

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 2020) go to: <http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

LATEST RESEARCH

Religious Attendance and “Deaths from Despair” among Health Professionals

Researchers in the department of epidemiology at the Harvard’s T. H. Chan School of Public Health analyzed data from two longitudinal studies of healthcare professionals (66,492 female nurses and 43,141 male healthcare professionals) to examine the relationship between religious service attendance and deaths due to drugs, alcohol, and suicide. Participants in the Nurses’ Health Study II (NHSII) were followed for 17 years from 2001 to 2017 and those in the Health Professionals Follow-Up Study (HPFS) were followed for 26 years from 1988 to 2014. Cox proportional hazards regression models were used to estimate the impact of religious attendance on “deaths from despair”, while controlling for baseline sociodemographic characteristics, lifestyle factors, psychological distress, medical history, and social integration. Models were reanalyzed excluding participants who died from any cause during the first 3 years of follow-up; this was done in order to reduce concern about the association of service attendance with lower mortality might be due to underlying health impairments at baseline that may have prevented religious attendance. **Results:** Nurses who attended religious services at least once per week were 68% less likely to die during follow-up due to deaths of despair (HR=0.32, 95% CI=0.16-0.62). Male healthcare professionals (e.g., dentists, pharmacists, optometrists, osteopaths, podiatrists, and veterinarians) who attended religious services weekly or more were 33% less likely to die from this cause (HR=0.67, 95% CI=0.48-0.94). Researchers concluded: “The findings suggest that religious service attendance is associated with a lower risk of death from despair among healthcare professionals. These results may be important in understanding trends in death from despair in the general population.”

Citation: Chen, Y., Koh, H. K., Kawachi, I., Botticelli, M., & VanderWeele, T. J. (2020). Religious service attendance and deaths related to drugs, alcohol, and suicide among US health care professionals. *JAMA Psychiatry* (formerly, *Archives of*

General Psychiatry), in press

(<https://doi.org/10.1001/jamapsychiatry.2020.0175>)

Comment: This is another extraordinary report from the Human Flourishing Program, Harvard Institute for Quantitative Social Science, Cambridge, Massachusetts, led by Tyler VanderWeele. As the authors note, the findings here may help to explain the increasing deaths from despair (loss of meaning in life) documented from 1999 to 2016 in the United States, especially among white men and women ages 25 to 64, possibly due in part to a reduction in religious service attendance as U.S. society continues to secularize.

Religious Participation and Risk of Mortality in Mexico

Terrence Hill and colleagues in the school of sociology at the University of Arizona and other institutions analyzed data from the 2003-2015 Mexican Health and Aging Study in order to examine the effects of religious participation (involvement once or more/week in religious activities versus non-participation) on mortality risk. Participants were a national random sample of older adults born prior to 1951 (and their spouses or partners) currently living in Mexico. Religious participation was assessed by the question “How frequently do you participate in events organized by your church?” with response options ranging from “never” to “once or more per week.” Mortality risk was examined over a 12-year period. Cox proportional hazards regression models were used to examine the effects of religious participation on mortality, controlling for chronic disease burden, functional limitations, cognitive functioning, depressive symptoms, social support, and health behaviors (the last three being potential mediators or explanatory variables). Also controlled in analyses were age, gender, marital status, locality size, out-migration status of locality, education, and financial status (i.e., standard confounders).

Results: During follow-up, there were 2,501 deaths (17% of the sample). Approximately 38% of respondents indicated they were involved in religious activities once or more per week, 46% reported participating once in a while, and 16% reported never participating. In the full Cox model with all control variables included (confounders and potential explanatory variables), participation once a week or more in religious activities predicted a 19% reduction in mortality compared to those never attending (HR=0.81, 95% CI=0.72-0.91), $p<0.001$. Researchers concluded: “Our results confirm that religious participation is associated with lower all-caused mortality risk among older adults in Mexico. Our analyses contribute to previous research by replicating and extending the external validity of studies conducted in the United States, Israel, Denmark, Finland, and Taiwan.”

