

CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health

Volume 6

Issue 4

October 2016

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 September 2016) go to: <http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

LATEST RESEARCH

Spiritual Coping and Survival in HIV Patients

Researchers in the department of psychology at the University of Miami (Coral Gables) followed 177 HIV patients from 1997 to 2014 examining the effect of spiritual coping on survival over the 17-year period. Spiritual coping at baseline was rated on a scale from very negative (-4) to very positive (+4) based on content analysis of participants' qualitative interviews/essays on coping with HIV. Inter-rater reliability of interviews/essays' regarding spiritual coping content was high overall (Kendall's tau B=0.81) and high for the 17 individual coping strategies (Kappa=0.60-0.95). A score of -4 indicated severe spiritual struggle, conflict, and anger, whereas a score of +4 indicated spiritual growth/transformation. The 17 coping strategies were (1) connectedness to the Divine, (2) spiritual practices, (3) seeking spiritual comfort, (4) seeking spiritual empowerment, (5) spiritual growth or transformation, (6) spiritual gratitude, (7) spiritual meaning, (8) spiritual community, (9) surrender to higher presence/God, (10) spiritual conflict, (11) positive spiritual reframing, (12) spiritual struggle, (13) spiritual guilt, (14) respect for own body, (15) spiritual anger, (16) spiritual disengagement, and (17) absent any spiritual coping. Cox regression analyses were used to examine survival time while controlling for covariates. **Results:** At the time of recruitment into the study, participants had a mean age of 37.5 years, were 70% male, 36% Black, 41% homosexual, and all had mid-stage disease (CD4 count=150-500). After controlling for sociodemographic characteristics, spiritual coping overall predicted lower mortality (HR=0.86, 95% CI 0.75-0.97), an effect that persisted after controlling for substance use, adherence to treatment, social support, and baseline CD4 count. Risk of mortality was greatest for those scoring high on negative religious coping and for those with minimal use of spiritual coping. In contrast, risk of mortality was lowest for those scoring high on spiritual practices (attending religious services, prayer, meditation) (HR=0.26, p<0.001), spiritual reframing (HR=0.027, p=0.006), overcoming spiritual guilt (HR=0.24, p<0.001), spiritual gratitude (HR=0.40, p=0.002), and spiritual empowerment (HR=0.52, p=0.024). Researchers concluded: "Our prospective 17-year observation of HIV patients

beginning at the mid-stage of disease showed that the effect of spiritual coping on long-term survival went beyond the contributions of antiretroviral medications, adherence, abstinence from substance abuse, and social support."

Citation: Ironson G, Kremer H, Lucette A (2016). Relationship between spiritual coping and survival in patients with HIV. *Journal of General Internal Medicine* 31(9):1068-1076

Comment: This is one more report showing that the use of spirituality/religion to cope with chronic medical illness results in better health outcomes. The long follow-up and many covariates controlled for in the statistical analyses are strengths of this study.

Religious Attendance and Viral Load in HIV

Investigators from the division of infectious diseases, department of medicine, and department of health care organization and policy, at the University of Alabama, Birmingham, examined the relationship between religious attendance and HIV viremia (viral load>200 copies/ml) at 12 months following initiating HIV care in 382 patients. All participants presented for the first time for HIV-related care at the university clinic, and were assessed 12 months +/- 3 months after their first clinic visit. At that time, 74% were virally suppressed due to medical treatments. Logistic regression modeling was used to examine predictors of viral suppression. **Results:** Mean age of participants was 35 years, 60% were Black, 84% were male, 65% were homosexual, and 57% reported current church attendance. In the full regression model, which included age, race, sexual behavior, CD4 count, education, insurance status, living arrangement, consistency of care, anti-retroviral treatment, and disclosure of sexual orientation, religious attendance (yes vs. no) was associated with a 50% reduction in likelihood of HIV viremia (adjusted OR=0.50, 95% CI=0.20-0.90). Researchers concluded: "Church attendance may provide needed support for patients during HIV care for the first time."

Citation: Van Wagoner N, Elope L, Westfall AO, Mugavero MJ, Turan J, Hook EW (2016). Reported church attendance at the time of entry into HIV care is associated with viral load suppression at 12 months. *AIDS Behavior*, E-pub ahead of print

Comment: This finding may help to explain why HIV patients who are more involved in religious/spiritual practices have longer survival with the disease [reduced viral load also reported by Ironson group in more religious/spiritual HIV patients: *J Gen Intern Med*, 2006, 21, Suppl 5, S62-68; *J Behav Med* 2011, 34(6):414-425; *Ann Behav Med* 2014, 47 (1 Supplement, D-064): s260; *AIDS Care* 2014, 27(1):71-79]

