

CROSSROADS...

Exploring research on religion, spirituality and 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 October 2019) go to: <http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

LATEST RESEARCH

Religiosity, Spirituality and Recidivism in Prisoners

Researchers at Rutgers University and the Oregon Department of Corrections conducted an 8-year prospective study of 571 offenders who had been in prison for at least one year, examining the impact of religiosity/spirituality on recidivism (likelihood of being re-incarcerated after release from prison). Participants were serving time in prisons of the Oregon Department of Corrections (83% white, 50% Christian Protestant). At baseline, participants were asked to self categorize themselves as both spiritual and religious, spiritual but not religious, religious but not spiritual, and neither religious nor spiritual. In addition to religious affiliation, participants were also asked if they grew up in a religious family setting. Researchers asked about whether prisoners attended a humanist, spiritual, and religious (HSR) services program during their prison state. Finally religious orientation was assessed by the 20-item age Universal Religious Orientation Scale (Gorsuch), which measures intrinsic and extrinsic religiosity. Regression models controlled for religious variables, severity of infraction, recidivism risk, time served, type of offense, gender and race.

Results indicated that those who said they were spiritual *but not religious* were over twice as likely to be re-incarcerated during the follow-up period compared to those who were *both spiritual and religious*. In addition, those who attended the monthly HSR program were significantly less likely to be re-incarcerated (OR=0.94, $p<0.05$). Finally, those who scored higher on intrinsic religiosity were less likely to be imprisoned after release (OR=0.95, $p<0.01$). The difference in re-incarceration rates between those who were spiritual but not religious and those who were both spiritual and religious was due to participation in the HSR program (19% of the total effect) and greater intrinsic religiosity (37% of the total effect). Researchers concluded: "the results highlight the importance of ensuring support for persons in prison in the process of making meaning, in addition to supporting the work of prison chaplains and religious volunteers in prison."

Citation: Stansfield, R., O'Connor, T., & Duncan, J. (2019). Religious identity and the long-term effects of religious

involvement, orientation, and coping in prison. *Criminal Justice and Behavior*, 46(2), 337-354.

Comment: This is a large prospective study of the effects of religiosity (and participation in a HSR program) on recidivism with careful control for other factors influencing criminal behavior in an adult prison population. One of the best studies of its kind.

Religiosity, Crime and Drug Use in Juvenile Offenders

Sung Joon Jang at Institute for Studies of Religion at Baylor University analyzed 11-wave panel data from a 10-year prospective study of 1,289 delinquent youth (ages 14-17) from juvenile and adult court systems in Arizona and Pennsylvania. Religiosity was assessed at baseline by frequency of religious attendance (objective religiosity) and several questions asking "How important has religion been in your life?"; "I experience God's love and caring on a regular basis"; "I experience a close personal relationship with God"; and "Religion helps me to deal with my problems" (subjective religiosity). Outcome variables included "aggressive and income offending" (non-drug offending) and marijuana use and binge drinking (drug offending). Also measured were psychosocial correlates, including moral disengagement, legal cynicism, impulse control, suppression of aggression, time spent in the community (vs. in police or correctional custody), and sociodemographic characteristics (gender, race, age, social class, and family structure). Latent growth curve modeling was used to analyze the data. **Results:** With regard to non-drug offending, after control for sociodemographic variables, increases in *subjective religiosity* predicted a slower increase in offending (i.e., deceleration of offending) or a faster decline in offending (i.e., desistance); similar effects were not present for objective religiosity. Increases in both objective and subjective religiosity, however, significantly predicted cessation or reduction of marijuana use over time ($b=-.368$, $p<0.05$, and $b=-.209$, $p<0.05$, respectively). These effects were explained by religious youth being less likely to morally disengage, demonstrate legal cynicism, and be aggressive, and were more likely to increase in impulse control. The researcher concluded: "This study provides evidence that religiosity and crime/drug use tend to be inversely related when their rates of change over an extended period of time, as well as levels or changes between discrete points of time, are examined."

Citation: Jang, S. J. (2019). Religiosity, crime, and drug use among juvenile offenders: A latent growth modeling approach. *Journal of Quantitative Criminology*, 35(1), 27-60.

Comment: This is a relatively long term prospective study of a large sample of delinquent youth examining the effects of religiosity on changes in criminal behavior and drug use over time using sophisticated analyses. The findings are interesting and important.