Citation: Hill, T. D., Saenz, J. L., & Rote, S. M. (2020). Religious participation and mortality risk in Mexico. *Journals of Gerontology: Social Sciences*, 75(5), 1053-1061.

Comment: Even after controlling for explanatory variables (characteristics that help to explain how religious participation affects mortality, i.e., less depression, greater social support, and better health behaviors), religious participation still -- independent of these likely mediators -- predicted nearly a 20% reduction in mortality over 12 years of follow-up.

EXPLORE...in this issue

1-4 LATEST RESEARCH

4-6 NEWS, EVENTS & RESOURCES

6-7 TRAINING, FUNDING Opportunities, and CALENDAR

The Wages of Sin are Death

Two professors at Baylor University (David Jeffrey, a renowned literary scholar of the Bible and former provost at Baylor University, and Jeff Levin, a well-known epidemiologist of religion and health) document correlations between practices once regarded as sinful, both personal and social, and medical evidence of increased morbidity and decreased longevity that result from such practices. They emphasize that more attention needs to be paid to such correlations, especially considering the escalation of costs associated with maintaining good public health, and also. They underscore the need for a greater appreciation for important insights that ancient and medieval virtue ethics still offer on the effects of moral health from the perspective of preventative medicine.

Citation: Jeffrey, D.L., & Levin, J. (2020). Are the wages of sin really death? Moral and epidemiologic observations. *Christian Scholar's Review*, 49(3), 263-279

Comment: Strongly recommended. Go to: <https://christianscholars.com/are-the-wages-of-sin-really-death-moral-and-epidemiologic-observations/>

Cure of Juvenile Macular Degeneration Blindness Following Proximal Intercessory Prayer

Investigators at the Global Medical Research Institute, Texas Tech University Health Sciences in Lubbock and Department of Psychological and Brain Sciences at Indiana University examined records detailing the effects of proximal intercessory prayer (PIP) on vision improvement in an 18-year-old woman (a white patient of Dutch ancestry). The woman had lost the majority of her central vision during a three-month period in 1959 due to unknown causes (later determined to be Stargardt's disease). Medical records obtained from 1960 indicated a visual acuity of 20/400 in both eyes, meeting the legal definition for blindness. She remained legally blind for a total of 13 years based on repeated eye exams during this period. In 1972, after receiving PIP from her husband before bedtime, the patient reported that she instantaneously received her sight. PIP here was conducted in the Christian tradition, asking God to restore her sight that night. The prayer was "Oh God,! You can restore ...[name]'s eyesight tonight, Lord. I know you can do it! And I pray you will do it tonight." Following the prayer the patient opened her eyes and saw her husband kneeling in front of her, the first clear visual perception she had experienced after 13 years of blindness. In 1974, after the PIP, medical records indicated that her visual acuity was 20/100 without glasses. Corrected visual acuities of 20/30 to 20/40 were recorded from 2001 to 2017. To date, researchers report that the patient's vision has remained intact for 47 years since the 1972 healing.

Presented in the paper were fundoscopic photos taken on March 2, 2017 of the retinas of both eyes. Researchers concluded: "Findings from this report and others like it warrant investment in future research to ascertain whether and how PIP experiences may play a role in apparent spontaneous resolution of lifelong conditions having otherwise no prognosis of recovery."

Citation: Romez, C., Freedman, K., Zaritzky, D., & Brown, J. W. (2020). Case report of instantaneous resolution of juvenile macular degeneration blindness after proximal intercessory prayer. *Explore*, in press (<https://doi.org/10.1016/j.explore.2020.02.011>).

Comment: Not much more can be said. Readers are encouraged to review the article itself.

