

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 February 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 January/February.

LATEST RESEARCH

Religious Attendance During Youth and Physical Health in Later Life

Researchers in the department of sociology at Baylor University and the University of Toronto analyzed longitudinal data from the 1979 US National Longitudinal Survey of Youth to examine the effects of religious attendance and change in religious attendance on physical health in mid-to later life. Participants (n=12,686) were between the ages of 14 and 22 at baseline in 1979. When resurveyed in 2014-2015, they were ages 50 to 58 (n=3,609). Frequency of religious attendance at baseline in 1979 and changes in religious attendance between 1979 and 2000 were examined predictors of physical health. With regard to change in attendance (1979 and 2000), the following categories were formed: no/low-no/low (23%), no/low-moderate (7%), no/low-high (8%), moderate-no/low (10%), moderate-moderate (6%), moderate-high (6%), high-no/low (15%), high-moderate (9%), and high-high (16%). High was categorized as once per week or more; moderate attendance was 1-3 times per month. The outcome was the physical health component summary subscale of the SF-12, which assesses physical functioning (ability to perform moderate activities), limitations due to physical problems, physical pain (interfering with work), and general health perceptions. The second physical health outcome was a count of self-reported chronic health conditions (high blood pressure, diabetes, cancer, lung problems, heart problems, stroke). Both of these physical health outcomes were assessed in 2014-2015. Controlled for in stepwise regression models were demographics (gender, race, age), childhood covariates in 1979 (socioeconomic status, education level, work status and household head, family income, parental abuse and affection [assessed retrospectively in 2014-2015], family structure, number of siblings, urban/rural location, religious affiliation, and location in the American South vs. elsewhere), and adulthood achieved variables assessed in 2000

(education level, marital history). **Results:** In Model 1 (controlling for all covariates above), both high and moderate frequency of religious attendance in 1979 (compared to no/low attendance) predicted significantly better physical health (SF-12) 35 years later in 2014-2015 (high, $p < 0.01$; moderate, $p < 0.01$). When frequency of religious attendance in 2000 was added to the model (Model 2), both high and moderate 2000 attendance significantly predicted better physical health (SF-12) in 2014-2015. In that Model, attendance in 1979 lost statistical significance, indicating that adult religious attendance in 2000 mediated the relationship between frequent early attendance (1979) and physical health. When religious transitions between 1979 and 2000 were examined, high-high attendance significantly predicted better physical health (SF-12) in 2014-2015. The findings were similar when number of chronic health conditions was the dependent variable. For both the SF-12 health outcome and the number of chronic health conditions outcome, the effects on physical health were explained by health behaviors (i.e., primarily cigarette smoking). Researchers concluded: "Using more than 35 years of representative data from the National Longitudinal Survey of Youth 79 (NLSY79), we found that the stability of frequent religious attendance over time was associated with better physical health composites scores and lower disease burden. Causal mediation analyses revealed that part of this association is driven by a lower risk of smoking for consistent, frequent attenders. Adulthood religiosity also mediated the relationship between frequent early-life religious attendance and health."

Citation: Upenieks, L., & Schafer, M. H. (2020). Religious Attendance and Physical Health in Later Life: A Life Course Approach. *Journal of Health and Social Behavior*, 61(4), 486-502. *Comment:* This is one of the longest ongoing prospective studies that have examined the relationship between religiosity and physical health. What is particularly important about this study is that it assessed participants early in life prior to having any health problems and followed them up through young adulthood into late middle-age, demonstrating that religious attendance during youth (particularly consistent religious attendance from youth to young adulthood) predicted better physical health both in terms of self-reported physical functioning and in terms of number of chronic diseases.

