

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 issues (July 2007 through March 2021) go to:
<http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

NOTE: The CSTH website is being moved to a different platform, so may not be accessible for periods during March/April.

LATEST RESEARCH

Religious Activity and Mortality in China's Oldest-Old

Investigators from the Department of Epidemiology, School of Public Health, at Southern Medical University in Guangzhou, and other universities in Beijing, China, examined the effects of leisure activities on all-cause mortality among 30,070 Chinese persons aged 80 years or older (average age 93 at baseline) between 1998 and 2014. Included among leisure activities was participation in religious activities (never [89%], sometimes [8%], almost every day [2%]). Adjusted for in cox proportional hazards regression models were age, gender, education level, occupation, marital status, living pattern, residence, smoking status, alcohol consumption, frequency of vegetable consumption, frequency of fruit consumption, regular physical exercise, body mass index, hypertension, diabetes, lung disease, heart disease, depressive symptoms, ADL, and frequency of participation in other leisure activities. **Results:** During an average 3-year follow-up (range 0-16 years), there were 23,661 deaths recorded (79% of participants). Those who participated in religious activities "sometimes" were 7% less likely than those who never participated to die during follow-up (HR=0.93, 95% CI=0.89-0.98, p=0.005), and those who participated in religious activities "almost daily" were 15% less likely (HR=0.85, 95% CI=0.78-0.93, p=0.003). The effect of participating "almost daily" in religious activities on all-cause mortality was larger in women, who were 17% less likely to die during follow-up (HR=0.83, 95% CI=0.74-0.93, p=0.001), and larger in those age 90 or over, who were 20% less likely (HR=0.80, 95% C =0.71-0.90, p<0.001). Researchers concluded: "Based on emerging evidence, active participation in religious activities by populations in Western countries exerts protective effects on health outcomes, particularly by reducing the risk of mortality. Consistent with this finding, frequent engagement in religious

activity was associated with a reduced risk of all-cause mortality in the present study."

Citation: Li, Z. H., Zhang, X. R., Lv, Y. B., Shen, D., Li, F. R., Zhong, W. F., ... & Mao, C. (2020). Leisure activities and all-cause mortality among the Chinese oldest-old population: A prospective community-based cohort study. *Journal of the American Medical Directors Association*, 21(6), 713-719.

Comment: The Chinese Longitudinal Health Longevity Survey (the present study) is the largest community-based prospective cohort study examining the effects of leisure activities on all-cause mortality in persons ages 80 or older that has ever been done. Though only 9% of participants engaged in religious activities to any degree, those individuals lived significantly longer than participants who never participated in such activities, findings that were independent of numerous other risk factors for mortality. This is one of the most rigorously designed and analyzed studies ever published demonstrating the potential benefits of religious involvement on physical health. The fact that it was conducted in a largely atheist country is also particularly notable.

Commentary on Meta-Analysis of Longitudinal Studies on Religion and Mental Health

In this commentary, researchers at Duke University, University of Arizona and Harvard Medical School respond to Garssen et al.'s "Does spirituality or religion positively affect mental health? Meta-analysis of longitudinal studies." The authors of this commentary first describe the strengths and weaknesses of meta-analyses more generally and then go on to comment on the current meta-analysis, focusing on the reviewers' definition of mental health, interpretation of the findings, and methodological limitations of the meta-analytic review (e.g., selection bias, religious/spiritual categories, outcome categories, mixing of different types of studies, study quality, combining effect sizes, use of control variables, time required for change in outcome, heterogeneity of effect sizes, and missing or weak moderators). They then describe the complexity of the religiosity/spirituality (R/S)-mental health relationship that makes interpretation of findings difficult, and discuss alternative methods to meta-analyses for examining topics of this complexity. The commenting authors then discuss the importance of results from randomized controlled trials examining R/S interventions (not reviewed in the meta-analysis) that are the gold standard for determining causality. They conclude their commentary by discussing future directions for the quantitative study on whether and how R/S affects mental health.

Citation: Koenig, H. G., Hill, T. D., Pirutinsky, S., & Rosmarin, D. H. (2021). Commentary on "Does spirituality or religion positively affect mental health?" *International Journal for the Psychology of Religion*, 31(1), 27-44.