Double-blinded Remote Intercessory Prayer Study for COVID-19

Cardiologist Dhanunjaya Lakkireddy, a physician at the Kansas City Heart Rhythm Institute, announced on National Public Radio (NPR) on May 1 that he was leading a four-month randomized controlled trial examining the efficacy of remote intercessory prayer (multi-denominational) in 1000 patients with COVID-19

infections severe enough to require treatment in the ICU. The prayer, said in five denominational forms (Christianity, Hinduism, Islam, Judaism, and Buddhism), will be administered to half of the sample chosen randomly (n=500) and compared to those not receiving the prayer on the control group (n=500). Those who are praying will not know who the patients are (nor vice-versa) (double-blinded). Standard medical care will be received by all participants in the study. Outcomes will include how long patients remain on ventilators, how many suffer organ failure, how quickly they are released from the intensive care unit, and mortality rate. According to this report on NPR, Dr. Lakkireddy "describes himself as 'born into Hinduism,' but he says he attended a Catholic school and has spent time in synagogues, Buddhist monasteries, and mosques."

Citation: Gjetn, T. (2020). Clinical study considers the power of prayer to combat COVID-19. *National Public Radio*, May 1 (<https://www.npr.org/sections/coronavirus-live-updates/2020/05/01/849408522/clinical-study-considers-the-power-of-prayer-to-combat-covid-19>).

Comment: Most double-blinded remote intercessory prayer studies have not contributed much to the field of religion and health, other than giving it a "bad name." However, this is certainly a timely study, even though the likelihood of finding positive effects may be "quite remote."

Religious Ways of Staying Safe during the COVID-19 Pandemic

In this commentary, the author examines six ways that persons can improve their chances of not being infected by the coronavirus, and if infected, of recovering more quickly. Emphasis is placed on the role that religious beliefs and practices, as well as healthy behaviors, can play in bolstering the immune system. Practical suggestions are detailed on how to stay mentally, socially, spiritually, and physically healthy during these anxious times.

Citation: Koenig, H.G. (2020). Maintaining health and well-being by putting faith into action during the COVID-19 pandemic. *Journal of Religion and Health*, in press (<https://rdcu.be/b4brv>)

Comment: This article is one of many papers published in a special section of the *Journal of Religion and Health* that includes commentaries, research data gathered during the COVID-19 pandemic, and reports by frontline healthcare professionals treating patients around the world.

A Group Intervention for PTSD and Moral Injury

A team of investigators from Indiana University and Roudebush VA Medical Center in Indianapolis collected preliminary data on 24 military veterans who participated in an innovative spiritually-integrated treatment approach designed to treat PTSD. The 8 session group program, called "Search for Meaning", was co-led by a chaplain and mental health professional (both trained in trauma care), and was designed to treat trauma-related spiritual and moral wounds that can occur as a result of military related trauma. Instead of directly processing trauma, the intervention focuses on themes such as spiritual wounding and shattered spiritual beliefs, resolution of anger, forgiveness, dealing with traumatic grief, meaning making, and the rebuilding of one's spiritual foundation. A treatment-as-usual design was used, meaning that participants were referred to the group as part of clinical programming. Data were collected from five separate cohorts over a period of 2 years. All groups took place at a Veterans Affairs Medical center in a Midwestern city. IRB approval was obtained from a university-based institutional review board. Changes in trauma symptoms were measured using the PTSD Checklist for DSM-5 (PCL-5), while the Spiritual Injury Scale (SIS) and Brief RCOPE were used to measure changes in spiritual well-being and coping. **Results:** All 24 participants included in the analysis met a cut-off score of 33 on the PCL-5 (indicating a

provisional PTSD diagnosis). There was a statistically significant decrease in PCL-5 scores from baseline (M=53.96, SD=11.90) to post-group treatment (M=46.54, SD=17.33), $t(23) = 2.54, p = 0.02$. Additionally, there was a statistically significant decrease in SIS scores from baseline (M=20.08, SD=4.19) to post-intervention (M=18.42, SD=4.41, $t(23) = 2.30, p = 0.03$). Finally, with regard to the brief RCOPE, there was a statistically significant decrease in negative religious coping from baseline (M=13.59, SD=6.16) to post-intervention (M=11.14, SD=4.19, $t(21) = 2.07, p = 0.05$). Scores on positive religious coping did not significantly change. Researchers concluded that these preliminary findings warrant “taking a deeper look at spiritual-based therapies as a potential alternative and/or adjunct to current PTSD treatment.”

