

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

LATEST RESEARCH

Changes in Religiosity among American Baby-Boomers

Researchers examined changes in religiosity over 10 years among 599 “baby-boomers” participating in the 2016 wave of the U.S. Longitudinal Study of Generations. Participants ages 60-70 years at the time of the survey were asked retrospectively about changes in religious cognitions and behaviors during the past 10 years: “In the last ten years, have you become more religious, become less religious, or stayed about the same” (with an additional option, “I was never religious”). Participants were given a list of reasons for change, which they responded to, and were asked about transitions and challenges that may have precipitated a change in religious faith. Also assessed were current religious cognitions (self-rated religiosity, importance of religion, frequency of private prayer, belief in God) and religious behaviors (frequency of religious attendance, other communal religious activities, doing volunteer work for religious organization). Childhood religious attendance was also assessed, again retrospectively. Magnitude of change and predictors of change were identified. Structural equation modeling (SEM) was used to analyze these cross-sectional data. As noted above, qualitative data were collected to identify reasons for change. **Results:** Overall, most participants indicated that religiosity had remained stable during the past 10 years (56%), although an increase in religiosity was noted by 21%, a decrease in 11%, and 12% indicated they were never religious. Reasons for increases in religiosity were (1) less interest in worldly things (64%), (2) religious development of children/grandchildren (53%), and (3) the experiences of loss (losing a partner, economic decline, health problems) (46%). Open-ended responses were also provided by 72 of 125 respondents who indicated an increase in religiosity. The three largest categories of responses were a personal desire for spiritual growth or getting closer to God (39%), life change due to health problems and other losses (22%), and social factors related to family and community (15%). Quantitative analyses demonstrated that those who experienced economic decline or loss of a spouse/partner were more likely to increase in religiosity, whereas those with health problems were less likely to decrease in religiosity. Quantitative results from the SEM analysis

were more complex. Childhood religious attendance was strongly associated with current religious cognitions ($B=0.58$, $p<0.001$) and behaviors ($B=0.66$, $p<0.001$), which were both strongly associated with increases in religiosity over the past 10 years ($B=0.95$, $p<0.001$, and $B=0.44$, $p<0.001$, respectively). However, after controlling for current religiosity, no direct association was found between childhood attendance and increasing religiosity. In fact, after controlling for current religious cognitions and behaviors in the model, a positive relationship developed between childhood attendance and *decreasing* religiosity ($B=0.31$, $p<0.01$). Nevertheless, the *indirect effects* of childhood attendance through current religious cognitions and behaviors on decreasing religiosity ($B=-0.55$, calculated) were stronger than the *direct effect* of childhood attendance on decreasing religiosity (i.e., $B=0.31$). Thus, overall, childhood religiosity was either unrelated to or inversely related to decreasing religiosity (total effect $B=-0.24$). Investigators concluded: “Examining the indirect effects of childhood religiousness, we see that greater religious exposure early in life heightened the risk that religiosity increased over the ten-year period by strengthening cognitive and behavioral religiosity. Similarly, greater early exposure lowered the risk of declining religiosity by strengthening both types of religiosity.” The authors also note, “We anticipate this trend to intensify as baby-boomers advance to even later stages of the life course.”
Citation: Silverstein, M., & Bengtson, V. L. (2018). Return to religion? Predictors of religious change among Baby-Boomers in their transition to later life. *Journal of Population Ageing*, 11(1), 7-21.

Comment: Increases in spirituality/religiosity during late middle-age (particularly among women) has also been noted in other longitudinal studies of community-based populations (see *Journal of Adult Development* 2002; 9(1):79-94). Note, though, that increases in religiosity in the current study were reported by only 21% of respondents, whereas 11% experienced a decrease in religiosity. When positive change did occur, interestingly, it was often precipitated by traumatic life changes related to growing older. Perhaps, this study provides support for Proverbs 22:6 (“Train up a child in the way he should go: and when he is old, he will not depart from it”).

