

CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health

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This newsletter provides updates on research, news and events related to spirituality and health, including educational resources and funding opportunities. **Please forward to colleagues or students who might benefit.** Our goal is to create a community of researchers, clinicians, clergy, and laypersons interested in spirituality and health and keep them informed and updated. An EVENTS CALENDAR concludes the newsletter and describes spirituality and health related presentations happening at Duke and around the world. This is your newsletter and we depend on you to let us know about research, news, and events in this area.

All e-newsletters are archived on our website. To view previous editions (July 2007 through May 2017) go to:

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

LATEST RESEARCH

Religious Involvement and Mortality in the Black Women's Health Study

Investigators from the Harvard School of Public Health analyzed data on 36,613 participants in the Black Women's Health Study followed from 2005 to 2013 (8 years). In 1995 when the study first started, participants were aged 21-69 years (mean age 38 years). During the eight-year follow-up period there were a total of 1,393 deaths. Religious involvement was assessed by attendance at religious services, frequency of prayer, use of religion to cope with stressful situations, and self-rated religiosity. Proportional hazards models were used to examine the effects of religious characteristics on mortality adjusting for age, perceived stress education, body mass index, cigarette smoking, alcohol consumption, socioeconomic status, exercise, quality of diet, health insurance, physical examination, geographical region, daily racism, depressive symptoms, child abuse, history of cancer, myocardial infarction, and stroke. In the final model, researchers simultaneously adjusted for all religious measures. **Results:** Those who frequently attended religious services (several times/week, i.e., 18%) were older, heavier in terms of BMI were less likely to smoke, drink alcohol, exercise vigorously, have lower socioeconomic status, were less likely to have health insurance were less likely to indicate lifetime racism, were less likely to indicate perceived stress, were more likely to report they were coping better, have less depression, and were more likely to have experienced the myocardial infarction. After controlling for these covariates and other religious variables, frequent attendees had a significantly lower mortality risk (HR=0.64, 95% CI 0.51-0.80) compared to those never attending religious services (i.e., a 36% reduction in mortality during the 8-year follow-up).

Those who frequently prayed (several times per day, i.e., 38%) were less likely to drink alcohol and ever smoke; were more likely to have a physical examination within the last two years, more likely to report coping better, less likely to be depressed, less likely to experience child abuse; however, they were older, less likely to exercise vigorously or have a healthy diet, more likely to

have high BMI, and more likely to experience daily racism and have cancer. After controlling for demographic and health characteristics, frequent prayer was weakly related to greater mortality (HR=1.08, 95% CI 0.85-1.37), an effect that approached significance only after including other religious variables (including religious attendance) in the model (HR=1.28, 95% CI 0.99-1.67).

Those who were very involved in using religion to cope (70%) were older, had lower education, were more likely to be from lower SES neighborhoods, and were more likely to experience lifetime racism; despite this, however, they were less likely to use alcohol or ever smoke, more likely to have a physical exam in the last two years, were less likely to perceive high stress, were more likely to be able to cope, and were less depressed. Although religious coping and self-rated religiosity were inversely related to mortality after controlling only for age (HR=0.75, 95% CI 0.61-0.91, and HR=0.78, 95% CI 0.65-0.95, respectively), these effects weakened to non-significance after controlling for demographic and health variables. Researchers concluded that "The results indicate that service attendance was the strongest R/S predictor of mortality in this cohort."

Citation: VanderWeele, T. J., Yu, J., Cozier, Y. C., Wise, L., Argentieri, M. A., Rosenberg, L., ... & Shields, A. E. (2017). Attendance at religious services, prayer, religious coping, and religious/spiritual identity as predictors of all-cause mortality in the Black Women's Health Study. *American Journal of Epidemiology*, 185(7), 515-522.

Comment: Religious attendance, as in many other prospective studies of mortality, has once again been shown to be the strongest predictor of mortality. It is interesting, though, that only after inclusion of religious attendance does the non-significant relationship between frequent prayer and greater mortality approach significance (from an increased hazard of 8% to 28%). The authors acknowledge that it is possible that "service attendance itself lies within the pathway from the other R/S variables to mortality (i.e., is most proximal of the measures)," which could help explain the finding with prayer. Private religious activities like prayer and religious coping are likely to increase as death approaches, particularly among African-American women, whereas the ability to attend religious services likely decreases as illness worsens.

