

# CROSSROADS...

Exploring research on religion, spirituality and 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 2019) go to: <http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

## LATEST RESEARCH

### Religious Involvement, Life Expectancy, and Disability-Free Life Expectancy in Taiwan

Investigators in the department of family studies at Mount St. Vincent University, Nova Scotia, Canada, and other universities in Taiwan, Japan, UK, and USA, analyzed data from the Taiwan Longitudinal Study on Aging to determine the effect of religious activity on total life expectancy (TLE), disability-free life expectancy (DFLE), and disabled life expectancy (DLE). This was a 4 to 8 year prospective study of a random sample of 3,891 adults age 55+ or older in Taiwan. Religiosity was assessed at baseline in 1999 (Wave 4) by (1) frequency of attendance at religious services outside the home (often/sometimes/rarely/never), (2) frequency of worshipping God or Buddha at home (often/sometimes/rarely/never), and (3) religious coping: (a) frequency of praying or meditating when having difficulty, (b) asking guidance from a higher power, and (c) praying or meditating to relieve worry or stress (summed and categorized into low, middle, and high). Mortality and disability outcomes were assessed in 2003 (Wave 5) and 2007 (Wave 6). Mortality was determined by the Taiwan death registry. Disability was based on ability to perform basic ADLs without help (bathing, dressing, eating, getting out of bed, moving about inside the house, toileting); participants were considered disabled if they reported difficulty with any of the activities above. Covariates included mainlander status, education, self-assessed health, social network characteristics (5-item scale), health behaviors, depression, and life satisfaction. Estimation of life expectancy was performed using Stochastic Population Analysis for Complex Events (SPACE), and analyses were stratified by gender. **Results:** Participants' religious affiliations were 53% Taoist, 20% Buddhist, 5% other, and 14% none. Analyses revealed that males who engaged in public and private religious activities experienced greater TLE (average 2.5 years at age 70) and had more years of DFLE (2.0 years), whereas religiously active females likewise experienced long TLE (3.0 years) and DFLE (2.25 years). High religious coping in males predicted greater TLE (1.3 years), but most of it was spent disabled (1.0 years); in females, TLE was longer (0.75 years, non-

significant), although all of it was with disability. Researchers concluded: "When it does associate [with health], religiosity increases TLE and DFLE proportionately."

*Citation:* Zimmer, Z., Chiu, C. T., Saito, Y., Jagger, C., Ofsteda, M. B., & Lin, Y. H. (2019). Religiosity dimensions and disability-free life expectancy in Taiwan. *Journal of Aging and Health*, E-pub ahead of press

*Comment:* This is one of the few studies that has examined the impact of religious involvement on mortality in the East Asian region, and to our knowledge, the first to examine its impact on disability-free life expectancy. The finding with religious coping is expected, given that many turn to religion in response to the stress of illness and disability, which may extend longevity and enhance quality of life (as these investigators propose) but may not resolve the physical disability.

### Encountering God Naturally vs. during Psychedelic Drug Intoxication

Researchers in the department of psychiatry at Johns Hopkins University School of Medicine compared naturally occurring personal encounters with God (n=809) and psychedelic drug encounters with God (1,184 persons taking psilocybin, 1,251 taking LSD, 435 taking ayahuasca, and 606 taking dimethyltryptamine [DMT]). Participants were a convenience sample recruited via Internet advertisements, email invitations, and online social networks. Inclusion criteria for the psychedelic drug group (PDG) were at least 18 years of age, ability to read English, had a God encounter experience after taking a dose of a hallucinogen (an experience characterized as encountering something that someone might call God, Higher Power, Ultimate Reality, or an aspect or emissary of God, i.e., an angel). Inclusion criteria for the natural-occurring non-drug group (NDG) were similar to the PDG except the additional criterion was they had a God encounter without ever having had such an experience after taking a psychoactive drug. Differences between the groups were examined in bivariate and multivariate analyses. **Results:** Those in the NDG were more likely than those in the PDG to choose "God" as the best description of what they had encountered (41% vs. 18%, respectively), while those in the PDG were more likely than those in the NDG to choose "Ultimate Reality" as a descriptor (55% vs. 26%, respectively). There were other differences between those in the NDG and those in the PDG. NDG members were on average 22 years older (56 vs. 34 years old), more likely to be female (73% vs. 21%), more likely to be white, less likely to be Hispanic, more likely to have higher education (73% vs. 42% bachelor's degree or higher), more likely to have higher household income, more likely to be married (76% vs. 46%), and more likely to live in the United States vs. Canada, Europe, or Australia (75% vs. 56%). However, the similarities in experience between groups were also substantial. For both NDG and PDG, the encounters were described as experiencing an entity that was conscious (71% vs. 68%, respectively), benevolent (86% vs. 70%), intelligent (80% vs. 78%), sacred (81% vs. 71%), eternal (70% vs. 70%), and all-knowing (66% vs. 59%). There were also differences. Those in the NDG were more likely than the PDG to describe the entity as petitionable (32% vs. 18%) and less likely to describe the entity as

