

CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health

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

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

LATEST RESEARCH

Frequency of Religious Attendance: “A Powerful Social Determinant of Health”

Researchers at the Harvard TH Chan School of Public Health analyzed data from three large prospective cohort studies in the U.S. The cohort studies chosen assessed mental and physical health in young adulthood (GUTS, average age 23 at baseline, n=9,862), middle adulthood (Nurses’ Health Study II, average age 47 at baseline, n=68,376), and later life (Health and Retirement Study, average age 69 at baseline, n=13,770). Follow-up periods ranged from 3 to 12 years. Overall sample in combined analyses exceeded 90,000. Frequency of attendance at religious services was the primary exposure variable, categorized as at least once/week, less than once/week, and never; those who attended at least once/week were compared to those who never attended. Controlled for in analyses were age, gender, race/ethnicity, marital status, geographic region, employment status, night-shiftwork schedule, socioeconomic status, health-insurance status, childhood maternal attachment, and childhood-abuse victimization. In addition, mental and physical health outcomes at baseline were also controlled for, as well as attendance at religious services prior to baseline attendance (which eliminated the cumulative effects of past religious attendance on health). All p values were adjusted for multiple comparisons using the Bonferroni correction. **Results:** In the combined sample, weekly or more frequent religious attendance at baseline predicted less physician depression diagnoses (RR=0.84, 95% CI=0.80-0.89), fewer depressive symptoms, fewer anxiety symptoms, less hopelessness, less loneliness, greater social integration, more positive emotions, greater life satisfaction, and greater purpose in life. In addition, frequent religious attendance predicted a lower likelihood of cigarette smoking (RR=0.71, 95% CI=0.63-0.80) and less heavy alcohol use (RR=0.66, 95% CI=0.59-0.73). Finally, frequent attendance predicted fewer physical health problems and a 26% lower all-cause mortality (RR=0.74, 95% CI=0.65-0.84). Researchers concluded: “Religious-service attendance is potentially a powerful social determinant of health. While regression analyses with observational data generally cannot

definitively establish causality, they can provide evidence and, for many of the outcomes examined here, the evidence is now quite strong.”

Citation: Chen, Y., Kim, E. S., & VanderWeele, T. J. (2020). Religious-service attendance and subsequent health and well-being throughout adulthood: evidence from three prospective cohorts. *International Journal of Epidemiology*, August 13. E-pub ahead of press (<https://doi.org/10.1093/ije/dyaa120>)

Comment: This is an extraordinary rigorous analysis of data from three large prospective studies conducted at different life stages. The findings provide, as the authors indicate, strong evidence for the health benefits of gathering together for community worship and prayer. This is of particular relevance given the current orders from some state governors to prevent such gatherings during the COVID-19 pandemic.

Is Religiosity Associated with COVID-19 Prevalence and Outcome?

Rajkumar at the Jawaharlal Institute of Postgraduate Medical Education and Research examined the association between measures of religious affiliation/practice and COVID-19 prevalence and mortality in nations around the world. Data on religious affiliation/practice was obtained from data published in 2018 by the Pew Research Center, including percent of population identifying as religiously affiliated; percentage attending religious services weekly; percentage praying daily; and percentage considering religion very important in life. General socioeconomic development was determined by the Human Development Index (HDI) of the United Nations. Information on COVID-19 statistics was obtained from the Johns Hopkins Coronavirus Resource Center and the Worldometer’s data aggregator. **Results:** All four measures of religiosity at the national level were significantly and negatively related to both COVID-19 prevalence (with correlations ranging from -0.45 to -0.49, all p<0.001) and with crude national mortality rate (with correlations also ranging from -0.45 to -.49, all p<0.001). However, none of the religious indicators were related to the infection fatality rate. When controlling for HDI, all negative correlations with COVID-19 prevalence and crude national mortality rate became nonsignificant. The researcher concluded: “The results of this pilot study suggest that there may be a protective effect of religious affiliation and practice on certain aspects of the COVID-19 pandemic, specifically on its prevalence and crude mortality rate. This effect may be either direct, or due to social and cultural variables that are themselves correlated with measures of religiosity.”

