

CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health

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This newsletter provides updates on research, news and events related to spirituality and health, including educational resources and funding opportunities. **Please forward to colleagues or students who might benefit.** Our goal is to create a community of researchers, clinicians, clergy, and laypersons interested in spirituality and health and keep them informed and updated. An EVENTS CALENDAR concludes the newsletter and describes spirituality and health related presentations happening at Duke and around the world. This is your newsletter and **we depend on you to let us know about research, news, and events in this area.**

All e-newsletters are archived on our website. To view previous editions (July 2007 through October 2020) go to: <http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

LATEST RESEARCH

Religiosity and Activities Performed Together by Husbands and Wives

Researchers in the department of human development and family sciences at the University of Georgia analyzed 10-year prospective data on 371 middle-aged husbands and wives married for at least 17 years (and continuously married during the 10-year follow-up), examining the impact of couple religiosity on joint activities together, and vice versa. Couples were participating in the Iowa Midlife Transitions Project that involved rural families from eight counties in north central Iowa. Couple religiosity was assessed by frequency of attendance at religious services and importance of religious beliefs in day-to-day life. Husbands and wives were each asked to report levels of attendance and importance, and scores were combined to form a couple-level construct of couples' religiosity. Joint couple activities were measured by 8 items assessing amount of shared time/activities spent as couples: household chores, weekend trips without children, going on walks or bike rides, spending time on hobbies together, going camping, hiking, or fishing together, socializing with friends, working together in a family business, and going on date nights. Marital satisfaction was assessed by two items: "How happy are you, all things considered, with your marital relationship?" and "All in all, how satisfied are you with your marriage?" Data were analyzed using growth curve models, controlling for baseline marital satisfaction. **Results:** A bidirectional and positive relationship was found between couples' religiosity and joint activities. Greater religiosity at baseline and greater levels of joint activities at baseline produced strong cross-lagged effects, suggesting that these constructs mutually protected each other over time, becoming more tightly connected across later middle-age. In separate models, effects appeared stronger among wives than among husbands. Researchers concluded: "Results supported the expectation that couple religiosity would increase couples' engagement in joint activities over time for aging couples in enduring and stable marital relationships. Additionally, results supported the expectation that couples' joint activities would increase couples' religiosity over time."

Citation: King, V., Wickrama, K. A. S., & Beach, S. R. (2020). Religiosity and joint activities of husbands and wives in enduring marriages. *Psychology of Religion and Spirituality*, EPUB ahead of press

Comment: This relatively large 10-year prospective study of couples underscores the importance of both religiosity and participating in joint activities together in reinforcing each other in marriages that last.

Religiosity and Criminal Trajectories among Serious Adolescent Offenders

Researchers analyzed data from a 7-year longitudinal study of 1,354 serious adolescent offenders (ages 14-19) participating in the Pathways to Desistance Study in order to determine the effects of religiosity on later criminal behavior during young adulthood. Participants were enrolled from juvenile and adult court systems in Maricopa County, Phoenix, AZ, and Philadelphia County, PA. Participants were 41% black, 34% Hispanic, and 20% White. Religiosity was assessed by frequency of religious attendance, importance of religion, and three items assessing intrinsic religiosity (experience of God's love and caring, personal relationship with God, help with problems from religion) called "spirituality." Criminal behavior was assessed in terms of 24 different types of offenses during the seven-year study period, separated into "violent offending" and "income offending" categories. Baseline covariates included gender, race, site, family structure, socioeconomic status criminal history, and early onset behavioral problems such as cheating, disturbing class, being drunk/stone, stealing, and fighting. In addition, community involvement, school involvement, school attachment, mother-child relationship, and parental monitoring or among covariates controlled for in analyses. Time-varying covariates included age, educational achievement, school enrollment status, weeks employed, incarceration length, time supervised, romantic relationship status, parenthood status, moral disengagement, delinquency, and self-control. Group-based Trajectory Models were used to identify developmental trajectories of religiosity; unconditional linear and quadratic growth curve models were used to determine patterns of growth in violent and income offending; and multiple group growth curve models were used to examine predictors of change in crime across the waves of data, including trajectories of change in religiosity. Analyses were stratified by young (ages 14-16) and older cohorts (17-19). The comparison group was nonattenders for religious attendance and stable low for religious importance and intrinsic religiosity. **Results:** Results varied by cohort. Overall, however, trajectories of stable high or increasing religious attendance and importance were associated with less violent and income offenses, whereas intrinsic religiosity was associated with fewer violent offenses. Researchers concluded: "Losses in religiosity may associate with elevated risks of recidivism [criminal reoffending]. A small range of gains and losses in religiosity may increase the risk of recidivism, while maintaining high religiosity over time may result in a smaller growth change in recidivism."

