

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 April 2017) go to:
<http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

LATEST RESEARCH

Childhood Adversity, Religion, and Mental Health in Midlife

Jon Hyun Jung from the department of sociology at Purdue University analyzed data from a random sample of 1,635 American adults (MIDUS study) to examine the effects of childhood adversity on change in mental health during adulthood. Participants were ages 20-74, with oversampling of males between ages 65-74. The initial sample consisted of 3,034 respondents, and complete data were available on 1,635 participants at 10 year follow-up (from 1995 to 2005). Religious involvement was assessed at baseline by a 6-item scale measuring frequency of religious attendance, self-rated religiosity, religious importance, identification with being a member of a religious group, preference for being with other people in one's religious group, and importance of marrying someone of the same religion (these were categorized into religious attendance and religious salience). In addition, spirituality was assessed by a 2-item measure of self-rated spirituality and importance of spirituality in life. Mental health outcomes were positive and negative affect, each assessed with a 6-item scale at baseline and follow-up. Childhood adversity was measured by 14 indicators that were categorized as abuse (physical or emotional), family instability (divorce, parental death, etc.), and financial strain (receiving welfare, worse off than others, parents with low education, etc.). Interactions between religious/spiritual variables and indicators of childhood adversity on mental health were examined, controlling for age, gender, race, marital status, educational level, and household income. Wave 1 indicators of mental health were also controlled for in all analyses assessing Wave 2 mental health outcomes. **Results:** For negative affect, religious/spiritual variables were unrelated to change in mental health and did not interact with childhood adversity variables. For positive affect, religious/spiritual variables did not predict change in mental health overall. However, there was a significant interaction between religious salience and abuse ($B=0.020$, $SE=0.009$, $p<0.05$) and between spirituality and abuse ($B=0.019$, $SE=0.009$, $p<0.05$). The author concluded that: "...religious salience and

spirituality buffer the noxious effects of childhood abuse on change in positive affect over time."

Citation: Jung, J. H. (2017). Childhood adversity, religion, and change in adult mental health. *Research on Aging*, E-pub ahead of press

Comment: This report on the analysis of data from a well-known U.S. longitudinal study (MIDUS) is important to be aware of. The analysis was performed properly (controlling for baseline mental health and numerous other background variables). Interestingly, no impact was found on negative affect, whereas a buffering effect was found for religion/spirituality on the relationship between childhood abuse and positive affect. This is a common pattern found in the literature, such that religious involvement is more likely (relatively speaking) to impact positive emotions than negative emotions.

Trajectories of Change in Religious Coping among Italian Youth

Researchers assessed religious coping (RC) in 686 Italian youth from ages 16-17 to age 22-23 in order to determine the trajectory of change in RC over a 6-year period using latent class analysis. RC was assessed with a 4-item scale (I put my trust in God; I try to find comfort in my religion; I seek God's help; and I pray more than usual). Also assessed were self-rated religiosity and frequency of participation in religious activities. Externalizing behavior (antisocial behaviors), prosocial behavior, and involvement with deviant peers were also assessed. Latent class analysis was used to examine the data. **Results:** Four RC trajectory latent classes were identified: high stable (HS=18.4%), decreasing (D=31.5%), increasing (I=18.7%), and low stable (LS=31.5%). Participation in religious activities at least twice per month at baseline differed significantly between groups: HS=46.7%, D=12.7%, I=22.7%, and LS=3.9%. Prosocial behaviors were greater among those with high stable RC. With regard to externalizing behavior (stealing, lying, delinquency, violence, etc.), those in the decreasing trajectory of RC and those with increasing trajectory (surprisingly) were more likely to engage in these antisocial activities (both more likely than those in the high stable group); similar findings were found for involvement with deviant peers. The findings applied primarily to boys, not girls (where low level of antisocial behaviors were found). Researchers explained the finding of increased externalizing behaviors and involvement with deviant peers among boys with increasing RC as due to those having difficulty with adjustment turning toward religion to help them get back on track.

