

# CROSSROADS...

Exploring research on religion, spirituality and health

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

All e-newsletters are archived on our website. To view previous editions (July 2007 through September 2018) go to: <http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

## LATEST RESEARCH

### Parental Religiosity and Offspring Suicide Risk

Researchers in the department of psychology at Columbia University, New York City, examined the effects of parental religiosity on offspring suicidal ideation/attempts in this 30-year three generation prospective study (G1, G2, G3). Participants included 112 G2 parents (mean age 40 years) and 214 G3 offspring (mean age 13 years, range 6-17 years; approximately half girls and half boys; 85% Christian, the most common denomination Catholic [59%]). A structured psychiatric interview (SADS) was used to diagnose psychiatric disorders in parents and offspring. Parental and offspring religious service attendance was assessed with a single question ("How often, if at all, do you attend church, synagogue, or other religious or spiritual services?"). A single question also asked about importance of religion/spirituality ("How important to you is religion or spirituality?"). Among offspring 44% indicated religious attendance at least once a week (38% of parents reported weekly religious attendance). With regard to importance of religion, 60% of offspring (78% of parents) indicated moderate or high importance of religion. Religious attendance and importance of religion reported by offspring were unrelated to offspring suicidal ideation or attempts. However, high religious importance among parents predicted a significantly lower likelihood of offspring suicidal ideation/attempts (nearly a 40% reduction; OR=0.61, 95% CI 0.41-0.91). When results were stratified by offspring gender, there was a significant interaction such that the likelihood of suicidal ideation/attempts in girls was significantly lower for those who indicated either high religious importance or high religious attendance, and this was true for both offspring and parent religiosity; however, no association was found in boys. When both parent and offspring religious importance were considered simultaneously, researchers found that parental religious importance predicted lower offspring suicide risk independent of offspring religious importance (OR=0.61, 95% CI=0.39-0.96). Researchers concluded, "In this study, parental belief in religious importance was associated with lower risk of suicidal behavior in offspring independent of an offspring's own belief about religious importance and other known parental factors, such as parental depression, suicidal behavior, and divorce."

*Citation:* Svob C, Wickramaratne PJ, Reich L, et al. Association of parent and offspring religiosity with offspring suicide ideation and attempts. *JAMA Psychiatry*. Published online August 08, 2018 (<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2695329>).

*Comment:* This study is one of the first to examine the protective effects of parental religiosity on risk of suicidal thoughts and behavior in offspring. These results are consistent with other prospective studies reporting a lower suicide risk among women who are more religious (*JAMA Psychiatry*, 73(8), 845-851; *JAMA Psychiatry* 73(8), 775-776).

### Religion and Health Behaviors in Low Income Black Adolescents in Chicago

Investigators at the University of Chicago, University of Southern California, and Chungwoon University in Korea analyzed data from a survey of 638 at-risk African-American adolescents living in urban poverty-stricken neighborhoods of Chicago. Religious beliefs were assessed with a 4-item scale measuring frequency of prayer/meditation, attendance at religious services, talking to others about religious/spiritual concerns, etc. Scale scores were dichotomized into high and low religious beliefs based on a split at the median. Health behaviors assessed included delinquent behaviors, history of juvenile justice system involvement, quality of school engagement, school bonding, student-teacher connectedness, use of illicit substances, and risky or unsafe sexual behavior. Response rate to the survey was 87%; average age of participants was 16 years (range 12-22). Logistic regression was utilized to examine associations between religious belief and youth behavioral health, controlling for age, gender, sexual orientation, and socioeconomic status. **Results:** Delinquent behaviors (44%), alcohol use (49%), marijuana use (40%), sexual intercourse (54%), low school bonding (50%), and low student-teacher connectedness (45%) were prevalent in this sample. Black adolescents with low religious beliefs (52%) were significantly more likely to have a history of delinquent behaviors (adjusted OR=1.06, 95% CI 1.002-1.12), low school bonding (AOR=1.89, 95% CI=1.34-2.66), low student-teacher connectedness (AOR= 1.83, 95% CI= 1.29-2.60), greater alcohol use (AOR= 1.55, 95% CI= 1.10-2.18), greater marijuana use (AOR= 1.57, 95% CI= 1.11-2.24), and were more likely to experience risky sexual intercourse (AOR= 1.71 (95% CI= 1.17-2.50). Researchers concluded "... Greater religious involvement was protective with regards to lower rates of delinquency, drug use, risky sexual behaviors and higher rates of school engagement..."