Citation: Guo, S. (2020). Developmental patterns of religiosity in relation to criminal trajectories among serious offenders moving

EXPLORE...in this issue

1-4 LATEST RESEARCH

4-7 NEWS, EVENTS & RESOURCES

7-8 TRAINING, FUNDING Opportunities, and CALENDAR

from adolescence to young adult. [Crime & Delinquency](#), EPUB ahead of press

Comment: An important prospective study demonstrating the effects of religiosity and changes in religiosity over time on crime trajectories from adolescence to young adulthood. Although the statistical analyses are complex, this is a study well-worth reading.

Religiosity and Alcohol Use in U.S. Veterans with a History of Alcohol Use Disorder

Researchers from the department of psychiatry at Yale University analyzed data from the National Health and Resilience in Veterans Study (NHRVS) to examine the predictors of drinking characteristics among a US national sample of 1,282 veterans with a history of lifetime alcohol use disorder (AUD). Multinomial regression models were used to analyze the data. Unfortunately, only the abstract of the article was available for review. **Results:** Of the total sample (n=1,282), 48.2% were past-year subthreshold drinkers, 28.0% were abstinent, and 23.8% were hazardous drinkers. Abstinent veterans scored higher on religiosity than subthreshold drinkers and hazardous drinkers.

Citation: Stefanovics, E. A., Gavriel-Fried, B., Potenza, M. N., & Pietrzak, R. H. (2020). Current drinking patterns in US veterans with a lifetime history of alcohol use disorder: Results from the National Health and Resilience in Veterans Study. [American Journal of Drug and Alcohol Abuse](#), EPUB ahead of press

Comment: Persons with a past history of alcohol use disorder should probably not be drinking alcohol, since subthreshold drinkers are at substantial risk for becoming hazardous drinkers. This study suggests that religiosity may play a role in the prevention of hazardous drinking behaviors among US veterans with a history of AUD.

Which is More Important to Psychological Well-Being: Religion or Money? Or Both?

Investigators in the department of psychology at Purdue University and other universities in the US and China analyzed data collected during the World Values Surveys conducted in almost 100 countries over 30 years (n= 348,532, average age 41, 52% female). The purpose was to examine the relative effects of religiosity vs. individual income (and national GDP) on psychological well-being. Religiosity was assessed by *religious faith* (measured by the question "How important is God in your life? 1= not at all important; 10= very important) and by *religious practice* (measured by the question "Apart from weddings and funerals, about how often do you attend religious services these days?" 1=more than once a week, 8=practically never attend). Individual household income and national GDP were used to assess financial status. Subjective well-being (SWB), the dependent variable, was assessed by a summation of responses to three items: satisfaction with life, happiness, and subjective health. Controlled for in regression analyses were age, gender, education, and social class. **Results:** Religious faith and practice were both positively and significantly related to SWB in regression analyses (B=0.104, p<0.001, and B= 0.118, p<0.001, respectively). Income was also positively related to SWB (B=0.422, p<0.001). This means that both religious involvement and income were independently related to greater SWB. There was also a significant interaction between religious practice and individual income on SWB (B=-0.023, p<0.001), such that the effects of *religious practice* on SWB was less among people with higher income compared to those with lower income. The interaction between *religious faith* and income on SWB, however, was not significant (B=0.002, p=0.737). The same pattern was found when national GDP was substituted for individual income. Researchers concluded: "Results show that people's individual income and national GDP have significant moderating effects on the relationship between religious practice and SWB, but they had

