

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

LATEST RESEARCH

Religiosity and Delirium in Critically Ill Shi'a Muslims

Researchers in the department of anesthesia and critical care at Masih Daneshvari Hospital, Shahid Beheshti University of Medical Sciences in Tehran, Iran, examined the impact of religiosity on delirium severity in 4,200 critically ill Shi'a Muslims admitted to 6 academic medical centers across 4 Iranian provinces. Participants were followed throughout their admission to the hospital. Patient religiosity was determined based on participant and surrogate responses to questionnaire items. Assessed were frequency of saying 5 obligatory daily prayers, saying other additional prayers, fasting during Ramadan and other recommended holidays, reading one or more pages of the Qur'an daily, performing additional acts of faith, and reading sermons of notable imams. *High religiosity* was the category assigned to participants who fulfilled all of the criteria above (40.6%); *moderate religiosity* was defined as saying the 5 daily obligatory prayers, fasting during Ramadan/other recommended days, and sometimes participating in other religious practices (42.3%); and *low religiosity* was determined if participants did not say the 5 obligatory prayers or did not fasting during Ramadan/other recommended days (17.1%). Delirium was determined using a standard measure as used in the ICU (CAM-ICU). **Results:** All patients were Shia Muslims and average age was 67 years. Religiosity was inversely related to delirium severity; only 11.3% of those who were highly religious experienced delirium, compared to 70.9% of those who were moderately religious and 100% of those who were low on religiosity. Those with high religiosity were more likely to be younger, male, unmarried, and had shorter overall hospital stays, shorter ICU lengths of stay, spent less time on mechanical ventilation, were less likely to be placed in physical restraints, and were less likely to be given a sedative. Interesting, though, univariate analyses indicated that those with low religiosity had lower in-hospital mortality (23.8% vs. 29.0%, $p=0.03$); reasons for this conflicting finding were not entirely clear. Researchers concluded: "The findings suggest that lower pre-illness religiosity may be associated with greater delirium severity, MA [mechanical ventilation] duration, and ICU and hospital LOS [length of stay]."

Citation: Farzanegan, B., Elkhatib, T. H., Elgazzar, A. E., Moghaddam, K. G., Torkaman, M., Zarkesh, M., ... & Madani, S. J. (2019). Impact of religiosity on delirium severity among critically ill Shi'a Muslims: A prospective multi-center observational study.

Journal of Religion and Health, in press (<https://doi.org/10.1007/s10943-019-00895-7>).

Comment: This is a remarkable study, one that needs replication by other research groups in both Iran and other countries. While only 11% of those who were highly religious experienced delirium, 100% of those with low religiosity did so. Those with high religiosity also spent less time in the hospital, and specifically, less time in the ICU. Given the cross-sectional nature of these findings, reverse causation cannot be ruled out (i.e., delirium preventing religious involvement). However, the abstract indicated that religiosity was determined from patients and/or family members prior to their getting sick (i.e., "pre-illness" religiosity).

Religiosity, Depression, and Telomere Length in Mainland China

Researchers in the school of public health at Ningxia Medical School in Yinchuan, China, and other universities outside of China conducted a cross-sectional study of 1,731 community-dwelling adults age 55 or over living in the Ningxia province of mainland China (a unique province in western China where one-third of the population is Muslim). Average age of participants was 64 years (range 55-74), 53% were women, 59% were illiterate, and 89% lived with family members. Participants completed a questionnaire and gave a blood sample for telomere analysis. Telomeres are located at the ends of the chromosomes and shorten with increasing age; they are considered to be an intracellular biological marker of aging. Religiosity was assessed with the 5-item Duke University Religion Index, and depressive symptoms were measured by the Geriatric Depression Scale. Controlled in regression analyses were age, gender, education, marital status, and living situation. **Results:** Uncontrolled analyses revealed that religiosity was positively related to telomere length (TL) ($r=0.06$, $p<0.05$) and inversely related to depression ($r=-0.25$, $p<0.01$). Depression, in turn, was inversely related to TL ($r=-0.06$, $p<0.05$). After controlling for sociodemographic characteristics above, religiosity remained significantly and positively related to TL ($b=0.02$, $p=0.021$), especially in persons age 65 or older ($b=0.04$, $p=0.038$). Depressive symptoms explained 31.8% of this effect in persons age 65 or older. Researchers concluded: "Religiosity was positively associated with TL in older mainland Chinese adults, and this association was partially mediated by depressive symptoms in the 65 or older age group."

