

CROSSROADS...

Exploring research on religion, spirituality and health

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

All e-newsletters are archived on our website. To view previous issues (July 2007 through April 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 April/May.

LATEST RESEARCH

Impact of War and Trauma on Religiosity

Investigators in the department of finance at the University of Connecticut and other institutions in the U.S. and Germany analyzed data on 482 active-duty overseas-deployed U.S. servicemen assessed in 2007/2008 (ages 24-34, males only) participating in Wave IV of a nationally representative longitudinal study (U.S. National Longitudinal Study of Adolescent to Adult Health or ADD Health study). Of the 482 participants, 59% had completed their military service before the Wave IV survey and 41% were serving in the military at the time of the Wave IV survey. Level of religiosity (frequency of religious attendance [15% weekly], frequency of private prayer [75% pray outside of religious services], and importance of religious faith in life [51% very important]) was assessed at Wave IV. Also assessed was whether respondents were deployed to a combat zone (76%) and whether they had engaged the enemy in a firefight (37%). In addition, researchers analyzed data from a second dataset, the Department of Defense's Health and Related Behaviors (HRB) Survey in 2008, which was a nationally representative sample of 11,598 active-duty servicemen. These data were collected around the same time as Wave IV in the ADD Health study. In the HRB, exposure to enemy firefight when deployed was determined, along with whether respondent had been injured in combat or witnessed deaths in war. As with the ADD Health study, the HRB also assessed frequency of religious attendance (19% at least twice/month), prayer (22% prayed frequently when stressed), and importance of religious/spiritual beliefs in life (70% important). Estimating equations were used to determine whether combat assignment status was related to religiosity, controlling for current military service status, total length of service, military branch, rank of service, time of service, and occupation. **Results:** With regard to the ADD Health sample, participants assigned to combat zones

were significantly more likely to attend weekly religious services than those deployed to non-combat zones; likewise, those assigned to combat were significantly more likely to engage in private prayer, and were somewhat more likely (but not significantly more) to report that religion was important to them. Similar findings (greater religiosity) were present for those who are engaged in a firefight with the enemy (vs. not). These effects were particularly strong for those whose service was current, compared to those who had previously separated from the US Armed Forces. Similar findings were reported for the HRB dataset. Researchers concluded: "post-September 11th combat service substantially increases the probability that a serviceman subsequently attends religious services and engages in private prayer. Estimated effects are largest for enlisted servicemen, those under the age of 25, and servicemen wounded in combat... combat service increases servicemen's demand for both religious and secular psychological services."

Citation: Cesur, R., Freidman, T., & Sabia, J. J. (2020). War, traumatic health shocks, and religiosity. *Journal of Economic Behavior & Organization*, 179, 475-502.

Comment: Although based on cross-sectional data, these findings are important for justifying (1) the inclusion of chaplains in the military to address the spiritual needs of active duty military and (2) the inclusion of chaplains in Veterans' services to address their needs after they leave the military, particularly if they have been deployed to combat zones or wounded in combat.

Religiosity, Gratitude, and Mental Health in U.S. Veterans

Researchers in the department of psychology and counseling at the University of Texas at Tyler (and other universities and VA institutions) analyzed cross-sectional data from a nationally representative sample of 3,151 U.S. Veterans collected in 2011 (average age 60, 35% combat Veterans, 91% male, 76% white, 76% married). Dispositional gratitude was assessed with a 6-item scale (Gratitude Questionnaire-6; McCullough et al., 2002); scores were categorized into low gratitude (n=249), moderate gratitude (n=287) and high gratitude (n=2,583). Sociodemographic characteristics, military and trauma characteristics, psychiatric measures, functioning and quality of life, personality, psychosocial variables, posttraumatic growth, and religion/spirituality were also assessed. Religion/spirituality was assessed by frequency of attendance at religious services, frequency of private religious activities, and intrinsic religiosity using the 5-item Duke University Religion Index (DUREL). **Results:** Regression analyses adjusting for age, education, marital status, income, retirement status, enlistment status, branch of service, number of years in the military, and number of lifetime traumas, found that private religiosity (frequency of prayer and scripture reading) was associated with high gratitude vs. low gratitude (OR=1.25, 95% CI=1.10-1.42) and with moderate gratitude vs. low gratitude (OR=0.1.27, 95% CI=1.10-1.47). Furthermore, intrinsic religiosity was associated with high gratitude vs. moderate gratitude (OR=1.08, 95% CI=1.02-1.14). Greater religious involvement, then, was associated with higher levels of dispositional gratitude. Higher levels of dispositional gratitude, in turn, is widely

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recognized as a protective factor against a wide range of psychosocial problems, including negative associations with mental health symptoms such as depression, anxiety, suicidality, and PTSD.