no moderating effect on the association between religious faith and SWB, indicating wealth could be an alternative source of accumulating capital and social resources between religious practice and SWB."

Citation: Zheng, X., Song, M., & Chen, H. (2020). Could wealth make religiosity less needed for subjective well-being? A dual-path effect hypothesis of religious faith versus practice. [Frontiers in Psychology](#), EPUB ahead of press.

Comment: Although these analyses are cross-sectional, the worldwide nature, large random sample collected over 30 years, and careful control for covariates add to the credibility of the findings. Both religious involvement and higher income are positively associated with psychological well-being. The effect of attending religious services on well-being is lower among those who are wealthy, whereas wealth has no effect on the relationship between religious faith (importance of God in life) and well-being.

Religiosity and Investment Behavior

Researchers at the school of management at Lancaster University in the United Kingdom and other U.S. and U.K. universities analyzed data on 91,020 venture capital (VC) investments in the United States, examining the effect of religiosity on investment decisions. Three measures were utilized to assess VC firm investment risk: staging, syndication, and later stage of company development. Religiosity was assessed at the "county level" from data collected during surveys between 1980 and 2014 by the Association of Religion Data Archives (ARDA) based on total number of adherents to any recognized religious denomination by county population and by number of recognized denominations per 1000 population in each county. Control variables were VC firm (type of firm, size, age), portfolio company, and county characteristics (population size, age, employment, income, GDP, and education). **Results:** Venture capital investments in more religious areas were more likely to be involved in staging and syndication and more likely to be in later stages of portfolio development. Researchers concluded: "Taken together, our results suggest that VCs located in religious counties tend to be more risk averse."

Citation: Chircop, J., Johan, S., & Tarsalewska, M. (2020). Does religiosity influence venture capital investment decisions? [Journal of Corporate Finance](#), 62, EPUB ahead of press

Comment: Although not related to health per se, this study finds that at least at the population level (and thus subject to the ecological fallacy), religiosity is related to more conservative, less risky financial investments. This is consistent with research showing that religious individuals tend to be more conservative in nature.

Is Prayer Increasing during the Covid-19 Pandemic?

Jeanet Bentzen, an associate professor in the department of economics at the University of Copenhagen, conducted a daily Google search covering 95 countries (68% of the world population) to determine whether interest in prayer changed during the period from February 15 to April 1, 2020 (March 11 is when the World Health Organization declared COVID-19 a pandemic). The findings were compared to global weekly data on prayer searches from 2016 to 2020. The findings were examined for countries categorized into 14 world regions. **Results:** Search-shares for prayer rose around mid-March for most regions, with increases even in highly secular areas such as northern Europe (where there were few prayer searches prior to COVID-19). There were smaller increases in searches for prayer in Northern Africa, primarily due to high rates prior to COVID-19. However, the largest absolute increases occurred in South America and Africa, some of the most religious areas in the world. When examining characteristics of those who prayed based on country religious characteristics using regression modeling, the author found that prayer search shares rose more in religious countries, particularly countries with higher

levels of prayer, church attendance, and percentage of the population indicating that God was important in their lives in 2019. The author notes that these findings are consistent with increases in religiosity in countries experiencing earthquakes based on previous research. In the present study, the author also notes that prayer search increased significantly more for Christian (particularly Catholic) and Muslim countries, but less so for Hindus and Buddhists. Prayer shares increased in all countries, regardless of economic status. In terms of absolute numbers, the author estimates that more than 50% of the world's population has prayed to end the COVID-19 pandemic. The author concludes: "Google searches on prayer provides a measure of the intensity of prayer in real time. In March 2020, Google searches for prayer rose to the highest level ever recorded."

