

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 November 2021) go to: <http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

LATEST RESEARCH

Changes in Religious Attendance and Depression over 35 Years

Researchers in the Department of Sociology at Baylor University analyzed 35 years of prospective data involving 3,641 participants in the National Longitudinal Survey of Youth (ages 14 to 18 in 1979). Religious attendance was assessed in 1979 and 2000, and changes in religious attendance between those two time points were categorized into nine categories ranging from low/no-low/no (23% of sample) to high-high (16%). Depressive symptoms were assessed in 2014-2015 (ages 50-58) using the 9-item Center for Epidemiologic Studies Depression Scale (the only time it was assessed). OLS regression was used to examine the data controlling for gender, race, age marital status, childhood SES, parental family structure, geographical region, and religious affiliation early in life course. The moderating effect of education (less than college degree [76%] vs. college degree or higher [76%]) was also examined. **Results:** Stable high-high religious attendance between adolescence (ages 14-18) and midlife (ages 35-39) and increases in frequency of attendance from adolescence to midlife were associated with the lowest depression scores compared to consistent non-attenders (low/no-low/no). Declines in religious attendance were especially likely to predict higher levels of depression among the less educated (less than a college degree). Those with a college degree or more experienced lower depression if they had an upward shift in religious attendance from low/no to high levels between adolescence and midlife. Researchers concluded: "First, there was evidence to support the proposition of religious attendance as a resource over the life course...[and] individuals [with a college degree or more] raised in nonreligious childhood homes or who elected not to publicly practice religion can still experience the mental health benefits of religious participation during adulthood." *Citation:* Upenieks, L., & Thomas, P. A. (2021). Gaining faith, losing faith: how education shapes the relationship between religious transitions and later depression. *Journal of Health and Social Behavior*, EPUB ahead of press.

Comment: Given the long follow-up period in this relatively large sample and the control for multiple covariates, this is an important study to be aware of. The authors acknowledged that having only one measure of depressive symptoms in 2014-2015, and not a measure of depressive symptoms at baseline, was a limitation of the study.

Spirituality/Religiosity and Resilience

Investigators from several academic institutions in Brazil conducted a systematic review of observational studies and meta-analysis that focused on the relationship between religiosity/spirituality and resilience (the ability of individuals to recover or cope satisfactorily with adverse circumstances). **Results:** Of a total of 2468 articles, 34 studies met inclusion criteria. Overall, there was a significant correlation (effect size) between S/R and resilience ($r = 0.40$, 95% CI = 0.32-0.48, $p < 0.01$). Among higher quality studies, the average correlation persisted for S/R ($r = 0.37$, 95% CI = 0.23-0.49, $p < 0.01$). The average correlation was somewhat stronger for spirituality ($r = 0.46$, 95% CI = 0.37-0.54, $p < 0.01$) compared to religiosity ($r = 0.24$, 95% CI = 0.11-0.37, $p < 0.01$). The correlation was particularly strong in the Middle East ($r = 0.48$, 95% CI = 0.38-0.57, $p < 0.01$), and was lower in Latin America and North America. Effect sizes were also somewhat larger among those ages 40-60 and among those who were healthier, although these differences did not reach statistical significance. Researchers concluded: "In the present systematic review we identified a moderate positive correlation between S/R and resilience, even while evaluating only high-quality studies." *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. *Comment:* Unfortunately, researchers did not report findings separately for cross-sectional vs. longitudinal studies, which may have helped for determining causal inference.

Psychological and Spiritual Outcomes during COVID-19 in Adults with Chronic Disease

Researchers at several universities in the United States analyzed data from a 3-month prospective study of a representative sample of 302 chronically ill U.S. adults (average age 64.5 years). Data were initially collected online between August 26 and September 3, 2019 ($n = 1,036$), again between November 26 and December 15, 2019 ($n = 453$), and again between February 6 and 16, 2020 (considered T1 for the present report, $n = 302$). T1 participants were then contacted again 1 month later (T2; April 3-12) and 3 months later (T3; May 27-June 6). The Brief RCOPE and Spiritual Fortitude Scale-9 were completed at T1-T3, and a COVID-19 adapted form of the Ebola Fear Inventory was completed at T2-T3. Participants also completed single item measures of religious importance and 5 questions assessing COVID-19 exposure: personally diagnosed with the illness, knew someone diagnosed, quarantined for suspected infection, knew someone who had been quarantined, and knew someone who had died from COVID-19. Numerous other covariates were also assessed including