Comment: Readers are encouraged to read this commentary, along with the original meta-analysis (Garssen, B., Visser, A., & Pool, G. (2021). Does spirituality or religion positively affect mental health? Meta-analysis of longitudinal studies. *International Journal for the Psychology of Religion*, 31(1), 4-20), since this is an excellent review of methodological issues involved in the study of R/S and mental health.

EXPLORE...in this issue

1-4 LATEST RESEARCH

4-7 NEWS, EVENTS & RESOURCES

7-8 TRAINING, FUNDING Opportunities, and CALENDAR

A Neurophysiological Model Explaining the Relationship between Religion and Mental Health

Researchers at the University of California at Davis and the department of psychiatry and behavioral sciences at Stony Brook University describe a model to help explain how religious/spiritual involvement affects the brain in ways that may help prevent or speed remission from major depression and other stress-related disorders. They base this model on the effects that chronic stress has on the autonomic nervous system and on the role that brain-derived neurotrophic factor (BDNF) plays in the prefrontal cortex (PFC) with regard to the development and persistence of emotional disorders. They base this model in part on functional and structural MRI data that have been reported. The authors conclude: "One way to change this chaotic internal milieu [derived from neuronal network and modulatory epigenetic functions associated with various psychiatric illnesses] ... is through faith-based interventions that include praying, meditation, and positive thinking..."

Citation: Varghese, S. P., Florentin, O. D., & Koola, M. M. (2021). Role of spirituality in the management of major depression and stress-related disorders. *Chronic Stress*, 5(1-2), EPUB ahead of press.

Comment: This article describes a neurophysiological model that may help to explain how religious involvement impacts the brain, acting through pathways that lead from chronic stress to autonomic dysfunction to epigenetic changes in BDNF to the development of psychiatric disorders, resulting in a further increase in chronic stress and maintenance of the cycle. Faith-based interventions are presented as one way to break this vicious cycle.

Spiritual Psychotherapy for Inpatient, Residential, and Intensive Treatment (SPIRIT)

Researchers at McLean Hospital and Harvard Medical School have developed a form of spiritually-integrated psychotherapy that was administered to 1,443 psychiatric patients using a flexible protocol (SPIRIT). SPIRIT is delivered as a structured form of group therapy during inpatient hospitalization. Over one year period, 22 clinicians at 10 clinical units provided the SPIRIT intervention to patients with a wide range of demographic, clinical, and religious characteristics. The average age of patients was 40.2 years, 52% were female, 84% were white, and they were from a wide range of religious traditions (29% Catholic, 15% Protestant, 6% Jewish, 4% Buddhist, Muslim or Hindu, 22% spiritual but not religious, and 17% with no affiliation). With regard to psychiatric diagnoses, 30% had depressive disorder, 23% substance use disorder, 21% bipolar disorder, 12% psychotic disorder, 5% trauma or stressor-related disorder, 4% feeding or eating disorder, and 6% other diagnoses, all hospitalized with acute exacerbations of these conditions. With regard to clinical characteristics, 55% were taking antipsychotic medication, 33% had been hospitalized within the past six months, and 42% reported suicidal ideation. Clinicians who administered the intervention were 36% Protestant, 14% Buddhist, 14% Catholic, 9% Jewish, 5% Muslim, 14% identifying themselves as spiritual but not religious, and 9% had no affiliation. Most patients in this study (76%) indicated they fairly, moderately, or very much believed in God or a higher power, and 82% indicated that spirituality was fairly, moderately, or very much important to them. Patients were self-referred to SPIRIT groups from specialized psychiatric units at McLean Hospital (Belmont, Massachusetts) that provided inpatient treatment for mood, anxiety, psychotic, alcohol- or substance-related, traumatic, eating, personality, and other disorders. Participants voluntarily completed a questionnaire inquiring about the benefits they had experienced from the intervention. **Results:** The vast majority of patients (69%) indicated that SPIRIT helped them to a fair, moderate, or great extent to identify spiritual and religious (S/R) resources that might

assist in their recovery. Patients across age, gender, race, socioeconomic status, psychiatric diagnosis, and acuity level (number of diagnoses, number of medications, antipsychotic medication, ECT, recent hospitalization, recent self-harm, suicidality) appeared to benefit equally from participating in SPIRIT groups. Interestingly, patients who attended SPIRIT groups that were run by younger clinicians and by non-religiously affiliated clinicians reported *more benefit* from these groups. Among patients indicating that they were struggling with spiritual issues (67% of patients), 76% reported they fairly, moderately or greatly benefited from the intervention in terms of identifying S/R resources that might assist in recovery, particularly those who were older, non-White, and indicated a lower socioeconomic status. Researchers concluded, "Results indicate that SPIRIT is feasible in providing spiritually integrated treatment to diverse patients across multiple levels of acute psychiatric care."

