

CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health

Volume 7

Issue 11

May 2018

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

CENTER EVENT

15th Annual Duke University Summer Research Workshop

(Durham, North Carolina, August 13-17, 2018)
Register **now** to attend this one-of-a-kind 5-day training session on how to design research, get it funded, carry it out, analyze it, publish it, and develop an academic career in the area of religion, spirituality and health. The workshop compresses training material that was previously taught during our 2-year post-doctoral fellowship, so the curriculum is packed. Leading religion-health researchers from Duke, Yale and Emory serve as workshop faculty. Screening for and treatment of moral injury in veterans and active duty military personnel will be covered. If desired, participants will have the option of a 30-minute one-on-one with Dr. Koenig or another faculty mentor of their choice (early registration will ensure a mentorship spot, since these are limited). Nearly 800 academic researchers, clinical researchers, physicians, nurses, chaplains, communityclergy, 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>.

LATEST RESEARCH

Religious Coping and Glycemic Control in Type 2 Diabetes

Researchers from the Family Institute at Florida State University (and other academic institutions) examined the role of religious coping in 87 couples' management of type 2 diabetes (one member of the couple with diabetes). Participants were recruited from a Southern California diabetes treatment center. The diabetic spouses were 55% female, 51% white, 15% African-American, and 20% Latino; there was a similar distribution for nondiabetic

spouses. Nearly 90% of both diabetics and their nondiabetic spouses indicated some degree of religiosity. The Brief RCOPE (7 items assessing negative religious coping and seven items assessing positive religious coping) adapted for diabetics was administered. "Shared glycemic control behaviors" were assessed using the Partnering Support Scale (Houston-Barrett), relationship satisfaction was examined by a 4-item subscale of the Revised Dyadic Adjustment Scale, and depressive symptoms were measured by the General Health Questionnaire (Goldberg). "Glycemic control success" was assessed with the Attitude Toward DM subscale of the DM Care Profile (Fitzgerald). **Results:** Structural equation modeling revealed that lower shared glycemic control behaviors were predicted by diabetic participants' negative religious coping ($B=-0.27$, $p<0.05$), whereas greater shared glycemic behaviors were predicted by nondiabetic spouses' positive religious coping ($B=0.43$, $p<0.001$). Shared glycemic control behaviors, in turn, predicted glycemic control success. All findings were independent of relationship satisfaction and depressive symptoms. Researchers concluded: "Our findings support our hypotheses, demonstrating that shared glycemic control behaviors are significantly related to glycemic control success, and, that shared glycemic control behaviors are predicted by religious coping of both spouses, above and beyond that of relationship satisfaction and depressive symptoms."

Citation: Fincham, F. D., Seibert, G. S., May, R. W., Wilson, C. M., & Lister, Z. D. (2018). Religious coping and glycemic control in couples with type 2 diabetes. *Journal of Marital and Family Therapy* 44(1), 138-149.

Comment: While authors did not actually measure diabetic control directly by blood sugar assessments, they assessed it instead by respondents' perceptions of glycemic control success (using a standard measure of this construct). Researchers found that the nondiabetic spouse's positive religious coping (not the diabetic patient's) appears to be the key to perceptions of better diabetic control.

Religiosity and Salivary Cortisol in Breast Cancer Survivors

Researchers at the College of Nursing, University of Utah in Salt Lake City, and other academic institutions (University of Missouri, University of Montana) examined the relationship between religiousness/spirituality (R/S), perceptions of health, and diurnal salivary cortisol level in 41 women at least three months post-breast cancer treatment. The Brief Multidimensional Measure Religiousness/Spirituality was used to assess daily spiritual experiences, negative and positive religious coping, forgiveness, private religious activities, and positive and negative congregational support. In addition the SF 36 was used to assess mental and physical functioning. The primary measure of salivary cortisol was peak cortisol awakening response (CAR) obtained from two salivary cortisol measures, first at the time of awakening and second 30-45 minutes after waking. **Results:** Daily spiritual experiences only (e.g., "I feel God/higher power's presence") were positively related to CAR ($r=0.34$, $p=0.03$). Daily spiritual experiences were also related to worse physical function ($r=-0.39$, $p=0.01$) and greater bodily pain ($r=-.37$, $p=0.02$), but were

EXPLORE...in this issue

1-4 LATEST RESEARCH

4-6 NEWS, EVENTS & RESOURCES

7 TRAINING, FUNDING Opportunities, and CALENDAR

unrelated to mental health variables. Researchers concluded that positive spiritual experiences were associated with higher levels of peak cortisol awakening responses and worse physical health (although were not clear on the implications of this finding).