Income, Health, Religiosity, and Life Satisfaction around the World

Investigators from the Department of Economics, School of Business, Monash University, Selangor, Malaysia, analyzed individual-level and country-level cross-sectional data from Wave 6

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of the World Values Survey, which collected information on more than 1000 respondents from each of 55 countries between 2010 and 2014. The purpose was to re-examine the question of whether the rich are happier than the poor, and whether those who strongly believe in God are happier than nonbelievers. Previous research (Plouffe & Tremblay, 2017; indicated as PT from here on) had shown that more religious nations are less happy on average, and did not find a link at the national level between income and self-reported life satisfaction. The current investigators re-examined these questions, but with a better variable for income at the national level (i.e., GDP), a measure of self-rated health (SRH) at the individual level, and a different statistical approach which utilized a different coefficient for each country for relative income, religiosity, and SRH. Religiosity was assessed by a single question: "How important is God in your life?" (1=not at all important, 10= very important). Individual level income was assessed by a single question: "Rate your household income on a scale of 1 (lowest decile) to 10 (highest decile) applicable to your country." Also assessed and controlled for were gender, age, and education. In a national level statistical model, investigators replicated and re-estimated PT's model by using a standard measure for national income (GDP per capita after correction for purchasing power parity). In their multi-level model (both individual and national level), investigators included individual religiosity, income, gender, age, and education; two national-level variables (religiosity and national income); and a "stochastic intercept for each country," introducing the individual data country by country. In the final step, SRH was introduced into the models. **Results:** Country-level income (GDP per capita) and individual level income were both associated with greater life satisfaction; however, in poorer countries, having even a slightly greater income was associated with a much greater increase in life-satisfaction than being a little more prosperous in rich countries. Religiosity at the individual level was associated with significantly greater life satisfaction in 34 of 55 countries. The overall relationship ($b=0.070$, $p<0.001$, without controlling for SRH; $b=0.068$, $p<0.001$, after controlling for SRH), however, was not as strong as that between income and life satisfaction ($b=0.261$ and $b=0.223$, before and after controlling for SRH). SRH was strongly related to life satisfaction overall ($b=0.692$), especially in high income Western countries such as the United States, Germany, Australia, etc. Within most countries, those who were more religious on the individual level tended to report greater life satisfaction; at the national level, after correcting for GDP per capita, religiosity was not related to life satisfaction (in contrast to the report by PT who found that life satisfaction in more religious nations was lower on average than in less religious countries). Those with the lowest level of life satisfaction in most countries were poorer, less healthy, and reported God was not as important in their life.

Citation: Bomhoff, E. J., & Siah, A. K. L. (2019). The relationship between income, religiosity and health: Their effects on life satisfaction. *Personality and Individual Differences, 144*, 168-173.

Comment: In a large random sample of greater than 55,000 participants worldwide, these investigators found a strong relationship between income and life satisfaction, and between SRH and life satisfaction, and a less strong but significant relationship between religiosity and life satisfaction. Worldwide, then, the happiest people are those who are healthy, rich, and religious.

Religiosity, Perceived Religious Discrimination, and Life Satisfaction

Researchers in the department of sociology at McGill University, Montréal, Canada, analyzed data from the 2013 Statistics Canada General Social Survey ($n=21,890$) to examine the relationship between perceived religious discrimination, religiosity, and life satisfaction. Religious discrimination was assessed by a single question: "In the past five years, have you experienced

discrimination or been treated unfairly by others in Canada because of your religion?" Religiosity was assessed by three questions: "How important are your religious or spiritual beliefs to the way you live your life?"; "Not counting events such as weddings or funerals, during the past 12 months how often did you participate in religious activities or attend religious services or meetings?"; and "In the past 12 months, how often did you engage in religious or spiritual activities on your own, including prayer, meditation and other forms of worship taking place at home or in any other location?" Life satisfaction was assessed by a single question with a range from 0 to 10. Control variables included age, gender, marital status, education, household income, employment status, immigration status, social capital, and self-reported health. Ordinary least squares regression was used to examine correlates of life satisfaction. **Results:** Overall, 5.8% indicated experiencing religious discrimination in the past five years; however, this percentage varied by religious group: 24.8% among the 212 Sikhs, 22.1% among the 251 Jews, and 21.4% among the 1,074 Muslims. Regression analyses indicated that religious discrimination was inversely related to life satisfaction ($b=-0.39$, $p<0.001$), whereas religiosity was positively related to life satisfaction ($b=0.11$, $p<0.001$). There was also a significant interaction between perceived religious discrimination and religiosity in their effects on life satisfaction ($b=0.37$, $p<0.001$). The relationship between religiosity and life satisfaction was particularly strong among those who had experienced religious discrimination compared to in those who had not. The interaction effect was particularly strong in Protestants and Eastern Orthodox Christians. In the full model, higher religiosity was associated with greater life satisfaction in all religious groups except Buddhists ($n=333$). Religiosity was especially associated with greater life satisfaction in Eastern Orthodox, Muslims, Hindus, and Sikhs. *Citation:* Vang, Z. M., Hou, F., & Elder, K. (2019). Perceived religious discrimination, religiosity, and life satisfaction. *Journal of Happiness Studies, 20*(6), 1913-1932.