*Citation:* Kim, D. H., Harty, J., Takahashi, L., & Voisin, D. R. (2018). The protective effects of religious beliefs on behavioral health factors among low income among African American adolescents in Chicago. *Journal of Child and Family Studies*, 27(2), 355-364.

*Comment:* Given the high rate of crime, shootings, and murder in the city of Chicago (that has received dramatic news media coverage of late), the findings above are significant in terms of public health. In fact, the mayor of Chicago was quoted, referring to those of all races not just Blacks, as saying: "This may not be

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politically correct," he said, "but I know the power of what faith and family can do. ... Our kids need that structure. ... I am asking ... that we also don't shy away from a full discussion about the importance of family and faith helping to develop and nurture character, self-respect, a value system and a moral compass that allows kids to know good from bad and right from wrong." Given the importance of religion and the church in the Black community, the findings above are informative.

### Religion and Family Functioning in Low Income Black Americans with Adolescents

Investigators from Lehman College (Bronx, New York) and Temple University (Philadelphia) surveyed 115 low-income African-American mother-adolescent dyads (adolescents ages 14-18, average age 16; mothers ages 30-76, average age 44). The majority of participants had a total family income of less than \$20,000 per year and were residing in a major metropolitan area in the northeastern US. Researchers hypothesized that higher levels of religious social support and support from God would be positively associated with better parenting strategies and with lower levels of adolescent problem behaviors. Religion was assessed using the Religious Support Scale that consists of three subscales: support from congregation, support from God, and support from religious leaders. Household routines were assessed by the Family Routines Inventory (Jensen et al., 1983), which has two subscales (frequency and importance): frequency of household routines assesses the degree to which 14 routines are predictable and consistent (e.g., "Children do the same thing each day as soon as they get up"); importance of routines is the extent to which respondents think that each of the 14 routines is important. Parenting behaviors were assessed with a 30-item version of the Reports of Parental Behavior Inventory (Schludermann, 1988); both caregivers and adolescents were asked separately to complete the scale, which assesses parental acceptance, parental use of psychological control, and parental use of behavioral control. Adolescent problem behavior was assessed by a 15-item checklist that describes delinquent behaviors (drug/alcohol use, stealing, cheating, etc.) (Gold & Reimer, 1975). Hierarchical regression was used to assess the data, controlling for adolescent age, parent age, parent marital status, parent education, total family income, and adolescent gender. **Results:** After controlling for the latter variables, parental social religious support (SRS) and support from God (SG) were unrelated to adolescent reported psychological control, adolescent reported behavioral control, or adolescent reported household routine. However, SRS and SG were significantly and positively correlated with caregiver reported household routine ( $B=0.25$  and  $B=0.23$ , respectively both  $p<0.01$ ). However, a higher level of SRS was positively associated with *more* adolescent problem behavior ( $B=0.10$ ,  $p<0.05$ ). Researchers concluded: "These results highlight the important roles relationship with God and other church members may play in supporting the lives of low-income African-American parents and their children."

*Citation:* Sisselman-Borgia, A., Budescu, M., & Taylor, R. D. (2018). The impact of religion on family functioning in low-income African American families with adolescents. *Journal of Black Psychology* 44(3), 247-272.

*Comment:* Greater religious social support and support from God were associated with increased levels of family routine as reported by caregivers. The authors note that higher levels of household routine have been associated with better adolescent outcomes.

### Religious/Spiritual Struggles and Problem Drinking in Young Americans

Neal Krause and colleagues analyzed data from a nationwide cross-sectional study of 2142 adults, examining the relationship between positive and negative aspects of religious/spiritual

involvement and problem drinking using the CAGE questionnaire (a widely used measure to identify problem drinking). Assessed were spiritual struggles, attendance at religious services, private prayer, and affiliation with evangelical denominations. Analyses were stratified by age group (young vs. older adults). **Results:** Although frequency of religious attendance, prayer, and evangelical denomination were associated with less problem drinking, the strongest relationship was found between spiritual struggles and more problem drinking. This relationship was particularly strong among younger adults compared to those who were older.

