

CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health

Volume 10

Issue 1

July 2020

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 2020) go to:

<http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

LATEST RESEARCH

Increasing Interest in Religiosity/Spirituality within Mainstream Public Health

In an article published recently in the *American Journal of Epidemiology*, Yale professor Yusuf Ransome discusses the role of religiosity and spirituality in public health, particularly issues related to the changing religious landscape. He notes that there is an increasing identification as “spiritual but not religious” and a decrease in the frequency of attending religious services in the U.S. The author acknowledges the importance of religious involvement to public health, and suggests ways that epidemiologists can help to contribute to this area in terms of measurement, analysis, and theory development. This article was simulated by the recent comments by Ichiro Kawachi on causality (AJE, 2019) in response to research findings reported by Chen & VanderWeele (AJE 2018;187:2355-2364), making it difficult for epidemiologists to continue to ignore this area.

Citation: Ransome, Y. (2020). Religion, spirituality, and health: New considerations for epidemiology. *American Journal of Epidemiology*, E-pub ahead of press (<https://doi.org/10.1093/aje/kwaa022>).

Comment: Actually, while those who indicate they are “spiritual but not religious” (SNR) has increased from 1995 to 2017 from 8% to 27%, that does not mean that those who indicate SNR are not attending religious services (which the author appears to be assuming). Nearly half of Americans (45% according to Pew in 2018-2019) still attend religious services at least monthly or more often, making it the most common form of social gathering in the U.S., with no other community social activity coming even close. Given that fact, and the profound effect of religion on health behaviors, this subject ought to be worthy of attention by public health specialists. See <https://www.pewforum.org/2019/10/17/in-u-s-decline-of-christianity-continues-at-rapid-pace/> for current rates of religious attendance.

Are U.S. Medical Schools Getting More Ready to Include Religion/Spirituality in their Curricula?

A group of physicians, researchers and scholars at the University of Michigan Medical School in Ann Arbor wrote this commentary on physicians being open to discussing religion and spirituality with patients, at least here in the U.S. where religion is so common and appears to influence people’s health. They emphasize the importance of teaching students how to take a spiritual history, comparing it to the sexual history that medical school only relatively recently started to incorporate in their curricula. The authors conclude with the statement: “We believe the time is now to more fully address teaching religion and spirituality in medicine.” *Citation:* Collier, K. M., James, C. A., Saint, S., & Howell, J. D. (2020). Is it time to more fully address teaching religion and spirituality in medicine? *Annals of Internal Medicine*, E-pub ahead of press (<https://doi.org/10.7326/M20-0446>)

Comment: Given that this article was published in one of the top medical journals in the field (*Annals of Internal Medicine*), it is encouraging that the word is getting out into mainstream medicine, as it is in the field of public health.

Religiosity and Satisfaction with Sex Life

Stephen Cranney from the Institute for Studies of Religion at Baylor University in Waco, Texas, analyzed data from a US national random sample of 1,501 adults participating in the 2017 Baylor Religion Survey. His purpose was to examine the relationship between religiosity/spirituality, satisfaction with sex, and frequency of sex. Religiosity was assessed in terms of (1) religious affiliation (Evangelical protestant, Black protestant, Catholic, Jewish, mainline protestant, other, none), (2) belief in biblical literalism, (3) self-related religiosity (religiosity), (4) frequency of religious attendance, and (5) frequency of prayer. Also assessed was self-rated spirituality (spirituality). Sexual satisfaction was determined by the question: “Overall how satisfied are you with your sex life?” Sexual frequency was assessed by the question: “How often would you say you had sex on average in the last 12 months?” The mean age of participants was 55 years (range from 17 to 98), 58% were female, 53% were married, and 78% self-identified as white Caucasian. Regression analyses controlled for income, race, marital status, gender, education, and age. **Results:** With regard to religious affiliation, Jews and those indicating no religious affiliation reported significantly lower satisfaction with sex ($b=-0.58, p<0.05$, and $b=-0.24, p<0.05$, respectively). Greater religiosity, in turn, was positively related to satisfaction with sex ($b=0.15, p<0.001$). When religiosity was controlled for in analyses, the inverse relationships between Jewish religious affiliation and no religious affiliation were reduced to nonsignificance. Attending religious services and self rated spirituality was also associated with greater sexual satisfaction ($b=0.05, p<0.01$, and $b=0.16, p<0.001$, respectively). No relationship was found between biblical literalism and satisfaction with sex. Concerning frequency of sex, no measures of religious affiliation, self-rated religiosity, or religious attendance were significantly related; however, self-rated spirituality was associated with a greater frequency of sex ($b=0.19, p<0.001$), as was frequency of prayer ($b=0.07, p<0.01$) and viewing the Bible as true