Comment: In this large random sample of adult Canadians, perceptions of religious discrimination and religiosity were related to life satisfaction in opposite ways. In all religious groups (except Buddhists), religiosity was related to greater life satisfaction, even after controlling for many other characteristics known to be associated with life satisfaction.

Religious Involvement, Life Satisfaction, and Mental Health in South Korea

Investigators at the College of Business, Hankuk University in Seoul, Korea, surveyed 470 Koreans ages 17 to 55 (mean 22.7 years), with the goal of assessing the relationship between religious involvement, spiritual well-being, life satisfaction, and mental health. Religious involvement was assessed by frequency of religious attendance, frequency of private prayer, perceived religiousness, positive congregational support, and negative congregational interaction. Spiritual well-being was assessed by the Spiritual Well-Being Scale (which measures religious well-being and existential well-being). Life satisfaction was measured by the 6-item Brief Multidimensional Life Satisfaction Scale. Mental health was assessed by the Meaning in Life Questionnaire; depression by the 20-item CES-D; and self-esteem by the 10-item Rosenberg Self-Esteem Scale. Controlled for in analyses were age, gender, marital status, education, and perceived poverty.

Results: Regression models indicated that frequency of religious attendance was associated with significantly greater life satisfaction, meaning in life, and self-esteem, and lower depression. Frequency of prayer was associated with significantly greater life satisfaction and was inversely related to depression. Perceived religiousness was related to greater life satisfaction, meaning in life, and self-esteem, and was negatively related to depression. Positive religious support was associated with greater life satisfaction and self-esteem, and less depression. Negative

congregational support, however, was related to significantly less spiritual well-being, lower life satisfaction, lower self-esteem, and greater depression.

Citation: You, S., Yoo, J. E., & Koh, Y. (2019). Religious practices and mental health outcomes among Korean adults. *Personality and Individual Differences*, 142, 7-12.

Comment: This study is of interest because of the wide range of religious indicators and mental health outcomes assessed in this South Korean population, and the consistent finding of greater life satisfaction and better mental health among those who were more religiously active (both publicly and privately). Negative interactions with church members was quite consistently related to worse life satisfaction and poorer mental health, which is also notable.

Religiosity, Personality, Social Anxiety, and Anger in Mormons

Researchers from the department of counseling psychology at Brigham Young University examined the association between religious commitment, the Big-5 personality traits, social anxiety, and anger in 110 members of the LDS church (average age 22). Religious commitment was assessed with the 10-item Religious Commitment Inventory (Worthington et al., 2003) which assesses two types of religious commitment: intrapersonal (RCI-INTRA; cognitive focus) and interpersonal (RCI-INTER; behavioral focus). Personality traits were assessed with the Big Five Inventory-44 (extraversion, agreeableness, conscientiousness, neuroticism, openness). Social anxiety was assessed with the 19-Item Social Interaction Anxiety Scale. Anger was measured by the 21-item Clinical Anger Scale. **Results:** Bivariate analyses indicated that both RCI-INTRA and RCI-INTER were positively related to agreeableness and conscientiousness, and were inversely related to neuroticism; no relationship was found with extraversion or openness to new experiences. RCI was also significantly and inversely related to social anxiety and anger. Mediation analysis revealed that agreeableness mediated the relationship between religious commitment and lower anger, whereas extraversion moderated the relationship between religious commitment and social anxiety. Those who scored high on both religious commitment and extraversion were especially *less likely* to experience social anxiety.

Citation: Allen, G. K., Hafoka, O., & Fischer, L. (2019). Examining religious commitment, personality, and well-being among Latter-day Saints. *Journal of Religion & Spirituality in Social Work*, E-pub ahead of press.

Comment: This relatively small cross-sectional study examines the relationship between religious commitment and personality traits, along with social anxiety and anger, in a Mormon population. This is one of the few studies that have examined religious commitment and this particular combination of psychological traits and symptoms in Mormons, and so is worth knowing about.