Citation: Hulett, J. M., Armer, J. M., Leary, E., Stewart, B. R., McDaniel, R., Smith, K., ... & Millsbaugh, J. (2018). Religiosity, spirituality, and salivary cortisol in breast cancer survivorship: a pilot study. *Cancer Nursing* 41(2), 166-175.

Comment: Although the findings are not always consistent, high CAR is usually associated with greater stress and higher levels of neuroticism. The authors here did not explain the cause for this association, other than noting that "Prayer and meditation may be ways to emotionally connect with God/higher power. In the Judeo-Christian faith traditions, a close relationship with God is viewed as essential for recovery and curing of disease." However, this explanation did not address the finding itself, which indicated that positive spiritual experiences were related to possibly **worse** neural endocrine function and worse physical health. Although the direction of causation in this cross-sectional study cannot be determined, worse physical health (and associated elevated cortisol) may have motivated these women to turn to prayer and other religious practices that gave rise to positive spiritual experiences.

Psychotic Experiences and Religiosity around the World

Researchers working on behalf of the WHO World Mental Health Survey collaborators analyzed data from 22,542 adults from 18 countries examining the relationship between religiosity and psychotic experiences (mean age 40.5 years; 51% male; countries were Colombia, Iraq, Nigeria, Peru, China, Brazil, Lebanon, Mexico, Romania, eight European countries, and the U.S.). The majority of participants (86%) indicated a religious affiliation. Religious affiliation was categorized into Protestant (16.4%), Catholic (45.7%), Jewish (0.2%) Islam (21.0%), other religion (2.3%), and no religion (14.4%). In addition, participants were asked (1) "How important was religion in your life when you were growing up?" (very important vs. less than very important); "How often do you usually attend religious services?" (more than once a week vs. less frequent); "How important are religious or spiritual beliefs in your daily life?" (very important vs. less than very important); "How often do you seek comfort through religious or spiritual means when you have problems or difficulties in your family, work or personal life?" (often vs. less than often); and "When making decisions in your daily life, how often do you think about what your religious or spiritual beliefs suggest you should do?" (often vs. less than often). Psychotic experiences (PEs) were assessed with the CIDI (a structured psychiatric interview), which included two questions on hallucinatory experiences (saw a vision; heard voices) and four questions on delusional experiences (thought insertion; mind control/passivity; ideas of reference; plot to harm/follow). Excluded were psychotic experiences while dreaming, half-asleep or while under the influence of drugs or alcohol. Controlled for in all analyses were gender, age, country (Model 1); lifetime mental disorders (Model 2); lifetime general medical conditions (Model 3); and all of the above (Model 4).

Results: Among those with a religious affiliation, 5.0% had PEs compared to 6.4% of those without an affiliation. The prevalence of PEs by religious affiliation was 8.2% for Protestants, 5.2% for Catholics, 2.0% for Jews, 1.3% for Muslims, and 11.3% for other religions. Among those who indicated that religion was very important when they were growing up, 5.1% reported PEs (vs. 4.8% for others); for those who attend religious services more than once per week, 3.5% reported PEs (vs. 5.7% for others); for those who indicated R/S beliefs are very important in daily life, 5.9% reported PEs (vs. 3.8% for others); for those who often seek comfort through R/S, 6.5% reported PEs (vs. 3.7% for others); and for those who often make decisions influenced by their R/S beliefs,

6.2% reported PEs (vs. 4.1% for others). After adjusting for other characteristics, no difference in prevalence of PEs (or PE type) were found between individual religious affiliations. Among those with a religious affiliation, based on Model 4, PEs were 30% more common in those indicating religion was very important growing up (OR=1.3, 95% CI 1.1-1.6), 70% more common in those indicating religion is very important currently (OR=1.7, 95% CI 1.4-2.0), 80% more common in those seeking comfort in R/S (OR=1.8, 95% CI 1.5-2.2), and 70% more common in those whose decisions are influenced by R/S (OR=1.7, 95% CI 1.4-2.0). Those for whom religion was either very important while growing up or is currently very important were 60% more likely to report two or more types of PEs, and those who often thought about R/S when making decisions were 50% more likely; no association was found between religiosity and frequency of PEs per year. Frequent religious attendance was not related to frequency of PEs, having more than one type of PE, or frequency of PEs per year.