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depressive symptoms, anxiety symptoms personal suffering, psychological well-being trait resilience, trait optimism, trade hope, and trait grit, as well as demographics, and self-rated health. Growth curve models were used to examine the course of psychological and spiritual outcomes over time. **Results:** Only one person in the sample had been diagnosed with COVID-19, whereas 10 persons had been quarantined and 19 indicated they knew someone who had died with COVID-19. There was relatively little change in psychological or spiritual outcomes over those 3 months, although trait resilience increased and personal suffering decreased between T1 and T3. Those who scored highest on pre-pandemic suffering (T1) increased significantly in spiritual fortitude. In addition, racial/ethnic minorities increased in religious importance. There were few correlations between R/S and psychological variables (only 1 of 32 associations examined), and there were few correlations between R/S and COVID-19 fears or COVID-19 exposure. Researchers concluded: “Even among vulnerable populations such as adults with chronic disease, during pandemic conditions like COVID-19, many people may exhibit—or even increase slightly in— psychological and spiritual resilience.”
Citation: Davis, E. B., McElroy-Heltzel, S. E., Lemke, A. W., Cowden, R. G., VanderWeele, T. J., Worthington Jr, E. L., ... & Aten, J. D. (2021). Psychological and spiritual outcomes during the COVID-19 pandemic: A prospective longitudinal study of adults with chronic disease. *Health Psychology, 40*(6), 347-356.
Comment: This is one of the few studies, and possibly the only one, that have examined the relationship R/S characteristics and psychological outcomes over time in chronically ill adults during the COVID-19 pandemic. The relatively small sample size in short follow-up period may have reduced the power to detect significant change.

Religious/Spiritual Struggles and Psychological Distress: Cause or Effect?

Investigators from the Human Flourishing Program at Harvard University and several other US universities examined data from a 3-month prospective study of 302 adults living with chronic health conditions (same sample as above). The multiple assessments of both religious/spiritual (R/S) struggles and psychological distress at the three time points (T1-T3) allowed the use of cross-lagged panel analysis to examine possible causal relationships between R/S struggles and psychological distress. Three models were tested: R/S struggles lead to psychological distress (Model 1), psychological distress leads to R/S struggles (Model 2), and a more complex model where R/S struggles and psychological distress have reciprocal effects on each other (Model 3). **Results:** Cross-lagged analyses indicated that R/S struggles and psychological distress had reciprocal effects on each other (Model 3). However, the effects of psychological distress on R/S struggles were slightly greater than the reverse. Researchers concluded: “Overall, the findings offered the strongest support for the complex conceptual model in which R/S struggles and psychological distress reciprocally affect each other.”

Citation: Cowden, R. G., Pargament, K. I., Chen, Z. J., Davis, E. B., Lemke, A. W., Glowiak, K. J., ... & Worthington Jr, E. L. (2021). Religious/spiritual struggles and psychological distress: A test of three models in a longitudinal study of adults with chronic health conditions. *Journal of Clinical Psychology*, EPUB ahead of press
Comment: The question of whether R/S struggles lead to greater psychological distress, or whether R/S struggles are a result of (or manifestation of) psychological distress has long been debated. The current study suggests that both of these dynamics are probably going on.