Religion/Spirituality and Mental Health in Crohn's Disease

Investigators in the division of gastroenterology, department of medicine, at the Federal University Hospital of Juiz de Fora, Brazil, examined the relationship between R/S and various mental health states in 102 patients with active Crohn's disease. Religiosity was assessed by the 5-item DUREL (organizational, organizational, intrinsic religiosity) and the 14-item Brief RCOPE (negative and positive religious coping), and spirituality was measured by the 6-item Spirituality Self Rating Scale (SSRS). Mental health outcomes were quality of life (32-item disease specific Inflammatory Bowel Disease Questionnaire) and depression and anxiety (14-item Hospital Anxiety and Depression Scale). The severity of Crohn's disease was assessed with the Harvey-Bradshaw Inventory. Also asked about were gender, smoking,

and years with the disease, which were controlled for using hierarchical linear regression. **Results:** After controlling for gender, smoking status, years with disease, and severity of Crohn's disease, no significant relationships were found between R/S variables and disease specific QOL, except for negative religious coping, which was inversely related ($b=-0.23$, $p<0.01$) to QOL. Likewise, no significant relationships were found between R/S variables and depression/anxiety symptoms, except for negative religious coping, which was positively related ($b=0.260$, $p<0.01$) to depression/anxiety. Researchers concluded: "Positive coping and other religious/spiritual beliefs and behaviors were not associated with either QOL or mental health."

Citation: de Campos, R. J. D. S., Lucchetti, G., Lucchetti, A. L. G., da Rocha Ribeiro, T. C., Chebli, L. A., Malaguti, C., ... & Chebli, J. M. F. (2019). The impact of spirituality and religiosity on mental health and quality of life of patients with active Crohn's Disease. *Journal of Religion and Health*, E-pub ahead of press.

Comment: Although quite a small study with limited power and cross-sectional in design, there are few if any studies that have examined the relationship between R/S and mental health in this patient population (Crohn's Disease), and therefore the study is worth noting. Also, the 6-item SSRS is nice short measure of spirituality and is not contaminated with mental health indicators [see Galanter et al. (2007). Assessment of spirituality and its relevance to addiction treatment. *Journal of Substance Abuse Treatment*, 33(3), 257-264].

Religiosity/Spirituality and Postpartum Depression

Investigators in the department of psychiatry at the University of Michigan examined the impact of religion/spirituality (R/S) on depression and quality of life among 108 women in Michigan. R/S was assessed at 6 months postpartum (T1), whereas depression and quality of life were assessed at 12 months (T2) and 15 months postpartum (T3). R/S was measured by the Fetzer Institute's Brief Multidimensional Measure of Religiousness and Spirituality, specifically the following subscales: 6-item Daily Spiritual Experiences, 2-item meaning in life, 3-item forgiveness, 5-item private religious practices, 7-item religious and spiritual coping, and 2-item public religious practices. The 28-item Childhood Trauma Questionnaire assessed mothers' history of childhood trauma at 4 months postpartum (T0). The two primary outcomes were depressive symptoms (assessed by the 35-item Postpartum Depression Screening Scale) and quality of life (by the 9-item Maternal Quality of Life Index) assessed at T2 and T3. Demographic control variables included current living situation, race, work, relationship status, education, and maternal age, which were combined to form a demographic risk score. Regression analyses were used to control for demographic risk. All R/S variables were included in the same model when examining predictors of depression and quality of life. **Results:** In bivariate analyses, only the forgiveness subscale (of all R/S variables) was inversely related to childhood trauma severity (where forgiveness was measured by the following 3 questions: "Because of my religious or spiritual beliefs, (1) I have forgiven myself for things that I have done wrong, (2) I have forgiven those who hurt me, and (3) I know that God forgives me"). Regression analyses also indicated that only forgiveness (T1) was related to depressive symptoms at 12 (T2) and 15 (T3) months postpartum ($b=-0.40$ and -0.34 , both $p<0.05$); likewise, forgiveness was the only R/S variable related to greater QOL at 12 and 15 months postpartum ($b=0.40$, $p<0.01$, and $b=0.36$, $p<0.05$). Public religious practices (T1) were related to worse QOL at 12 mo (T2) ($b=-0.28$, $p<0.05$) but not at 15 mo (T3) ($b=-0.15$, $p=ns$) postpartum; note, however, this finding is from a regression model that included all religious variables (including forgiveness). When the 3 forgiveness questions were examined separately in regression models, forgiveness of self and forgiveness of others (but not forgiveness by God) was related to less depression and greater QOL.