Citation: Bentzen, J. (2020). In crisis, we pray: Religiosity and the COVID-19 pandemic. *Social Science Research Network (SSRN)*, Epub ahead of press

(https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3615587)

Comment: This study documents the change in religious activity (particularly prayer) in response to stressful life circumstances, even among those individuals (or countries) characterized by low religious involvement. As the old saying goes, "There are no atheists in foxholes."

Are Religious Professionals in Asian Countries Less Susceptible to COVID-19?

Investigators in the department of environmental health at Harvard University analyzed data on 2,002 officially confirmed COVID-19 cases in Hong Kong, Japan, Singapore, Taiwan, Thailand, and Vietnam. Of those, 1,312 were imported cases (excluded) and 690 were locally transmitted cases. Of the locally transmitted cases, 103 were possible work-related cases, which comprise the sample for this report. Of these 103 cases, 37 had clear close contact with a confirmed case due to work, whereas 66 were infected from an unknown source with no apparent contact history but likely infected in their work environment. **Results:** When broken down by occupation, 23% were healthcare professionals; 15% were car, taxi or van drivers; 14% were either shop salespersons or domestic housekeepers, and 6% were religious professionals. Those infected in occupations less often than religious professionals were construction workers (5%), travel attendants, conductors and guides (5%), police officers (3%), and firefighters (2%). Early and late transmission were also examined, where early transmission occurred within the first 10 days from when the first locally transmitted case was reported, and late transmission from the 11th to the 40th day of the study period. Religious professionals were equally represented among those infected during the early period and later period. Unfortunately, no information was provided on the total number in each profession out of which the cases came, so that rates of infection could be calculated.

Citation: Lan, F. Y., Wei, C. F., Hsu, Y. T., Christiani, D. C., & Kales, S. N. (2020). Work-related COVID-19 transmission in six Asian countries/areas: A follow-up study. *PLoS One*, 15(5), e0233588.

Comment: Although this study doesn't tell us much about how susceptible religious professionals in Asia are to the coronavirus (due to lack of a denominator in this study), it appears that healthcare professionals, taxi drivers, and salespersons may be at greater risk. However, admittedly, the data available do not strongly support that conclusion, and further studies are needed particularly in Western countries. Also helpful in future studies would be if investigators specified the religion of the religious professional.

The Turkish Response to the COVID-19 Pandemic

The author, who directs social media for the journal *Medical Anthropology* and is also a Volkswagen Foundation postdoctoral fellow at the University of Gottingen, Germany, discusses how

religion and politics have influenced the response to COVID-19 in the Islamic nation of Turkey. He notes that mosques are heavily funded under the current Justice and Development Party government in Turkey "to further the Turkish President's imaginary of a pious generation." He describes the Directorate of Religious Affairs (Diyanet) response to the pandemic (the Diyanet is the country's highest authority for regulating matters related to Islamic practices). The Diyanet's first response was to encourage individuals not to attend mosque if they had flu-like symptoms (March 13). However, it took three days later before the suspended mosque prayers entirely, after learning that those infected by the coronavirus could be asymptomatic. Thousands, however, had already attended mosque during those three days. He emphasized that Muslims believe that while God is the provider of life, he expects humans to sustain that life through their intellect and science, and that not only are individuals responsible for their own health, but should not put others in harm's way. Politics, however, can complicate government directives in this regard, where there is little "church-state separation." The author concludes with the statement: "...the responses of religious authorities like the Diyanet have to be considered under a critical light – not as evidence of the rigid boundaries of a religious system, but a testimony to the political nature of such conversations."