Citation: Eisenberg, N., Castellani, V., Panerai, L., Eggum, N. D., Cohen, A. B., Pastorelli, C., & Caprara, G. V. (2011). Trajectories of religious coping from adolescence into early adulthood: Their form and relations to externalizing problems and prosocial behavior. *Journal of Personality* 79(4): 841-873.

Comment: A complicated study and set of analyses (largely cross-sectional) that make it difficult to come to any conclusions about the causal nature of these relationships. Nevertheless, longitudinal research is a high priority in the field, especially in a mainland European context where such studies are infrequent, prompting the review of this older study here.

EXPLORE...in this issue

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Religion, Meaning in Life, Financial Strain, and Poly-Drug Use

Investigators from the University of Michigan and several other U.S. universities analyzed data from a nationwide survey of 2,622 American adults to examine the moderating role that meaning in life plays on the relationship between religiosity, financial strain, and drug abuse. In particular, they sought to compare the moderating effects of a “religious sense of meaning in life” with that of a “general sense of meaning in life.” Regression analyses were used to examine the data (only abstract of study available, so details are lacking). **Results:** A greater religious sense of meaning buffered the effects of financial strain on poly-drug use; this was not true, however, for a general sense of meaning in life. Researchers concluded: “The findings from this study are important because they provide greater insight into the potentially important ways in which involvement in religion may be associated with poly-drug use.”

Citation: Krause, N., Pargament, K. I., Ironson, G., & Hill, P. (2017). Religious involvement, financial strain, and poly-drug use: Exploring the moderating role of meaning in life. *Substance Use & Misuse* 52(3):286-293.

Comment: This study underscores the importance of clearly describing whether meaning in life is derived from religious sources or from non-religious sources. The results here suggest that religious sources of meaning in life may be particularly helpful in buffering the effects of adverse life circumstances on the decision to use illegal drugs.

Psychological Characteristics of Religious, Spiritual, and Atheist LGB

Researchers from the department of counseling and clinical psychology at Columbia University in New York and the University of Florida in Gainesville conducted an online survey of 212 lesbian, gay, and bisexual (LGB) individuals to compare personal, psychological, and relational profiles between those that were religious (41%), spiritual (27%), and atheist (32%) (R/S/A). Most participants were college-educated, middle-class and White. Measures included self-rated level of religiosity and religious affiliation (including the category “spiritual but not religious”). Based on these two questions, participants were categorized into religious, spiritual, and atheist. Psychological well-being was assessed using the 10-item Rosenberg Self-Esteem Scale and the 5-item Diener Satisfaction with Life Scale. Psychological distress was assessed with the Hopkins Symptom Checklist-21. In addition, “internalized heterosexism” (homophobia), concealment or outness, and LGBTQ community involvement were assessed with single and multi-item scales. Family religiosity was also assessed with a single-item: “How religious do you consider your family to be?” Interactions with gender, race, sexual orientation, and geographical location were examined using MANOVA. **Results:** Among atheists, a greater proportion were women than men; a similar gender distribution was found among spiritual individuals. Gender distribution was relatively equal among those in the religious category. No associations with religious category (R/S/A) were found for race/ethnicity, sexual orientation, geographic location, mental health characteristics, outness, LGBTQ involvement, or family of origin. However, higher level of personal religiosity and family religiosity were positively associated with internalized heterosexism (based on the Internalized Homophobia Scale), but were unrelated to self-esteem, life satisfaction or psychological distress. Researchers concluded that: “despite the perceived importance of personal systems of belief for heterosexual individuals, R/S/A LGB do not differ dramatically in their levels of mental health or in how they navigate interpersonal relationships.”