Religiously-Motivated Self and Divine Forgiveness and Subsequent Health Outcomes

Researchers in the department of epidemiology at Harvard's TH Chan School of Public Health analyzed data from a 7-year prospective study involving 51,661-54,703 middle-aged U.S. nurses conducted from 2008 to 2015. The purpose was to examine the effects of religiously motivated forgiveness at baseline on a wide range of mental, behavioral, and physical health outcomes, using an outcome-wide longitudinal approach. Religiously-motivated forgiveness was based on two questions: "Because of my spiritual or religious beliefs, I have forgiven myself for the things that I have done wrong" and "Because of my spiritual or religious beliefs, I know that God or a higher power for gives me." Responses were on a 4-point scale ranging from never to always or almost always. There were 19 health outcomes

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examined there were categorized into psychological well-being (positive affect and social integration), psychological distress (depression diagnosis, depressive symptoms, anxiety symptoms, anxiety diagnosis, hopelessness, loneliness), health behaviors (heavy drinking, current cigarette smoking, frequent physical activity, preventative health care use, diet quality), and physical health (all-cause mortality, type II diabetes, stroke, heart disease, cancer, overweight/obese, number of physical health problems). Covariates controlled for in analyses were assessed in 2008 or in prior waves; these included age, race, marital status, geographic region, social standing, education, household income, type of work, employment status, *frequency of religious attendance*, menopausal status, hormone use, and when available, and prior values of the outcome variable when available. Outcome-wide regression analyses were conducted, and all p values were corrected using the Bonferroni method. **Results:** Religiously-motivated self-forgiveness (always/almost always vs. never/seldom) predicted significantly greater positive affect, social integration, fewer depressive symptoms, fewer anxiety symptoms, less hopelessness, and less loneliness, but higher all-cause mortality (RR=1.33, 95% CI = 1.04-1.71). Religiously-motivated Divine forgiveness (always/almost always vs. never/seldom) predicted greater positive affect, better social integration, fewer depressive symptoms, less hopelessness, and less loneliness, but a greater number of physical health problems and a greater likelihood of being overweight or obese. Researchers concluded: "This study provides novel evidence that religiously or spiritually motivated self-forgiveness and divine forgiveness are both positively related to several indicators of psychosocial well-being and inversely associated with psychological distress outcomes, whereas the associations with physical health and health behaviors are less clear."

Citation: Long, K. N., Chen, Y., Potts, M., Hanson, J., & VanderWeele, T. J. (2020). Spiritually motivated self-forgiveness and divine forgiveness, and subsequent health and well-being among middle-aged female nurses: an outcome-wide longitudinal approach. *Frontiers in Psychology*, 11, 1337.

Comment: The effects of religiously/spiritually-motivated self-forgiveness and Divine forgiveness on mental and social health over a 7-year period in this large sample confirms much of the previous research on psychological and social outcomes, which has largely consisted of cross-sectional research or short-term longitudinal studies. However, the association with greater mortality and more physical health problems is unusual for this particular cohort (Nurses' Health Study), where frequency of attendance at religious services has been shown to significantly prolong survival (Li et al., 2016).

Religiosity and Mental Health of Egyptian Teenagers

Researchers in the department of psychology at the University of Alexandria, Egypt (several other universities) conducted two studies, one involving a survey of 250 Egyptian preparatory school children (average age 14.8 for boys and 14.3 for girls) and the other study was a survey of 490 secondary school students in Alexandria and (average age 15.7 for males and females). In the first study, religiosity was assessed on a scale from 0-10, as were single questions on mental health, physical health, happiness, and satisfaction with life. In the second study, religiosity was assessed similarly (0-10 scale), but mental health was measured using a 40-item Arabic Scale of Mental Health (ASMH). Regression analyses examined religiosity as a predictor of mental health (single item and ASMH score), controlling for other covariates (physical health, happiness, and satisfaction with life). **Results:** In the first study of preparatory school children, bivariate analyses indicated a positive relationship between religiosity and all other mental and physical health outcomes assessed in both boys and girls ($p < 0.001$); regression analyses demonstrated a significant association between religiosity and mental health among boys ($b = 0.187$,

$p < 0.05$), but not girls. In the second study of secondary school students, a positive association was likewise found between religiosity and all mental and physical health outcomes in both girls and boys ($p < 0.001$); regression analyses indicated a weaker association between religiosity and mental health (assessed by the ASMH) in boys after controls ($b = 0.075$), but a relatively strong positive correlation in girls ($b = 0.22$, $p < 0.001$). Researchers concluded: "Predictors of mental health differed for boys and girls, but religiosity played a significant role in the prediction of mental health for the younger boys and for the older girls."

