CROSSROADS…

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health Volume 5 Issue 12 June 2016

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 May 2016) go to: http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads

LATEST RESEARCH

Religious Involvement and Telomere Length

Researchers in the department of sociology at the University of Arizona, University of Texas, Florida State, and Vanderbilt University analyzed data on a random community-based sample of 1,252 adults aged 22 to 69 (mixed gender, mixed race) collected between 2011 and 2014 as part of the Nashville Stress and Health Study in Davidson County, TN. Telomere length (TL) was measured using the monochrome multiplex quantitative polymerase chain reaction method (Cawthon, 2009). Religious involvement was measured using a 3-item index consisting of frequency of religious attendance, frequency of prayer, and self-rated religiosity. Also measured were religious support (2-item index) and religious coping (5-item index). Potential mediators were depressive symptoms (20-item CES-D), health behaviors (smoking, heavy drinking), allostatic load (4-item index (norepinephrine, cortisol, systolic blood pressure, total cholesterol), stressful life events (37-item scale), financial strain (6-item index), and social support (marital status, 16-item family support scale, and an 8-item friend support scale). Demographics measured as potential confounders were age, gender, education, employment status, and household income. Ordinary least squares regression was used to model the relationship between religiosity and TL, controlling for demographic confounders and potential mediating variables. **Results**: Religious involvement (attendance, prayer, self-rated religiosity) was significantly and positively related to TL in a linear dose-effect manner, controlling for demographics, potential mediating variables, as well as religious support and religious coping (neither of which were related to TL). When comparing standardized regression coefficients for financial strain, stressful life events, marital status, family support, friend support, depressive symptoms, health behaviors, and allostatic load, religious involvement was among the strongest correlates of TL. The association was similar across levels of age, gender, and race. None of the psychosocial or behavioral variables assessed mediated this relationship. As noted above, certain aspects of religious involvment were not related to TL. Investigators explained that religious attendance, prayer, and self-rated religiosity are often established early in life and sustained throughout the life course (resulting in longer exposure), whereas religious support and religious coping are often activated in response to difficult life situations (and in cross-sectional studies these dynamics may nullify beneficial effects).
Citation: Hill TD, Ellison CG, Burdette AM, Taylor J, Friedman KL (2016). Dimensions of religious involvement and leukocyte telomere length. Social Science and Medicine, in press
Comment: This is the first report from a large community-based sample involving both men and women on the relationship between religious involvement and telomere length, replicating our initial findings of an inverse relationship between religiosity and telomere length in a convenience sample of stressed female caregivers (*Journal of Nervous & Mental Disease* 2016; 204(1):36-42). In contrast to our study, the Hill et al. study did not report a U-shaped relationship, but rather a significant positive linear relationship. Since both our initial study and the Hill et al. study did not find the relationship mediated by stress, depression, or social support, both of our research groups have speculated that level of overall inflammation might help to explain this relationship (perhaps influenced by positive emotions, which are moderately strongly related to religious involvement and to inflammation and which neither of these studies controlled for). Given the positive relationship between TL and longevity (and its role as a biological clock at the chromosome level within the cell), the positive relationship with TL may be the "holy grail" that helps explain why religious persons have better health in later life and consequently live longer.

Healing Prayer in the USA

Jeff Levin analyzed data from the 2010 Baylor Religion Survey (Wave III) to examine how often Americans prayed for healing and determine predictors thereof in a nationally representative sample of 1,714 adults age 18 or older. The average age of participants was 56 years; 54% were female; 63% were married and living together; 61% were white; 70% completed at least some college or technical school; and more than two-thirds had an annual household income of less than $50,000. Participants were affiliated with 40 different groups, the largest being Roman Catholic (23%), Baptist (15%), or no religious affiliation (11%) (consistent with recent surveys by the Pew Foundation on the religious characteristics of the US population). *Use of healing prayer* was assessed with five questions: frequency of prayer for self ("prayed to God to receive healing for an illness or injury"), prayer for others ("prayed to God for another person's healing from an illness or injury"), asking for prayer ("asked others to pray to God for your healing from an illness or injury"), laying-on-of-hands ("given a laying-on-of-hands for an illness or injury"), and prayer group participation ("participated in a prayer group, prayer chain or prayer circle that prayed for other persons' healing from an illness or injury"). Response options for each item ranged from never (1) to often (4). Also measured were single items assessing subjective religiosity, religious attendance, scripture reading, private prayer, belief in God, meditation, use of non-medical healers, and relationship with God (the latter with a 4-item scale). Covariates included age, gender, race, marital status, education, income, urbanicity, physical health (single item), and mental health