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malicious (1% vs. 9%). There were also changes in religious orientation following the experience. Many of those who identified themselves as atheists before the encounter (17.6%) no longer did so afterwards (6.7%); broken down by group, this was a reduction from 3% to 1% for the NDG and a reduction of 21% to 8% for the PDG. In both groups, the experience was described as one of the most meaningful and significant experiences in their entire lifetimes, and was associated with greater life satisfaction, purpose, and meaning. When the four groups of psychedelic drug users (PDG) were compared, those in the psilocybin and LSD groups were most similar, whereas those in the ayahuasca group (a drug used in religious ceremonies in Latin America) described the experiences as most positive and enduring.

*Citation:* Griffiths, R. R., Hurwitz, E. S., Davis, A. K., Johnson, M. W., & Jesse, R. (2019). Survey of subjective "God encounter experiences": Comparisons among naturally occurring experiences and those occasioned by the classic psychedelics psilocybin, LSD, ayahuasca, or DMT. *PLoS One*, 14(4), e0214377.  
*Comment:* The study results speak for themselves. Although the authors stress the similarity in "God experiences" in the natural non-drug and psychedelic drug groups, there are also many differences between these groups as revealed in the 14 tables presented in this article.

### Attachment to God and Mental Health among Jews

Researchers at the graduate school of social work, Touro College, NY, New York, and the department of psychiatry, Harvard Medical School, McLean Hospital, examined the relationship between attachment to God and mental health in 325 Orthodox (n=169) and non-Orthodox (n=156) men and women recruited through a variety of Jewish organizations. Attachment to God was assessed with Beck and McDonald's Attachment to God Scale, which assesses avoidant and anxious attachment (the two subscales). Also assessed were religious support (5-item scale), intrinsic religiosity (3-item scale), Jewish religious coping (16-item scale), and religious practice (3-item scale). Mental health outcomes were assessed with the 14-item Hospital Anxiety and Depression Scale. Bivariate and multivariate analyses were conducted controlling for religious support, intrinsic religiosity, religious coping, and religious practice. **Results:** Avoidant and anxious attachments to God were both positively associated with anxiety (B=0.17, p=0.02, and B=0.31, p<0.001, respectively), independent of other religious measures. Likewise, avoidant and anxious attachment to God were also both positively associated with depression (B=0.12, p=0.12, and B=0.23, p<0.001, respectively). Anxious attachment to God was the strongest of all positive correlates of anxiety and of depression (tied with negative religious coping). Researchers concluded: "Although additional cross-cultural research is clearly needed, our results suggest that even in more behaviorally focused religious cultures, attachment to God is a key mediator of the protective effects of religion and spirituality."

*Citation:* Pirutinsky, S., Rosmarin, D. H., & Kirkpatrick, L. A. (2019). Is attachment to God a unique predictor of mental health? Test in a Jewish sample. *International Journal for the Psychology of Religion*, E-pub ahead of press

*Comment:* Attachment to God is increasingly thought to be a key factor in the mental health benefits of religious practice. Religious involvement without a close relationship with God appears to provide very little benefit. This has been demonstrated in multiple studies for prayer, in particular. Prayer is significantly related to reduced anxiety and greater psychological well-being in the setting of a **secure** attachment to God. However, in the presence of an anxious or avoidant attachment, prayer is not associated with mental health benefits [see Ellison CG, Bradshaw M, Flannelly KJ, Galek KC (2014). Prayer, attachment to God, and symptoms of anxiety-related disorders among U.S. adults. *Sociology of Religion* 75:208-233; and, Bradshaw, M., & Kent, B. V. (2018). Prayer,

attachment to God, and changes in psychological well-being in later life. *Journal of Aging and Health*, 30(5), 667-691].

### Daily Spiritual Experiences and Health in Older Iranian Adults in a Retirement Facility

Investigators in the school of nursing and midwifery at Isfahan University of Medical Sciences assessed 190 persons aged 60+ in a retirement center in Isfahan, Iran, examining the relationship between daily spiritual experiences and general health. Daily spiritual experiences were assessed using the 16-item Daily Spiritual Experiences Scale (DSES; Underwood & Teresi), whose psychometric properties have been tested and found to be appropriate for use in Iranian populations. General health was assessed with Goldberg's General Health Questionnaire (GHQ; physical symptoms, anxiety and insomnia, social dysfunction, and depression), with higher scores indicating worse symptoms. Only bivariate correlations were performed. **Results:** Most participants (71%) were between ages 60 and 70 years; the majority had high education levels (51%); and most were married (80%). DSES scores were inversely related to poor health score overall (r=-0.21, p<0.01), and specifically with physical symptoms (r=-0.25, p=0.001), poor social function (r=-.26, p=0.001), anxiety and insomnia (r=-0.16, p<0.05), and depression (-.31, p<0.001). Researchers concluded: "...when retired elderly had more daily spiritual experiences, they experienced more [better] general health."