Citation: Rosmarin, D. H., Salcone, S., Harper, D. G., & Forester, B. (2021). Predictors of Patients' Responses to Spiritual Psychotherapy for Inpatient, Residential, and Intensive Treatment (SPIRIT). *Psychiatric Services*, EPUB ahead of press.

Comment: The results of this study are particularly important since many clinicians shy away from addressing spiritual issues in patients with severe or chronic mental illness, fearing that addressing these issues might make the patient worse. There was no indication of that in this study. Furthermore, non-religious clinicians surprisingly appeared to have the best results (similar to that reported by Propst et al [1992] in their study of religious CBT for depression).

Religion/Spirituality and Recovery from Persistent Mental Illness

Investigators in the department of social, work and differential psychology at Computense University of Madrid surveyed a convenience sample of 75 patients with a diagnosis of persistent mental disorder spectrum. Participants (average age 49 years) were recruited from mental health centers in the state of Madrid, Spain. The 16-Item Daily Spiritual Experiences Scale (DSES) was used to measure religious/spiritual experiences; one of these items, closeness to God, was assessed independently, separate from the 15-item DSES. Stages of recovery were assessed by the 30-item Stages of Recovery Instrument, a validated measure designed to assess the recovery stage of patients with persistent mental illness. This measure identifies five stages of recovery: (1) moratorium (denial, confusion, hopelessness), (2) awareness (feels hope and believe in the possibility of recovery), (3) preparation (beginning to work on recovery), (4) rebuilding (recovery work carried out with purpose of forging a new positive identity); and (5) growth (the result of the recovery process, involving managing the disease, knowing how to stay well, and showing resilience). A general recovery score was calculated based on overall responses to the previous five stage questions, weighted toward the latter stages. Psychological well-being was also assessed with the 29-item Psychological Well-Being Scale (Ryff), which has two subscales measuring personal growth (PG) and purpose in life (PIL). Social support was measured by the 12-item Multidimensional Scale of Perceived Social Support (Zimet). Bivariate correlations alone were reported, although unfortunately, no multivariate analyses were conducted. **Results:** Closeness to God was positively associated with PIL ($r=0.28$, $p<0.05$) and PG ($r=0.34$, $p<0.01$) on the Ryff scale, and with greater social support ($r=0.25$, $p<0.05$). Other daily spiritual experiences were likewise associated with greater PIL ($r=0.25$, $p<0.05$) and PG ($r=0.27$, $p<0.05$). With regard to recovery stages, closeness to God was associated with rebuilding ($r=0.25$, $p<0.05$) and growth ($r=0.25$, $p<0.05$); other daily spiritual experiences were likewise associated with rebuilding ($r=0.25$, $p<0.05$), growth ($r=0.25$, $p<0.05$), and general recovery ($r=0.24$, $p<0.05$). Researchers concluded that:

“overall, our findings highlight the importance of these R/S variables in particular recovery stages for individuals with PMD.”
Citation: Saiz, J., Chen-Chen, X., & Mills, P. J. (2021). Religiosity and spirituality in the stages of recovery from persistent mental disorders. *Journal of Nervous and Mental Disease*, 209(2), 106-113.

Comment: These analyses are cross-sectional, uncontrolled, and the sample size is small; nevertheless, given this particular population with severe and persistent mental illness, these findings are important due to the limited study of religion/spirituality and stage of recovery in such patients. Again, the causal nature of the cross-sectional relationships reported here cannot be determined; i.e., positive R/S experiences may be either the cause of improved recovery status or the result of it.