Citation: Wang, L., Koenig, H. G., Al Shohaib, S., & Wang, Z. (2020). Religiosity, depression and telomere length in Chinese older adults. *Journal of Affective Disorders*, 260, 624-628.

Comment: To our knowledge, this is the first report on the relationship between religiosity and telomere length in mainland China.

Religion and Health in China

Investigators from the school of business at Macau University of Science and Technology in Macau, China, analyzed data from a

EXPLORE...in this issue

1-4 LATEST RESEARCH

4-7 NEWS, EVENTS & RESOURCES

7-8 TRAINING, FUNDING Opportunities, and CALENDAR

random sample of 6,194 persons ages 16 years and older (average age 39.9) from across mainland China who participated in the 2007 Spiritual Life Study of Chinese Residents. The purpose was to determine the association between religious affiliation and self-reported health or happiness among persons in China. Several religious characteristics of participants were examined including (1) having a religion (19.7% yes), (2) religious affiliation (17.2% Buddhists, 2.4% Protestants, 80.3% none), (3) importance of religion (2.7% very, 9.0% somewhat, 20.8% somewhat unimportant, 67.5% not important at all), (4) ever having prayed (11.0%), and (5) religious attendance (2.9%). Self-rated health and self-rated happiness, the dependent variables, were assessed on a 5-point scale from very unhealthy to very healthy or from very unhappy to very happy, respectively. Binary probit regression and "Propensity Score Matching" (PSM) were used to analyze the data. The latter addresses unobserved, confounding, and selection biases. **Results:** Based on binary probit regression, correlates of being very physically healthy were having a religion ($b=0.12$, $p<0.01$), being Buddhist ($b=0.11$, $p<0.05$), and religion being very important ($b=0.28$, $p<0.01$). In addition, being male, younger, married, having higher education and socioeconomic status, living in a town or rural area (vs. city), and region of China were also associated with being very healthy. Correlates of being very happy were being Protestant ($b=0.26$, $p<0.05$), religion being very important ($b=0.24$, $p<0.05$), ever having prayed ($b=0.125$, $p<0.05$), and attending religious services ($b=0.21$, $p<0.05$). Based on PSM, similar findings were reported for both being very healthy and being very happy, especially for religion being very important in life. Researchers concluded that respondents with religious affiliations (Protestants and Buddhists) were significantly more likely to report being healthy, especially those indicating religion was very important in their lives. With regard to happiness, Protestants and those for whom religion was very important were especially likely to be very happy, as were those who attended religious services regularly.

Citation: Zhang, J. H., Zhang, H., Liu, C., Jiang, X., Zhang, H., & Iwaloye, O. (2020). Association between religion and health in China: Using propensity score matching method. *Religions*, 11(1), 37.

Comment: Despite the fact that religious involvement was uncommon in this population (only 1 out of 10 having ever prayed in their lives, 2.7% indicated religion was very important, and 2.9% regularly attending religious services), nevertheless, religious involvement was related to both being very healthy and being very happy in this large communist country where religion is generally discouraged (communism being the state religion).

Religious Affiliation and Cholesterol Level in South Asians

Researchers at the University of California at San Francisco (UCSF) Department of Epidemiology and Biostatistics and General Division of Internal Medicine analyzed data collected on 889 community-dwelling adults from San Francisco and Chicago who were enrolled in the Mediators of Atherosclerosis in South Asians Living in America (MASALA) study. The purpose was to examine the relationship between religious affiliation and cholesterol level (LDL cholesterol, HDL cholesterol, and triglycerides). South Asians in this study typically came from India, Pakistan, Bangladesh, Nepal, and Sri Lanka. The average age of participants was 55 years, 53% were men, and 29% were taking cholesterol-lowering medications. Religious affiliations were Hinduism/Jainism (74%), Sikhism (8%), Islam (7%), other religion (6%), and no religion (6%). Cholesterol levels were determined from whole blood samples. Regression models controlled for age, gender, cholesterol medication use, smoking status, alcohol intake, physical activity, and dietary pattern. **Results:** Muslims had the highest LDL cholesterol (bad cholesterol) level compared to Hindus/Jain affiliation, a difference that persisted when controlling