10-item Screening Test for Moral Injury in Veterans and Active Duty Military

Researchers at multiple universities and Veterans Affairs medical centers across the southern U.S. have developed a 10-item version (short form) of the 45-item multidimensional Moral Injury Symptom Scale – Military Version (MISS-M). This version is called the MISS-M-SF and may be easier to use in clinical practice when screening patients for moral injury and monitoring treatment response in Veterans and active duty military (ADM) with PTSD or sub-threshold PTSD. Participants in the study were 427 Veterans and ADM with PTSD symptoms recruited from VA Medical Centers in Georgia, California, North Carolina, Texas, and ADM completing online surveys in Virginia. Exploratory factor analysis in the first half of the sample (which represented a random sample of 50% of participants; $n=214$) identified the highest loading item on each of the 10 original MISS-M subscales: guilt, shame, moral concerns,

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loss of meaning, difficulty forgiving, loss of trust, self-condemnation, religious struggle, and loss of religious faith. Confirmatory factor analysis was then conducted to determine if the results could be replicated in the other 50% of the sample ($n = 213$). Psychometrics of the 10-item scale were then determined.

Results: The median score on the MISS-M-SF was 50 with a range of 12–91 (possible range of 10–100). Nearly three-quarters (70%) of participants scored a 9 or 10 (the highest possible score) on at least one item. Internal reliability was acceptable ($\alpha=0.73$, 95% CI 0.69–0.76), as was the test–retest reliability (intraclass coefficient=0.87, 95% CI 0.79–0.92). The score on the 10-item MISS-M-SF was strongly correlated ($r=0.92$) with the 45-item MISS-M. Discriminant and concurrent validity were also demonstrated. Strong correlations were found between the MISS-M-SF and severity of PTSD, depression, and anxiety (r 's ranging from 0.54 to 0.58). Investigators concluded “The MISS-M-SF is a reliable and valid measure of MI symptoms that can be used to screen for MI and monitor response to treatment in veterans and active duty military with PTSD.”

Citation: Koenig, H. G., Ames, D., Youssef, N. A., Oliver, J. P., Volk, F., Teng, E. J., Haynes, K., Erickson, Z., Arnold, I., O'Garro, K., & Pearce, M. (2018). Screening for Moral Injury: The Moral Injury Symptom Scale–Military Version Short Form. *Military Medicine*, E-pub ahead of press

<https://doi.org/10.1093/milmed/usy017>

Comment: The MISS-M-SF is a psychometrically valid multidimensional “pure” symptom scale that measures the severity of moral injury (MI) in the setting of PTSD, and like the MISS-M-LF, is the only MI symptom scale today that assesses religious aspects of MI (religious struggles and loss of faith). A score above 8 on any of the 10 symptoms probably deserves clinical attention, although the functional significance of MI symptoms and threshold score on this measure are currently in the process of being determined. Contact Dr. Koenig at Harold.Koenig@duke.edu for a copy of the MISS-M-SF and scoring instructions.

Impact of Religion/Spirituality on Veterans' and Spouses' Coping with PTSD

Researchers from the department of family medicine and community health at the University of Minnesota examined the impact that religion and spirituality (R/S) had on the relationships between Veterans with PTSD and their spouses or partners. In this qualitative study, 11 male Veterans and 9 female partners of male Veterans with PTSD were interviewed to explore perceptions of how participants used R/S to cope with the PTSD, both from an individual and a couple's perspective. Unfortunately, details are lacking given that only the abstract was available. **Results:** A wide range of views were expressed. For some, R/S beliefs and activities fostered withdrawal and avoidance, whereas for others, R/S provided deeper engagement and growth. Many reported that R/S beliefs and practices were drawn on to support their spouses, whereas some described how their female partners used R/S to hurt them. A common theme, though, was that couples used R/S to improve communication and strengthen their relationship.