*Citation:* Krause, N., Pargament, K. I., Hill, P. C., & Ironson, G. (2018). Spiritual struggles and problem drinking: are younger adults at greater risk than older adults? *Substance Use & Misuse* 53(5), 808-815.

*Comment:* Unfortunately, the details of this study are lacking given that only the abstract was available for review. However, the finding that spiritual/religious struggles were particularly associated with problem drinking in younger (vs. older) adults is an important finding. This suggests that the religious aspect of "moral injury" (spiritual/religious struggles) may be especially linked to problem drinking in younger adults, perhaps especially among younger adults in the military where problem drinking is common. Of course, further studies in military personnel will be necessary to test this possibility.

### Religion and Adolescent Choice of Leisure Time Activity in the Czech Republic

Investigators at Olomouc University in the Czech Republic analyzed data from the 2014 Health Behavior in School-Aged Children Survey to identify the effect of religious involvement on leisure-time choices of a random nationally representative sample of 4,182 adolescents (mean age 14). Religious attendance was assessed by a single question, dichotomized into those attending at least once a week (7%) vs. less than once a week (93%). Spirituality was assessed with the 20-item Spiritual Well-Being Scale (SWBS; which includes religious well-being and existential well-being subscales); "spiritual respondents" were defined as scoring in the upper quartile on this scale. Leisure time activities included hours watching television, hours playing computer games, hours spent on the Internet, participation in team sports, individual sports, art school, youth organizations, activities and leisure-time centers, church meetings or singing, physical activity for at least 60 minutes per day, reading books, playing a musical instrument, and other creative activities. Control variables included socioeconomic status and perceived family support.

**Results:** Regression models demonstrated that adolescents who attended religious services regularly were 40% less likely engage in excessive television use ( $OR=0.60$ , 95%  $CI=0.50$  to  $0.80$ ) and excessive computer game playing ( $OR=0.60$ , 95%  $CI=0.40$  to  $0.70$ ). Likewise, those who scored in the spiritual range of the SWBS (top quartile) were less likely to engage in excessive television use ( $OR=0.92$ , 95%  $CI=0.90$ - $0.99$ ) and excessive computer game playing ( $OR=0.90$ , 95%  $CI=0.80$ - $0.96$ ). The combination of both frequent religious attendance and greater spiritual well-being was associated with a 20% less engagement in excessive computer game playing ( $OR=0.80$ , 95%  $CI=0.60$ - $0.99$ ) and a 20% lower likelihood of excessive Internet use ( $OR=0.80$ , 95%  $CI=0.60$ - $0.998$ ). In addition, adolescents who attended religious services regularly were nearly 5 times more likely to engage in both sports and nonsports activities compared to those attending less than once a week ( $OR=4.60$ , 95%  $CI=3.00$ - $7.10$ ). Those who scored in the top quartile of the SWBS were also more likely to engage in both sports and nonsports activities ( $OR=1.40$ , 95%  $CI=1.20$ - $1.50$ ). Researchers concluded: "Adolescent RA [religious attendance] and spirituality are associated with a more active way of spending leisure-time. Further research should focus

on understanding potential mechanisms that underlie these associations.”

*Citation:* Malinakova, K., Geckova, A. M., van Dijk, J. P., Kalman, M., Tavel, P., & Reijneveld, S. A. (2018). Adolescent religious attendance and spirituality—Are they associated with leisure-time choices? *PloS One* 13(6): e0198314.

*Comment:* This is a fascinating study documenting the possible impact that religion/spirituality has on adolescent choice of leisure time activities, potentially affecting adolescent health and well-being in this largely secular country of Eastern Europe.