Spirituality/Religiosity and Weight Management in Black Adolescent Males

Bruce and colleagues at Vanderbilt University, University of Mississippi, and Johns Hopkins Bloomberg School of Public Health analyzed data from 105 participants ages 12-19 in the Jackson Heart Kids Pilot Study. The 6-item brief Daily Spiritual Experiences Scale (DSES) was used measure spirituality; religious attendance and frequency of private prayer were also assessed by single items. Body mass index (BMI), daily hassles (stress level), physical activities, fruit & vegetable consumption were also assessed. The primary outcome as weight management as

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measured by three questions asking about attempts to lose weight, manage weight through diet, and manage weight through physical activity (all single items, dichotomized into yes vs. no responses). Logistic regression was used to analyze the data, adjusting for age, stress, fruit and vegetable consumption, and physical activity. **Results:** DSES (spirituality) was associated with increased attempts to lose weight (OR=1.22, 95% CI=1.07-1.41), weight management through diet (OR=1.13, 95% CI=1.02-1.26), and also tended to be associated with weight management through exercise (OR=1.06, 95% CI=0.98-1.14). Religious attendance and frequency of prayer were unrelated to either of the three outcomes. Researchers concluded: "The results of this study suggest that spirituality is an important factor in health education and health promotion efforts to reduce risks for obesity and related conditions among African-American male adolescents."

Citation: Bruce MA, Beech BM, Griffith DM, Thorpe RJ (2016). Spirituality, religiosity, and weight management among African-American adolescent males: The Jackson Heart KIDS Pilot Study. *Behavioral Medicine* 42:183-189

Comment: Given that the rate of obesity among African-American male adolescents has been increasing progressively over the past 15 years, and in light of the health problems that obesity causes, the results here are worthy of attention. Of particular note is that frequency of religious attendance and private prayer were not related to efforts to manage weight.

Religion as a Problem, Religion as a Solution

Researchers from the school of social work at Tel Aviv University and universities in the U.S. analyzed data on a nationally representative sample of 2,140 American adults to examine the effects of religious commitment, life sanctification, religious support, and religious hope as potential buffers of the negative effects of religious/spiritual (R/S) struggle on psychological well-being and depressive symptoms. R/S struggles were measured using a 15-item version of Exline's 26-item Religious/Spiritual Struggles (RSS) scale, referring to the most stressful event experienced within the past 18 months. Religious commitment was measured using a 3-item version of the Duke Religion Index (DUREL) (the intrinsic religiosity subscale); life sanctification by a 3-item version of the life sanctification scale; religious support by a 3-item version of the Religious Support Scale, and religious hope by a 3-item version of the Scioli's Hope Scale. Depressive symptoms were assessed by an 8-item version of the CES-D, and psychological well-being by a 3-item version of the Subjective Happiness Scale. Analyses were controlled for age, gender, education, ethnicity, marital status, income, and religious affiliation. **Results:** R/S struggle was positively related to depressive symptoms ($r=0.40, p<0.01$) and inversely related to happiness ($r=-0.25, p<0.01$). Moderator analyses indicated that the positive relationship between R/S struggle and depressive symptoms (CES-D) depended on level of religious commitment ($B=-0.18, p<0.05$) and life sanctification ($B=-0.28, p<0.05$); as religious commitment increased, the strength of the relationship between R/S struggles and depression decreased. The results were similar for happiness. The relationship between R/S struggle and low happiness depended on level of religious commitment ($B=0.31, p<0.01$), life sanctification ($B=0.26, p<0.05$), religious support ($B=0.24, p<0.05$), and religious hope ($B=0.30, p<0.01$). Researchers concluded: "Paradoxically, religion may be a source of solutions to problems that may be an inherent part of religious life."

Citation: Abu-Raiya H, Pargament KI, Krause N (2016). Religion as a problem, religion as a solution: Religious buffers of the links between religious/spiritual struggles and well-being/mental health. *Quality of Life Research* 25:1265-1274

Comment: Although these findings are cross-sectional, they make sense. Among those who are more religious, R/S struggles

appear to be associated with less depression and greater well-being compared to those with R/S struggles who are less religious.

Spiritual Struggle in Those with Chronic Headache

Exline and colleagues in the department of psychology at Case Western Reserve University and the Cleveland Clinic examined anger and protest behaviors toward God among 71 persons suffering from chronic headaches (83% women; mean age 43.4 years). Assessed were emotional distress (DASS-42), pain intensity (single item visual analogue scale), impact of headaches (HIT-6), disability from pain (PDI), disability from headache (HDI), neck disability (NDI), dizziness handicap inventory (DHI), chronic pain acceptance (CPAQ), and sense of meaning in headaches (Exline et al., 2011). Religious variables were religious belief salience (2-item scale), anger and positive attitudes toward God (ATGS-9), and behaviors toward God (Exline and Grubbs, 2012). Measures were administered before and after an intensive 3-week outpatient treatment program. **Results:** At the time of admission to the treatment program, 38% indicated some anger toward God and 74% indicated some protest toward God. Persons with these feelings toward God experienced significantly greater emotional distress, more disability from headaches and associated symptoms, and less acceptance of pain both on admission and discharge. Anger towards God on admission predicted higher sustained scores on the "worst pain" variable and on the emotional disability subscale of the Headache Disability Inventory. Over time, *anger toward God* on admission predicted sustained distress during the treatment program (greater anxiety, depression, and stress), whereas *protest toward God* (e.g., complaining, questioning, arguing) predicted decreased distress. Researchers concluded that "These findings suggest the utility of distinguishing between anger toward God and behaviors suggesting assertiveness toward God."