Citation: Starnino, V. R., Angel, C., Sullivan, J. E., Lazerick, D., James, L., Cocco, J., & Davis, L. W. (2019). Preliminary report on a spiritually-based PTSD intervention for military veterans. *Community Mental Health Journal*, 55(7), 1114-1119.

Comment: Although a preliminary study, these findings are meaningful considering that few clinical interventions that address spiritual/moral wounds from combat trauma have been tested and published in the literature. Future research with a more rigorous design is warranted.

Christian Meditation for Repetitive Negative Thinking

Researchers at California Baptist, Liberty, and Regent universities, and Fuller Theological Seminary, joined forces to conduct a randomized controlled trial examining the efficacy of Christian meditation as an alternative to Buddhist-informed mindfulness meditation. A total of 101 participants were randomized to a four-week Christian meditation program (initial n=50; final n=36) or a waitlist control group (initial n=51; final n=35). Inclusion criteria were age 18 or older, self identified as Christian, no suicidal ideation, no psychiatric diagnosis, no drug or alcohol abuse, no history of psychosis or mania, not currently receiving psychotherapy or counseling, and not taking psychotropic medication. Repetitive negative thinking was also an inclusion criterion. Participants in the study were students whose mean age was 21 years, approximately 80% were female and 80-90% were white. Religious affiliation was largely Baptist or nondenominational (75-85%). The intervention group received instruction in both kataphatic (use of words and images) and apophatic (wordless and imageless) Christian meditation, which was practiced as a group during 60-minute weekly meetings and individually on their own daily between group sessions. At baseline, there were no significant differences between intervention and control groups on sociodemographic characteristics, Christian denomination, education, or religious practices. Outcomes included experiences of humility, providence (measuring God images reflecting depth of experience of God), surrender to God, nonattachment, perseverative thinking, and anxiety symptoms, all assessed using standard scales. **Results:** There were significant group by time interaction favoring the intervention group over the control group for experiences of humility ($d=0.69$ for within intervention group change), nonattachment ($d=0.98$), perseverative thinking ($d=-0.81$), surrender to God ($d=0.76$), and God adjectives ($d=0.37$); no significant differences were found for depth of experience with God ($d=0.28$) or anxiety ($d=-0.29$). Researchers concluded: “Findings suggest that Christian meditation may hold promise as a daily practice among Christians for the prevention of emotional disorders.”

Citation: Knabb, J. J., Vazquez, V. E., Garzon, F. L., Ford, K. M., Wang, K. T., Conner, K. W., ... & Weston, D. M. (2019). Christian meditation for repetitive negative thinking: A multisite randomized trial examining the effects of a 4-week preventative program. *Spirituality in Clinical Practice*, in press

(<https://doi.org/10.1037/scp0000206>)

Comment: One of the few studies examining the efficacy of a Christian form of meditation for negative thinking comparable to Buddhist-based mindfulness meditation. Future studies are needed to directly compare the efficacy of this form of meditation with mindfulness meditation in Christian patients with emotional disorders.

