

CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health

Volume 9

Issue 11

May 2020

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

LATEST RESEARCH

Advising Older Religious Patients during the COVID-19 Pandemic

This commentary is written for clinicians taking care of older patients during the COVID-19 pandemic. For many, this is an anxious time, especially for older adults who are those most vulnerable during the COVID-19 pandemic. This anxiety and the accompanying emotional distress by themselves are known to increase susceptibility to infection, with increasing impact due to immune function decreases with aging. Religious beliefs and practices are known to help individuals cope with times of stress, and in many studies are associated with less anxiety and greater hope, especially in older adult populations. There is also research showing that religiosity is associated with greater resistance to viral infection and lower viral load.

Citation: Koenig, H. G. (2020). Ways of protecting religious older adults from the consequences of COVID-19. *American Journal of Geriatric Psychiatry*, <https://doi.org/10.1016/j.jagp.2020.04.004>

Comment: This brief commentary provides sensible advice on what healthcare providers can advise older religious patients on how to protect themselves from the coronavirus and how to stand the best chance of recovery should they become infected.

Islamic Response to COVID-19

Alex Thurston from the University of Cincinnati describes the challenges that Muslims face with the new social distancing requirements and restrictions on population gatherings with the COVID-19 pandemic. The Hajj, scheduled to begin July 28, is an important yearly event for Muslims (one of the five pillars of Islam), attended by millions each year who come to Mecca, Saudi Arabia. Saudi authorities announced in late February that all those planning to attend the 2020 Hajj should delay making reservations until the coronavirus pandemic is more under control. Likewise, the Saudi government has suspended all visas for foreigners seeking to make "umrah," the lesser pilgrimage to Mecca that Muslims can make at any time during the year. In addition, Muslim communities are facing challenges with regard to Friday group

prayer at the mosque, which all healthy men who live reasonably close are expected to attend. Some countries have closed mosques, although there have been several Muslim leaders who have challenged these rulings. If Muslims are allowed to continue to gather in market places, then why should they be prohibited from gathering at mosques for prayer? This article describes how Muslim scholars have addressed these controversial issues, including efforts to provide justification for social distancing and allowing prayer at home during these trying times. Given that Ramadan began April 23, a period characterized by considerable socializing and group worship, there are questions about how the new restrictions will affect this critical religious period as well. The article also discusses divergences between Sunni and Shia responses to the pandemic and the controversies that this has caused.

Citation: Thurston, A. (2020). Islamic Responses to COVID-19. *The COVID-19 Pandemic in the Middle East and North Africa*, April. Project on Middle East Political Science, POMEPS Studies 39.

Comment: This is a very well-written article that provides an update on how Muslims and Muslim countries around the world are dealing with the COVID-19 pandemic. Many of these issues are similar to those Christians and Jews are now facing with the closure of churches/synagogues due to social distancing requirements. This is a time when religious faith and support is needed more than ever. Restrictions on gatherings due to very good public safety reasons are preventing important religious fellowship from taking place. However, the existing technology now allows such gatherings to take place virtually, at least for those who have access to and know how to use the technology.

Effectiveness of Alcoholics Anonymous for Alcohol Use Disorder

In the most comprehensive review of randomized controlled trials (RCTs) to date examining the effectiveness of Alcoholics Anonymous and other 12-step programs in treating alcohol use disorder, Kelly and colleagues have recently published this Cochrane review. These investigators, from the Recovery Research Institute, Center for Addiction Medicine, Massachusetts General Hospital and Harvard Medical School, Boston, Massachusetts (along with Stanford University School of Medicine, Stanford, CA, and European Monitoring Center for Drugs and Drug Addiction, Lisbon Portugal, have systematically reviewed 27 studies involving 10,565 participants (including 21 RCTs/quasi-RCTs) in order to compare effects of AA and 12 Step Facilitation (TSF) with other psychological clinical interventions such as Motivational Enhancement Therapy (MET) and Cognitive Behavioral Therapy (CBT). **Results** indicated that manualized AA/TSF improved rates of continuous abstinence at 12 months by 21% compared to other standard psychological interventions (risk ratio [RR]=1.21, 95% CI 1.03-1.42), results that remained consistent at 24 and 36 months. Authors concluded: "There is high quality evidence that manualized AA/TSF interventions are more effective than other established treatments, such as CBT, for increasing abstinence. Non-manualized AA/TSF may perform as well as these other established treatments. AA/TSF interventions,

EXPLORE...in this issue

1-5 LATEST RESEARCH

5-6 NEWS, EVENTS & RESOURCES

7 TRAINING, FUNDING Opportunities, and CALENDAR

both manualized and non-manualized, may be at least as effective as other treatments for other alcohol-related outcomes. AA/TSF probably produces substantial healthcare cost savings among people with alcohol use disorder.”