EXPLORE...in this issue

1-4 LATEST RESEARCH

5-6 NEWS, EVENTS & RESOURCES

6-7 TRAINING, FUNDING Opportunities, and CALENDAR

but not literal (vs. literally true) ($b=0.35$, $p<0.01$). Marital status did not moderate the relationship between sexual satisfaction and religiosity, spirituality, religious attendance, prayer, or religious affiliation. In contrast, marital status did moderate the relationship between frequency of sex and religiosity, spirituality, religious attendance, and prayer. Relationships between religious involvement and frequency of sex were stronger in those who were married (with the opposite true for those with no religious affiliation). Finally among the unmarried, attending religious services more frequently was related to a lower frequency of sex, and not being religious was associated with a greater frequency of sex. The researcher concluded: "the relationship between sexual satisfaction and religiosity/spirituality is consistent across measures and gender, age, and marital demographic categories." *Citation:* Cranney, S. (2020). The influence of religiosity/spirituality on sex life satisfaction and sexual frequency: Insights from the Baylor Religion Survey. *Review of Religious Research*, EPUB ahead of press (<https://doi.org/10.1007/s13644-019-00395-w>) *Comment:* Although cross-sectional, this is one of the few studies using a US national random sample that has examined the relationship between religious/spiritual involvement and the satisfaction and frequency of sex.

Religious/Spiritual Beliefs and Mental Health in the US: 2016 General Social Survey

Stephanie Bosco-Ruggiero from Fordham University Graduate School of Social Service in New York City analyzed data from the 2016 General Social Survey (GSS), examining the relationship between religious/spiritual beliefs/behaviors and mental health. Participants were a random sample of 2,867 adults age 18 or older in the United States surveyed as part of the GSS. Religious/spiritual beliefs and behaviors were assessed by belief in the afterlife, belief in God, frequency of prayer, frequency of attending religious services, self-perceived spirituality, and self-perceived religiosity. Mental health was assessed by (1) a single question asking about days in the past month experiencing poor mental health and (2) depressive symptoms assessed by the CESD. Analyses were controlled for gender, education, general health, and income using regression models. **Results:** With all religious variables in the model, praying several times a week was associated with significantly more days of poor mental health compared to those who never prayed ($b=4.09$, $p<0.01$). In contrast, those attending religious services once a week or more experienced fewer days of poor mental health compared to those attending once a year or less ($b=-2.05$, $p<0.01$). Finally, those who indicated they were moderately or slightly religious indicated fewer days of poor mental health compared to those who were not religious ($b=-2.07$ and $b=-2.15$, respectively, both $p<0.05$). With regard to CESD scores, those praying "once a week or less" were significantly less likely to score high on depressive symptoms compared to those who "never prayed" ($b=-0.23$, $p<0.05$). Attending religious services at least once per week or more was also associated with fewer depressive symptoms ($b=-0.17$, $p<0.01$). Likewise, those who indicated they were very spiritual had fewer depressive symptoms ($b=-0.19$, $p<0.05$), as did those who indicated they were moderately religious ($b=-0.15$, $p<0.05$). Specific religious beliefs such as belief in God or belief in an afterlife were unrelated to mental health. The researcher concluded: "Findings are consistent with those of prior studies using GSS data, which showed associations between Americans' religious/spiritual beliefs and behaviors, especially service attendance, and mental health."

Citation: Bosco-Ruggiero, S. A. (2020). The relationship between Americans' spiritual/religious beliefs and behaviors and mental health: New evidence from the 2016 General Social Survey. *Journal of Spirituality in Mental Health*, 22(1), 30-48. *Comment:* This well-done cross-sectional study is one of the most recent studies using GSS data to examine the relationship

between religion, spirituality, and mental health in the U.S., and thus is worthy of being aware of. The only concern was the inclusion of all religious/spiritual variables in the same statistical models. This likely resulted in multicollinearity (i.e., strong relationships) between R/S variables with some variables cancelling out the effects of others. A very common finding in the literature is a positive association between prayer and worse mental health, as found here, especially when controlling for frequency of religious attendance: people in good mental health often find little need to pray (compared to those who are distressed) and those who attend religious services usually have good enough mental health to do so (compared to individuals who are depressed or socially withdrawn).