Religiosity and PTSD in U.S. Veterans

Researchers from the department of psychiatry at the Icahn School of Medicine at Mount Sinai, New York, Yale University, Duke University, and the National Center for Posttraumatic Stress Disorder in West Haven, CT, analyzed data on a nationally representative sample of 3,151 U.S. military veterans to examine the relationship between religiosity and major depressive disorder, PTSD, suicidal ideation, and alcohol use disorder. Religiosity was assessed using the 5-item DUREL, and scores were trichotomized to form low (9%), moderate (80%), and high (12%) religiosity groups. Data were analyzed using a series of covariance (ANCOVAs) and multivariable logistic regression models.

Results: Those in the high religiosity group were significantly less likely to report lifetime PTSD (OR=0.46), major depressive disorder (OR=0.50), and alcohol use disorder (OR=0.66). High

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levels of religiosity were also associated with greater purpose in life and posttraumatic growth. Researchers concluded that "...higher levels of R/S may help buffer risk for certain mental disorders and promote protective psychological characteristics in US military veterans."

Citation: Sharma V, Marin DB, Koenig HG, Feder A, Iacoviello BM, Southwick SM, Pietrzak RH (2017). Religion, spirituality, and mental health of U.S. military veterans: Results from the National Health and Resilience in Veterans Study. Journal of Affective Disorders 217:197-204

Comment: This is one of the largest and best designed studies showing a possible protective effect of religious involvement on PTSD and comorbid disorders in US veterans. Of course, given the cross-sectional nature of this study, the direction of causation is not known.

Religiosity and Resilience in U.S. Military Veterans

Veterans administration researchers (New Haven, CT) analyzed data from a 2-year prospective study of 2,157 U.S. military veterans in 2011 (T1) and 2013 (T2) (National Health and Resilience in Veterans Study). The purpose was to identify factors that might distinguish "controls" (n=1,249), "distressed" (n=265), and "resilient" (n=610) veterans from each other. Controls were those with low lifetime trauma and low psychological distress at T2; distressed were those with high lifetime trauma burden and high psychological distress at T2; and resilient were those with high lifetime trauma burden and low psychological distress at T2. Multiple demographic, military, physical health, psychiatric, personality, protective psychosocial, social, altruistic, lifestyle, and religious characteristics assessed at T1 were examined as predictors of group membership at T2. Religious characteristics were assessed with the 5-item Duke University Religion Index (DUREL). **Results:** Bivariate analyses indicated that religious attendance (few times/month or more) was significantly more common among controls (42.2%) and resilient veterans (34.6%) vs. distressed veterans (28.8%) ($p<0.001$); private religious activities (praying or reading scriptures weekly or more) were slightly more common in resilient (39.0%) and controls (37.0%) compared to distressed veterans (34.0%) ($p=0.34$); and intrinsic religiosity was significantly higher in controls (average 10.3) and resilient (9.8) compared to distressed veterans (9.2) ($p<0.001$). However, multinomial logistic regression controlling for multiple factors described above revealed that resilient veterans were actually somewhat *less likely* than distressed veterans to be religious overall (OR=0.84, 95% CI 0.67-1.06), although the difference was not significant. Resilient veterans were more likely than distressed veterans to be younger, Caucasian, report a positive effect of military on their life, less likely to have physical health difficulties, less likely to have positive psychiatric history or substance use disorder, more likely to be extroverted and emotionally stable, more likely to have protective psychosocial factors, and more likely to be altruistic, but less likely to be conscientious or open to new experiences.

Citation: Isaacs, K., Mota, N. P., Tsai, J., Harpaz-Rotem, I., Cook, J. M., Kirwin, P. D., ... & Pietrzak, R. H. (2017). Psychological resilience in US military veterans: A 2-year, nationally representative prospective cohort study. Journal of Psychiatric Research 84, 301-309.