Spiritually-Integrated Interventions for Caregivers of Those with Terminal Illnesses

Researchers from the school of social work at George Fox University conducted a systematic review of quantitative studies examining the effects of spiritually-integrated interventions for family members taking care of individuals with terminal illness. Twelve randomized controlled trials (n=750 total participants) conducted between 2004 and 2019 were reviewed. Study methodology was assessed using the revised Cochrane Collaboration tool for assessing risk of bias. Study location, sample size, disease setting, description of intervention, spiritual aspect of intervention, outcome measure, and findings were reported. Caregivers included in these studies were 72% female and most were spouses or daughters. Patients cared for were dying from cancer (most patients), end-stage kidney disease, or heart failure. Quantitative outcomes examined were depression/anxiety/hopelessness (N = 10), spiritual well-being (N = 4), caregiver burden or distress (n=9), rewards and benefits of caregiving (n=3), quality of life (n=5), physical symptoms (n=5), and quality of the relationship between caregiver and care recipient (n=2). Four of the 12 studies were judged as having high risk for bias, three were judged as having low-risk, and the remaining five studies were judged as having “some concerns.” Researchers concluded: “Spiritually-integrated interventions were found to show positive outcomes for caregivers. However, methodological flaws negatively affected the quality of most studies, warranting further and rigorous research into the topic.”
Citation: Zheng, Y., Cotton, A. C., He, L., & Wuest, L. G. (2021). Spirituality-integrated interventions for caregivers of patients with terminal illness: A systematic review of quantitative outcomes. *Journal of Religion and Health*, EPUB ahead of press.

Comment: Many of the interventions reviewed above focused on a broad definition of spirituality that included mindfulness, finding meaning, and discussion of existential issues. Only a few of these interventions addressed anything distinctively religious in nature. Nevertheless, readers should be aware of this review.

Religion/Spirituality and Mental Health in GBTQ Black Men with HIV

Researchers at the Milken School of Public Health, George Washington University, Yale School of Public Health, and Harvard Medical School analyzed cross-sectional data on 1511 homosexual, bisexual, or other sexually oriented Black men who have sex with men (BMSM) participating in the HIV Prevention Trials Network study. The purpose was to examine the interaction between religion/spirituality (R/S), internalized HIV stigma, and depressive symptoms. Participants were recruited from six large US cities (average age 37.8 years, 69% unemployed, most common religious affiliation Baptist [47%]). *Spiritual beliefs* were assessed by four questions: meditation/prayer as a help in finding solutions to problems; belief in a higher self/God that gives meaning to life; feeling better through meditation/prayer; and belief

that events in life reflect an overall purpose and plan. *Spiritual activities* were assessed by four questions: frequency of participation in personal meditation or prayer; frequency of reading spiritual or metaphysical literature; frequency of talking to others about spiritual concerns; and frequency of consulting a spiritual or religious leader. Finally, frequency of *attendance at religious services* was assessed with responses ranging from never to daily. Internalized HIV stigma was measured by a 5-item scale and depressive symptoms by the 20-item CES-D. Moderation effects of spiritual/religious beliefs and practices were examined using a structural equation model, controlling for study location, HIV status, age, education, marital status, and household income. **Results:** Spiritual beliefs, spiritual activities, and religious service attendance each significantly and independently moderated the pathway between internalized HIV stigma and depressive symptoms. As internalized HIV stigma increased, those with lower spiritual or religious scores experienced significantly higher increases in depressive symptoms compared to those with higher scores, in whom depressive symptoms remain unchanged with increasing HIV stigma (interaction $B=-0.18$, $SD=0.07$, $p<0.001$). Researchers concluded: “Future intervention research should explore ways to incorporate religious and/or spiritual activities to reduce internalized HIV stigma as one way to reduce depressive symptoms among BMSM.”

Citation: Taggart, T., Mayer, K. H., Vermund, S. H., Huang, S., Hayashi, K., & Ransome, Y. (2021). Interaction of religion/spirituality with internalized HIV stigma, depression, alcohol use, and sexual risk among Black men who have sex with men: The six city HPTN 061 study. *Journal of Acquired Immune Deficiency Syndromes*, EPUB ahead of press.

Comment: This study demonstrates the role that religion/spirituality may play in helping to protect BMSM from depressive symptoms due to internalized HIV stigma.