Citation: McGuire, A. P., Fogle, B. M., Tsai, J., Southwick, S. M., & Pietrzak, R. H. (2021). Dispositional gratitude and mental health in the US veteran population: Results from the National Health and Resilience Veterans Study. *Journal of Psychiatric Research*, 135, 279-288.

Comment: Given the high rates of suicide among U.S. Veterans today (17 die by suicide every day), these findings have significance for Veterans Administration initiatives intended to reduce suicide among former members of the military.

Religiosity and U.S. Veteran Mental Health

R. L. Rogers at the Criminal Justice & Forensic Sciences Department at Youngstown State University in Ohio analyzed data on 74,480 participants in the U.S. National Survey on Drug Use and Health (2013-2017), identifying Veterans and distinguishing them from non-Veterans to examine the relationship between religiosity and mental health in each group. Veterans with combat experiences were also distinguished from Veterans without combat experiences. Religious involvement was assessed by importance of religion, number of friendships that involved shared religious beliefs, and attendance at religious services. Details of this study are in this description since only the abstract was available.

Results: After control for other covariates, religiosity was significantly related to better mental health. However, this finding was only present for attendance at religious services in Veterans with combat experiences. The researcher concluded: "Mental health professionals, chaplains, pastoral counselors, and clergy need to recognize the therapeutic benefits of religious attendance and recognize the value of religious rituals as ends in themselves."

Citation: Rogers, R. L. (2020). Religiosity and veteran mental health compared with non-veterans. *Occupational Medicine*, 70(6), 421-426.

Comment: This is another study in U.S. Veterans reporting the importance of religious community involvement, particularly among those experiencing the stress of combat.

Parental Religiosity and Self-Rated Health of Children during Late Adolescence/Early Adulthood

Jason Freeman from the College of Liberal arts at Towson University (Maryland) analyzed data from three waves of the U.S. National Longitudinal Study of Adolescent to Adult Health (ADD Health) study from 1994-95 to 2001-2002 (n=15,195), examining the effect of baseline parental religiosity at Wave I (1994-1995) on self-rated health of adolescents at Wave III (2001-2002). Of particular interest was whether parental religiosity directly or indirectly predicted self-rated health of adolescents when they reached late adolescence/early adulthood (ages 18-26). Parental religiosity was assessed by institutional religiosity (attendance at religious services) and personal religiosity (importance of religiosity and frequency of prayer). Adolescent religiosity assessed at Wave II (1996) was also measured by institutional religion (frequency of attendance at religious services and participation in religious activities) and personal religiosity (importance of religiosity and frequency of prayer). In addition, parent-child conflict, marital stability, and health behaviors (adolescent smoking, alcohol use, sleep problems, healthy eating, physical activity, number of sexual partners; parental smoking and alcohol use) were also measured at Wave I. Self-rated health, the dependent variable at Wave III, was assessed by a single question: "In general, how is your health?" ranging from poor health (1) to excellent health (5). Structural equation modeling was used to control for covariates including age, race, gender, income, and region of U.S.

adolescent religiosity, health-related behaviors, and marital stability were examined as mediators of the relationship between

parental religiosity and late adolescent/early adulthood self-rated health. **Results:** Parental attendance at religious services (institutional religion) had a significant direct effect on self-rated health of children during late adolescence/early adulthood, even after controlling for adolescent religiosity, health-related behaviors, marital stability, and other covariates. This effect was mediated by primarily by reduced adolescent and parent smoking. Also found was a significant indirect effect of parental institutional religiosity on adolescent self-rated health via adolescent religiosity, where the relationship between adolescent religiosity and self-rated health was likewise mediated by health-related behaviors. The researcher concluded: "It is likely that religious parents reduce adolescent smoking by modeling lower rates of parental smoking or smoking abstinence, and also sanction adolescents for smoking, which leads to improved health during late adolescence/early adulthood."

Citation: Freeman, J. A. (2021). The influence of parental religiosity on the health of children during late adolescence/early adulthood: A test of mediation. *Sociological Perspectives*, EPUB ahead of press.