Citation: Kelly, J. F., Humphreys, K., & Ferri, M. (2020). Alcoholics Anonymous and other 12-step programs for alcohol use disorder. *Cochrane Database of Systematic Reviews*, 3, CD012880. DOI:10.1002/14651858.CD012880.pub2.

Comment: This is a seminal, hallmark review of the literature demonstrating that Alcoholics Anonymous (AA) and Twelve-Step Facilitation (TSF) are more effective than standard psychological therapies for the treatment of alcohol use disorder. This approach is associated with considerable cost-savings as well. No doubt, restrictions on public gatherings due to the COVID-19 pandemic will affect the 12-step communities, which are lifesaving for so many. Many of these groups, however, have transitioned to online meetings to compensate.

Religiosity and Suicidal Ideation/Attempts in the United Kingdom

Researchers from the faculty of medicine at the University of Paris, and universities in Barcelona and Madrid, Spain, analyzed cross-sectional data from 7,403 participants in the 2007 Adult Psychiatric Morbidity Survey (a nationally representative survey of the English adult population age 16 or over, average age 46 years, 51% women). Religiosity was assessed by the question: “Do you have a specific religion?” and if yes (53%), the specific religion was recorded: Christianity (88%), Islam (6%), and other (7%). Suicidality was assessed by the question: “Have you ever thought of taking your life, even if you would not really do it?” Suicide attempts were assessed by the question “Have you ever made an attempt to take your life, by taking an overdose of tablets or in some other way?” Control variables included sociodemographic factors, loneliness, social support, stressful life events, perceived stress, chronic physical conditions, smoking status, alcohol dependence, drug use, and the presence of common mental disorders (depression or anxiety). Regression models were used to examine predictors of suicidality. **Results:** The prevalence of past 12-month suicide ideation, past 12-month suicide attempts, lifetime suicidal ideation, and lifetime suicide attempts was 4.3%, 0.7%, 13.7%, and 4.8%, respectively. In the regression model adjusting for gender, age, ethnicity, income, marital status, and employment, having a religion was associated with a 34% reduction in past 12-month suicidal ideation (OR = 0.66, 95% CI = 0.49-0.89, $p < 0.01$), 28% reduction in past 12-month suicide attempts (OR = 0.72, 95% CI = 0.33-1.57), 23% reduction in lifetime suicidal ideation (OR = 0.77, 95% CI = 0.66-0.90, $p < 0.01$), and 33% reduction in lifetime suicide attempts (OR = 0.67, 95% CI = 0.52-0.88, $p < 0.01$). Controlling for loneliness and social support, number stressful life events and perceived stress, number of chronic conditions, health behaviors, and common mental disorders reduced the effect sizes to some degree, but statistical significance was retained. Researchers concluded “There is a negative association between religiosity and suicidality in the UK.”

Citation: Jacob, L., Haro, J. M., & Koyanagi, A. (2019). The association of religiosity with suicidal ideation and suicide attempts in the United Kingdom. *Acta Psychiatrica Scandinavica*, 139(2), 164-173.

Comment: Actually, religiosity was not measured, but rather only affiliation with a religion. Nevertheless, even with this poor measure of religious involvement, the findings were significant pretty much for all outcomes examined (except suicide attempts within the past 12 months, although given the prevalence of only 0.7%, the statistical power was likely too low).