Religiosity and Alcohol Use in the U.S.

Researchers at Indiana University analyzed data on 34,252 adults participating in the U.S. National Epidemiologic Survey of Alcohol and Related Conditions Waves 1 and 2. Their purpose was to examine the relationship between religiosity and alcohol initiation, re-initiation, and persistence of alcohol use. Religiosity was assessed by importance of religion and frequency of religious practice. Logistic regression models were used to control for covariates. **Results:** Participants who frequently attended religious services were 77% less likely to initiate alcohol use ($OR=0.23$, $p<0.01$), 49% less likely to reinitiate alcohol use after prior use ($OR=0.51$, $p<0.01$), and 45% less likely to persistently use alcohol ($OR=0.55$, $p<0.01$). Individuals identifying religious beliefs as very important were 37% less likely to initiate alcohol use and reinitiate alcohol use after stopping (both $ORs=0.63$, $p<0.05$). Researchers concluded: "Religiosity plays an important role in preventing/delaying alcohol use initiation, reinitiation, and persistence. Incorporating religiosity aspects (e.g., meditation) into alcohol prevention and control programs may serve to increase protective effects. Future study should seek to delineate what religiosity factors can be leveraged and embedded into secular prevention programs delivered to youth and adolescents."

Citation: Lin, H. C., Hu, Y. H., Barry, A. E., & Russell, A. (2020). Assessing the associations between religiosity and alcohol use stages in a representative US sample. *Substance Use & Misuse*, EPUB ahead of press

(<https://doi.org/10.1080/10826084.2020.1756331>).

Comment: Given the large random sample US national sample and careful statistical analyses, the results reported here are noteworthy and support previous research findings in this area of religion and substance use.

Religiosity and Coping with Unemployment in Ghana

Investigators from the department of psychology at the University of Ghana examined the relationship between religiosity, social support, and mental health problems among 362 young people ages 18-35 from the Greater Accra Region of Ghana (the capital of this country). More than half of this sample (52.5%) was unemployed. Participants were 90% Christian and 82% unmarried. The 15-item Centrality of Religiosity Scale (Huber) was used to assess religious beliefs, interest in religious issues, religious experience, and public/private religious practices. Social support was assessed by a standard 12-item scale (Zimet). Mental health was assessed by the 32-item Hopelessness Depression Symptom Questionnaire (Metalsky & Joiner), and suicidal behaviors by the 4-item Suicidal Behaviors Questionnaire-Revised (Osman). Finally, cognitive distortions related to depression were assessed by the Automatic Thoughts Questionnaire (Hollon & Kendall). **Results** indicated that among these young people, religiosity was related to less depression ($b=-0.43$, $p<0.001$), fewer cognitive distortions related to depression ($b=-0.48$, $p<0.001$), and less suicidality ($b=-0.40$, $p<0.001$), even after controlling for employment status. Although religiosity did not moderate the relationship between unemployment and depression, did moderate the relationship

between unemployment and depression-related cognitive distortions, and also moderated the relationship between unemployment and suicidality. Interestingly, social support while significantly and inversely related to depression, cognitive distortions, and suicide, did not moderate the relationship between unemployment and any of these mental health outcomes.

Citation: Amissah, C. M., & Nyarko, K. (2020). Facing the ills of unemployment: The role of religiosity and social support. *Journal of Religion and Health*, 1-18.

Comment: The consistency in relationships with mental health is notable among these young adults in Ghana, especially the moderating effects of religiosity on depression-related cognitive distortions and suicide. These findings are particularly relevant at this time in history when unemployment rates are at an all-time high during the coronavirus pandemic.

Religiosity and Quality of Life in Patients with Head and Neck Cancer in Brazil

Investigators at the school of dentistry at Centro Universitario in Annapolis, Brazil, and Federal University of Goias, Brazil, surveyed 202 hospitalized patients with head and neck cancer to determine the association between religiosity/spirituality and patients' quality of life (QOL). QOL was assessed by the Functional Assessment of Cancer Therapy-Head and Neck (FACT-HN) scale and by the University of Washington QOL (UW-QOL) scale. Religiosity was assessed by the 5-item Duke University Religion Index (DUREL), and spirituality was assessed by the 12-item FACIT-SP (a spirituality scale confounded with mental health content). Linear regression was used to control for other significant predictors of QOL, including gender, living situation, time since surgery, receipt of radiotherapy/chemotherapy, and site of cancer. **Results:** Religiosity (total DUREL score) was significantly and positively associated with both measures of QOL (for FACT-HN, $b=0.88$, $p=0.001$; for UW-QOL, $b=11.59$, $p<0.001$). The FACIT-SP was also correlated with higher QOL, although given that the FACIT-SP itself assesses QOL (i.e., meaning and peace), this finding was not new or surprising. Researchers concluded: "Religiosity and spirituality were associated with patients' QOL, regardless of their sociodemographic and cancer-related clinical conditions and behaviors."