Citation: Kovess-Masfety, V., Saha, S., Lim, C. C. W., Aguilar-Gaxiola, S., Al-Hamzawi, A., Alonso, J., ... & Florescu, S. (2018). Psychotic experiences and religiosity: data from the WHO World Mental Health Surveys. *Acta Psychiatrica Scandinavica* 137(4), 306-315.

Comment: Many psychotic symptoms measured here are considered normative in certain religious groups, particularly those in Colombia, Nigeria, Peru, and Brazil, thus explaining some of these findings and the high prevalence of PE's in those from "other religions" (11.3%). It is interesting that PEs were nearly 30% more common in those without a religious affiliation compared to those with an affiliation (6.4% vs. 5.0%).

Religiosity and Spirituality in U.S. College Students

Investigators from the departments of psychology at Brigham Young University and Loyola University of Maryland analyze data on 9,495 college students ages 18-25 from across the United States (73% female, 61% white, 15% Hispanic, 13% Asian, 9% African-American). Participants were 35% Protestant, 27% Catholic, 12% no religious affiliation, 9% agnostic or atheist; the remaining 17% were other religious affiliations or unreported. The aim of this study was to assess the prevalence of religiosity and spirituality among emerging young adults in 2008-2009, and examine their relationship to mental and social health. Religiosity was assessed with the 10-item Religious Commitment Inventory (Worthington; average item score was 2.24 on 1 to 4 scale), whereas spirituality was assessed with nine items taken from the 49-item Spiritual Assessment Inventory to assess "individual aspects of spirituality" (Hall; average item score was 2.76 on 1 to 5 scale). Participants were divided into four groups based on scores above and below the mean on these measures: religious and spiritual (RAS; n=3496), religious but not spiritual (RBNS; n=735), spiritual but not religious (SBNR; n=817), and neither religious nor spiritual (NRNS; n=3090). Also measured were identity maturity, moral identity, psychological well-being, and prosocial behavior, as well as negative psychosocial characteristics including depressive symptoms, antisocial behavior, hazardous alcohol use, and sexual risk-taking, all assessed using standard measures of these constructs. **Results:** Bivariate analyses revealed that religiosity was positively associated with identity maturity ($r=.14$, $p<0.0001$), moral identity ($r=0.06$, $p<0.001$), and psychological well-being ($r=0.03$, $p<0.01$), whereas it was inversely related to hazardous alcohol use ($r=-0.13$, $p<0.001$) and sexual risk-taking ($r=-0.15$, $p<0.001$); similar associations were found with spirituality, except associations were stronger (except for hazardous alcohol use and sexual risk-taking) and included weak inverse relationships with depressive symptoms ($r=-0.04$, $p<0.001$) and antisocial behavior ($r=-0.03$, $p<0.05$). Compared to the NRNS, the RAS scored significantly higher on identity maturity, moral identity, psychological well-being, and pro-social behavior, and scored significantly lower on antisocial behavior, hazardous alcohol use,

and sexual risk-taking. Compared to the SBNR, the RAS were lower on antisocial behavior, lower on hazardous alcohol use, and lower on sexual risk-taking, although they were similar on positive emotions, positive character traits, or depressive symptoms.

Citation: Nadal, A. R., Hardy, S. A., & Barry, C. M. (2018). Understanding the roles of religiosity and spirituality in emerging adults in the United States. *Psychology of Religion and Spirituality* 10(1), 30-43.

Comment: Although cross-sectional, this is an important study because the researchers comprehensively assessed religiosity and spirituality using detailed and solid measures of each in this large generally representative sample of college students, who are now ages 28 to 35 years. The RAS (religious and spiritual) appeared to have better mental health and behavior than either the NRNS (neither religious nor spiritual) or the SBNR (spiritual but not religious) (at least in terms of behavior for the latter).