The Chaplain’s Role in “Code Blue” Responses

A “code blue” is when a patient’s heart stops beating, and the medical team is mobilized to resuscitate the patient. Chaplains may play an important part in helping family members in such

situations, a role known as a “family facilitator.” In the present study, researchers from Duke University retrospectively collected information on responses to code blues by chaplains from 2012 through 2020, including response time, occurrence of patient death, presence of family at the event, and services provided. **Results:** There were a total of 1,971 code blues at Duke Hospital during this timeframe, resulting in 371 deaths (19%). Family members were present in more than half (53%) of all code blues. Median response time for chaplains was 5 minutes. Chaplains provided care in 61.7% of all cases (to family members in 76.9% of cases, to staff in 22.5%, and to patients in 9.0%). This care involved facilitating presence during resuscitation, providing compassionate presence, debriefing, and following up with patients and families, along with listening, offering prayer, accompanying family to ICU, and facilitating communication with the medical team. Researchers concluded: “Their experience [chaplains] in crisis management, spiritual care, and bereavement support makes them ideally suited to serve as family facilitators during resuscitation events.”
Citation: Tennyson, C. D., Oliver, J. P., & Jooste, K. R. (2021). A descriptive study of chaplains’ code blue responses. *American Journal of Critical Care, 30*(6), 419-425.
Comment: This is an important study that documents the vital role that chaplains play in helping families, staff, and patients deal with the psychological distress that invariably accompanies a code blue.

Faith-based Organizations and COVID-19 Vaccination

Researchers at the Institute for Studies of Religion and Medical Humanities program at Baylor University, the Department of Sociology and Epidemiology at Emory University, and the Department of Epidemiology and Biostatistics at Harvard University discuss the challenges that confront public health leaders in negotiating faith-based partnerships for increasing vaccination rates during the COVID-19 pandemic in the United States. Those challenges include some religious groups’ deliberate disregard of public health measures that are designed to control transmission, mitigate damage, and promote vaccination, as well as the spread of misinformation regarding COVID-19 facemask wearing, social distancing, and vaccination propagated by some clergy and religious leaders (in the name of religious freedom). The authors make a number of recommendations in response to these challenges, including building trust, using existing networks, drawing on expertise, involving community partners, and resolving conflicts. They conclude: “In sum, a successful partnership between public health and religion during the present pandemic and vaccination rollout depends on mutual trust among partners.”
Citation: Levin, J., Idler, E. L., & VanderWeele, T. J. (2021). Faith-based organizations and SARS-CoV-2 vaccination: challenges and recommendations. *Public Health Reports*, EPUB ahead of press.
Comment: The authors take on a difficult topic in this paper, yet an extremely important one, coming from a public health perspective. Cooperation between public health professionals and religious leaders is clearly in the best interests of everyone.

Physicians’ and Nurses’ Attitudes toward Religiosity and Spirituality in Clinical Practice

Investigators analyzed data from 23 surveys conducted in 14 countries (USA, Germany, Austria, Denmark, Saudi Arabia, Brazil, Switzerland, New Zealand, India, Indonesia, Congo, South Korea, Spain, Portugal) to determine attitudes of healthcare professionals towards religion/spirituality (R/S). Overall, this involved 7,323 participants (4,070 females and 3,253 males; 4,872 were physicians, 1,319 nurses, 286 midwives and other health professional occupations). **Results:** Among physicians surveyed, 83% (95% CI = 81.8%-84.2%) indicated that R/S had at least

“some” influence on their patients’ health, and 48% indicated that it “much” or “very much” influenced health. Among nurses, 94% (95% CI = 92.5-95.5) indicated “some” influence and 65% “much” or “very much” influence. Among physicians, 16.0% (95% CI = 14.9-17.1) said that they had undergone formal R/S training; among nurses, the figure was 23.0% (95% CI = 20.6-25.4). Researchers concluded: “...HPs believe R/S to be important for patient health but lacked formal R/S-training.”

Citation: Kørup, A., Søndergaard, J., Alyousefi, N. A., Lucchetti, G., Baumann, K., Lee, E., ... & Hvidt, N. C. (2021). Health professionals’ attitudes toward religiosity and spirituality: a NERSH Data Pool based on 23 surveys from six continents. *F1000Research*, 10(446), 446.

Comment: This report compiling physicians’ and nurses’ attitudes toward R/S and R/S training from multiple studies is one of the largest (if not the largest) published in the peer-reviewed literature. Their argument that physicians and nurses need more training on R/S and health is a good one.