Citation: dos Reis, L. B. M., Leles, C. R., & Freire, M. D. C. M. (2020). Religiosity, spirituality, and the quality of life of patients with sequelae of head and neck cancer. *Oral Diseases*, 26(4), 838-842.

Comment: Small but important cross-sectional study given the particular patient population (head and neck cancer) and location in which the study was done.

Religiosity and Mental Health in Patients with Breast Cancer in Saudi Arabia

Researchers in the department of Islamic studies and department of psychology at universities in Saudi Arabia conducted a cross-sectional study of 329 breast cancer patients in Riyadh. Religiosity was assessed by the 40-item Islamic Religiosity Scale, which measured worship, virtues, and beliefs (creed). A 14-item resilience scale (Wagnild & Young) was used to assess psychological resilience (with five subscales: self-reliance, meaningfulness, balance, perseverance, and existential aloneness). The 14-item Hospital Anxiety and Depression Scale assessed anxiety and depressive symptoms. **Results:** Bivariate analyses revealed that religiosity overall ($r=0.90$, $p<0.01$) and all four subscales were positive associated with overall psychological resilience and each of its four subscales. Researchers concluded: "These results emphasize the importance of increased religiosity and psychological resilience among cancer patients."

Citation: Al Eid, N. A., Alqahtani, M. M., Marwa, K., Arnout, B. A., Alswailem, H. S., & Al Toaimi, A. A. (2020). Religiosity, psychological resilience, and mental health among breast cancer patients in Kingdom of Saudi Arabia. *Breast Cancer: Basic and Clinical Research*, 14, 1178223420903054.

Comment: The Pearson correlations between religiosity and psychological resilience seem unusually high, ranging from $r=0.48$ to $r=0.93$, where perfect agreement for Pearson r being 1.00. Note that the strongest correlations were found for the worship subscale. These are some of the strongest correlations between religiosity and mental health ever reported in the literature, although analyses were not controlled for confounders or covariates.

Physical Health Complaints and Religious Involvement among Czech Adolescents

Investigators at Olomouc University Social Health Institute in the Czech Republic analyzed data collected on a national random sample of 4,182 Czech adolescents (average age 14.4 years), examining the relationship between religiosity/spirituality, self-reported health and physical health complaints. Religious attendance was assessed by a single question: "How often do you go to church or to religious sessions?" with response options ranging from several times a week to never. Spirituality was assessed with a 7-item version of the Spiritual Well-Being Scale (SWB) (4 items assessing religious well-being [RWB], three items assessing existential well-being [EWB]). Self-rated health was assessed by a single question: "Would you say your health is... excellent, good, fair, or poor?" Physical symptoms were measured by the Health Behaviors and School Children (HBSC) checklist, which assesses the prevalence of eight symptoms: headache, stomachache, backache, feeling low, irritability or bad temper, feeling nervous, sleeping difficulties, and feeling dizzy. Logistic regression was used to control for age and gender. **Results:** The EWB subscale was strongly related to fewer physical health complaints and better mental health, largely due to the considerable content overlap with the health outcomes being examined. Once EWB was controlled for in the statistical models, RWB was associated with a *greater* likelihood of feeling nervous ($OR=1.12$, 95% $CI=1.05-1.19$, $p<0.001$). There were no other significant associations between RWB and any of the other seven physical symptoms or with the single self-reported health question. Frequency of religious attendance was unrelated to any physical symptoms or self-reported health (again, with EWB in the model). Researchers concluded: "In a largely secular country, we found that spirituality and the EWB (unlike religious attendance and RWB) could have a significant influence on adolescent health."

Citation: Zidkova, R., Glogar, P., Polackova Solcova, I., P van Dijk, J., Kalman, M., Tavel, P., & Malinakova, K. (2020). Spirituality, religious attendance and health complaints in Czech adolescents. *International Journal of Environmental Research and Public Health*, 17(7), 2339.

