-made); and higher levels of perceived loss predict more personal and negative religious attributions. Based on these findings, the authors make a number of recommendations with regard to advancing research to improve the understanding of R/S and mental health in disaster contexts.

Citation: Aten, J. D., Smith, W. R., Davis, E. B., Van Tongeren, D. R., Hook, J. N., Davis, D. E., ... & Hill, P. C. (2019). The psychological study of religion and spirituality in a disaster context: A systematic review. *Psychological Trauma: Theory, Research, Practice, and Policy*, E-pub ahead of press

Comment: We don't often summarize review articles in this newsletter. However, in this case, the authors are some of the leading researchers in the field, and so readers need to know about this comprehensive review of the research on an increasingly important topic in this modern world.

Creating Partnerships between Faith Communities and State Departments of Public Health

Researchers from North Carolina State University report here on a program titled Faithful Families: Thriving Communities. Faithful Families involves a partnership between Black faith communities in North Carolina and the NC Department of Public Health. Purpose of the program is to train and empower lay leaders from faith communities to partner with health educators in the NC Department of Public Health to help their communities adopt changes to improve the quality of diet, increase exercise, reduce weight, and otherwise enhance the health of the congregation and community. This program grew out of efforts provide screenings,

referrals, and information about healthy behaviors to more than 1700 Black Churches in North Carolina, initially through a grant to the General Baptist State Convention. The authors describe the current Faithful Families program, report the results of a pilot project in 41 Christian churches over a 3-year period, and discuss challenges and conflicts that were encountered when developing partnerships with religious communities. The authors also summarize best practices in terms of developing and implementing such programs more generally.

Citation: Hardison-Moody, A., & Yao, J. (2019). Faithful Families, Thriving Communities: Bridging faith and health through a state-level partnership. *American Journal of Public Health*, 109(3), 363-368.

Comment: The article describes an effort to utilize the resources and motivations present in Black faith communities, together with the expertise that exists within state departments of public health, in order to improve the health of congregation members by education and health programs that emphasize diet, exercise, weight loss, and healthy living. This is one of the few descriptions of a collaborative effort between faith communities and a state department of public health. Based on their experience gained through implementing this program, the authors provide advice for future efforts of this kind, efforts that are becoming more and more crucial for maintaining and improving the health of communities.

NEWS

Moving into the Mainstream

Several articles on collaboration between public health organizations and faith-based religious communities to preserve and enhance the health of the general public were published in the March 2019 issue of the *American Journal of Public Health*. One of those articles is summarized above, but all are worthy of attention in this top public health and epidemiology journal.

SPECIAL EVENTS

16th Annual Duke University Summer Research Workshop

(Durham, North Carolina, August 12-16, 2019)

Last chance to register to attend this one-of-a-kind 5-day training session on how to design research, obtain funding support, carry out the research, analyze and publish the findings, with an emphasis on developing an academic career in the area of religion, spirituality and health. **Pass this information on** to colleagues, junior faculty, graduate students, and anyone you think might be interested. 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. Participants will have the option of a 30-minute one-on-one with Dr. Koenig or another faculty mentor of their choice, although these mentorship slots are limited, so early registration will be necessary to ensure that the mentor requested will be available. Over 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 (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 have come to this workshop, and this year should be no different. **Partial tuition reduction scholarships** are available. For more information, go to: <https://spiritualityandhealth.duke.edu/index.php/5-day-summer-research-course>

International Congress on Spirituality and Psychiatry

4th Global Meeting on Spirituality and Mental Health (organized by the World Psychiatric Association Section on Religion, Spirituality and Psychiatry)

(Jerusalem, Israel, December 1-4, 2019)

Spirituality/religion (S/R) is relevant to most of human beings, 84% of the world's population reports a religious affiliation. Systematic reviews of the academic literature have identified literally thousands of empirical studies showing the relationship (usually positive but also negative) between S/R and health. However, there has been world wide a huge gap between knowledge available about the impact of S/R on health and the translation of this knowledge to the actual clinical practice and public health policies. Given this, the World Psychiatric Association recently published a Position Statement on Spirituality and Religion in Psychiatry emphasizing the importance of integrating S/R in clinical practice, research and education in psychiatry. This congress will focus on practical implications, on how to sensibly and effectively integrate S/R into mental health care and public policies. For more information, go to www.rsp2019.org.

RESOURCES

Books

Spirituality, Religion and Aging : Illuminations for Therapeutic Practice

(Sage Publications, 2018)

From the publisher: "[This volume] is a highly integrative book written for students, professionals in aging, ministers, and older adults themselves. Readers will gain the knowledge and skills they need to assess, engage, and address the spiritual and religious needs of older persons. Taking a fresh approach that breaks new ground in the field, the author discusses eight major world religions and covers values and ethics, theories, interventions, health and caregiving, depression and anxiety, dementia, and the end of life. Meditations and exercises throughout the book allow readers to expand and explore their personal understanding of spirituality. Referencing the latest research, the book includes assessments and skill-based tools designed to help practitioners enhance the mental health of older people. ." Available for \$36.20 at <https://www.amazon.com/Spirituality-Religion-Aging-Illuminations-Therapeutic/dp/1412981360/>

Religion, Spirituality, and Masculinity: New Insights for Counselors

(Routledge, 2019)

From the publisher: "[This volume] provides concrete, practical suggestions for mental health professionals. Drawing from decades of clinical experience working with men and interdisciplinary insights from psychology, sociology, religion, and more, the authors explore some of the most salient aspects of men's mental and spiritual health. Chapters focus on topics such as men's relationships to religion and to masculinity, shame, and forgiveness, and concerns such as pornography use and drifting between religious affiliations. In addition to relevant theory and research, each chapter includes a case study and clear, science-informed strategies that can be incorporated into everyday practice in ways that improve men's health and wellbeing." Available for \$39.95 (paperback) at <https://www.amazon.com/Religion-Spirituality-Masculinity-Professionals-Psychotherapy/dp/1138280763/>

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 \$69.95 at <https://www.amazon.com/Religion-Mental-Health-Research-Applications/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.ac.uk> and subscribe to updates. Alternatively email riva.patel@coventry.ac.uk or deborah.lycett@coventry.ac.uk

TRAINING OPPORTUNITIES

Research Scholarships on Religion, Spirituality and Health

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. These scholarships are available only to academic faculty and graduate students living in third-world underdeveloped countries such as Africa, Mexico, Central and South America, Russia, Baltic countries, Eastern Europe, and portions of the Middle East, central and eastern Asia. The scholarships will be highly competitive and be 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 their 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 for the 2019 workshop (and for 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 either this year (2019) or in future years. If you are interested in sponsoring one or more such applicants and want to know more about this rigorously competitive program, or have ideas about other sources of support, please contact 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 16, 2019**. The Foundation will communicate their decision (rejection or invitation to submit a full proposal) for all OFIs by October 11, 2019. 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>.

2019 Csth Calendar of Events...

July

- 31 **Measures of religion and spirituality for use in health research**
Speaker: Harold G. Koenig, M.D.
Professor of Psychiatry & Behavioral Sciences, DUMC
Associate Professor of Medicine
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

August

- 12-16 **Spirituality and Health Research Workshop**
Speakers: Blazer, Oliver, Kinghorn, Doolittle, Hamilton, Williams
Location: Cole Mill Road Church of Christ
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 28 **Hinduism and Mental Health based on Wisdom from the Vedas, Upanishads, and Bhagavad Gita**
Speaker: Madhu Sharma
Dharmic Advisor/Hindu Chaplain
Hindu Life at Duke
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

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

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