Citation: Rajkumar, R. P. (2020). The relationship between measures of religiosity and the prevalence and outcome of COVID-19: a population-level pilot study. *Research Square*, E-pub ahead of review (<https://doi.org/10.21203/rs.3.rs-33245/v1>)
Comment: To our knowledge, this is the first study examining the effects of religiosity on COVID-19 disease outcomes (specifically, crude national mortality rate and COVID19-specific fatality rate).

EXPLORE...in this issue

1-4 LATEST RESEARCH

4-6 NEWS, EVENTS & RESOURCES

6-7 TRAINING, FUNDING Opportunities, and CALENDAR

Are Religious Older Adults Less Susceptible to Infection?

Researchers at the University of Tennessee and University of South Florida conducted a survey of 82 older adults (mean age 74, range 65-91) to determine whether religious involvement was associated with susceptibility to viral and other infections. Administered was the Perceived Stress Scale (Cohen), the Carr Infection Symptom Checklist (SCL), and the 38-item Brief Multidimensional Measurement of Religiosity/Spirituality. The SCL measures symptoms experienced in the past month that are associated with infection, including respiratory, skin/eye, genitourinary, gastrointestinal, and flu-like symptoms. **Results:** Perceived Stress Scale scores were positively correlated with infection symptoms in the past month ($r=0.41$, $p<0.01$). With regard to religion/spirituality (R/S), of the 11 subscales, negative religious coping (religious struggles) and lack of religious support (congregational conflict) were positively correlated with severity of perceived stress ($r=0.31$, $p<0.05$, and $r=0.38$, $p<0.01$, respectively), whereas there was no relationship with other R/S subscales. With regard to symptoms of infection, daily spiritual experiences, positive religious coping, religious coping more generally, religious support (positive interactions within the congregation), and greater intrinsic religiosity were all correlated with fewer symptoms of infection, whereas negative religious coping, lack of religious support, and loss of faith were all positively related to symptoms. Researchers concluded: "Older adults who were unable to forgive themselves or forgive others, or feel forgiven by God, were more likely to have an infection in the previous month. Increased infections also occurred when older participants did not feel they had religious support from their congregations."

Citation: Callen, B. L., Mefford, L., Groër, M., & Thomas, S. P. (2011). Relationships among stress, infectious illness, and religiousness/spirituality in community-dwelling older adults. *Research in Gerontological Nursing*, 4(3), 195-206.

Comment: Although an older study published in 2011, this report is particularly timely during the COVID-19 pandemic which is disproportionately affecting older adults who have especially poor outcomes. These findings underscore the importance of having a strong religious faith and having positive interactions within one's religious community in order to boost resilience to this dreaded virus (and other flu viruses as well).

Suicidality during the COVID-19 Pandemic

Investigators in the department of sociology and criminology at the University of Arkansas-Fayetteville analyzed data from a national sample of 10,368 US adults who were surveyed during the third week of March 2020, the heart of the COVID-19 pandemic. Participants completed the Suicide Behaviors Questionnaire-Revised (SBQ-R), along with other measures. A score of 7 or above on this scale is considered high risk for suicide. **Results:** Remarkably, 15% of participants were categorized as high risk for suicide on the SBQ-R (more than 1 out of every 7 Americans). Individuals at particularly high risk were Black-Americans (23%), Hispanic-Americans (25%), and Native Americans (36%), and individuals scoring moderate to high on depressive symptoms (32%). Correlated with a lower likelihood of high SBQ-R scores were strength of social ties, mastery of fate, and religion being important in life, all significant at $p<0.001$. When controlling for gender, race, nativity, having children, marital status, age, depressive symptoms, physical symptoms, food insecurity, strength of social ties, and mastery of fate, importance of religion in life remained significantly and inversely correlated to suicide risk scores ($b=-0.06$, $p<0.01$). Researchers concluded: "Persons with stronger social ties, greater mastery of fate, and persons who consider religion to be important in their life score lower in the SBQ-R compared to those with few social ties, less mastery, and persons who say religion is not important to their lives."

Citation: Fitzpatrick, K. M., Harris, C., & Drawve, G. (2020). How bad is it? Suicidality in the middle of the COVID-19 pandemic. *Suicide and Life-Threatening Behavior*, E-pub ahead of press (<https://doi.org/10.1111/sltb.12655>).