(single item). Hierarchical OLS regression was used to examine predictors of healing prayer. **Results**: With regard to prevalence, 32.4% of respondents often prayed for self and 21.2% never prayed for self; 51.1% often prayed for others, while 12.7% never did so; 16.1% often asked for prayer for healing, but 45.9% never did so; 4.6% were often given laying-on-of-hands prayer, while 73.9% never received this; and finally, 17.9% often participated in a prayer group, while 47.0% never did so. With regard to independent predictors of each type of healing prayer, "prayer for self" was predicted by frequency of private prayer (β=0.33, p<0.001) and by having a loving relationship with God (β=0.26, p<0.001), along with being married (β=0.05, p<0.05). "Prayer for others" was most strongly predicted by having a loving relationship with God (β=0.33, p<0.001) and by frequency of private prayer (β=0.29, p<0.001); women (β=0.09, p<0.001) and those living in rural areas (i.e., β=-0.07 for urban residence, p<0.001) were more likely to do this. Those who "asked for prayer" were especially likely to have a loving relationship with God (β=0.18, p<0.001) and also attended religious services more frequently (β=0.15, p<0.001) and read religious scriptures more often (β=0.14, p<0.001); they were also more likely to be female (β=0.07, p<0.01), to have less education (β=-0.07, p<0.05), and to be in worse physical healt (β=-0.07, p<0.05). Those receiving "laying-on-of-hands" were especially likely to read religious scriptures (β=0.24, p<0.001) and consult a non-medical healer (β=0.18, p<0.001); they were younger (β=-0.09, p<0.01), in worse physical health (β=-0.06, p<0.05), but had better mental health (β=0.07, p<0.05). Those participating in a "prayer group" were especially likely to read scriptures (β=0.23, p<0.001), have a loving relationship with God (β=0.16, p<0.001), and attend religious services (β=0.16, p<0.001); they were also more likely to be women (β=0.12, p<0.001) and be living in rural settings (β=-0.08, p<0.01, for urbanicity). Levin concluded that "one consistent predictor [of healing prayer] was a four-item scale assessing a loving relationship with God. Higher scores were associated with more frequent healing prayer use according to every measure, after controlling for other religious variables and covariates."
Citation: Levin J (2016). Prevalence and religious predictors of healing prayer use in the USA: Findings from the Baylor Religion Survey. Journal of Religion and Health, April 13, E-pub ahead of print
Comment: This is one of the first national surveys of healing prayer use in the U.S. Careful statistical control for religious characteristics and demographics in this relatively large sample contributes to the reliability of the findings. "Standardized betas" (β) are noted so that the reader can gauge the relative strength of the associations reported.

Religiosity and Depression among Syrian Refugees in Lebanon

In one of the first studies of religious involvement and depressive disorder in Syrian refugees, researchers from the departments of psychiatry and internal medicine at Lebanese University in Beirut examined correlations in a cross-sectional study of 310 migrants forced out of their country in 2011. Partricipants were all Muslim, 61% female, 85% married, and 81% with less than grade school education. Current, past, and pre-war major depressive disorder (MDD) and dysthymia were diagnosed using the MINI Neuropsychiatric Inventory. Religiosity, in turn, was assessed using a 5-item Muslim religiosity scale that measured participation in rituals and group prayers, individual private prayer, importance of religion, moral support from religion, and strength of religious beliefs (with response options ranging from 0 to 3 for each item). Logistic regression was used to examine multivariate associations. **Results**: Prevalence of current MDD was 44% (plus an additional 5% with dysthymia); past MDD was 27%; and pre-war MDD was 7%. Most (96%) scored 6 or higher on the religiosity scale that ranged from 0 to 15, with females significantly more religious than males. Current and past MDD were not related in bivariate or multivariate analyses to age, marital status, occupation, SES, education, gender, or religiosity (i.e., none of the covariates measured). Pre-war MDD was more common among females, those over age 65, and those who were widowed. Researchers concluded that religiosity was unrelated to depressive disorder in this population.
Citation: Naja, W. J., Aoun, M. P., El Khoury, E. L., Abdallah, F. J. B., & Haddad, R. S. (2016). Prevalence of depression in Syrian refugees and the influence of religiosity. Comprehensive Psychiatry 68:78-85.
Comment: No relationship was found between religiosity and depressive disorder in this study, where nearly 50% of the sample had depressive disorder and most participants were either moderately or highly religious. Given the high religiosity of this population, a ceiling effect may have contributed to the weak relationship with depressive disorder. Thus, use of a measure of religiosity with a greater range of values may have produced different results (or may not have). Likewise, the high rate of depression may also have influenced results. We also found that in a sample composed of patients with depressive disorder diagnosed using the MINI that while there was no relationship with religiosity, a strong relationship between religiosity and positive emotions was present (*Journal of Psychosomatic Research* 2014; 77(2):135-143). Unfortunately, positive emotions were not measured in the present study.

