

CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health

Volume 9

Issue 4

Oct 2019

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 2019) go to:
<http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

LATEST RESEARCH

Religiosity, Threatening Life Events, and Depression Outcomes in Dublin, Ireland

Investigators from the departments of psychology and psychiatry at the University of Zurich, Switzerland, and university hospitals in Dublin, Ireland, recruited 348 patients diagnosed clinically with either a depressive episode or an adjustment disorder by psychiatrists using ICD-10 criteria. Participants were then followed for an average of 6 months, and depressive symptoms were assessed using the Beck Depression Inventory (BDI-II) at baseline (T1) and follow-up (T2). Religiosity was assessed at baseline (T1) using the 5-item DUREL, which measures organizational (ORA), non-organizational religious activities or private religious activity (NORA), and intrinsic religiosity (IR). Threatening life stressors were also assessed using the Life Threatening Experiences (LTE) scale. Also assessed was social support using the Oslo Social Support Scale (OSS). Hierarchical regression modeling was used to examine cross-sectional relationships, and multiple linear regression was utilized for longitudinal analyses. Age, life events, social support, and depressive symptoms at T1 and T2 were included in models. **Results:** Cross-sectional analyses at T1 demonstrated that religiosity was inversely related to depressive symptoms (BDI-II): ORA ($b=-0.19$, $p<0.001$) and IR ($b=-0.11$, $p=0.05$). In longitudinal analyses, where the moderating effect of religiosity was examined on the relationship between LTE and depressive symptoms, there was a significant interaction between T1 NORA and T1 LTE in predicting T2 depressive symptoms, controlling for sex, age, and T1 depressive symptoms ($b=-0.23$, $SE=0.07$, $p=0.001$). The same was true for T1 IR and T1 LTE on T2 depressive symptoms ($b=-0.15$, $SE=0.07$, $p=0.03$). In other words, among those with low NORA, the relationship between LTE and depressive symptoms was non-significant, whereas among those with high religiosity, the relationship between LTE and depressive symptoms (T2) was significant and inverse ($b=-0.42$, $p<0.01$). Similar relationships were found for IR, where among those with low IR, the relationship between LTE and depressive symptoms was non-significant, whereas among those with high IR, the relationship was significant and inverse ($b=-0.38$, $p<0.01$).

Note that interaction between general social support and LTE on depressive symptoms was not significant in any model.

Researchers concluded: "This study demonstrated that various dimensions of religiousness buffered the impact of life events on outcome."

Citation: Lorenz, L., Doherty, A., & Casey, P. (2019). The role of religion in buffering the impact of stressful life events on depressive symptoms in patients with depressive episodes or adjustment disorder. *International Journal of Environmental Research and Public Health*, 16(7), 1238.

Comment: This is an important study because of its (1) nature (the moderating effect of religiosity on the relationship between life stressors and depressive symptoms among those with depressive disorder), (2) design (assessing this effect prospectively), (3) method of statistical analysis (controlling for T1 depressive symptoms in the model and examining each dimension of religiosity separately), and (4) location (Dublin, Ireland). Note also that general social support had no effect on the relationship between life threatening stressors and depressive symptoms over time.

Religion, Social Integration, and Depression in Europe

Jason Schnittker from the department of sociology at the University of Pennsylvania analyzed data from the sixth round of the European Social Survey (2012) to examine the relationship between religion, self-rated religiosity, social integration and depression. This cross-sectional study involved a random sample of 17,602 adults in Belgium, Bulgaria, Switzerland, Germany, Denmark, France, United Kingdom, Netherlands, and Sweden. Religious affiliation was Catholic ($n=3,021$), Protestant ($n=3,451$), Eastern Orthodox ($n=1,472$), other Christian ($n=209$), Muslim ($n=769$), other religion ($n=206$), and no religion ($n=8,474$).