Citation: Sherman, M. D., Usset, T., Voecks, C., & Harris, J. I. (2018). Roles of religion and spirituality among veterans who manage PTSD and their partners. *Psychology of Religion and Spirituality*, E-pub ahead of press

<http://dx.doi.org/10.1037/rel0000159>

Comment: This is one of the few studies that we've come across that examines the role of religiosity/spirituality in helping (or hindering) Veterans and family members deal with PTSD, a disorder which -- more often than not -- destroys intimate partner relationships.

U.S. Veterans' Preferences for Incorporating Spirituality into Psychotherapy

Joseph Currier and colleagues at the University of South Alabama and other academic institutions asked two samples of Veterans about their preferences for incorporating spirituality into psychotherapy or counseling. The first sample (#1) was made up of Veterans attending two mid-sized research universities on the Gulf Coast ($n=499$, 55% completing online surveys). Younger Veterans made up this sample with 74% under age 40; 39% had never been deployed (if deployed, the majority had served in the Middle East in OIF/OEF); 31% had clinical levels of PTSD symptoms; and 61% indicated that religion was at least moderately important to them. The second sample (#2) was made up of older Veterans with at one or more war-zone deployments ($n=624$, all completing online surveys). Two-thirds had served in the Vietnam war; 51% were over age 60 years; 18% had clinical levels of PTSD symptoms; and 67% indicated that religion was at least moderately important to them. **Results:** Among both younger and older Veterans, between 15% and 20% indicated that incorporating religion/spirituality into psychotherapy or counseling was “very” or “extremely” important. Overall, Veterans in both samples indicated that doing so was “moderately” important. Among those with major depression or PTSD (155 in Sample #1 and 165 in Sample #2), those indicating religion was important to them, affiliated with a religion, or considered themselves both religious and spiritual were more likely to desire discussions of R/S in counseling, especially those with religious struggles in the area of morality (Sample #2, in particular). Ethnic minorities (non-Caucasian) were especially interested in doing so. Researchers concluded: “Overall, these findings support the need for patient-centered approach with veterans in which clinicians are not ignorant of R/S concerns but also do not assume that this domain should be targeted in every case.”

Citation: Currier, J. M., Pearce, M., Carroll, T. D., & Koenig, H. G. (2018). Military veterans' preferences for incorporating spirituality in psychotherapy or counseling. *Professional Psychology: Research and Practice*, 49(1):39-47.

Comment: Most participants in both samples did not have depression or PTSD, and therefore had little need of counseling or psychotherapy, possibly explaining why only a small minority indicated “very much” or “extreme” interest in incorporating R/S into psychotherapy or counseling. More relevant is the question for those with clinical symptoms. Although researchers did not report figures for interest in incorporating R/S among those with PTSD or major depression, they did indicate that interest in doing so was more common among religious Veterans, those with religious struggles in the area of moral concerns, and ethnic minorities (non-Caucasians). Thus, it is likely that R/S interventions should target those who are more religious, especially African-Americans or Hispanic-Americans (29% of U.S. Armed Forces).

Effect of Religious vs. Conventional CBT on Suicidal Thoughts in Patients with Major Depression and Chronic Medical Illness

Investigators at Duke University Medical Center examined the effects of religious CBT (RCBT) compared to conventional CBT (CCBT) in a randomized clinical trial conducted in 132 persons with major depressive disorder and chronic medical illness (67 receiving CCBT, 65 receiving RCBT). Participants received ten 50-minute sessions over 12 weeks. Religiosity was assessed at baseline using a 29-item multi-dimensional measure. Suicidal thoughts were assessed by three different measures (combined for analyses) at baseline, 4, 8, 12, and 24 weeks of follow-up. Mixed effects growth curve models were used to analyze differences between treatment groups in reducing suicidal thoughts.