Comment: This finding is consistent with research showing a lower incidence of suicide among those who are more religiously involved (a study conducted outside of the COVID-19 pandemic). See VanderWeele et al. *JAMA Psychiatry*, 2016, 73(8), 845-851.

Religiosity and COVID-19 among American Orthodox Jews

Researchers at Touro College School of Social Work and other universities (including Harvard Medical School/MacLean Hospital) conducted a survey of 419 American Orthodox Jews, who were largely (67%) from the New York/New Jersey area. The survey was conducted between March 29 and April 22, 2020. Administered were a 3-item measure of intrinsic religiosity (from DUREL), a 16-item Jewish Religious Coping Scale, and a 6-item Trust-Miss Trust in God Scale. Participants were assessed for exposure to COVID by three questions asking if the participant, someone close to them, or someone they had contact with had a confirmed or suspected infection with the coronavirus. **Results:** The average age of participants was 39 years and 72% were female; 5% were Hassidic, 3% were Chabad/Lubavitch, 43% were Yeshiva Orthodox, 47% were Moderate Orthodox, and 2% were Sephardic-Religious. Nearly half (48%) reported having contact with an individual with confirmed or suspected COVID-19; 58% reported that someone close to them had a confirmed or suspected infection; and 20% reported having a confirmed or suspected infection with COVID-19 themselves. Contact with a person who had suspected or confirmed COVID-19 infection was correlated with *higher* intrinsic religiosity ($t(415)=2.86$, $p=0.004$), higher trust in God ($t(392)=2.42$, $p=0.02$), and lower mistrust in God ($t(390)=2.60$, $p=0.01$). Report of personal infection (20% of the sample) was also associated with *higher* intrinsic religiosity ($t(416)=2.26$, $p=0.02$) and higher trust in God ($t(395)=2.07$, $p=0.04$). Higher levels of religiosity, however, were correlated with less stress and more positive impact.

Citation: Pirutinsky, S., Cherniak, A. D., & Rosmarin, D. H. (2020). COVID-19, mental health, and religious coping among American Orthodox Jews. *Journal of Religion and Health*, E-PUB ahead of press (<https://doi.org/10.1007/s10943-020-01070-z>).

Comment: Although greater religiosity was associated with greater exposure to and infection with COVID-19, it was also associated with less stress and better mental health, both of which are known to reduce risk of infection and, in particular, improve outcomes from viral infections.

Religious Involvement and Adherence to Shelter-in-Place Directives in US

Investigators in the school of business at the University of Utah analyzed the relationship between religious involvement and adherence to shelter-in-place (SIP) directives in 53 Metropolitan statistical areas over 30 days between the end of February and the end of March 2020. Religious involvement was measured by number of congregations per 10,000 residents. Adherence to SIP directives was assessed by $PM_{2.5}$ which is a measure particulate matter produced by combustion from vehicular movement. Cross-sectional timeseries analyses were conducted over 30 days ($n=1590$). **Results:** Although there was no significant relationship between religious involvement and $PM_{2.5}$ levels overall, there was a significant interaction between religiosity and issuance of a state-wide SIP directive. When no SIP directive was issued, there was no relationship between religious involvement and $PM_{2.5}$ levels. However, when SIP directives were in place, there was a significant relationship between religious involvement and $PM_{2.5}$ levels ($b=0.025$, $p<0.001$). Thus, when SIP directives were issued,

religious involvement was related to nonadherence to those directives, i.e., automobile movement (indicative of activity outside of the home) was significantly higher. The findings were consistent across religious denomination (evangelical, mainline Protestant, historically black Protestant, Catholic). These findings persisted even after controlling for political identity in terms of Republican versus Democrat. Researchers concluded: "Our findings support the predictions of an established stream of literature that predicts reactance against restrictions of personal and religious freedom rather than rule adherence."

Citation: DeFranza, D., Lindow, M., Harrison, K., Mishra, A., & Mishra, H. (2020). Religion and reactance to COVID-19 mitigation guidelines. *American Psychologist*, Aug 10 (<http://dx.doi.org/10.1037/amp0000717>)

Comment: A very well done study that supports the findings of Hill et al. (2020), who used a similar methodology to document the above [Hill, T. D., Gonzalez, K., & Burdette, A. M. (2020). The blood of Christ compels them: State religiosity and state population mobility during the coronavirus (covid-19) pandemic. *Journal of Religion and Health*, in press]. While more religious individuals are usually more likely to adhere to rules/laws, that apparently has not been the case during this COVID-19 pandemic.

