

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 June 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 July/August.

LATEST RESEARCH

Promoting Public Health by Supporting Attendance at Religious Services

Researchers at Harvard's TH Chan School of Public Health and Division of Radiation Oncology at Harvard Medical School review recent longitudinal research on religious service attendance and subsequent health and well-being, which the authors claim has increased substantially over the past decade. They suggest a nuanced approach towards promoting religious service attendance on the grounds of its possible impact on health in those who positively self-identify as religious or spiritual, while at the same time encouraging other forms of community participation for those who indicate they are not religious or spiritual. The authors concluded: "The world post-COVID will require extensive efforts to rebuild society and community life. The strategies above to promote community participation, religious or otherwise, may prove critical in revitalizing our communities, thereby also promoting health and well-being."

Citation: VanderWeele, T. J., Balboni, T. A., & Koh, H. K. (2021). Religious service attendance and implications for clinical care, community participation and public health. *American Journal of Epidemiology*, EPUB ahead of press

Comment: Written by some of the world's top epidemiologists and public health leaders, including the former US Assistant Secretary for Health for the Department of Health and Human Services in the Obama administration, and published in the top mainstream epidemiology journal in the U.S., this article has the potential to put religious involvement on the radar of those who form the public health agenda for this country.

Religiosity Moderates the Relationship between Ageism and Well-Being in Older Adults

Investigators in the department of sociology at Ewha Womans University and school of social sciences at Nanyang Technological University, Singapore, analyzed data from a subset of individuals ages 55 or older (n=16,993) from 29 countries participating in the European Social Survey (2008/2009). The purpose was to examine the relationship between ageism and well-being in older adults and determine whether country-level religiosity moderates this relationship. Ageism was assessed by a 3-item scale.

Religiosity was assessed by frequency of attendance at religious services (average attendance at the country level), with frequency of religious prayer (average frequency at the country level) examined as an alternative measure. The primary outcomes (self-rated health, happiness, and life satisfaction) were each assessed by a single item. Controlled for in regression analyses using multilevel modeling were age, gender, ethnicity, marital status, education, financial status, religious affiliation, attitudes towards ageism, social capital, social interactions, perception of social status of older adults, and an index that combines health, education, on material security (Human Development Index).

Results: Regression analyses indicated that ageism was negatively related to all three measures of well-being above. However, this relationship was less pronounced in countries with higher levels of religiosity (average religious attendance) (interaction term between country level religious attendance and ageism, $b=0.044$, $p<0.05$, for self-rated health; $b=0.068$, $p<0.05$, for happiness; and $b=0.089$, $p<0.10$, for life satisfaction). When average frequency of prayer was substituted for average religious attendance, the results were similar. Researchers concluded: "These findings suggest that the country's religious environment serves as a buffer against deleterious health consequences of ageism for the older population."

Citation: Kim, H. H. S., & Jung, J. H. (2021). Ageism, religiosity, and wellbeing among older adults: evidence from the European Social Survey (ESS4). *Research on Aging*, 43(5-6), 214-226.

Comment: To our knowledge, this is the first study to examine the buffering effects of religiosity on the relationship between perceptions of ageism and well-being among older adults. The findings are of particular interest since they come from Europe, which has seen an increasing trend toward secularism.

Religiosity, Hope, Adult Attachment, and Life Satisfaction among Older Adults in Iran

Researchers at the Tehran University of Medical Sciences cross-sectionally surveyed a convenience sample of 504 adults ages 60 or over, who were recruited in health centers, clinics, and public places. Adult attachment was assessed by the 18-item Adult Attachment Scale Revised, which measures closeness (extent to which person feels comfortable with closeness and intimacy), dependence (extent to which person feels they can depend on others to be available when needed), and anxiety (extent to which a person is worried about being rejected or unloved). Life satisfaction was measured by the 13-item Life Satisfaction Index Z, and hope by the 12-item Herth Hope Index. Finally, religiosity was assessed by a religiosity scale, including items such as strength of