Citation: Alyanak, O. (2020). Faith, politics and the COVID-19 pandemic: the Turkish response. *Medical Anthropology*, 1-2.

Comment: An interesting commentary by a young Turkish academic regarding government directives concerning religion to control the COVID-19 pandemic.

Religiosity and Mental Health in Patients Undergoing Major Lower Limb Amputation in Malaysia

Investigators in the department of orthopedics at the International Islamic University in Malaysia analyzed data on 50 patients who had undergone lower limb amputation above or below the knee in the past two years. The purpose was to examine the cross-sectional relationship between religiosity and depression, anxiety, stress, and self-esteem. Religiosity was assessed using the 5-item DUREL (which measures organizational, non-organizational, and intrinsic religiosity; ORA, NORA, and IR, respectively). Depression, anxiety, and stress were assessed by the 21-item DASS scale, and self-esteem by the 10-item Rosenberg self-esteem scale. Given the small sample size, no control variables were included in statistical analyses. **Results:** Over 90% of participants had lower limb amputations due to diabetic foot ulcers, and 70% lived on a household income of less than \$723 per year (3,000 RM). Among participants, 54% scored above the threshold for significant anxiety, 38% for depression, 18% for stress, and 18% for low self-esteem. Level of intrinsic religiosity (IR) was inversely related to depressive symptoms ($p=0.001$) and to anxiety symptoms ($p=0.01$), and there was a trend towards lower anxiety among those attending religious services more frequently (ORA) ($p=0.06$). Religious measures were unrelated to stress level or self-esteem. Researchers concluded: "The conclusion from this study suggests that individuals with low intrinsic religiosity are more likely to suffer from depression and anxiety following a major lower limb amputation."

Citation: Ang, C. P. T., Awang, M. S. B., Musa, R., Karupiah, R. K., & Zakaria, Z. B. (2020). Is religiosity a good predictor of psychological health in patients undergoing major lower limb amputations: A pilot study. *International Journal of Orthopaedics*, 7(2), 1252-1255.

Comment: Although a small cross-sectional study with no control for covariates, this is likely to be the first published study on the relationship between religiosity and mental health in those with recent lower limb amputees in Malaysia (61% of Malays are Muslim, 20% are Buddhist, and 9% are Christian).

Meaning in Life Mediates the Inverse Relationship between Intrinsic Religiosity and Depression in Brazil

Investigators in the department of psychology at the Federal University of Rio Grande do Sul in Porto Alegre, analyzed data from an online survey of 279 participants in Brazil (average age 33, 72% female). The purpose was to examine the role that meaning in life might play in explaining the relationship between "intrinsic religiosity" and depression, anxiety, and stress symptoms, and the role that meaning in life might play in explaining that relationship. Intrinsic religiosity was assessed by the 10-item Intrinsic Religiousness Inventory, developed and validated by Taunay et al. (2012) in a Brazilian sample. Meaning in life was assessed by the 10-item Meaning in Life Questionnaire (Steger et al., 2006), and mental health by the 21-item Depression, Anxiety and Stress Scale (DASS-21). No variables were controlled for in analyses. **Results:** Participants were 20% Catholic, 22% Spiritualists, 7% evangelicals, 15% another religion, and 28% no religion. Intrinsic religiosity was inversely related to depressive symptoms ($r=-0.14$, $p<0.05$) and was positively related to meaning in life ($r=0.35$, $p<0.01$), which was inversely related to depression ($r=-0.47$, $p<0.01$). When controlling for meaning in life in a regression model, the relationship between intrinsic religiosity and depressive symptoms loss statistical significance. Researchers concluded: "intrinsic religiosity has a protective effect against depression symptoms; however, it occurs indirectly, via meaning in life."