Results: In the intention-to-treat (ITT) analysis, no difference was found between RCBT and CCBT in the reduction in suicidal thoughts based on the combined measure (time by group interaction $B=-0.18$, $SE=0.12$, $t=-1.41$, $p=0.16$); similar results were found for the per-protocol analyses (those receiving at least 5 sessions) ($B=-0.19$, $SE=0.15$, $t=-1.25$, $p=0.22$). If anything, however, there was a tendency for CCBT to be more effective than RCBT in reducing suicidal thoughts, especially in those with low religiosity ($B=-0.37$, $SE=0.17$, $t=-2.14$, $p=0.03$, for ITT analysis). This was true despite the fact that baseline religiosity predicted a more rapid decrease in suicidal thoughts, regardless of treatment group ($B=-0.14$, $SE=0.007$, $t=-1.95$, $p=0.05$). Researchers concluded that CCBT and RCBT appear equally effective in reducing suicidal thoughts in those with major depressive disorder and chronic medical illness, although among those with low religiosity, CCBT appeared to be particularly effective.

Citation: Ramos, K., Erkanli, A., & Koenig, H. G. (2018). Effects of religious versus conventional cognitive-behavioral therapy (CBT) on suicidal thoughts in major depression and chronic medical illness. *Psychology of Religion and Spirituality*, 10(1): 79-87.

Comment: Although baseline religiosity predicted a faster decline in suicidal thoughts over time, RCBT was not more effective than CCBT in reducing suicidal thoughts, especially in those with low religiosity. These findings are counter to what investigators expected, and future research is needed to determine whether the results can be replicated.

Changes in Religious Practices among Turkish Cancer Patients After Diagnosis

Researchers from several universities in Turkey surveyed 235 patients at seven oncology centers throughout the country, comparing outpatients with cancer ($n=169$) with a "control" group of patients with chronic renal failure in dialysis units ($n=66$). Time since diagnosis of cancer was less than or equal to 1 year for 37% of patients and greater than 1 year for 56% (time since diagnosis unknown in 7%). Mean age of cancer patients was 52 years and 49% were female. **Results:** Following diagnosis, cancer patients' fasting practices decreased by 45%; intention to go on a pilgrimage to Mecca decreased by 25%; worshipping, giving money to the needy, and praying decreased by 9%, 6%, and 6%, respectively. Patients with a habit of praying regularly before diagnosis decreased by 6% and increased by 3% (92% no change); however, among those who did not have a habit of praying regularly before the cancer diagnosis, 17% started to pray. With regard to religious beliefs, 23% said their religious beliefs increased (compared to 49% of those with chronic renal disease), while 9% said that religious beliefs decreased. Time since diagnosis of cancer was not related to increase or decrease in religious beliefs. When patients were asked if they needed any spiritual help, patients said they needed such help 46% of the time prior to diagnosis and 45% of the time after diagnosis; 13% reported that their thoughts in this regard had changed. With regard to whom they wanted spiritual help from, 35% indicated religious personnel, 90% indicated family members, and 14% of the time from healthcare workers. Nearly two-thirds indicated that they would like to have a religious person at the healthcare facility in case help in this area was needed. Researchers noted: "...changes in spiritual behaviors and activities were not as great as we had anticipated before we conducted the study...Cancer patients' spiritual needs do not change dramatically after the diagnosis of cancer, but still some steps need to be taken to fulfill this need."

Citation: Turhal, N. S., Akinci, F., Haciabdullahoglu, Y., Dolmaci, M., Sari, A., Gurhan, N., ... & Cancer Epidemiology and Prevention Committee of Turkish Oncology Group. (2018). Changes in lifestyle upon diagnosis of cancer or other chronic illnesses: A Turkish Oncology Group study. *Journal of Health Psychology* 23(4):561-566.

Comment: Note that Turkey is largely a Muslim country, and these findings therefore apply primarily to Muslims, who may accept the cancer diagnosis as "God's will" and thus the mobilization of religious coping practices may be difficult to predict. Unfortunately, this was a retrospective survey of cancer patients long after diagnosis for many, and study details are somewhat limited. What is needed is a prospective study that tracks patients' religious beliefs and practices over time from before to immediately after cancer diagnosis and then every few months after that to determine a trajectory of change. Not an easy study to do.