Spirituality and Mental Health among Outpatients with Affective Disorder in Singapore

Investigators from the Institute of Mental Health in Singapore surveyed 211 outpatients with affective disorders being seen at a tertiary care psychiatric hospital (51% male; 43% Chinese, 27% Malay, 30% Indian; 89% with primary education or above, i.e., relatively well-educated). The aim was to examine a new measure of "positive mental health" (PMH) and its relationship to psychiatric symptoms. Patients aged 21-65 with anxiety or depressive disorders were recruited into the study. A 47-item PMH scale along with measures of psychiatric symptoms was administered, assessing anxiety (GAD-7), depression (PHQ8), life satisfaction (5-item Diener scale), and overall functioning (GAF). The PMH scale assessed 6 dimensions: general coping, emotional support, interpersonal skills, personal growth and autonomy, global affect, and spirituality (e.g., "I find comfort in my religion and/or spiritual beliefs"). Only bivariate analyses were reported for spirituality and other mental health states (multivariate analyses were performed only on the overall PMH measure). **Results**: The spiritual dimension of PMH was positively related to anxiety (B=0.35, p<0.05) on the GAD7, but was inversely related to depression (B=-0.47, p<0.05) on the PHQ8. There was a strong relationship between spirituality and life satisfaction (B=0.34, p<0.01) on the Diener scale. Researchers concluded that "Mental illness and mental health are not mutually exclusive."
Citation: Seow, L. S. E., Vaingankar, J. A., Abdin, E., Sambasivam, R., Jeyagurunathan, A., Pang, S., Chong SA, Subramaniam, M. (2016). Positive mental health in outpatients with affective disorders: Associations with life satisfaction and general functioning. Journal of Affective Disorders 190:499-507.
Comment: The sample in unique in being outpatients with anxiety or depressive disorders from a mix of ethnic groups in Singapore (most Malays and Indians in this area are Muslim, whereas Chinese tend not to be religious). Interesting how spirituality/religiosity correlated positively with life satisfaction in this sample (a positive emotion) and was inversely related to depression (this time!), but in contrast, was positively related to anxiety symptoms.

Functional Impairment, Religiosity/Spirituality and Depression in Spinal Cord Injury

Researchers at the Ragama Rheumatology and Rehabilitation Hospital in Sri Lanka surveyed 61 in-patients with traumatic spinal cord injury (SCI). Measures included the SCI Independence Scale, the Benefit Through Spirituality/Religiosity Scale, Sheehan Disability Inventory, and Beck Depression Inventory (BDI). Linear regression was used to examine predictors of depressive symptoms, controlling for sociodemographic variables. Only the abstract was available for review. **Results**: Not surprising, 41% of participants scored in the significant depression range of the BDI. The primary predictors of depression severity were functional impairment (β=0.54, $p<0.001$) and benefit through S/R activities (β=-0.31, $p<0.05$). Researchers concluded that "The findings emphasize the need for rehabilitative programing to support patients' S/R activities and mental well-being, promoting reintegration into their community roles."
Citation: Xue S, Arya S, Embuldeniya A, Narammalage H, da Silva T, Williams S, Ravindran A (2016). Perceived functional impairment and spirituality/religiosity as predictors of depression in a Sri Lankan spinal cord injury patient population. Spinal Cord, May 3, E-pub ahead of press
Comment: Another interesting report on people who have a lot to cope with.

Relationships between Stress, Spirituality, and Adolescent Substance Use

Researchers at Johns Hopkins School of Public Health and Center for the Prevention of Youth Violence analyzed data collected from a web-based survey of 5,217 students attending grades 6 through 8 at 40 parochial private schools (assuming in the Baltimore area). Multi-level structural equation modeling was used to examine associations between stress, spirituality, and substance use. Since only the abstract of the study was available, details are lacking (especially how spirituality was measured). **Results**: While higher stress was related to greater use of alcohol, tobacco, and other drugs ($b=0.306$, $p<0.001$) (as expected), lower spiritual beliefs was even more strongly related to substance use ($b=0.359$, $p<0.001$). Interestingly, spiritual beliefs did not moderate the association between school-related stressors and substance use in this study.
Citation: Debnam K, Milam AJ, Furr-Holden CD, Bradshaw C (2016). The role of stress and spirituality in adolescent substance use. Substance Use and Misuse, April 12, E-pub ahead of print (volume 51, issue 6)
Comment: It is interesting how strong the correlation was between low spiritual beliefs and substance use (greater even than the positive association between stress and substance use!). Since the sample consisted of parochial private school students, the findings need to be replicated in public elementary schools.