Citation: Campos, J., Bredemeier, J., & Trentini, C. (2020). Meaning in life as a mediator of the relationship between intrinsic religiosity and depression symptoms. Trends in Psychology, EPUB ahead of press

Comment: Another relatively small cross-sectional study, although in a location of the world with a diverse religious population. The findings here are likely due to the fact that the Intrinsic Religiousness Inventory used here is contaminated by an item that asks if religious beliefs give life meaning and purpose. Therefore, it would not be surprising that given the relatively weak inverse relationship between intrinsic religiosity and depressive symptoms, that this would be explained by meaning in life.

Moral Injury: Theory, Measurement, and Applications

From the Center for Innovation and Research on Veterans & Military Families at the University of Southern California (USC), the authors provide a succinct review of moral injury definitions, research, and applications. They focus on the research and discussions presented at a February 2020 joint research summit sponsored by USC and Pennsylvania State University's Clearinghouse for Military Family Readiness (PSU). They highlight the theoretical frameworks on moral injury and its measurement in the setting of PTSD, summarizing a range of measures. Application of moral injury theory and measurement to the lives of military service members, their families, and their communities was discussed, with emphasis placed on screening for moral injury symptoms and then engaging individuals identified with moral injury in a range of treatments. Finally, the authors discuss next steps in terms of theory, measurement, methods, and clinical applications.

Citation: Atuel, H. R., Chesnut, R., Richardson, C., Perkins, D. F., & Castro, C. A. (2020). Exploring moral injury: Theory, measurement, and applications. Military Behavioral Health, EPUB ahead of press.

Comment: A good summary article reviewing the latest research and discussions on the topic of moral injury in the military.

Human Flourishing

Epidemiologist Jeff Levin at Baylor University provides a historical review of the concept of human flourishing, examines its place in

the spirituality and health field, and presents a theoretical basis for its measurement (emphasizing components such as integrality, holism, other regard, virtuousness, actualization, and positive affect). He also examines the meaning and implications of human flourishing across multiple disciplines as a "provocative alternative to spirituality," as an all-encompassing measure of health, as an area that needs further study, and as a subject relevant to public health. Finally, he explores the use of human flourishing as either an outcome or as a predictor of health in research studies. In this paper, Levin lays out an agenda for clinical and population-health research on human flourishing.

Citation: Levin, J. (2020). Human flourishing and population health: meaning, measurement, and implications. Perspectives in Biology and Medicine, 63(3), 401-419.

Comment: A thoughtful and articulate essay on a topic that is receiving increasing attention in the psychological, social, behavioral, medical, and public health literature.

Addressing Patients' Religious and Spiritual Concerns

Robert Klitzman, professor of psychiatry and director of the Master of Bioethics Program at Columbia University (New York), draws on his conversations with providers and patients where religious or spiritual issues have come up. He discusses four categories of comments (or questions) that patients often make to medical and psychiatric providers: (1) God's role in disease, either its cause or its treatment; (2) seeking God's help in making medical decisions about the types of treatments prescribed; (3) asking about providers' beliefs, preferring providers of similar faith background, or asking providers to pray with them; and (4) questions about the afterlife. In response to such comments or questions, Dr. Klitzman says that providers often do one of four things: (1) do not respond at all; (2) focus strictly on medical questions; (3) refer such questions to the chaplain; or (4) respond to the patient's remarks. He concludes with the following suggestion: "Medical education should thus encourage providers to recognize the potential significance of patients' remarks regarding these topics and to be prepared to respond, even if briefly, by developing appropriate responses to each statement type."

Citation: Klitzman, R. (2020). Doctor, will you pray for me? Responding to patients' religious and spiritual concerns. Academic Medicine, EPUB ahead of press

Comment: This as a powerful article by a major mainstream academic physician published in a well-known and widely respected journal. Anyone involved in medical education needs to read this commentary.