Religiosity/Spirituality, Major Depression and Altruism: A 5-year Prospective Study

Researchers at Columbia University and New York State Psychiatric Institute examined the effects of religion/spirituality (R/S) and major depression on altruism in those at high and low risk for depression (risk based on family history of depression). At baseline, R/S was assessed by importance of religion/spirituality. Major depressive disorder (MDD) was assessed by a semi-structured diagnostic interview, the SADS-L, for the 5-year period prior to the baseline interview. Altruism was assessed using the 15-item Altruism Scale (McClintock et al., 2016). Sample size for those who completed both baseline and follow-up evaluation was 230 (made up of 150 participants at high risk for depression and 80 at low risk). Regression analyses were used to examine predictors of altruism, stratified by risk level; altruism was measured at only the 5-year follow-up, not at baseline. Controlled for in analyses were recent negative life events, age, gender, education, religious denomination, and religious service attendance. **Results:** Both R/S and MDD at baseline were positively associated with altruism on 5-year follow-up, independent of covariates (OR=2.52, 95% CI = 1.15-5.49, $p=0.02$, and OR = 2.43, 95% CI = 1.05-5.64, $p=0.04$, respectively). There was no association between R/S or MDD and altruism among low risk participants. However, in the high-risk group, baseline R/S and MDD were significantly associated with altruism at the 5-year follow-up (OR = 4.69, 95% CI = 1.39-15.84, $p=0.01$, and OR = 4.74, 95% CI = 1.92-11.72, $p=0.001$, respectively). Researchers concluded: “MDD’s positive association with elevated altruism concurs with studies of posttraumatic growth in finding developmental growth from adversity. The conditions that foster MDD’s positive association with altruism and the contribution of R/S to this process requires further study.”

Citation: Neugebauer, R., Wickramaratne, P., Svob, C., McClintock, C. H., Gameroff, M. J., Miller, L., & Conway, A. (2020). Contribution of religion/spirituality and major depressive disorder to altruism. *Journal of Affective Disorders*, 262, 16-22.

Comment: Fascinating results suggesting that both religiosity/spirituality and major depressive disorder are associated with greater altruism. The experience of a gut-wrenching depression may foster a sensitivity to others’ suffering, as does religiosity/spirituality. The only weakness of this study is that baseline altruism was not assessed, thereby not allowing researchers to examine the effects of R/S or MDD on changes in altruism over time.

Does Religiosity Delay Adolescent Alcohol Initiation?

Investigators from Texas A&M University at College Station and the School of Public Health at Indiana University in Bloomington analyzed data from a 8-year long-term (not prospective) study of 20,099 participants (12th graders) in the Monitoring the Future Survey from 2008 to 2015. The goal was to examine the impact of religiosity on age at first initiation of alcohol use. Religiosity was assessed by two items: frequency of religious attendance and importance of religion in life. Latent growth curve modeling was used to analyze the data. **Results:** Religiosity played a consistent role in delaying age of initiation by two grade levels (or three calendar years). Effects were stronger for females than males. These associations were consistent across all eight years of the

study period based on multiple nationally representative samples of 12th graders.

Citation: Barry, A. E., Valdez, D., & Russell, A. M. (2020). Does religiosity delay adolescent alcohol initiation? A long-term analysis (2008–2015) of nationally representative samples of 12th graders. *Substance Use & Misuse*, 55(3), 503-511.

Comment: Although not a prospective study, at least these cross-sectional findings were consistent across all eight years of annual surveys. The effect is also pretty large, delaying alcohol initiation by three years.

Does Religiosity Moderate the Association between Bully Victimization and Substance Use in High School?

Investigators in the department of health promotion community health at the American University of Beirut in Lebanon analyzed data from a cross-sectional study of 986 students average age 17 residing in Lebanon. Religiosity was assessed by the 10-Item Santa Clara Strength of Religious Faith Questionnaire. Bullying victimization was measured by the Global School-based Student Health Survey, a measure developed by WHO. This included six items assessing physical bullying, verbal bullying, and relational bullying. Substance use included marijuana, ecstasy, heroin, cocaine, LSD, amphetamines, inhalants, cigarette and waterpipe smoking, use of alcohol, and nonmedical use of psychoactive prescription drugs. Binary and multinomial logistic regression was used to calculate odds ratios adjusting for age, gender, and type of school. **Results:** Students who were lower on religiosity and had been bullied within the past 30 days were significantly more likely to use substances than those who were high on religiosity, thus indicating a buffering effect for religiosity on the negative effects of bullying (i.e., substance use) in these high school students.