Comment: Although uncontrolled analyses found that religious involvement was more common among resilient and control veterans than in distressed veterans, when other factors were controlled for, the relationship reversed. This is likely because researchers controlled for mediating factors (i.e. substance use disorder, emotional stability, conscientiousness, protective psychosocial factors, and altruism). Once these factors (all of which are usually related to religiosity) were accounted for in the model, religious involvement independent of those likely mediators had little effect. Since the effects of religious involvement were not

the primary focus of the paper, investigators did not address this issue.

Defining "Moral Injury" More Clearly in the Context of Chaplaincy

Thought leaders in the department of religious studies, School of Historical and Philosophical Inquiry, University of Queensland, Australia, discuss the variations in definition of moral injury (both classical and alternative definitions, which they describe 17). The authors provide a compromise definition by proposing two types of moral injury: (1) one that originates at the individual level and (2) one that originates in the organizational level. They also emphasize the importance of a bio-psycho-social-spiritual model when seeking to understand moral injury in the context of the spiritual well-being of veterans, including chaplains working closely alongside mental health professionals when treating those experiencing moral injury.

Citation: Hodgson TJ, Carey LB (2017). Moral injury and definitional clarity: betrayal, spirituality and the role of chaplains. Journal of Religion and Health, May 19, E-pub ahead of press

Comment: This paper does an excellent job of summarizing the different definitions of moral injury, and also in proposing an alternative definition rooted in the bio-psycho-social-spiritual model that requires the input from medical, mental health, and religious professionals in the treatment of this frequent condition so closely related to PTSD in military (and non-military) populations.

Changes in Mental Health Following Christian Conversion in China

Researchers from the department of psychological sciences at the University of Hong Kong conducted a 3-year prospective study of 455 Chinese college students (average age 24 years, 59% women) to examine the effects of Christian conversion on psychological well-being (operationalized as depressed mood, anxiety, and stress level). During the 3-year follow-up from 2009-2010 (T1) to 2012-2013 (T2), six waves of the survey were conducted during which 46 reported being a Christian at T2 who had not reported being a Christian on the previous two waves (described as "converts"). In addition, 92 participants were selected as the "non-convert" group based on responses during all six waves of the study indicating they were not Christian. In addition, 92 Christian participants were chosen who indicated they were Christian on all six waves (continuous Christians). The three groups were matched on gender, age, education, and household income. Emotional symptoms were compared between the three groups, and assessed by depressed mood, anxiety and stress using the 21-item Depression Anxiety Stress Scale. **Results:** When examining predictors of religious conversion, few psychological characteristics (personality, social axioms, personal values, psychological symptoms) distinguished converts from non-converts; in fact, only one characteristic -- believing that there is only one true religion -- was predictive of Christian conversion. With regard to the consequences of religious conversion, analyzing the data using mixed-design repeated-measure ANOVAs, all three indicators of poor psychological well-being decreased during the three-year follow-up more so among Christian converts than in either non-converts or continuous Christians. For depression the interaction term was marginally significant at $F(2, 227)=2.37, p=0.09$, whereas the interaction was significant for anxiety ($F(2,227)=4.65, p<0.05$) and especially for perceived stress level ($F(2,227)=8.46, p<0.001$). Researchers concluded that the findings were consistent with other researchers' observation that religious conversion "predicted subsequent improvement in intrapsychic functioning such as life satisfaction, self-esteem, and vitality," and that their own findings "may also account for the often-observed difference between religious people and the nonreligious on well-being measures."

Citation: Hui, C. H., Cheung, S. H., Lam, J., Lau, E. Y. Y., Yuliawati, L., & Cheung, S. F. (2017). In search of the psychological antecedents and consequences of Christian conversion: A three-year prospective study. *Psychology of Religion and Spirituality*, 9(2):220-230.

Comment: To our knowledge, this is the first study to examine the effects of Christian conversion on mental health over time in a largely atheistic country such as China. It is also interesting that Christian converts experienced improvements in mental health that exceeded those in long-term Christians (although previous benefits may already have stabilized in that group prior to follow-up).