Participants were also asked "How religious would you say you are?" with response options ranging from 0 (not at all) to 10 (very religious). Participants in each religious affiliation were divided into "high" and "low" groups based on self-rated religiosity. Social integration was assessed by a 4-item index measuring number of close friends; frequency of meeting/talking with friends, relatives, neighbors, colleagues; feeling close to people in the local neighborhood; and feeling that people in local neighborhood help one another. A two-item discrimination index was also administered. Depression, the primary outcome, was assessed using the 8-item brief CES-D. Demographic controls included gender, age, years of schooling, household income, and country.

Results: Controlling for country of residence, Protestants and Catholics were significantly less likely to be depressed compared to those with no religious affiliation; this was especially true for those with high self-rated religiosity. In contrast, Muslims, were significantly *more likely* to be depressed compared to those with no affiliation, and this was especially true for Muslims with low self-rated religiosity. Differences in depressive symptoms between the non-affiliated and Protestants and Catholics remained significant after controlling for all demographic controls and discrimination, whereas the effect in Muslims loss statistical significance. When social integration was controlled for, differences in depression

EXPLORE...in this issue

1-4 LATEST RESEARCH

5-6 NEWS, EVENTS & RESOURCES

6-7 TRAINING, FUNDING Opportunities, and CALENDAR

between the non-affiliated and Protestants and Catholics disappeared (were explained). However, the relationship with greater depression among Muslims with low self-rated religiosity returned again ($b=0.98$, $SE=0.31$, $p<0.01$); in other words, Muslims with low religiosity would be even more depressed if it were not for their high levels of social integration and support (indicating a "suppressor effect"). Mediation analyses revealed that among those with high self-rated religiosity, social integration explained 56% of the effect for Protestants and 86% of the effect for Catholics. For Muslims with low self-rated religiosity and greater depression, discrimination explained 31% of the effect. The researcher noted that: "Overall differences among religious groups are very strong: the difference in depression between Muslims and Protestants, for instance, exceeds the difference between men and women."

Citation: Schnittker, J. (2019). Religion, social integration, and depression in Europe: Evidence from the European Social Survey. *Social Science & Medicine*, E-pub ahead of press.

Comment: Note that social integration was assessed not only by number and frequency of social contacts, but also by the quality of those social contacts (which may have been greater among those who were more religious with more religious contacts). Thus, one cannot rule out that the religious nature of the social integration may have been important. The findings also underscore the importance of social integration and support for the mental health of Muslims who are not religious, and the role that perceived discrimination plays in explaining depressive symptoms in that group.

Religiosity/Spirituality and Mental Health of Mothers of Children with Autism Spectrum Disorder

Researchers from the department of psychology at Texas Christian University in Fort Worth and California State University in Turlock surveyed 73 mothers of children with autism spectrum disorder (ASD) examining the relationship between religiosity/spirituality (R/S) and maternal mental health (i.e., feelings that the child with ASD positively impacted their lives and levels of anxiety and depressive symptoms). R/S was assessed with the Brief Multidimensional Measure of Religiousness/Spirituality: "spirituality" was measured by the 6-item Daily Spiritual Experiences Scale (DSES), whereas religiosity was measured by a 5-item private religious practices scale (NORA) and by a 2-item organizational religiosity scale (ORA). Also assessed was religious support by 2-item positive support and 2-item negative interaction subscales. Feelings that ASD child positively impacted parents' lives was assessed by the Positive Contribution Scale of the Kansas Inventory of Parental Perceptions (KIPP) and Benefit Finding Scale (BFS). Depressive symptoms were assessed by the 20-item CESD and anxiety symptoms by the 20-item state-trait anxiety inventory (STAII). ASD severity was measured by the Social Responsiveness Scale (SRS). **Results:** Spirituality alone, but not religiosity, was positively related to both KIPP and BFS scores after controlling for maternal ethnicity. Although no religious variables were related to either anxiety or depression, spirituality was indirectly related to fewer anxiety symptoms through KIPP (positive contributions) scale scores. Finally, controlling marital status, no association was found between positive religious support and either ASD severity or subclinical ASD traits in relatives; however, negative religious interactions were significantly and positively associated with ASD symptom severity. Researchers concluded: "Higher levels of spirituality were associated with viewing their child with ASD as providing a positive contribution to the family. These positive views were, in turn, associated with less anxiety symptoms. Mothers of children with more severe ASD symptoms also reported greater negative interactions with members of their congregation."