Effects of Spiritual Counseling in Iranian Women with Cancer

Investigators at Arak University of Medical Sciences in Iran conducted a randomized clinical trial (RCT) examining the effects of spiritual counseling in 42 hospitalized women with cancer randomized to either the 8-week intervention plus routine education/care or to a control group receiving only routine education/care. Participants were Shiite Muslim (an inclusion criterion) and had a diagnosis of cancer for at least 6 months (but not in the end stages of the disease). Participants with major depression or co-morbid serious medical illness were excluded. They were randomized to intervention or control groups using a random numbers table. The Spiritual counseling (SC) consisted of utilizing the client's faith and belief in God to explore espiritual matters related to health and coping. The SC intervention included meditation, releasing emotions, spiritual self-disclosure, journaling, prayer, Scripture study, and reading inspirational writings, all based within the Muslim faith tradition. The intention was to improve the clients' attitudes toward their illnesses and thereby improve both psychological and spiritual functioning. One-on-one sessions were conducted once/week after hospital visiting hours by trained counselors with experience in spiritual healing. The primary outcome measure was the 20-item Spiritual Well-being Scale (which consists of a 10-item religious and 10-item existential well-being subscales). A per protocol analysis was conducted, not an intention-to-treat analysis (i.e., only those completing 3 or more sessions were included in the analysis). **Results:** A total of 50 women were eligible for study participation, but 8 women either failed to complete two or more sessions or refused to participate after agreeing, leaving 21 participants in the intervention group and 21 participants in the control group who completed the 8-week intervention, as well as baseline and follow-up evaluations. The average age of participants was 48.1 years, 79% were married, 38% were illiterate, 52% had breast cancer (the most common diagnosis), and the mean duration of disease was 2.5 years. There were no differences at baseline between intervention and control groups on the primary outcome measure (total SWB or subscale scores), age, duration of cancer, educational level, religious participation, or type of cancer. The primary analysis revealed that within-group differences between baseline and follow-up were significantly larger in the intervention group compared to the control group for scores on religious well-being (3.6 vs. 0.4, respectively, $p=0.01$), existential well-being (10.7 vs. 0.8, $p<0.001$), and overall SWB (14.2 vs. 1.1, $p<0.001$). Researchers concluded: "Spiritual counseling is associated with significant improvements in SWB in Iranian women with cancer. Interventions that acknowledge the spiritual needs of these patients should be incorporated into conventional treatments."

Citation: Sajadi, M., Niazi, N., Khosravi, S., Yaghobi, A., Rezaei, M., & Koenig, H. G. (2018). Effect of spiritual counseling on spiritual well-being in Iranian women with cancer: A randomized clinical trial. *Complementary Therapies in Clinical Practice* 30:79-84.

Comment: A small RCT showing the efficacy of a religious intervention on increasing existential/psychological well-being, as well increasing religious well-being (quality of relationship with God), in Iranian Shiite Muslim women with cancer. This study adds

to the evidence base for the effectiveness of religious interventions. The primary study weakness was the per-protocol analysis (vs. intention-to-treat analysis, which is typically more rigorous and preferred).

Public Health Implications of Islamophobia

Jeff Levin and Ellen Idler, well-known researchers in the field of religion and health, write this editorial on systematic review documenting the effects of Islamophobia in 53 studies examining this issue in North America, Europe, Australia, and New Zealand. These authors note that we know very little about how the experience of being Muslim or practicing Islam serves as a risk factor or a protective factors with regard to mental and physical health. From this review of the effects of Islamophobia on health, Levin and Idler conclude that religious discrimination targeting Muslims is associated with worse physical and mental health, more emotional distress, higher levels of depressive symptoms, greater levels of anxiety, more self-harm, lower self-esteem, and greater physical disability, as well as unhealthier health habits resulting in heavier weight, higher blood pressure and cholesterol, and less health care seeking behaviors (less disease screening). They also note that similar forms of hatred have been shown towards Christians in Syria and the Sudan, Sufis in Iran, Jews in Scandinavia, Sikhs in India, and Buddhists in China. They also describe the public health consequences of such behaviors and attitudes, and why it matters for public health around the world.