Traditional Healing Methods for Mental Disorders

Investigators from the Department of Psychiatry at Stellenbosch University in Cape Town, South Africa, and University of Ibadan in Nigeria conducted a systematic review of the effectiveness of traditional healers in treating mental disorders. Of a total of 4,128 records initially identified, 32 papers from 20 countries met inclusion criteria. “Traditional healing” was defined as religious healing, indigenous healing, diviner, or using similar terms (more specifically, “healers who explicitly appeal to spiritual, magical or religious explanations for disease and distress”). The 32 studies consisted of 2 randomized controlled follow-up studies, 6 nonrandomized controlled follow-up studies, 14 uncontrolled naturalistic follow-up studies, 1 case-control study, and 9 retrospective surveys. **Results:** Although few actual quantitative figures are reported in this paper, researchers indicated that traditional healing methods have little effect on the long-term course of chronic mental disorders such as schizophrenia or obsessive-compulsive disorder. In contrast, mental disorders such as depression, anxiety, somatization, interpersonal and social difficulties appear to be more responsive to these interventions (“at least as effective as primary psychiatric care in the countries studied”, p 165). Overall, investigators indicated that the quality of studies is poor, most trials did not include a control group, and outcome assessments were often by non-validated rating scales or interviews or involved subjective assessment such as satisfaction or helpfulness. Researchers concluded: “... many people, especially those with less severe complaints and positive expectations, derive subjective benefit from attending their chosen traditional or spiritual healers.” The authors encourage collaboration between healing systems (allopathic providers and traditional healers).

Citation: Nortje, G., Oladeji, B., Gureje, O., & Seedat, S. (2016). Effectiveness of traditional healers in treating mental disorders: a systematic review. *Lancet Psychiatry*, 3(2), 154-170.

Comment: This is perhaps the most comprehensive review of the effectiveness of traditional healing practices published to date, and should be of interest to many clinicians and researchers in the religion and health field.

Personality, Religiosity/Spirituality, and Unfounded Beliefs in the Slovak Republic

Investigators at the Institute of Experimental Psychology at the Slovak Academy of Sciences in Bratislava examined the relationship between R/S, maladaptive personality traits (antagonism, psychotic system, disinhibition, negative affectivity, detachment), and unfounded beliefs (conspiracies, pseudoscience, and paranormal beliefs). Data were analyzed from a convenience sample of 829 participants (58% women, average age 30) in the Slovak Republic. R/S was measured by the 5-item

Santa Clara Strength of Religious Faith Questionnaire (religiosity) and the 6-item Daily Spiritual Experiences Scale (spirituality). The 25-item Short Personality Questionnaire for DSM-5 was used to assess psychopathological personality traits. Finally, the 18-item Scale of Epistemologically Unfounded Beliefs was used as the dependent variable to assess unfounded beliefs. The latter included conspiracy beliefs such as “the pharmaceutical industry conceals the existence of an effective cancer drug due to the financial gain from chemotherapy”; pseudoscientific beliefs such as “vaccination is more harmful to humans than it helps”; and paranormal beliefs such as “the existence of ghosts and spirits is not fiction, but a real basis”). **Results:** Bivariate analyses demonstrated that religiosity was inversely related to the psychopathological personality traits of detachment and disinhibition, but was positively related to conspiracy, pseudoscience, and especially, paranormal beliefs; relationships with spirituality were similar. Regression analyses controlling for age, gender, education, and the five psychopathological personality traits, revealed a positive relationship only between religiosity and paranormal beliefs ($b = 0.15, p < 0.01$), whereas spirituality was positively related to both paranormal beliefs ($b = 0.12, p < 0.05$) and pseudoscience ($b = 0.12, p < 0.05$). Researchers concluded: “... the effect of religiosity/spirituality on EUB [epistemologically unfounded beliefs] was only weak and partial.”

Citation: Teličák, P., & Halama, P. (2021). Maladaptive personality traits, religiosity and spirituality as predictors of epistemically unfounded beliefs. *Studia Psychologica*, 63(2), 175-189.

Comment: A fascinating study conducted in a former communist Eastern European country where 72% of the population is religiously unaffiliated.

