

CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health

Volume 11

Issue 7

Jan 2022

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

LATEST RESEARCH

Decline in Religiosity in the United States: A Public Health Crisis

The authors, from behavioral health and nursing departments throughout the U.S., provide a brief history of the role of religiosity in healthcare, review the associations between religiosity and health outcomes, and discuss the recent decline of religiosity in the U.S., particularly among younger persons. They also examine the role that public health nurses play in providing spiritual care to all individuals, religious or not. Finally, the authors make recommendations for the future, emphasizing the accumulating health risks that may occur with declining religiosity in the domains of psychological, behavioral, social, and physical health, thereby increasing healthcare costs. They conclude: "If we don't act now, not only will the health landscape drastically change, but we may all suffer from the consequences."

Citation: Boateng, A.C.O., Britt, K. C., Xiao, C., Oh, H., & Epps, F. (2021). Decline in religiosity: A public health crisis. *Journal of Community & Public Health Nursing*, 7(11), 1000313 (<https://www.omicsonline.org/open-access/decline-in-religiosity-a-public-health-crisis-117821.html>).

Comment: This article is well worth reading since it examines the future impact on public health of declining religiosity. All co-authors of this article attended Duke University's Spirituality and Health Research Workshop in August 2021, providing an excellent example of how participants in this workshop can work together to produce an important contribution to the literature.

Religion/Spirituality among Members of the American Society of Plastic Surgery

Researchers from the department of plastic and reconstructive surgery at Ohio State and Johns Hopkins universities examined the role that spirituality plays in the well-being of plastic surgeons and plastic surgery residents. A total of 3,375 members of the American Society of Plastic Surgery (2,230 active members and 1,149 resident members) were emailed an anonymous survey. Of the 3,375 surveys distributed, 431 surveys were completed

(12.7%). The survey consisted of 18 multiple-choice questions that assessed importance of spirituality in the surgeon's life and in maintaining wellness. Also assessed were age, gender, years in practice, and geographic location. Religiosity/spirituality (R/S) was assessed by several questions adapted from the Belief into Action Scale (BIAC), a validated measure of religious commitment. Only descriptive statistics and bivariate associations were provided.

Results: When participants were asked about their "highest priority in life," 12.5% indicated "my spiritual health (faith in God)," 58.7% indicated "family and relationships," and 13.0% reported "my health." Responses varied significantly by region of the US, length of time in practice, and age. The percentage indicating faith in God as their greatest priority was highest among those practicing in the southern US (20.4%) and lowest in the Northeast (7.0%) and West (7.5%). It was also more common among those who had been in practice for 25 years or more (21.0%) compared to those in practice for less than 10 years (7.7%). Participants aged 55 or over were also more likely to *strongly agree* to the statement: "My personal spiritual beliefs contribute positively to my emotional well-being" (49.0%), compared to those under age 35 (28.8%). When asked what strategies were most effective in helping overcome periods of emotional exhaustion and burnout, 15.9% indicated "spiritual belief system (faith)," whereas the majority of respondents indicated "relationships with family/friends" (52.1%). The majority (70%) also agreed or strongly agreed that their personal spiritual beliefs and faith contributed positively to emotional well-being, and agreed or strongly agreed that their spiritual beliefs provided a healthy framework for handling conflict, suffering, and loss (65%). Finally, 51% indicated that their spiritual beliefs and practices had provided support and guidance during the COVID-19 pandemic. Researchers concluded: "Spirituality is an important component of maintaining wellness for plastic surgeons... Efforts should be made to promote spiritual health among the surgical community both during training and in practice."

Citation: Poteet, S. J., Allen, F. Y., Bai, S., Eisner, M., Hultman, C. S., & Janis, J. E. (2021). Spirituality and Wellness in Plastic Surgery: A Survey of ASPS Members. *Plastic and Reconstructive Surgery Global Open*, 9(10).

Comment: Despite the low response rate (which makes this a "best case scenario"), this is one of the first studies, if not only study, to examine the religious and spiritual beliefs of plastic surgeons and to explore the perceived impact of these beliefs on maintaining wellness in their work.