Religiosity Related to Coronavirus Conspiracy Beliefs in England

Researchers in the department of psychiatry at Oxford University in the United Kingdom analyzed data from an online survey of 2,501 adults in England sampled to match the general population for age, gender, income, and region. The purpose was to examine the relationship between sociodemographic characteristics (including religiosity) and coronavirus conspiracy beliefs, mistrust, and compliance with government guidelines during the pandemic. Agreement with 48 conspiracy statements were inquired about (e.g., "the virus is a hoax," "I'm skeptical about the official explanation about the cause of the virus," "the spread of the virus is a deliberate attempt to reduce the size of the global population," etc.). Religiosity was assessed by a single question measuring degree of religiosity (0 = not at all religious, 6 = strongly religious). Analyses did not control for other covariates. **Results:** Approximately 50% showed little evidence of conspiracy thinking, whereas 25% showed some degree of endorsement, 15% consistent endorsement, and 10% very high levels of endorsement. Religiosity was positively correlated with specific coronavirus conspiracy beliefs ($r=0.32$, $p<0.001$) and with general coronavirus conspiracy beliefs ($r=0.28$, $p<0.001$).

Citation: Freeman, D., Waite, F., Rosebrock, L., Petit, A., Causier, C., East, A., ... & Bold, E. (2020). Coronavirus conspiracy beliefs, mistrust, and compliance with government guidelines in England. *Psychological Medicine*, E-pub ahead of press (<https://doi.org/10.1017/S0033291720001890>)

Comment: Not only does greater religiosity appear to be associated with failure to adhere to directives regarding stay-in-place orders in the US, but also to conspiracy theories regarding the origin of the coronavirus virus in England (perhaps used to justify noncompliance).

Religious/Spiritual Coping and Cortisol Slopes in Middle-Aged U.S. Men

Researchers at the University of Michigan Institute for Social Research analyzed data on 700 men ages 35-85 (8% Black, 92% White) participating in the National Survey of Midlife Development in the US (MIDUS) study. The purpose of this analysis was to examine the relationship between 12 coping strategies (including religious/spiritual coping) and diurnal cortisol slopes. Diurnal cortisol slope blunting (vs. a steeper slope) is known to be associated with worse mental health and HPA axis dysfunction. Religious/spiritual coping was assessed by a 6-item scale from the

Fetzer's Brief Multidimensional Measure of Religion/Spirituality. Other coping strategies were assessed by the COPE (Carver). Controlled for in analyses were age, education, race, smoking, atypical sleep schedule, medications, and protocol nonadherence. **Results:** Of the 12 coping strategies, only religious/spiritual coping was associated with a steeper diurnal cortisol slopes (in a healthier direction) ($b=-0.003$, $SE=0.001$, $p=0.01$). There was also a near significant interaction with race ($b=0.008$, $SE=0.005$, $p=0.07$), such that the relationship between religious/spiritual coping and a steeper diurnal cortisol slope was significant only among White men, with Black men tending to show the opposite results (although the results in Blacks were not significant). Interestingly, drug use was also associated with steeper (healthier) diurnal cortisol slopes among Black men. Researchers concluded: "The seemingly protective nature of religious/spiritual coping for White men's diurnal cortisol slopes and suggested inverse relationship for Black men was unanticipated."

Citation: Allen, J. O., Watkins, D. C., Chatters, L., & Johnson-Lawrence, V. (2020). Mechanisms of racial health disparities: Evidence on coping and cortisol from MIDUS II. *Journal of Racial and Ethnic Health Disparities*, 7, 207-216.

Comment: The results above were cross-sectional in nature and clearly need to be replicated in other samples. However, the finding that religious/spiritual coping was the only form of coping related to a healthier diurnal cortisol slope in these men is noteworthy.