Spirituality, Stigma and Well-being in HIV+ Older Adults

Researchers from the Center on HIV and Aging, New York University College of Nursing, and University of Massachusetts, analyzed data from the Research on Older Adults with HIV study that surveyed 914 adults age 50 or older with HIV. This was the first large-scale comprehensive survey to provide detailed information on psychosocial issues affecting HIV+ older adults. The purpose was to examine the association between HIV stigma and psychological well-being and determine the role that spirituality as a coping resource played as a mediator between these two constructs. Most participants were male (71%), non-Caucasian (86%), heterosexual (67%) had lived with HIV for an average of 13 years, and their average age was 55 years. HIV stigma was measured by the 40-item Berger HIV Stigma Scale; psychological well-being by Ryff's Psychological Well-Being Measure. Spirituality was measured by Howden's 28-item Spiritual Assessment Scale, which measures purpose in life, inner resources, interconnectedness, and transcendence. Structural equation modeling was used to examine the data. **Results** indicated that HIV stigma was strongly and inversely related to psychological well-being (std B=-0.42); however, spirituality strongly mediated this relationship in that it was inversely related to HIV stigma (std B=-0.25) and positively related to psychological well-being (std B=+0.59), all relationships highly significant. Researchers concluded that "Findings highlight the importance of spiritual and CIH interventions for older adults with HIV/AIDS."

Citation: Porter, K. E., Brennan-Ing, M., Burr, J. A., Dugan, E., & Karpiak, S. E. (2017). Stigma and psychological well-being among older adults with HIV: the impact of spirituality and integrative health approaches. *The Gerontologist* 57(2), 219-228.

Comment: This would be an important study if the measure of spirituality was not so deeply confounded with positive emotions (purpose in life, inner resources, interconnectedness), making the findings with psychological well-being appear circular or tautological.

Religiosity and Apolipoprotein E Genes in Mild Cognitive Impairment

Researchers from the School of Public Health, Ningxia Medical University in Yinchuan, China, examined the relationship between religion, cognitive impairment, and apolipoprotein E (APOE) gene polymorphisms in the 2410 community dwelling adults aged 55 years or older from the Ningxia Province in western mainland China. Religious involvement was assessed using the Chinese version of the 5-item Duke University Religion Index (DUREL) that assesses religious attendance, private religious activities, and intrinsic religiosity. APOE gene status was determined using the standard method (high-resolution melting protocol). Cognitive functioning was determined by neuropsychological testing and clinical examination that included the Mini-Mental Status Exam and identification clinical criteria to determine the presence of mild cognitive impairment (MCI). Logistic regression was used to analyze the results while controlling for demographic and health variables. **Results:** A significant interaction was found between

high religiosity and the APOE $\epsilon 4$ allele (high risk allele). The synergy index was 0.40 for religiosity and the high risk APOE $\epsilon 4$ carrier state, while it was 1.55 for religiosity and the low risk APOE $\epsilon 2$ carrier state. Logistic regression indicated the risk of MCI was lower among those with APOE $\epsilon 4$ carrier state in the presence of high religiosity (OR=0.45, 95% CI 0.25-0.84, $p < 0.05$), whereas in the presence of low religiosity, the risk of MCI was highest (OR=1.95, 95% CI 1.24-3.07). Researchers concluded that "...without high religiosity, there is an increased risk of MCI among those with the $\epsilon 4$ allele... There is also a lower risk of MCI among those with high religiosity in the absence of the protective $\epsilon 2$ allele. Overall, it appears that the positive relationship between religiosity and cognitive functioning might be, at least partly, due to the distribution of APOE high- and low-risk genotypes."

Citation: Wang L, Wang Z, Koenig HG, Alshohaib S (2017). Interactions between apolipoprotein E genes and religiosity in relation to mild cognitive impairment. *Neuropsychiatry* (London) 7(5):640-652

Comment: To our knowledge, this is the first study to examine the modifying effect of religiosity on the association between APOE genotype and the risk of MCI, and as the authors indicate, could at least partially explain the frequently reported inverse association between religious involvement and cognitive impairment.