Researchers concluded: "Our findings suggest that forgiveness, especially to self and to others, in women who have been physically and mentally hurt as children may be associated with mental wellness and quality of life in the late postpartum period." *Citation:* Handelzalts, J. E., Stringer, M. K., Menke, R. A., & Muzik, M. (2019). The association of religion and spirituality with postpartum mental health in women with childhood maltreatment histories. *Journal of Child and Family Studies*, 1-12.

Comment: The researchers' conclusions are not entirely accurate. First, the sample was not "women who have been physically and mentally hurt as children" (i.e., not all participants experienced childhood abuse or neglect). Second, it wasn't simply "forgiveness" of self and others that predicted less depression and greater quality of life, but rather forgiveness "because of my religious or spiritual beliefs" (thus, it was forgiveness driven by R/S beliefs). Third, including all R/S measures in the same model is why public religious activities were associated with less quality of life at 12 months postpartum, since that finding emerges only after controlling for forgiveness and other R/S variables. Finally, depression or quality of life at T1 were not controlled for in regression models, thus making it impossible to say whether forgiveness actually led to a change in depression or QOL over time. This study is important, though, because it is one of the few that have examined the relationship between R/S and postpartum mood states in young women.

Protective Role of Religiosity Across the Generations

In this article, researchers in the department of psychiatry at Columbia University (New York City) review their research conducted over the past 3-4 decades examining the impact of religiosity/spirituality (R/S) on the children and grandchildren of those with a history of major depression (i.e., high-risk families) and those without such a history (low-risk families). Participants were assessed at baseline (early 1980's) and 2, 10, 20, 25, 30 and 35 year follow-up (there are approximately 282 individuals now being studied). As the technology became available, investigators have included measures of electrophysiology and magnetic resonance imaging to examine whether and how R/S affects risk of developing depression. Measures of religious denomination, personal R/S importance, and frequency of religious attendance were included at the 10-year follow-up and every subsequent wave of data collection, with a more extensive R/S profile acquired at the year 35 follow-up (i.e., R/S commitment, contemplative practice, sense of interconnectedness, experience of love, and altruistic engagement). Over the years these investigators have acquired detailed measures of depressive symptoms and disorder, negative life events, suicidal behavior, neurobiological functioning, both structural and functional brain activity (structural and functional MRI), electroencephalography (EEG), and diffusion tensor brain imaging (DTI). Current and future research plans are also discussed in this relatively brief article that reviews the amazing work of this team, which includes psychologist Lisa Miller and psychiatrist Myrna Weissman (an epidemiologist and research leader in the field of psychiatry for nearly half a century).

Citation: Svob, C., & Weissman, M. M. (2019). The role of religiosity in families at high-risk for depression. *Ethics, Medicine and Public Health*, 9, 1-6.

Comment: This is a nice overview of this group's accomplishments, which have included some of the most important findings in the field of religion and mental health.

Effectiveness of Integrating Patients' Religious Beliefs in Psychotherapy

Investigators from the department of psychology at the University of North Texas and other academic institutions conducted a meta-analysis of 102 independent samples from 97 separate

randomized controlled trials involving 7,181 participants to examine the efficacy of religious/spiritual (R/S) accommodative psychotherapy. Of the 7,181 participants, 3,495 received R/S interventions, 1,634 received alternative interventions, and 2,052 were in no-treatment control groups. The 97 studies included an assessment of Christian-integrated psychotherapy (n=28), Muslim-integrated psychotherapy (n=18), and general spiritually-integrated psychotherapy (n=51). The format of treatment was individual (one-on-one) psychotherapy (n=38), group psychotherapy (n=57), both individual and group (n=2), and couples/family therapy (n=4). Types of psychotherapies examined were cognitive-behavioral therapy (CBT; n=33), existential and/or narrative (n=7) therapy, general psychospiritual therapy (n=33), mind-body therapy (n=17), REACH directed at forgiveness (n=4), and supportive and/or pastoral therapy (n=8). Average follow-up time after the conclusion of treatment was 3.1 months. Participants had primary mental disorder (e.g., depression, anxiety, PTSD; k=50 samples), symptoms of psychological distress or spiritual well-being in the setting of a medical condition (e.g., cancer, HIV; k=29 samples), or other life challenges (e.g., couples conflicts, spiritual problems, unforgiveness; k=23 samples). In terms of the size of the overall effect across studies, a Hedge's g of 0.20 is considered small, g=0.50 is considered medium, and g=0.80 or greater is considered large. **Results:** Those receiving R/S psychotherapies demonstrated greater improvement in psychological symptoms compared to untreated controls (g=0.74, p<0.0001, at the end of treatment; g=0.81, p<0.0001, at follow-up; k=45 samples from 44 studies). When R/S-integrated therapies were compared to any alternative form of secular psychotherapy as the control group, the former also outperformed the latter on psychological outcomes (g=0.33, p<0.001, at the end of treatment; g=0.33, p=0.007, at follow-up; k=43 samples from 40 studies). Finally, when R/S psychotherapies were compared to other proven secular psychotherapies using the same approach (i.e., "additive design" or "dismantling design"), the most stringent test, the benefit of R/S psychotherapies over standard secular therapy did not reach statistical significance (g=0.13, p=0.258, at the end of treatment; g=0.22, p=0.062, at follow-up; k=24 samples from 23 studies). For this most stringent of comparisons, however, R/S psychotherapies outperformed secular therapies on spiritual outcomes (g=0.34, p<0.000, at the end of treatment; g=0.33, p=0.037, on follow-up). Researchers concluded: "These meta-analytic results provide substantial empirical support for incorporating R/S into psychological treatment."