Impact of Adverse Childhood Experiences, Spirituality and Religion on Anger and Depression in Icelandic Adolescents

Researchers at Reykjavik University in Iceland and several other institutions examined the cross-sectional relationship between childhood sexual abuse/family violence/conflict and likelihood of having mental health problems in a random sample of 7,365 adolescents ages 15 and 16 in secondary schools in Iceland. Spirituality and religiosity were also assessed. “Spirituality” was measured by a 6-item scale assessing belief in God, importance of religion in life, regular prayer, regular scripture reading, and seeking support from God (could seek support or has sought support), i.e., spirituality was largely measured by indicators of personal religiosity. Religious participation was assessed by regular attendance at religious services and regular participation in other religious events. In addition, four items asked about the religiosity of mother, father, best friends, and acquaintances (parent/peer religiosity). Demographic variables, economic deprivation, social support, sexual abuse, family violence/conflict, anger (SCL-90) and depressed mood (SCL-90) were also assessed. **Results:** Bivariate analyses indicated that all three measures of religiosity/spirituality (spirituality, religious participation, parent/peer religiosity) were inversely related to depressed mood and to level of anger, with correlations ranging from -0.03 to -0.08 ($p<0.01-0.001$). Likewise, spirituality and parent/peer religiosity was inversely related to sexual abuse and family violence/conflict, with correlations ranging from -0.03 to -0.06 ($p<0.01-0.001$); religious participation, however, was positively related to sexual abuse ($r=0.03$, $p<0.01$). With regard to anger, multivariate analyses controlling for age, gender, family structure, economic deprivation, social support, sexual abuse, and family violence/conflict demonstrated a significant inverse correlation between anger and both spirituality ($b=-0.03$, $p<0.05$) and parent/peer religiosity ($b=-0.03$, $p<0.05$), but no correlation

with religious participation. There was also a significant interaction between spirituality and sexual abuse in the prediction of anger ($b=-0.13$, $p<0.05$), such that the inverse relationship between spirituality and anger was stronger among those who had experienced sexual abuse than in those who had not. With regard to depression, there was a trend for spirituality (but not other R/S scales) to be inversely related to depressive symptoms ($b=-0.04$, $p<0.10$) in multivariate analyses, and no interactions were significant. Researchers concluded: "These results confirm previous research, indicating that survivors of stressful experiences may experience less religion and spirituality. The results also extend existing knowledge by showing that spirituality may be even more beneficial among sexual abuse survivors, as a protective factor against anger."

Citation: Sigurvinsdottir, R., Asgeirsdottir, B. B., Ullman, S. E., & Sigfusdottir, I. D. (2021). The impact of sexual abuse, family violence/conflict, spirituality, and religion on anger and depressed mood among adolescents. *Journal of Interpersonal Violence*, 36(1-2), NP577-NP597.

Comment: What is remarkable about this study is that even in Iceland (one of the least religious countries in the world), personal religiosity (called "spirituality" here) appears to be related to better mental health in adolescents. Also amazing is the in-depth nature of questions on religiosity included in this study that assessed a national random sample of virtually all 15-16 year-old adolescents attending secondary schools in Iceland, despite this being a highly secular country. Large national surveys involving random samples of adolescents and adults in the U.S. and other more religious Western countries only rarely include more than one question on religiosity in their questionnaires, with a few exceptions (Add Health, Health and Retirement Study).

Moral Injury Symptoms in Healthcare Professionals at the Beginning of the COVID-19 Pandemic

Researchers in the departments of neurology and psychiatry at Duke University cross-sectionally surveyed 181 healthcare professionals (HPs; 71% physicians) at Duke University Health Systems in Durham, North Carolina, between November 13, 2019 and March 12, 2020, examining the prevalence and predictors of moral injury symptoms. Moral injury (MI) symptoms were assessed by the Moral Injury Symptom Scale-Healthcare Professional Version (MISS-HP), a psychometrically validated measure assessing the 10 core symptoms of MI. Multivariate regression analyses were used to identify independent predictors of MI symptoms. **Results:** The prevalence of MI symptoms causing at least moderate functional impairment was 23.9%. Regression models indicated that commission of medical errors in the past month, lower religiosity, and severity of clinician burnout predicted increased levels of MI symptoms. Researchers concluded:

"Functionally limiting MI symptoms are present in a significant proportion of HPs and are associated with medical errors and clinician burnout."

Citation: Mantri, S., Lawson, J. M., Wang, Z., & Koenig, H. G. (2021). Prevalence and predictors of moral injury symptoms in health care professionals. *Journal of Nervous and Mental Disease*, 209(3), 174-180.