for other risk factors. Muslims also had the lowest HDL cholesterol (good cholesterol) compared to those with no religious affiliation, although this difference disappeared when other risk factors were controlled (particularly alcohol consumption, which was lower in Muslims). Likewise, Muslims had higher triglyceride levels than those with no affiliation or other affiliation, although this difference was also reduced to non-significance when controlling other risk factors. Muslims had the most sedentary lifestyle compared to those with no religious affiliation, who were more physically active. Researchers concluded: "...our results suggest that religion is associated with cholesterol levels in South Asians, and that some life-style behaviors may partially explain this risk."

Citation: Hirode, G., Vittinghoff, E., Bharmal, N. H., Kandula, N. R., & Kanaya, A. M. (2019). The association of religious affiliation with cholesterol levels among South Asians: the Mediators of Atherosclerosis in South Asians Living in America study. *BMC Cardiovascular Disorders*, 19(1), 75.

Comment: This is one of the few, if not only, studies examining the relationship between religion and cholesterol levels among South Asians living in the U.S. As the authors acknowledge, religion-specific tailoring of interventions to promote a healthy lifestyle in South Asians may be warranted.

Religion and Survival after Hospital Discharge for Patients with Acute Coronary Syndrome

Researchers in the department of population and quantitative health sciences at the University of Massachusetts Medical School conducted a 2-year follow-up of 2,068 patients with acute coronary syndrome (unstable angina or myocardial infarction) following patients after discharge from the hospital. The purpose was to identify psychosocial factors (among which was religiosity) that predicted survival. Patients were discharged from 6 medical centers in central Massachusetts and Georgia between 2011 and 2013. The average age of participants was 61 years, 34% were women, and 81% were White. Religiosity was measured using a 3-item scale: religion as a source of strength or comfort (85% yes), petitionary prayer by self for health (61% yes), and intercessory prayer by others for patient's health (89%). Mortality was assessed as death from any cause during the 2 years following hospitalization (6% died). Sociodemographic characteristics controlled in analyses were age, gender, race/ethnicity, education, health literacy, marital status, and employment status. Psychosocial factors included quality of life, perceived stress, anxiety symptoms, depressive symptoms, patient activation (involvement in their own care), and cognitive impairment. Cox proportional hazards regression models were used to identify independent predictors of survival. **Results:** In unadjusted Cox models, strength and comfort received from religion did have a significant effect on survival, nor did intercessory prayer for patients from others. However, petitionary prayer by patients for their own health predicted an increase in risk of mortality (HR=1.81, 95% CI=1.11-2.95). After adjusting for sociodemographic factors in multivariate analyses, this increased risk was reduced to non-significance (HR=1.50, 95% CI=0.93-2.42). After further adjustment for psychosocial factors and clinical variables, the effect was reduced further (HR=1.24, 95% CI=0.75-2.02). Researchers concluded: "Although the reported religious practices were not associated with post-discharge survival after multivariable adjustment, acknowledging that patients utilize their religious beliefs and practices as strategies to improve their health would ensure a more holistic approach to patient management and promote cultural competence in healthcare."

Citation: Abu, H. O., Lapane, K. L., Waring, M. E., Ulbricht, C. M., Devereaux, R. S., McManus, D. D., ... & Goldberg, R. J. (2019). Religious practices and long-term survival after hospital discharge for an acute coronary syndrome. *PLoS One*, 14(10), 1-15.

Comment: An interesting study, although the short follow-up (2 years) and low death rate (6%) reduced the power of the study to

detect effects of religiosity. There is particular concern for reverse causation with regard to the religious variables measured in this study (i.e., religious coping and prayer, which are “state” dependent religious variables). In other words, as people get sicker and nearer to death (state of the person), they are more likely to turn to religion and to prayer in order to cope, thereby diluting any positive effects of these variables. In contrast, trait measures of religiosity – such as religious attendance and intrinsic religiosity (which are more dependent on involvement in religiosity over the long-term) – are more likely to show positive effects on survival.