Religion, Combat Exposure and Sleep in US Military

Investigators from the department of sociology at the University of Texas at San Antonio analyzed data on 13,238 military personnel from the 2011 Health Related Behavior Survey of Active Military Personnel (members of the Army, Navy, Marine Corps, Air Force, Coast Guard). Religious involvement was assessed by two questions measuring religious attendance and religious salience: (1) frequency of religious/spiritual service attendance (times attended in past year; 28% attending 25 or more times/year) and (2) extent to which religious/spiritual beliefs influence personal decisions (response range from 1 to 4 from strong disagreement to strong agreement; 84% agreed or strongly agreed). Sleep disturbance was determined by asking if respondents had "trouble falling asleep or staying asleep" in the last 30 days (responses dichotomized into "none/2 days" and "several/more than half of the days" [40%]). Combat exposure was examined by four questions assessing whether a person had witnessed a unit member or ally wounded or killed, seen human remains, handled human remains, or taken care of injured or dying soldiers. Controlled for in all analyses were military service branch, marital status, gender, rank, combat deployment frequency, and the presence of possible traumatic brain injury. **Results:** Logistic regression models revealed that combat casualty exposure was significantly associated with sleep disturbance. Religious salience was associated with an 11% decrease in the likelihood of past-month sleep disturbance (OR=0.89, p<0.001), and a similar decrease (7%) was found for frequency of religious attendance (OR=0.93, p<0.001). In addition, religious salience significantly attenuated the positive association between combat casualty exposure and past month sleep disturbance (interaction term OR=0.94, p<0.05). Researchers concluded: "(1) Combat casualty exposure was positively associated with sleep disturbance; (2) religious salience both offset and moderated (i.e., buffered) the above association; and (3) religious attendance offset but did not moderate the above association."

Citation: White, J., Xu, X., Ellison, C. G., DeAngelis, R. T., & Sunil, T. (2018). Religion, combat casualty exposure, and sleep disturbance in the US military. *Journal of Religion and Health*, March 21, E-pub ahead of press

Comment: The large sample size and careful control of confounders increase the credibility of the findings, which to our knowledge is the first report on religiosity and sleep quality in active duty military. Also, interestingly, note that the dataset of non-deployed active duty U.S. military personnel used in this study is available for public-use and included two good questions on the religiosity of service members. This is surprising given that religious questions are seldom asked in military surveys.

Seriously Ill Older US Veterans' Views on Religion/Spirituality in Healthcare

Researchers from Duke University and the Durham VA Medical Center conducted qualitative interviews with 17 older veterans with advanced stage cancer (47%), heart failure (35%), or pulmonary disease (18%) to determine their perceptions of the role, if any, that religious or spiritual care played in treatment. Participants were 94% male and 53% white Caucasian. Most (82%) were Christian, 34% attended religious services weekly or more often, 44% participated in private religious activity once a day or more, and 64% indicated their faith and/or spirituality was very important to them. **Results:** The themes that emerged during qualitative interviews centered around (1) the process of religious/spiritual engagement, (2) the timing of R/S engagement, and (3) the awareness of Veterans of spiritual care services. Concerning the process of spiritual engagement, Veterans emphasized freedom from preaching/proselytizing and ability to opt out of religious/spiritual discussions. Concerning the timing of such engagement, Veterans indicated that addressing spirituality at the time of initial diagnosis and at the time of critical decisions was most important. Concerning how to engage, Veterans stressed that a sensitive approach should be taken and R/S brought up after rapport has been built, and also the importance of including their family. Concerning awareness of spiritual care services, Veterans said they wanted to know if all faiths were represented, what chaplains actually do, when they are available, and how to reach one. In addition, Veterans wanted to know about how to access religious materials to read and when chapel services or other events were being held. Finally, Veterans emphasized the need for visits from their pastor and/or other religious community members.

Citation: Boucher, N. A., Steinhauer, K. E., & Johnson, K. S. (2018). Older, seriously ill veterans' views on the role of religion and spirituality in health-care delivery. *American Journal of Hospice and Palliative Medicine*, Epub ahead of press

Comment: This is a fascinating qualitative study that gets at the heart of Veterans' preferences with regard to spiritual care, particularly towards the end of their lives. Almost all participants appeared very receptive to R/S care, but under certain preferred conditions.