*Citation:* Sharifi, S., Moeini, M., Bromand, S., & Binayi, N. (2019). The relationship between daily spiritual experiences and general health of the elderly registered in the retirement center of Isfahan. *Iranian Journal of Health Sciences*, 7(1), 18-25.

*Comment:* Although a relatively simple cross-sectional study, without control for confounding factors, this is one of the few studies of spiritual experiences and physical/mental health in older adults living in retirement facilities in Iran.

### Effects of Islam-based Group Therapy on Mental Health and Pain in Iranian Cancer Patients

Investigators randomized (every other assignment) 76 patients with cancer to either the intervention group or to a control group. Those in the intervention group received instruction on the proper religious attitudes of patients during four 90-minute group therapy sessions over 3 weeks. They were encouraged to strengthen their religious beliefs and focus on the wisdom and beneficence of God, to be grateful during times of hardship, and to have hope for Divine mercy. Prayers 15 and 23 of the SahifehSajjadiyeh book were read at the beginning of the treatment session and participants were asked to focus on the meaning of the prayers. Participants were then encouraged to adopt religious strategies to increase mental health and control pain based on Qu'ranic teachings emphasized in these prayers. Religious principles based on Islamic teachings included prayer, reading sacred books, going to religious places, and practicing forgiveness. No description was provided of what control group patients received. Outcomes were assessed by the General Health Questionnaire (GHQ), and pain was assessed by rating pain level from 1 to 10 on a visual analog scale. **Results:** At baseline, there were no significant differences between experimental and control groups on gender, marital status, education level, monthly income, or social support. Within-group comparisons revealed that those in the intervention group decreased significantly on physical symptoms (16.4 to 9.9), anxiety (14.3 to 11.2), disordered social function (14.8 to 10.6), depression (14.4 to 9.9), and overall general health (60.5 to 41.7), as well as decreased in their level of pain (8.2 to 5.6), all p<0.001. In contrast, changes in the control group over time were minimal or nonexistent. Investigators concluded: "...it is suggested to implement a spiritual intervention in order to improve the health of

these patients in a participatory way and to increase the patients' life expectancy."

*Citation:* Eilami, O., Moslemirad, M., Naimi, E., Babuei, A., & Rezaei, K. (2019). The effect of religious psychotherapy emphasizing the importance of prayers on mental health and pain in cancer patients. *Journal of Religion and Health*, 58(2), 444-451.  
*Comment:* The findings here are noteworthy given the size of the intervention's effect, although this report was brief with relatively few details for a randomized clinical trial, and only within-group comparisons were made (instead of between-group). There was also no information on what the control group received (making it impossible to determine whether social attention, support and interaction were the active ingredients of the intervention, rather than its religious nature).

### Religious Cognitive Behavioral Therapy for Health in Iranians

Researchers in Iran conducted a randomized controlled trial examining the efficacy of a Shia-based Islamic version of religiously-integrated cognitive behavioral therapy (RCBT) for improving "general health" in Iranian adults (Yazd). A total of 144 participants were randomized to either the intervention group or a wait-listed control group. Those in the intervention group received 10 weekly 45-minute sessions. Outcomes were assessed by the General Health Questionnaire (GHQ). **Results:** Those in the intervention group experienced a significant improvement in somatic symptoms, depression, anxiety, overall mental health, insomnia, and social functioning. Researchers concluded: "Based on these findings RCBT can be considered a significant and effective practical therapy for improving both general and psychological health."

*Citation:* Alagheband, M., Mazloomi Mahmoodabad, S. S., Yassini Ardekani, S. M., Fallahzadeh, H., Rezaei, M. R., Yavari, M. R., & Moghadam, J. A. (2019). The impact of religious cognitive behavioural therapy (RCBT) on general health among Iranians. *Mental Health, Religion & Culture*, E-pub ahead of press.

*Comment:* Unfortunately, only the abstract of the study was available, so details are lacking. However, the conclusions are a bit overly enthusiastic, since the improvements may have simply been due to social attention that those in the intervention group received (since the control group was wait-listed, and was not given equal social attention as those in the intervention group).