Religiosity, Income, Health and Life Satisfaction

Investigators in the department of economics, School of Business, Monash University in Selangor, Malaysia, analyzed cross-sectional data from Wave 6 of the World Value Survey, which collected data on 1000 or more adults from each of 58 countries. The purpose was to examine the relationship between individual level religiosity, country level aggregate religiosity, and life satisfaction, controlling for sociodemographic factors (income, gender, age, education, GDP per capita, and health). Investigators note that previous research had shown that more populations of religious countries overall were less likely to report high life satisfaction. Individual religiosity (and country level aggregate religiosity) in this study was assessed with a single question: “How important is God in your life?” on a scale from 1 to 10 from “not at all important” to “very important.” Life satisfaction was measured by the question: “All things considered, how satisfied are you with your life as a whole these days?” with response options on a 1 to 10 scale from “dissatisfied” to “satisfied.” **Results:** In multivariate analyses, country level GDP (gross domestic product) per capita and self-rated physical health were strongly related to greater life satisfaction. Individual religiosity was also significant and positively related to greater life satisfaction ($b=0.07$, $p<0.001$), independent of income and physical health. No significant association was found between aggregate level country religiosity and life satisfaction in these analyses (in contrast to previous findings of lower life satisfaction in more religious countries). Researchers concluded: “...national prosperity when properly measured has a very strong effect on average life satisfaction in a country. National level religiosity now has no effect on life satisfaction, even though within most countries religious people are happier than average.”

Citation: Bomhoff, E. J., & Siah, A. K. L. (2019). The relationship between income, religiosity and health: Their effects on life satisfaction. *Personality and Individual Differences*, 144, 168-173. *Comment.* This sophisticated economic re-analysis of data from the World Value Survey confirms a positive relationship between importance of God in life and life satisfaction at the individual level. These results are similar to those from U.S. states such as Alabama and Mississippi in the Bible Belt, which are the most religious states, but where measures of life satisfaction and physical health at the aggregate level are among the lowest in the country. The relationships between religiosity, mental and physical health at the individual level in these states are generally quite strong. Concluding that religion is not good for a person’s mental or physical health at the individual level because of negative correlations between life satisfaction or physical health at the aggregate level (state or country level) is called the “ecological fallacy.”

Religious Social Support and Substance Use in Adolescents

Investigators in the department of psychiatry at Virginia Tech University in Blacksburg, VA, followed 167 parent-adolescent dyads for 4 years, examining the effect of religious social support on risk of developing adolescent substance use (cigarette smoking, alcohol, and marijuana use). Average age of

adolescents at baseline was 13-14 years, 53% were male, and 79% were Caducasian. The majority of participants indicated a Protestant religious affiliations (68%). Religious social support among adolescents was assessed using three items from the Krause religious social support scale. Measures of substance use, perceived peer substance use, and religious social support were administered to adolescence at baseline. Parents were also asked about the prevalence of their own cigarette, alcohol, and marijuana use at baseline. Structural equation modeling was used to examine the data across time predicting residualized change in dependent variables (adolescent substance use) across time.

Results: Religious social support significantly moderated the path from perceived peer substance use to adolescent substance use, but not the direct effect of parent substance use to adolescent substance use. In addition, there was a significant interaction between religious social support and perceived peer substance use that predicted adolescent substance use over time. At low levels of religious social support, there was a strong correlation between perceived peer substance use and adolescent substance use ($r=0.47$, $p=0.02$), while the correlation among those with high levels of religious social support was not significant ($r=0.06$, $p=0.77$). Researchers concluded: “Greater parent substance use predicted increases in adolescent substance use indirectly via increased peer substance use when adolescent religious social support was low or average, but not high. These results suggest religious social support may protect adolescents against prominent social risks for intergenerational substance use.”

Citation: Peviani, K. M., Brieant, A., Holmes, C. J., King-Casas, B., & Kim-Spoon, J. (2019). Religious social support protects against social risks for adolescent substance use. *Journal of Research on Adolescence*, in press (<https://doi.org/10.1111/jora.12529>)

Comment. This was a longitudinal study with relatively sophisticated statistical analyses involving both parents and their adolescent offspring. The results indicated that adolescents who have high religious social support (often high levels of support from religious peers who they associate with in religious congregations) are protected from the negative effects of parent substance use (through peer-group influences) on adolescents’ development of substance use problems themselves.