Citation: Abdel-Khalek, A. M., Korayem, A. S., & Lester, D. (2021). Religiosity as a predictor of mental health in Egyptian teenagers in preparatory and secondary school. *International Journal of Social Psychiatry*, EPUB ahead of press.

Comment: This is one of the few studies examining the relationship between religiosity and mental health among students in different age groups and education levels in Egypt. Although the religious affiliation of participants was not provided, 85%-95% of the population of Egypt is Sunni Muslim.

Religiosity/Spirituality and Coping with COVID-Induced Social Isolation in Brazil

Investigators in the school of medicine at the Federal University of Juiz de Fora conducted an online survey of 485 adults from across Brazil in May 2020. All participants were required to be in social isolation for at least 10 days at the time of the survey. Assessed were religious affiliation, frequency of religious attendance, frequency of private religious activities, importance of religion, a single question asking about how much religion/spirituality helped in coping with social isolation, a question about spiritual growth as a result of the COVID-19 social isolation, and a question about how much the COVID-19 social isolation affected religious activities. Social isolation was assessed by several questions developed by the researchers (e.g., number of days in social isolation, able to work from home, income during this time, how many people were socially isolated with them). The consequences of social isolation were also examined (e.g., fear, worry, sadness, hopelessness). Descriptive analyses and logistic regression were used to examine the data. Logistic regression analyses controlled for age, gender, profession, marital status, education, and region of Brazil. The primary dependent variable was social isolation outcomes (fear, worry, sadness, hopelessness). **Results:** The majority of participants were female (79%) and average age was 32 years; 54% were students and 43% were Catholic. Descriptive analyses demonstrated that 73% indicated that religion/spirituality helped or helped a lot in coping with COVID-19 and 57% indicated that they were growing spiritually during the social isolation. However, 66% indicated that the social isolation worsened religious activities or had no effect on them. More frequent private religious activities, more frequent attendance at religious services, greater spiritual growth, and an increase in religious activities were all associated with lower levels of worrying. Likewise, greater private religious activities and greater spiritual growth was associated with lower levels of fear. Higher levels of spiritual growth were also associated with lower levels of sadness. Researchers concluded: "R/S seem to have an important role on the relief of suffering, having an influence on health outcomes and minimizing the consequences of social isolation."

Citation: Lucchetti, G., Góes, L. G., Amaral, S. G., Ganadjian, G. T., Andrade, I., de Araújo Almeida, P. O., ... & Manso, M. E. G. (2021). Spirituality, religiosity and the mental health consequences of social isolation during Covid-19 pandemic. *International Journal of Social Psychiatry*, EPUB ahead of press.

Comment: Although cross-sectional and unable to determine causal inference, this is one of the first studies to examine the effects of religiosity/spirituality on the coping with the social isolation forced on the Brazilian population by the COVID-19 pandemic.

Religion and Coping with COVID-19 by African-American Breast Cancer Survivors

Emory University researchers in the schools of nursing and theology conducted a qualitative study of 18 African-American breast cancer survivors, examining the strategies they used to manage stressors during COVID-19. Interviews were conducted by telephone and by video conferencing. Content analysis was conducted of recorded narratives obtained during 15-45 minute interviews. **Results:** There were four common themes identified from the data, all focusing on the role that religious beliefs and practices played in managing psychological distress through (1) increased involvement in religious activities; (2) reliance on God for protection when feeling distressed; (3) turning to gospel music and reading Scripture for joy and courage; and (4) obtaining meaning of stressors through their religious beliefs. The authors concluded: "These findings suggest that in spite of physical distancing requirements that impose limited access to faith-based institutions during this COVID-19 pandemic, spirituality continues to be a supportive resource to manage emotional stressors."