Comment: Unfortunately, these researchers mistakenly confused their predictors with their outcomes. High levels of psychological well-being (as assessed by the EWB scale) should be related to good health, since these are overlapping concepts. It is also not surprising that after controlling for EWB (i.e., well-being) in the statistical model, that religious well-being (RWB) and religious attendance had either no effect on health or predicted worse health (since EWB likely absorbed any positive effects of these religious variables on health). Although researchers indicated that religious attendance and SWB (combined EWB and RWB) were positively correlated ($r=0.30$) (as expected), they did not report the correlation between EWB and RWB. Researchers should have examined the indirect effects of RWB through EWB on these health outcomes.

Religiosity, Spirituality and Death Attitudes among Asians and Pacific Islanders in Hawaii

Jennifer Kwak in the department of psychology at the University of Hawaii in Honolulu examined the relationship between spirituality/religiosity, death attitudes, depression/anxiety, and health status/physical functioning in a small sample of 69 Asian and Pacific Islander nursing home residents. Death attitudes were assessed using two subscales of the Death Attitude Profile-Revised (fear of death and death approach acceptance). Depression was assessed by the 15-item Geriatric Depression Scale, and anxiety was measured by the 20-item Zung Self-rating Anxiety Scale. Health status was assessed by the 10-item physical functioning index of the SF 36. "Spirituality" was measured by the 6-item Spirituality Index of Well-Being (Frey), which assesses the two psychological constructs of meaning/purpose in life and self-efficacy (indicators of good mental health). Religiosity was measured by strength of religious/spiritual belief and closeness to God/higher force. **Results:** Bivariate analyses revealed a positive correlation between both indicators of religiosity and death approach acceptance, and religiosity was also inversely related to depression. "Spirituality," in turn, was inversely related to fear of death but was unrelated to death approach acceptance. Regression analyses indicated that "spirituality" (i.e. meaning and purpose in life) was inversely related to fear of death ($b=-0.47$, $p<0.001$, which is not surprisingly). Strength of religious belief was positively related to death approach acceptance, independent of marital status and religious affiliation ($b=0.43$, $p<0.001$). Researchers concluded: "These findings highlight the importance of exploring the differential impact of religious/spiritual and cultural factors on death attitudes among older minorities."

Citation: Kwak, J. J. (2020). Death attitudes among older Asian and Pacific Islander Americans: The role of religiosity, spirituality, and psychosocial health factors. *Death Studies*, 1-10.

Comment: This is one of this first studies to examine the relationship between death attitudes and religiosity among Asian/Pacific Islander nursing home patients in Hawaii. While the findings with spirituality are obvious and not surprising (given that spirituality was assessed by indicators of greater meaning and purpose in life and higher self-efficacy), the findings with regard to religiosity contribute new information to the literature.

Religiosity, Racism, and C-Reactive Protein in African-Americans

Investigators in the division of public health, department of epidemiology, at Michigan State University surveyed 118 African-Americans in the metropolitan Detroit area to examine the relationship between religiosity, racial centrality, perceived racism, positive and negative affect, and C-reactive protein (CRP). CRP is an inflammatory marker that is strongly correlated with greater risk of cardiovascular disease. Religiosity was assessed by a 2-item measure of self-rated religiosity and self-rated spirituality. Positive and negative affect were assessed by the PANAS. Stepwise hierarchical multiple regression was used to examine the association between religiosity and CRP, as well as interactions between religiosity, centrality of race, and racism on positive affect, negative affect, and CRP. **Results:** Religiosity was positively related to positive affect (well-being), independent of racism and centrality of racial identity. Religiosity also tended to be inversely related to negative affect (depression). Religiosity was not related to CRP, at least in terms of its main effect. However there was a significant interaction between religiosity, racial centrality, and perceived racism on CRP, such that when perceived racism was high, among high racial centrality participants, religiosity was associated with lower CRP ($b=-1.15$, $p<0.04$); or stated in reverse, CRP was higher in those with low religiosity. Researchers concluded: "...when perceived racism was high, strongly identified

African-Americans had significantly higher CRP, but lower negative affect, when they were also low in religiosity."

Citation: Drolet, C. E., & Lucas, T. (2020). Perceived racism, affectivity, and C-reactive protein in healthy African Americans: Do religiosity and racial identity provide complementary protection? *Journal of Behavioral Medicine*, 1-11.