Religiosity and Well-Being among Older Adults in Ghana

Investigators in the department of psychology at the University of Ghana examine the relationship between religiosity (called spirituality) and psychological well-being in 235 adults aged 60 or over recruited from rural and urban areas of the country of Ghana (average age 70, 56% female). Religiosity/spirituality (R/S) was assessed by 12 items from the 13-item Spiritual Support Subscale (Genia, 1997). This scale asked questions about relationship to God or a higher power, spiritual strengths from God, approach to life guided by faith, meaning and purpose from faith, etc.

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Psychological well-being was measured by the 12-item Scale of Positive and Negative Experience (SPANE); meaning in life by the 5-item Meaning in Life Questionnaire (MLQ); and optimism by the 10-item Life Orientation Test-Revised (LOT-R). Control variables included age, gender, education, and marital status. Structural equation modeling was used to examine the direct and indirect associations between R/S, meaning in life, optimism, positive affect, negative affect, and life satisfaction. **Results:** R/S was significantly related to meaning in life and to optimism, which were positively related to positive affect, negatively related to negative affect, and positively related to life satisfaction. R/S was not directly related to positive affect, negative affect, or life satisfaction, but was indirectly related to these indicators of well-being through greater optimism and greater meaning in life. Researchers concluded: "The study has demonstrated that spirituality indirectly influences subjective well-being through optimism and meaning in life. It also showed the relative importance of meaning in life over optimism as a mediator."

Citation: Aglozo, E. Y., Akotia, C. S., Osei-Tutu, A., & Annor, F. (2021). Spirituality and subjective well-being among Ghanaian older adults: optimism and meaning in life as mediators. *Aging & Mental Health*, 25(2), 306-315.

Comment: Although cross-sectional and a relatively small sample, this study is relevant because of the nature and location of the population; relatively little is known about the relationship between religiosity and psychological well-being in Ghana, and this study adds to the literature in that regard.

Religion and Mental Health among Older Adults in Malaysia

Researchers at Monash University in Selangor, Malaysia, examined the relationships between religion and depression, anxiety, and stress among 7,068 adults aged 55 or older participating in the Southeast Asia Community Observatory (SEACO) study. The SEACO study was conducted in the western part of Malaysia. Of the participants, 4,418 were Malay, 2,080 were Chinese, and 570 were Indian; 63% were Muslim, 20% Buddhist, 7% Hindu, 1.5% Christian, 0.6% Taoists, and 0.3% other. Two questions on religiosity were administered: importance of religion/spirituality in life (assessed on a 1-4 scale) and belief in a higher power (1-5 scale). Depression, anxiety, and stress were measured by the DASS-21 scale. Multivariate models controlled for age, ethnicity, religion, gender, marital status, education, occupation, income, and chronic health conditions (diabetes, hypertension). Analyses were conducted separately in Malay, Chinese, and Indian participants. **Results:** In Malays, greater importance of religion was *positively* associated with depression ($b=0.32, p<0.05$), but was unrelated to anxiety or stress; belief in a higher power, however, was *negatively* related to depression ($b=-1.11, p<0.001$), anxiety ($b=-1.04, p<0.001$), and stress ($b=-0.90, p<0.001$). In Chinese, importance of religion was again positively related to depression ($b=1.19, p<0.001$), and also to anxiety ($b=1.26, p<0.001$) and stress ($b=0.97, p<0.001$); belief in a higher power, however, was negatively related to depression ($b=-0.44, p<0.01$) and stress ($b=-0.45, p<0.01$). Finally, in Indians, importance of religion was unrelated to depression, anxiety, and stress; however, belief in a higher power was negatively related to depression ($b=-2.80, p<0.001$), anxiety ($b=-2.55$), and stress ($b=-2.55, p<0.001$). Researchers concluded: "The findings of this study showed that religion could be another potential channel to improve mental health among older adults by accommodating and understanding their religious beliefs."

Citation: Tan, M. M., Su, T. T., Ting, R. S. K., Allotey, P., & Reidpath, D. (2021). Religion and mental health among older adults: Ethnic differences in Malaysia. *Aging & Mental Health*, 25(11), 2116-2123.