NEWS

Duke University's Monthly Spirituality and Health Webinars via Zoom

Our Center's monthly spirituality and health research seminars are now being held by Zoom, and should be available to participants wherever they live in the world that supports a Zoom platform. All persons who receive this E-newsletter will be sent a link to join the seminar approximately one week before the seminar is held. When you receive this link, please save the link and forward it to your colleagues and students. This month's seminar will be delivered by Aurellia Anderson, MDiv, MA, titled **Spirituality, Trauma and Loss among Adolescents in Foster Care**. The PDFs of the Power Point slides for download and full recordings of all past webinars since July 2020 are now available at <https://spiritualityandhealth.duke.edu/index.php/education/seminars>.

SPECIAL EVENTS

Spirituality and the Lifetime Course of Mental Illness: Support for Patients, Caregivers, and Family by Faith Community

(Tuesday, November 10, 12:00-1:00 EST)

The U.S. Department of Health and Human Services' (DHHS) *Center for Faith and Opportunity Initiatives* and the *Spirituality Mind Body Institute* at Columbia University Teachers College in New York City are sponsoring a free webinar via Zoom on the topic above. Spiritual Social Support is not just a good idea. Research has shown that it has a positive, measurable impact everyone from the elderly to children and many points across the lifetime. This is not only true in research, but also in the lives of caregivers and those who walk alongside those with mental health challenges. This webinar will connect both these points, the research as well as the lived experience, describing the benefits of spiritual social support in the lives of those affected by mental illness in themselves and their loved ones. Presenters will share perspectives about how spiritual social support makes a difference and should be considered as a part of the prevention of and recovery for mental illness. To register for this webinar go to: https://www.zoomgov.com/webinar/register/WN_ZdMccbDQQmO_Ofe9-Exowg.

7th European Conference on Religion, Spirituality and Health

(Lisbon, Portugal, May 27-29, 2021)

The 2021 European Conference will focus on "Aging, Spirituality and Health" and will be held at the Catholic University of Portugal in Lisbon, one of the most beautiful cities in Europe. For more information go to <https://ecrsh.eu/ecrsh-2021>.

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

(Lisbon, Portugal, May 23-26, 2021)

The 7th European Conference will also host a 4-day pre-conference spirituality and health research workshop on May 23-26 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: <https://ecrsh.eu/ecrsh-2021> or contact Dr. Rene Hefti at info@rish.ch.

17th Annual Duke University Summer Research Workshop

(Durham, North Carolina, August 9-13, 2021)

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, as are **full tuition and travel scholarships for academic faculty in underdeveloped countries** (see end of enewsletter). For more information, go to:

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

RESOURCES

Books

The Science of Religion, Spirituality and Existentialism

(Academic Press, 2020)

From the publisher: "*The Science of Religion, Spirituality, and Existentialism* presents in-depth analysis of the core issues in existential psychology, their connections to religion and spirituality (e.g., religious concepts, beliefs, identities, and practices), and their diverse outcomes (e.g., psychological, social, cultural, and health). Leading scholars from around the world cover research exploring how fundamental existential issues are both cause and consequence of religion and spirituality, informed by research data spanning multiple levels of analysis, such as: evolution; cognition and neuroscience; emotion and motivation; personality and individual differences; social and cultural forces; physical and mental health; among many others." Available for \$140.00 (paperback) at <https://www.elsevier.com/books/the-science-of-religion-spirituality-and-existentialism/9780128172049>.

Violence in the Hebrew Bible

(Brill, 2020)

From the publisher: "In *Violence in the Hebrew Bible* texts of violence in the Hebrew Bible and their reception history are discussed. The central question of the essays is how to allow for a given texts plurality of possible and realized meanings while also retaining the ability to form critical judgments regarding biblical exegesis." Available for \$166.00 (hardcover) at <https://www.amazon.com/Violence-Between-Reception-Oudtestamentische-Testament/dp/9004434674/>.