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religious belief (not further described). Mediation effects and total effects models were constructed examining the relationship between adult attachment and life satisfaction, examining religiosity and hope as mediators. Otherwise, no other variables were controlled for. **Results:** Bivariate analysis indicated a moderately strong relationship between religiosity and hope ($r=0.42$, $p<0.01$). The mediation model indicated a positive relationship between closeness and religiosity ($b=0.226$, $p<0.001$), a negative relationship between anxiety and religiosity ($b=-0.229$, $p<0.001$), and no relationship with dependence; religiosity was also positively related to hope ($b=0.384$, $p<0.01$), which was in turn related to life satisfaction ($b=0.448$, $p<0.001$). Researchers concluded: "More specifically, while religiosity and hope fully mediated the relationship between close attachment and life satisfaction, they partially mediated the attachment anxiety - life satisfaction link."

Citation: Sharif, S. P., Amiri, M., Allen, K. A., Nia, H. S., Fomani, F. K., Matbue, Y. H., ... & Waheed, H. (2021). Attachment: the mediating role of hope, religiosity, and life satisfaction in older adults. *Health and Quality of Life Outcomes*, 19(1), 1-10.

Comment: The relationship between religiosity and these characteristics among older adults in Iran is poorly understood, and so this study adds to the literature documenting the possible benefits that religiosity may have in enhancing the mental health of older Iranians.

Childhood Religiosity, Gender, and Human Flourishing in Midlife and Older Age

Researchers analyzed data from a 10-20 year prospective study of 3,030 U.S. adults ages 25 to 74 (initially assessed in 1995-96 [W1] and then again in 2004-2006 [W2] and 2013-2014 [W3]).

Childhood religiosity was determined retrospectively by the question: "How important was religion in your home when you were growing up?" (response categories were trichotomized into "not very or not at all," "somewhat," and "very"). Parental warmth during childhood was assessed by six questions each asked about the respondent's mother and father separately. Flourishing was assessed by a multi-item measure that assessed emotional, psychological, and social well-being (emotional well-being by a 6-item scale, psychological well-being by an 18-item scale, and social well-being by a 15-item scale). Controlled for in regression analyses were parental education, urbanicity, parental divorce, economic status of family during childhood, and respondent age, race/ethnicity, marital status, and educational attainment at baseline. Analyses were stratified by gender. **Results:** For both males and females, regression analyses indicated that childhood religiosity was positively and significantly associated with flourishing in cross-sectional analyses at Wave 1 (men, $b=0.68$, $p<0.001$; women, $b=0.71$, $p<0.001$). Among men, maternal warmth interacted with childhood religiosity, such that childhood religiosity was associated with flourishing only among men who reported high maternal warmth (a similar interaction was found with adult religiosity); these interactions were not present in females. In longitudinal analyses, childhood religiosity also predicted flourishing at 10-year follow-up for both men ($b=0.11$, $p<0.001$, $n=1,104$) and women ($b=0.09$, $p<0.05$, $n=1,150$); there was also a significant interaction between childhood religiosity and maternal warmth in men ($b=0.09$, $p<0.05$), as in the baseline analysis (but was again not present in women). In the 20-year follow-up, the relationship between childhood religiosity and flourishing continued to be present in both men ($b=0.65$, $p<0.05$, $n=677$) and women ($b=0.34$, $p<0.05$, $n=733$); however, the interaction between childhood religiosity and maternal warmth was not significant in either men or women in those analyses.

Researchers concluded: "Overall, we conclude that any robust effects of religion on well-being across the life course are likely to be interwoven with family, gender, and other social institutions,

perhaps tracing in part to the distinctive, personalized culture of American religion."

Citation: Upenieks, L., Andersson, M. A., & Schafer, M. H. (2021). God, father, mother, gender: How are religiosity and parental bonds during childhood linked to midlife flourishing? *Journal of Happiness Studies*, EPUB ahead of press.

Comment: The findings here are based on a well-known and highly reputable prospective study (MIDUS study, i.e., National Survey of Midlife Development in the United States). These positive results of childhood religiosity on human flourishing were found despite the relatively simple measurement of childhood religiosity based on a single item with only three response categories.