Citation: Exline JJ, Krause SJ, Broer KA (2016). Spiritual struggle among patients seeking treatment for chronic headaches: Anger and protest behaviors toward God. *Journal of Religion and Health* 55:1729-1747

Comment: Interesting distinction between protest toward God (resulting from unrelieved suffering from chronic headaches) and more deep-seated anger toward God, where perhaps the person has given up protesting and now settled into feelings of anger over perceptions of being ignored or neglected by God.

New Non-Religious and Non-Spiritual Scale for Use in Research

Cragun and colleagues in the department of sociology at the University of Tampa, Iowa State University, and Georgia Southern University sought to develop a measure of (non)religiousness and (non)spirituality in a series of three studies conducted in college student populations ($n=473, n=134, n=291$). The 17-item NRNSS consists of two subscales: 8-item institutional religion subscale and 9-item spirituality subscale. The 8-item institutional religion subscale consists of statements such as: "I'm guided by religion when making important decisions in life"; "religion is my most powerful guide for what is right and wrong"; "when faced with challenges in my life, I look to religion for support"; and "I never engage in religious practices" (scored in reverse). The 9-item spirituality subscale consists of statements such as: "spirituality is important to me"; "I have a spirit/essence beyond my physical body"; "the universe has a supernatural origin"; "I engage in spiritual activities"; and "I cannot find worthwhile meaning in life without spirituality." These items, according to the authors, do not force the respondent to assume the existence of God or to assume that they have religious beliefs, which other measures of religiosity/spirituality (R/S) often require. Items are scored from "strongly agree" (1) to "strongly disagree" (5) with higher scores indicating greater non-R/S. **Results:** The NRNSS demonstrated high internal consistency ($\alpha>0.94$), and high test-retest

reliability ($r=0.92$). Factor analysis supported the hypothesized two factor solution. Convergent validity was also demonstrated with measures of R/S such as the Cross-Cultural Dimensions of Religiosity, Humanistic Morality, and Traditional Religious Morality scales. Likewise the NRNSS was positively correlated with Religious Doubts ($r=0.58$) and with Rejection of Christianity scales ($r=0.78$). Investigators concluded that: "The NRNSS may work as an initial attempt to address the limitations of other scales for capturing how religious/nonreligious/non-spiritual individuals are." *Citation:* Cragun RT, Hammer JH, Nielsen M (2015). NonReligious-NonSpiritual Scale (NRNSS): Measuring everyone from atheists to Zionists. *Science, Religion & Culture* 2(3):36-53 *Comment:* Interesting new measure of religiosity/spirituality whose item content has considerable face validity, and whose items and item response categories may be phrased in a way that allows non-religious, non-spiritual persons to feel more comfortable answering.

Religious Spaces and Well-being in Christians and Atheists

Researchers in departments of health sciences at Canadian, Australian, and British universities conducted two studies to examine how immersion in religious spaces influences the self-perceived psychological and physical health of Christians and atheists. In the first study, 97 participants were recruited at three outdoor locations in a British city (a cathedral, castle, and shopping district). Half were Atheist ($n=49$) and half were Christian ($n=48$), and mean age was 28 years. Participants were then randomly assigned to one of two conditions: immersion ("take a moment to consider your external surroundings, that is, the buildings or landmarks around you") or an alternative condition (non-immersion, where participants were asked to focus on "your internal feelings, that is, the thoughts or emotions within you"). Participants were then asked to complete a questionnaire after considering their internal feelings, thoughts and emotions. The questionnaire assessed three dimensions of state self-esteem (appearance, social, and performance) (Heatheron & Polivy, 2004) and assessed current mood status (10-item Positive and Negative Affect Schedule [PANAS], Thompson, 2007). **Results:** A significant interaction was found between group and immersion at the Cathedral only (not the castle or the shopping district); among Atheists in the Cathedral, social self-esteem was higher when they focused inwardly (non-immersion), whereas Christians' social self-esteem was higher when they focused outwardly in the Cathedral. With regard to negative affect, being in the Cathedral had a buffering effect on negative emotions such that all participants (Christians and Atheists) experienced less negative mood in this setting. In the second study, 124 women, mean age 19.6 years, were recruited on the campus of a Canadian university. Equal numbers of Christians and Atheists were randomly assigned to one of three "virtual" locations that involved watching an edited online video of a Cathedral, mosque, or museum. Half of participants viewed their video through virtual reality goggles while being actively encouraged to imagine themselves in the place. Following the video, participants responded to a questionnaire that assessed collective self-esteem (public and private esteem), and self-esteem more generally using the three dimensions of state self-esteem used in the first study (Heatheron & Polivy), as well as mood state using the PANAS. Physical health was also assessed with a single self-rated health item whose responses ranged from poor to excellent. **Results:** Christians consistently reported higher public collective self-esteem than Atheists after watching the video of the Cathedral, although experienced less collective self-esteem after viewing the mosque video; otherwise, there was no interaction between group and location. Self-ratings of physical health were also significantly greater among Christians than Atheists when dealing with the video of the Cathedral wearing virtual reality goggles, while Atheists appeared to report better