Comment: Although a relatively small cross-sectional study, the study's findings may help to explain the higher incidence of cardiovascular disease in African-Americans, particularly among those for whom racial identity is central to their lives and who feel they are being discriminated against. The findings also under the importance of religiosity in buffering the negative effects of racism on cardiovascular disease perhaps by reducing CRP levels.

Spirituality and Religion in Healthcare: An African-American Perspective

Jill Hamilton from the department of nursing at Emory University in Atlanta reviews her experience conducting research with younger and older African-Americans based on hundreds of qualitative interviews examining religion and health. In this article, she defines and distinguishes spirituality from religion, stressing differences from how religion scholars usually define these terms. Dr. Hamilton also discusses her research on African-Americans dealing with cancer and the role that praying, reading scriptures, and singing religious songs has on their mental health and well-being. She concludes this article by warning researchers not to assume that African-Americans necessarily view their religion and spirituality as do Caucasian-Americans, and that research should be conducted in light of this point.

Citation: Hamilton, JB (2020). Religion and spirituality in healthcare: distinguishing related and overlapping concepts from an African-American perspective. *Cancer Nursing* 43 (4): 338-339.

Comment: A thoughtful and very useful article for religion-health researchers in the U.S., one that provides insights from someone deeply involved in both the lives of African-Americans and in the research examining their beliefs and practices in the setting of illness and health.

The Role of Chaplains in the Response to COVID-19 in Australia

David Drummond from the McKellar Centre (Victoria) and Lindsay Carey from the Public Health Palliative Care Unit at La Trobe University (Melbourne) examine the chaplain's role in providing spiritual care to individuals during the COVID-19 pandemic in Australia, particularly older adults in long-term care. The authors utilize the World Health Organization (WHO) Spiritual Care Intervention codings to explore the provision of spiritual care to older adults needing pastoral care during this time of increasing isolation (when older adults are often confined to their rooms with no social interactions with other residents and are unable to have visitors from family). This paper focuses on how chaplains at the McKellar Centre have continued to provide pastoral care in light of the COVID-19 pandemic, seeking to meet the spiritual needs of elders in a high-risk environment.

Citation: Drummond, D. A., & Carey, L. B. (2020). Chaplaincy and spiritual care response to COVID-19: An Australian case study—the McKellar Centre. *Health and Social Care Chaplaincy*, 8 (2), EPUB ahead of press (<https://doi.org/10.1558/hssc.41243>)

Comment: This paper serves as a model on how chaplains both in and outside of Australia can continue to meet the spiritual needs of older adults in high risk settings during the current COVID-19 pandemic and in future pandemics as well.

NEWS

Brief Survey of Clinicians with Direct Patient Care Responsibilities (2nd announcement)

COVID-19 has changed the way we interact with our patients and each other. We are looking to understand the impact of the pandemic on health care worker **burnout, moral injury, fears, and hopes** (physicians, nurses, other healthcare providers with direct patient care). This is a worldwide survey -- feel free to post this information on your social media sites and pass on to colleagues. **If you have direct patient care responsibilities**, click the link below to fill out a brief (5-10 min) survey about your experiences; your responses will be de-identified prior to analysis. This study has been approved by the Institutional Review Board at Duke University Health System [Protocol 00105516]. To take the survey, go to:

https://duke.qualtrics.com/jfe/form/SV_b2T9YDeI4JuxVQN.

Please also pass on to colleagues.

Brief Survey for Everyone on Attitudes and Reactions during COVID-19 Pandemic

The COVID-19 pandemic has changed the lives of our entire society significantly in recent weeks. With a 15-min anonymous questionnaire, we intend which changes people perceived regarding stress, well-being, meaning, and spirituality. Your answers will help us gain insights into reliable resources in difficult times which could be better supported in the future. Please pass on this information to others and encourage your friends and collaborators to complete the survey as well. ALL are welcome to complete this survey – Arndt Büssing, Professorship Quality of Life, Spirituality and Coping, Witten/Herdecke University. **Here is the link the survey:** <https://limesurvey.uni-wh.de/index.php/666966?lang=en>.

SPECIAL EVENTS

7th European Conference on Religion, Spirituality and Health

(Lisbon, Portugal, has been **rescheduled** to May 27-29, 2021)
The 2021 European Conference will focus on "Aging, Health and Spirituality" and will be held at the Catholic University of Portugal in Lisbon, one of the most beautiful cities in Europe.