Religiosity, Discrimination and Psychological Distress in Middle Eastern/Arab Americans

Investigators from the department of psychology at the University of Tennessee conducted an online survey of 122 Middle Eastern/Arab Americans (MEAA; mean age 35 years, 60% female, 30% Christian, 40% Muslim, 19% no religious affiliation/agnostic/atheist). The purpose was to determine the moderating effect of religiosity on the relationship between religious affiliation and ethnic discrimination, and the moderating effect of religiosity on the relationship between ethnic discrimination and psychological distress. Religiosity was assessed with the 10-item Religious Commitment Inventory (Worthington). Ethnic discrimination, ethnic identity, family connectedness, and psychological distress was assessed using standard published scales of these constructs. **Results:** Religiosity moderated the relationship between religious affiliation (Muslim vs. other) and ethnic discrimination such that being Muslim was associated with discrimination only among those with high religiosity. Religiosity also moderated the relationship between ethnic discrimination and psychological distress such that the relationship was again positive and significant only among those with high religiosity. Researchers concluded, "Religiosity is a risk factor for experiencing ethnic discrimination among Muslims identified as MEAAs. MEAAs who have high religiosity... are vulnerable to psychological distress associated with ethnic discrimination." The author explained this finding as due to the

“increased visibility of more religious Muslims due to visible indicators (e.g., hijab).”

Citation: Ikizler, A. S., & Szymanski, D. M. (2018). Discrimination, religious and cultural factors, and Middle Eastern/Arab Americans' psychological distress. *Journal of Clinical Psychology*, E-pub ahead of press

Comment: Researchers noted that while religiosity is usually associated with better mental health and well-being, it may be a risk factor for certain religious groups in terms of increased distress from ethnic discrimination (for Muslims in particular).

Moderating Effect of Religiosity on the Stress-Substance Abuse Relationship in Adolescents

Investigators at the University of Virginia, Johns Hopkins School of Public Health, and Cedars-Sinai Medical Center in Los Angeles examined the moderating effect of spirituality on the relationship between psychological stress and substance use (SU) in 27,874 high school students from the state of Maryland (51% male, 49% white Caucasian, 30% African-American). Spirituality was assessed with two questions: “How important (if at all) is your faith to you?” (important [68%] vs. not important); and “I turn to my spiritual beliefs when I have personal problems or problems at school” (agree [51%] vs. disagree). The second question was used in moderator analyses to examine the association between stress (measured by a 4-item scale) and SU (marijuana, prescription drugs to get high, other substances like K2, spice, bath salts, etc.). Analyses were stratified by gender. **Results:** Regression analyses indicated that turning to spiritual beliefs to cope was inversely related to past-month SU in males ($b=-.358$, $p<0.001$) and females ($B=-.684$, $p<0.001$), and moderated the relationship between psychological stress and SU in males ($B=.283$, $p=0.02$) but not females ($B=-0.034$, $p=.65$). The moderating effect was that the positive relationship between stress and SU in males who turned to spirituality to cope with problems was stronger than in those who did not turn to spirituality ($B=.653$ vs. $B=.540$, respectively). Researchers concluded: “These findings suggest that stress may increase the propensity for substance use and that spirituality might be a viable coping mechanism useful for helping high school students adapt to stressful circumstances and situations.” In the Discussion section, they noted that a similar trend was found in females.

Citation: Debnam, K. J., Milam, A. J., Mullen, M. M., Lacey, K., & Bradshaw, C. P. (2018). The moderating role of spirituality in the association between stress and substance use among adolescents: differences by gender. *Journal of Youth and Adolescence*, 47(4), 818-828.

Comment: Spirituality was, as usual, inversely related to substance use in males and females, and moderated the effect of stress on substance use in males. However, the researchers misinterpreted the findings. Among males who turned to spirituality, the relationship between stress and substance abuse was actually stronger than in males who did not, i.e., greater spirituality increased the likelihood that stressed males would abuse substances. The opposite effect was found in females, although it did not reach statistical significance.

Religion and Sexual Initiation in Black Adolescents

Investigators from the Center for Interdisciplinary Research on AIDS at Yale University and other academic institutions analyzed data from the National Survey of American Life-Adolescent, a study that collected data on a nationally representative sample of 1,170 African-American (69%) and Caribbean Black adolescents in 2001-2003. The purpose was to examine the role that religious socialization and religiosity play in adolescent sexual initiation. Participants were 52% female, were on average 15 years old, were 71% Protestant, and 60% had parents born in the USA. Religious socialization was assessed by two items: “How often do your parents or the people who raised you talk with you about