health than Christians in the non-immersion condition at the Cathedral (similar to the first study). Researchers concluded "These results suggest that immersion in spaces that reflect one's own religious beliefs and identity has positive consequences for health and well-being."

Citation: Ysseldyk R, Haslam SA, Morton TA (2016). Stairway to heaven? (Ir)religious identity moderates the effects of immersion in religious spaces on self-esteem and self-perceived physical health. *Journal of Environmental Psychology* 47:14-21

Comment: This fascinating study helps to explain why being in one's own religious setting (and perhaps participating in religious services there) helps to reinforce identity, increase self-esteem, and improve perceived health for religious persons, whereas such involvement may reduce self-esteem and worsen self-perceived health for those who are not religious (particularly atheists, who feeling uncomfortable in such places and therefore shy away from them).

Does Analytic Thought Lead to a Rejection of Religious Beliefs?

Researchers in the department of psychology at Calvin College and several other U.S. colleges examined whether "analytic thought" (which may inhibit intuitive thinking) causes a reduction in religious beliefs. Priming techniques were used to induce analytic thinking, which was hypothesized to result in a decrease in religiosity and/or religious beliefs (known to be linked to more intuitive, nonreflective thinking). Two studies were conducted to test this hypothesis. In the 1st study, 115 undergraduate students at a private Christian college were randomly assigned to a Cognitive Reflection Test (CRT), Stroop, or control condition. CRT was one of two priming conditions and involves analytic thinking; the second priming condition was a nonanalytic task that requires response inhibition (Stroop task). Two priming conditions were chosen to distinguish between mathematical analytic thinking and response inhibition. Religiosity was measured using Hoge's 10-item intrinsic religiosity scale, a 5-item intuitive religiosity scale (Gervais & Norenzayan, 2012), and a measure of belief in supernatural agents (God, angels, and the devil). **Results** indicated the opposite of that expected: participants in the CRT condition scored significantly higher on intrinsic religiosity than did those in the control condition ($p=0.02$); no difference was found on intuitive religiosity or belief in supernatural agents. In the 2nd study, a national sample of 2,745 adults (mean age 31.4 years, 15.3 years of education) was recruited using mechanical Turk to replicate these results. As in the 1st study, two priming conditions were administered (Stroop task and CRT). Again, **results** indicated that those in the control condition scored significantly lower on intrinsic religiosity than those in the CRT condition, but again there was no difference on intuitive religiosity or belief in supernatural agents. The findings were independent of gender, age, education, religious affiliation and English proficiency. Researchers concluded: "Our results suggest the relationship between analytic reasoning and intrinsic religiosity is more complex than previously suggested..."

Citation: Yonker JE, Edman LRO, Cresswell J, Barrett JL (2016). Primed analytic thought and religiosity: The importance of individual characteristics. *Psychology of Religion and Spirituality*, E-pub ahead of press

Comment: The fact that the results were replicated in a national sample makes the findings even more plausible. Analytical thinking, then, does not appear to be a barrier to religious belief.

Spirituality and Burnout among Medical Students in India

Researchers from the department of psychiatry at Indira Gandhi Government Medical College in Nagpur surveyed 100 medical students at the College to determine the relationship between

spirituality and burnout. Spirituality was assessed using the 28-item Spiritual Attitude Inventory (SAI) developed by the U.S. Army Center for Health Promotion and Preventive Medicine. The SAI includes the Duke Religion Index (5-item DUREL) to measure religious practice; the NRCOPE (where high scores indicate low levels of negative religious coping); the Existential Well-being subscale (EWBS) of the Spiritual Well-being Scale; and the Multiple Health Locus of Control MHLC scale (where higher scores indicate greater internal locus of control). Burnout was assessed using the 10-item abbreviated version of the Burnout Scale.

Results: Burnout was present in 64% of students, was more common among female than male students (86% vs. 36%), and was more prevalent among students in their final year or during their internship. Burnout levels were inversely related to the DUREL score ($r=-0.56$, $p<0.001$), EWBS ($r=-0.66$, $p<0.001$), NRCOPE ($r=-0.65$, $p<0.001$), and MHLC ($r=-0.68$, $p<0.001$). Investigators concluded: "Thus, spirituality as a way of coping acts as a buffer [to prevent] burnout."