Religiosity/Spirituality and Quality of Life among Eritrean Refugees in Norway

Researchers from universities and other institutions in Oslo, Norway, examined the relationship between R/S and quality of life (QOL) in 63 adult female Eritrean refugees (from the small country of Eritrea in East Africa located next to Ethiopia). Participants (average age 30, 51% married) were recruited from eight asylum reception centers in southern and central Norway. Participants had to be over the age of 18 and be living in Norway for 1 to 5 years. R/S was assessed by the 32-item World Health Organization Quality of Life - Spirituality, Religiousness and Personal Beliefs (WHOQOL-SRPB) scale. Quality of life (QOL) was assessed by the 100-item WHOQOL scale, which assesses physical health, level of independence, social, and environmental dimensions of QOL. Multivariate regression analyses were used to control for age, education, number of children, duration of stay in Norway, having close relatives in Norway, and military service. **Results:** R/S was positively related to all dimensions of QOL, with the variance explained in these models ranging from 38% to 48%. Researchers concluded: “Consistent with previous research, this study highlights the correlation between religiosity/spirituality and overall quality of life.”

Citation: Abraham, R., Leonhardt, M., Hanssen, I., Hauff, E., Lien, L., & Thapa, S. B. (2021). The relationship between religiosity/spirituality and well-being among Eritrean female refugees living in Norwegian asylum centres. *International Journal of Social Psychiatry*, EPUB ahead of press

Comment: This is one of the first studies (if not the first) to examine the relationship between religiosity/spirituality and quality of life among Eritrean female refugees in Norway. Unfortunately, the measure used to assess religiosity/spirituality (WHOQOL-SRPB) was highly confounded with indicators of mental health and well-being, making the findings at risk for tautological associations.

NEWS

New Duke University Center for Spirituality, Theology, and Health Website

The transition from our old to our new website is now complete. Please visit the site at: <https://spiritualityandhealth.duke.edu/>.

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 assessable 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 December 14, 2021, at 12:00-1:00 EST, will be delivered by Alexander Moreira-Almeida, M.D., Ph.D. The title of his presentation is **World Psychiatric Association (WPA) Position Statement on Religion/Spirituality and Implications for Clinical Practice**. The PDFs of the Power Point slides for download and full video recordings of most past webinars since July 2020 are available at <https://spiritualityandhealth.duke.edu/index.php/education/seminar/s/>

Global Flourishing Study

The Institute for Studies of Religion (ISR) at Baylor University recently announced the launch of the Global Flourishing Study (GFS). GFS is a longitudinal research study being carried out in collaboration between scholars at Harvard's Human Flourishing Program and Baylor's ISR, and in partnership with Gallup and the Center for Open Science. The study will involve data collection on approximately 240,000 participants from 22 geographically and culturally diverse countries, with nationally representative samples from each country, and with annual data collection on the same panel of individuals, with a rich set of survey items, for five waves of data. The panel will include individuals from Argentina, Australia, Brazil, Egypt, Germany, India, Indonesia, Israel, Japan, Kenya, Mexico, Nigeria, the Philippines, Poland, Russia, Turkey, South Africa, Spain, Tanzania, Ukraine, the United Kingdom, and the United States. These countries were selected in consultation with Gallup to maximize coverage of the world's population, to ensure geographic, cultural, and religious diversity, and in consideration of existing data collection infrastructure and feasibility. The survey includes a rich set of questions on well-being along with demographic, social, economic, political, religious, personality, childhood, community, health and character-based questions. This \$43.4 million initiative is being supported by a consortium of funders including the John Templeton Foundation, the Templeton Religion Trust, the Templeton World Charity Foundation, the Fetzer Institute, the Paul Foster Family Foundation, the Wellbeing for Planet Earth Foundation, the Well Being Trust, and the David & Carol Myers Foundation. The study has the potential to transform and dramatically expand our understanding of human flourishing. For more information go to [Global Flourishing Study](#).

SPECIAL EVENTS

2022 Conference on Religion and Medicine

(Portland, Oregon, March 13-15)

The 2022 Conference on Medicine and Religion invites clinicians, scholars, clergy, students and others to this conference on the intersection of medicine and religion. We encourage participants to address these religion and medicine questions in light of religious

traditions and practices, particularly, though not exclusively, those of Judaism, Christianity and Islam. The conference is a forum for exchanging ideas from an array of disciplinary perspectives, from accounts of clinical practices to empirical research to scholarship in the humanities. This year's conference is titled: **Space for the Sacred in the Care of the Sick**. For more information go to <http://www.medicineandreligion.com/>.