Comment: Since this was a cross-sectional study, direction of causation cannot be determined (i.e., whether religiosity affected

mental health or whether mental health affected religiosity). However, the large sample size and relatively sophisticated statistical analyses, make this a study worth noting. It is a bit strange, though, that belief in a higher power was so consistently related to better mental health in all three ethnic groups, whereas importance of religion in life was not and was actually positively related to depression.

Religiosity and Symptom Expression among Advanced Cancer Patients in Italy

Investigators from the La Maddalena cancer center and other academic institutions in Palermo, Sicily, examined the impact of religiosity and symptom expression in a consecutive series of 283 patients with advanced cancer admitted to palliative care units over a six month period. Religiosity was assessed by religious affiliation (89% Catholic), religious belief (non-believer, believer, believer and practicing), importance of religion in life, and frequency of prayer. Cancer symptom expression was measured by the Edmonton Symptom Assessment Scale (ESAS, which assesses psychological symptoms, physical symptoms, and global symptom burden). Depressive and anxiety symptoms were assessed using the Hospital Anxiety and Depression Scale (HADS). Physical functioning was determined by the Karnofsky physical functioning scale (KPS). Multinomial logistic regression analyses were used to examine the relationship between each of the religious questions and demographic, psychological, and physical characteristics. **Results:** After controlling for other covariates, Catholic religious affiliation was associated with poorer physical functioning. Greater religious belief and practice were also associated with worse physical functioning, greater depression, greater anxiety, and more symptoms on the ESAS. Similarly, greater importance of religion in life was associated with worse physical functioning, more anxiety, and more depression. Finally, frequency of prayer was associated with worse physical functioning and greater drowsiness. Researchers concluded: "The more the patients have demanding religious issues, the greater the state of anxiety, particularly in older and female patients with a lower KPS. The religious pattern did not have relevant role in the expression of other symptoms included in the ESAS."

Citation: Mercadante, S., Adile, C., Ricci, M., Maltoni, M., Bonanno, G., & Casuccio, A. (2021). The Role of religiosity in symptom expression of advanced cancer patients. *American Journal of Hospice and Palliative Medicine*, EPUB ahead of press.

Comment: The topic is a very important one. However, the English in this paper is quite poor and the researchers' interpretation of the findings appears to conflict with the statistics reported in the paper (although it is difficult to determine since little information is provided on how the scales above were scored). The authors do acknowledge, however, that given the cross-sectional nature of the findings, patients who were more anxious, depressed, and physically disabled may have turned to religion for comfort in order to cope with their symptoms.

Spirituality/Religiosity and Life Satisfaction during the Covid-19 Pandemic in Peru

Investigators surveyed a convenience sample of 734 Peruvian citizens (average age 32 and 73% Adventist) to examine the relationship between S/R and life satisfaction. S/R was assessed by 16 items from the Brief Multidimensional Measure of Religiosity/Spirituality (BMMRS), 8 questions assessing religiosity and 8 questions assessing spirituality. Researchers did not describe the content of the questions that assessed religiosity or spirituality, so it is unclear whether or not the measure of spirituality was contaminated with indicators of mental health as is usually the case. Life satisfaction was measured using the 5-item Satisfaction with Life Scale. Analyses were stratified by gender. Regression analyses were performed, but researchers did not

indicate whether any other variables were controlled for in the model. **Results:** In bivariate analyses, both religiosity ($r=0.132$, $p<0.01$) and spirituality ($r=0.328$, $p<0.01$) were positively correlated with life satisfaction. In regression analyses, spirituality (but apparently not religiosity) was associated with greater life satisfaction, explaining 10.6% of the variance in life satisfaction. *Citation:* Esteban, R. F. C., Turpo-Chaparro, J. E., Mamani-Benito, O., Torres, J. H., & Arenaza, F. S. (2021). Spirituality and religiousness as predictors of life satisfaction among Peruvian citizens during the COVID-19 pandemic. *Heliyon*, 7(5), e06939. *Comment:* This was a cross-sectional study of a nonrepresentative sample of Peruvians (mostly Seventh Day Adventists). Unfortunately, the methods were poorly described (particularly the description of how religiosity and spirituality were measured), and the statistical analyses were suspect in terms of quality (particularly the regression analysis). Nevertheless, this study is relevant because of the relatively limited amount of research examining the relationship between religion, spirituality and life satisfaction in Peru.