Review: Spiritual Coping and Health in Youth with Chronic Illness

Investigators in the department of pediatrics at the University of Alabama, Birmingham, conducted a systematic review and meta-analysis of "spiritual coping," mental health, and physical health among youth (pediatric patients) with chronic physical illness. A total of 14 studies published between 1990 and 2015 were identified. Both positive and negative spiritual coping were examined. A fixed-effects model and random effects model (REM) were used to conduct the meta-analysis. Only the abstract was available, limiting details. **Results**: Negative spiritual coping (religious/spiritual struggles) was positively related to internalizing problems (depression, anxiety, etc.) (REM r=0.34), lower quality of life (r=-0.34), and worse physical health (r=-0.08). Positive spiritual coping, in contrast, was associated with fewer internalizing (r=-0.19) and better physical health (r=0.19). Researchers concluded that "The results reveal that spiritual coping is an important coping strategy for pediatric patients....Intervention research is needed to determine if targeting spiritual coping improves health and psychosocial well-being."
Citation: Reynolds N, Mrug S, Wolfe K, Schwebel D, Wallander J (2016). Spiritual coping, psychosocial adjustment, and physical health in youth with chronic illness: A meta-analytic review. Health Psychology Review, March 22, E-pub ahead of press
Comment: This is the most recent meta-analysis of studies of spiritual/religious coping in young adults, both positive and negative.

Spirituality in Persons with Schizophrenia and Mental Health Care Providers in China

Researchers at the University of Hong Kong conducted a qualitative study to examine the meanings of spirituality to 18 persons with schizophrenia (clients) and 19 mental health professionals (MHPs) at public hospitals and community rehabilitation centers in Hong Kong. Interviews were conducted and analyzed based on grounded theory principles. Clients were outpatients at one of the largest acute regional public hospitals in Hong Kong; MHPs were from various hospitals in Hong Kong, and were not the clients' caregivers. Inclusion criteria were schizophrenia diagnosed by psychiatrist using DSM-IV-TR criteria, cognitively intact enough to give meaningful responses, ages 18-65, and Chinese-speaking. All participants were stabilized at the time of interviews (no acute psychoses), and did not have any co-morbid psychiatric disorder or severe medical illness. Clients were 56% male, had a high school education or less (72%), had an average age of 28 years, and the majority had no religious affiliation (56%). Of of those with a religious affilation, Christianity was the most common (28%). For mental health professionals, 42% were male, the average age was 39 years, and most had either no religious affiliation (42%) or were Christian (53%). Professions included were psychiatrists (n=4), nurses (n=5), rehabilitation specialists (n=3), and social workers (n=7). Participants were asked to describe the meaning of spirituality to them, what makes up spirituality, and what spirituality includes. **Results**: Both clients and MHPs perceived spirituality in terms of personal and communal domains. The personal domain for clients and MHPs focused on (1) a sense of self; (2) a philosophy of life; (3) growth after an acute exacerbation of illess, and (4) peacefulness. For clients, the communal domain emphasized religion (religious affiliation and practices), interpersonal relationships, and unusual apparitional experiences (perhaps hallucinatory). For MHPs, the communal domain of spirituality involved social support, religious beliefs that helped to stabilize symptoms, and the role that religion played in delaying help-seeking. Spirituality in both clients and MHPs encompassed a wide range of social, mental, and religious characteristics that varied widely between participants.
Citation: Ho RTH, Can CKP, Lo PHY, Won PH, Chan CLW, Leung PPY, Chen EYH (2016). Understandings of spirituality and its role in illness recovery in persons with schizophrenia and mental-health professionals: A qualitative study. BMC Psychiatry 16:86
Comment: There was little consensus on what spirituality meant to either persons with schizophrenia or MHPs, suggesting a mixture of psychological, social, and religious characteristics. This is one of the first studies on perceptions regarding spirituality among Chinese persons with schizophrenia and Chinese MHPs, and is worth reading for that reason.

Psychiatry and Religion: What Should Psychiatrists Do?