Untangling the Link between Religiosity and Telomere Length

Researchers from the School of Sociology at the University of Arizona and other universities throughout the US examined the relationship between religious involvement and telomere length using longitudinal data from the 2004 (T1) and 2008 (T2) waves of the Health and Retirement Study, a national probability study of 4,514 respondents aged 50 or older who participated in both waves. Telomere length was determined from saliva samples measured at the 2008 wave (T2) using the standard protocol (qPCR). Religious attendance was the only measure of religious involvement and was assessed at both T1 and T2. Change in attendance was also examined by subtracting T1 attendance from T2 attendance. Also assessed were stressful life events, depression, smoking, and C-reactive protein using standard measures, all in 2008. Linear and logistic regression analyses were used to assess correlations and examine mediators.

Results: Religious attendance at T1 was significantly and inversely associated with stressful life events, depressive symptoms, smoking, and C-reactive protein at T2, controlling for change in religious attendance, age, gender, race, education, income, marital status, and religious affiliation. Religious attendance at T1 was not significantly related to telomere length at T2 with all variables in the model, including depression, stress, etc. (std B=0.008, $p = ns$). However, both depression and smoking were inversely related to TL. Thus, although religious attendance was not directly related to TL, researchers concluded that "Taken together, our mediation analyses suggest that religious attendance may promote telomere length indirectly by reducing symptoms of depression and risk of smoking."

Citation: Hill TD, Vaghela P, Ellison CG, Rote S (2017). Processes linking religious involvement and telomere length. *Biodemography and Social Biology*, E-pub ahead of print (https://www.researchgate.net/publication/315486201_Processes_Linking_Religious_Involvement_and_Telomere_Length)

Comment: At least two studies have reported a positive association between religious involvement and greater telomere length (a genetic marker for longevity). This study helps to untangle the possible etiologic processes involved in this relationship (i.e., by improving coping with life stress and positively affecting health behaviors).

NEWS

In Memory Of

On May 5, 2017, Berton H. Kaplan, Ph.D., a giant in the religion and health research world, passed on to the other side after a long and protracted illness. Our Center in 2009 named an annual award in his honor, the *Berton H. Kaplan Lifetime Achievement Award*, and the pioneer researcher David O. Moberg, Ph.D., gave the first lecture (<https://spiritualityandhealth.duke.edu/index.php/scholars/ber-ton-h-kaplan>). Dr. Kaplan was a special and long-term mentor to many of our Duke Center faculty, including Dan G. Blazer, Keith Meador, and Jeff Levin. We will dearly miss him.

ACP Involvement in Roundtable on Quality of Care for People with Serious Illness

The Association of Professional Chaplains (APC) announced on May 5 that Katrina Scott, an oncology chaplain at Massachusetts General Hospital and APC member, has been appointed to a 3-year term at the Roundtable on Quality Care for People with Serious Illness. The Roundtable is a high level committee that includes federal agencies, health insurers, advocates, patients, healthcare providers, foundations, and academics. This is the first time that a chaplain has been included on the Roundtable, a group that developed in response to the 2014 *Institute of Medicine's* report *Dying in America: Improving Quality and Honoring Individual Preferences near the End of Life*. To learn more about the Roundtable, go to: <https://www.nationalacademies.org/hmd/Activities/HealthServices/QualityCareforSeriousIllnessRoundtable.aspx>

SPECIAL EVENTS

14th Annual Duke University Summer Research Workshop

(Durham, North Carolina, August 14-18, 2017)

If you are planning to attend, **now** is the time to register for this one-of-a-kind 5-day training workshop on how to design research, get it funded, carry it out, analyze it, publish it, and develop an academic career in the area of religion, spirituality and health. The workshop compresses training material that was previously taught during a 2-year Duke post-doctoral fellowship, so the curriculum is packed. Leading religion-health researchers from Duke, Yale and Emory serve as workshop faculty. If desired, participants will have the option of a 30-minute one-on-one with Dr. Koenig or another faculty mentor of their choice (early registration will ensure a mentorship spot, since these are limited). Nearly 750 academic faculty, clinical researchers, physicians, nurses, chaplains, clergy, and students at every level in medicine, nursing, social work, chaplaincy, public health, psychology, counseling, sociology, theology, and rehabilitation specialty (as well as interested members of the general public) have attended this workshop since 2004. Participants from every faith tradition and region of the world usually come to this workshop, and this year should be no exception. **Partial tuition scholarships** are available. To register, go to: <http://www.spiritualityandhealth.duke.edu/index.php/5-day-summer-research-course>.