Citation: Hamilton, J. B., Best, N. C., Barney, T. A., Worthy, V. C., & Phillips, N. R. (2021). Using spirituality to cope with COVID-19: The experiences of African American breast cancer survivors. *Journal of Cancer Education*, EPUB ahead of press.

Comment: This is one of the first studies to examine how African-American breast cancer survivors have utilized their religious and spiritual beliefs to deal with the stressors during the COVID19 pandemic. The quotes from participants in this study demonstrate how powerful such beliefs were in adapting to psychological stressors during this time.

Does Religiosity Affect COVID-19 Vaccine Acceptability in the United States?

Researchers at the College of Public Health, Ohio State University, conducted an online survey of 2,006 US adults in May 2020, with the goal of identifying predictors of COVID-19 vaccine acceptability. Although the focus of the study was not on religiosity, it did ask about importance of religiosity in life (dichotomized as not at all or slightly important [i.e., not important; 36%] vs. fairly, very or extremely important [i.e., important; 64%]). Also assessed and controlled for in analyses were age, gender, race, marital status, education level, household income, political leaning, sexual identity, urbanicity, region of residence, health insurance, underlying medical conditions, ever tested for COVID-19, personal history of COVID-19, family member/friend with COVID-19, and whether healthcare provider recommended COVID-19 vaccine. **Results:** Results indicated that 71% of those for whom religion was not important were willing to get a COVID-19 vaccine, compared to 67% of those for whom religion was important. Bivariate analyses indicated no association between religiosity and willingness to get a COVID-19 vaccine (OR=0.95, 95% CI = 0.90-1.01). As a result, religiosity was not entered into the final multivariate analysis.

Citation: Reiter, P. L., Pennell, M. L., & Katz, M. L. (2020). Acceptability of a COVID-19 vaccine among adults in the United States: How many people would get vaccinated? *Vaccine*, 38(42), 6500-6507.

Comment: This is one of the few studies showing no association between religiosity and willingness to accept the COVID-19 vaccine; however, the measure of religiosity used here was relatively crude and the survey took place in May 2020, well before any vaccines were available.

Religiosity and Willingness of Americans to Receive COVID-19 Vaccine with and without an Emergency Use Authorization (EUA)

When an EUA for a vaccine is provided by the FDA (Food and Drug Administration), this allows for the use of a yet-unlicensed

vaccine to be administered to the general population on an emergency basis (other than only use in a clinical trial, which does not require an EUA). Researchers at the Virginia Commonwealth University and other universities in the US conducted an online survey via Qualtrics of 788 U.S. adults that ensured a mixed distribution of men (50%), women (50%), and individuals from a range of racial/ethnic backgrounds (33% White, 33% Black, 33% Hispanic/Latinx). The purpose of this survey conducted in July 2020 was to examine factors that might influence COVID-19 vaccine acceptability with or without an EUA. The primary dependent variable or outcome was intention to get a future COVID-19 vaccine. This was determined by two questions: (1) "I intend to get the COVID-19 vaccine when it becomes available" (strongly disagree to strongly agree on 1-6 scale) and (2) "How willing would you be to get a COVID-19 vaccine offered under the Emergency Use Authorization rule?" (definitely unwilling to definitely willing on 1-6 scale). Although the researchers indicated that religiosity was measured, they did not describe how it was measured. Hierarchical regression analyses were used to identify predictors of intent to obtain a future COVID-19 vaccine (#1 above) and predictors of willingness to obtain a future COVID-19 vaccine under EUA (#2), controlling for multiple covariates. **Results:** With regard to intent to obtain the vaccine overall AND willingness to obtain it under an EUA, both bivariate and multivariate analyses indicated no association with religiosity in either case. The primary predictors of intent to obtain the vaccine overall were higher education level, White (vs. Black) race, presence of insurance, norms ("people who are important to me would approve of my getting the vaccine"), positive attitudes towards the vaccine, perceived susceptibility to the virus, benefits of the vaccine, fewer barriers to the vaccine, and greater self-efficacy in terms of obtaining the vaccination. For willingness to obtain the vaccine under EUA, predictors were similar but included younger age and perceived behavioral control.