Comment: This study documents the high prevalence of moral injury symptoms causing significant functional impairment among healthcare professionals around the time that the COVID-19 pandemic began to ramp up. Further studies are now being done to assess the prevalence and causes of MI symptoms in healthcare professionals during the height of the COVID-19 pandemic to provide clues on factors that may help to increase clinician resilience during the current pandemic and future ones to come.

NEWS

CALL FOR PAPERS

Frontiers in Psychology is publishing a special issue on **Spirituality and Mental Health - Exploring the Meanings of the Term 'Spiritual'**. Instructions for this thematic edition are on the link below. Please note that the journal is open access and charges for article processing, although it does offer some alternatives for fee support and partial waiver. The submission deadline for the abstract (the proposal with up to 1,000 words) is May 31, 2021, and, for the full manuscript, is September 30, 2021. *Frontiers in Psychology* has an impact factor of 2.067 and presents itself as the largest journal in its field.

<https://www.frontiersin.org/research-topics/19924/spirituality-and-mental-health-exploring-the-meanings-of-the-term-spiritual>

Prayer and Pain Scale Project Seeking Participants

A research study in the area of Chronic Pain and Prayer continues to seek volunteer participants. The study goals are the development of a validated prayer-based clinical instrument and the design of a bedside-prayer-tool serving anyone with pain-related chronic conditions. Participation is easy via online questionnaires, less than 30 minutes long and confidentiality will be maintained. All spiritual backgrounds are welcomed. If you or someone you know has chronic pain and uses prayer or meditation to cope with their pain, we need to hear from you.

For interested participants:

<https://rally.partners.org/study/prayerandpainstudy> For questions: Dr. Marta Illueca, Clergy-Medical Liaison at prayerpain@gmail.com or via phone at +1-302-803-6818 or to Dr. Samantha Meints, Principal Investigator at Brigham and Women's Hospital in Boston, +1-617-732-9014.

Duke University's Monthly Spirituality and Health Webinars via Zoom

Our Center's monthly spirituality and health research seminars are now being held by Zoom, and should be available to participants wherever they live in the world that supports a Zoom platform. All persons who receive this E-newsletter will be sent a link to join the seminar approximately one week before the seminar is held. When you receive this link, please save the link and forward it to your colleagues and students. This month's seminar on Tuesday, April 27, 2021, will be delivered by Tyler J. VanderWeele, Ph.D., who is the John L. Loeb and Frances Lehman Loeb Professor of Epidemiology in the Departments of Epidemiology and Biostatistics at the Harvard T.H. Chan School of Public Health, and is Director of the Human Flourishing Program and Co-Director of the Initiative on Health, Religion and Spirituality at Harvard University. The title of his presentation is **Religion and Mental Health: Is the Relationship Causal?** VanderWeele is one of the world's top biostatisticians with specific expertise in longitudinal data analyses, and has written some of the most well-known books for statisticians in this area. The PDFs of the Power Point slides for download and full recordings of most past webinars since July 2020 are available at

<https://spiritualityandhealth.duke.edu/index.php/education/seminars> [again, website is changing platforms, so this link to the website may also change]

SPECIAL EVENTS

7th European Conference on Religion, Spirituality and Health

(May 27-28, 2021, via Zoom)

The 2021 European Conference will focus on "Aging, Spirituality and Health" and will be held virtually online due to the coronavirus pandemic. Speakers include Professors Niels Hvidt from University of South Denmark, Andreas Kruse from the University of Heidelberg, Ellen Idler from Emory University, Harold Koenig from Duke University, Sylvia Caldeira from the Institute of Health Sciences at Catholic University (Lisbon, Portugal), Arjan Braam from the University of Humanistic Studies (the Netherlands), Jessie Dezutter from Catholic University of Leuven (Belgium), Stephen Post from Stony Brook University (New York), and Tyler VanderWeele from the School of Public Health at Harvard University. This is a full 2-day conference with keynote presentations, symposia, paper presentations, poster presentations, and discussion groups. For those registering before April 15, there is a 15% discount on tuition. For more information go to <https://ecrsh.eu/ecrsh-2021>.