Citation: Levin J, Idler. EL (2018). Islamophobia and the public health implications of religious hatred. American Journal of Public Health 108 (6):718-719

Comment: This is a brief, well-written, and fascinating article that is a must-read for those interested in religion and health, particularly in different world religions. Hopefully, this article will stimulate further research in this area and assist in the development of interventions for both those who hate members of other faith traditions and for the victims of such abuse.

Religiosity and C-Reactive Protein (CRP) in Stressed Older Adults

Investigators in the department of psychology at the University of Miami, Coral Gables, examined the relationship between religiosity and CRP in a sample of 643 adults age 50 or older who scored above the median on number of current life stressors (two or more). Several religious measures were assessed, including frequency of religious attendance, prayer, religious meaning, and religious hope. Also assessed were general meaning in life, general hope/optimism, peace, social support, health behaviors, biological measures (BMI), and demographics. Hierarchical regression analyses were used to examine cross-sectional correlates of CRP (log), controlling for health behaviors and social support. **Results:** Among all religious variables (as well as general measures of meaning, hope and optimism), only frequency of religious attendance was inversely related to CRP ($B=-0.14$, $t=-3.23$, $p=0.001$, controlling for all other measures of religiosity, along with general measures of meaning, hope, and optimism). Older adults with frequent attendance at religious services were 38% less likely to have clinically elevated levels of CRP (3.0 or higher) compared to those who attended rarely or never ($OR=0.62$, after controlling for demographics and biological variables).

Citation: Ironson, G., Lucette, A., Hylton, E., Pargament, K. I., & Krause, N. (2018). The relationship between religious and psychospiritual measures and an inflammation marker (CRP) in older adults experiencing life event stress. Journal of Religion and Health, E-pub ahead of press.

Comment: This study adds to the evidence that religious attendance (specifically, among all religious and positive psychological variables) is related to lower levels of body inflammation as indicated by lower levels of CRP in older adults experiencing life stressors. Several other studies have reported

this relationship between attendance and CRP, along with lower levels of the pro-inflammatory cytokine IL-6.

Religiosity, Spirituality and Marijuana Use in Adolescents with Substance Use Disorders

Researchers analyzed both quantitative and qualitative data on 101 adolescents being seen in an outpatient substance use disorder (SUD) program, examining the impact of religiosity and spirituality on outcomes of SUD treatment after a 6-month follow-up. Marijuana was the predominant drug of choice among this sample of adolescents. Religiosity and spirituality were measured separately at both baseline and follow-up. Further study details are lacking because only the abstract was readily available.

Results: Higher levels of spirituality on follow-up (but not at baseline) were related to increased marijuana use at 6-month follow-up ($B=0.24$, $p=0.04$). Higher baseline spirituality, however, predicted a lower likelihood of heavy drinking at follow-up ($OR=0.32$, $p=0.04$). Religiosity at baseline or follow-up, however, did not predict SUD outcomes at follow-up. When adolescents were asked during qualitative interviews about their religious/spiritual views and use of substances, they indicated that they had a choice of whether to use illegal substances or not, and felt they were in control of it – indicating that they felt more spiritual when high on marijuana. Researchers concluded: “Together, findings suggest that for adolescents with SUD, religion and spirituality may not counteract the use of cannabis, which may be explained by adolescents’ views of their substance use as being consistent with their spirituality and under their control.”

Citation: Yeterian, J. D., Bursik, K., & Kelly, J. F. (2018). “God put weed here for us to smoke”: A mixed methods study of religion and spirituality among adolescents with cannabis use disorders.