Citation: Foster, A. B., Brewster, M. E., Velez, B. L., Eklund, A., & Keum, B. T. (2017). Footprints in the sand: Personal,

psychological, and relational profiles of religious, spiritual, and atheist LGB individuals. *Journal of Homosexuality*, 64(4), 466-487. *Comment:* This study is worth reviewing because of the dearth of research on mental health and religious involvement in LGB individuals. Very little difference in mental health was found between those who were religious, spiritual or atheist. Researchers acknowledge, however, that given the online nature of the survey, the relatively small sample size, and the demographic characteristics of those who participated, these results are preliminary.

Religiosity and Mental Health Care Seeking by African-Americans

Investigators analyzed data from a random sample of 1,315 African-Americans participating in the National Survey of American Life. Latent class analysis was used to identify religious factors related to increased help-seeking behaviors. “Informal” sources of help included clergy, family and friends, whereas “professional” sources included health and mental health care providers; “all support” included both informal and professional sources of help. Details are limited given that only study abstract was available. **Results:** Latent class analysis identified two help-seeking classes: “low use/informal support” (95%) and “high use/all support” (5%). Participants who scored high on non-organizational religiosity (frequent prayer, Bible study, etc.) were more likely to be in the “high use/all support” class, whereas those with low subjective religiosity were more likely in the “low use/informal support class.” Researchers concluded that: “Findings highlight heterogeneity in help-seeking behavior among African-Americans and the importance of considering multiple domains of religious involvement in influencing these behaviors.”

Citation: Hays, K., & Lincoln, K. D. (2017). Mental health help seeking profiles among African Americans: Exploring the influence of religion. *Race and Social Problems*, E-pub ahead of press.

Comment: Greater subjective religiosity correlated with a lower likelihood of being in the “low use/informal support” and greater private religious activity (prayer, Bible study) was associated with being in the “high use/all support” class. These findings are particularly important because of a serious concern that African-Americans who are more religious are less likely to seek help for mental health problems from mental health professionals. Surprisingly, this study shows just the opposite.

Religious Involvement, Caregiver Burden and Health

Fider and colleagues from the School of Public Health at Loma Linda University (California) analyzed data from a longitudinal study of 584 adults to determine the impact of caregiver burden on health and to see whether religious involvement moderated this effect (Biopsychosocial Religion and Health Study, i.e., Adventist Health Study-II). A random sample of 10,988 Seventh-day Adventists from across the U.S. were initially surveyed and 2006-2007 (Wave I), and then resurveyed again in 2010-2011 (Wave II) with 6,600 responding. Among those respondents, 585 had become informal caregivers during the interval between Wave I and Wave II (460 female, 124 male). Religious involvement was assessed at baseline by intrinsic religiosity (3-item subscale of DUREL), private religious activity (single item from DUREL), church organizational activity (3 items), positive religious coping (5 items), negative religious coping (6 items), loving vs. controlling God scale (7 items), spiritual meaning in life (5 items), confession prayer (5 items), habit prayer (4 items), contemplative prayer (5 items), congregational sense of community (10 items), and religious support from one’s congregation (3 items assessing received, 3 items assessing given, 3 items assessing negative interactions, 3 items assessing anticipated). Caregiver status was assessed by a single question at Wave II: “Not including paid work, have you been primarily responsible for giving direct care for a mentally or physically ill person for more than six months?” If yes

(the entire present sample), caregiver burden was assessed by three questions: "If you are currently a caregiver please describe your caregiving experience in the last several months: straining, hard, and burdensome" (each rated on a 10-point scale). In addition, physical and mental health were assessed with the SF-12 at Wave I and Wave II. Controlled for in analyses were age, gender, and ethnicity. **Results:** Although caregiver burden was not associated with physical health, it was associated inversely with mental health ($B=-0.49$, $SE=0.05$, $p<0.0005$). When examined in individual regression models, of the 15 religious constructs assessed above, only "loving vs. controlling God" and "congregational sense of community" were associated with less caregiver burden. When controlling for Wave I mental health, only "loving vs. controlling God" and "religious emotional support given" were significantly associated with an increase in mental health, while negative religious coping was associated with a decrease in mental health. Researchers concluded: "Some aspects of religion appear to play an important role in alleviating the mental stresses of being a caregiver."