Research Workshop on Religion, Spirituality and Health in Lisbon, Portugal

(Lisbon, Portugal, has been **rescheduled** to May 23-26, 2021)
The 7th European Conference will also host a 4-day pre-conference spirituality and health research workshop on May 23-26 with Prof. Koenig from the U.S., along with Dr. Rene Hefti, Prof. Arndt Büssing, 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.

17th Annual Duke University Summer Research Workshop

(Durham, North Carolina, **rescheduled** to August 9-13, 2021)
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. Nearly 900 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. **Full tuition and travel scholarships for academic faculty** in underdeveloped countries of the world are also available (see end of newsletter). For more information, go to:

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

RESOURCES

Books

Downcast: Biblical and Medical Hope for Depression (Christian Medical and Dental Society, 2020)

From the authors: "Since the time of Job, people have struggled with depression. Depression isolates, as it causes sufferers to withdraw from others. Unfortunately, the stigma surrounding depression often reinforces the isolation. Not only do others stigmatize those who are depressed, but depressed individuals often believe these misunderstandings about themselves and experience shame. This shame arises from ignorance and misunderstanding about the nature of depression. Unfortunately, the church, rather than being a place of healing for those who suffer, can become a place of judgement. In 2014, LifeWay surveyed 1,000 Protestant pastors about mental illness. The study found that 74 percent personally knew one or more people who had been diagnosed with clinical depression, and 23 percent of pastors reported having personally struggled with mental illness themselves. Yet, 49 percent of pastors rarely or never spoke to their church about acute mental illness. In the absence of teaching from the church, many Christians adopt the misconceptions about depression that pervade our culture. And, unfortunately, often when pastors do speak up about depression, it may be to perpetuate the falsehood that "real Christians" do not get depressed. This book, soon to be available, is written for Christian health professionals, clergy, people with depression, and family members of those who struggle with depression." To order for \$16.99, go to: <https://cmda.org/product/downcast/>. **If you treat patients with depression, have family members with depression, or have depression yourself, this book by Harvard psychiatrists is well-worth the price.**

Handbook of Spirituality, Religion, and Mental Health (Academic Press, 2020)

From the publisher: "Handbook of Religion and Mental Health, Second Edition, identifies not only whether religion and spirituality influence mental health and vice versa, but also how and for whom. The contents have been re-organized to speak specifically to categories of disorders in the first part of the book and then more broadly to life satisfaction issues in the latter sections. This updated edition is now revised with new chapters and new contributors." Soon to be available for \$99.95 (paperback) at <https://www.amazon.com/Handbook-Religion-Mental-Health-Rosmarin/dp/0128167661>.

Religion and Recovery from PTSD

(Jessica Kingsley publishers, December 19, 2019)

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

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

Religion and Mental Health: Research and Clinical Applications

(Academic Press, 2018) (Elsevier)

This 384 page volume summarizes the latest research on how religion helps people cope with stress, covering its relationship to depression, anxiety, suicide, substance abuse, well-being, happiness, life satisfaction, optimism, generosity, gratitude and meaning and purpose in life. It integrates research findings with best practices for treating mental health disorders in religious clients with depression, anxiety, posttraumatic stress disorder, and other emotional (and neuropsychiatric) problems. Available for \$67.38 (paperback) at <https://www.amazon.com/Religion-Mental-Health-Research-Applications-dp-0128112824/dp/0128112824/>

Hope & Healing for Those with PTSD: Psychological, Medical, and Spiritual Treatments.

(Amazon: CreateSpace Publishing Platform, 2018)

From the author: "If you or a family member has PTSD or are experiencing the aftermath of severe trauma, you will know a lot more about this disabling condition and how to deal with it after reading this book." Available for \$5.38 at <https://www.amazon.com/dp/172445210X>.

Protestant Christianity and Mental Health: Beliefs, Research and Applications

(part of the Religion and Mental Health Book Series; Amazon: CreateSpace Platform, 2017)

For mental health professionals, clergy, researchers, and laypersons interested in the relationship between religious involvement and mental health in Protestant Christians. Available for \$7.50 at: <https://www.amazon.com/dp/1544642105/>

Catholic Christianity and Mental Health: Beliefs, Research and Applications

(part of the Religion and Mental Health Book Series; Amazon: CreateSpace Platform, 2017)

For mental health professionals, clergy, researchers, and laypersons interested in the relationship between religion, spirituality and mental health in Catholics. Available for \$7.50 at: <https://www.amazon.com/Catholic-Christianity-Mental-Health-Applications/dp/1544207646>

Islam and Mental Health: Beliefs, Research and Applications

(part of the Religion and Mental Health Book Series; Amazon: CreateSpace Platform, 2017)

For mental health professionals, clergy, researchers, and laypersons interested in the relationship between religion, spirituality and mental health in Muslims. Available for \$7.50 at: <https://www.amazon.com/Islam-Mental-Health-Research-Applications/dp/1544730330>.