Smoking and Religion in England

Investigators from the department of social sciences at University of Southampton, UK, analyzed data collected between 2010 and 2014 from a random national sample of 39,837 adults age 20 or over and 2,355 youth aged 16 to 20, examining the relationship between religious affiliation and smoking (cigarettes, cigars, or pipe). Religion was categorized as Christian, Muslim, no religion, and other. Smoking status was categorized as yes (“ever smoked”) or no (“never smoked”); among those answering yes to this question, they were asked if they smoked now (“currently smoke”) or had quit smoking (“quitter”). Controlled for in analyses were ethnicity, age, gender, and socioeconomic status. **Results:** Among adult Christians, 60.0% had smoked at some time in the past (ever smoked), compared to 35.2% of Muslims, 41.7% of those with other affiliations, and 66.2% of those with no religious affiliation. Among young Christians, 42.2% had ever smoked, compared to 18.6% of Muslims, 25.6% of those with other affiliations, and 53.0% of youth with no religious affiliation. Among adult Christians, only 16.7% were current smokers (73.9% had quit), compared to 16.9% of Muslims (50.6% had quit), 12.6% of those with other affiliations (69.7% had quit), and 25.1% of those with no affiliation (65.1% had quit). Among young Christians, 16.7% were current smokers, compared to 5.8% of Muslims, 7.6% of those with other affiliations, and 25.3% of those with no religious affiliation. Multivariate analyses revealed that in adults, compared to those with no religious affiliation, Christians were 14% less likely to be current smokers ($OR=0.86$, 95% $CI=0.77-0.95$). Likewise, those with other religious affiliations (except Muslims) were also

less likely to be current smokers (OR=0.72, 95% CI=0.52-0.99). Among youth, compared to those with no religious affiliation, only Christians were less likely to be current smokers (OR=0.64, 95% CI=0.41-0.94), independent of other risk factors. Researchers concluded: "Highest levels of smoking characterise people not professing any religion."

Citation: Hussain, M., Walker, C., & Moon, G. (2019). Smoking and religion: Untangling associations using English survey data. *Journal of Religion and Health*, 58(6), 2263-2276.

Comment: Although cross-sectional, given the impact of smoking on physical health, the findings from this large random sample of adults and youth in England are clearly relevant to public health.

Do Religious Patients need Religious Psychotherapists?

Investigators at the McLean Hospital (Harvard) examined whether religious patients benefited more from treatment by religious psychotherapists than from secular therapists. The study examined 117 Orthodox Jewish psychiatric patients and 91 control patients. The average age of patients was 31.7 years and 61% were female. Participants were treated by 15 Orthodox Jewish therapists and 7 non-religious therapists at a New York-based anxiety disorders outpatient clinic. There were no differences between the two groups on psychiatric diagnosis, likelihood of having an Orthodox Jewish therapist, or number of sessions received. **Results:** On initiation of therapy at baseline, Orthodox Jewish patients had lower depression (PHQ-9) and anxiety (GAD-7) scores than control patients. However, by termination of therapy there were no differences between the two groups on symptom scores. The interaction between therapist type and patient group was not significant. Researchers concluded that: "These results suggest that religious (and non-religious) patients may benefit equally from treatment delivered by religious and non-religious therapists."

Citation: Rosmarin, D. H., & Pirutinsky, S. (2020). Do religious patients need religious psychotherapists? A naturalistic treatment matching study among orthodox Jews. *Journal of Anxiety Disorders*, 69, in press (<https://doi.org/10.1016/j.janxdis.2019.102170>).

Comment: This unexpected result was surprising given that Orthodox Jewish periodicals and organizations typically discourage Orthodox Jewish patients from seeking mental health care from non-Orthodox therapists (for fear that non-Orthodox therapists may introduce ideas that may conflict with religious norms and values), as the authors acknowledge. The clinic in which this study was conducted, Center for Anxiety in New York City, however, is one directed by Jewish leadership, which likely only hired nonreligious therapists who were sensitive to the needs of Orthodox Jewish patients.