Citation: Afifi, R. A., El Asmar, K., Bteedini, D., Assi, M., Yassin, N., Bitar, S., & Ghandour, L. (2020). Bullying victimization and use of substances in high school: does religiosity moderate the association? *Journal of Religion and Health*, 59(1), 334-350.

Comment: Although these are cross-sectional findings and need to be replicated in prospective studies, the negative effects that bullying in high school have on mental health (and even suicide) are highly important. If religiosity can help young people to deal with such bullying without resorting to illegal substances, this would be quite significant.

Religiosity's Effects on Indonesian Muslim Adolescents on Behavior and Loneliness

Researchers from the department of human development and family studies at Purdue University in West Lafayette, Indiana, examined the effects of religiosity on 564 tenth-grade Indonesian Muslim adolescents over a 1-year follow-up (n=446 completing the follow-up and included in analyses). Religiosity was assessed by a 15-16 item scale measuring fasting during Ramadan, praying the required daily prayers, praying in addition to the required daily prayers, participation in optional religious fasting, and involvement in other obligatory and non-obligatory religious activities. Religious coping was assessed separately by a 4-item version of the 7-item positive religious coping subscale of the Brief RCOPE.

Externalizing behaviors included alcohol and tobacco use, minor deviant behavior, and peer related aggression during the past 12 months. Finally loneliness was assessed with a 19-item Revised version of the 20-item UCLA Loneliness Scale. Regression analyses were used to analyze the data, controlling for gender, and parental education, as well as baseline externalizing behaviors when predicting externalizing behaviors at the 12-month follow-up. The same statistical analyses were used for examining predictors of 12-month loneliness, again controlling for baseline loneliness.

Results: Controlling for gender, father's education, mother's education, positive religious coping and baseline externalizing

behaviors, greater religiosity (but not religious coping) was weakly associated with externalizing behaviors at 12 months ($b=-0.10$, $z=-1.67$, $p=0.09$). Positive religious coping (but not religiosity) was significantly and inversely related to loneliness at 12 months, controlling for baseline religiosity, parental education, and baseline loneliness ($b=-0.07$, $z=-2.00$, $p<0.05$). Researchers concluded: "These results are consistent with the view that Islam religiousness is multifaceted and that specific aspects of Islamic religiousness are differentially associated with youth adjustments."

Citation: French, D. C., Purwono, U., & Shen, M. (2020). Religiosity and positive religious coping as predictors of Indonesian Muslim adolescents' externalizing behavior and loneliness. *Psychology of Religion and Spirituality*, in press (<https://doi.org/10.1037/rel0000300>).

Comment: This is one of the few prospective studies examining the effects of religious characteristics on youth externalizing behaviors and internalizing symptoms among Muslims in Indonesia.

NEWS

Special Issue on COVID-19 in Journal of Religion and Health

The *Journal of Religion and Health* (Institute for Scientific Information [ISI] impact factor=1.413) is in the process of putting together a special issue on the role that religion plays in health as related to the COVID-19 pandemic. Papers should be submitted at the following website:

<https://www.editorialmanager.com/jorh/default.aspx>. Information for authors can be located at:

<https://www.springer.com/journal/10943/submission-guidelines>.

Brief Survey of Clinicians with Direct Patient Care Responsibilities

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

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

Please also pass on to colleagues.