Religious Affiliation, Health-Related, and General Decision-Making in Brazil

Investigators from the school of medicine at the University of Sao Paulo analyzed data from an online survey (using a Qualtrics platform) of a convenience sample of 1,133 participants to examine the relationship between religious affiliation and decision-making. Religious affiliations were Catholic (44%), Evangelical (19%), Spiritist (13%), other Christian (7%), non-religious (12%), and other denominations (6%). First, with regard to general decision-making, participants were asked "How much does religious affiliation influence your decisions..." regarding dating, marriage, friendships, work, clothing choice, volunteering, donations, and politics. Second, with regard to health-related decision-making, participants were asked "How much does your religious affiliation influence your decisions..." regarding diet, alcohol consumption, drug use, tobacco consumption, refusal of medical recommendations, and acceptance of medical recommendations. Responses for both questions ranged from 1 (very little) to 5 (a lot). Statistical analyses involved simple response percentages and bivariate correlations. **Results:** With regard to general decision-making, influence of religious affiliation was high for marriage (62.7%), donations (60.1%), volunteering (55.0%), friendship (53.9%), work (50.5%), dating (49.6%), choice of clothing (42%), and politics (27.2%). For health-related decisions, influence of religious affiliation was high for drug use (45.2%), accepting medical recommendations (45.0%), smoking (43.2%), alcohol consumption (39.7%), dietary restrictions (37.1%), and refusing medical care (22.6%). When examined by religious affiliation, evangelicals had the highest levels of religious affiliation influence on daily life and health-related decisions. Researchers concluded: "Improving the understanding of how a patient's beliefs, practices, and experiences affect their health may help health care practitioners to take into account religious considerations, not only regarding influences on habits but also regarding adherence to medical treatment advice." *Citation:* Borges, M., Lucchetti, G., Leão, F. C., Vallada, H., & Peres, M. F. (2021). Religious affiliations influence health-related and general decision making: A Brazilian nationwide survey. *International Journal of Environmental Research and Public Health*, 18(6), 2873.

Comment: It would be interesting to compare the responses provided by individuals in this Brazilian study with those provided by persons in the U.S. and other parts of the world. The findings from this study suggest that religious affiliation may influence a wide range of decision-making that could affect health outcomes.

Religiosity/Spirituality, Motivation and Self-Efficacy in Crack Cocaine Users in Brazil

Researchers in Brazil examine the relationship between religiosity/spirituality, self-efficacy, and motivation for change in 50 patients with crack cocaine addiction treated at a psychosocial attention center for alcohol and drugs in Porto Alegre. Demographics of participants were 86% male, average age 41, and 44% Catholic. Religiosity was assessed by the 5-item Duke University Religion Index (DUREL) and spirituality was measured by the WHOQOL-SRPB scale. Motivation for change was assessed by the 24-item University of Rhode Island Change Assessment scale, which measures precontemplation, contemplation, action and maintenance. Drug abstinence self-efficacy was assessed by the 24-item DASE scale. Also collected was information on age, residence conditions, education, work, income, socioeconomic status, severity of addiction (crack usage frequency), associated substance use, previous treatment, age of crack use onset, age of seeking treatment, current abstinent time, longest abstinent time, perception of relevance of R/S in treatment, and religious affiliation. Linear regression was used to control for age, gender, and education. **Results:** Spirituality (WHOQOL-SRBP) was independently associated with pre-contemplation and action stages of motivation for change. No association was found with any of the three dimensions of religiosity assessed by the DUREL. However, both spirituality ($b=0.52$, $p<0.01$) and religiosity ($b=0.48$, $p<0.01$) were positively associated with self-efficacy for abstinence. Researchers concluded: "Results demonstrate that different aspects of R/S have a positive impact on the treatment of crack dependent patients."

Citation: Ely, A., & Mosqueiro, B. P. (2021). Religiosity/spirituality, motivation and self-efficacy in the treatment of crack users. *Archives of Clinical Psychiatry*, 48(1), 36-44.

Comment: Given the way that "spirituality" was measured (the WHOQOL-SRBP, which is heavily contaminated with items assessing mental health), the associations found with stages of motivation for change and self-efficacy are difficult to interpret. However, the association between religiosity and drug abstinence self-efficacy is meaningful, and suggests that crack users who are more religious are more likely to believe that they can maintain their abstinence from cocaine.