8th European Conference on Religion, Spirituality and Health

(Amsterdam, The Netherlands, June 2-4, 2022)

The European conference is organized in cooperation with the Free University of Amsterdam and an academic local committee. The conference will be held as a hybrid event combining in-person and online participation. The main focus is on mental health care, integrating religious, spiritual and existential aspects. European and international keynote speakers from a wide variety of disciplines will contribute to the topic. Invited symposia and abstracts allow researchers to present and discuss their research projects and findings. The social and online interactive program promotes exchange and networking among researchers, health professionals, and other experts from many disciplines and nations. Examples of speakers include psychiatrist Rania Awaad from Stanford University presenting on suicide prevention in Muslims; Professor Christopher Cook from the department of theology at Durham University (UK) discussing theological perspectives on mental health and suffering; psychologist David Rosmarin from Harvard Medical School examining religious interventions for anxiety disorders in the Jewish tradition; psychologist Robert Emmons from the University of California speaking on gratitude and mental health; Professor Hanneke Schaap-Jonker from the Free University of Amsterdam speaking on how clinical psychology of religion can support mental health care; and numerous other European speakers. For more information go to <https://ecrsh.eu/ecrsh-2022>. Note that the European Conference will be preceded by a **4-day Research Workshop on Religion, Spirituality and Health** (May 29-June 1). For those who cannot come to the United States to attend our 5-day research workshop (below), this workshop will be very similar; for more information go to <https://ecrsh.eu/research-workshop>.

18th Annual Duke University Summer Research Workshop

(Durham, North Carolina, August 15-19, 2022)

Register now to attend this one-of-a-kind 5-day training session on how to design research, obtain funding support for it, carry it out, analyze and eventually 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. 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, and the workshop in 2022 is no different. Hopefully there will be no concerns about the COVID19 pandemic as there has been in 2021. **Partial tuition reduction scholarships** are available, as are **full scholarships** for academic faculty from underdeveloped

countries. For more information, go to:
<https://spiritualityandhealth.duke.edu/index.php/5-day-summer-research-course/>.

RESOURCES

Books

Introduction to the Psychology of Religion and Spirituality in Puerto Rico

(Publicaciones Puertorriqueñas 2021)

From the author: "This book was edited by Dr. Orlando M. Pagán-Torres, clinical psychologist, professor and researcher on religion, spirituality and mental health in Puerto Rico. This project is the product of an interdisciplinary collaboration from 23 Puerto Rican academics belonging to mental health professions. The objective of this book is to offer a look at the fundamental topics of the psychology of religion and spirituality. Throughout 17 chapters and 464 pages it presents theoretical, ethical, and practical aspects about the integration of religion and spirituality (R/S) in Puerto Rican psychology. This book presents recommendations to facilitate the integration of R/S with diverse populations. Finally, methodological recommendations for the development of future research in this field in Puerto Rico are discussed. The book was written in Spanish. To acquire the book, you can contact the editor through libroinfo@pr@gmail.com." You can also purchase it for \$45.00 through Publicaciones Puertorriqueñas <https://ppeditoresebooks.com/products/introduccion-a-la-psicologia-de-la-religion-y-espiritualidad-en-puerto-rico>.

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, 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:

<https://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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Category 1: Duke University Health System Department of Clinical Education and Professional Development designates this CME activity for a maximum of 3.75 *AMA PRA Category 1 Credit(s)*™. Physicians should claim only credit commensurate with the extent of their participation in the activity.