Citation: Ekas, N. V., Tidman, L., & Timmons, L. (2019). Religiosity/spirituality and mental health outcomes in mothers of

children with autism spectrum disorder: the mediating role of positive thinking. *Journal of Autism and Developmental Disorders*, E-pub ahead of press.

Comment: Surprisingly, no indicator of religiosity was associated with either mothers' view that their child with ASD provided a positive contribution to the family or with maternal anxiety or depressive symptoms. In contrast, "spirituality" was associated with positive views about contributions to the family and indirectly to fewer anxiety symptoms. Unfortunately, the measure of spirituality used here was confounded by indicators of good mental health (e.g., "I feel deep inner peace or harmony"). Not surprising, then, those who experienced deep inner peace or harmony were likely to have better mental health and more positive views toward their child with ASD. Nevertheless, this is one of the few studies to examine the relationship between religiosity and mental health in mothers of children with autism spectrum disorder.

Religiosity, Parental Communication, and Family Emotional Support in Czech Adolescents

Investigators in the Social Health Institute at Palacky University Olomouc in the Czech Republic analyzed data from the 2014 Health Behavior in School-Aged Children study, which included 4,182 adolescents ages 11 to 15 (average 14.4 years old). The purpose of this report was to examine the relationship between religiosity, "spiritual well-being," and quality of relationships between adolescents and parents. Religiosity was assessed by frequency of religious attendance (dichotomized as once a week or more vs. less than once a week), and spiritual well-being was assessed using a shortened version of Palouzian & Ellison's Spiritual Well-Being Scale (SWBS). The abbreviated SWBS assessed religious well-being (RWB; four items) and existential well-being (EWB; three items). Given that the EWB subscale is simply a measure of subjective well-being, summarized here is only the results for the RWB subscale and religious attendance item. Communication with parents was assessed by the question: "How easy is it for you to talk to the persons listed below about things that really bother you?" (with mother and father listed among the response categories). Perceived family emotional support was assessed with the 4-item Multidimensional Scale of Perceived Social Support (Zimet). Confounding variables included age, gender, and socioeconomic status. **Results:** 7.1% of adolescents attended church services at least once a week or more. Frequent religious attendance was associated with a lower likelihood of easy communication with father (55.0% vs. 63.4% for infrequent attendees, $p<0.01$) and with mother (75.5% vs. 81.8%, $p<0.05$). No association was found between religious attendance and perceived emotional support. Frequent religious attendance, however, was associated with greater parental monitoring with regard to adolescent's watching TV (34.0% vs. 26.4%, $p<0.01$), playing PC games (49.3% vs. 36.0%, $p<0.001$), time on the Internet (38.6% vs. 27.9%, $p<0.001$), obligatory breakfast (56.5% vs. 45.0%, $p<0.001$), and eating in front of the screen (55.5% vs. 43.7%, $p<0.001$). After adjusting for age, gender, and socioeconomic status, frequent church-attending adolescents reported significantly less ease communicating with father ($OR=0.72$, 95% CI=1.003, $p<0.05$) and with mother ($OR=0.68$, 95% CI=0.47-0.99, $p<0.01$), but again, no difference in terms of perceived emotional support from family. RWB was unrelated to communication with father or mother, but was positively associated with perceived emotional support from family ($OR=1.17$, 95%CI=1.06-1.29, $p<0.001$). Multivariate analyses confirmed associations between adolescent religious attendance and parental monitoring of watching TV, playing PC games, time on the Internet, obligatory breakfast, and eating in front of the screen. RWB was also associated in multivariate analyses with greater parental monitoring for all of those adolescent behaviors as well. Researchers concluded that higher adolescent religious attendance was associated with lower self-reported ease of

communicating with mother and greater parental monitoring of their activities.