religion?” and “Not including your parents, or the people who raised you, how often do other close relatives such as your brothers, sisters, aunts, uncles, and grandparents talk with you about religion?” Possible responses for both questions ranged from “never” (1) to “very often” (5). Religiosity was assessed by 17 indicators including 5 items assessing organizational religious participation, 5 items assessing nonorganizational religious participation, 2 items assessing subjective religiosity, 2 items assessing religious guidance, and 3 items assessing religious support. Sexual initiation was assessed by a single question: “Have you ever had sex?” (no vs. yes). Controlled for in logistic regression analyses were family income, mother’s education, parent’s nativity, and ethnicity. **Results:** Not surprisingly, black adolescents who scored higher on religious socialization also scored higher on religiosity. Both those with greater religious socialization and greater religiosity were less likely to report sexual initiation. Black adolescents with greater religiosity were 2.58 times more likely to report not having had sex. Greater religiosity completely explained the inverse association between religious socialization and lack of sexual initiation. Researchers concluded: “Results indicated that as Black adolescents received more messages about religious beliefs and practices, their religiosity was greater and, in turn, they were less likely to report sexual initiation.”

Citation: Taggart, T., Gottfredson, N., Powell, W., Ennett, S., Chatters, L. M., Carter-Edwards, L., & Eng, E. (2018). The Role of Religious Socialization and Religiosity in African American and Caribbean Black Adolescents' Sexual Initiation. *Journal of Religion and Health*, March 21, E-pub ahead of press.

Comment: These analysis involved a large representative sample of black adolescents in the United States, with a detailed measure of religiosity and careful control for confounders likely related to sexual initiation. Greater communication with black adolescents about religion, then, may help to delay sexual initiation. The outcome, however, was “reported” sexual initiation. Black adolescents whose family members often talk to them about religion may be less likely to report sexual initiation even if they have engaged in sex, which could also explain the findings.

NEWS

The Adventist Health System and other faith-based health systems (e.g., the Ochsner Clinic) are increasingly assessing and addressing the spiritual needs of patients in clinical settings. For more information about such activities go to: <https://www.adventisthealthsystem.com/page.php?section=news&page=article&id=2173&ref=html> and <https://www.ochsner.org/imeso>.

SPECIAL EVENTS

Theology, Spirituality and Mental Health

(Belfast, Northern Ireland, May 12, 2018)
Queens University Belfast and RCPsych at holding their first conference on spirituality and mental health at the Union Theological College on 108 Botanic Avenue in Belfast. Speakers include Dr. Carolyn Blair, Professor Chris Cook, Professor Drew Gibson, Charmin Koenig, Professor Harold Koenig, Dr. Susan Williams and Dr. John Rahilly. This will be an exciting conference held in one of the most beautiful areas of the world during springtime. For more information go to <https://www.eventbrite.co.uk/e/conference-at-qub-theology-spirituality-and-mental-health-tickets-43804092219>.

4th Int'l Spirituality in Healthcare Conference

(Dublin, Ireland, Trinity College, University of Dublin, June 20-21)
The theme of this year's conference is “Spirituality at a Crossroads” and features keynote speakers Dr. Lindsay Carey (Research Fellow, La Trobe University Palliative Care Unit, Australia) and Dr.

Susan Crowther (Professor of Midwifery, Robert Gordon University, Scotland). Enjoy an enriching conference and come see beautiful Ireland during the summer! For more information go to <http://nursing-midwifery.tcd.ie/SRIG/4th-International-Spirituality-in-healthcare-conference.php>.

Practice & Presence: A Gathering for Christians in Healthcare

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

RESOURCES

Spirituality, Religion, and Cognitive Behavioral Therapy (Guilford Publishers, 2018)

Modern practitioners of Cognitive Behavior Therapy (CBT) face a conundrum: Despite years of education and practice in the methods of evidence-based psychotherapy, the overwhelming majority lack elementary training in how to address spirituality/religion in treatment. This concern is not inconsequential as spirituality and religion are powerful forces that shape economics, politics, and social behavior in all cultures around the world. Further, they are not simply abstract, macro-level constructs or perfunctory yearly engagements, but part and parcel of consciousness, identity, and daily life for most individuals. A lack of competence to deal with this domain is therefore a significant barrier to understanding and relating to patients. The primary objective of this text is to provide an evidence-based and theoretically rigorous, practical guide for practitioners. This approach is not fundamentally different from conventional CBT, except that efforts are made to conceptualize the relevance of patient spirituality/religion to presenting problems, and address this domain in the treatment process. Available for \$25.50 at <https://www.guilford.com/books/Spirituality-Religion-and-Cognitive-Behavioral-Therapy/David-Rosmarin/9781462535446> (use Promo Code 2E when ordering for a 20% discount)