### Islamic-Integrated Cognitive Behavioral Therapy for Depression in Sunni Muslims

Researchers from the department of psychological medicine at the University of Malaya, Kuala Lumpur, Malaysia, described the development of a manualized therapeutic approach for Muslim patients with depression, utilizing their Islamic beliefs, practices and resources. After reviewing the literature on religiously-integrated psychotherapies for depression (CBT, in particular), the authors describe the psycho-spiritual concepts in Islam that form the basis for Islamic-integrated CBT. They also discuss ethical issues related to integrating religiosity into psychotherapy, based on the Ethics Code of the American Psychological Association and Islamic Shari'ah principles. They note that the original Muslim version of religiously-integrated CBT (Koenig et al., 2015) was based on Shi'a Muslim theology, and therefore was not applicable to Sunni Muslims, emphasizing the need for a Sunni version of Islamic-integrated CBT, which the present paper outlines. The content of each of the 10 sessions is based on the teachings contained in the Qur'an and Hadith "in which the doctrine of oneness (*Tawheed*) is manifested in thought, emotion and behavior." Researchers are encouraged to test the efficacy of this intervention in future randomized clinical trials involving Sunni Muslims.

*Citation:* Sabki, Z. A., Sa'ari, C. Z., Muhsin, S. B. S., Kheng, G. L., Sulaiman, A. H., & Koenig, H. G. (2019). Islamic integrated cognitive behavior therapy: A Shari'ah-compliant intervention for Muslims with depression. *Malaysian Journal of Psychiatry*, 28(1), E-pub ahead of press.

*Comment:* See the following website for a free copy of the therapist manual and participant workbook:

<https://spiritualityandhealth.duke.edu/index.php/religious-cbt-study/therapy-manuals>.

### Religious Affiliation and Depression among Older Adults in China, Ghana, India, Mexico, Russia, and South Africa

Researchers from the department of population studies at the El Colegio de la Frontera Norte, Mexico, analyzed data from the Study on global AGEing and adult health (SAGE) in order to determine the association between religious affiliation and major depressive disorder (MDD) in six middle-low income countries. Data were available on 21,410 participants (7,208 from China, 2,608 from Ghana, 3,621 from India, 1,781 from Mexico, 2,439 from Russia, and 1,847 from South Africa). MDE was assessed with the World Mental Health Survey version of the CIDI, a structured psychiatric interview, based on symptoms experienced within the last 12 months. Religious affiliation was determined by the question: "Do you belong to a religious denomination?" (options: unaffiliated, Buddhist, Traditional Chinese Religion, Christian, Hindu, Muslim, Jewish, Indigenous, Sikh, Other). Controlled for in all models were age, marital status, education, and health insurance. **Results:** The overall prevalence of MDE in the sample was 6.5%, ranging from 7.5% in women to 5.4% in men. Percentage of participants with a religious affiliation ranged widely in these countries, from 7.4% in China to 99.8% in India, with Russia (86.5%), South Africa (93.1%), Ghana (94.7%), and Mexico (97.1%) in between. Bivariate analyses indicated that, overall, those WITH a religious affiliation were MORE LIKELY to report a MDE in the past 12 months. MDE was particularly common among Muslims in China compared to those with no affiliation and Buddhists. Likewise, Muslims in Ghana were significantly more likely to have MDE compared to Christians. Unadjusted logistic regression models revealed a greater prevalence of MDE among those with a religious affiliation of any kind compared to those with no religious affiliation, with odds ratios ranging from 3.2 for Christians to 14.9 for Hindus. When adjusted for covariates above, these associations were reduced to non-significance. When adjusted odds ratios were examined per country, a significantly increased risk of MDE was found among Muslims in Ghana (2.6, 95% CI=1.1-6.4) alone. When adjusted odds ratios were examined by country for minority religion (with majority religion as the reference category), significantly greater risk was found for Muslims in Ghana (2.7, 95% CI 1.7-4.1) and for Hindus (14.8, 95% CI 2.7-82.4) and Muslims (53.9, 95% CI 5.5-525.2) in South Africa. Researchers concluded: "Older adults who are members of religious minorities might be at risk for mental health problems, and there is a need for public health interventions aimed at them."

*Citation:* Fernández-Niño JA, Bojorquez, I, Becerra-Arias, C, Astudillo-Garcia, CI (2019). Religious affiliation and major depressive episode in older adults: a cross-sectional study in six low- and middle- income countries. *BMC Public Health* 19: 460 (<https://doi.org/10.1186/s12889-019-6806-1>)

*Comment:* The overall findings (greater prevalence of 12-month major depression in those with a religious affiliation) are strongly influenced by the large Chinese sample, most of whom reported no religious affiliation in a communist country where religion is discouraged (and sometimes persecuted). However, this finding was also present in largely Christian countries such as Mexico, Russia, and South Africa (but only in unadjusted analyses). All associations were reduced to non-significance when demographic

factors were controlled for (except Muslim vs. no affiliation in Ghana). The most significant finding, though, was a higher prevalence of MDE among Muslims in countries where Islam is the minority religion, especially in Ghana and South Africa. Religious affiliation, however, says very little about how religious a person is. Furthermore, in these cross-sectional analyses, depressive symptoms may have caused a turning to religion to cope with stressors leading to depression (reverse causation).