Citation: Fider, C. R., Lee, J. W., Gleason, P. C., & Jones, P. (2017). Influence of religion on later burden and health of new Black and White caregivers. *Journal of Applied Gerontology* E-pub ahead of print.

Comment: These findings are consistent with those in the literature, and significantly add to that literature given the longitudinal nature of this study and relatively large sample. On the other hand, only 2 of 15 religious measures were associated with better mental health or lower caregiver burden, which is a bit surprising. The large number of religious variables assessed (without control for multiple comparisons) weakens the conclusions that can be drawn from this study, particularly with regard to the effects of religious involvement on caregiver burden (which was assessed only at Wave II).

Religion/Spirituality and Suicide Risk among Psychiatric Inpatients in Austria

Investigators from the Department of Suicide Prevention, Paracelsus Medical University, Salzburg, Austria, analyzed data from a sample of 753 psychiatric inpatients. Recruited from 997 admissions during the study period, everyone was asked to complete online questionnaires within the first 2 days of hospital stay. Participants were 53% female, average age was just under 40 years, 60% were Roman Catholic and 25% reported no affiliation (compared to 10% of the general Austrian population). Three-quarters were diagnosed with affective disorders, 8-19% had borderline personality disorder, and 44-47% said they had attempted suicide at least once in their lifetime. Religiosity was assessed using the 10-item Centrality Scale developed by Huber (2003). Spirituality was assessed with a 15-item Self Transcendence Scale (Cloninger et al., 1994). Religious affiliation was assessed as Roman Catholic, Protestant, Muslim, other, none. In addition, a one-item scale was used to measure level of attachment to the denomination. Suicidal ideation, attempt and other suicide-related factors were measured using the 19-item Beck Scale for Suicide Ideation, along with a history of suicide attempt (yes/no). Numerous other mental health measures were administered including Beck's Hopelessness Scale, Beck Depression Inventory, Barratt's Impulsivity Scale, Buss & Perry's Aggression Questionnaire, along with measures of burdensomeness, failed belongingness, acquired capability, and social support (22-item scale). Point-biserial correlations and effect sizes (d) were presented to show associations between variables, and analyses were stratified by gender (no results were provided for the overall sample). **Results:** No associations were found between religious or spiritual variables and suicide attempt status. Only small to medium effects were found between religious variables and suicidal ideation, indicating protection. For suicidal ideation among men, the strongest inverse correlation was found

with attendance at religious services ($\rho=-0.14$, $p=0.01$). For suicidal ideation in women, prayer ($\rho=-0.21$), centrality of religion on the Huber scale ($\rho=-0.16$), and religious attendance ($\rho=-0.15$) (all $p=0.01$) were the strongest inverse predictors. Researchers concluded that "Religion/spirituality correlated protectively with components of the suicide models, with stronger associations among women."

Citation: Kralovec, K., Kunrath, S., Fartacek, C., Pichler, E. M., & Plöderl, M. (2017). The gender - specific associations between religion/spirituality and suicide risk in a sample of Austrian psychiatric inpatients. *Suicide and Life-Threatening Behavior*, E-pub ahead of print

Comment: Here is another study, this time in a European sample and in psychiatric inpatients, which reports a protective effect for religiosity/spirituality on suicidal ideation. Longitudinal studies, as the authors note, are crucially needed in this area.