SPECIAL EVENTS

7th European Conference on Religion, Spirituality and Health

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

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

(Lisbon, Portugal, has been **rescheduled** to May 23-26, 2021) The 7th European Conference will also host a 4-day pre-conference spirituality and health research workshop on May 23-

26 with Prof. Koenig from the U.S., along with Dr. Rene Hefti, Prof. Arndt Buessing, Prof. Niels Hvidt, Prof. Constantin Klein, and a number of other European presenters. For more information, go to: <http://ecrsh.eu/ecrsh-2020> or contact Dr. Rene Hefti at info@rish.ch.

17th Annual Duke University Summer Research Workshop

(Durham, North Carolina, **rescheduled** to August 9-13, 2021)
Register to attend this one-of-a-kind 5-day training session on how to design research, obtain funding support, carry out the research, analyze and publish the findings, with an emphasis on developing an academic career in the area of religion, spirituality and health. **Pass this information on** to colleagues, junior faculty, graduate students, and anyone you think might be interested. The workshop compresses training material that was previously taught during our 2-year post-doctoral fellowship, so the curriculum is packed. Leading religion-health researchers from Duke, Yale and Emory serve as workshop faculty. Participants will have the option of a 30-minute one-on-one with Dr. Koenig or another faculty mentor of their choice, although these mentorship slots are limited, so early registration will be necessary to ensure that the mentor requested will be available. Nearly 900 academic researchers, clinical researchers, physicians, nurses, chaplains, community clergy, and students at every level in medicine, nursing, social work, chaplaincy, public health, psychology, counseling, sociology, theology, and rehabilitation (as well as interested members of the general public) have attended this workshop since 2004. Participants from every faith tradition and region of the world have come to this workshop, and this year should be no different. **Partial tuition reduction scholarships** are available. **Full tuition and travel scholarships for academic faculty** in underdeveloped countries of the world are also available (see end of newsletter). For more information, go to: <https://spiritualityandhealth.duke.edu/index.php/5-day-summer-research-course>

RESOURCES

Books

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

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

information, go to: <https://cmda.org/downcast-do-real-christians-get-depressed/>.

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

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

Religion and Recovery from PTSD

(Jessica Kingsley publishers, December 19, 2019)

From the publisher: "This volume focuses on the role that religion and spirituality can play in recovery from post-traumatic stress disorder (PTSD) and other forms of trauma, including moral injury. Religious texts, from the Bible to Buddhist scriptures, have always contained passages that focus on helping those who have experienced the trauma of war. Many religions have developed psychological, social, behavioral, and spiritual ways of coping and healing that can work in tandem with clinical treatments today in assisting recovery from PTSD and moral injury. In this book the authors review and discuss systematic research into how religion helps people cope with severe trauma, including trauma caused by natural disasters, intentional interpersonal violence, or combat experiences during war. They delve into the impact that spirituality has in both the development of and recovery from PTSD. Beyond reviewing research, they also use case vignettes throughout to illustrate the very human story of recovery from PTSD, and how religious or spiritual beliefs can both help or hinder depending on circumstance. A vital work for any mental health or religious professionals who seek to help people dealing with severe trauma and loss." Available for \$29.95 at <https://www.amazon.com/Religion-Recovery-PTSD-Harold-Koenig/dp/1785928228/>.

Religion and Mental Health: Research and Clinical Applications

(Academic Press, 2018) (Elsevier)

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

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

(Amazon: CreateSpace Publishing Platform, 2018)

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

Protestant Christianity and Mental Health: Beliefs, Research and Applications

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

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

Catholic Christianity and Mental Health: Beliefs, Research and Applications

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

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

Islam and Mental Health: Beliefs, Research and Applications

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

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

Hinduism and Mental Health: Beliefs, Research and Applications

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

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

Judaism and Mental Health: Beliefs, Research and Applications

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

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

Buddhism and Mental Health: Beliefs, Research and Applications

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

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

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

(Templeton Press, 2011)

This book summarizes and expands the content presented in the Duke University's Annual Summer Research Workshop on Spirituality and Health. Available for \$29.15 (used) at:

<http://www.amazon.com/Spirituality-Health-Research-Measurements-Statistics/dp/1599473496/>

Other Resources

CME/CE Videos (Integrating Spirituality into Patient Care)

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

<http://www.spiritualityandhealth.duke.edu/index.php/cme-videos>.