Brain-Derived Neurotrophic Factor (BDNF) and Intrinsic Religiosity in Depressed Inpatients

Investigators from the Federal University Hospital and Clinics in Porto Alegre, Brazil, measured BDNF levels in 101 depressed inpatients at hospital admission and 91 inpatients at discharge. BDNF is a key factor in the brain responsible for synaptic plasticity, dendritic and neuronal fiber growth, and neuronal survival. Increasing BDNF levels in the brain is one of the mechanisms by which antidepressants are thought to have their effects. Religiosity was assessed at discharge using the Brazilian Portuguese-validated version of the Duke University Religion Index (DUREL), in particular the last 3 items of the index that assess intrinsic religiosity (IR). Serum BDNF levels were collected within 72 hours of hospital admission and within 48 hours of discharge. Controlled for in one analysis was severity of depressive symptoms on admission and discharge, as well as age, gender, smoking, and psychological resiliency. In another analysis, psychiatric treatments (selective serotonin reuptake inhibitors, serotonin and norepinephrine reuptake inhibitors, tricyclic antidepressants, lithium, and anticonvulsants, and antipsychotics, and electroconvulsive therapy) were controlled for. **Results:** On discharge, IR was positively and significantly related to serum BDNF levels in this cross-sectional analysis ($r = 0.19$, $p = 0.03$). There was no relationship between discharge IR and admission serum BDNF levels ($r = 0.02$, $p = 0.41$). Compared to those with low IR on discharge, those with high IR had significantly higher mean serum BDNF levels at discharge (52.0 ng/ml vs. 41.3, $t = 2.3$, $p = 0.02$). Furthermore, high IR patients had a statistically significant increase in BDNF levels from admission to discharge (43.6 ng/ml to 53.8, $p = 0.05$), whereas there was no significant increase from admission to discharge for low IR patients (47.6 ng/ml to 43.6, $p = 0.40$). Between-subject analysis indicated a significant effect of high vs. low IR on BDNF levels at discharge ($F = 12.0$, $p = 0.001$). With BDNF serum levels on admission and discharge as the dependent variable, multivariate analysis of variance controlling for age, gender, psychological resilience, depressive symptoms on admission, depressive symptoms on discharge, and cigarette smoking revealed a significant effect favoring high IR ($\lambda = 0.74$, $F = 6.2$, $p < 0.01$). Controlling for antidepressant treatments, high vs. low IR remained a significant predictor of BDNF levels at discharge ($\beta = 0.26$, $t = 2.64$, $p = 0.01$). Researchers concluded: “The current findings suggest a potential pathway to help understand the protective effect of religiosity in depressive disorders.”

Citation: Mosqueiro, B. P., Fleck, M. P. D. A., & Rocha, N. S. (2019). Increased levels of brain-derived neurotrophic factor are associated with high intrinsic religiosity among depressed inpatients. *Frontiers in Psychiatry*, 10, 671.

Comment: Although analyses are a bit difficult to follow, it appears that BDNF serum levels increased from admission to discharge only in those with high intrinsic religiosity. Serum and brain BDNF, however, are not the same and there is a complex relationship between the two [see Naegelin et al. (2018)]. Measuring and validating the levels of brain-derived neurotrophic factor in human serum. *eNeuro* 5:2]. Given the central role that brain BDNF plays in depressive disorder, this is an important finding that may help to shed light on the physiological mechanism by which religiosity impacts course of depression.

Religiosity/Spirituality, Resilience, and Burnout among Hospital Employees in Brazil

Investigators from the Federal University of Triangulo Mineiro (UFTM) in Uberaba, and other institutions in Brazil, administered the Brief Multidimensional Measure of Religiosity/Spirituality, the

Maslach Burnout Inventory, and the Resilience Scale to a convenience sample of 57 employees working at the outpatient clinic units of UFTM hospital (91% female, average age 39 years, 88% nursing technicians, 5% were nurses, 7% archivists). Only bivariate correlations were examined. **Results:** Religious affiliation of participants was spiritists (39%), Catholics (23%), Umbanda (14%), and evangelical Protestants (9%); 5.3% indicated they had no religion and the remainder were from other religions.

Correlations indicated that employees who were more religious/spiritual experienced greater resilience and less burnout. *Citation:* Carneiro, E. M., Navinchandra, S. A., Vento, L., Timóteo, R. P., & de Fátima Borges, M. (2019). Religiousness/spirituality, resilience and burnout in employees of a public hospital in Brazil. *Journal of Religion and Health*, 58(2), 677-685.

Comment: Although a small study that did not control for confounders or covariates, this is one of the few studies examining the relationship between religiosity/spirituality and burnout among healthcare professionals in Brazil. It would be interesting to repeat a study like this during the COVID-19 pandemic.