Attitudes Towards Physician-Assisted Suicide

Investigators from the department of psychology at the University of York in the United Kingdom and other UK universities analyzed data from a random sample of 1598 adult respondents participating in the Baylor Religion Survey II, a population-based study conducted in the U.S. in 2007. The objective was to identify attitudes toward physician-assisted suicide (PAS). PAS was assessed with the question: "How do you feel about the morality of the following? Physician-assisted suicide" (1=always wrong, 4=not wrong at all). Other variables assessed were religious denomination and self-rated religiosity, along with brief measures of authoritarianism, political ideology, personality characteristics (Big Five personality traits), and demographic characteristics. Ordinal logistic regression was used to identify independent predictors of positive attitudes towards PAS. **Results:** Distribution of attitudes were: 35.7% always wrong, 14.6% almost always wrong, 22.3% only wrong sometimes, and 24.4% not wrong at all. Those who are older, had higher levels of education, White race (vs. Black), indicated no religious denomination (vs. Catholic or Protestant), were more politically liberal, had a more extroverted personality, lower levels of authoritarianism, and lower levels of religiosity predicted positive attitudes toward PAS. The strongest predictors were having no religious affiliation, low levels of religiosity, and being White. Researchers concluded: "Results confirm a set of previously described predictors in an independent data set and extend prior research by showing that they independently predict moral sentiment towards physician-assisted suicide when modeled jointly."

Citation: Bulmer, M., Boehnke, J. R., & Lewis, G. J. (2017). Predicting moral sentiment towards physician-assisted suicide. *Personality and Individual Differences* 105:244-251.

Comment: Religious variables (and Black race, often a proxy for religiosity) were the strongest predictors of negative attitudes toward physician-assisted suicide. This has been demonstrated consistently over the past 30 years.

Attitudes toward Spirituality and Health among Medical Students in India

Investigators from the Department of Community Medicine at Maulana Azad Medical College in New Delhi surveyed 156 first year medical students at the medical college to determine attitudes toward spirituality in healthcare (response rate was 93%). Spirituality was defined as "a person's or a group's relationship with the transcendent." Among participants, 53% were male and the majority (94%) were 17-19 years old. When students were asked to choose between different definitions of spirituality, 58% chose "belief in God, oneself, and meditation," followed by "essence of life" (5%). **Results:** When asked whether "spiritual health cures diseases," 58% said yes (the distribution by gender was 46% of males and 54% of females). When asked "Do you agree with the role of spirituality in various disorders?," nearly all

said yes (99%). Participants indicated the diseases most likely impacted by spirituality were psychological, cardiovascular, and chronic diseases. Most participants indicated that spirituality affected health though improving rehabilitation by “creat[ing] confidence through inner strength” (69% of respondents). With regard to whether health workers should receive training on spirituality, 58% agreed (and 42% disagreed). Researchers concluded that “Skill building and practicing the culture of spiritual counseling among health workers is the need of hour.”

Citation: Sharma, S., & Lal, P. (2017). Concepts of spirituality prevailing among undergraduate medical students in Delhi. Indian Journal of Social Psychiatry, 33(1): 50-52.

Comment: This study provides a snapshot of attitudes of students starting out medical school in the country of India. The medical school curriculum in India begins right after high school and is a 6-year curriculum that ends with an MD degree. These students were right at the beginning.

Knowledge and Beliefs of U.S. Clergy Regarding EOL Care and Decision-Making

Researchers at Harvard's Dana-Farber Cancer Institute interviewed 35 active clergy in five U.S. states (California, Illinois, Massachusetts, New York, Texas) as part of the National Clergy End-of-Life Project. In this mixed-methods study, participants were interviewed regarding their knowledge and desire for further education about EOL care. Half of participants were non-white (Black or Hispanic), three-quarters were Protestant, most were male (92%), had a master's or doctorate degree (82%), and two-thirds indicated they were theologically conservative. The average time as clergy was 20 years. **Results** indicated that over 40% of clergy did not understand the role of palliative care in treating symptoms of those with serious medical illness, and over 80% over-estimated the success of in-hospital CPR. However, most (73%) indicated a desire to receive more education on EOL issues and decision-making.