### Spirituality and the Mental Health of Adolescents in Canada, England and Scotland

In this study of adolescents in Canada (n=21,173), England (n=4,339), and Scotland (n=5603) (ages 11-15), researchers at universities in Canada, Scotland, and Australia analyzed cross-sectional data collected in the 2014 Health Behavior School-Aged Children (HBSC) study to examine the relationship between various dimensions of "spirituality" and domains of mental health. Spirituality was measured by Gomez and Fisher's Spiritual Well-Being Scale using two questions for each of the four spiritual domains that this scale assesses: self, others, nature, and the transcendent, each item rated on a scale from 0 "not important at all" to 4 "very important." For the "self" subscale, students were asked how important it is for them to "feel that your life has meaning or purpose" and "experience joy (pleasure, happiness) in life." For the "others" subscale, the items were "be kind to other people" and "be forgiving of others." For the "nature" subscale the items were "feel connected to nature" and "care for the natural environment." And, finally, for the transcendent subscale, the questions asked how important it is for them to "feel a connection to a higher spiritual power" and "meditate or pray." The mental health outcome was assessed by 8 subjective health complaints divided into somatic symptoms (headache, stomach ache, backache, feeling dizzy) and mental health symptoms (feeling depressed, low, irritable, bad temper, feeling nervous, difficulties in getting sleep). All symptoms, each assessed on a 0-4 scale, were summed to create an index ranging from 0 to 32, and dichotomized into high and low subjective health complaints. Covariates assessed included age, gender, immigration status, financial status of family, community support, quality of family communication, perceived family support, and perceived peer support. Multivariable log-binomial models, generalized estimating equations, and structural equation modeling were used to predict "low subjective health complaints" (better mental health); analyses were stratified by country and gender. **Results:** We only report results for "the transcendent" domain of spirituality, since it is the only distinctively spiritual subscale of the four spirituality subscales described above. Among boys, transcendent scores were related to better health (more likely to have low subjective health complaints) in Canada (age-adjusted OR=1.10, 95% CI=1.05-1.15), in England (OR=1.06, 95% CI=1.01-1.13), and in Scotland (OR=1.07, 95% CI=1.01-1.14). When controlling for all the other covariates – including the other spiritual domains, family affluence, immigration status, community support, family support, family communication, and peer support (many of which were likely mediating variables) – no significant relationships were found in any country. In girls, results were similar in Canada (age-adjusted OR=1.17, 95% CI=1.11-1.24), in England (OR=1.08, 95% CI=0.99-1.18), and in Scotland (OR=1.17, 95% CI=1.06-1.29); again, when all covariates were controlled, both confounding and mediating variables, no significant relationships were found. Path analysis results for the Canadian sample (only country in which path analysis was done) indicated significant total effects for the transcendent in terms of predicting fewer subjective health complaints in boys (B=-0.03, 95% CI=-0.05 to -0.01, p=0.02), but results were not significant in girls (B=-0.002, 95% CI=-0.02 to 0.01).

*Citation:* Michaelson, V., King, N., Inchley, J., Currie, D., Brooks, F., & Pickett, W. (2019). Domains of spirituality and their

associations with positive mental health: A study of adolescents in Canada, England and Scotland. *Preventive Medicine*, E-pub ahead of press

*Comment:* This study is an example of hopeless confounding of spirituality and mental health, making it surprising that a journal of this quality (*Preventive Medicine*) accepted the study for publication. No doubt, the large sample, sophisticated statistical analyses, and multiple covariates assessed were influential in its acceptance. However, operationalizing "spirituality" as meaning and purpose, joy, pleasure and happiness, and then seeing if it correlates with mental health symptoms (feeling low, depressed, anxious, irritability) is seriously tautological, i.e., correlating spirituality (measured as good mental health) with poor mental health. Even the measurement of the transcendent dimension of spirituality was weak, but was at least somewhat distinctive, warranting the report of this study here.