### Religiosity/Spirituality, Hope, and Anxiety in Latino Youth

Investigators from the division of child psychology and school of social welfare at the University of Kansas (Lawrence, KS) surveyed 134 Latino youth attending a charter school in a large Midwestern U.S. city, examining the moderating effect of religion/spirituality on the relationship between hope and anxiety. Participants (mean age 16; 84% of Mexican descent) were recruited during parent-teacher conferences (75% response rate, with 134 having complete data). Religion/spirituality was measured with a single question: “Do you consider yourself a religious or spiritual person?” (Yes vs. No). Hope was assessed with the 6-item Children’s Hope Scale (Snyder), and anxiety symptoms were assessed with the 6-item DSM-IV-Oriented Affective Scale of the Youth Self-Report. Controlled for in analyses were age, gender, race, and nativity. **Results:** Approximately half of students (47.3%) identified as a religious or spiritual person. Greater hope was associated with lower levels of anxiety in bivariate analyses ( $r=-0.36, p<0.01$ ). Regression analyses indicated the presence of a significant interaction between hope and religiousness/spirituality in a model predicting anxiety symptoms ( $B=-0.21, p<0.05$ ). Stratified analyses revealed that the inverse association between hope and anxiety was present only in those who identified as religious/spiritual ( $B=-0.57, p<0.001$ ), not in those who did not identify as religious/spiritual ( $B=-0.16, p=0.17$ ). The researchers explained this finding as being due to the possibility that “Religious/spiritual coping may strengthen the link between high levels of hope and low anxiety levels in this sample.”

*Citation:* DiPierro, M., Fite, P. J., & Johnson-Motoyama, M. (2018, February). The role of religion and spirituality in the association between hope and anxiety in a sample of Latino youth. *Child & Youth Care Forum* 47 (1):101-114.

*Comment:* An interesting finding in this small cross-sectional sample of Latino youth. Larger samples and prospective designs are needed to replicate the findings and help to explain how these relationships came about.

### Religiosity and Depression/Anxiety among Hispanic/Latino U.S. Adults

Investigators in the division of preventive & behavioral medicine at the University of Massachusetts School of Medicine and other universities across the US analyzed data from the Hispanic Community Health Study/Study of Latinos. This is a population-based survey of a random sample of 15,787 adults ages 18 to 74 in the US (average age 46 years; 40% Mexican; 50% Catholic). Depressive symptoms were assessed with the 10-item CES-D (scores dichotomized at a cut-point of 10), and trait anxiety was measured with 10 items taken from the State-Trait Anxiety Inventory (dichotomized at the gender-specific highest quartile). Three dimensions of religiosity were assessed: religious affiliation, frequency of religious attendance, and importance of religion in life. Controlled for in analyses were age, education, nativity, and income. Analyses were stratified by age group: 18-44 ( $n=6360$ ), 45-64 ( $n=7876$ ), and 65+ ( $n=1228$ ). **Results:** Associations with religiosity were significant in older adults only. In that age group, those who never attended religious services were 80% more likely

to be depressed compared to those attending at least once per week ( $OR=1.80, 95\% CI=1.11-2.90$ ). Likewise, older adults with no religious affiliation were over twice as likely to experience high anxiety ( $OR=2.08, 95\%=1.02-4.22$ ) compared to those with a religious affiliation. Similarly, those who indicated that religion was not at all important in their life were two and one-half times more likely to report high anxiety ( $OR=2.55, 95\% CI=1.02-6.38$ ) compared to older adults who indicated religion was extremely important in life. Researchers concluded: “Lack of religiosity was associated with elevated depressive or anxiety symptoms in older adults but not in younger or middle-aged adults.”

*Citation:* Lerman, S., Jung, M., Arredondo, E. M., Barnhart, J. M., Cai, J., Castañeda, S. F., ... & Perreira, K. (2018). Religiosity prevalence and its association with depression and anxiety symptoms among Hispanic/Latino adults. *PloS One* 13(2): e0185661.

*Comment:* In this very large cross-sectional study, religious involvement was related to less depression and less anxiety only in older Hispanic/Latino adults. Further research, particularly longitudinal studies, are needed to understand why religiosity is unrelated to emotional health in younger and middle-aged adults of this ethnic group in America.