Thyrotoxicosis, Psychosis, and Religiosity

Clinicians at the New York Medical College (New York City) describe the case of a 62-year-old Haitian female who was admitted to the hospital with auditory and visual hallucinations, hypervigilance, and increased religiosity. The patient had no prior history of psychiatric illness or substance abuse. Medical history included hypertension, and-stage renal disease, HIV, Graves' disease, and poor adherence to anti-thyroid drugs. Dialysis therapy was refused by the patient who indicated that "God will save me." There were no electrolyte imbalances or acidosis. The patient was fully oriented and conversant, describing vivid hallucinations and secret communications with God. The patient was treated with antibiotics until an infectious etiology was ruled out. The patient improved after hemodialysis, although hyperreligiosity and psychosis persisted while she refused further dialysis based on religious grounds. HIV encephalopathy was also ruled out and a toxicology screen was negative. Brain imaging was performed and was unremarkable. Laboratory testing indicated that symptoms were consistent with severe thyrotoxicosis. Patient was treated with methamazole therapy and radiotherapy, thereby normalizing thyroid hormone levels. Patient's insight and understanding continued to be impaired, and she consistently refused medical treatments. The ethics committee became involved in her care to assist providers to determine the best course of action. No further information was provided.

Citation: Franco-Akel, A., Shanker, P., & Ngo, E. (2019). Thyrotoxicosis presenting as psychosis with hyperreligiosity. *Endocrine Practice*, 25, 335-336.

Comment: One of the first cases of thyrotoxicosis and hyperreligiosity to be reported in the literature. However, no information was provided on baseline religiosity (other than reporting "increased religiosity," so there is no way to determine whether the hyperreligiosity was actually caused by the thyrotoxicosis or was pre-existing. Likewise, there was no mention of change in religiosity after treatment. Given a Haitian background, her religious expressions may have been part of her culture.

Psychotic Experiences and Religiosity

Investigators from the University of Southern California School of Social Work and universities in Spain analyzed data from three large racially/ethnically diverse samples representative of the US population. The purpose was to examine the relationship between religiosity and psychotic experiences (PEs) across four racial groups, while adjusting for sociodemographics, socioeconomic status, psychiatric disorders, and physical health. Religiosity was assessed by importance of religion during childhood, current importance of religious/spiritual beliefs in daily life, religious

coping, use of religion to inform daily decision-making, and frequency of prayer. **Results:** Lifetime PEs were significantly and positively related to importance of religion in daily life among Whites and African Americans. Seeking comfort in religion during difficult times was also positively associated with lifetime PEs, but only in Whites and Latino Americans. Importance of praying when dealing with stressful situations was positively related to lifetime PE in African-Americans (the only ethnic group in which this was examined), although praying nearly every day was not associated with lifetime PEs. Researchers concluded: "Our findings call for more qualitative research to explore why the cell his Tory in life-promoting aspects of religiosity do not protect against PEs." *Citation:* Oh, H., Waldman, K., & Koyanagi, A. (2018). Psychotic experiences and religiosity: Findings from the collaborative psychiatric epidemiological surveys. *Schizophrenia Research*, 201, 435-436.

Comment: Researchers acknowledge that PEs (hallucinations and delusions) may be normative and even meaningful rather than pathological in certain religious communities. This has often been true in past research that examined community-dwelling healthy populations.

Prayer, Meditation and Episodic Memory in Later Life

Researchers at the University of Nevada, Las Vegas, and Case Western Reserve University analyzed data from a subsample of 1,135 participants (average age 68) in the US Health and Retirement Study (year 2000), using generalized estimating equation regression models to examine the effects of prayer/meditation on changes in episodic memory with aging. Episodic memory was assessed every two years from 2002 to 2012 by a standard measure of immediate word recall and delayed word recall. Prayer and meditation were assessed in the year 2000 by two questions asking respondents if they ever meditated and if they ever prayed privately in places other than a church or synagogue. Also assessed were chronic health problems, age, race, gender, marital status, and education. **Results:** Prayer (but not meditation) was positively associated with better episodic memory over time ($B=0.50$, $SE=0.22$, $p<0.05$, independent of demographic factors and chronic health problems). There was a weak interaction between prayer and age, such that those who used prayer had a 0.04-point increase in episodic memory score as they got older ($B=0.04$, $SE=0.02$, $p=0.05$). Researchers concluded: "This study illustrates the benefits of prayer in preserving memory and provides much-needed empirical basis for community-level interventions to enhance memory in later life."