### Religiosity, Substance Use, and Risky Sexual Behaviors in Junior High Students in South Africa

Researchers at the Alcohol, Tobacco & Other Drug Research Unit, South African Medical Research Council, Pretoria, analyzed data from a national random sample of 20,227 students in grades 8-10 at 240 public schools in West Cape. This area of South Africa has one of the highest rates of crime and violence, including drug-related and gang-related crime. Participants were aged 10-23 years (most less than 18). Religiosity was assessed by a single variable, frequency of religious attendance, with high religiosity defined as attending religious services 1-2 times a month or more (74% of participants) and low religiosity as attending never or rarely (26%). Alcohol and other drug use was assessed within the past 30 days (alcohol, tobacco, cannabis) and risky sexual behavior was defined by involvement in at least one of eight possible risky sexual behaviors. Other covariates included mental health status and aggressive behavior assessed by the Problem-Oriented Screening Instrument for Teenagers. Other variables included in statistical models were sex, school grade, age, mother's education, number of parents in the home, population group, household financial circumstances, and race. Logistic regression analyses assessed the association between religiosity and alcohol, other drug use, and risky sexual behaviors, controlling for covariates. **Results:** With regard to alcohol use in the past 30 days, those with high religiosity were 14% less likely to do so compared to those with low religiosity (adjusted OR=1.86, 95% CI=0.76-0.97, p=0.01). Concerning tobacco use in the past 30 days, those with high religiosity were 24% less likely to do so (adjusted OR=0.76, 95% CI=0.67-0.87, p<0.001). With regard to cannabis (marijuana) use, those with high religiosity were 43% less likely to use this drug (adjusted OR=0.57, 95% CI=0.48-0.68, p<0.001). Finally, concerning risky sexual behaviors, students with high religiosity were 10% less likely to engage in such activity compared to those with low religiosity (adjusted OR=0.90, 95% CI=0.81-0.99, p<0.05). Researchers concluded: "Religiosity was associated with lower odds of reported AOD [alcohol and other drug use] and risky sexual behavior among learners in the West Cape. This calls for further exploration on how to incorporate religiosity into AOD use and risky sexual behavior interventions." *Citation:* Francis, J. M., Myers, B., Nkosi, S., Williams, P. P., Carney, T., Lombard, C., ... & Morojele, N. (2019). The prevalence of religiosity and association between religiosity and alcohol use, other drug use, and risky sexual behaviours among grade 8-10 learners in Western Cape, South Africa. *PLoS One*, 14(2), e0211322 (1-20).

*Comment:* Although cross-sectional in design, the results from this large random sample of young persons (90%< age 18), carefully controlled for covariates, are relevant for this high-drug use, high-crime area of South Africa. Prospective studies are needed to provide information on causal inference (i.e., whether religiosity

reduces alcohol/drug use and risky sexual behaviors, or vice-versa).

### Church-based Social Interactions and Psychotic Experiences in Black Americans

Researchers in the school of social work at the University of Southern California in Los Angeles analyzed data from the National Survey of American Life, a random national sample of Black Americans to examine associations between seven church-based social interactions and lifetime psychotic experiences. Multivariate logistic regression models were used to examine the data. Psychotic symptoms were unrelated to frequency of church attendance, church member interactions, and closeness to church members. However, greater emotional support from church members, negative social interactions in church, providing help to other church members, and receiving help from church members were all associated with an increased likelihood of reporting psychotic experiences. However, when confounders were controlled for in multivariate models, only negative church interactions and giving help to church members were associated with more psychotic experiences. Researchers concluded: "Future studies should explore why the deleterious aspects of [church] social interactions prevail over beneficial ones."

*Citation:* Oh, H., Waldman, K., Lloyd, D., & Lincoln, K. (2019). Church-based social interactions and psychotic experiences among Black Americans: findings from the National Survey of American Life. *Mental Health, Religion & Culture*, E-pub ahead of press

*Comment:* Only the abstract was available, so details are lacking. However, the authors conclusions in the abstract are not correct. These were cross-sectional analyses, meaning that causal inference (as the authors are making in the conclusions) is not possible. First of all, psychotic experiences assessed in this survey do not mean that the person was psychotic, but rather some of these experiences may have been confused with religious experiences that are normative for Black Americans. Second, psychotic (or religious) experiences themselves may have led to increased church social interactions, just as increased social interactions may have led to psychotic experiences. Only prospective studies can help to sort out these matters.

### Spirituality/Religiosity and Burnout in Latin American Palliative Care Health Professionals

Researchers at the MD Anderson Cancer Center in Houston examined spirituality/religiosity (S/R) and other factors related to burnout in 221 palliative care healthcare providers in Latin America. Participants were recruited online from the Palliative Care Latin American Association that includes members from 20 countries. Participants were 50% physicians, 19% nurses, and 24% psychologists or other health professionals. Spirituality and religiosity were assessed with a 5-item scale, each item assessed on a 0-10 scale: self-rated spirituality; self-rated religiosity; S/R as a source of strength and comfort; S/R as a source of coping with problems; and S/R for maintaining quality of life in a stressful work environment. No information was provided on how burnout was assessed in this brief study abstract. **Results:** 14% reported being burned out. Average score for self-rated spirituality was 8 on 0-10 scale; for self-rated religiosity the score was 5; for S/R as a source of strength and comfort, the average score was 9; for S/R as a source of coping with problems, the score was 8; and for S/R in maintaining quality of life in a stressful work environment, the average score was 8. These scores indicated high levels of S/R among these palliative care health professionals. However, no relationship was found between S/R and self-reported burnout.