Citation: Guidry, J. P., Laestadius, L. I., Vraga, E. K., Miller, C. A., Perrin, P. B., Burton, C. W., ... & Carlyle, K. E. (2021). Willingness to get the COVID-19 vaccine with and without emergency use authorization. *American Journal of Infection Control*, 49(2), 137-142.

Comment: On December 11, 2020, the FDA issued an EUA for the Pfizer-BioNTech COVID-19 vaccine, followed by an EUA for the Moderna vaccine on January 5, 2021. Today (February 26, 2021) both vaccines remain on EUA, with no time table on when they will receive full approval and licensure by the FDA. Note that this study took place in July 2020, well before an EUA was announced. Again, no relationship was found between religiosity and intent to get the vaccine. The findings from this study and the Reiter et al. study above contrast with studies reported in the January 2021 Crossroads issue that indicated religiosity was associated with ignoring or defying COVID-19 recommendations (Kranz et al., 2020) and with significantly lower COVID-19 vaccine acceptability (Olagoke et al., 2020).

Religiosity and COVID-19 Vaccine Hesitancy in Australia

Researchers conducted a cross-sectional online survey of a national sample of 3,061 adults from across Australia in early August 2020, examining predictors of COVID-19 hesitancy and resistance. Religiosity was also examined as a predictor, but investigators again did not describe how this was done, since effects of religiosity was not the main goal of the study. The primary outcomes were based on responses to a single question: "If a safe and effective vaccine for COVID-19 is developed, would you" (a) definitely not get it ("vaccine resistance"; 5.5%), (b) probably not get it ("high vaccine hesitancy"; 7.2%), (c) "probably get it" (low vaccine hesitancy; 28.7%), and (d) "definitely get it" (no hesitancy; 58.5%). Ordinal probit regression models were used to identify predictors of vaccine resistance, high vaccine hesitancy,

low vaccine hesitancy, and no hesitancy. Predictors examined and controlled for were region of Australia, gender, age, indigenous ethnicity, overseas birth, language spoken at home, education level, residence in economically disadvantaged area, employment status, household income, attitudes toward COVID-19 (too much fuss), social distancing behavior, downloading of COVID-19-Safe App, voting intention, confidence in government, confidence in hospitals and health systems, support for migration, populism, and religiosity. **Results:** Regression models indicated that religiosity was marginally and positively related to vaccine resistance ($b=0.003$, $p<0.10$), high vaccine hesitancy ($b=0.002$, $p<0.10$), low vaccine hesitancy ($b=0.004$, $p<0.10$), and was inversely related to no vaccine hesitancy ($b=-0.009$, $p<0.10$). Overall, religiosity was inversely related to likelihood of obtaining the COVID-19 vaccine ($b=-0.018$, $p<0.10$), but only weakly so. Researchers concluded that: "Other studies have also independently reported that religious beliefs [are] associated with declining a COVID-19 vaccine (Thunstrom et al., 2020)." *Citation:* Edwards, B., Biddle, N., Gray, M., & Sollis, K. (2020). COVID-19 vaccine hesitancy and resistance: Correlates in a nationally representative longitudinal survey of the Australian population. *MedRxiv*, EPUB ahead of press (<https://doi.org/10.1101/2020.11.13.20231480>)

Comment: The Thunstrom et al study cited above was of a nationally representative sample of 3,133 U.S. adults in March of 2020, which found that belief in God was inversely related to intent to vaccinate for COVID-19 and that 28% of person who said they would decline the COVID-19 vaccine said that their religion prevented them from getting it (Thunstrom et al., 2020). Hesitancy towards a COVID-19 vaccine and prospects for herd immunity. Available at [Social Science Research Network 3593098](https://www.researchnetwork.org/3593098). Note that neither the Moderna nor the Pfizer vaccines contain any pork products, nor were they developed or produced from fetal tissue; they were, however, tested for their effectiveness in fetal cell lines (as most vaccines are). Thus, there is no solid religious rationale for not receiving a COVID-19 vaccine.