Citation: Sanders, J. J., Chow, V., Enzinger, A. C., Lam, T. C., Smith, P. T., Quiñones, R., Baccari, A., Philbrick, S., White-Hammond, G., Peteet, J., Balboni, T. A., Balboni, M. J. (2017). Seeking and accepting: US clergy theological and moral perspectives informing decision making at the end of life. Journal of Palliative Medicine, E-pub ahead of press

Comment: Even though over 80% were highly educated (master's or doctorate degree), knowledge about EOL care was relatively limited. However, there appeared to be great openness in learning more. No doubt, efforts to educate clergy on the benefits of palliative care to persons with severe, end-stage physical illness should be a high priority.

Chaplains' Attitudes Toward Research

An online survey was conducted of 2,092 chaplains from 23 countries. Four out of five respondents (80%) said that research was important and 70% said that chaplains should be literate in assessing research studies. Further details on methodology are lacking given that only the abstract was available. **Results:** Approximately 40% said that they regularly read research articles and 60% said they at least occasionally did. With regard to involvement in research, 35% said they were never involved, 37% said they had been involved in the past, 17% indicated they were currently involved, and 11% planned on being involved in the future. Researchers concluded: “Given chaplains' interest in research, actions should be undertaken to facilitate further research engagement.”

Citation: Snowden, A., Fitchett, G., Grosseohme, D. H., Handzo, G., Kelly, E., King, S. D., ... & Flannelly, K. J. (2017). International study of chaplains' attitudes about research. Journal of Health Care Chaplaincy, 23(1), 34-43.

Comment: Given the necessity of evidence-based practices in medicine and health care, it is essential that chaplains be involved

in research that documents the effectiveness of their interventions and contribution to the healthcare system. Long-term job security is at stake. It is very encouraging that over one-quarter of chaplains were either currently involved in research or expected to be involved soon.

SPECIAL EVENTS

14th Annual Duke University Summer Research Workshop

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

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

To register, go to:

<http://www.spiritualityandhealth.duke.edu/index.php/5-day-summer-research-course>.

Mersey Care NHS Foundation Trust Symposium

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

The aims of the symposium are to build research capacity within spiritual and pastoral care, test the face validity of the biopsychosocial type virtual model, disseminate Mersey Care's research findings into spiritual and pastoral care, and prepare partnerships for further projects. Keynote speakers include Professor Peter Kevern and Professor Ewan Kelly. The primary audience of the symposium are health care chaplains interested in research, along with practical theologians. However, all chaplains and other staff interested in research are encouraged to attend. Poster presentations are also encouraged. For more information contact Julian Raffay at Julian.Raffay@merseycare.nhs.uk.

Workshop on Mental Health for Religious Leaders & Educators in NYC

On Sunday, May 7th, 2017 from 2 pm-6 pm at 313 West 83rd Street, New York, the Center for Anxiety will host a workshop entitled "Mental Health: An Evidence-Based Workshop for Religious Leaders & Educators." The workshop will be led by David H. Rosmarin, PhD, ABPP (Assistant Professor, Harvard Medical School, Founder/Director of the Center for Anxiety). Attendees will learn about the prevalence, severity and impact of common mental disorders, evidence-based treatments for common mental disorders, the relevance of spirituality/religion to mental disorders, and the important roles that religious leaders and educators can play in helping individuals with mental disorders. Registration is \$100 (\$75 for students). To register or for more information, please visit

www.centerforanxiety.org/education/clergy/ or contact Aliza Dinerstein, LMSW at 414-484-3556 or adinerstein@centerforanxiety.org.