Religiosity and Physical Functioning in Older Irish Adults

Researchers at Trinity College in Dublin, Ireland, and the Mercer's Institute for Successful Aging at St. James Hospital analyzed longitudinal data collected during the Irish Longitudinal Study on Aging (TILDA) to examine the effects of religiosity on development of functional disability over time among older adults in Ireland. A national random sample of 6,122 adults age 50 or over were initially assessed in 2009-2010; participants were reassessed every 2 years for a total of 5 waves over 10 years. In addition, a subsample of 2,359 participants age 65 or older was also examined. Linear mixed effects regression models were used to assess the effect of baseline religious affiliation and attendance on physical functioning, where physical functioning was measured using two objective measures: by the Timed up and Go (TUG) test and by grip strength. Controlled for in analyses were gender and age. **Results:** Religious affiliation (88% Catholic vs. 12% other) was not related to change in TUG scores over time. However, low attending Catholic women had significantly slower TUG scores in this effect interacted with age. The average high-attending Catholic woman had a TUG score of 12.72 seconds at age 80 compared with low attending women who at age 80 had an average score of 15.9 seconds. With regard to grip strength, those with no religious affiliation had significantly stronger grip strength compared to the religious ($B=0.71$, 95% CI=0.01-1.41), although the effect did not persist after stratifying by sex and adjusting for covariates. When these analyses were repeated for those age 65 or older, the results were similar. Researchers concluded: "...we found some evidence that frequent religious service attendance for Catholic women is associated with faster TUG speeds and a slower decline in speed with age."

Citation: Orr, J., Kenny, R. A., & McGarrigle, C. A. (2020). Longitudinal associations of religiosity and physical function in older Irish adults. *Journal of the American Geriatrics Society*, Epub ahead of press (<https://doi.org/10.1111/jgs.16470>)

Comment: An important study given the large sample size, 10 year follow-up, and rigorous statistical analyses.

Religious, Secular, and Spiritual Worldviews, and Stress Responses among University Students in Switzerland

Investigators from universities throughout Europe conducted a single group experimental study involving 50 Austrian university students to examine the effects of worldviews on stress reactivity. Participants self-identified themselves as atheist (14%), agnostic (36%), religious (20%), and spiritual (30%). Average age of participants was 23 years and 64% were female. Participants underwent the Trier Social Stress Test for Groups (TSST-G). Blood pressure, heart rate, and free cortisol concentration in saliva were assessed at baseline, directly after the stressor and four times during the recovery period. **Results:** Cardiovascular stress responses were lower among religious compared to atheist and spiritual participants. Baseline salivary cortisol was particularly high among spiritual participants. Existential search was strongly associated with blood pressure, heart rate, and salivary cortisol stress responses. Researchers concluded: "The findings suggest that worldview security might partly explain the health benefits often associated with religion."

Citation: Schnell, T., Fuchs, D., & Hefti, R. (2020). Worldview under stress: preliminary findings on cardiovascular and cortisol stress responses predicted by secularity, religiosity, spirituality, and existential search. *Journal of Religion and Health*, 1-21.

Comment: Even though only 20% of students considered themselves religious, it was this minority that showed the most healthy cardiovascular stress responses.

Religiosity and the Therapeutic Relationship

Researchers at the University of Bern, Switzerland, examined the relationship between religiosity and the quality of the therapeutic relationship among 579 patients attending a psychotherapy outpatient clinic in Langenthal, Switzerland. In this retrospective analysis, religiosity was assessed by a measure of religious centrality (R-S-T; Huber) and by religious coping (Pargament). The therapeutic relationship was measured by the Penn Helping Alliance Questionnaire (Luborsky). Both therapist and patients completed questionnaires. **Results:** Among patients, greater centrality of religion was associated with a better therapeutic relationship ($r=0.189$, $p<0.001$), as was positive religious coping ($r=0.158$, $p<0.001$). In contrast, negative religious coping (religious struggles) was inversely associated with a positive therapeutic relationship ($r=-0.238$, $p<0.001$). In contrast, no relationship was found between measures of patient religiosity and therapeutic relationship based on therapists' views. Investigators concluded: "The results showed that from the patient's perspective, existential and spiritual characteristics do have an impact on the quality of the therapeutic relationship. From the therapists' perspective, however, patient characteristics do not significantly influence the quality of the therapeutic relationship."