Comment: This study adds further evidence that parental religiosity makes a difference in terms of their children's health outcomes, an effect that is already measurable by late adolescence/early adulthood.

Religiosity and Posttraumatic Growth in Madrid, Spain, during the Covid 19 Pandemic

Investigators from the department of psychology at the Universidad Pontificia Comillas in Madrid examined the relationship between personal experiences of COVID-19, self-rated spirituality and religiosity (1-item each), meaning/purpose in life (PIL-10), and posttraumatic growth in 1,091 community-dwelling residents in Madrid (69% female, 67% university undergraduates, 42% ages 19-39). Posttraumatic growth (PTG; the primary dependent variable) was assessed by a 24-item scale (Paez et al., 2012) that measured PTG in personal, interpersonal, social, and political participation domains. Hierarchical regression analyses were used to control for demographic characteristics, personal experience with COVID-19, and meaning/purpose in life. **Results:** 10% of participants had been diagnosed with COVID-19, 23% had loved ones hospitalized with COVID-19, 13% had lost a loved one to COVID-19, and 54% knew someone personally who had died of COVID-19. Self-rated religiosity, but not self-rated spirituality, was positively associated with overall posttraumatic growth in regression analyses (b=1.38, p<0.01, and b=0.92, p=ns, respectively). Spirituality, however, was related to the personal domain of PTG. Researchers concluded: "Only religiosity was associated with total growth when meaning was included in the model."

Citation: Prieto-Ursúa, M., & Jódar, R. (2020). Finding meaning in hell. The role of meaning, religiosity and spirituality in posttraumatic growth during the coronavirus crisis in Spain. *Frontiers in Psychology*, 11, article ID 567836.

Comment: Religiosity alone was associated with overall posttraumatic growth, independent of other correlates.

Religiosity and Quality of Life in Women with Chronic Pelvic Pain

Researchers in the department of gynecology and obstetrics at the Federal University of Goias, Brazil, surveyed 100 women (average age 38; 51% Catholic and 37% Protestant) with chronic pelvic pain, examining the relationship between religiosity and depression, anxiety, quality of life, and pain intensity. All participants were outpatients being seen at the university clinic. Pelvic pain was assessed on a visual analog scale from 0 to 10. Religiosity was assessed by the 5-item Duke University Religion Index (DUREL), that includes a 3-item intrinsic religiosity subscale.

Depression and anxiety were assessed by the 14-item Hospital Anxiety and Depression Scale (HADS), with cutoff scores indicating depressive disorder, anxiety disorder, or mixed depression-anxiety disorder. Quality of life was measured by the 24-item WHOQOL-BREF scale, which assesses the four domains of physical health, psychological health, social relationships, and environment. Analyses were adjusted for age, race, education, and BMI. **Results:** Religious involvement was common: 49% attended religious service weekly or more, 62% prayed at least once a day, and 94% agreed with the statement "In my life, I experience the presence of the Divine (i.e., God)." Intrinsic religiosity was significantly higher among those without a mixed anxiety-depressive disorder ($p=0.04$) as assessed by the HADS, independent of risk factors; this association was particularly strong among women under age 35 ($p=0.02$). Intrinsic religiosity was also positively associated with the psychological domain subscale of the WHOQOL-BREF ($p=0.04$). There was no association between any measure of religiosity and intensity of pelvic pain. Researchers concluded: "These data suggest that health-care professionals should take religiosity into account when treating women with chronic pelvic pain."

Citation: Nunes-Reis, A. R., Da Luz, R. A., De Deus, J. M., Martinez, E. Z., & Conde, D. M. (2020). Association of religiosity with mental health and quality of life in women with chronic pelvic pain. *International Journal of Psychiatry in Medicine*, 55(6), 408-420.

Comment: This was a small cross-sectional study. However, it is one of the first studies to examine the relationship between religiosity and chronic pelvic pain in women.