Citation: Lekhak, N., Bhatta, T. R., & Zauszniewski, J. A. (2020). Episodic memory in later life: benefits of prayer and meditation. *Journal of Holistic Nursing*, E-pub ahead of press (<https://doi.org/10.1177/0898010119898547>).

Comment: This study adds to prospective research showing the positive effects of prayer (but not meditation) on changes in memory with increasing age.

Religiosity and Hyperglycemia among Adults without Diabetes in Israel

Researchers in Nahariya, Israel, surveyed a convenience sample of 1,822 visitors without known diabetes visiting relatives/friends at a hospital in northern Israel. The purpose was to examine the association between religion, religiosity, and hyperglycemia. Participants were excluded if they used hypoglycemic drugs, had any acute disease, used glucocorticoids, were pregnant, or had capillary blood glucose in the diabetes range. Capillary blood glucose level was measured using an institutional glucometer. Hyperglycemia was defined as blood glucose level ≥ 100 mg/dl before eating a meal or glucose level ≥ 140 mg/dl after eating a

meal. Backward stepwise logistic regression was used to identify participants with hyperglycemia. Religiosity was assessed by self-reported religious involvement. Religious affiliation of participants was Jewish (58%), Muslim (23%), and Druze (19%). **Results:** 44% of Jews, 57% of Muslims, and 34% of Druze described themselves as religious. Muslims had a 73% increased risk of hyperglycemia compared with Jews (OR=1.73, 95% CI=1.22-2.43, $p=0.002$), whereas Druze were similar to Jews. Adjusting for gender, blood pressure, education, older age, and obesity, age was a significant risk factor for hyperglycemia only in Druze and Muslims. With regard to religiosity, among Muslims, those who were more religious were significantly less likely to have hyperglycemia (OR=0.50, 95% CI= 0.29-0.86, $p=0.01$).

Citation: Bashkin, A., Shehadeh, M., Yaacovy, R., Nodelman, M., Zur, A., & Barhoum, M. (2019). Religion and religiosity are associated with hyperglycemia in adults without diabetes in Northern Israel. *Diabetes* 68 (1), E-pub ahead of press (<https://doi.org/10.2337/db19-2442-PUB>)

Comment: Although Muslims in this large sample were more likely to experience hyperglycemia, religious Muslims were 50% less likely than other Muslims. This is the only study to our knowledge to examine hyperglycemia rates by religion and religiosity among those without known diabetes in Israel.

Childhood Religiosity and Mortality

Investigators from the departments of sociology at the University of Texas in San Antonio and University of Toronto in Canada retrospectively analyzed retrospective childhood data on 3,032 adults age 25-74 participating in the 1995 National Survey of Midlife Development in the United States (MIDUS) (baseline sample). Childhood religiosity was assessed by importance of religiosity in the child's home: "How important was religion in your family when you were growing up?" Responses were trichotomous for analysis into "not very important or not at all" (20%), "somewhat" (36%), and "very important" (44%). All analyses compared the other two categories (low and high) to the "somewhat" category. Also assessed was frequency of religious attendance and importance of religion in adulthood. Controlled for in analyses were negative health behaviors (use of drugs, alcohol, smoking), positive health behaviors (frequency of exercise in seeing a doctor in the last year), chronic health conditions, self-rated physical and mental health, and BMI. Other variables controlled for included age, gender, race, marital status, education, household income, number of adults in the household, and childhood covariates such as parents' education, rural vs. urban residence, parental divorce, family on welfare, parental abuse, and parental affection. Mortality (all cause) was determined by the National Death Index from 1995 to December 2014. Cox proportional hazard models were used to determine independent predictors of death during the 19-year follow-up. **Results:** A total of 586 individuals died during follow-up. Participants indicating that religion was very important in their home while growing up were at significantly *increased* risk of dying (HR=1.38, 95% CI=1.08-1.75, $p<0.01$) compared to those growing up in homes where religion was only "somewhat" important; there was no difference in mortality between those for whom religion was not important and those for whom it was only somewhat important. Models controlled for all the adulthood and childhood covariates described above. When change in religious importance over the life course (from "importance of religiosity in the home during childhood" to adulthood religiosity) was examined, those who were raised in a religious home but not currently religious were at greatest mortality risk (HR=1.56, 95% CI=0.98-2.51, $p<0.10$). Those raised in nonreligious homes who remained non-religious in adulthood were also at slightly increased mortality risk (HR=1.38, 95% CI = 0.95-2.03, $p<0.10$). Finally, those who were raised in a very religious home who were only somewhat religious in adulthood were also at increased risk (HR= 1.44, 95% CI = 1.01-2.06, $p<0.05$), and those

raised in a somewhat religious home who were very religious during adulthood were at significantly lower risk (HR = 0.77, 95% CI = 0.53-1.13, $p<0.05$; not sure about that confidence interval, which is strange). No effect on mortality was seen for those who were raised in a religious home and highly religious during adulthood. The reference group for all of these analyses were "somewhat [raised in religious home], somewhat [current religiosity]."