Citation: Hefti, R., Gabrielac, H., & Thomas B.W. (2019). Der einfluss existentieller, spiritueller und religiöser patientenmerkmale auf die qualität der therapeutischen beziehung. *Swiss Archives of Neurology, Psychiatry and Psychotherapy* 170:200623

Comment: Interesting how patients and therapists differed in their beliefs about the effects of the patient's religiosity on the therapeutic relationship (article written in Swiss German).

Religiosity and Attitudes of Swiss Physicians toward Ethically Controversial Medical Issues

Researchers from the University of Bern examined the effects of physician religiosity and religious affiliation on attitudes toward physician-assisted suicide, induced abortion, or prescription of contraception to minors. In this cross-sectional study, 241 Swiss physicians were asked a number of questions about their attitudes toward the issues above. Religious affiliations of participants were Evangelical Protestant, Catholic, and general Protestant.

Administered was the *Religion and Spirituality in Medicine, Perspectives of Physicians scale* (Curlin). **Results:** Although somewhat difficult to decipher given that the article is written in Swiss German, the abstract indicates that religious doctors had more reservations toward these controversial medical practices compared to less religious physicians. Evangelical Protestant physicians had the most reservations, followed by Catholic and Protestant physicians.

Citation: Hefti, R., Wartenweiler, T., & Merz, O. (2018). Der einfluss von religiosität und spiritualität auf die haltung von schweizer ärzten gegenüber ethisch umstrittenen medizinischen fragen. *Praxis*, 107 (7), 373-378.

Comment: Given the relatively limited systematically acquired information about physician attitudes toward these controversial medical practices in Switzerland, this study provides an important contribution to the literature.

NEWS

Duke University's Monthly Spirituality and Health Webinars via Zoom

Our Center's monthly research seminars on religion, spirituality and health are now being held by Zoom, and should be available to participants wherever they live in the world. All persons who receive this E-newsletter will be sent a link to join the seminar approximately one week before the seminar is held. When you receive this link, please join in yourself and forward it on to your colleagues and students. This month's seminar will be delivered by Kaitlyn Daly, R.N., B.S.N, Ph.D., at the Duke University School of Nursing, titled **Perceptions of Food, Faith and Health from a Christian Context: A Presentation of Preliminary Findings**.

Duke University's Spirituality and Health Webinar Presentations now Available

The PDFs of the Power Point slides for the July 28 webinar (COVID-19, Religion and Health) and the Aug 25 webinar (Islam and Mental Health) are now available for download at <https://spiritualityandhealth.duke.edu/index.php/education/seminars>. In addition, the complete Aug 25 webinar on Islam and Mental Health is now available for viewing on YouTube at <https://youtu.be/1GONV4M1RiA>. We are planning to have the PDFs of all future webinars (and video recordings) available on our Center website as well (<https://spiritualityandhealth.duke.edu/index.php/education/seminars>).

SPECIAL EVENTS

7th European Conference on Religion, Spirituality and Health

(Lisbon, Portugal, has been **rescheduled** to May 27-29, 2021) The 2021 European Conference will focus on "Aging, Health and Spirituality" and will be held at the Catholic University of Portugal in Lisbon, one of the most beautiful cities in Europe.

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

(Lisbon, Portugal, has been **rescheduled** to May 23-26, 2021) The 7th European Conference will also host a 4-day pre-conference spirituality and health research workshop on May 23-26 with Prof. Koenig from the U.S., along with Dr. Rene Hefti, Prof. Arndt Buessing, Prof. Niels Hvidt, Prof. Constantin Klein, and a

number of other European presenters. For more information, go to: <http://ecrsh.eu/ecrsh-2020> or contact Dr. Rene Hefti at info@rish.ch.

17th Annual Duke University Summer Research Workshop

(Durham, North Carolina, **rescheduled** to August 9-13, 2021)

Register to attend this one-of-a-kind 5-day training session on how to design research, obtain funding support, carry out the research, analyze and publish the findings, with an emphasis on developing an academic career in the area of religion, spirituality and health.