Intrinsic Religiosity, Psychosocial, and Neurological Functions in Persons with Epilepsy

Brazilian researchers examined the relationship between intrinsic religiosity and cognitive, social, emotional, and epilepsy characteristics in 169 adult outpatients (people with epilepsy or PWE) in Brazil. Participants were compared with a control group (CG) of 55 individuals with no history of neurological or psychiatric disease, but were of similar age and socioeconomic status (largely recruited from relatives of these patients). Intrinsic religiosity (IR) was assessed with a 10-item scale that measured individual intensity, commitment, and religious motivation. Epilepsy characteristics included age of onset, seizure type and frequency, duration of epilepsy, number of antiepileptic drugs (AED) taken, and interictal epileptiform activity (EA). Depression was assessed with the Neurological Disorders Depression Inventory for Epilepsy. Cognitive functioning was assessed with the MMSE and the Brief Cognitive Battery-Edu scale. **Results:** IR was significantly higher among PWE compared to those in the CG (42.2 vs. 38.3, $p=0.03$). Bivariate analyses indicated a significant positive association between IR and higher semantic verbal fluency ($p=0.04$) (but no other cognitive tests), a higher number of AED taken ($p=0.03$), left hemispheric EA ($p=0.01$), and less depression ($p=0.04$). Those with temporal lobe epilepsy with hippocampal sclerosis (TLE-HS) had higher IR scores compared to CG members ($p=0.01$), and IR was higher in those with left-sided TLE-HS compared to the CG ($p=0.003$). Linear regression analyses indicated that IR was significantly associated with later onset of epilepsy ($b=0.13$, $p=0.001$) and higher social functioning in terms of quality of life ($b=0.08$, $p=0.004$). Researchers concluded: "IR was significantly higher in PWE. A higher IR was related to TLE-HS, EA in the left hemisphere, later onset of epilepsy, a better performance in the semantic verbal fluency (SVF) test, and the absence of depressive disorders, suggesting a complex neurophysiological relationship involving multiple factors."

Citation: Tedrus, G. M. A. S., & Pereira, J. B. (2020). Epilepsy characteristics and cognitive, social, and mood functions in relation to intrinsic religiosity. *Epilepsy & Behavior*, 111, 107326.

Comment: Of particular interest is the finding of left hemisphere laterality of epilepsy focus, as well as the findings of better cognitive function (SVF), less depression, and better social functioning among those with higher intrinsic religiosity. Of course, the cross-sectional nature of this study prevents speculation on direction of causal inference in these relationships.

Religiosity and Resilience in Vietnamese-born American Catholics

Researchers at Loyola University Maryland surveyed 413 middle-aged Vietnamese-born American Catholics, examining the relationships between spirituality, religiosity, and resilience, and psychological distress and life satisfaction. Average age was 51 years and 55% were female. Spiritual and religious sentiments were assessed by the 35-item ASPIRES, which includes a 23-item Spiritual Transcendence Scale (STS; spirituality) and a 12-item Religious Sentiments Scale (RSS). The RSS, in turn, includes a religious involvement subscale (called religiosity) and a religious crisis subscale (problems, difficulties, conflicts with God and/or their faith community). Resilience in midlife was assessed by the 25-item Resilience in Midlife Scale, depression by the 20-item CES-D, and life satisfaction by the 6-item Riverside Life Satisfaction Scale. Also assessed were acculturation stress (25-item MASI) and personality traits (50-item IPIP). **Results:** In bivariate analyses, religiosity was inversely related to depressive symptoms ($r=-0.22$, $p<0.001$) and positively related to life satisfaction ($r=0.13$, $p<0.01$) and resilience ($r=0.25$, $p<0.001$). After controlling for language, gender, religious status, years since immigration, emotional stability, extraversion, intelligence, agreeableness, conscientiousness, and acculturation stress, regression analyses indicated that religiosity was inversely related to depression ($b=-0.12$, $p<0.05$), whereas no relationship was found with spirituality ($b=-0.09$, $p=ns$); neither religiosity nor spirituality was related to life satisfaction. Having a religious crisis, however, was positively associated with depression and negatively associated with life satisfaction. Researchers concluded: "These findings provide further support for the hypothesis that religiosity and resilience are important resources for managing psychological distress and enhancing life satisfaction for Vietnamese-born American Catholic immigrants at midlife."

Citation: Le, Y. K., Snodgrass, J. L., Fenzel, L. M., & Tran, T. V. (2020). Acculturative stress and coping processes among middle-aged Vietnamese-born American Catholics: The roles of spirituality, religiosity, and resilience on well-being. *Asian American Journal of Psychology*, Epub ahead of press.

Comment: This is one of the few studies that has examined the relationship between religiosity and mental health in Asian immigrants of Catholic faith. Interestingly, once again, it was religiosity (not spirituality) that was associated with less depression.