Religion and Mental Health: Research and Clinical Applications (Academic Press, 2018) (Elsevier)

From the publisher: "[This 384 page volume] summarizes research on how religion may help people better cope or exacerbate their stress, covering its relationship to depression, anxiety, suicide, substance abuse, well-being, happiness, life satisfaction, optimism, generosity, gratitude and meaning and purpose in life. The book looks across religions and specific faiths, as well as to spirituality for those who don't ascribe to a specific religion. It integrates research findings with best practices for treating mental health disorders for religious clients, also covering religious beliefs and practices as part of therapy to treat depression and posttraumatic stress disorder. [In brief, this volume] summarizes research findings on the relationship of religion to mental health, investigates religion's positive and negative influence on coping,

presents common findings across religions and specific faiths, identifies how these findings inform clinical practice interventions, and describes how to use religious practices and beliefs as part of therapy." Available for \$72.00 at <https://www.elsevier.com/books/religion-and-mental-health/koenig/978-0-12-811282-3>.

Protestant Christianity and Mental Health: Beliefs, Research and Applications

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

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

Catholic Christianity and Mental Health: Beliefs, Research and Applications

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

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

Islam and Mental Health: Beliefs, Research and Applications

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

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

Hinduism and Mental Health: Beliefs, Research and Applications

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

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

Judaism and Mental Health: Beliefs, Research and Applications

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

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

Buddhism and Mental Health: Beliefs, Research and Applications

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

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

You Are My Beloved. Really?

(Amazon: CreateSpace Platform, 2016)

How does God feel about us? This book examines the evidence for God's love from Christian, Jewish, Muslim, Buddhist and Hindu perspectives based largely on the sacred scriptures from these traditions. Those of any age with an open mind -- especially if going through hard times -- will find this book enlightening, inspiring, and possibly transforming. Written for Christians, non-Christians, those who are religious, those who are spiritual, and those who are neither. Available for \$8.78:

<https://www.amazon.com/You-are-My-Beloved-Really/dp/1530747902/>

CME/CE Videos (Integrating Spirituality into Patient Care)

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

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

Health and Well-being in Islamic Societies

(Springer International, 2014)

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

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

Spirituality in Patient Care, 3rd Ed

(Templeton Press, 2013)

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

Handbook of Religion and Health (2nd Ed)

(Oxford University Press, 2012)

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

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

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

(Templeton Press, 2011)

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

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

TRAINING OPPORTUNITIES

Certificate in Theology and Healthcare

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

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

FUNDING OPPORTUNITIES

Templeton Foundation Online Funding Inquiry

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

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

© 2012 A publication of the Duke Center for Spirituality, Theology & Health. May be reproduced for noncommercial purposes.

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

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

2018 CSTH CALENDAR OF EVENTS...

May

- 12 **Theology, Spirituality and Mental Health**
Union Theological College
Belfast, Ireland, 9:15A-4:30P
Speakers: Chris Cook, CM Koenig, HG Koenig
Contact: Carolyn Blair (cblair05@qub.ac.uk)
- 13-16 **Pre-Conference Research Workshop on Religion, Spirituality and Health**
6th European Conference, Coventry, England
Speakers: Koenig, Hefti, Bussing, Hvidt, & Klein
Contact: Rene Hefti (rene.hefti@rish.ch)
- 17 **Debate: Michael King vs. Harold Koenig on Spirituality and Health Research**
6th European Conference, Coventry, England
Contact: Rene Hefti (rene.hefti@rish.ch)
- 23 **Spirituality and health in occupational therapy practice**
Speaker: Timothy Holmes OTD, OTR/L
Clinical Specialist, UNC Hospitals Rehab Services
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 30 **Religion, Spirituality and Flourishing in Later Life (Part I)**
North Carolina State University, Raleigh, NC
Speaker: Harold G. Koenig
Contact: Tricia Inlow-Hatcher (inlow@ncsu.edu)

June

- 6 **Religion, Spirituality and Flourishing in Later Life (Part II)**
North Carolina State University, Raleigh, NC
Speaker: Harold G. Koenig
Contact: Tricia Inlow-Hatcher (inlow@ncsu.edu)
- 27 **Measuring Religiosity in Preoperative Patients Using the BIAC Scale**
Speaker: Biju K. Chacko, DMin, Chaplain Educator
Duke University Medical Center
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)