Online Research Workshop on Religion, Spirituality and Health

(May 23-26, 2021, via Zoom)

The 7th European Conference will also host an online 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. Arjan Braam, Prof. Niels Hvidt, Prof. Constantin Klein, and a number of other European presenters. For more information, go to: <https://ecrsh.eu/ecrsh-2021> or contact Dr. Rene Hefti at info@rish.ch. This will be the only online research workshop specifically on this topic so far by these religion-health researchers and is only one planned for the future, since after the pandemic is over, this workshop will be held only in-person. Thus, individuals who are unable to travel to Europe or the United States for in-person workshops should attend this one online (which will only be held live, and will not be recorded).

17th Annual Duke University Summer Research Workshop

(Durham, North Carolina, August 9-13, 2021, **in-person**¹)

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

¹ The coronavirus situation is a fluid one at this time. However, because of the risk to health that this infection poses, we are *requesting* that those who attend the workshop be vaccinated with the latest vaccine (both shots) at least one week before coming to the workshop in August. In addition, we will likely require a negative COVID-19 test for those coming from other countries. This is necessary because of the large gathering (50-70 participants expected) from all over the world. It will not be possible to social distance from each other while meeting inside during the long time each day in close contact with each other and workshop faculty (8:30-5:00) and because of the workshop length (5 days). We will likely require mask-wearing and will have hand sanitizer available at every table with 2 participants per 8 foot long table, unless the pandemic is well under control.

mentor of their choice, although these mentorship slots are limited, so early registration will be necessary to ensure that the mentor requested will be available. Nearly 900 academic researchers, clinical researchers, physicians, nurses, chaplains, community clergy, and students at every level in medicine, nursing, social work, chaplaincy, public health, psychology, counseling, sociology, theology, and rehabilitation (as well as interested members of the general public) have attended this workshop since 2004.

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

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

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

RESOURCES

Books

Religiosity and Subjective Well-Being in the Arab Context

(Cambridge Scholars Publishing, 2019)

From the publisher: "Throughout the history of humanity, religion has played an important role as one of the most powerful forces of life, death, health and disease. In psychology, interest in the study of religion dates back around one and a half centuries. This interest has been driven, in large part, by the findings of a positive relationship between religiosity and physical and mental health, subjective well-being, happiness and longevity. Furthermore, religiosity is now a subject in many disciplines such as medicine, psychiatry, sociology, anthropology, education, epidemiology, gerontology, social work, and psychotherapy. This book brings together in one volume the scattered studies of religiosity and subjective well-being carried out in different Arab, mainly Muslim, countries. The vast majority of these articles are empirical research papers, and are classified into six sections: namely, Islam and Mental Health; Psychometric Measures; Religiosity, Health and Happiness; Religiosity, Quality of Life and Subjective Well-Being; Religiosity and Personality; and Religiosity, Subjective Well-Being and Psychopathology." Available for £70.99 (hardback) at <https://www.cambridgescholars.com/product/978-1-5275-1654-0>.

Attachment in Religion and Spirituality: A Wider View

(Guilford Publications, 2020)

From the publisher: "Synthesizing diverse strands of theory and research, this compelling book explores the psychology of religion and spirituality through an innovative attachment lens. Pehr Granqvist examines the connections between early caregiving experiences, attachment patterns, and individual differences in religious cognition, experience, and behavior. The function of a deity as an attachment figure is analyzed, as are ways in which attachment facilitates the intergenerational transmission of religion. The book also shows how the attachment perspective can aid in understanding mystical experiences, connections between religion and mental health, and cultural differences between more and less religious societies. Granqvist's conversational writing style, concrete examples, and references to popular culture render complex concepts accessible." Available for \$45.00 (hardcover) at <https://www.amazon.com/Attachment-Religion-Spirituality-Wider-View/dp/1462542689/>.

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."

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. 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." 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 \$69.96 (paperback) at <https://www.amazon.com/Religion-Mental-Health-Research-Applications-dp-0128112824/dp/0128112824/>

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

(Amazon: CreateSpace Publishing Platform, 2018)

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

<https://www.amazon.com/dp/172445210X>.

Protestant Christianity and Mental Health: Beliefs, Research and Applications

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

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

Catholic Christianity and Mental Health: Beliefs, Research and Applications

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

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

<https://www.amazon.com/Catholic-Christianity-Mental-Health-Applications/dp/1544207646>

Islam and Mental Health: Beliefs, Research and Applications

(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/>

You are My Beloved. Really?