Religiosity and Life Satisfaction in the MIDUS Study: Conflicting Results

Mohsen Joshanloo in the department of psychology at Keimyung University in Daegu, South Korea, analyzed data from a nationally representative sample of 4,167 adults participating in the Midlife in the United States Project (MIDUS; same study as above). Data were collected on religiosity at each of the three waves of data collection (1995-96, W1; 2004-2006, W2; and 2013-2014, W3) and on life satisfaction at each of the three waves. Religiosity was assessed by a 6-item scale that focused on belief, importance, and preference for people with similar religious beliefs, but did not assess religious behaviors (e.g., attendance). Life satisfaction was assessed by a 5-item scale (satisfaction with overall life, work, health, relationship with spouse/partner, relationship with children). The researcher examined relationships between religiosity and life satisfaction using a random-intercept cross-lagged panel model that partitioned the variance into between-person and within-person components. Age and gender were controlled in analyses. **Results:** A positive association was found between religiosity and life satisfaction at the between-person level. The within-person estimates (lagged cross-relations) were not statistically significant. This indicated no causal relationship between religiosity and life satisfaction when assessed over time.

Citation: Joshanloo, M. (2021). Within-person relationship between religiosity and life satisfaction: A 20-year study. *Personality and Individual Differences*, 179, EPUB ahead of press.

Comment: Using the same data set as Upenieks et al. above, this researcher came to different conclusions about religion. This may be due to the different statistical methodologies and different religious variables used in each study.

Religiosity, Family Atmosphere, and Health Behaviors in Saudi Adolescents

Researchers at the college of medicine, Sulaiman Al Rajhi University, surveyed 1,752 students in grades 7-12 from 32 randomly selected schools in Al-Qassim, Saudi Arabia, examining the relationship between religiosity, family atmosphere, and health behaviors (physical activity, diet, obesity, screen time, smoking). Religiosity was assessed by a single item: "What is your level of religiosity?"; responses ranged a scale from 0 (very low) to 10 (very high). Family atmosphere was assessed by the 10-item Short Scale of Family Atmosphere (SOFA). Health behaviors were assessed as dichotomized outcomes: (1) weight (overweight/obese vs. normal); (2) screen time (≥ 6 hours/day vs. less); (3) physical activity (very inactive vs. more active); (4) diet (very unhealthy vs. healthier); and smoking (smoker vs. non-smoker). The lifestyle risk factors above were summed and categorized into four groups: none, 1, 2, and 3 or more. Multilevel multinomial logistic regression was used to control for school, region, age, gender, socioeconomic status, parental marital status, and father/mother employment. **Results:** Saudi adolescents scoring below the mean on religiosity were nearly three times more likely to engage in 3 or more negative health behaviors compared

to those who scored above the mean on religiosity (OR=2.9, 95% CI=2.1-4.0). There was also a significant interaction between religiosity and family atmosphere in predicting negative health behaviors; Saudi adolescents with low religiosity and low family atmosphere were nearly 6 times more likely to have 3 or more negative health behaviors (OR=5.9, 95% CI=3.7-9.5). Researchers concluded: "Hence, higher religiosity and better family atmosphere are associated with less risky lifestyles among Saudi adolescents." *Citation:* Rajab, T. M., Saquib, J., Rajab, A. M., Enabi, S., Ayash, S. Q. S., Abdelrahman, S. A. A., ... & Saquib, N. (2021). The associations of religiosity and family atmosphere with lifestyle among Saudi adolescents. *SSM-Population Health*, 14, EPUB ahead of press.

Comment: Although a cross-sectional study, these odds ratios are quite high for such a large sample size. Religiosity appears to make a big difference among Saudi adolescents with regard to health behaviors.