Moral Injury in Veterans with Nonepileptic Seizures

Researchers from the VA (Veterans Administration) Medical Center in Providence, Rhode Island, conducted a retrospective cross-sectional study of 82 Veterans with video-electroencephalography-confirmed psychogenic nonepileptic seizures (PNES). Participant medical records were reviewed for evidence of moral injury by a trained independent reviewer who did not examine patients. The evidence for determining the presence of moral injury was based on the presence of morally-injurious events (MIEs), not moral injury symptoms. The reviewer examined medical records for evidence of either personally-responsible MIEs (killing or injuring the enemy in battle, engaging in disproportional violence, harming civilians, failing to prevent harm to others) or other-responsible MIEs (others committing disproportionate violence, harming civilians, betrayal by trusted others, betrayal by the military system). Intra-rater reliability was determined by comparing categories identified by the first reviewer by categories identified independently by a second reviewer, with 88%

agreement. The Beck Depression Inventory-II, included in all medical records, was used to determine guilt and suicidal ideation, although the paper did not specify whether this information was used by the reviewer as criteria to identify those with MI. **Results:** A total of 12 of 82 participants (14.6%) were identified by the reviewer as having moral injury (MI). Veterans identified with MI were younger (43 years old vs. 52 years for those without MI). Guilt and high depressive symptoms based on BDI-II were significantly more common among those with MI than among those without. There was no difference between groups on education, receiving disability, employment status, gender, practicing a religion, marital status, presence of PTSD, mood disorder, or substance abuse, history of physical trauma, or history of verbal trauma, emotional trauma, or sexual trauma. Researchers concluded: "In this sample of Veterans with PNES, MI was present in 14.6%. Those with MI had more guilt and depressive symptoms than those without."

Citation: LaFrance Jr, W. C., Vo, P., Baird, G., East, R., & Stein, N. R. (2020). Moral injury in Veterans with nonepileptic seizures. *Epilepsy & Behavior*, 102, 106681 (<https://doi.org/10.1016/j.yebeh.2019.106681>).

Comment: Although the methodology of this study was highly suspect, especially given the way that moral injury was identified, this is the first attempt to examine the prevalence and predictors of MI (based on morally injurious events, not symptoms) in those with psychogenic nonepileptic seizures.

Spirituality and Mental Health Moving into the Mainstream

David Rosmarin at Harvard and colleagues at Bowling Green and Duke Universities briefly review and comment on the importance of including spirituality as a regular component of mental healthcare. First, they note that 84% of the world's population is religiously affiliated and 68% of the remaining 16% of unaffiliated persons believe in God or in a Higher Power. They make the claim that no other social phenomenon so widespread is ignored by academic psychiatrists, despite growing research showing that in the majority of studies religion/spirituality is associated with less depression, less suicide, less substance abuse, greater emotional well-being, and higher life satisfaction. Why ignore this potentially therapeutic element in mental health care, the authors ask? They also acknowledge that religious/spiritual struggles are common among those with emotional or mental illness, may be manifestations of an underlying mental illness, and often come up (if asked about) in clinical practice when patients come in for treatment. Indeed, research shows that 80% of those with serious mental illness use religion to cope with the anguishing symptoms that accompany these conditions, and many wish this area to be addressed as part of their clinical care. Directions for future research are suggested at the end of the article.

Citation: Rosmarin, D. H., Pargament, K. I., Koenig, H. G. (2020). Spirituality and mental health: Challenges and opportunities. *Lancet Psychiatry*, in press

Comment: This brief article will soon appear in *Lancet Psychiatry*, one of the top mainstream psychiatry journals in the world. The mere fact that the editors of this journal are willing to publish an article like this reflects the growing acknowledgement that religion/spirituality can have a significant impact on mental health, thus deserving the attention of mental health professionals.

NEWS

Position Open at the John Templeton Foundation

Nicholas Gibson is being promoted to the position of Director, Human Sciences, at the Templeton Foundation. Therefore, the Foundation is looking for strong candidates to fill Nick's previous

position as Program Officer, Human Sciences. This is a key position at the Foundation directly related to grants involving religion, spirituality, and health research, and will involve working directly with Kimon Sargeant. Interested applicants should go to the following website: <https://www.templeton.org/careers/program-officer-human-sciences>.