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

TRAINING OPPORTUNITIES

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

With support from the John Templeton Foundation, Duke University's Center for Spirituality, Theology and Health is offering nine \$3,600 scholarships to attend the university's 5-day Workshop on conducting research on religion, spirituality, and health. Applications are now being sought for the 2022 workshop to be held August 15-19. 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.**

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 whom we are unable to provide scholarships to in 2022-2023 and the years ahead. A donation of \$3,600 to our Center will sponsor a university faculty member from a disadvantaged region of the world to attend the workshop in 2022 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/>

JOB OPPORTUNITIES

Director of Clinical Services, PTSD Foundation of America

The PTSD Foundation of America is looking to recruit a Director of Clinical Services who will be responsible for the development and management of their national clinical services programs. As a member of the senior management team, the director would provide both vision and leadership to ensure the delivery and coordination of quality clinical services to our veterans and their families impacted by PTSD. The Director is responsible for creating and sustaining a clinically based, safe environment which supports the effective peer-to-peer programs used in this organization. PTSDA places primary emphasis on holistic, faith-based treatment therapies. While employing many of the elements of a traditional diagnosis-based clinical services approach, they work from a foundation that embraces the whole of the individual – their personal history, their belief systems, their experiences, and their assimilation of these experiences. It is the Foundation's priority to provide an environment of support, with diagnosis an important, but singular part of the individual treatment plans. It is therefore critical that the Director has the knowledge, skills, and competencies to create and maintain a unique balance of diagnosis-based and faith-based 'whole person' approach to clinical best practices. This position reports to the President and is located in Houston, Texas, and relocation will be required. For more information, go to <https://www.ziprecruiter.com/jobs/the-ptsd-foundation-of-america-b4cd7612/director-of-clinical-services-e493c56f?lvk=MBpG-m4NRXe9MyZAKMolcQ.--MEjhj9nnR>.

Spiritual and Religious Competencies Project

The *Spiritual and Religious Competencies Project* is a \$5.1 million grant initiative of the John Templeton Foundation intended to equip mental health professionals with the competencies to address the religious and spiritual dimensions of people's lives. This is a two-year project. All FRAs must complete all funded activities and submit a final report by May 30, 2024.

Projects should focus on at least one of these priorities: (1) development and validation of assessment tools, techniques, and/or measures of S/R competencies that are robust indicators of clinician competence; (2) development and evaluation of high-impact clinical training practices in S/R competence; and (3) examining the role of S/R competencies in client outcomes, feasibility, and/or clinical processes. In Phase 1, interested applicants will submit a 1,500 word Letter of Inquiry (LOI), found by using the following link:

https://stetson.qualtrics.com/jfe/form/SV_e4XhuS8Q67k8vFc. **Submissions are due by December 20, 2021.** In Phase 2, LOIs with high merit will be invited to submit a Full Review Application (FRA) on January 10th, 2022. FRAs need to be submitted by March 15th, 2022. From the submitted FRAs, we plan to fund up to 15 projects. Successful FRAs will be alerted on May 30th, 2022.

Interdisciplinary research teams, that include professionals in counseling, psychology, social work, and/or marriage and family therapy are highly encouraged to apply. More information can be found by visiting: www.srcproject.org.

FUNDING OPPORTUNITIES

Templeton Foundation Online Funding Inquiry

The next deadline for Small Grant requests (\$234,800 or less) and Large Grant requests (more than \$234,800) is August 19, 2022. The Foundation will communicate their decision (rejection or invitation to submit a full proposal) for all OFIs by October 14, 2022. 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...

December

- 12/14 Spirituality & Health Research Seminar**
12:00-1:00 EST (via Zoom)
World Psychiatric Association (WPA) Position Statement on Religion/Spirituality and Implications for Clinical Practice
Speaker: Alexander Moreira-Almeida, M.D., Ph.D.
Associate Professor of Psychiatry, Universidade Federal de Juiz de Fora
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 12/14 NIH Religion, Spirituality, and Health Scientific Interest Group**
2:00-3:00P EST (via Zoom)
Religion, Spirituality and Health: Review, Update, and Future Directions
Speaker: Harold G. Koenig, MD
Contact: Joan Romaine (joan.romaine@nih.gov)
- 12/17 Neurology Grand Rounds, University of Rochester Medical Center**
9:00-10:00A EST (via Zoom)
Religion, spirituality, and mental health: what is the relationship and what are the physical consequences
Speaker: Harold G. Koenig, MD
Contact: Jessica B. Cruz (JessicaB_Cruz@URMC.Rochester.edu)

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

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