Psychiatrist Amir Bishay provides a brief 3-page summary of the overlap between religion and psychiatry, explores the beginning of the conflict between religion and psychiatry, and describes how

mental illness was understood in ancient civilizations (uniformly believed in ancient Egypt, Greece, and Palestine to be due in part or whole to the wrath of the gods). He also examines the role of Jinn possession (Muslim countries) and demon possession (Christian countries) as a cause of mental illness. Suggestions are made on what psychiatrists and religious professionals should do when encountering such cases. Several short cases are described that illustrate patients with mental illness whose symptoms are manifested or influenced by religious beliefs. The author responds to the question that psychiatrists in Muslim countries may often face ("Will these pills cast Jinn out?"). He does so with a quote from one of his professors: "Whatever is bothering you, whether it is illness or Jinn or Devil, is affecting you by altering the chemistry of your brain and the pill can deal with that and make you better." That sounds like good advice using the language of both psychopharmacology and religion.
Citation: Bishay A (2016). Psychiatry and religion: What psychiatrists and religion professionals can do? Journal of Psychiatry 18:302, doi:10.4172/2378-5756.1000302
Comment: Very nice brief summary of the dilemma and several possible solutions.

The Impact of Therapist's World View on Treatment

Investigators in the department of psychiatry at Harvard Medical School surveyed 50 therapists to examine the impact of their world view on their mental health care practices (i.e., implications for diagnosis, formulation, and treatment). All therapists were members of the Massachusetts Psychological Association (95% psychologists); ranged in age from 27 to 71 years (mean 53 years); had been on average 19 years in practice; and 88% worked in private practice settings. World view was assessed using the 27-item Therapist World View Survey (created for the present study by the authors). Questions stressed world view related to religion or spirituality, and how it was experienced in and influenced their practice and personal lives. Two clinical vignettes were also provided to identify impact on ethical issues in treatment. The vignettes presented were those involving (1) a physician prescribing a lethal dose of medication to a patient with less than 6 months to live and (2) a patient with symptoms of depression and anxiety attributed to a lack of faith. Therapists were asked if they would do a spiritual history, encourage the patient to engage in spiritual practices, suggest that she involve herself in a faith community, or pray with her. **Results**: With regard to the influence of their world view on their clinical practice, 19% indicated a great deal, 44% indicated moderately, and 37% said slightly or not at all. Most participants considered themselves religious and/or spiritual, although only 56% indicated a religious affiliation (37% said they were spiritual but not religious). With regard to Vignette #1, 56% said that a lethal dose of medication should be prescribed; of those who said that, most (83%) would do so to enhance patient autonomy, 54% in order to relieve suffering, and 37% both. Higher levels of self-rated religiosity was significantly related to a decision not to prescribe, whereas self-rated spirituality was not. For Vignette #2, 89% of therapists said they would always explore the patient's spiritual history; 79% said they would rarely or never pray with her; 59% said they would at least occasionally encourage her to engage in spiritual practices; and 71% would encourage involvement in a faith community or healing ministry (even therapists who described themselves as neither religious nor spiritual said they would at least sometimes recommend religious/spiritual practices. Researchers indicated that there was a "sea change" in therapists' world views toward religion/spirituality compared to surveys of psychologists 20 years ago (both with regard to having a personal religious affiliation and being open to asking about clients' spiritual or religious beliefs). They also noted that there was a shift from affiliations being with traditional religions to orientations described as being "spiritual but not religious." Researchers concluded that "differences in world view may be associated with significant differences in ethical decision-making."
Citation: Peteet JR, Rodriguez VB, Herschkopf MD, McCarthy A, Betts J, Romo S, Murphy JM (2016). Does a therapist's world view matter? Journal of Religion and Health 55:1097-1106
Comment: A small but fascinating study of how therapists' world views toward spirituality/religion may influence their decision-making regarding treatment, especially when ethical issues are present. The report is also notable because it was conducted by one of the leading academic psychiatry groups in the world. Because only 50 of 600 potential participants responded to the online survey, however, religious or spiritual therapists may have been more likely to respond, making the findings reported here a "best case scenario" concerning therapist interest in and affiliation with religion or spirituality.