Impact of Cancer on Religious Faith in U.S. Cancer Survivors

Investigators at Biola University, the American Cancer Society, and other academic U.S. institutions analyzed cross-sectional data on 2,309 cancer survivors an average of 9 years post-diagnosis. The purpose was to identify the effects that cancer had on their religious or spiritual faith. Impact of cancer on faith was assessed by agreement with 4 positive statements ("My illness has strengthened my faith; My cancer has helped me feel closer to God; My cancer has helped me find strength in prayer; Through the cancer, I experience God's love and care for me") and 4 negative statements ("My cancer has weakened my spiritual beliefs; Because of my cancer, I feel punished by God; Because of my cancer, I find it hard to pray; Because of my cancer, I am less able to attend usual religious services."). Responses were dichotomized into "positive impact" and "negative impact" on religious faith. Multivariate regression models were used to examine the relationship between positive/negative impact on faith and Health-Related Quality of Life assessed by the SF-12 (examining mental well-being and physical well-being component scores). **Results:** The findings revealed that 70% of participants indicated that cancer had a positive impact on their religious faith, while 17% indicated that it had a negative impact. Regression models revealed that after controlling for age, gender, race, education, marital status, physical comorbidities, mental comorbidities, and recurrent, metastatic, or multiple cancers, those who indicated cancer had a positive effect on their faith experienced significantly higher mental well-being ($b=0.145$, $p<0.001$), but not higher physical well-being ($b=-0.009$, $p=ns$), whereas those indicating the cancer had a negative impact on their faith reported both lower mental well-being ($b=-4.58$, $p<0.001$) and

lower physical well-being ($b=-2.82$, $p<0.001$). Researchers concluded: "Cancer has a negative impact on religious faith for a minority of survivors. However, when it is reported, such negative impact is indicative of poorer mental and physical health." *Citation:* Canada, A. L., Murphy, P. E., Stein, K., Alcaraz, K. I., Leach, C. R., & Fitchett, G. (2020). Examining the impact of cancer on survivors' religious faith: A report from the American Cancer Society study of cancer survivors-I. *Psycho-oncology*, 29(6), 1036-1043.

Comment: This is one of the few studies that has examined the impact of cancer on religious faith, rather than the impact of religious/spiritual faith on cancer prognosis or survival. The most interesting finding is that the vast majority of these long-term cancer survivors reported a positive effect of cancer on their faith, and very few participants (17%) indicated that cancer had a negative impact (and perhaps only because they were experiencing poor mental and/or physical health, which may have driven this response).

NEWS

Research Training on Religion, Spirituality and Health

For those interested in conducting research on religion, spirituality and health, understanding the research that has been published, and developing a research career in this area, an article has recently been published in the *Journal of Religion and Health* that describes how to obtain such training and what to look for in a training program. The article also describes scholarships, both partial and full, that are available to support such training. Click on the following link to obtain a PDF of the entire article: <https://rdcu.be/ceFH4>.

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, March 30, 2021, will be delivered by Keith G. Meador, M.D., Professor of Psychiatry at Vanderbilt University and co-founder of our Center for Spirituality, Theology and Health at Duke University. The title is **Diseases and Deaths of Despair: Interpretation and Responses as Practices of Care**. The PDFs of the Power Point slides for download and full recordings of most past webinars since July 2020 are now available at <https://spiritualityandhealth.duke.edu/index.php/education/seminar> [again, website is changing platforms, so this link to the website may also change]

Impact of COVID-19 on Burnout in Healthcare Professionals

COVID-19 has changed the way we interact with our patients and each other. We are looking to understand the impact of the pandemic on health care worker burnout, moral injury, fears, and hopes. Click the on the following link to fill out a brief (5-10 min) survey about your experiences; your responses will be de-identified prior to analysis: https://duke.qualtrics.com/jfe/form/SV_b2T9YDeI4JuxVQN. This study has been approved by the Institutional Review Board at Duke University Health System [Protocol 00105516]

SPECIAL EVENTS

Medicine and Religion Conference

(March 22, 2021, via Zoom)

The 2021 Conference on Medicine and Religion invites clinicians, scholars, clergy, students and others to take up these and other questions related to the intersection of medicine and religion. In light of the seismic events of 2020, we also encourage submissions that address either the COVID-19 pandemic or racial inequities in health and health care. We encourage participants to address these questions and issues 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. The theme for this conference is True to Tradition? Religion, the Secular, and the Future of Medicine.