Citation: Captari, L. E., Hook, J. N., Hoyt, W., Davis, D. E., McElroy-Heltzel, S. E., & Worthington Jr, E. L. (2018). Integrating clients' religion and spirituality within psychotherapy: A comprehensive meta-analysis. *Journal of Clinical Psychology*, 74(11), 1938-1951.

Comment: We missed this study when it came out in late 2018; however, because of its importance, we review it here. This study answers the basic question of whether religiously/spiritually integrated psychotherapies are effective in the treatment of mental disorders and emotional distress. These are indeed evidence-based treatments. During the 7 years since completion of the first large meta-analysis of R/S psychotherapies conducted by Worthington et al. (2011), the number of such studies has more than doubled in size (from 42 to 97 studies), indicating that more and more attention is being paid to R/S-integrated therapies.

Neuropeptide Y and Religious Commitment in Women

Investigators at Aarhus University in Denmark examined the relationship between religious commitment, neuropeptide Y, and oxytocin in 60 healthy young women (average age 21). Religious commitment was assessed by Worthington's 10-item Religious Commitment Inventory. Neuropeptide Y, oxytocin, stress and sex hormones were obtained from peripheral blood samples and

assessed by radioimmunoassay and enzyme-linked immunosorbent assay. Neuropeptide Y produced in the brain is known to reducing anxiety and stress, reduce pain perception, affect circadian rhythm, lower blood pressure, and control epileptic seizures.

Study details are lacking since only the abstract was available. Oxytocin is the “affiliative hormone” or “love hormone” that causes people to bond with each other. **Results:** A significant positive correlation was found between religious commitment and neuropeptide Y, although no such association was found with oxytocin in this study.

Citation: Tønnesen, M. T., Miani, A., Pedersen, A. S., Mitkidis, P., Zak, P. J., & Winterdahl, M. (2019). Neuropeptide Y and religious commitment in healthy young women. *Acta Neuropsychiatrica*, 31(2), 106-112.

Comment: Given that there are so few studies examining the relationship between religious commitment (assessed using a solid measure of this construct), affiliative, and stress-related hormones, this is an important one to know about.

NEWS

National Australian Award for Research in Moral Injury

Congratulations to Dr. Lindsay Carey (La Trobe University, Melbourne, Australia) and Rev'd. Timothy Hodgson (University of Queensland, Australia) who were co-honored with the 'Sir Edward Weary Dunlop Award 2019' by the Australian Military Medical Association (AMMA) for original research into moral injury and veterans' health. The Weary Dunlop Award is the highest level honor allocated by the AMMA Scientific Committee for the best original Australian research presented at the AMMA National Conference. Lindsay and Tim's moral injury exploratory research has progressively been presented at a number of significant occasions including the Australian Government's Parliamentary Senate Hearings concerning Australian military personnel (2015), then the Australian Spiritual Care Australia (SCA) Conference (Melbourne, 2016), the Royal Australian Air Force National Chaplains Conference (Melbourne, 2018), the Australasian Conference on Traumatic Stress (ACOTS, Sydney, 2019), and then the AMMA conference (Adelaide, 2019) - resulting in the Weary Dunlop Award 2019. This is the second national award or recognition that Lindsay has received this year. He was also recognized in 'The Australian Research Magazine' for 2018 and 2019 as one of Australia's 'National Field Leaders in Humanities, Arts and Literature' for his research into 'Religion and Health'. Lindsay has been an Honorary Research Scholar with Duke University's 'Centre for Spirituality, Theology, and Health' since 2010. If you would like to read something of the back-ground to Lindsay's and Timothy's research you can freely access the following article: Carey, L.B., Hodgson, T.J. (2018). Chaplaincy, spiritual care and moral injury: Considerations about screening and treatment. *Frontiers in Psychiatry* 9 (619), p. 1-10. <https://doi.org/10.3389/fpsy.2018.00619>