Substance Abuse, E-pub ahead of press

Comment: Enough said.

Religion and Sleep: “No rest for the wicked”

Researchers from the department of sociology at the University of Arizona and University of Texas examine the relationship between religious involvement and sleep quality. They emphasize that researchers have typically ignored the possible link between religiosity and sleep quality. In this article, they review the existing research, provide a conceptual model, and provide avenues for future research. **Results:** The authors review seven population-based studies of religious involvement and sleep; in all studies, except in adolescents, religious involvement was related to better sleep quality and religious doubts to worse sleep. In adolescents, more time spent in religious activities was associated with less total sleep time, later bedtimes, and earlier wake times. The authors also discuss why religious involvement might related to healthier sleep outcomes, pointing to less psychological distress (anger, depression, anxiety, general distress), reduced stress exposure (fewer stressful life events), increased social resources, less alcohol and drug use that can undermine sleep, less chronic physiological arousal, and healthier physiological functioning. Directions for future research include more rigorous longitudinal research designs, more sophisticated sleep measurements, more complex conceptual models, more comprehensive measures of religiosity and related concepts, and more measures of religious doubts/struggles that might adversely affect sleep. Researchers concluded: “Our review and critical examination of published research suggests that religious involvement is indeed a social determinant of sleep in the United States.”

Citation: Hill TD, Deangelis R, Ellison CG (2018). Religious involvement as a social determinant of sleep: An initial review and conceptual model. Sleep Health, E-pub ahead of press

Comment: Although we seldom summarize literature reviews in this e-newsletter (preferring to present original research instead), this article written by eminent scholars in the religion and health field may help to stimulate further research in this understudied

area. Quality sleep is critical for overall health and well-being, and could provide an important mechanism to help explain the religion-health relationship.

SPECIAL EVENTS

15th Annual Duke University Summer Research Workshop

(Durham, North Carolina, August 13-17, 2018)
Register **now** to attend this one-of-a-kind 5-day training session 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 our 2-year post-doctoral fellowship, so the curriculum is packed. Leading religion-health researchers from Duke, Yale and Emory serve as workshop faculty. Screening for and treatment of moral injury in veterans and active duty military personnel will be covered. 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 800 academic researchers, clinical researchers, physicians, nurses, chaplains, community clergy, and students at every level in medicine, nursing, social work, chaplaincy, public health, psychology, counseling, sociology, theology, and rehabilitation specialty (as well as interested members of the general public) have attended this workshop since 2004. Participants from every faith tradition and region of the world usually come to this workshop, and this year should be no exception. Partial tuition scholarships are available. To register, go to: <http://www.spiritualityandhealth.duke.edu/index.php/5-day-summer-research-course>.

Practice & Presence: A Gathering for Christians in Healthcare

(Duke Divinity School, Durham, North Carolina, September 7-9, 2018)
From the sponsors of this event: "At its core, medicine is a practice of attending to those who suffer. Christians know that 'those who suffer' are the neighbors we are called to love, even those in whom Jesus visits us (Mt. 25:34-36). Who is equal to such a task? What does it look like when done well? What practices strengthen us for this sacred work? Join us in September as we wrestle with these questions, seeking to receive from God gifts that will renew us in our vocations as healthcare practitioners. Over the course of the three days, we explore and re-imagine the connections of vocation and faith, and tune our hearts and minds to find God present in all aspects of our work. Please consider joining us for this opportunity to grow in friendship and fellowship with one another in the context of shared meals, conversation, prayer and worship." More information: <https://tmc.divinity.duke.edu/programs/practice-and-presence/>.