Citation: Chiddarwar SS, Singh DA (2016). The role of spirituality as a way of coping from burnout in medical students of the tertiary care institute in India. *Journal of Evidence-Based Medicine and Health Care* 3(20): 836-840

Comment: Although the methods, study description, and statistical analyses were not stellar in this report, the results serve as preliminary findings regarding spirituality and burnout in a population of medical students in India (a population that has not been well-studied).

Chaplain Notes in the Duke University ICU

Duke researchers (physicians) in the division of pulmonary and critical care medicine examined how chaplains record their encounters in the medical record of patients in the adult ICU at Duke University Hospital. A retrospective chart review was conducted for all encounters involving ICU patients over a 6-month period. Qualitative analyses were used to code and analyze chaplains' notes. **Results:** Four themes were identified among chaplain notes: (1) chaplains often used code language such as "compassionate presence"; (2) chaplains often described observations without interpretation of their clinical significance; (3) chaplains often documented "passive" follow-up plans, waiting for requests from patients or family members for further contact; and (4) chaplains sometimes (but not always) provided insights into relationship dynamics. Researchers concluded that chaplains often used "reduced, mechanical language insufficient for illuminating patients' individual stories," and expressed hope that future chaplain documentation in the medical record might provide clinical insights useful to physicians and nurses caring for patients, enabling chaplains to serve a unique role on the clinical care team.

Citation: Lee BM, Curlin FA, Choi PJ (2016). Documenting presence: A descriptive study of chaplain notes in the intensive care unit. *Palliative & Supportive Care*, June 20, E-pub ahead of press

Comment: This study opens the door for chaplains to take a more active role in terms of evaluation, interpretation, and documentation of patients' and families' spiritual needs in the ICU. Whether or not nurses and physicians read chaplains' documentation, however, was not examined. Nevertheless, the authors of this study are welcoming a truly integrated role for chaplains on the treatment team.

Chaplain Visits in the ICU: How Often, Who Requests, and What is Done

Duke University researchers (physicians) examined the prevalence, timing and nature of hospital chaplain visits in the adult ICU at Duke Hospital. Data was acquired using a retrospective chart review of 4,169 ICU admissions over 6 months. Of particular interest were time from ICU admission to initial chaplain visit, time from chaplain visit to ICU death/discharge, and

severity of illness in relationship to the chaplain visit. **Results:** Of 4,169 adult admissions to the ICU, a total of 248 (5.9%) patients were seen by chaplains (as documented in the medical record). Most patients who died in the ICU were seen by a chaplain (81%). The median time from admission to chaplain visit was 2 days, and the median time from chaplain visit to ICU discharge or death was one day. After the visit, chaplains spoke with nurses in more than half of the encounters (56.9%), but spoke with physicians after only 5.6% of encounters; no communication with nurses or physicians was documented in 22% of cases. Chaplain visits were most often requested by families (19%), no one (i.e., chaplain-initiated) (17%), nurses (15%), inter-disciplinary teams (12%), patients (5%), and physicians (4%). Of the 248 patients seen by chaplains, 79% saw the patient within 24 hours of the patient's death. Of patients visited, there was no follow-up visit in nearly half of the cases (46%), and less than one-third had a single follow-up visit (32%); of those with a follow-up visit, 69% of those visits occurred at the time of death. Researchers concluded that "Our study shows that this support of families within the last 24 hours of a patient's life is most commonly the way that hospital chaplains are being incorporated into patient care in the ICU... Our study also highlights a potentially troubling communication deficit between chaplains and physicians."

Citation: Choi PJ, Curlin FA, Cox CE (2015). "The patient is dying, please call the chaplain": The activities of chaplains in one medical center's intensive care units. *Journal of Pain and Symptom Management* 50 (4):501-506

Comment: These are some pretty sad findings for the Duke ICU (our own Center's institution). First, only 5.6% of patients had a chaplain visit, and of those visits, Duke physicians requested the visit in only 4% of cases (10 of 4,169 patient admissions or 0.2% of admitted patients). The vast majority of these visits were within 24 hours of death, which may not be the best time to meet the patient's spiritual needs. Furthermore, less than 6% of chaplain visits involved any kind of communication with the physician. Admittedly, this was a retrospective chart review, and undocumented communication may have occurred (but that is not known).