SPECIAL EVENTS

48th Annual Medicine and Ministry of the Whole Person

(Kanuga Conference Center, Hendersonville, NC, November 8-10, 2019)

Health professionals, clergy, and psychologists are welcome to attend this year's conference where keynote speaker Brian D. McLaren will be presenting on the topic: Our Common History Re-examined: Searching for a New Story. A former English teacher and pastor, Brian McLaren is a passionate advocate for a “new

kind of Christianity”—just, generous, and working with people of all faiths for the common good. For more information go to <http://www.medicineandministry.org/>.

4th International Congress on Spirituality and Psychiatry

(organized by the World Psychiatric Association Section on Religion, Spirituality and Psychiatry) (Jerusalem, Israel, December 1-4, 2019)

Spirituality/religion (S/R) is relevant to most of human beings, 84% of the world's population reports a religious affiliation. Systematic reviews of the academic literature have identified literally thousands of empirical studies showing the relationship (usually positive but also negative) between S/R and health. However, there has been world wide a huge gap between knowledge available about the impact of S/R on health and the translation of this knowledge to the actual clinical practice and public health policies. Given this, the World Psychiatric Association recently published a Position Statement on Spirituality and Religion in Psychiatry emphasizing the importance of integrating S/R in clinical practice, research and education in psychiatry. This congress will focus on practical implications, on how to sensibly and effectively integrate S/R into mental health care and public policies. For more information, go to www.rsp2019.org.

2020 Conference on Religion and Medicine

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

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

7th European Conference on Religion, Spirituality and Health

(Lisbon, Portugal, May 28-30, 2020)

The 2020 European Conference will focus on “Aging, Health and Spirituality.” There will also be a 4-day pre-conference spirituality and health research workshop on May 24-27 with Dr. Harold G. Koenig from the U.S. and a number of presenters from Europe. For more information, go to: <http://ecrsh.eu/ecrsh-2020>.

RESOURCES

Books

Sport, Psychology and Christianity: Welfare Performance and Consultancy (Routledge, 2019)

From the publisher: “The majority of sport psychology research to date has been underpinned and driven by a secular perspective. There is an urgent need for sport psychologists to better understand the relevance of Christian faith in athletes' sporting experiences and day-to-day lives in order to improve their performance and well-being. *Sport, Psychology and Christianity* is the first book to consider the relationship between sport psychology provision and Christianity from a welfare and performance perspective. Bringing together contributions from leading scholars in the field, the book includes chapters on: The

role of faith in sport injury rehabilitation; Christian belief and resilience during injury; The pitfalls of perfectionism in sport; Collaboration between sport psychologist and club chaplain; Ethical considerations when working with spiritual athletes; Reflective practice in sport psychology consultancy. Offering a holistic approach to improving athlete welfare and performance where faith and spirituality are core tenets of well-being, this volume is a critical and timely resource for students, researchers and practitioners working in sport psychology; sport and spirituality; or religion, sports chaplaincy and allied roles and professions." Available for \$96.80 (used) at <https://www.amazon.com/Sport-Psychology-Christianity-Performance-Consultancy/dp/0815349106>.

Treating the Body in Medicine and Religion: Jewish, Christian, and Islamic Perspectives (Routledge, 2019)

From the publisher: "Modern medicine has produced many wonderful technological breakthroughs that have extended the limits of the frail human body. However, much of the focus of this medical research has been on the physical, often reducing the human being to a biological machine to be examined, understood, and controlled. This book begins by asking whether the modern medical milieu has overly objectified the body, unwittingly or not, and whether current studies in bioethics are up to the task of restoring a fuller understanding of the human person. In response, various authors here suggest that a more theological/religious approach would be helpful, or perhaps even necessary. Presenting specific perspectives from Judaism, Christianity and Islam, the book is divided into three parts: "Understanding the Body," "Respecting the Body," and "The Body at the End of Life." A panel of expert contributors—including philosophers, physicians, and theologians and scholars of religion— answer key questions such as: What is the relationship between body and soul? What are our obligations toward human bodies? How should medicine respond to suffering and death? The resulting text is an interdisciplinary treatise on how medicine can best function in our societies. Offering a new way to approach the medical humanities, this book will be of keen interest to any scholars with an interest in contemporary religious perspectives on medicine and the body." Available for \$97.70 at <https://www.amazon.com/Treating-Body-Medicine-Religion-Perspectives/dp/1138484857>.