### Attachment to God and Mental Health Outcomes in Older Americans

Researchers in the department of sociology at Baylor University analyzed data from the Religion, Aging, and Health Survey, a 3-year prospective study of 1500 adults age 65 or older in 2001 (Wave I), 1024 of whom were reassessed in 2004 (Wave II). Psychological well-being was assessed by a 3-item measure of optimism, a 3-item measure of self-esteem, and a 3-item measure of life satisfaction (all indicators of mental health) at Wave I and II. Also assessed at Wave I was forgiveness by God (four items) and attachment to God (five items). Controlled for in all analyses were age, gender, race, income, education, prayer frequency, religious service attendance, and religious affiliation. Longitudinal regression models were used to examine the data. **Results:** Controlling for Wave I mental health indicators (along with demographics), predictors of optimism, self-esteem, and life satisfaction at Wave II were examined. Wave II optimism was positively related to frequency of religious attendance ( $B=0.29, p<0.001$ ), inversely related to no affiliation ( $B=-0.25, trend, p<0.10$ ), and positively associated with a secure attachment to God ( $B=0.11, p<0.05$ ). With regard to Wave II self-esteem, those with a secure attachment to God ( $B=0.05, p<0.10$ ) and feeling forgiven by God ( $B=0.06, p<0.10$ ) tended to have greater self-esteem. There were no significant correlations between religious variables and life satisfaction. In addition, interactions indicated that feeling forgiven by God and transactional forgiveness from God were more strongly associated with increased well-being among those who were more securely attached to God (compared to those who were insecurely attached). Researchers concluded: “Findings underscore the importance of subjective beliefs about God in the lives of many older adults in the United States.”

*Citation:* Kent, B. V., Bradshaw, M., & Uecker, J. E. (2018). Forgiveness, attachment to God, and mental health outcomes in older US adults: A longitudinal study. *Research on Aging* 40(5), 456-479.

*Comment:* Longitudinal studies like this one provide important information on the causal relationship between religiosity (relationship with God here) and mental health outcomes, and thus are a priority for religion-health researchers. Investigators controlled for baseline mental health indicators at Wave I in all analyses, as they should have.

### Is Religious Volunteering Good for Your Health?

Jerf Yeung from the department of applied social sciences at the City University of Hong Kong analyzed data from the Survey of

Texas Adults 2004. This survey collected data on a population-based, representative state-wide sample of 1504 community-dwelling adults age 18 or older (average age 46). Self-rated mental and physical health were assessed using single questions, along with a single question assessing life satisfaction (the three health outcomes). "Other-oriented" volunteering was assessed by 12 types of voluntary services related to health, education, churches/synagogues/religious groups, human services, environment or animal welfare, public or societal benefit, recreation, arts or cultural services, work-related organizations, political organizations or campaigns, use development or mentoring, or other volunteer work. This was dichotomized into either volunteering in any of these services or not. "Self-oriented" volunteering was assessed by participating in voluntary services of recreation, arts or culture, environment or animal welfare, work-related service, political campaign or movement, and other service activities characterized as self-serving or self-actualization. Religiosity was assessed by six religious items including religious attendance, attendance at other religious meetings, frequency of prayer, frequency of Bible or religious scripture reading, frequency of watching/listening to religious programs on TV or radio, and frequency of reading religious material other than the Bible or religious scriptures. Controlled for in analyses using structural equation modeling were education, gender, marital status, and age. **Results:** Religiosity was particularly strongly related to other-oriented volunteering ( $r=0.34$ ,  $p<0.01$ ), compared to self-oriented volunteering ( $r=0.09$ ,  $p<0.01$ ). Religiosity was also related to better mental health and greater life satisfaction (both  $p<0.01$ ). Structural equation modeling revealed that the indirect effects of religiosity on mental health, life satisfaction, and physical health through other-oriented volunteering were significantly stronger than through self-oriented volunteering. In addition, religiosity was significantly related to health outcomes (direct effects) independent of the mediating effects of volunteering (regardless of type).

*Citation:* Yeung, J. W. (2018). Religion, volunteerism and health: Are religious people really doing well by doing good? *Social Indicators Research*, EPUB ahead of press

*Comment:* The relationship between religiosity and volunteering is an important one to document. The major weakness of this study was that volunteering for churches/religious organizations was included in the "other-oriented" volunteering measure, which may have biased the relationship between this type of volunteering and religiosity.