Chaplain-led Spiritual Legacy Intervention and Quality of Life

Investigators from several clinical services of the Mayo Clinic (Rochester, MN) examined the impact of a chaplain-led spiritual life review interview [resulting in a Spiritual Legacy Document (SLD)] on spiritual well-being and quality of life of patients admitted with brain tumors or neurodegenerative diseases. A total of 32 "patient-support person (SP)" pairs were enrolled into this single group experimental study; 27 completed baseline assessments and the spiritual life review; 24 pairs read the SLD and so were eligible for follow-up; 15 patients and 12 SPs completed the 1-month F/U; and 10 patients and 7 SPs completed the 3-month F/U. The intervention involved a single interview that was audiorecorded and transcribed, printed in a small booklet, and then reviewed by patients and SPs. Follow-up scores were compared with baseline scores on the FACIT-Sp (meaning, peace, faith), Brief RCOPE, two religious coping items from the Brief Cope Inventory, and the 12-item Linear Analog Self-Assessment (LASA) scale (measure of quality of life, QOL). **Results:** Both patients and SPs showed improvement on several aspects of spiritual well-being, spiritual coping, and QOL at 1-month follow-up, and experienced increased peacefulness and positive religious coping at 3-month follow-up. Investigators concluded: "A chaplain-led spiritual life review is a feasible intervention for patients with neurodegenerative disease and results in beneficial effects on patients and SPs."

Citation: Piderman KM, Breitkopf CR, Jenkins SM, Lapid MI, Kwete GM, Sytsma TT, Lovejoy LA, Yoder TJ, Jatoti A (2016). The impact of a spiritual legacy intervention in patients with brain

cancer and other neurological illnesses and their support persons. *Psycho-Oncology*, Dec 7. doi: 10.1002/pon.4031. [Epub ahead of print]

Comment: Interesting preliminary results from a brief innovative chaplain intervention that appears to impact quality of life in those with severe neurodegenerative diseases (those who may soon not be able to remember significant events in their lives). The next step is a randomized clinical trial to determine if there is anything unique about this brief intervention that provides benefits above and beyond the simple passage of time and/or the additional social attention.

Partnerships between Faith-Based and Medical Sectors

Jeff Levin at Baylor University's Institute for Studies of Religion reviews here the history of interactions between faith-based organizations and medical/healthcare institutions, and discusses 10 intersections where this has taken place: denomination-sponsored healthcare institutions, medical and public health missions, health care chaplaincy and pastoral care, congregation-based health promotion and disease prevention, community-based outreach to special populations, clinical and population-health research on religion and spirituality, academic spirituality and health centers, religious medical ethics, faith-based health policy advocacy, and federal faith-based initiatives. He goes on to explore contemporary intersections between faith-based organizations and healthcare institutions, and examines questions that need to be answered. The latter include legal/constitutional, political/policy, professional/jurisdictional, ethical, and research/evaluation questions. Levin concludes that "The intersection of faith-based and medical sectors are multifaceted and of long-standing... There is historical precedent for such an alliance, and, informed by science and scholarship, it is in our best interest for this to continue and to flourish."

Citation: Levin JS (2016). Partnerships between the faith-based and medical sectors: Implications for preventive medicine and public health. *Preventive Medicine Reports* 4:344-350

Comment: As usual for Dr. Levin, this is a brilliant and informative essay that addresses one of the most important topics facing the U.S. today: disease prevention and health promotion in a country under pressure of a growing population with chronic illness and healthcare needs, and one that is soon to face limits on healthcare spending.

NEWS

2016 Duke University Summer Research Workshop

With 65 attendees, the 2016 class was the largest in the 13-year history of the 5-day workshops (originally limited to 20 attendees). Participants were from the United States, Switzerland, the United Kingdom, Canada, Mexico, Columbia, Curacao, Kenya, Botswana, Saudi Arabia, and Turkey. Christian (including Mormon and Christian Science), Jewish, Muslim, Suni Muslim, and Hindu faith traditions were represented. It was an extraordinary time of learning and engagement for all. A class photo and participant biosketches have now been posted on our website:

<http://www.spiritualityandhealth.duke.edu/index.php/5-day-summer-research-course> (scroll to bottom of page). Registrations are now open for the 2017 workshop (Aug 14-18), and given the 2016 turnout, it is important to register early: <http://www.spiritualityandhealth.duke.edu/index.php/5-day-summer-research-course>

Special Issue of Religions

The journal *Religions* has just released a special issue on "Measures of Spirituality/Religiosity—Description of Concepts and Validation of Instruments." Nine articles have been published in this volume that cover some of the most common instruments

used to assess religiosity and/or spirituality. PDFs of the articles are available for free. See:

http://www.mdpi.com/journal/religions/special_issues/measures-of-spirituality-religiosity.

Latest issue of Muslim World Affairs

Muslim psychologist Abdul Basit, Ph.D., provides important insights on what is going on in the Muslim world that may help to explain the terrorist activity in the U.S. and around the world. See the latest issue by click on this link: muslimworldaffairs.com.