*Citation:* Guay, M. D., Donoso, M. M. R., Saca, J. M. L., Rios, M. E. R., & Pastrana, T. (2019). Spirituality and Religiosity and Burnout in Latin-American Palliative Care Health Care

Professionals (LAPC) (S818). *Journal of Pain and Symptom Management*, 57(2), 490-491.

*Comment:* Although this report is only an abstract from a national conference and contains few details, this is one of the few published studies of spirituality/religiosity and burnout among palliative healthcare professionals in Latin America.

## NEWS

### Spirituality in Psychiatry

Paul Summergrad, MD, chair of psychiatry at Tufts University Medical School and recent past-president of the American Psychiatric Association [APA], was interviewed by Lloyd Sederer, MD, adjunct professor in the School of Public Health at Columbia University, about the role of faith, spirituality and religion in psychiatry practice. This interview was published in the APA magazine *Psychiatric Times* in May 2019 (<https://www.psychiatrictimes.com/apa/spirituality-psychiatric-office>). Summergrad states: "...eschewing religion in psychiatric practice does, I think, risk alienating psychiatrists and other mental health professionals from many patients and their families. Because of the great comfort or meaning they can derive from religious communities as well as the capacity to seek solace from pastors, priests, rabbis, Imams, and others." Dr. Summergrad discussed spirituality and mental health at the 2019 APA annual meeting in San Francisco on May 20 in a session chaired by David H. Rosmarin, PhD. There was also a session on moral injury in the setting of PTSD, chaired by psychiatrist Donna Ames, and participated in by VA chaplain James Luoma and VA mental health specialist, Marek S. Kopacz, MD, PhD. Both sessions were well attended and were "firsts" for the APA Annual Meeting. This represents remarkable progress from the days of Sigmund Freud, one of the founders of modern psychiatry, who characterized religion as an "obsessional neurosis."

## SPECIAL EVENTS

### 16<sup>th</sup> Annual Duke University Summer Research Workshop

(Durham, North Carolina, August 12-16, 2019)  
Register **now** to attend this one-of-a-kind 5-day training session on how to design research, obtain funding support, carry out the research, analyze and publish the findings, with an emphasis on developing an academic career in the area of religion, spirituality and health. **Pass this information on** to colleagues, junior faculty, graduate students, and anyone you think might be interested. The workshop compresses training material that was previously taught during our 2-year post-doctoral fellowship, so the curriculum is packed. Leading religion-health researchers from Duke, Yale and Emory serve as workshop faculty. Participants will have the option of a 30-minute one-on-one with Dr. Koenig or another faculty mentor of their choice, although these mentorship slots are limited, so early registration will be necessary to ensure that the mentor requested will be available. Over 800 academic researchers, clinical researchers, physicians, nurses, chaplains, community clergy, and students at every level in medicine, nursing, social work, chaplaincy, public health, psychology, counseling, sociology, theology, and rehabilitation (as well as interested members of the general public) have attended this workshop since 2004. Participants from every faith tradition and region of the world have come to this workshop, and this year should be no different. **Partial tuition reduction scholarships** are available. For more information, go to: <https://spiritualityandhealth.duke.edu/index.php/5-day-summer-research-course>

## **International Congress on Spirituality & Psychiatry**

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

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

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

## **RESOURCES**

### **Books**

#### **Exploring Hope in Spiritual Care: A Practical Theological Guide for Chaplains**

(Jessica Kingsley Publishers, 2019)

From the publisher: "Patients who are at the end of life can often feel hopelessness and despair. This book will enable those who provide spiritual care to cultivate hope in patients, beyond hope for a cure. Using a framework of the different dimensions to hope, the book suggests creative spiritual care that can help patients prepare for the best possible end of life." Available for \$14.54 at <https://www.amazon.com/Exploring-Hope-Spiritual-Care-Theological/dp/1785925768/>.

#### **Measures of Spirituality/Religiosity**

(MDPI Publishers, 2019)

From the publisher: The interest in the topic of spirituality as a more or less independent dimension of quality of life is continuously growing, and research questions are beginning to change as the field of religiosity changes, becoming more diverse and pluralistic. Addressing new topics in health research also relies on standardized questionnaires. The number of instruments intended to measure specific aspects of spirituality is growing, and it is particularly difficult to evaluate the new instruments. This Special Issue will focus on some of the established instruments (updating them to different languages and cultures), but will also describe the features and intentions of newly-developed instruments, which may potentially be used in larger studies to develop knowledge relevant to spiritual care and practice. This Special Issue will serve as a resource on the instruments used to study the wide range of organized religiosity, the individual experience of the divine, and an open approach in the search for meaning and purpose in life." Available for \$55.45 at <https://www.amazon.com/Measures-Spirituality-Religiosity-Arndt-Bussing/dp/3038979325/>.