TRAINING OPPORTUNITIES

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

With support from the John Templeton Foundation, Duke University's Center for Spirituality, Theology and Health is offering eleven \$3,600 scholarships to attend the university's 5-day Workshop on conducting research on religion, spirituality, and health. The workshop will be held on August 10-14, 2020 [likely to be rescheduled to Aug 9-13, 2021, depending on coronavirus situation]. These scholarships will cover the \$1200 tuition, up to \$1500 in international travel costs, and up to 900 in living expenses. They are available only to academic faculty and graduate students living in third-world underdeveloped countries in Africa, Central and South America (including Mexico), Eastern Europe and North Asia (Russia and China), and portions of the Middle East, Central and East Asia. The scholarships will be competitive and awarded to talented well-positioned faculty and graduate students with the potential to conduct research on religion, spirituality, and health, and serve as research leaders in their part of the world. If you want to know more about this program, contact Harold.Koenig@duke.edu or go to our website for a description of the workshop:

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

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

Certificate in Theology and Healthcare

The Duke University Divinity School is now accepting applications for a new graduate certificate, the Certificate in Theology and Health Care. This one-year residential program provides robust theological and practical engagement with contemporary practices in medicine and health care for those individuals with vocations in health-related fields (e.g., trainees or practitioners of medicine, nursing, and other health care professions). The Certificate aims to equip Christian health care practitioners with the training to embrace that calling and live into it with theological clarity and

spiritual joy. This fully accredited course of study focuses on combining foundational courses in Christian theology, scripture, and church history with courses engaging the practical issues that health care practitioners encounter in contemporary culture. If you, or some you know, seek theological formation and further confidence engaging questions of suffering, illness, and the place of health care in a faithful life, go to the following website: <https://tmc.divinity.duke.edu/programs/certificate-in-theology-and-health-care/>

Christian Witness in a COVID-Shaped World

The world's been radically shaped by COVID-19, and it's difficult to know how to think—and what to do. Calvin University, Calvin Institute of Christian Worship, and Calvin Theological Seminary have put together a series of one credit, 3-week, summer online courses that welcome learners from different cultures, generations, and career experiences. These courses will energize your thinking and give you a vision for action. There are over 20 courses with topics from public health to mental health, from politics to organizational decision making, from the role of sport to the challenge of technology and education, all with the unifying theme of “A Christian Witness in a COVID-Shaped World”. The courses can be taken for university credit, continuing education credit or audited. Please go to the following website to find more information. <https://calvin.edu/academics/global-campus/christian-witness-during-covid/>

FUNDING OPPORTUNITIES

Templeton Foundation Online Funding Inquiry

The John Templeton Foundation is now accepting new Online Funding Inquiries (OFIs; essentially letters of intent) through their funding portal. The next deadline for Small Grant requests (\$234,800 or less) and Large Grant requests (more than \$234,800) is **August 14, 2020**. The Foundation will communicate their decision (rejection or invitation to submit a full proposal) for all OFIs by October 9, 2020. JTF's current interests on the interface of religion, spirituality, and health include: (1) investigating the causal relationships between health, religion, and spirituality (determining direction of causation in associations reported; identifying the underlying causal mechanisms responsible), with a specific focus on longitudinal studies, and (2) engaging religious and spiritual resources in the practice of health care (increasing the religious and spiritual competencies of health care practitioners; testing the impact of religiously integrated therapies; and increasing the scientific literacy of health care chaplains). More information: <https://www.templeton.org/project/health-religion-spirituality>.

2020 CSTH CALENDAR OF EVENTS...

June

All meetings postponed temporarily due to COVID-19 pandemic

July

All meetings postponed temporarily due to COVID-19 pandemic

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

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