Mersey Care NHS Foundation Trust Symposium

(June 26-27, 2017, Liverpool, England)

The aims of the symposium are to build research capacity within spiritual and pastoral care, test the face validity of the biopsychosocial type virtual model, disseminate Mersey Care's research findings into spiritual and pastoral care, and prepare

partnerships for further projects. Keynote speakers include Professor Peter Kevern and Professor Ewan Kelly. The primary audience of the symposium are health care chaplains interested in research, along with practical theologians. However, all chaplains and other staff interested in research are encouraged to attend. Poster presentations are also encouraged. For more information contact Julian Raffay at Julian.Raffay@merseycare.nhs.uk.

RESOURCES

Hindusim and Mental Health: Beliefs, Research and Applications (Amazon: CreateSpace Platform, 2017)

From the publisher: This book is for mental health professionals, clergy, researchers, and laypersons interested in the relationship between religion, spirituality and mental health in Hindus. A description of Hindu scriptures, beliefs and practices is followed by a systematic review of research conducted in Hindu populations, and then by recommendations for practice based on research, clinical experience, and common sense. In this volume, which is well-documented and extensively cited, the author bring together over 50 years of research that has examined how religious faith impacts the mental health of Hindus, and includes original research on current religious beliefs/practices in Hindus from India and throughout the world, and examines their relationship to well-being, results that have not been reported elsewhere. He concludes by explaining what these findings mean for those who are seeking to provide hope, meaning, and healing to members of this faith tradition. Available for \$7.50 at: <https://www.amazon.com/dp/1544642105/>

The Routledge Handbook of Religion, Spirituality and Social Work (Routledge, 2017)

From the Publisher: "This international volume provides a comprehensive account of contemporary research, new perspectives and cutting-edge issues surrounding religion and spirituality in social work. The introduction introduces key themes and conceptual issues such as understandings of religion and spirituality as well as definitions of social work, which can vary between countries. The main body of the book is divided up into sections on regional perspectives; religious and spiritual traditions; faith-based service provision; religion and spirituality across the lifespan; and social work practice. The final chapter identifies key challenges and opportunities for developing both social work scholarship and practice in this area. Including a wide range of international perspectives from Australia, Canada, Hong Kong, India, Ireland, Israel, Malta, New Zealand, South Africa, Sweden, the UK and the USA, this *Handbook* succeeds in extending the dominant paradigms and comprises a mix of authors including major names, significant contributors and emerging scholars in the field, as well as leading contributors in other fields of social work who have an interest in religion and spirituality. *The Routledge Handbook of Religion, Spirituality and Social Work* is an authoritative and comprehensive reference for academics and researchers as well as for organizations and practitioners committed to exploring why, and how, religion and spirituality should be integral to social work practice." Available for \$176.31 at <https://www.amazon.com/Routledge-Handbook-Religion-Spirituality-Social/dp/1138931225>

Protestant Christianity and Mental Health: Beliefs, Research and Applications (Amazon: CreateSpace Platform, 2017)

From the publisher: This book is for mental health professionals, clergy, researchers, and laypersons interested in the relationship between religious involvement and mental health in Protestant

Christians. A brief history and concise description of Protestant beliefs, practices, and values is followed by a review of research conducted in Protestant-majority Christian populations, and then by recommendations for practice based on research, clinical experience, and common sense. The author is a physician researcher who has spent over 30 years investigating the relationship between religion and health. He is also a clinician who for decades has treated clients with a wide range of emotional disorders using a faith-based approach. In this well-documented and highly cited volume, he brings together over 100 years of research that has examined how religious faith impacts the mental health of those who call themselves Christians, and explains what this means for those who are seeking to provide hope, meaning, and healing to members of this faith tradition." Available for \$7.50 at: <https://www.amazon.com/dp/1544642105/>

Judaism and Mental Health: Beliefs, Research and Applications (Amazon: CreateSpace Platform, 2017)