Citation: Malinakova, K., Trnka, R., Bartuskova, L., Glogar, P., Kascakova, N., Kalman, M., ... & Tavel, P. (2019). Are adolescent religious attendance/spirituality associated with family characteristics? *International Journal of Environmental Research and Public Health*, 16(16), 2947.

Comment: Greater parental monitoring of adolescents who frequently attended religious services (presumably because their parents frequently attended) may have influenced adolescents' perceived ease of communication with their parents in this highly secular Eastern European country. At age 14, few adolescents want to be monitored (despite their need for it) and fulfilling parental responsibilities in this regard may have aroused adolescent resentment, reflected in responses to questions about ease of communication.

Religiosity and Identity among Muslim Adolescents in Pakistan

Researchers in the Institute of Professional Psychology at Bahria University in Karachi, Pakistan, surveyed 350 adolescents ages 15-21 (73% Muslim) attending government and private schools, colleges and universities in Karachi. Participants completed the 32-item Ego Identity Process Questionnaire (composed of two subscales titled "Commitment" and "Exploration"). Commitment involves commitment to decisions about occupation, political or religious beliefs, role in family, friendships, gender roles, etc., without much questioning or exploring. Exploration involves questioning political views, religious beliefs, trying different occupations, re-examining values, questioning role in family, questioning needs with regard to friendships, etc., without having firm commitments. Religiosity was assessed with the 16-item Daily Spiritual Experiences Scale (DSES), divided into "spirituality" (items 1-15) and "closeness to God" (item 16). **Results:** Bivariate correlations indicated that spirituality and closeness to God were both positively correlated with Commitment ($r=0.20$ and $r=0.16$, respectively, both $p<0.01$), and closeness to God was inversely correlated with Exploration ($r=-0.13$, $p<0.01$). Based on responses to items 1-15 on DSES, participants were then divided into low, moderate, and high spirituality groups; likewise, based on responses to the closeness to God item, they were left in the existing categories of "not at all, somewhat, very close, and as close as possible." Analysis of variance (ANOVA) indicated that those in the moderate spirituality group scored higher on Commitment than those in the low spirituality group, and those in the high spirituality group scored higher than those in the moderate spirituality (a gradient of effect). Similarly, those who indicated they were somewhat or very close to God scored higher on Commitment than those indicating they were not at all close to God. The authors concluded that spirituality and religiosity were related to levels of Commitment (but not Exploration) among Muslim Pakistani adolescents.

Citation: Munir, R., Aqil, S., Kasem, S., Mughal, M. D., & Shoaib, S. (2019). Identity achievement of adolescents: Predicting role of spirituality. *Bahria Journal of Professional Psychology*, 18(1), 77-102.

Comment: A relatively modest study, but one of the first to examine the association between R/S and Muslim adolescents' identity achievement in Pakistan.

Religiosity and Epstein-Barr Virus (EBV) Antibodies

Neal Krause from the School of Public Health at the University of Michigan analyzed data obtained from 250 Hispanics and 602 non-Hispanic Whites to examine the relationship between religious support and EBV antibodies. EBV antibodies are known to be an indicator of immune system functioning; the EBV remains in a dormant state until a psychological, social, or physical stressor activates this virus causing the body to produce antibodies. High