Deadline for abstracts for paper presentations, posters, panel and workshop sessions, that address issues at the intersection of medicine and religion, including but not limited to the conference theme. For more information go to:

<http://www.medicineandreligion.com/>.

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. 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 currently available (and planned for the future so far).

Those not planning to attend (or unable to attend) the 5-day in-person research workshop at Duke University in North Carolina in August 2021, should consider attending this online workshop.

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 come to this workshop, and this year should be no different.

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

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

RESOURCES

Books

The Connections Paradigm: Ancient Jewish Wisdom for Modern Mental Health

(Templeton Press, 2021)

From the publisher: "This book introduces an approach to mental health that dates back 3,000 years to an ancient body of Jewish spiritual wisdom. Known as the Connections Paradigm, the millennia-old method has been empirically shown to alleviate symptoms of stress, anxiety, and depression. After being passed down from generation to generation and tested in clinical settings with private clients, it is presented here for the first time to a wide audience. The idea behind the paradigm is that human beings, at any given moment, are either "connected" or "disconnected" across three key relationships. To be "connected" means to be in a loving, harmonious, and fulfilling relationship; to be "disconnected" means, of course, the opposite. The three relationships are those between our souls and our bodies, ourselves and others, and ourselves and God. These relationships are hierarchal; each depends on the one that precedes it. This means that we can only

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

connect with God to the extent that we connect with others, and we cannot connect with others if we don't connect with ourselves. The author, Dr. David H. Rosmarin, devotes a section to each relationship, and describes techniques and practices to become a more connected individual. He also brings in compelling stories from his clinical practice to show the process in action. Whether you're a clinician working with clients, or a person seeking the healing balm of wisdom; whether you're a member of the Jewish faith, or a person open to new spiritual perspectives, you will find this book sensible, practical, and timely, because, for all of us, connection leads to mental health.." Available for \$19.95 (paperback) at <https://www.amazon.com/Connections-Paradigm-Ancient-Jewish-Spirituality/dp/1599475502>.

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

From the publisher: "The *Handbook of Religion and Mental Health, Second Edition*, identifies not only whether religion and spirituality influence mental health and vice versa, but also how and for whom. The contents have been re-organized to speak specifically to categories of disorders in the first part of the book and then more broadly to life satisfaction issues in the latter sections." Available for \$84.95 (paperback) at <https://www.amazon.com/Handbook-Religion-Mental-Health-Rosmarin/dp/0128167661>.

Religion and Recovery from PTSD

(Jessica Kingsley publishers, December 19, 2019)

From the publisher: "This volume focuses on the role that religion and spirituality can play in recovery from post-traumatic stress disorder (PTSD) and other forms of trauma, including moral injury. Religious texts, from the Bible to Buddhist scriptures, have always contained passages that focus on helping those who have experienced the trauma of war. In this book the authors review and discuss systematic research into how religion helps people cope with severe trauma, including trauma caused by natural disasters, intentional interpersonal violence, or combat experiences during war." Available for \$29.95 at <https://www.amazon.com/Religion-Recovery-PTSD-Harold-Koenig/dp/1785928228/>.