From the publisher: "This book is for mental health professionals, clergy, and researchers interested in the relationship between religion, spirituality and health in Judaism. A concise description of Jewish beliefs and practices is followed by a systematic review of the research literature that has compared the mental health of Jews and non-Jews, and examined the relationship between religiosity and mental health in Jewish populations. Recommendations for the care of Jewish patients are provided based on those research findings, clinical experience, and common sense. In this well-documented and highly cited volume, the author brings together over 50 years of research that has examined how religious faith impacts the mental health of those who call themselves Jews, and explains what this means for those who are seeking to provide hope, meaning, and healing to members of this faith tradition." Available for \$7.50 at: <https://www.amazon.com/Judaism-Mental-Health-Research-Applications/dp/154405145X/>

You Are My Beloved. Really? (Amazon: CreateSpace Platform, 2016)

How does God feel about us? This book examines the evidence for God's love for Christian, Jewish, Muslim, Buddhist and Hindu perspectives based largely on the sacred scriptures from these traditions. Those of any age with an open mind -- especially if going through hard times -- will find this book enlightening, inspiring, and possibly transforming. Written for Christians, non-Christians, those who are religious, those who are spiritual, and those who are neither. Available for \$8.78: <https://www.amazon.com/You-are-My-Beloved-Really/dp/1530747902/>

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>.

Health and Well-being in Islamic Societies (Springer International, 2014)

The core of the book focuses on research exploring religiosity and health in Muslim populations. Available for \$57.89 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. Available for \$14.15 (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 3,300 studies prior to 2010). Available for \$139.99 (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 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/>

COURSES/WORKSHOPS

Chaplaincy Research Summer Institute

The Transforming Chaplaincy project will hold the first Chaplaincy Research Summer Institute the last week of July 2017 in Chicago. For more information, go to: <http://www.researchliteraturechaplaincy.org/summer-research-institute/>

Writing Workshop

Lisa Feldman Barrett and David DeSteno of Northeastern University will be hosting a three-day writing workshop, funded by The John Templeton Foundation, for natural scientists, social scientists, and philosophers looking to communicate their ideas to the public via articles and essays in major media outlets. Led by *New York Times* editor James Ryerson, who has two decades of experience working with and editing academics, the workshop will focus on how to conceptually frame scholarly work for a wider audience, how to structure the writing of such pieces, and how to most effectively "pitch" editors at magazines and newspapers. The workshop will take place at Northeastern University in Boston from June 2-4, 2017. Applications will consist of a brief bio and a portfolio of (1) three short descriptions of pieces the applicant might like to write (no more than a paragraph each); (2) a brief writing sample, which can be a stand alone piece or a passage from a longer work, and of an academic or popular nature (no longer than 1,500 words); and (3) a CV. Applicants will be selected based on each portfolio's potential to interest non-scholarly readers. Although applications were due February 1, late applications may be considered. If interested go to: www.northeastern.edu/cos/workshop-scholars-writing-public/

FUNDING OPPORTUNITIES

Templeton Foundation Online Funding Inquiry

The John Templeton Foundation is now accepting new funding requests through their Online Funding Inquiry (OFI) site. Small Grants are defined as requests for \$217,400 or less. The next OFI deadline for small grant requests is **August 31, 2017**, with decisions communicated no later than September 29, 2017. Large Grants are defined as requests for more than \$217,400. The deadline for OFIs related to large grant requests is also August 31, 2017. All decisions on large grant OFIs are communicated by September 29. 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 psychologists 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>

2017 CSTH CALENDAR OF EVENTS...

June

- 28 **Buddhist Beliefs & Practices and Mental Health**
Speaker: Harold G. Koenig, M.D.
Department of Psychiatry, Duke University Med Ctr
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

July

- 19 **Association of End of Life Treatment Preferences and Quality of Life with Spiritual Beliefs and Religion among Adolescents Infected with HIV/AIDS Participating in FAmily CEntered (FACE) Advance Care Planning**
Speaker: Maureen E. Lyon, Ph.D., ABPP
Research Professor in Pediatrics
Dept. of Adolescent and Young Adult Medicine/
Center for Translational Science/Children's Research Institute, Children's National, Washington DC
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

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

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