SPECIAL EVENTS

2020 David B. Larson Memorial Lecture

(Duke North Hospital, Room 2001, Durham, North Carolina, **March 12, 2020**, 5:30-6:30P)

Title: "From the Broad Street Pump, to *Call the Midwife*, to the Ebola Crisis: Partnerships in Religion and Public Health"

Much of the research on religion and health has been focused at the individual level. In clinical research the subjects are patients and the outcomes are measures of mental or physical health. Even in population-based research, data on religion usually come from respondent reports in surveys, and outcomes also come from follow-ups of individuals. But there is a whole other level on which action in religion and health is taking place – less recognized, but no less consequential and instructive. In this lecture we will tell the stories of three such partnerships -- two historical, one quite recent -- in which religious institutions found common ground with public health authorities to accomplish population health improvements that neither could have achieved alone. Sociologist and public health expert, Ellen Idler, Ph.D., from Emory University will be giving this year's lecture on the topic above. The lecture is free to the public, although is not being audio or video recorded, so onsite attendance is required. For more information, contact Harold.Koenig@duke.edu or go to website: <https://spiritualityandhealth.duke.edu/index.php/scholars/david-b-larson>.

2020 Bridges Capstone Conference

(Millennium Hotel, Durham, North Carolina, March 19-20, 2020)

For those interested in integrating spirituality into psychotherapy, please join us for this exciting conference that will present and discuss the results of 21 groundbreaking research projects on the topic. For more information, go to:

<https://bridgescapstoneconference.wordpress.com/> or contact Bridges.PRN@BYU.EDU.

2020 Conference on Religion and Medicine

(Ohio State University, Columbus, March 22-24, 2020)

This year's theme is "True to Tradition? Religion, the Secular and the Future of Medicine." The 2020 Conference invites clinicians, scholars, clergy, students and others to take up these and other questions related to the intersection of medicine and religion. The conference encourages participants to consider these questions in light of religious traditions and practices, particularly, though not exclusively, those of Judaism, Christianity and Islam. The conference is a forum for exchanging ideas from an array of disciplinary perspectives, from accounts of clinical practices to empirical research to scholarship in the humanities. For more information, go to: <http://www.medicineandreligion.com/>.

7th European Conference on Religion, Spirituality and Health

(Lisbon, Portugal, May 28-30, 2020)
The 2020 European Conference will focus on "Aging, Health and Spirituality" and will be held at the Catholic University of Portugal in Lisbon. **Abstracts were due December 15, 2019**, but this deadline may be extended. Ellen Idler, Harold G. Koenig, and others from the U.S. will join their European colleagues in presenting at this event.

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

The 7th European Conference will also host a 4-day pre-conference spirituality and health research workshop on May 24-27 with Prof. Harold 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.

RESOURCES

Books

Fasting for God

(Writers' Inc., September 26, 2019)

From the author: "Fasting for God is a comprehensive survey of fasting quotes from the major world religions as well as from scientists, scholars and doctors. It traces the reasons people have fasted for thousands of years and the remarkable spiritual changes fasting can produce in a person's lifestyle. The book examines the rare convergence of the spiritual and the material, the mystical and the medical. The words of Jews, Christians, Muslims, Hindus and Buddhists are juxtaposed with those of scholars, scientists, doctors, and philosophers. While it fosters interfaith dialogue, the book does not propagate theological doctrines authoritative to any religion, nor endorse health remedies or dietary therapies. *Fasting for God* stresses that our appetites cannot be satisfied by food alone. The physical need for food, **hunger**, is not the same as **appetite**, the desire for food, which in modern times is often driven by stress, mood and emotions. It not only documents traditional wisdom and principles of the world's religions, but also helps in examining our life to determine what role fasting can play in our own personal spiritual development. Describing the transformative qualities of fasting, the quotes lead us to a deeper understanding of this ancient practice, thus, bringing us closer to ourselves, to our faith and to intimacy with God." Available for \$14.70 (paperback) from <https://www.amazon.com/Fasting-God-Quotations-Self-restraint-Mindfulness-ebook/dp/B07YFX43KN/>.

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>.

Taxonomy of Religious Interventions

Researchers at Coventry University, England have begun an exciting new 2-year project, funded by the John Templeton Foundation, developing an internationally agreed classification defining, in their simplest form, religious components integrated into health interventions. This creates a foundational, shared language for researchers and practitioners to rigorously develop and evaluate religiously integrated health interventions. This addresses current challenges associated with replicating, implementing and synthesising findings associated with religious health interventions. To find out more and get involved in shaping this taxonomy visit 'Religious Health Interventions in Behavioural Sciences' (RHIBS)

website <http://rhibs.coventry.ac.uk/> and subscribe to updates.