EBV antibody levels have been associated with numerous physical and mental health problems, including multiple sclerosis, Parkinson's disease certain lymphomas, and acute psychoses. In the present study, which involved a random U.S. national sample of 3,010 adults, the author focused on religious support. Excluded were 1,215 individuals who attended religious services infrequently, 78 individuals who self-identified as atheists, 484 Black-Americans, and those who refused to provide a blood sample for EBV antibody determination. The final sample for analysis was 852. Religious support was assessed by three questions measuring emotional support received at church (developed by the author). Also assessed and controlled for in regression analyses were single items assessing church attendance, private prayer, and evangelical Christian status, along with age, gender, and education. **Results:** No difference was found between EBV antibody levels in Hispanics and non-Hispanic Whites. The interaction between religious support and ethnicity, however, was significant ($b=-0.038$, $p<0.01$). When analyses were stratified by ethnicity, results indicated that Hispanics who received more emotional support from church members had significantly lower EBV antibody titers compared to those who received less support ($b=-0.023$, $p<0.05$); this relationship was not significant in non-Hispanic whites ($b=0.015$, $p=ns$). No relationship was found between emotional support received outside church and EBV antibody titers either or in Hispanics or non-Hispanic Whites. The researcher concluded: "The data indicate that emotional support that is received from fellow church members is associated with lower EBV values among Hispanics of all ages, but not among Whites of all ages."

Citation: Krause, N. (2019). Religion and Health Among Hispanics: Exploring Variations by Age. *Journal of Religion and Health*, E-pub ahead of press.

Comment: This is one of the few well-done studies (random sample, exemplary statistical analyses) examining the association between an indicator of immune functioning (EBV antibody titer) and religious support.

Spirituality, Morbidity and Mortality in Patients Undergoing CABG Surgery

Researchers examined the cross-sectional association between spirituality and a range of cardiovascular outcomes following coronary artery bypass graft (CABG) surgery at a single hospital in Iran (Shariati Hospital in Tehran). Spirituality was assessed by the Hall & Edwards Spiritual Assessment Inventory (SAI), a scale that measures awareness of God and quality of relationship with God. Morbidity and mortality outcomes were based on patients' medical records and physicians' confirmation of those outcomes. **Results** indicated that higher scores on the disappointment with God subscale of the SAI were associated with a greater incidence of infection, cardiac tamponade, PVCs, and atrial fibrillation, whereas higher scores on the awareness of God subscale of the SAI was associated with significantly fewer of these complications. Disappointment with God scores also predicted longer hospital stays. Finally, greater knowledge of God was associated with significantly lower mortality.

Citation: Bagheri, J., Shayan, N., Bagheri, M. M., & Heidari, M. (2019). relationship of spirituality with morbidity and mortality in patients with coronary artery disease undergoing CABG surgery at Shariati Hospital. *Journal of Research on Religion & Health*, 5(1), 76-86.

Comment: Information on this study is limited due to only the abstract being available in English for review (original full text article was in Persian, i.e., Farsi). Nevertheless, given that there are so few studies have examined the relationship between religiosity and cardiovascular outcomes, particularly after CABG surgery, readers should be aware of this study.

Integrating Spirituality into Patient Care by U.S. Muslim Physicians and the Role of Empathy

Investigators at the University of Chicago analyzed data from a national sample of 255 Muslim physicians (95% Sunni), examining the impact of physician religiosity and empathy on beliefs about (a) the appropriateness of religious/spiritual (R/S) discussions with patients and (b) behaviors related to integrating R/S into patient care. The outcome/dependent variables of particular interest were (a) appropriateness of a Muslim doctor to encourage non-Muslim patients at the end of life to: (1) seek the forgiveness of those they have wronged and (2) seek reconciliation with God, and (b) frequency of behaviors related to integrating spirituality into patient care, i.e., (1) inquire about R/S issues and clinical encounters more generally, (2) share their own religious ideas and experiences with patients, and (3) encourage patients' own R/S beliefs and practices. Also assessed were gender, age, ethnic/racial background, country of medical school matriculation, and generational status in the US, along with years in medical practice, medical specialty, primary work setting, and percentage of Muslim patients. **Results:** Participants were 70% male, 76% South Asian, and 65% adult migrants to U.S. Religion was either "the most important" or "very important" in life for 89% of respondents; 85% strictly adhered to Ramadan fasting; and 63% prayed five times daily. Approximately half indicated that it is "never" or "rarely appropriate" to encourage non-Muslim patients at the end of life to seek forgiveness of those they have wronged (55%) or to seek reconciliation with God (48%). Regression analyses indicated that higher empathy, but not greater religiosity, independently predicted belief that it is appropriate to encourage forgiveness and seek reconciliation with God. With regard to integrating spirituality into patient care, approximately half "never" or "rarely" inquired about patients' R/S issues (56%) or shared their own religious perspectives with patients (58%); however, 42% often or always encouraged the patient's own R/S beliefs and practices. Regression analyses indicated that those who strictly kept Ramadan fasting (and those scoring higher on empathy) were more likely to integrate spirituality into patient care by engaging in these behaviors; however, those Muslim physicians who were born in the US were less likely to do so. Researchers concluded: "In the context of R/S diversity among the patient and provider population, enhancing physician empathy may be key to attending to the health-related R/S needs of patients."