Religiosity, Alcohol Use, and Self-Control among Adolescent Girls in Pittsburgh

Researchers in the department of psychology and neuroscience at Baylor University, Rutgers University, University of Pittsburgh, and Yale University analyzed data on a 4-year longitudinal study that followed 2,122 girls from high-risk neighborhoods of Pittsburgh (57% black, 43% white) from age 13 to age 17, assessing them annually. Religiosity was measured annually by frequency of prayer, frequency of attendance at religious services, importance of religion, and frequency of engagement in religious activities such as youth group or choir. Responses were summed to create an overall measure of religiosity. Researchers examined whether there were multiple patterns of reciprocal relationships across religiosity, self-control, and alcohol use during the follow-up period. Data were analyzed using an autoregressive cross-lagged path models with latent variable mixture modeling (LVMM). **Results:** Self-control was associated with reduced alcohol use, and religiosity was associated with greater self-control and less alcohol use. In the final model, religiosity predicted lower alcohol use in a majority of adolescent girls (88%), indicating a qualitative difference in how religiosity was associated with self-control and alcohol use in different groups.

Citation: Palm, M. H., Latendresse, S. J., Chung, T., Hipwell, A. E., & Sartor, C. E. (2021). Patterns of bi-directional relations across alcohol use, religiosity, and self-control in adolescent girls. *Addictive Behaviors*, 114, EPUB ahead of press.

Comment: A complicated statistical analysis, but as expected, found that religiosity predicted greater self-control, which predicted lower alcohol use in this group of relatively high risk adolescent girls.

Religiosity and Psychological Well-Being in Russia

Investigators at Moscow City University, Samara branch, examined the relationship between religiosity and psychological well-being and 85 members of the Samara Methodist Church, stratified by different age group: early adulthood (22 participants ages 20-24), early middle-age (20 participants ages 25-50), later middle-age (21 participants ages 51-64), and old age (18 participants ages 65-85). Psychological well-being was assessed by Ryff's well-being subscales scales: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, self-acceptance. Affect balance, sense of life, and person as an open system were also assessed using a different measure. Individual domains of well-being, along with an overall index of psychological well-being, were examined in relationship to religiosity. Religiosity was assessed by aspects of religious thinking, regularity of reading holy Scriptures, engaging in prayer and fasting, wearing religious clothes or other religious objects, attitude towards religious holidays and traditions, knowledge of religious dogma, intention of raising children in a religious tradition,

and acceptance of religious leaders' authority. Response were combined into a religiosity scale. Spearman correlations were examined to determine correlations between variables, without controlling for covariates. **Results:** In early adulthood, religiosity was inversely related to environmental mastering ($r=-0.59$, $p<0.05$) and purpose in life ($r=-0.60$, $p<0.01$), but was unrelated to other psychological well-being subscales. Among those in early middle age, religiosity was positively related to personal growth ($r=0.60$, $p<0.01$), inversely related to affect balance (-0.61 , $p<0.01$), and positively related to sense of life ($r=0.59$, $p<0.01$). For those in later middle-age, religiosity was positively related to having good relationships with others ($r=0.60$, $p<0.01$), purpose in life ($r=0.57$, $p<0.05$), personal growth ($r=0.56$, $p<0.05$), sense of life ($r=0.61$, $p<0.01$), and overall psychological well-being ($r=0.58$, $p<0.05$), but was negatively related to autonomy ($r=-0.53$, $p<0.05$). Among those in old age (ages 65-85), religiosity was positively related to having good relationships with others ($r=0.61$, $p<0.01$), environmental mastering ($r=0.69$, $p<0.01$), personal growth ($r=0.61$, $p<0.01$), purpose in life ($r=0.75$, $p<0.01$), self-acceptance ($r=0.61$, $p<0.01$), and overall psychological well-being ($r=0.71$, $p<0.01$), but was again inversely related to autonomy ($r=-0.61$, $p<0.01$), as well as to affect balance ($r=-0.62$, $p<0.01$) and person as an open system (-0.71 , $p<0.01$). The researchers concluded: "There is no statistically significant association between General Index of Psychological Well-Being and level of religiosity manifestation at the ages of early adulthood and first part of middle age, but in the groups of participants of second part of middle age and old age there is strong positive correlation."

Citation: Telepova, N., & Telepov, M. (2021). Correlation between psychological well-being and level of religiosity manifestation at different ages. *Society. Integration. Education*, 7, 181-188.