Alternatively e-mail

riya.patel@coventry.ac.uk or deborah.lycett@coventry.ac.uk.

PRIZES

2019-2020 Jean-Marc Fischer Prize

The Doctor Jean-Marc Fischer Foundation encourages reflection in the field of human, social and theological sciences. Three prizes will be awarded in this fourth contest, which welcomes submissions in French and English from around the world. Any professional in the field of health (doctor, psychologist, nurse,

chaplain, etc.) can submit a dossier on the theme "Care and Spirituality", as described below. Individuals wishing to enter the contest are requested to send to the Jean-Marc Fischer Foundation an application package specifying the price category to which the work is submitted. 1) A Scientific Prize - CHF 3000, to reward a *scientific work* (clinical study, review of scientific literature) on the theme of the contest. 2) Special Jury Prize - CHF 2000, to reward a more personal work (dissertation, case study, reflection paper...) on the same theme; and 3) A Culture, Care and Spirituality Prize - CHF 2000, to reward a scientific work or a reflection paper on the theme of the contest associated with a cultural dimension (e.g., a study on a specific culture, a cross-cultural comparison, or a culture-specific treatment). **Deadline for submission of application is March 31, 2020.** Send application packages by email to: Dr. Philippe Huguélet (philippe.huguelet@hcuge.ch). For more information, go to: <https://fondationdocteurjmf.ch/concours/> or contact

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. 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>.

Since the demand for such scholarships will likely far exceed 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 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 the Center.

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/>

2020 Csth Calendar of Events...

March

- 12 **From the Broad Street Pump, to *Call the Midwife*, to the Ebola Crisis: Partnerships in Religion and Public Health David B. Larson Memorial Lecture**
Duke University Hospital North, Room 2001, 5:30-6:30P
Speaker: Ellen Idler, Ph.D.
Director, Religion and Public Health Collaborative, and Professor, Departments of Sociology and Epidemiology, Emory University
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 18 **Christian Perceptions of Food, Faith and Health: A Presentation of Preliminary Findings**
Speaker: Kaitlyn C. Daly, BSN, RN
Duke University School of Nursing
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 19 **Integrating Spirituality into Psychotherapy/Counseling**
Capstone Conference: Bridges Project
Speakers: Multiple
Millennium Hotel, 2800 Campus Walk Ave,
Durham, NC 27705
Contact: Bridges.PRN@BYU.EDU
- 24 **Best Practices in Christian Integration in Counseling**
Live interactive Webinar from AACC Headquarters
Speaker: Koenig
Lynchburg, Virginia, 6:00-8:00P
Contact: Kyle Sutton (Kyle.Sutton@aacc.net) or <http://www.counseltalk.net/calendar.php>
- 26 **Medicine, Religion and Health**
Colliver Lecture Series
Speaker: Koenig
University of the Pacific
Stockton, California (time TBA)
Contact: Tanya Storch (tstorch@PACIFIC.EDU)
- 28-29 **Islam and Mental Health: What the Research Shows**
Muslim Mental Health Conference 2020
Speakers: Koenig (via Zoom) and others
Chicago, Illinois
Contact: Hooman Keshavarzi (keshavarzi@khalilcenter.com)

[continued next page]

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>.

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

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

2020 CSTH CALENDAR OF EVENTS...

CONTINUED

April

- 8 **Spirituality, recovery from mental illness (trauma and PTSD), and effects on physical health and longevity**
Senior U.S. Army Chaplain Training
Columbia University, New York City
Speaker: Koenig and others
Contact: Dr. Lisa Miller (drlisamiller@gmail.com)
- 9 **Duke CPE Chaplain Residents' Research Symposium**
Multiple research projects to be presented
10:00-12:00 noon
Contact: Ashley Acken (ashley.acken@duke.edu)
- 17 **Religion and medicine**
Campbell University School of Osteopathic Medicine
11:30-12:30 noon
Speaker: Harold G. Koenig, M.D.
Contact: Teresa Butrum (butrum@campbell.edu)
[date remains uncertain, check with Teresa]
- 29 **Spirituality in Medical Education: What is Taught and What is Experienced**
Speaker: Zachary Smothers, M.Sc.
Doctor of Medicine Candidate
Duke University School of Medicine (Class of 2021)
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)