### Religion and Common Mental Disorders in Bhutan

Investigators from the Sydney School of Public Health (Australia) and Institute for Global Health (University College London) analyzed data collected from the Bhutan Gross National Happiness Study. This study was a survey of a nationally representative sample of 7,041 persons ages 15 to 65+ in the country of Bhutan, a mostly Buddhist country. Symptoms of psychological distress or chronic mental disorder (CMD) were assessed with the 12-item General Health Questionnaire (GHQ-12). Religious/spiritual characteristics assessed were religious affiliation (Buddhism [84%], Hinduism [14%], Christianity, other, none), spirituality ("How spiritual do you consider yourself to be: very, moderately, somewhat, not at all?"), and belief in the Buddhist concept of karma ("Do you consider karma in the course of your daily life: regularly, occasionally, rarely or not at all?"). In addition, self-reported health, disability, and walking time to nearest health center were also measured. **Results:** Controlling for age, gender, marital status, education, occupation, income urban-rural residence, and household size, regression analyses indicated that (1) those who were only moderately, somewhat, or not at all spiritual were significantly more likely to have symptoms of CMD than those who were very spiritual ( $B=0.61$ ,  $p<0.001$ , and  $B=0.76$ ,  $p<0.001$ , respectively), and (2) those who never or only

occasionally considered karma in daily life were more likely to have CMD than those who considered karma regularly in daily life ( $B=0.53$ ,  $p<0.001$ , and  $B=0.80$ ,  $p<0.001$ ).

*Citation:* Sithey, G., Li, M., Wen, L. M., Kelly, P. J., & Clarke, K. (2018). Socioeconomic, religious, spiritual and health factors associated with symptoms of common mental disorders: a cross-sectional secondary analysis of data from Bhutan's Gross National Happiness Study, 2015. *BMJ (British Medical Journal) Open* 8(2): e018202.

*Comment:* This was a large cross-sectional study involving a random sample of adults in the Buddhist country of Bhutan. Those who were more spiritual and believed more strongly in karma (the Hindu/Buddhist belief that experiences in past lives influence experiences in the present life) had fewer symptoms of chronic mental illness or psychological distress. Such studies in Buddhist countries (especially large samples like this) are rare.

## SPECIAL EVENTS

### 2<sup>nd</sup> International Congress on Religious-Spiritual Counseling and Care

(November 22-24, 2018, Istanbul, Turkey)

This international congress, entitled Spiritual Counselling and Care (SCC), emphasizes the human aspects of religious beliefs and moral values; to appreciate the contributions they make to individual and social life, and to raise a popular and academic awareness of the perception of religion that is touched by human life. In this context, it aims particularly to examine the place, role, function and contribution of religion and spirituality in family therapy, in reforming and rehabilitation of inmates in prisons, for being a source of hope and morale to patients in health care services in hospitals, in the formation of moral and motivation in the military, in creating spiritual atmosphere for elderly and disadvantaged groups in social services. The first spiritual counselling and care scholarly gathering within the scope of this congress as planned series of conferences was held in April 2016 in Istanbul, Turkey. The main theme was "The Place and Function of Spiritual Counselling and Care in Human Life" aiming to give a broad coverage of all issues, practices and problems in the field. The upcoming and subsequent congressional themes will be continued in more specific areas. The main theme of the 2<sup>nd</sup> International Congress is "Spiritual/Religious Counselling and Care in Prison and Healthcare Services." For more information, go to: <https://mdrk.org/en>. Contact: [mdrk@dem.org.tr](mailto:mdrk@dem.org.tr).

### 2019 David B. Larson Memorial Lecture

(March 21, Duke University Hospital North, Room 2001, 5:30-6:30P, Durham, NC)

Gail Ironson, M.D., Ph.D., from the department of psychology and psychiatry at the University of Miami, Coral Gables, will give the 2019 DBL Memorial Lecture. Dr. Ironson has over 200 publications in the field of behavioral medicine applied to HIV/AIDS, cancer, and cardiovascular disease, and is past president of the Academy of Behavioral Medicine Research Society (a senior level organization by invitation only). She has directed or co-directed federally funded research studies investigating psychological factors in long survival with HIV/AIDS, stress management in HIV and cancer, massage therapy and immunity, and the biological effects of trauma in underprivileged people, people with HIV, and people at risk for HIV. Finally, she set up and runs the trauma treatment program at the University of Miami Psychological Services Center, which makes available to the community (on a sliding scale basis) both traditional (PE, CPT) and newer (EMDR) approaches to treatment. Her current areas of focus include examining positive psychological factors and health (especially spirituality) and trauma. She is one of the core

investigators in the nationwide Templeton Landmark study on Spirituality and Health, and has just completed another study on treating trauma in men at risk for HIV. All are welcome to this lecture, including members of the general public. For more information, contact [Harold.Koenig@Duke.edu](mailto:Harold.Koenig@Duke.edu).