Citation: Upenieks, L., Schafer, M. H., & Mogosanu, A. (2019). Does childhood religiosity delay death? *Journal of Religion and Health*, E-pub ahead of press (<https://doi.org/10.1007/s10943-019-00936-1>).

Comment: The findings above are quite provocative, underscoring the risk to health of departure during adulthood from religious teachings in the home. Comparing low and high groups to the "somewhat" group was an unusual way of examining the data. Preferably, mortality risk based on high vs. low categories would have been more interesting, but was not reported, making it somewhat difficult to interpret the findings.

Research Update on Religion/Spirituality and Mental Health

The evidence-base of scientific research examining the relationship between religion and mental health is growing rapidly. This article summarizes the latest research that has been published on the topic, including studies on religious involvement and depression, bipolar disorder, suicide, posttraumatic stress disorder (PTSD), substance use disorders, personality disorder, chronic psychotic disorder, marital/family stability, social support, and psychological well-being. Also reviewed is a relatively new topic in psychiatry, moral injury, which often accompanies PTSD and may interfere with its treatment. After description of a theoretical model that explains how religion might affect mental health, the article concludes with a brief discussion of applications to clinical practice, including a discussion of religiously-integrated therapies for depression, anxiety, and other emotional problems. Overall, studies indicate that religious involvement often serves as a powerful resource for clients, one that can be supported and integrated into their psychiatric care. There are times, however, when religion may impede or complicate treatment. This article will help clinicians determine whether religion is an asset or a liability based on the latest available research.

Citation: Koenig, H. G., Al-Zaben, F., & VanderWeele, T. J. (2020). Religion and psychiatry: Recent developments in research. *British Journal of Psychiatry Advances*, <https://doi.org/10.1192/bja.2019.81>.

Comment: This review provides a recent update for mental health care providers on research examining the relationship between religiosity and mental health.

Update on Integration of Religion/Spirituality into Mental Health Care

This review article focuses on clinical applications having to do with integrating spirituality into patient care that may be useful to psychiatrists and other mental health professionals. Recommendations are made based on the present state of knowledge from research, from clinical experience, and also, from common sense. Case vignettes are provided to illustrate clinical situations that mental health professionals are likely to encounter. First, general clinical applications relevant to all clients are discussed, such as taking a spiritual history, supporting/encouraging religious beliefs, engaging in religious practices with clients, and referring to clergy. Violations of clinician-client boundaries are also discussed, along with the need to ensure that religious/spiritual interventions are client-centered. Second, evidence-based religious interventions are described, and information is provided on how to identify appropriate clients for

this approach. Finally, this article explores situations in which religious beliefs/practices may be a problem, not a resource, and makes recommendations on how to address such cases. Although the focus here is primarily on the North American context, the article also notes how practice and culture in the UK may differ in this regard.

Citation: Koenig, H. G., Peteet, J. R., & VanderWeele, T. J. (2020). Religion and psychiatry: clinical applications. *British Journal of Psychiatry Advances*. <https://doi.org/10.1192/bja.2020.11>.

Comment: This review focuses on how mental health care professionals can apply the existing research on the relationship between religiosity and mental health to clinical practice in sensible ways.

NEWS

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

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

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

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

Brief Survey of Clinicians with Direct Patient Care Responsibilities

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

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

SPECIAL EVENTS

7th European Conference on Religion, Spirituality and Health

(Lisbon, Portugal, May 28-30, 2020) [likely to be **rescheduled to May 2021**; **decision pending**]

The 2020 European Conference will focus on "Aging, Health and Spirituality" and will be held at the Catholic University of Portugal in Lisbon, one of the most beautiful cities in Europe.