Citation: Hamouda, M. A., Emanuel, L. L., & Padela, A. I. (2019). Empathy and attending to patient religion/spirituality: findings from a national survey of Muslim physicians. *Journal of Health Care Chaplaincy*, E-pub ahead of press.

Comment: A fascinating study, one of the first of its kind, to examine the beliefs and practices of Muslim physicians in the US with regard to integrating spirituality into patient care, where the majority of patients that Muslim physicians serve will be non-Muslim.

Religion and Medical Decision-Making in HIV-Positive Adolescents

Researchers at the Children's Research Institute, Children's National Health System (Washington DC), conducted a secondary data analysis of a randomized controlled trial, with the purpose of examining the impact of religiosity/spirituality (R/S) at baseline on treatment preferences following the intervention at 3 months. Participants were 85 HIV-positive adolescents (94% African-American, average age 18, range 14-21). Treatment preferences involved three hypothetical situations/scenarios that these adolescents might find themselves in: 1) long hospital stay with many interventions, but low chance of survival; 2) unable to walk or talk and needing 24 hour nursing care; and 3) not knowing who you are, where you are or who you are with and needing 24 hour nursing care. Treatment options were: a) continue all treatments

no matter what since length of life is more important than quality of life; b) discontinue all treatments since quality of life is more important than length of life; or c) don't know. R/S was assessed using the Brief Multidimensional Measure of Religiousness/Spirituality, and responses were used to categorized adolescents into high versus low R/S groups. Generalized estimating equation models were used to determine the effect of the intervention (pediatric advance care planning) on treatment preferences, while also examining the moderating effect of R/S of this effect. Analyses were controlled for age, gender, race, method of HIV transmission, sexual orientation, stage of illness, surrogate education, and family income. **Results:** Adolescents receiving the pediatric advance care planning intervention were less likely to choose to continue life-sustaining treatments. However, R/S moderated the effect on treatment choices. High R/S adolescents were more than four times more likely to choose to continue treatment in all scenarios (OR=4.39, 95% CI=1.05-18.35). Additional analyses demonstrated that belief that HIV is a punishment from God (15% of participants) was not associated with treatment preferences post-intervention. More than 10% reported that they had stopped taking HIV medication for more than three days because of belief in a miracle. Researchers concluded: "Religiousness moderates adolescents' medical decision-making. Adolescents who believe in miracles should receive chaplaincy referrals to help maintain medication adherence."

Citation: Lyons, M.E., D'Angelo, Cheng, Y. I., Dallas, R. H., Garvie, P.A., Wang, J., et al. (2019). The influence of religious beliefs and practices on health care decision-making among HIV-positive adolescents. *AIDS Care*, E-pub ahead of press.

Comment: These findings underscore the importance of taking a spiritual history among HIV-positive adolescents, and referral to chaplains to address any spiritual needs present.