Pass this information on to colleagues, junior faculty, graduate students, and anyone you think might be interested. The workshop compresses training material that was previously taught during our 2-year post-doctoral fellowship, so the curriculum is packed. Leading religion-health researchers from Duke, Yale and Emory serve as workshop faculty. Participants will have the option of a 30-minute one-on-one with Dr. Koenig or another faculty mentor of their choice, although these mentorship slots are limited, so early registration will be necessary to ensure that the mentor requested will be available. Nearly 900 academic researchers, clinical researchers, physicians, nurses, chaplains, community clergy, and students at every level in medicine, nursing, social work, chaplaincy, public health, psychology, counseling, sociology, theology, and rehabilitation (as well as interested members of the general public) have attended this workshop since 2004.

Participants from every faith tradition and region of the world have come to this workshop, and this year should be no different.

Partial tuition reduction scholarships are available. **Full tuition and travel scholarships for academic faculty** in underdeveloped countries of the world are also available (see end of newsletter).

For more information, go to:

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

RESOURCES

Books

Night Bloomers: 12 Principles for Thriving in Adversity (Ixia/Dover Press, 2020)

From the author: "*What if there are people who, just like some flowers, require the dark to bloom?* When we are plunged into the dark and difficult times in life, one of three things can happen next: the darkness can destroy us; it can leave us relatively unchanged; or it can help to transform us. In this hope-inspiring guide, clinical psychologist, Michelle Pearce, PhD, provides practical tools and wisdom for transforming and thriving in adversity and loss. Just as some flowers require the dark to bloom, there are some people who do their best growing and becoming during dark and challenging times. With a compassionate voice, Pearce shares her clinical expertise, her own journey through the dark, and inspiring stories of other Night Bloomers to help individuals learn how to heal and transform their lives not in spite of their difficult times, but *because of* them. Available for \$17.95 at

<https://www.amazon.com/Night-Bloomers-Principles-Thriving-Adversity/dp/0486842371/>.

Handbook of Spirituality, Religion, and Mental Health (Academic Press, 2020)

From the publisher: "The *Handbook of Religion and Mental Health, Second Edition*, identifies not only whether religion and spirituality influence mental health and vice versa, but also how and for whom. The contents have been re-organized to speak specifically to categories of disorders in the first part of the book and then more broadly to life satisfaction issues in the latter sections. This updated edition is now revised with new chapters and new

contributors." Available for \$84.95 (paperback) at <https://www.amazon.com/Handbook-Religion-Mental-Health-Rosmarin/dp/0128167661>.

Religion and Recovery from PTSD

(Jessica Kingsley publishers, December 19, 2019)

From the publisher: "This volume focuses on the role that religion and spirituality can play in recovery from post-traumatic stress disorder (PTSD) and other forms of trauma, including moral injury. Religious texts, from the Bible to Buddhist scriptures, have always contained passages that focus on helping those who have experienced the trauma of war. Many religions have developed psychological, social, behavioral, and spiritual ways of coping and healing that can work in tandem with clinical treatments today in assisting recovery from PTSD and moral injury.

In this book the authors review and discuss systematic research into how religion helps people cope with severe trauma, including trauma caused by natural disasters, intentional interpersonal violence, or combat experiences during war. They delve into the impact that spirituality has in both the development of and recovery from PTSD. Beyond reviewing research, they also use case vignettes throughout to illustrate the very human story of recovery from PTSD, and how religious or spiritual beliefs can both help or hinder depending on circumstance. A vital work for any mental health or religious professionals who seek to help people dealing with severe trauma and loss." Available for \$29.95 at <https://www.amazon.com/Religion-Recovery-PTSD-Harold-Koenig/dp/1785928228/>.

Religion and Mental Health: Research and Clinical Applications (Academic Press, 2018) (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 \$67.38 (paperback) at <https://www.amazon.com/Religion-Mental-Health-Research-Applications-dp-0128112824/dp/0128112824/>

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

(Amazon: CreateSpace Publishing Platform, 2018)

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

Protestant Christianity and Mental Health: Beliefs, Research and Applications

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

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

Catholic Christianity and Mental Health: Beliefs, Research and Applications

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

For mental health professionals, clergy, researchers, and laypersons interested in the relationship between religion,

spirituality and mental health in Catholics. Available for \$7.50 at: <https://www.amazon.com/Catholic-Christianity-Mental-Health-Applications/dp/1544207646>

Islam and Mental Health: Beliefs, Research and Applications

(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 \$38.19 (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>.