Hinduism and Mental Health: Beliefs, Research and Applications

(part of the Religion and Mental Health Book Series; Amazon: CreateSpace Platform, 2017)

For mental health professionals, clergy, researchers, and laypersons interested in the relationship between religion, spirituality and mental health in Hindus. Includes original research on current religious beliefs/practices in Hindus from India and throughout the world. Available for \$7.50 at: <https://www.amazon.com/dp/1544642105/>

Judaism and Mental Health: Beliefs, Research and Applications

(part of the Religion and Mental Health Book Series; Amazon: CreateSpace Platform, 2017)

For mental health professionals, clergy, and researchers interested in the relationship between religion, spirituality and health in Judaism. Available for \$7.50 at: <https://www.amazon.com/Judaism-Mental-Health-Research-Applications/dp/154405145X/>

Buddhism and Mental Health: Beliefs, Research and Applications

(part of the Religion and Mental Health Book Series; Amazon: CreateSpace Platform, 2017)

For mental health professionals, clergy, researchers, and laypersons interested in the relationship between religion, spirituality and mental health in Buddhists. Available for \$7.50 at <https://www.amazon.com/dp/1545234728/>

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

(Templeton Press, 2011)

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

Other Resources

CME/CE Videos (Integrating Spirituality into Patient Care)

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

TRAINING OPPORTUNITIES

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

With support from the John Templeton Foundation, Duke University's Center for Spirituality, Theology and Health is offering eleven \$3,600 scholarships to attend the university's 5-day Workshop on conducting research on religion, spirituality, and health. The workshop will be held on **Aug 9-13, 2021** (rescheduled due to coronavirus). These scholarships will cover the \$1200 tuition, up to \$1500 in international travel costs, and up to \$900 in living expenses. They are available only to academic faculty and graduate students living in third-world underdeveloped countries in Africa, Central and South America (including Mexico), Eastern Europe and North Asia (Russia and China), and portions of the Middle East, Central and East Asia. The scholarships will be competitive and awarded to talented well-positioned faculty and graduate students with the potential to conduct research on religion, spirituality, and health, and serve as research leaders in their part of the world. If you want to know more about this program, contact Harold.Koenig@duke.edu or go to our website for a description of the workshop:

<https://spiritualityandhealth.duke.edu/index.php/5-day-summer-research-course>. **Please let your academic colleagues in developing countries know about this unusual and time-limited opportunity.**

Since the demand for such scholarships has far exceeded availability already, and we are set up to evaluate potential scholarship recipients and are hoping to identify individuals or foundations willing to support highly qualified third-world applicants whom we are unable to provide scholarships to in 2020-2022 and the years ahead. A donation of \$3,500 to our Center will sponsor a faculty member or graduate student from a disadvantaged region of the world to attend the workshop in 2020 or future years. If you are interested in sponsoring one or more such applicants and want to know more about this program, or have ideas about other sources of support, please contact 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/>

Christian Witness in a COVID-Shaped World

The world's been radically shaped by COVID-19, and it's difficult to know how to think—and what to do. Calvin University, Calvin Institute of Christian Worship, and Calvin Theological Seminary have put together a series of one credit, 3-week, summer online courses that welcome learners from different cultures, generations, and career experiences. These courses will energize your thinking

and give you a vision for action. There are over 20 courses with topics from public health to mental health, from politics to organizational decision making, from the role of sport to the challenge of technology and education, all with the unifying theme of "A Christian Witness in a COVID-Shaped World". The courses can be taken for university credit, continuing education credit or audited. Please go to the following website to find more information: <https://calvin.edu/academics/global-campus/christian-witness-during-covid/>

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>.

2020 CSTH CALENDAR OF EVENTS...

July

All meetings postponed temporarily due to COVID-19 pandemic

August

All meetings postponed temporarily due to COVID-19 pandemic

© 2012 A publication of the Duke Center for Spirituality, Theology & Health. May be reproduced for noncommercial purposes.

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

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