#### **Religion and Mental Health: Research and Clinical Applications**

(Academic Press, 2018) (Elsevier)

This 384 page volume summarizes the latest research on how religion helps people cope with stress, covering its relationship to depression, anxiety, suicide, substance abuse, well-being,

happiness, life satisfaction, optimism, generosity, gratitude and meaning and purpose in life . It integrates research findings with best practices for treating mental health disorders in religious clients with depression, anxiety, posttraumatic stress disorder, and other emotional (and neuropsychiatric) problems. Available for \$69.95 at <https://www.amazon.com/Religion-Mental-Health-Research-Applications/dp/0128112824>.

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

(Amazon: CreateSpace Publishing Platform, 2018)

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

#### **Protestant Christianity and Mental Health: Beliefs, Research and Applications**

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

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

#### **Catholic Christianity and Mental Health: Beliefs, Research and Applications**

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

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

#### **Islam and Mental Health: Beliefs, Research and Applications**

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

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

#### **Hinduism and Mental Health: Beliefs, Research and Applications**

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

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

#### **Judaism and Mental Health: Beliefs, Research and Applications**

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

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

## Buddhism and Mental Health: Beliefs, Research and Applications

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

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

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

(Templeton Press, 2011)

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

## Videos

### CME/CE Videos (Integrating Spirituality into Patient Care)

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

## TRAINING OPPORTUNITIES

### Research Scholarships on Spirituality and Health

With support from the John Templeton Foundation, the Center for Spirituality, Theology and Health is offering twenty-seven \$3,000 scholarships to attend our 5-day Summer Research Workshop (see above) in the years 2020, 2021, and 2022. These scholarships will cover tuition, international travel, and living expenses. These scholarships are available only to academic faculty and graduate students living in third-world underdeveloped countries such as Africa, Mexico, Central and South America, Russia, Baltic countries, Eastern Europe, and portions of the Middle East, central and eastern Asia. The scholarships will be highly competitive and be awarded only to talented well-positioned faculty and graduate students with the potential to conduct research on religion, spirituality, and health, and serve as research leaders in their part of the world.

Since the demand for such scholarships will likely far exceed their availability, and we are now set up to evaluate potential scholarship recipients, we are hoping to identify individuals or foundations willing to support highly qualified third-world applicants for the 2019 workshop (and for applicants we are unable to provide scholarships to in 2020-2022 and the years ahead). A donation of \$3,500 to our Center will sponsor a faculty member or graduate student from a disadvantaged region of the world to attend the workshop either this year (2019) or in future years. If you are interested in sponsoring one or more such applicants and want to know more about this rigorously competitive program, or have ideas about other sources of support, please contact [Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu).

### Certificate in Theology and Healthcare

The Duke University Divinity School is now accepting applications for a new graduate certificate, the Certificate in Theology and Health Care. This one-year residential program provides robust

theological and practical engagement with contemporary practices in medicine and health care for those individuals with vocations in health-related fields (e.g., trainees or practitioners of medicine, nursing, and other health care professions). The Certificate aims to equip Christian health care practitioners with the training to embrace that calling and live into it with theological clarity and spiritual joy. This fully accredited course of study focuses on combining foundational courses in Christian theology, scripture, and church history with courses engaging the practical issues that health care practitioners encounter in contemporary culture. If you, or some you know, seek theological formation and further confidence engaging questions of suffering, illness, and the place of health care in a faithful life, go to the following website:

<https://tmc.divinity.duke.edu/programs/certificate-in-theology-and-health-care/>

## FUNDING OPPORTUNITIES

### Templeton Foundation Online Funding Inquiry

The John Templeton Foundation is now accepting new Online Funding Inquiries (OFIs; essentially letters of intent) through their funding portal. The next deadline for Small Grant requests (\$234,800 or less) and Large Grant requests (more than \$234,800) is **August 30, 2019**. The Foundation will communicate their decision (rejection or invitation to submit a full proposal) for all OFIs by October 4, 2019. 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>

## 2019 CSTH CALENDAR OF EVENTS...

### June

- 26 **Clinician burnout: A problem of work-life balance or of de-moralization and spiritual detachment?**  
**Speaker:** Farr Curlin, M.D.  
Josiah C. Trent Professor of Medical Humanities  
Co-Director of the Theology, Medicine and Culture  
Initiative at Duke Divinity School  
Rm 2001, Duke North Hospital, 3:30-4:30  
**Contact:** Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))

### July

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