Length of Stay is Shorter in Psychiatric In-Patient Faith-Based Hospitals

Researchers at the school of public health at Loma Linda University examined psychiatric discharges from all community-based hospitals in California between 2002 and 2011 (OSHPD, 2013), during which there were 1,976,893 discharges. Of those, 14.3% were from faith-based non-profit hospitals (18 Catholic, 7 Seventh-Day Adventist, and 1 Jewish hospital). The goal was to compared length of psychiatric in-patient stay (LOS) between faith-based and government-controlled and for-profit hospitals.
Results: Average LOS for all psychiatric hospitals was 8.2 days (SD=11.9). Among non-faith based hospitals, LOS was 8.3 days (1,694,973 discharges), whereas among Catholic hospitals it was 7.2 days (142,972 discharges) and among Seventh-Day Adventist hospitals was 7.5 days (111,542 discharges). Overall, the average difference in LOS between faith-based and non-faith-based hospitals was 7.5 days vs. 8.2 days, respectively (binomial regression coefficient=-0.12, $p<0.001$, after adjusting for patient and other hospital characteristics, including payer category). Reasons for lower LOS offerred by researchers included (1) more frequent individual chaplain visits and chaplain-led groups; and (2) greater spiritual sensitivity of staff (especially increased spiritual awareness among nurses). The reason for there being only a small difference in LOS, researchers explained, was possibly because faith-based hospitals have become "quite undistinguishable from other hospitals" as secularization has spread across our health systems.
Citation: Banta JE, McKinney O (2016). Faith-based hospitals and variation in psychiatric inpatient length of stay in California, 2002-2011. Journal of Religion and Health 55:787-802
Comment: This study reports a small but significant difference in length of psychiatric hospital stay between faith-based and non-faith based institutions. An average 0.7 day difference in LOS is about an 8.5% reduction. Given the cost of inpatient psychiatric care, this means a considerable savings.

Health Promoting Verses in the Qur'an

Aboul-Enein from the department of dietetics technology at San Jacinto College in Pasadena, Texas, comprehensively reviewed the Qur'an for verses relevant to health promotion and behavior. Two versions of the Qur'an were analyzed to ensure reliability in content. **Results**: The researcher identified 28 verses (out of 6,346) that focused on diet or nutrition, personal hygiene, alcohol use, and importance of a healthy lifestyle. Nearly half (14 verses) were found in two of the 114 chapters (Surah): Surat AlBaqara (The Cow) and Surat An-Nahl (The Honey Bee). Two verses focused on choices that promote a healthy lifestyle; three on personal hygiene; eighteen on diet and nutrition; one on physical activity; three on alcohol use (discouraging); and one on breastfeeding (encouraging). All verses are listed in a table. The WHO now recommends that Islamic countries provide booklets that contain Qur'anic verses connected to mental health. The

present review suggests that perhaps similar booklets with Qur'anic verses encouraging healthy lifestyles, behavioral and practices might be useful for health promotion efforts in these countries. Aboul-Enein concluded that: "…the Qur'an could serve as an influential medium for culturally competent public health practitioners in diverse populations, particularly in Muslim communities…"
Citation: Aboul-Enein BH (2016). Health-promoting verses as mentioned in the Holy Qur'an. Journal of Religion and Health 55:821-829.
Comment: Muslims believe that the verses from the Qur'an represent the actual word of God. Therefore, the findings and suggestions noted above appear quite reasonable (given the low cost and ease of widespread adoption). Studies are needed to examine whether repetition of healthy verses from the Qur'an results in changes in health behaviors and improved health outcomes.

NEWS

Harvard University's Initiative on Health, Religion, and Spirituality

Researchers and theologians at Harvard have received a grant from the John Templeton Foundation for $2.1 million. The principle investigator is Tracy Balboni, M.D. (radiation oncologist at the Dana Farber Cancer Institute). Co-PIs are Tyler VanderWeele, Ph.D. (Harvard School of Public Health) and Michael Balboni, Ph.D. (Harvard Divinity School graduate and palliative care researcher at the Dana Farber). The purpose of this grant is to advance research in the areas of public health and end of life care. A one-day symposium at Harvard in November/December 2016 will be featuring recent research from this program. See website: http://projects.iq.harvard.edu/rshm/background for more details.

McLean Hospital's Spirituality and Mental Health Program

Harvard Medical School's McLean Hospital in Belmont, MA, has recently announced a multi-faceted initiative to meet the spiritual needs of McLean patients by providing spiritually-integrated care within multiple clinical units throughout the hospital. This program is a collaborative effort with nurses, social workers, metal health counselors, psychologists, psychiatrists, and other clinicians throughout the hospital in order to provide patients with spiritually-sensitive care. David H. Rosmarin, Ph.D., is leading this effort. For more information, go to:
http://www.mcleanhospital.org/programs/spirituality-and-mental-health-program