## 2019 Conference on Medicine and Religion

(March 29-31, Durham, NC)

The theme of this year's conference is: *Medicine and Faithful Responses to Suffering: "My Pain is Always With Me"*. Pain haunts human experience and frequently leads people to seek help from medical practitioners. As many as one in four American adults suffers chronic pain. On one hand, relieving pain seems the most obvious of responsibilities for clinicians. "To cure sometimes, to relieve often, to comfort always," the saying goes. On the other hand, pain often seems to defy medical solutions and to bedevil the efforts of both patients and clinicians. What, then, should we make of pain? What are traditioned practices of responding wisely to pain? What role does medicine play in those practices? Jewish, Christian, and Islamic scriptures and traditions all speak to the experience of pain, why it exists, how it affects an individual and a community, how one might respond faithfully to pain in oneself and in one's neighbor, and what may be hoped for when pain will not go away. The 2019 Conference on Medicine and Religion invites health care practitioners, scholars, religious community leaders, and students to take up these questions about pain by relating them to religious traditions and practices, particularly, but not exclusively, those of Judaism, Christianity and Islam. The conference is a forum for exchanging ideas from an array of disciplinary perspectives, from accounts of clinical practices to empirical research to scholarship in the humanities. For more information or for those wishing to submit an abstract (deadline October 18), go to: <http://www.medicineandreligion.com/>.

## RESOURCES

### Alternative Sociologies of Religion

(New York University Press, 2017)

From the publisher: "[This book] explores what the sociology of religion would look like had it emerged in a Confucian, Muslim, or Native American culture rather than in a Christian one. Sociology has long used Western Christianity as a model for all religious life. As a result, the field has tended to highlight aspects of religion that Christians find important, such as religious beliefs and formal organizations, while paying less attention to other elements. Rather than simply criticizing such limitations, James V. Spickard imagines what the sociology of religion would look like had it arisen in three non-Western societies. What aspects of religion would scholars see more clearly if they had been raised in Confucian China? What could they learn about religion from Ibn Khaldun, the famed 14th century Arab scholar? What would they better understand, had they been born Navajo, whose traditional religion certainly does not revolve around beliefs and organizations? ...The volume shows how non-Western frameworks can shed new light on several different dimensions of religious life, including the question of who maintains religious communities, the relationships between religion and ethnicity as sources of social ties, and the role of embodied experience in religious rituals. Available for \$27.00 (paperback) at <https://www.amazon.com/Alternative-Sociologies-Religion-Through-Non-Western/dp/1479866318/>

### Religion and Mental Health: Research and Clinical Applications

(Academic Press, 2018) (Elsevier)

From the publisher: "[This 384 page volume] summarizes the latest research on how religion may help people better cope or exacerbate their stress, covering its relationship to depression, anxiety, suicide, substance abuse, well-being, happiness, life satisfaction, optimism, generosity, gratitude and meaning and purpose in life. The book looks across religions and specific faiths, as well as to spirituality for those who don't ascribe to a specific religion. It integrates research findings with best practices for treating mental health disorders for religious clients, also covering religious beliefs and practices as part of therapy to treat depression and posttraumatic stress disorder. [In brief, this volume] summarizes research findings on the relationship of religion to mental health, investigates religion's positive and negative influence on coping, presents common findings across religions and specific faiths, identifies how these findings inform clinical practice interventions, and describes how to use religious practices and beliefs as part of therapy." Available for \$72 at <https://www.amazon.com/Religion-Mental-Health-Research-Applications/dp/0128112824>.

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

Amazon: CreateSpace Publishing Platform, 2018)

From the author: "If you or a family member is struggling with a condition called posttraumatic stress disorder (PTSD), then this little book is for you. As a psychiatrist and research scientist for more than 30 years, I've been struck by how many people with PTSD are not being treated correctly for this disorder (and why more than 50% of persons with PTSD continue to suffer disabling symptoms despite treatment). For that reason, I've written this book to inform those affected by PTSD about the condition and the best whole person treatments available today. I describe here what PTSD is, the causes for it, and the factors that protect against it. I also examine a separate condition called moral injury that often accompanies PTSD and can interfere with recovery unless identified and treated at the same time. I then focus on the best evidence-based treatments for PTSD today -- psychological, medical / pharmacological, and especially, religious or spiritual. 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 at <https://www.amazon.com/dp/172445210X>.