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

(Lisbon, Portugal, May 24-27, 2020) [likely to be **rescheduled to May 2021**; **decision pending**]

The 7th European Conference will also host a 4-day pre-conference spirituality and health research workshop on May 24-27 with Prof. Koenig from the U.S., along with Dr. Rene Hefti, Prof. Arndt Buessing, Prof. Niels Hvidt, Prof. Constantin Klein, and a number of other European presenters. For more information, go

to: <http://ecrsh.eu/ecrsh-2020> or contact Dr. Rene Hefti at info@rish.ch.

17th Annual Duke University Summer Research Workshop

(Durham, North Carolina, August 10-14, 2020)

[likely to be **rescheduled to August 9-13, 2021**; **decision pending**]

Register to attend this one-of-a-kind 5-day training session on how to design research, obtain funding support, carry out the research, analyze and publish the findings, with an emphasis on developing an academic career in the area of religion, spirituality and health.

Pass this information on to colleagues, junior faculty, graduate students, and anyone you think might be interested. The workshop compresses training material that was previously taught during our 2-year post-doctoral fellowship, so the curriculum is packed. Leading religion-health researchers from Duke, Yale and Emory serve as workshop faculty. Participants will have the option of a 30-minute one-on-one with Dr. Koenig or another faculty mentor of their choice, although these mentorship slots are limited, so early registration will be necessary to ensure that the mentor requested will be available. Nearly 900 academic researchers, clinical researchers, physicians, nurses, chaplains, community clergy, and students at every level in medicine, nursing, social work, chaplaincy, public health, psychology, counseling, sociology, theology, and rehabilitation (as well as interested members of the general public) have attended this workshop since 2004.

Participants from every faith tradition and region of the world have come to this workshop, and this year should be no different.

Partial tuition reduction scholarships are available. **Full tuition and travel scholarships for academic faculty** in underdeveloped countries of the world are also available (see end of newsletter).

For more information, go to:

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

RESOURCES

Books

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

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

Religion and Recovery from PTSD

(Jessica Kingsley publishers, December 19, 2019)

From the publisher: "This volume focuses on the role that religion and spirituality can play in recovery from post-traumatic stress disorder (PTSD) and other forms of trauma, including moral injury. Religious texts, from the Bible to Buddhist scriptures, have always contained passages that focus on helping those who have experienced the trauma of war. Many religions have developed psychological, social, behavioral, and spiritual ways of coping and healing that can work in tandem with clinical treatments today in assisting recovery from PTSD and moral injury.

In this book the authors review and discuss systematic research into how religion helps people cope with severe trauma, including

trauma caused by natural disasters, intentional interpersonal violence, or combat experiences during war. They delve into the impact that spirituality has in both the development of and recovery from PTSD. Beyond reviewing research, they also use case vignettes throughout to illustrate the very human story of recovery from PTSD, and how religious or spiritual beliefs can both help or hinder depending on circumstance. A vital work for any mental health or religious professionals who seek to help people dealing with severe trauma and loss." Available for \$29.95 at <https://www.amazon.com/Religion-Recovery-PTSD-Harold-Koenig/dp/1785928228/>.

Religion and Mental Health: Research and Clinical Applications

(Academic Press, 2018) (Elsevier)

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

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

(Amazon: CreateSpace Publishing Platform, 2018)

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

Protestant Christianity and Mental Health: Beliefs, Research and Applications

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

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

Catholic Christianity and Mental Health: Beliefs, Research and Applications

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

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

Islam and Mental Health: Beliefs, Research and Applications

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

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

Hinduism and Mental Health: Beliefs, Research and Applications

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

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

Judaism and Mental Health: Beliefs, Research and Applications

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

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

Buddhism and Mental Health: Beliefs, Research and Applications

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

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

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

(Templeton Press, 2011)

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

Other Resources

CME/CE Videos (Integrating Spirituality into Patient Care)

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

TRAINING OPPORTUNITIES

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

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

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

Certificate in Theology and Healthcare

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

FUNDING OPPORTUNITIES

Templeton Foundation Online Funding Inquiry

The John Templeton Foundation is now accepting new Online Funding Inquiries (OFIs; essentially letters of intent) through their funding portal. The next deadline for Small Grant requests

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

2020 CSTH CALENDAR OF EVENTS...

May

All meetings postponed temporarily due to COVID-19 pandemic

June

All meetings postponed temporarily due to COVID-19 pandemic

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

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