Handbook of Spirituality, Religion, and Mental Health

(Academic Press, 2020)

From the publisher: "*The 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." Available for \$84.95 (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)

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 \$69.96 (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 (now also available in Persian¹)

(part of the Religion and Mental Health Book Series, 2017)
For mental health professionals, clergy, researchers, and laypersons interested in the relationship between religion,

spirituality and mental health in Muslims. Available for \$7.50 at: <https://www.amazon.com/Islam-Mental-Health-Research-Applications/dp/1544730330>.

Hinduism and Mental Health: Beliefs, Research and Applications

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

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

Judaism and Mental Health: Beliefs, Research and Applications

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

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

Buddhism and Mental Health: Beliefs, Research and Applications

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

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

You are My Beloved. Really?

(Amazon: CreateSpace Publishing Platform, 2016)

From the author: “Simple and easy to read, this book is intended for Christians and non-Christians, those who are religious or spiritual or neither, and is especially written for those experiencing trauma in life (everyone). The book examines the evidence for God’s love from Christian, Jewish, Muslim, Buddhist and Hindu perspectives based largely on the sacred scriptures from these traditions. Those of any age with an open mind will find this book enlightening, if not inspiring. Available for \$8.78 from <https://www.amazon.com/You-are-My-Beloved-Really/dp/1530747902/>.

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”

¹ Contact Zeinab Ghaempana (zeinab.ghaempana@gmail.com) to find out how to obtain a copy)

healthcare that includes the identifying and addressing of spiritual needs. Go to:

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



In support of improving patient care, the Duke University Health System Department of Clinical Education and Professional Development is accredited by the American Nurses Credentialing Center (ANCC), the Accreditation Council for Pharmacy Education (ACPE), and the Accreditation Council for Continuing Medical Education (ACCME), to provide continuing education for the health care team.



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Category 1 CME: Duke University Health System Department of Clinical Education and Professional Development designates this CME activity for a maximum of 3.75 *AMA PRA Category 1 Credit(s)*™. Physicians should claim only credit commensurate with the extent of their participation in the activity.

Nurse CE: Duke University Health System Department of Clinical Education and Professional Development designates this activity for up to 3.75 credit hours for nurses. Nurses should claim only credit commensurate with the extent of their participation in this activity.

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 **Aug 9-13, 2021**. 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.**

Unfortunately, but not surprisingly, the demand for such scholarships has far exceeded availability. Now that we are set up to evaluate potential scholarship recipients, we are hoping to identify individuals or foundations willing to support highly qualified third-world applicants we are unable to provide scholarships to in

2021-2023 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 2021 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 has postponed all Online Funding Inquiries (OFIs) for 2020 in the area of religion, spirituality and health to their 2021 funding cycle. The next deadline for Small Grant requests (\$234,800 or less) and Large Grant requests (more than \$234,800) is **August 20, 2021**. The Foundation will communicate their decision (rejection or invitation to submit a full proposal) for all OFIs by October 15, 2021. Therefore, researchers need to think "long-term," perhaps collecting pilot data in the meantime, with or without funding support. 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...

November

11/10 **Spirituality and the Lifetime Course of Mental Illness: Support for Patients, Caregivers, and Family by Faith Community (via Zoom)**
U.S. DHHS and Columbia University
12:00-1:00 EST
Speaker: Koenig, Lisa Miller, and others
Contact:
https://www.zoomgov.com/webinar/register/WN_ZdMccbDQQmO_Ofe9-Exowg

11/17 **Spirituality & Health Research Seminar via Zoom**
12:00-1:00 EST
Title: **Spirituality, Trauma and Loss among Adolescents in Foster Care**
Speaker: Aurellia Anderson, MDiv, MA
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

December

12/15 **Spirituality & Health Research Seminar via Zoom**
12:00-1:00 EST
Title: **Diagnosis and Treatment of Moral Injury in Veterans with PTSD Symptoms**
Speaker: Donna Ames, M.D., Professor of Psychiatry, UCLA, & Greater Los Angeles Veterans Administration Health System
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

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

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