SPECIAL EVENTS

Emerging Tools for Innovative Providers 2016

(Pasadena, California, July 25-29, 2016)
This 5-day seminar at *Fuller Theological Seminary* (about 25 minutes from Hollywood) has become the premier event in the U.S. that focuses on integrating spirituality into patient care. During the seminar, participants from different backgrounds develop a broad vision of the role that spirituality plays as a health or mental health determinant and develop specific applications that they can implement into their own practice, discipline, and workplace. To achieve this goal, teams will form on Monday, continue to work in mentored settings at designated times throughout the week, and then report back their accomplishments on Friday. Explore how the significant accumulation of spirituality and health research over the last 25+ years translates into useful applications for healthcare and other human services providers. Participants will work with leaders in the field to integrate findings from spirituality and health research into clinical practice, including medical practice, nursing, chaplaincy, psychology, sociology, and education. Faculty this year include Everett Worthington, Elizabeth Johnston-Taylor, Alexis Abernethy, Sheryl Tyson, Lee Berk, Kenneth Wang, Douglas Nies, Bruce Nelson, and others. For more information, go to website: http://www.etip2016.com/

OTHER CONFERENCES

4th Annual Disaster Ministry Conference

(Wheaton College, Wheaton, IL, June 7-10, 2016)
See website: http://www.disasterministryconference.com/#story-1.

2nd International Conference in Spirituality in Healthcare

(Dublin, Ireland, June 23, 2016)
Contact Professor Fiona Timmins (timminsf@tcd.ie).

Duke University Spirituality & Health Research Workshop

(Durham, North Carolina, August 15-19, 2016)
Workshop nearly full, with only a few mentorship spots left and only on the Sunday before the workshop begins (8/14); register now. See website: http://www.spiritualityhealthworkshops.org/.

RESOURCES

Semantics and Psychology of Spirituality

(Springer, 2016)
From the publisher: "This book examines what people mean when they say they are 'spiritual'. It looks at the semantics of 'spirituality', the visibility of reasons for 'spiritual' preference in biographies, in psychological dispositions, in cultural differences between Germany and the US, and in gender differences. It also examines the kind of biographical consequences that are associated with 'spirituality'. The book reports the results of an online-questionnaire filled out by 773 respondents in Germany and 1113 in the US, personal interviews with a selected group of more than 100 persons, and an experiment. Based on the data collected, it reports results that are relevant for a number of scientific and practical disciplines. It makes a contribution to the semantics of everyday religious language and to the cross-cultural study of religion and to many related fields as well, because 'spirituality' is evaluated in relation to personality, mysticism, well-being, religious styles, generativity, attachment, biography and atheism. The book draws attention to the – new and ever changing – ways in which people give names to their ultimate concern and symbolize their experiences of transcendence." Available at:
http://www.amazon.com/Semantics-Psychology-Spirituality-Cross-Cultural-Analysis/dp/3319212443.
Comment: This is a remarkable text that quantitatively and qualitatively examines differences and similarities between religion and spirituality (see chapters 6-8, in particular, and all the chapters by Constantin Klein). Note, however, that the data were collected largely on individuals from a well-educated university community, the majority of whom considered themselves more spiritual than religious.

Spirituality & Health Research 2015 Annual Bibliography Now Available

John Ehman, chief chaplain at University of Pennsylvania (PENN) Presbyterian Medical Center, has just announced the 2015 publication of his annual Medline-indexed bibliography on

spirituality and health research (236 articles). Each article is listed with institutional affiliations and either an abstract or description. Similar bibliographies for 1999-2014 are also listed there. Go to: http://www.uphs.upenn.edu/pastoral/resed/bibindex.html.

Religion and AIDS Treatment in Africa: Saving Souls, Prolonging Lives (Routledge, 2014)

From the publisher: "This book critically interrogates emerging interconnections between religion and biomedicine in Africa in the era of antiretroviral treatment for AIDS. Highlighting the complex relationships between religious ideologies, practices and organizations on the one hand, and biomedical treatment programmes and the scientific languages and public health institutions that sustain them on the other, this anthology charts largely uncovered terrain in the social science study of the Aids epidemic.Spanning different regions of Africa, the authors offer unique access to issues at the interface of religion and medical humanitarianism and the manifold therapeutic traditions, religious practices and moralities as they co-evolve in situations of AIDS treatment. This book also sheds new light on how religious spaces are formed in response to the dilemmas people face with the introduction of life-prolonging treatment programmes." Available for $70.00 (used) at: http://www.amazon.com/Religion-AIDS-Treatment-Africa-Prolonging/dp/1409456692.

You Are My Beloved, Really?