Are Religious Person More Frugal than Less Religious Individuals?

Researchers on the Faculty of Economics and Business at Mercu Buana University in Jakarta examined the relationship between religiosity and frugality in a convenience sample of 528 community-dwelling persons in Indonesia. Religiosity was assessed with the 15-item Centrality of Religiosity Scale (Huber & Huber 2012), which measures three dimensions of religiosity: public practice, private practice, and religious experiences. Spirituality was also assessed using the Daily Spiritual Experiences Scale, which according to the paper, measures a belief value dimension, a forgiveness dimension, and a positive religious coping dimension [not sure if this is the same as Underwood's DSES scale]. Frugality was assessed with measure consisting of seven statements such as being frugal in purchasing,

being careful in making expenditures, delaying making purchasing decisions, and avoiding spontaneous spending. Regression analyses were used to examine the relationship between religiosity, spirituality, and frugality in the overall sample, and then analyses were stratified by gender. **Results:** Overall, no significant relationship was found between religiosity and frugality; however, a significant relationship was found between spirituality and frugality. When analyses were stratified by gender, both religiosity and spirituality were positively associated with frugality in women; however, only spirituality (not religiosity) was significantly associated with frugality in men.

Citation: Asih, D., Setini, M., Dharmmesta, B., & Purwanto, B. (2020). Religiosity and spirituality: Conceptualization, measurement and its effect on frugality. *Management Science Letters*, 10(16), 4023-4032.

Comment: Although the study methods are poorly described in the paper and the results are hard to follow, this is one of the few studies examining the relationship between religiosity/spirituality and frugality in a largely Muslim population (87% of the population of Indonesia is Muslim).

Attitudes of Patients and Physicians toward Spirituality in Karachi, Pakistan

Researchers administered surveys to 52 medical outpatients and 50 healthcare professionals (medical residents, staff physicians, and consultants). Patients completed a 7-item version of the FICA (Puchalski) and healthcare professionals completed a 17-item scale (Al-Yousefi). These scales were both interviewer-administered. Only prevalence rates are reported, and no other statistical analyses were done. **Results:** Among patients, when asked about their understanding of the word "spirituality," most defined it in terms of trust in God (meaning a connection between God and people), whereas a few also described it as an inner state of a person. When asked about importance of faith with regard to their medical illness, 50 of 52 patients (96%) indicated their religious beliefs were of utmost importance in their illness. When asked about the importance of faith in God at other times in life, 51 of 52 participants indicated faith was important. When asked if they had someone to talk about spiritual matters, 22 (42%) reported they had no one to talk to and 5 (10%) could not specify whom they would talk to about spirituality. When asked whether their doctors discussed spiritual matters with them one patient indicated sometimes, 4 answered yes, and 47 of 52 patients (90%) said no. When asked if patients preferred that doctors should discuss spiritual matters with them, 35 patients (74%) said yes, 6 patients (13%) said no, and the remaining 6 patients gave a range of other responses. Finally, when asked whether spiritual conversations impacted their health, 27 patients (59%) indicated yes, 9 patients (20%) indicated no, and 10 patients did not know. With regard to responses by healthcare professionals (physicians), 18 of 50 (36%) indicated their patients "sometimes" expressed their faith during clinical visits, 30 (60%) indicated they did this "often", and one indicated they did this always. Nearly all (48 of 50) said they believe that religion had a positive effect on health. When asked if they thought that religion helped patients deal with their illness, 13 (26%) said it helped "sometimes", 34 (60%) indicated it "often" helped, and 3 indicated it always helped. When asked if patients received emotional support from members of their religious community (imam or spiritual healer), 15 (31%) indicated that patients rarely or never did, 20 (41%) indicated they sometimes did, 12 (24%) said they often did, and 2 said they always did. When asked if they thought it was appropriate to ask patients about their religiosity, 23 (46%) indicated it was always or usually appropriate, whereas 27 (54%) indicated it was rarely or never appropriate. Finally, 37 (74%) said they do not inquire about patients religious issues, whereas 13 (26%) said they did. The most common reason for the physician not discussing religious matters with patients were concerns about discomfort (29%) and

insufficient time (21%). Researchers concluded: "Many healthcare professionals are hesitant to discuss spiritual issues with patients because of lack of time, insufficient training, or their own discomfort. There is need to incorporate training about spirituality in the medical curriculum, especially in religious societies such as in Pakistan."