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 \$69.87 at <https://www.amazon.com/Religion-Mental-Health-Research-Applications/dp/0128112824>.

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

(Amazon: CreateSpace Publishing Platform, 2018)

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

Protestant Christianity and Mental Health: Beliefs, Research and Applications

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

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

Catholic Christianity and Mental Health: Beliefs, Research and Applications

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

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

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

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

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

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

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

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

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

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

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

(Templeton Press, 2011)

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

Other Resources

CME/CE Videos (Integrating Spirituality into Patient Care)

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

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

Taxonomy of Religious Interventions

Researchers at Coventry University, England have begun an exciting new 2-year project, funded by the John Templeton Foundation, developing an internationally agreed classification defining, in their simplest form, religious components integrated into health interventions. This creates a foundational, shared language for researchers and practitioners to rigorously develop and evaluate religiously integrated health interventions. This addresses current challenges associated with replicating, implementing and synthesising findings associated with religious health interventions. To find out more and get involved in shaping this taxonomy visit ‘Religious Health Interventions in Behavioural Sciences’ (RHIBS) website <http://rhibs.coventry.ac.uk/> and subscribe to updates. Alternatively e-mail riya.patel@coventry.ac.uk or deborah.lycett@coventry.ac.uk.

PRIZES

2019-2020 Jean-Marc Fischer Prize

The Doctor Jean-Marc Fischer Foundation encourages reflection in the field of human, social and theological sciences. Three prizes will be awarded in this fourth contest, which welcomes submissions in French and English from around the world. Any professional in the field of health (doctor, psychologist, nurse, chaplain, etc.) can submit a dossier on the theme “Care and Spirituality”, as described below. Individuals wishing to enter the contest are requested to send to the Jean-Marc Fischer Foundation an application package specifying the prize category to which the work is submitted. 1) A Scientific Prize - CHF 3000, to reward a *scientific work* (clinical study, review of scientific literature) on the theme of the contest. 2) Special Jury Prize - CHF 2000, to reward a more personal work (dissertation, case study, reflection paper...) on the same theme; and 3) A Culture, Care and Spirituality Prize - CHF 2000, to reward a scientific work or a reflection paper on the theme of the contest associated with a cultural dimension (e.g., a study on a specific culture, a cross-cultural comparison, or a culture-specific treatment). Deadline March 31, 2020. For more information, go to: <https://fondationdocteurjmf.ch/concours/>.

TRAINING OPPORTUNITIES

Research Scholarships on Religion, Spirituality and Health

Thanks to support from the John Templeton Foundation, the Center for Spirituality, Theology and Health is offering twenty-seven \$3,000 scholarships to attend our 5-day Summer Research Workshop (see above) in the years 2020, 2021, and 2022. These scholarships will cover tuition, international travel, and living expenses. The scholarships 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, and portions of the Middle East, Central and East Asia. The scholarships will be highly competitive and awarded only 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.

Since the demand for such scholarships will likely far exceed availability, and we are now set up to evaluate potential scholarship recipients, we are hoping to identify individuals or foundations willing to support highly qualified third-world applicants who 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 rigorous competitive 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>.

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

2019 CSTH CALENDAR OF EVENTS...

November

- 19-21 **4th International Conference on Holy Prophet Muhammad's Tradition (Sireye Nabavi) in Medicine**
Speakers: Multiple, including Koenig (via video presentation)
Location: Shiraz University of Medical Sciences, Shiraz, Iran
Contact: Mahboobeh Davoodifar (mahboobeh.davoodifar@gmail.com)
- 20 **Wisely Responding to Pain: Insights from the Church Fathers and from Clinical Experience**
Speaker: Farr Curlin, M.D.
Josiah C Trent Professor of Medical Humanities, DUMC
Co-Director, Theology, Medicine, and Culture Initiative
Director, Arete Initiative, Duke University
Center for Aging, Learning Lab 1502, 1st floor, Duke South, Blue Zone, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

December

- 18 **Consilient Pain Management**
(linking together principles from different disciplines)
Speaker: Richard H. Cox, M.D., Ph.D., D.Min.
Center for Aging, Learning Lab 1502, 1st floor, Duke South, Blue Zone, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)