Comment: Although this was a small cross-sectional study of a convenience sample of church members without controls for possible confounders, it is also one of the first studies from Russia examining the relationship between religiosity and psychological well-being.

Religiosity and Work Engagement among Muslims in Jordan

Researchers in the college of business administration at Al Falah University in Dubai, UAE, and from universities in the United Kingdom, examined the relationship between Islamic religiosity and work engagement in 381 Muslim employees of Jordanian telecoms. Work engagement was defined as "a positive, fulfilling, work-related state of mind that is characterized by vigor, dedication and absorption." The 17-item Utrecht Work Engagement Scale (UWES-17) was used to assess this construct. Religiosity was measured by a 5-item scale with each item scored on a 1-5 scale (e.g., "I have a great sense of Allah's presence" and "It is important for me to spend more time on religious activities"). Workload, which was examined as a moderator, was assessed with the 5-item Quantitative Workload Inventory (QWI). Control variables included age, gender, qualification, tenure, and marital status, which were included in hierarchical multiple regression analyses. **Results:** Results indicated a positive association between religiosity and work engagement ($b=0.198$, $p<0.01$, after controls). There was also a significant interaction between religiosity and workload in predicting work engagement ($b=-0.126$, $p<0.05$). Contrary to expectations, the relationship between religiosity and work engagement was stronger under conditions of low workload (vs. high workload). The researchers concluded: "It [this study] contributes to work engagement literature by introducing religiosity as a personal resource which enhances work engagement and improves well-being."

Citation: Abualigah, A., Davies, J., & Harrington, S. (2021). Religiosity and work engagement: Workload as a moderator. *Stress and Health*, EPUB ahead of press (<https://doi.org/10.1002/smi.3042>)

Comment: The study adds to the literature, this time specifically in Muslims, that has shown a positive relationship between religious involvement and work productivity, satisfaction, and engagement.

Spirituality/Religiosity and Resilience

Investigators at Conceicao Hospital in Porto Alegre, Brazil, and the Federal University of Juiz de Fora in Juiz de Fora, Brazil, conducted a systematic review of observational studies on spirituality/religiosity and resilience and conducted a meta-analysis of results (using PRISMA guidelines). Resilience was defined as the ability of individuals to recover or cope satisfactorily with adverse circumstances (tragedy, trauma, adversity, difficulty, significant stressors). **Results:** A total of 4,193 articles were identified, of which 2,478 were not duplications; of those, 2,403 did not meet the inclusion criteria based on the article title and abstract. Of the 75 remaining studies that were examined in detail, 34 did not meet inclusion criteria leaving 41 articles. Of those, five did not meet the quality analysis as determined by the Newcastle-Ottawa (NOS) article quality scale (score of 5 or greater), leaving 34 final articles that included a total of 6,653 participants and generated 44 associations/correlations. Overall, the meta-analysis revealed a moderate correlation between S/R and resilience ($r=0.40$, 95% CI=0.32-0.48, $p<0.01$). Correlations were strongest in Oceania (e.g., Australia, New Zealand, New Guinea; $r=0.62$) and the Middle East ($r=0.48$), and were weakest in North America ($r=0.27$) and Latin America ($r=0.25$). When only the highest quality studies were included (NOS \geq 7), the results were similar ($r=0.37$, 95% CI=0.23-0.49). The researchers concluded: "A moderate positive correlation was found between S/R and resilience."

Citation: Schwalm, F. D., Zandavalli, R. B., de Castro Filho, E. D., & Lucchetti, G. (2021). Is there a relationship between spirituality/religiosity and resilience? A systematic review and meta-analysis of observational studies. *Journal of Health Psychology*, EPUB ahead of press (<https://doi.org/10.1177/1359105320984537>).

Comment: It would have been helpful if researchers had separated results obtained from cross-sectional vs. longitudinal studies, although this was not done. Only measure type (spirituality vs. religion), continent, health status, and age were examined as moderators.