Citation: Jawaid, H. (2020). Assessing perception of patients and physicians regarding spirituality in Karachi, Pakistan: A pilot study. *The Permanente Journal*, 24:19.214

Comment: Although a small study, the results here provide a glimpse about how health professionals (physicians) in a Muslim society view the role of spirituality/religion in the patient encounter, compared to how patients view it. As in other studies of healthcare professionals in Western countries, there is a disconnect between how physicians view the importance of addressing spiritual issues and the way patients view this.

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>

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, May 18, 2021, at 12:00-1:00 EST, will be delivered by Jeff Levin, Ph.D., who is University Professor of Epidemiology and Population Health, and Professor of Medical Humanities, at Baylor University. The title of his presentation is **Teaching the History of Religious Healing**. Levin is one of the founders of the religion and health research movement, and straddles between the two worlds of (1) religion and health and (2) alternative spiritual healing practices. 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 provided 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 online training (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 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

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 at least two weeks 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 (30-50 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 by then. **We hope to hold this event in person; however, we are closely monitoring and will abide by all institutional and local policies regarding the COVID-19 pandemic, which may affect our planned activities.**

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 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

When a Nation Forgets God

(Moody Publishers, 2016)

From the publisher: "In *When A Nation Forgets God*, Erwin Lutzer studies seven similarities between Nazi Germany and America today—some of them chilling—and cautions us to respond accordingly. Engaging, well-researched, and easy to understand, Lutzer's writing is that of a realist, one alarmed but unafraid. Amidst describing the messes of our nation's government, economy, legal pitfalls, propaganda, and more, Lutzer points to the God who always has a plan. At the beginning of the twentieth Century, Nazi Germany didn't look like a country on the brink of world-shaking terrors. It looked like America today. *When a Nation Forgets God* uses history to warn us of a future that none of us wants to see. It urges us to be ordinary heroes who speak up and take action." Available for \$10.99 (paperback) at: <https://www.amazon.com/When-Nation-Forgets-God-Lessons/dp/0802413285>.

Positive Psychology in Christian Perspective: Foundations, Concepts, and Applications

(IVP Academic, 2021)

From the publisher: "Originally the field of psychology had a threefold mission: to cure mental illness, yes, but also to find ways to make life fulfilling for all and to maximize talent. Over the last century, a focus on mental illness has often been prioritized over studies of health, to the point that many people assume "psychologist" is just another way of saying "psychotherapist." This book is about one attempt to restore the discipline's larger mission. Positive psychology attends to what philosophers call "the good life." It is about fostering strength and living well—about how to do a good job at being human. Some of that will involve cheerful emotions, and some of it will not. There are vital roles to be played by archetypal challenges such as those involving self-control, guilt, and grit, and even the terror of death enters into positive psychology's vision of human flourishing. Charles Hackney connects this still-new movement to foundational concepts in philosophy and Christian theology. He then explores topics such as subjective states, cognitive processes, and the roles of personality, relationships, and environment, also considering relevant practices in spheres from the workplace to the church and even the martial arts dojo. Hackney takes seriously the range of critiques positive psychology has faced as he frames a constructive future for Christian contributions to the field." Available for \$45.00 (hardback) at: <https://www.amazon.com/Positive-Psychology-Christian-Perspective-Psychological/dp/0830828702>.

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) (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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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...

May

- 5/4** **2021 CFBNP Virtual Faith Summit**
VA Center for Faith-Based and Neighborhood Partnerships (CFBNP)
9:00A-1:00P EST (via Zoom)
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)
- 5/23-26** **Online Spirituality and Health Research Training Workshop** (via Zoom or similar platform)
Preliminary to European Conference on Religion, Spirituality and Health
Speakers: Koenig and others
Contact: Rene Hefti (rene.hefti@rish.ch)
- 5/27-28** **7th European Conference on Religion, Spirituality and Health** (online)
Speakers: multiple
Contact: Rene Hefti (rene.hefti@rish.ch)

June

- 6/29** **Spirituality & Health Research Seminar**
12:00-1:00 EST (via Zoom)
Brain Spirit Desk: Bridging Gaps in Mental Health Care in Ghana
Speaker: Rick Wolthusen, M.D., M.P.P.
Founder and Executive Director of On The Move e.V.
Psychiatry Resident and Research Scholar at Duke University Health System
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)