TRAINING OPPORTUNITIES

Full Scholarships to Attend Research Training on Religion, Spirituality and Health

With support from the John Templeton Foundation, Duke University's Center for Spirituality, Theology and Health is offering eleven \$3,600 scholarships to attend the university's 5-day Workshop on conducting research on religion, spirituality, and health. The workshop will be held on **Aug 9-13, 2021** (rescheduled due to coronavirus). These scholarships will cover the \$1200 tuition, up to \$1500 in international travel costs, and up to \$900 in living expenses. They are available only to academic faculty and graduate students living in third-world underdeveloped countries in Africa, Central and South America (including Mexico), Eastern Europe and North Asia (Russia and China), and portions of the Middle East, Central and East Asia. The scholarships will be competitive and awarded to talented well-positioned faculty and graduate students with the potential to conduct research on religion, spirituality, and health, and serve as research leaders in their part of the world. If you want to know more about this program, contact Harold.Koenig@duke.edu or go to our website for a description of the workshop:

<https://spiritualityandhealth.duke.edu/index.php/5-day-summer-research-course>. **Please let your academic colleagues in developing countries know about this unusual and time-limited opportunity.**

Unfortunately, but not surprisingly, the demand for such scholarships has far exceeded availability. Now that we are set up to evaluate potential scholarship recipients, we are hoping to identify individuals or foundations willing to support highly qualified third-world applicants we are unable to provide scholarships to in 2021-2023 and the years ahead. A donation of \$3,500 to our Center will sponsor a faculty member or graduate student from a disadvantaged region of the world to attend the workshop in 2021 or future years. If you are interested in sponsoring one or more such applicants and want to know more about this program, or have ideas about other sources of support, please contact Harold.Koenig@duke.edu.

Certificate in Theology and Healthcare

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

Christian Witness in a COVID-Shaped World

The world's been radically shaped by COVID-19, and it's difficult to know how to think—and what to do. Calvin University, Calvin Institute of Christian Worship, and Calvin Theological Seminary have put together a series of one credit, 3-week, summer online courses that welcome learners from different cultures, generations, and career experiences. These courses will energize your thinking and give you a vision for action. There are over 20 courses with topics from public health to mental health, from politics to organizational decision making, from the role of sport to the challenge of technology and education, all with the unifying theme of “A Christian Witness in a COVID-Shaped World”. The courses can be taken for university credit, continuing education credit or audited. Please go to the following website to find more information. <https://calvin.edu/academics/global-campus/christian-witness-during-covid/>

FUNDING OPPORTUNITIES

Templeton Foundation Online Funding Inquiry

The John Templeton Foundation has postponed all Online Funding Inquiries (OFIs) for 2020 in the area of religion, spirituality and health to their 2021 funding cycle. The next deadline for Small Grant requests (\$234,800 or less) and Large Grant requests (more than \$234,800) is **August 20, 2021**. The Foundation will communicate their decision (rejection or invitation to submit a full proposal) for all OFIs by October 15, 2021. Therefore, researchers need to think “long-term,” perhaps collecting pilot data in the meantime, with or without funding support. JTF's current interests on the interface of religion, spirituality, and health include: (1) investigating the causal relationships between health, religion, and spirituality (determining direction of causation in associations reported; identifying the underlying causal mechanisms responsible), with a specific focus on longitudinal studies, and (2) engaging religious and spiritual resources in the practice of health care (increasing the religious and spiritual competencies of health care practitioners; testing the impact of religiously integrated therapies; and increasing the scientific literacy of health care chaplains). More information:

<https://www.templeton.org/project/health-religion-spirituality>.

2020 CSTH CALENDAR OF EVENTS...

September

9/29 **Spirituality & Health Research Seminar via Zoom**
12:00-1:00 EST
Speaker: Kaitlyn C. Daly, BSN, RN
Duke University School of Nursing
Title: **Perceptions of Food, Faith and Health from a Christian Context: A Presentation of Preliminary Findings**

October

10/27 **Spirituality & Health Research Seminar via Zoom**
12:00-1:00 EST
Speaker: Theresa Yuschok, M.D., Medical Instructor
Department of Psychiatry and Behavioral Science, Duke University Health System
Title: **LAUGHTER: Benefits to Mind, Body, Spirit**

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

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