Spirituality: The Invisible Ingredient in Health and Healing

(Vancouver, British Columbia, May 4-5, 2017)

Providence Health Care of Vancouver, British Columbia, invites you and your colleagues to participate in their sixth biennial conference that explores the integral relationship between spirituality, health and healing. The conference will be held at the Coast Plaza Hotel and Suites in the heart of Vancouver's colourful and cosmopolitan West End. On our doorstep is the 400-hectare Stanley Park, with walking and bicycle paths and a pedestrian seawall that takes you to the beaches and the world-famous Vancouver Aquarium. Less than a kilometre away is the city's downtown financial, business, shopping and entertainment centre. For more information go to:

<http://www.providencehealthcare.org/news/20170118/6th-biennial-spirituality-conference-%E2%80%9Cexploring-hospitality%E2%80%9D>

RESOURCES

Protestant Christianity and Mental Health: Beliefs, Research and Applications

(Amazon: CreateSpace Platform, 2017)

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

Spirituality and Religion Within the Culture of Medicine: From Evidence to Practice

(Oxford University Press, 2017)

From the Publisher: "provides a comprehensive evaluation of the relationship between spirituality, religion, and medicine evaluating current empirical research and academic scholarship. In Part 1, the book examines the relationship of religion, spirituality, and the practice of medicine by assessing the strengths and weaknesses of the most recent empirical research of religion/spirituality within twelve distinct fields of medicine including pediatrics, psychiatry, internal medicine, surgery, palliative care, and medical ethics. Written by leading clinician researchers in their fields, contributors provide case examples and highlight best practices when engaging religion/spirituality within clinical practice. This is the first collection that assesses how the medical context interacts with patient spirituality recognizing crucial differences between contexts from obstetrics and family medicine, to nursing, to gerontology and the ICU. Recognizing the interdisciplinary aspects of spirituality, religion, and health, Part 2 of the book turns to academic scholarship outside the field of medicine to consider cultural dimensions that form clinical practice. Social-scientific, practical, and humanity fields include psychology, sociology, anthropology, law, history, philosophy, and theology. This is the first time in a single volume that readers can reflect on these multi-dimensional,

complex issues with contributions from leading scholars. In Part III, the book concludes with a synthesis, identifying the best studies in the field of religion and health, ongoing weaknesses in research, and highlighting what can be confidently believed based on prior studies. The synthesis also considers relations between the empirical literature on religion and health and the theological and religious traditions, discussing places of convergence and tension, as well as remaining open questions for further reflection and research."

Available for \$69.95 at <https://www.amazon.com/Spirituality-Religion-Within-Culture-Medicine/dp/0190272430>

Resources for Teaching Mindfulness: An International Handbook

(Springer, 2016)

From the publisher: "This master-class-in-a-book is designed to guide teachers of mindfulness-based interventions (MBI) in continuing to develop more competence while raising global standards of practice and pedagogy. Starting with the central yet elusive concept of stewardship, it then expands upon the core components of MBI pedagogy. A series of reflective essays by MBI teachers from around the world foregrounds differences and challenges in meeting participants "where they are." Such reflections are both inspiring and thought-provoking for teachers—wherever they are. The book also provides practical guidance and tools for adjusting teaching style and content for special populations, from chronic pain patients to trauma survivors, from health care professionals to clergy, and including many others. Detailed scripts and practices, ready to adopt and adapt, offer opportunities to explore new directions in the classroom, and to continue the life-long development of the teacher."

Available for \$64.60 at <https://www.amazon.com/Resources-Teaching-Mindfulness-International-Handbook/dp/3319300989>

Judaism and Mental Health: Beliefs, Research and Applications

(Amazon: CreateSpace Platform, 2017)

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

You Are My Beloved. Really?

(Amazon: CreateSpace Platform, 2016)

How does God feel about us? The author, a psychiatrist and medical researcher, examines the evidence for God's love from Christian, Jewish, Muslim, Buddhist and Hindu perspectives based largely on the sacred scriptures from these traditions. Those of any age with an open mind -- especially if going through hard times -- will find this book enlightening, inspiring, and possibly transforming. Written for Christians, non-Christians, those who are religious, those who are spiritual, and those who are neither.