Religion and Mental Health: Research and Clinical Applications

(Academic Press, 2018) (Elsevier)

This 384 page volume summarizes the latest research on how religion helps people cope with stress, covering its relationship to depression, anxiety, suicide, substance abuse, well-being, happiness, life satisfaction, optimism, generosity, gratitude and meaning and purpose in life. It integrates research findings with best practices for treating mental health disorders in religious clients with depression, anxiety, posttraumatic stress disorder, and other emotional (and neuropsychiatric) problems. Available for \$69.96 (paperback) at <https://www.amazon.com/Religion-Mental-Health-Research-Applications-dp-0128112824/dp/0128112824/>

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

(Amazon: CreateSpace Publishing Platform, 2018)

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

Protestant Christianity and Mental Health: Beliefs, Research and Applications

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

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

Catholic Christianity and Mental Health: Beliefs, Research and Applications

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

For mental health professionals, clergy, researchers, and laypersons interested in the relationship between religion, spirituality and mental health in Catholics. Available for \$7.50 at: <https://www.amazon.com/Catholic-Christianity-Mental-Health-Applications/dp/1544207646>

Islam and Mental Health: Beliefs, Research and Applications

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

For mental health professionals, clergy, researchers, and laypersons interested in the relationship between religion, spirituality and mental health in Muslims. Available for \$7.50 at: <https://www.amazon.com/Islam-Mental-Health-Research-Applications/dp/1544730330>.

Hinduism and Mental Health: Beliefs, Research and Applications

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

For mental health professionals, clergy, researchers, and laypersons interested in the relationship between religion, spirituality and mental health in Hindus. Includes original research on current religious beliefs/practices in Hindus from India and throughout the world. Available for \$7.50 at: <https://www.amazon.com/dp/1544642105/>

Judaism and Mental Health: Beliefs, Research and Applications

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

For mental health professionals, clergy, and researchers interested in the relationship between religion, spirituality and health in Judaism. Available for \$7.50 at: <https://www.amazon.com/Judaism-Mental-Health-Research-Applications/dp/154405145X/>

Buddhism and Mental Health: Beliefs, Research and Applications

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

For mental health professionals, clergy, researchers, and laypersons interested in the relationship between religion, spirituality and mental health in Buddhists. Available for \$7.50 at <https://www.amazon.com/dp/1545234728/>

You are My Beloved. Really?

(Amazon: CreateSpace Publishing Platform, 2016)

From the author: "Simple and easy to read, intended for Christians and non-Christians, those who are religious or spiritual or neither, and is especially written for those experiencing trauma in life (everyone). The book examines the evidence for God's love from Christian, Jewish, Muslim, Buddhist and Hindu perspectives based

largely on the sacred scriptures from these traditions. Available for \$8.78 from <https://www.amazon.com/You-are-My-Beloved-Really/dp/1530747902/>.

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

(Templeton Press, 2011)

This book summarizes and expands the content presented in the Duke University's Annual Summer Research Workshop on Spirituality and Health. Available for \$29.15 (used) at:

<http://www.amazon.com/Spirituality-Health-Research-Measurements-Statistics/dp/1599473496/>

Other Resources

CME/CE Videos (Integrating Spirituality into Patient Care)

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

<http://www.spiritualityandhealth.duke.edu/index.php/cme-videos>.



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



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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...

March

- 3/11 18th Annual David B. Larson Memorial Lecture**
5:30-6:30 EST (via Zoom, free and open to public)
From the Broad Street Pump, to Call the Midwife, to the Ebola Crisis: Partnerships in Religion and Public Health
Speaker: Ellen Idler, Ph.D.
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 3/15 Adventist Health University**
4:00-5:00 EST (via Zoom)
Research Opportunities in Spirituality, Religion & Health
Speaker: Koenig
Contact: Dr. Leana Araujo (Leana.GoncalvesAraujo@ahu.edu)
- 3/29 Caldwell Community College, World Religions Class**
1:00-2:15 EST via Zoom
Religion, Spirituality & Health: Research and Clinical Applications
Speaker: Koenig
Contact: Dr. Keith Starnes (kstarnes@cccti.edu)
- 3/30 Spirituality & Health Research Seminar**
12:00-1:00 EST (via Zoom)
Diseases and Deaths of Despair: Interpretation and Responses as Practices of Care
Speaker: Keith G. Meador, M.D.
Professor of Psychiatry, Vanderbilt University
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

April

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