### Protestant Christianity and Mental Health: Beliefs, Research and Applications

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

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

### Catholic Christianity and Mental Health: Beliefs, Research and Applications

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

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

## Islam and Mental Health: Beliefs, Research and Applications

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

For mental health professionals, clergy, researchers, and laypersons interested in the relationship between religion, spirituality and mental health in Muslims. Available for \$7.50 at:

<https://www.amazon.com/Islam-Mental-Health-Research-Applications/dp/1544730330>.

## Hinduism and Mental Health: Beliefs, Research and Applications

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

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

<https://www.amazon.com/dp/1544642105/>

## Judaism and Mental Health: Beliefs, Research and Applications

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

For mental health professionals, clergy, and researchers interested in the relationship between religion, spirituality and health in Judaism. Available for \$7.50 at:

<https://www.amazon.com/Judaism-Mental-Health-Research-Applications/dp/154405145X/>

## Buddhism and Mental Health: Beliefs, Research and Applications

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

For mental health professionals, clergy, researchers, and laypersons interested in the relationship between religion, spirituality and mental health in Buddhists. Available for \$7.50 at

<https://www.amazon.com/dp/1545234728/>

## 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>.

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

(Templeton Press, 2011)

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

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

## TRAINING OPPORTUNITIES

### Certificate in Theology and Healthcare

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

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

## FUNDING OPPORTUNITIES

### Templeton Foundation Online Funding Inquiry

The John Templeton Foundation is now accepting new Online Funding Inquiries (OFIs; essentially letters of intent) through their funding portal. The next deadline for Small Grant requests (\$234,800 or less) and Large Grant requests (more than \$234,800) is **August 31, 2019**. The Foundation will communicate their decisions (rejections or invitations to submit a full proposal) for all OFIs by September 28, 2019. JTF’s current interests on the interface of religion, spirituality, and health include: (1) research on causal relationships and underlying mechanisms (basic psychosocial, behavioral, and physiological pathways), (2) increasing competencies of health care professionals in working with religious patients and issues (especially in mental health and public health), (3) research involving the development of religious-integrated interventions that lead to improved health, (4) efforts to increase collaboration and rates of referrals between mental health professionals and religious clergy. More information:

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

## 2018 CSTH CALENDAR OF EVENTS...

### Oct

- 6 **Religion, Spirituality and Health**  
Spiritist Medical Association (US) Conference  
Florida International University, Miami, FL  
**Speaker:** Moreira-Almeida, Koenig and others  
Contact: Cicero Torres ([cicero.torres@gmail.com](mailto:cicero.torres@gmail.com))
- 31 **Spirituality and Health in Veterans with PTSD**  
**Speaker:** Nathan Boucher, DrPH, PA-C  
Senior Fellow, Center for Aging  
Durham VA GRECC  
Center for Aging, 3rd floor, Duke South, 3:30-4:30  
**Contact:** Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))

### Nov

- 22-24 **Integrating Spirituality into Patient Care from a Multicultural Perspective**  
2<sup>nd</sup> International Congress on Religious-Spiritual Counseling in Care, Istanbul, Turkey  
**Speakers:** HG Koenig by pre-recorded presentation, and many others  
Contact: [mdrk@dem.org.tr](mailto:mdrk@dem.org.tr).
- 28 **"The Disease of Being Busy": Healing, Wholeness, and the Heart of Islam**  
**Speaker:** Omid Safi, Ph.D.  
Professor of Asian and Middle Eastern Studies, Islamic Studies Center, Department of Religion, Duke University, author of *Progressive Muslims*, *Voices of Islam: Voices of Change*, and *Cambridge Companion to American Islam* and numerous other publications on this topic  
Center for Aging, 3rd floor, Duke South, 3:30-4:30  
**Contact:** Harold G. Koenig ([Harold.Koenig@duke.edu](mailto: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>