Available for \$8.78: <https://www.amazon.com/You-are-My-Beloved-Really/dp/1530747902/>

CME/CE Videos (Integrating Spirituality into Patient Care)

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

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

Health and Well-being in Islamic Societies

(Springer International, 2014)

The core of the book focuses on research exploring religiosity and health in Muslim populations. Available for \$57.89 at:

<http://www.amazon.com/Health-Well-Being-Islamic-Societies-Applications/dp/331905872X>

Spirituality in Patient Care, 3rd Ed

(Templeton Press, 2013)

The 3rd edition provides the latest information on how health professionals can integrate spirituality into patient care. Available for \$14.15 (used) at: <http://www.amazon.com/Spirituality-Patient-Care-When-What/dp/1599474255/>.

Handbook of Religion and Health (2nd Ed)

(Oxford University Press, 2012)

This Second Edition covers the latest original quantitative research on religion, spirituality and health (more than 3,300 studies prior to 2010). Available for \$139.99 (used) at:

<http://www.amazon.com/Handbook-Religion-Health-Harold-Koenig/dp/0195335953>

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

(Templeton Press, 2011)

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

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

COURSES/WORKSHOPS

Chaplaincy Research Summer Institute

The Transforming Chaplaincy project will hold the first Chaplaincy Research Summer Institute the last week of July 2017 in Chicago. For more information, go to:

<http://www.researchliteratechaplaincy.org/summer-research-institute/>

Writing Workshop

Lisa Feldman Barrett and David DeSteno of Northeastern University will be hosting a three-day writing workshop, funded by The John Templeton Foundation, for natural scientists, social scientists, and philosophers looking to communicate their ideas to the public via articles and essays in major media outlets. Led by *New York Times* editor James Ryerson, who has two decades of experience working with and editing academics, the workshop will focus on how to conceptually frame scholarly work for a wider audience, how to structure the writing of such pieces, and how to most effectively “pitch” editors at magazines and newspapers. The workshop will take place at Northeastern University in Boston from

June 2-4, 2017. Applications will consist of a brief bio and a portfolio of (1) three short descriptions of pieces the applicant might like to write (no more than a paragraph each); (2) a brief writing sample, which can be a stand alone piece or a passage from a longer work, and of an academic or popular nature (no longer than 1,500 words); and (3) a CV. Applicants will be selected based on each portfolio’s potential to interest non-scholarly readers. Although applications were due February 1, late applications may be considered. If interested go to:

www.northeastern.edu/cos/workshop-scholars-writing-public/

FUNDING OPPORTUNITIES

Templeton Foundation Online Funding Inquiry

The John Templeton Foundation is now accepting new funding requests through their Online Funding Inquiry (OFI) site. Small Grants are defined as requests for \$217,400 or less. The next OFI deadline for small grant requests is **August 31, 2017**, with decisions communicated no later than September 29, 2017. Large Grants are defined as requests for more than \$217,400. The deadline for OFIs related to large grant requests is also August 31, 2017. All decisions on large grant OFIs are communicated by September 29. The three main areas in religion, spirituality and health that the Foundation funds are: (1) research on causal mechanisms (basic psychosocial, behavioral, and physiological pathways), (2) increasing competencies of health care professionals in working with religious patients (physicians, but also psychologists and experts in public health), and (3) research involving the development of religious-integrated interventions that lead to improved health. More information:

<https://www.templeton.org/what-we-fund/grantmaking-calendar>

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

2017 CSTH CALENDAR OF EVENTS...

May

- 11 **Moral injury in PTSD**
Fort Bragg, North Carolina
Speaker: Koenig
Contact: David M. Johnson
(david.m.johnston56.mil@mail.mil)
- 31 **Vedic spiritual teachings – A way to enhance resilience and mental/physical well-being in young adults**
Speaker: Madhu Sharma
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

June

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