(Amazon: CreateSpace Publishing Platform, 2016)

From the author: "Simple and easy to read, intended for Christians and non-Christians, those who are religious or spiritual or neither, and is especially written for those experiencing trauma in life (everyone). The book examines the evidence for God's love from Christian, Jewish, Muslim, Buddhist and Hindu perspectives based largely on the sacred scriptures from these traditions. Available for \$8.78 from <https://www.amazon.com/You-are-My-Beloved-Really/dp/1530747902/>.

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

(Templeton Press, 2011)

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

Other Resources

CME/CE Videos (Integrating Spirituality into Patient Care)

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



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



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

TRAINING OPPORTUNITIES

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

With support from the John Templeton Foundation, Duke University's Center for Spirituality, Theology and Health is offering eleven \$3,600 scholarships to attend the university's 5-day Workshop on conducting research on religion, spirituality, and health. The workshop will be held on **Aug 9-13, 2021**. These

scholarships will cover the \$1200 tuition, up to \$1500 in international travel costs, and up to \$900 in living expenses. They are available only to academic faculty and graduate students living in third-world underdeveloped countries in Africa, Central and South America (including Mexico), Eastern Europe and North Asia (Russia and China), and portions of the Middle East, Central and East Asia. The scholarships will be competitive and awarded to talented well-positioned faculty and graduate students with the potential to conduct research on religion, spirituality, and health, and serve as research leaders in their part of the world. If you want to know more about this program, contact Harold.Koenig@duke.edu or go to our website for a description of the workshop: <https://spiritualityandhealth.duke.edu/index.php/5-day-summer-research-course>. **Please let your academic colleagues in developing countries know about this unusual and time-limited opportunity.**

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

Certificate in Theology and Healthcare

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

FUNDING OPPORTUNITIES

Templeton Foundation Online Funding Inquiry

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

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

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

2021 CSTH CALENDAR OF EVENTS...

April

- 4/6 U.S. Army Conference on Moral Injury and PTSD**
10:30-2:30 EST (in-person) by invitation only
Multiple presentations
Speaker: Lisa Miller, Harold Koenig, others
Contact: Dr. Lisa Miller (drlisamiller@gmail.com)
- 4/11 Christian Medical and Dental Association (CMDA)**
8:00-9:00P EST (via Zoom)
Spiritual and Religious Considerations in the Diagnosis and Treatment of Moral Injury
Speaker: Koenig
Contact: Marshall Williams (psychsectioncmda@gmail.com)
- 4/16 Campbell University School of Osteopathic Medicine**
10:30-11:30A (via Blackboard, online)
Religion, Spirituality and Medicine
Speaker: Koenig
Contact: Teresa B. Butrum (butrum@campbell.edu)
- 4/27 Spirituality & Health Research Seminar**
12:00-1:00 EST (via Zoom)
Religion and mental health: is the relationship causal?
Speaker: Tyler J. WavnderWeele, Ph.D.
John L. Loeb and Frances Lehman Loeb Professor of Epidemiology,
Harvard University's T.H. Chan School of Public Health
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

May

- 5/4 2021 CFBNP Virtual Faith Summit**
VA Center for Faith-Based and Neighborhood Partnerships (CFBNP)
9:00A-1:00P EST (via Zoomc)
Speaker: Multiple speakers
Contact: Trulesta Pauling (Trulesta.Pauling@va.gov)
- 5/5 Stanford University Spirituality Conference**
Time TBD (via Zoom)
Speaker: Multiple speakers
Contact: Dr. Allyson C. Rosen (rosena@stanford.edu)
- 5/17 Research Faculty Development Seminar**
AdventHealth University, Orlando, Florida
3:00-4:00 EST via Zoom
Religion, Spirituality & Mental Health
Speaker: Koenig
Contact: Leana Araujo (Leana.GoncalvesAraujo@ahu.edu)
- 5/18 Spirituality & Health Research Seminar**
12:00-1:00 EST (via Zoom)
Teaching the History of Religious Healing
Speaker: Jeff Levin, Ph.D., University Professor of epidemiology & population health, Baylor University
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 5/20 Role of Religious Knowledge in Humanities and Social Sciences**
Research of Hawzah University, Iran
8:30-9:30 EST (via virtual platform)
Islam, Mental Health, and COVID-19 Pandemic
Speaker: Koenig
Contact: Mahdi Gholami (dmgholami@yahoo.com)