Does Spirituality or Religion Positively Affect Mental Health? A Response to Critics

Dutch researchers respond to criticisms lodged by Koenig et al. (2021) to their meta-analysis of longitudinal studies that examined the relationship between religiosity and mental health. The Dutch researchers had concluded from their meta-analysis results (a significant, but small overall effect size of $r = 0.08$, 95% CI=0.06 to 0.10) that they "raise the question whether further research into the contribution of R/S to mental health (well-being, depression, anxiety, distress, life satisfaction, quality of life) is worthwhile." The critique of those findings had strongly challenged that conclusion based on the quality of the meta-analysis and the interpretation of results.

Citation: Garssen, B., & Visser, A. (2021). The effect of religiosity and spirituality on mental health: Reply to two commentaries. *International Journal for the Psychology of Religion*, 31(1), 45-50.

Comment: Readers would benefit from reviewing the original meta-analysis (Garssen et al., 2021; <https://doi.org/10.1080/10508619.2020.1729570>), the Koenig et al. (2021) critique (<https://doi.org/10.1080/10508619.2020.1766868>), and this Reply to their critique.

Possible Reasons for the Heterogeneity in Findings: Religion and Mental Health

Investigators at the Olomouc University Social Health Institute in the Czech Republic and several other institutions in and outside of

the Czech Republic, analyzed cross-sectional data from a nationally representative sample of 1,795 Czech adults, with the goal of examining the relationship between religiosity and mental health in this highly secular environment (56% of participants described themselves as non-believers and 15% as convinced atheist). Religious involvement and stability of religious attitudes were assessed by questions about religious affiliation, religious education, conversion experiences, non-religious attitudes, stability of non-religious attitudes, and God image (closeness of God). The religious questions asked varied depending on how participants responded to the religious affiliation question (e.g., conversion experience was only assessed among respondents who indicated they were believers, and stability of nonreligious attitudes was only asked among respondents who indicated that they were non-believers). Mental health was measured by (1) anxiety in close relationships (assessed by a subscale of the Experiences in Close Relationships-Revised Questionnaire [ECR-R]), (2) other mental health problems (assessed by the 53-item Brief Symptom Inventory [BSI-53], which has subscales assessing somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism), and (3) overall psychological distress (assessed by the Global Severity Index [GSI]). Regression models controlled for gender, age, and education status. **Results:** With regard to anxiety in close relationships, no difference was found between religious and nonreligious participants; compared to stable non-religious persons, those categorized as "unstable non-religious" were significantly more likely to have anxiety in relationships (OR=1.31, 95% CI=1.02-1.69, $p<0.05$); likewise, "religious converts" were more than twice as likely to have anxiety in relationships (OR=2.59, 95% CI=1.30-5.16, $p<0.01$). With regard to various mental illness symptom clusters assessed by the BSI, compared to the non-religious participants, the religious participants were more likely to score high on somatization (OR=1.29, 95% CI=1.01-1.64, $p<0.05$) and on obsessive-compulsive (OR=1.61, 95% CI=1.25-2.07, $p<0.001$), especially those who were religious and perceived God as distant. Researchers concluded: "Our findings support the idea that heterogeneity of findings in associations between religiosity/spirituality and mental health could be due to measurement problems and variation in the degree of secularity."

Citation: Malinakova, K., Tavel, P., Meier, Z., van Dijk, J. P., & Reijneveld, S. A. (2020). Religiosity and mental health: A contribution to understanding the heterogeneity of research findings. *International Journal of Environmental Research And Public Health*, 17(2), 494.

Comment: Unfortunately, this was a cross-sectional analysis, which prevents determination of causal inference. It may have been that more distressed participants were more likely to convert to religion as a way of coping with their distress or this may have stimulated questions among the non-religious (resulting in an unstable non-religious categorization), resulting in a positive association between these religious states and psychological distress. The results also say very little about different findings regarding the prospective association between religiosity and mental health (as suggested by the meta-analysis by Garssen above). However, it is quite possible that in highly secular regions of the world (like the Czech Republic), secularization may influence the relationship between religiosity and mental health (increasing the threshold at which individuals turn to religion to cope with distress). Likewise, the way that religiosity is measured may also help to explain the heterogeneity in findings (see the Koenig et al., 2021, rebuttal to Garssen et al., 2021, for a complete discussion of these issues).