Religion and Spirituality in Patients with Severe Mental Disorders in India

Researchers from the department of psychiatry at the Postgraduate Institute of Medical Education and Research in Chandigarh, India, examined religious and spiritual practices, sense of purpose/connection, and sense of hope/control in a convenience sample of stable psychiatric patients. Included were participants with schizophrenia ($n=63$), bipolar disorder ($n=75$), and depression ($n=72$), who were compared to a sample of healthy controls (74). Groups were matched by age and gender. Age range was 18-60, and inclusion criteria required participants to have a duration of illness of at least one year and be clinically stable. Participants with comorbid psychiatric disorders, chronic physical illness, and organic brain syndromes were excluded. Control groups were selected from caregivers accompanying patients and from hospital staff. All participants completed the 5-Item Duke Religion Index (DUREL; religiosity), the 10-item Existential Well-Being subscale of the SWBS (spirituality), and the 7-item negative religious coping subscale of the Brief RCOPE. Hope and sense of control were assessed by the Multiple Health Locus of Control Scale. Participants with schizophrenia were administered the Positive And Negative Syndrome Scale (PANSS), whereas patients with bipolar disorder were assessed by the Hamilton Depression Rating Scale (HDRS) and Young Mania Rating Scale. Those with major depression were administered the HDRS, and all three groups were clinically

assessed using the Global Assessment of Functioning (GAF) scale. The 28-Item Spiritual Attitude Inventory (SAI) was also administered in order to assess spiritual needs. Only bivariate associations were examined. **Results:** There were no differences between the three patient groups on religious or spiritual variables. Compared to healthy controls, patients with mental disorders scored significantly lower on participation in organized religious activities. Those with mental disorders were also more likely to use negative religious coping and scored lower on sense of meaning and purpose than did healthy controls. Among patients with schizophrenia, greater use of negative religious coping was associated with more residual psychopathology based on the PANSS. Researchers concluded: "Considering the association of negative religious coping with residual psychopathology, there is a need to incorporate psychological interventions to address religious and spiritual issues for patients with various severe mental disorders."

Citation: Grover, S., Dua, D., Chakrabarti, S., & Avasthi, A. (2021). Religiosity and spirituality of patients with severe mental disorders. *Indian Journal of Psychiatry*, 63(2), 162.

Comment: Relatively little research has examined the relationship between severe mental disorders, religiosity, and spirituality. This cross-sectional study from India contributes to the literature in this regard, although unfortunately, equates spirituality with existential well-being (a measure of positive mental health).

Spiritual Assessment by Social Workers in China

The author, a professor in the school of social work at Arizona State University, examines how to appropriately address Chinese clients' spiritual beliefs and describes a roadmap for doing spiritual assessments as part of social work practice in China. The author describes the rationale for why social workers should be conducting spiritual assessments in Chinese patients, and discusses how to do so in a professional manner. Other areas that he addresses in the paper are (1) how to ensure cultural competency when doing a spiritual assessment, (2) the importance of identifying spiritual strengths, (3) the importance of client self-determination, and (4) how a spiritual assessment may contribute to improved health outcomes. The author also reviews the various comprehensive assessments that are available for this purpose, including spiritual histories, spiritual life maps, spiritual genograms, spiritual eco-maps, and spiritual eco-grams. He then presents a two-stage model for conducting spiritual assessments, first by doing a brief spiritual assessment and then a comprehensive assessment if indicated by the initial brief assessment. The author concludes by discussing spiritual interventions that may resonate with Chinese clients.

Citation: Hodge, D. R. (2021). Understanding spiritual assessment and intervention in China: A roadmap for addressing client spirituality in an ethical and professional manner. *Journal of Human Behavior in the Social Environment*, 1-15.

Comment: Dr. Hodge is one of the leading social work researchers in the field of spirituality and health, and has extensive experience in designing and conducting spiritual assessments. This is one of the few papers that have attempted to address this topic for social work clients in China.