SPECIAL EVENTS

Harvard Symposium on Health, Religion, and Spirituality in Public Health

(Cambridge, MA, December 2, 2016)

A day long symposium titled: "Harvard Symposium on Advancing Health, Religion, and Spirituality: From Public Health to End of Life" is being hosted by the Harvard Chan School of Public Health (10:30A-5:00P). The focus is on how religion and spirituality in concert with public health and the practice of medicine may alleviate illness and promote human well-being more generally and at the end of life. Invited panelists and speakers include Ken Pargament, Daniel Sulmasy, Christina Puchalski, Tyler VanderWeele, Tracy Balboni, and Harold Koenig. For more information, go to: http://projects.iq.harvard.edu/rshm/harvard-symposium-advancing-health-religion-and-spirituality?admin_panel=1 or contact Dr. Michael Balboni at Michael_Balboni@dfci.harvard.edu.

Conference on Medicine & Religion

(Houston, TX, March 24-26, 2017)

The 2017 Conference conveners invite health care practitioners, scholars, religious community leaders, and students to address questions associated with the theme, "Re-Enchanting Medicine." An array of disciplinary perspectives are welcomed, from empirical research to scholarship in the humanities to stories of clinical practice. Invited are abstracts for 75-minute panel and workshop sessions, 15-minute paper presentations (with 10 minutes discussion), and posters. Also invited is student participation in an essay contest. **Deadline for abstract submission is September 30, 2016.** See website: <http://www.medicinandreligion.com/>.

RESOURCES

Spirituality As a Working Model in Brief Psychotherapy

(Charles C. Thomas Publishers, 2016)

From the publisher: "...is a practical book that describes easily applicable methods for use by nontheologically trained therapists. The focus is on brief psychotherapy, since long-term treatment is no longer possible for many individuals today living busy lives on a limited budget. The book is unique in its approach involving real-life encounters between patients and therapists with years of experience in both spirituality and psychotherapy. While there are other books in the field of spirituality and psychotherapy, they are written from a traditional Freudian-based philosophy and do not include practical, easily applicable methods for use when time is limited. Most assume a traditional longer commitment by both therapist and patient, which today is often unrealistic. The authors of this book come from multiple disciplines including pastoral counseling, psychology, psychiatry, medicine, social work, and theology. The primary audience for this text is students in all the human behavior fields, professional counselors, clergy, chaplains, as well as professionals already in practice looking for better ways to achieve real results using brief psychotherapy." Available for \$32.95 at <https://www.amazon.com/Spirituality-Working-Model-Brief-Psychotherapy/dp/0398091277/>

You Are My Beloved. Really?

(CreateSpace publishing platform, 2016)

From the publisher: "How does God feel about us? Are we his beloved, as some claim? Or is this just fantasy and wishful thinking? The author, a psychiatrist and medical researcher, examines the evidence for God's love from Christian, Jewish, Muslim, Buddhist and Hindu perspectives based largely on the sacred scriptures from these traditions. Not a theologian, the author draws from his 30 years in clinical practice, his research background, and his personal life in taking a practical approach to the subject. Those of any age with an open mind -- especially if going through hard times -- will find this book enlightening, inspiring, and possibly healing. Written for Christians, non-Christians, those who are religious, those who are spiritual, and those who are neither." Dedicated to Veterans and active duty Service Members. Planning to use this version in a future clinical trial examining spirituality-oriented cognitive processing therapy for moral injury in PTSD; however, it is written for a much broader audience than those with PTSD. Compact paperback version (6 x 4 inches, with illustrations) available for \$8.78: <https://www.amazon.com/You-are-My-Beloved-Really/dp/1530747902/>

CME/CE Videos (Integrating Spirituality into Patient Care)

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

Meaningful Ageing Australia

This organization is the Australian national peak body for spiritual care and ageing. They are a not-for-profit that supports organisations and groups to respond to the pastoral and spiritual needs of older people, their significant others, and their carers, and advocate for spiritual care to be included in all care settings. Their mission is to ensure that all older Australians have access to high quality pastoral and spiritual care. Based in Melbourne, they provide video seminars online to assist workers in age care to engage with service users about their spiritual needs. The following topics are now available: "Engaging, inspiring and maintaining pastoral care volunteers"; "Giving me bread not stones - developing a high quality dementia-specific church service"; and "Responding to existential crisis in older people when they ask 'why me?'" They also have two short videos about the National Guidelines for Spiritual Care in Age Care to be officially launched on August 9th 2016:

<https://www.youtube.com/watch?v=afMKPyOjYVE>

<https://www.youtube.com/watch?v=LS06mPwU6HU>

More information about the Guidelines can be found here:

<http://meaningfulageing.org.au/national-guidelines-for-spiritual-care-in-aged-care/>

Faith Leader Toolkits on End-of-Life

Seriously ill and dying individuals and their families often turn to their faith community for support during illness and grief. These free, downloadable Faith Leader Toolkits by the Coalition for Compassionate Care of California (CCCC) and Center for Health Care Decisions (CHCD) were developed to help faith leaders acquire the skills they need to address end of life issues with their congregations. The toolkits provide methods to engage individuals and congregations in thinking and planning ahead about end-of-life and include detailed, step-by-step curricula and resources on

subjects such as advance care planning, working with palliative and hospice care teams, grief and stages of dying, and spiritual planning. The toolkits will benefit faith leaders, chaplains, faith-based nurses, and anyone who is interested in acquiring more information and skills to support congregation members who are seriously ill and their loved ones. Available to download for free at: <http://coalitionccc.org/tools-resources/faith-leaders-toolkit/>