Parental Religiosity and Medical Decision-Making for Critically Ill Children

Investigators at Harvard, Emory, and Johns Hopkins universities conducted a literature review of studies examining the influence of parents' religiosity on treatment decision-making regarding the medical care of critically ill children. A total of 24 articles met inclusion criteria. Inclusion criteria were publication between 1996 and 2016 in a peer-reviewed journal and examination of the relationship between parental R/S and medical decision-making for critically ill children ages 21 years or younger. The "Whittlemore and Knafl constant comparison method" of data analysis was employed to summarize the findings. **Results:** The major findings were that R/S provided parents with guidance for making decision-making in children; provided comfort and support during the decision-making process; and served as a source of meaning, purpose and connectedness during this often agonizing process. Researchers concluded: "This review suggests that parents' religiosity and/or spirituality is an important and primarily positive influence on their decision making for a critically ill child."

Citation: Uveges, M. K., Hamilton, J. B., DePriest, K., Boss, R., Hinds, P. S., & Nolan, M. T. (2019). The influence of parents' religiosity or spirituality on decision making for their critically ill child: An integrative review. *Journal of Palliative Medicine*, E-pub ahead of press

Comment: Not only should a spiritual history be obtained from children themselves (as the identified patients), but also from their caregivers, particularly those who are serving as surrogate decision-makers. Support from community clergy or chaplains during this process (in addition to support from health professionals) may help to make medical decisions easier in such situations.

NEWS

Religion: The Health Booster No One Talks About

(Bottom Line Health, October 1, 2019)

See website: <https://bottomlineinc.com/health/wellness/religion-the-health-booster-no-one-talks-about>.

SPECIAL EVENTS

48th Annual Medicine and Ministry of the Whole Person

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

Health professionals, clergy, and psychologists are welcome to attend this year's conference where keynote speaker Brian D. McLaren will be presenting on the topic: Our Common History Re-examined: Searching for a New Story. A former English teacher and pastor, Brian McLaren is a passionate advocate for a "new kind of Christianity"—just, generous, and working with people of all faiths for the common good. For more information go to <http://www.medicineandministry.org/>.

4th International Congress on Spirituality and Psychiatry

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

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

2020 Conference on Religion and Medicine

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

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

7th European Conference on Religion, Spirituality and Health

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

The 2020 European Conference will focus on "Aging, Health and Spirituality," and speakers will include Stephen G. Post, Ellen Idler, and other aging experts from the U.S. and Europe. There will also be a 4-day pre-conference workshop on spirituality and health research on May 24-27 with Dr. Harold G. Koenig and a number of

presenters from Europe. For more information, go to: <http://ecrsh.eu/ecrsh-2020>.

RESOURCES

Books

God and Love on Route 80

(Mango Publishers, 2019)

"[This book] weaves together thirteen episodes of synchronicity from Post's journey to demonstrate the power of human connectedness and the value in being open and hopeful to surprises. It's a book that fits in the long tradition of successful metaphysical titles like *The Teachings of Don Juan*, *Be Here Now*, *The Secret*, *The Power of Now*, and *Loving What Is*, but by a highly regarded researcher whose work has been praised by his peers and popular readers alike." This is an extraordinarily well-written book, one that is both fascinating and attention-gripping. Stephen G. Post is indeed the poster child for Sir John Templeton's initiative years ago that Templeton called 'Unlimited Love,' and is the reason why Sir John put him in charge of this program. The work continues today at the Center for Medical Humanities, Compassionate Care and Bioethics, which Post directs at Stony Brook University. Available for \$16.99 at <https://www.amazon.com/God-Love-Route-80-Connectedness/dp/1642500097>

An Examination of Religiosity: Influences, Perspectives and Health Implications

(Nova Science Publishers, 2019)

From the publisher: "Most healthcare professionals are either not educated or familiar with recent research associating religiosity and health. Clergymen tend to receive little or no information about health issues during their theological graduation. There are still many significant obstacles for a real transformation. In this context, this volume aspires to disseminate the ideal form of clinical healthcare, based on the best available scientific evidence. The chapters are original manuscripts of high-standard methodological quality, with selected authors from Austria, Brazil, Egypt, Poland, and the United States." Available for \$202.50 at: <https://www.amazon.com/Examination-Religiosity-Influences-Perspectives-Implications/dp/1536155772/>