NEWS

Duke University's Monthly Spirituality and Health Webinar 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 our 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, June 29, 2021, at 12:00-1:00 EST, will be delivered by Rick Wolthusen, M.D., M.P.P., resident in psychiatry and research scholar at Duke University Health System. He is also founder and Executive Director of *On The Move e.V.* (see website: <https://www.on-the-move.de/en/homepage/>). The title of his presentation is **Brain Spirit Desk: Bridging Gaps in Mental Health Care in Ghana**. 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

17th Annual Duke University Summer Research Workshop

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

There are still a few spots open 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 the workshop,

¹ The coronavirus situation is improving but remains somewhat fluid at this time. We have received approval from Duke to hold the workshop onsite in-person, so that is great. However, because of the risk to health that this coronavirus poses, we are *requesting* that those who attend the workshop be vaccinated at least two weeks before coming to the workshop in August. For those coming from other countries to the workshop, we are *requiring* vaccination and also a negative COVID-19 test. This is necessary because of the large gathering (50 or more participants) expected. 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 also be requiring mask-wearing for anyone not vaccinated and will be encouraging mask-wearing even for those who are vaccinated. We will also try to allow for some social distancing in the seating arrangement; and will have hand sanitizer available at every table. These are necessary precautions to ensure the safety of all participants and faculty.

and this year is no different. **Partial tuition reduction scholarships** are available, as are **full tuition and travel scholarships for academic faculty in underdeveloped or developing countries** (see end of newsletter). For more information, go to: <https://spiritualityandhealth.duke.edu/index.php/5-day-summer-research-course>

RESOURCES

Books

Anxiety and Vedic Wisdom

(Bharat Vedak, 2021)

From the publisher: "Several recent studies have found increased levels of anxiety and depression in Americans as they have grappled with the economic, social, health-related, and emotional fallout from the COVID 19 pandemic. This book distills the wisdom of Vedic scriptures into practical, accessible ways of dealing with life's challenges. While the remedies described in this book were developed thousands of years ago, the book describes numerous recent scientific studies that have validated the effectiveness of these methods today. For many business people who have had the privilege of working from home for the past year and are now facing uncertainty and fear around reentry to the office and other activities that were common prior to COVID 19, this is a great resource to help them thoughtfully manage their anxiety. This book is also a great modern compendium for someone wanting to learn about the wisdom in the ancient Vedic scriptures in general and about non-pharmacologic anxiety management in particular. The simple, easy to understand explanations of the ancient Hindu scriptures and frameworks to connect the modern anxiety prone world is appropriate and welcome. The "Stellar Model" proposed in the book is a wonderful amalgamation of ancient Hindu theories brought into practice, to help us live more balanced, fulfilled lives, not just during the pandemic, but moving forward. Relatively simple and practical tools put forth in the book can help quell anxiety, leading to an improved mental, emotional and physical wellbeing." Available for \$9.00 (paperback) at: <https://www.amazon.com/Anxiety-Vedic-Wisdom-Madhu-Sharma/dp/B094T531G5/>.

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, 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)

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, used) 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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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 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.**

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 whom 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 university faculty member 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>.

2021 CSTH CALENDAR OF EVENTS...

July

- 7/27 Spirituality & Health Research Seminar**
12:00-1:00 EST (via Zoom)
Islam and Mental Health
Speaker: Chaplain Azleena Salleh Azhar
Pastoral Services Advisory Committee
Duke University Health System
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

August

- 8/9-8/13 Duke University Spirituality & Health Research Workshop**
- 8/24 Spirituality & Health Research Seminar**
12:00-1:00 EST (via Zoom)
Is Grandma Still There? Dignity, Continuing Self-Identity and the Mystery of Terminal Lucidity in Deeply Forgetful People
Speaker: Stephen Post, Ph.D.
Professor, Department of Family, Population & Preventative Medicine; Division Head, Medicine and Society; Director, Center for Medical Humanities, Compassionate Care & Bioethics, Stony Brook University School of Medicine, NY, NY
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)