(printed by CreateSpace, March 26, 2016)

From the publisher: "How does God feel about us? Are we his beloved, as some claim? Or is this just fantasy and wishful thinking? The author, a physician and medical researcher, examines the evidence for God's love from Christian, Jewish, Muslim, Buddhist and Hindu perspectives based largely on the sacred scriptures from these traditions. Not a theologian, the author draws from his 30 years in clinical practice, his research background, and his personal life in taking a practical approach to the subject. Those of any age with an open mind – especially if going through hard times -- will find this book enlightening, inspiring, and possibly healing. Written for Christians, non-Christians, those who are religious, those who are spiritual, and those who are neither." Dedicated to Veterans and active duty Service Members. Plans are to use the compact version of this book (soon to be published) in a future clinical trial examining spirituality-oriented cognitive processing therapy for moral injury in PTSD; however, it is written for a much broader audience than just those with PTSD. "Full version" of the paperback with citations is now available for $7.40 at: http://www.amazon.com/gp/product/1530613094. Kindle version also available for $1.00 (one dollar).

CME/CE Videos (CSTH, July 2015)

Due to the generous support of the Templeton Foundation and Adventist Health System, 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" medical care that includes the identifying and addressing of spiritual needs. No other resource like this currently exists. Go to: http://www.spiritualityandhealth.duke.edu/index.php/cme-videos.

Health and Well-being in Islamic Societies

(Springer International, 2014)

What exactly do Muslims believe? How do these teachings line up with Christian beliefs? While differences and similarities between Christian and Muslim beliefs and practices are examined, the core of the book focuses on research exploring religiosity and health in Muslim populations. Available for $53.22 at: http://www.amazon.com/Health-Well-Being-Islamic-Societies-Applications/dp/331905872X

Spirituality in Patient Care, 3rd Ed

(Templeton Press, 2013)

The 3rd edition provides the latest information on how health professionals can integrate spirituality into patient care. Chapters target physicians, nurses, chaplains and pastoral counselors, mental health professionals, social workers, and OT/PT. Available for $21.23 (used) at: http://www.amazon.com/Spirituality-Patient-Care-When-What/dp/1599474255/.

Handbook of Religion and Health (2nd Ed)

(Oxford University Press, 2012)

This Second Edition covers the latest original quantitative research on religion, spirituality and health (more than 3300 studies in 2010). Spirituality and health researchers, educators, health professionals, and religious professionals will find this resource invaluable. Available for $132.51 (used) at: http://www.amazon.com/Handbook-Religion-Health-Harold-Koenig/dp/0195335953

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

(Templeton Press, 2011)

This book summarizes and expands the content presented in the Duke University's Summer Research Workshop on Spirituality and Health (see above), and is packed full of information helpful in performing and publishing research on this topic. Available for $38.20 (used) at: http://www.amazon.com/Spirituality-Health-Research-Measurements-Statistics/dp/1599473496/

FUNDING OPPORTUNITIES

Templeton Foundation Online Funding Inquiry (OFI)

The John Templeton Foundation is now accepting new funding requests *at any time of the year* through their OFI form. The next deadline for "small grants" submission is February 29, 2016 [a small grant is considered less than $217,400], with decision made by March 31. The next deadline for "large grants submission" (greater than $217,400) is August 31, 2016. The three main areas in religion, spirituality and health that the Foundation funds are: (1) research on causal mechanisms (basic psychosocial, behavioral, and physiological pathways), (2) increasing competencies of health care professionals in working with religious patients (physicians, but also pscyhologists and experts in public health), and (3) research involving the development of religious-integrated interventions that lead to improved health. More information: https://www.templeton.org/what-we-fund/grantmaking-calendar

PLEASE Partner with us to help the work to continue…

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

2016 CSTH CALENDAR OF EVENTS…

June

2 Religion, Spirituality and Health in Later Life
Osher Lifelong Learning Institute
North Carolina State University (NCSU), 10:45-12:15
Speaker: Koenig
Contact: Nancy Huber (nancy_huber@ncsu.edu)

10 Spirituality and Health: Research and Clinical Applications
William James College, Newton, MA, 9:00-12:30
Speakers: Koenig (online via Skype)
Contact: Ricardo Bianco (Ricardo_Bianco@williamjames.edu)

18 Faith & Health: Research, Clinical Applications, & Resources
Mental Health Symposium by Virtual Ability, Inc. (online)
Speaker: Koenig and others
Contact: Alice Krueger (akrueger@virtualability.org)

29 Secular vs. Religious Coping in Response to Trauma and Disaster
Speaker: Tony Pham, M.D.
Resident in Psychiatry, Duke University Medical Center
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

July

20 Faith-Based Partnerships in Global Health and Medicine
Speaker: Jeff Levin, Ph.D., M.P.H.
University Professor of Epidemiology and Population Health, Baylor University
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

25-29 Emerging Tools for Innovative Providers 2016
Spirituality and Health Clinical Workshop
Fuller Theological Seminary, Pasadena, CA
Speakers: Worthington, Johnston-Taylor, Koenig, others
Contact: Bruce Nelson (NelsonBR@ah.org)