Religion and Mental Health: Research and Clinical Applications

(Academic Press, 2018) (Elsevier)

This 384 page volume summarizes the latest research on how religion helps people cope with stress, covering its relationship to depression, anxiety, suicide, substance abuse, well-being, happiness, life satisfaction, optimism, generosity, gratitude and meaning and purpose in life. It integrates research findings with best practices for treating mental health disorders in religious clients with depression, anxiety, posttraumatic stress disorder, and other emotional (and neuropsychiatric) problems. Available for \$69.87 at <https://www.amazon.com/Religion-Mental-Health-Research-Applications/dp/0128112824>.

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

(Amazon: CreateSpace Publishing Platform, 2018)

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

Protestant Christianity and Mental Health: Beliefs, Research and Applications

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

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

Catholic Christianity and Mental Health: Beliefs, Research and Applications

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

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

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

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

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

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

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

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

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

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

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

(Templeton Press, 2011)

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

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

Other Resources

CME/CE Videos (Integrating Spirituality into Patient Care)

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

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

Taxonomy of Religious Interventions

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

riya.patel@coventry.ac.uk or deborah.lycett@coventry.ac.uk.

PRIZES

2019-2020 Jean-Marc Fischer Prize

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

TRAINING OPPORTUNITIES

Research Scholarships on Religion, Spirituality and Health

Thanks to support from the John Templeton Foundation, the Center for Spirituality, Theology and Health is offering twenty-seven \$3,000 scholarships to attend our 5-day Summer Research Workshop (see above) in the years 2020, 2021, and 2022. These scholarships will cover tuition, international travel, and living expenses. The scholarships are available only to academic faculty and graduate students living in third-world underdeveloped countries in Africa, Central and South America (including Mexico), Eastern Europe and North Asia, and portions of the Middle East, Central and East Asia. The scholarships will be highly competitive and awarded only to talented well-positioned faculty and graduate students with the potential to conduct research on religion, spirituality, and health, and serve as research leaders in their part of the world.

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

Certificate in Theology and Healthcare

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

FUNDING OPPORTUNITIES

Templeton Foundation Online Funding Inquiry

The John Templeton Foundation is now accepting new Online Funding Inquiries (OFIs; essentially letters of intent) through their funding portal. The next deadline for Small Grant requests (\$234,800 or less) and Large Grant requests (more than \$234,800) is **August 14, 2020**. The Foundation will communicate their decision (rejection or invitation to submit a full proposal) for all OFIs by October 9, 2020. JTF's current interests on the interface of religion, spirituality, and health include: (1) investigating the causal relationships between health, religion, and spirituality (determining direction of causation in associations reported; identifying the underlying causal mechanisms responsible), with a specific focus on longitudinal studies, and (2) engaging religious and spiritual resources in the practice of health care (increasing

the religious and spiritual competencies of health care practitioners; testing the impact of religiously integrated therapies; and increasing the scientific literacy of health care chaplains). More information: <https://www.templeton.org/project/health-religion-spirituality>.

2019 CSTH CALENDAR OF EVENTS...

October

- 9-12 American Association of Christian Counselors World Conference
Speakers: Many including Kinghorn, Koenig, others
Location: Opryland Hotel, Nashville, TN
Attendance: 7,000 expected
Contact: <http://www.worldconference.net/>
- 30 From Pain to Personal Transformation: Heal Yourself with Tapping and Dreaming
Speaker: Larry Burk, M.D., CEHP
Consulting Associate in Radiology, Duke University Medical Center
President, Healing Imager, PC, holistic radiologist and dream tapping coach
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

November

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

© 2012 A publication of the Duke Center for Spirituality, Theology & Health. May be reproduced for noncommercial purposes.

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

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