RESOURCES

Spaces of Spirituality

(Routledge Publishers, 2018)

From the publisher: "Spirituality is, too often, subsumed under the heading of religion and treated as much the same kind of thing. Yet spirituality extends far beyond the spaces of religion. The spiritual makes geography strange, challenging the relationship between the known and the unknown, between the real and the ideal, and prompting exciting possibilities for charting the ineffable spaces of the divine which lie somehow beyond geography. In setting itself that task, this book pushes the boundaries of geographies of religion to bring into direct focus questions of

spirituality. By seeing religion through the lens of practice rather than as a set of beliefs, geographies of religion can be interpreted much more widely, bringing a whole range of other spiritual practices and spaces to light. The book is split into three sections, each contextualised with an editors' introduction, to explore the spaces of spiritual practice, the spiritual production of space, and spiritual transformations. This book intends to open to up new questions and approaches through the theme of spirituality, pushing the boundaries on current topics and introducing innovative new ideas, including esoteric or radical spiritual practices. This landmark book not only captures a significant moment in geographies of spirituality, but acts as a catalyst for future work." Available for 105 GBP at <https://www.routledge.com/Spaces-of-Spirituality/Bartolini-MacKian-Pile/p/book/9781138226067>.

Religion and Mental Health: Research and Clinical Applications

(Academic Press, 2018) (Elsevier)

From the publisher: "[This 384 page volume] summarizes research on how religion may help people better cope or exacerbate their stress, covering its relationship to depression, anxiety, suicide, substance abuse, well-being, happiness, life satisfaction, optimism, generosity, gratitude and meaning and purpose in life. The book looks across religions and specific faiths, as well as to spirituality for those who don't ascribe to a specific religion. It integrates research findings with best practices for treating mental health disorders for religious clients, also covering religious beliefs and practices as part of therapy to treat depression and posttraumatic stress disorder. [In brief, this volume] summarizes research findings on the relationship of religion to mental health, investigates religion's positive and negative influence on coping, presents common findings across religions and specific faiths, identifies how these findings inform clinical practice interventions, and describes how to use religious practices and beliefs as part of therapy." Available for \$72.00 at <https://www.elsevier.com/books/religion-and-mental-health/koenig/978-0-12-811282-3>.

Protestant Christianity and Mental Health: Beliefs, Research and Applications

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

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

Catholic Christianity and Mental Health: Beliefs, Research and Applications

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

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

Islam and Mental Health: Beliefs, Research and Applications

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

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

Hinduism and Mental Health: Beliefs, Research and Applications

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

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

<https://www.amazon.com/dp/1544642105/>

Judaism and Mental Health: Beliefs, Research and Applications

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

For mental health professionals, clergy, and researchers interested in the relationship between religion, spirituality and health in Judaism. Available for \$7.50 at:

<https://www.amazon.com/Judaism-Mental-Health-Research-Applications/dp/154405145X/>

Buddhism and Mental Health: Beliefs, Research and Applications

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

For mental health professionals, clergy, researchers, and laypersons interested in the relationship between religion, spirituality and mental health in Buddhists. Available for \$7.50 at:

<https://www.amazon.com/dp/1545234728/>

You Are My Beloved. Really?

(Amazon: CreateSpace Platform, 2016)

How does God feel about us? This book examines the evidence for God's love from 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/>

TRAINING OPPORTUNITIES

Certificate in Theology and Healthcare

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

FUNDING OPPORTUNITIES

Templeton Foundation Online Funding Inquiry

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

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

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

2018 CSTH CALENDAR OF EVENTS...

June

- 6 **Religion, Spirituality and Flourishing in Later Life (Part II)**
North Carolina State University, Raleigh, NC
Speaker: Harold G. Koenig
Contact: Tricia Inlow-Hatcher (inlow@ncsu.edu)
- 27 **Measuring Religiosity in Preoperative Patients Using the BIAC Scale**
Speaker: Biju K. Chacko, DMin, Chaplain Educator
Duke University Medical Center
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 29 **Religion, Spirituality and Health**
4th Annual Conference in Brasília on Spirituality and Health, Sao Paulo, Brazil
Speaker: Koenig (via Skype) and multiple others
Contact: Luiz Fernando Sella (luizfernandosella@gmail.com)

July

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