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 January 18, 2022, at 12:00-1:00 EST, will be delivered by Michelle J. Pearce Ph.D., Professor of Psychology, University of Maryland. The title of her presentation is **Religiously-Integrated Cognitive Behavioral Therapy for Depression**. 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/seminars/>

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>. This workshop will be held online, making it accessible to a wide audience, particularly those who cannot attend the workshop in the U.S. below.

18th Annual Duke University Summer Research Workshop

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

Christianity and Psychiatry (Springer, 2022)

From the publisher: "This book aims to help readers appreciate the many-faceted relationship between Christianity, one of the world's major faith traditions, and the practice of psychiatry. Chapter authors in this book first consider challenges posed by historical antagonisms, church-based mental health stigma, and controversy over phenomena such as hearing voices. Next, others explore both how Christians often experience conditions such as mood and psychotic disorders, disorders in children and adolescents, moral injury and PTSD, and ways that their faith can serve as a resource in their healing. Twelve Step spirituality, originally informed by Christianity, is the subject of a chapter, as are issues raised for Christians by disability, death and dying. A set of chapters then focuses on the state of integration of Christian beliefs and practices into psychotherapy, treatment delivery, educational programming, clergy/clinician collaboration, and treatment by a non-Christian psychiatrist. Finally, there are chapters by a mental health professional who has been a patient, a Jewish psychiatrist, a Muslim psychiatrist knowledgeable about Christianity and psychiatry in the Muslim majority world, and a Christian psychiatrist. These chapters provide context, diversity and personal perspectives." Available for \$119.99 (hardcover) from <https://www.amazon.com/Christianity-and-Psychiatry/dp/303080853X/>. Edited by Harvard psychiatrist John R. Peteet, this book is worth every penny of the high cost.

Working with Spiritual Struggles in Psychotherapy: from Research to Practice

(Guilford Press, 2022)

From the publisher: "Does my life have any deeper meaning? Does God really care about me? How can I find and follow my moral compass? What do I do when my faith is shaken to the core? Spiritual trials, doubts, or conflicts are often intertwined with mental health concerns, yet many psychotherapists feel ill equipped to discuss questions of faith. From pioneers in the psychology of religion and spirituality, this book combines state-of-the-art research, clinical insights, and vivid case illustrations. It guides clinicians to understand spiritual struggles as critical crossroads in life that can lead to brokenness and decline--or to greater wholeness and growth. Clinicians learn sensitive, culturally responsive ways to assess different types of spiritual struggles and help clients use them as springboards to change." Available for \$45.00 (hardcover) from <https://www.amazon.com/Working-Spiritual-Struggles-Psychotherapy-Research/dp/1462524311>. This is a terrific book authored by Ken Pargament and Julie Exline, on whose ground breaking work the area of spiritual struggles has been based.

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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INTERPROFESSIONAL CONTINUING EDUCATION

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

Program Officer Position at John Templeton Foundation

Anyone have ideas on how to invest \$15 - \$20 million to translate research into practice in one of the domains that John Templeton Foundation funds? If so, please apply for this unusual 3-year Program Officer position that the Foundation is searching for. It could be a good fit for a mid-career academic interested in a rotator position at a major private philanthropy, or for a well-connected early career scholar with applied interests and expertise, or for other profiles too. Full details are here: <https://www.templeton.org/careers/program-officer-human-sciences>.

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>.

2022 CSTH CALENDAR OF EVENTS...

January

- 1/18 **Spirituality & Health Research Seminar**
12:00-1:00 EST (via Zoom)
Religiously-Integrated Cognitive Behavioral Therapy for Depression
Speaker: Michelle J. Pearce, Ph.D.
Professor, University of Maryland
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 1/21 **12th AISSQ Conference, India**
9:00-9:45 EST (via Zoom)
Religion, Spirituality and Health: Review, Update, and Future Directions
Speaker: Harold G. Koenig, MD
Contact: Kali Nayak (kali_nayak@yahoo.co.in)
- 1/21 **Psychiatry Grand Rounds, JPS Health Network, Forth Worth, TX**
1:00-2:00P EST (via Zoom)
Moral Injury in Military, Health Professionals, and those Experiencing Severe Trauma
Speaker: Harold G. Koenig, MD
Contact: Cynthia Claassen (CClaasse@jpshealth.org)

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

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