Health and Well-being in Islamic Societies

(Springer International, 2014)

The core of the book focuses on research exploring religiosity and health in Muslim populations. Available for \$46.00 at: <http://www.amazon.com/Health-Well-Being-Islamic-Societies-Applications/dp/331905872X>

Spirituality in Patient Care, 3rd Ed

(Templeton Press, 2013)

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

Handbook of Religion and Health (2nd Ed)

(Oxford University Press, 2012)

This Second Edition covers the latest original quantitative research on religion, spirituality and health (more than 3,300 studies prior to 2010). Available for \$139.99 (used) at: <http://www.amazon.com/Handbook-Religion-Health-Harold-Koenig/dp/0195335953>

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

(Templeton Press, 2011)

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

JOBS/POST-DOCS

Research Assistant for Harvard Initiative on Health, Religion and Spirituality

Responsibilities: This position is as a research assistant and initiative coordinator for the Initiative on Health, Religion, and Spirituality (projects.iq.harvard.edu/rshm) at Harvard (based at the Dana-Farber Cancer Institute). Position includes multiple administrative tasks, such as submitting monthly expense reports, management of finances, and writing grant progress reports, handling mailing lists, and scheduling meetings for research and program activities. The position also includes research-related tasks, such as collecting and analyzing qualitative and quantitative data, communicating with the IRB, organizing events for the Initiative, editing of manuscripts, etc. Ideal candidates have knowledge of and interest in the intersection of religion/spirituality and health/medicine, are detailed oriented and comfortable multitasking, and are strongly considering future academic work in the field of spirituality and health.

Qualifications: Bachelor's Degree strongly preferred. Those with additional training in religious studies, chaplaincy, or theology are encouraged to apply. Interested candidates should include a cover letter explaining your interest in the position along with your CV. Contact: Michael_balboni@dfci.harvard.edu

Post-doc Position at McGill University

A post-doc position has opened up in the Social Psychiatry Research and Interest Group (SPRING) at McGill University with

Dr. Robert Whitely (Canada). Group interests include stigma, student mental health, immigrant mental health, participatory video, media representations of mental illness and men's mental health. International applicants welcome. For more information, see: http://www.universityaffairs.ca/search-job/?job_id=36825

FUNDING OPPORTUNITIES

Templeton Foundation Online Funding Inquiry (OFI)

The John Templeton Foundation is now accepting new funding requests *at any time of the year* through their OFI form. Small Grants are defined as requests for \$217,400 or less. The last OFI deadline for small grant requests in 2016 is **November 30**, with decisions communicated no later than the end of December. Large Grants are defined as requests for more than \$217,400. The Foundation has only one deadline per year for OFIs related to large grant requests. In 2016, it was August 31. In 2017, the deadline is likely around the same date. All decisions on large grant OFIs are communicated by the end of September. The three main areas in religion, spirituality and health that the Foundation funds are: (1) research on causal mechanisms (basic psychosocial, behavioral, and physiological pathways), (2) increasing competencies of health care professionals in working with religious patients (physicians, but also psychologists and experts in public health), and (3) research involving the development of religious-integrated interventions that lead to improved health. More information: <https://www.templeton.org/what-we-fund/grantmaking-calendar>

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

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

2016 Csth Calendar of Events...

October

- 4 **Spirituality in Healthcare: Just Because It May Be "Made Up" Does Not Mean That It Is Not Real**
Speaker: John Swinton, PhD
Chair, Divinity and Religious Studies, University of Aberdeen (Scotland)
Duke Hospital Lecture Hall 2002, 12:00-1:00P
Contact: trent-center@duke.edu
- 26 **Religion, Spirituality, and Care Delivery: Views of Veterans with Advanced Illness and VA Staff**
Speaker: Nathan Boucher, DrPH, PA-C, MPA, CPHQ
Post-Doctoral Fellow, GRECC, Durham VAMC
Center for Aging, DUMC
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

November

- 1 **Religion, Spirituality and Medicine**
Annual Joint Internal Medicine-Family Medicine Grand Rounds, University of Oklahoma Health Sciences Center
Speaker: Koenig
Oklahoma City, Oklahoma
Contact: Crystal Pearson (Crystal-Pearson@ouhsc.edu)
- 3 **Religion and Health: Latest Research and Applications**
Glendale Medical Center Rounds
Speaker: Koenig
Los Angeles County, California
Contact: Bruce Nelson (NelsonBR@ah.org)
- 30 **Spirituality and Palliative Care: Results of a State of the Science Conference**
Speaker: Karen Steinhauer, Ph.D.
Associate Professor of Medicine, DUMC
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)