CROSSROADS…

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health Volume 11 Issue 8 Feb 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 January 2022) go to: http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads

LATEST RESEARCH

Religiosity and Covid-19 Conspiracy Beliefs in Polish Catholics

Investigators from the faculty of psychology at the University of Warsaw, Poland, examined the relationship between religiousness and its association with COVID-19 conspiracy beliefs and with undesirable behavior during the pandemic. Two studies were conducted where participants completed online surveys.

The first study was in a nationwide sample of 361 Polish Catholic adults. Religious involvement was assessed by a Polish adapted version of the 12-item Religious Fundamentalism Scale (Altemeyer) and the 5-item Centrality of Religiosity Scale (Huber) (closely related to intrinsic religiosity). Conspiracy beliefs were assessed by an 11-item questionnaire (Kowalski) that assessed beliefs such as "Coronavirus was created by ecologists to reduce population number and help the environment" or "Coronavirus was created by pharmaceutical organizations." Regression analyses controlled for gender and age (with both religious fundamentalism and centrality of religiosity in the model). **Results**: Religious fundamentalism, but not centrality of religiosity, was associated with coronavirus conspiracy beliefs (b=0.24, p<0.001).

In the second study, 394 Polish Catholic adults that included measures of religious fundamentalism, centrality of religiosity, coronavirus conspiracy beliefs, and in addition, a 3-item Freeriding During the Pandemic scale (e.g., "I was able to take the coronavirus protection recommendations with ease because other people followed them" and "I met with friends often and willingly") and a 4-item Adherence to Safety and Self-Isolation Guidelines scale (e.g., "I tried to keep my distance from others when I'm outside"; "I go shopping wearing a mask"; "I participate in big events (for example weddings, big house parties)" [an item that was reverse scored]). Regression analyses controlling for gender and age demonstrated a positive correlation between religious fundamentalism and coronavirus conspiracy beliefs (b=0.31, p<0.001) but a negative correlation with centrality of religiosity (b=-0.26, p<0.001). Likewise, for freeriding during the pandemic, this was positively associated with religious fundamentalism (b=0.13, <0.05), but negatively associated with centrality of religiosity (b=- 0.11, p<0.05). Both of these relationships were fully explained by coronavirus conspiracy beliefs. Very similar relationships were found for adherence to safety and self-isolation guidelines; religious fundamentalism was associated with less adherence to safety guidelines (b=-0.13, p<0.05), whereas centrality of religiosity was associated with greater adherence (b=0.12, p<0.05). Again, both of these relationships were fully explained by coronavirus conspiracy beliefs. Researchers concluded: "… we demonstrate that religious fundamentalism, unlike centrality of religiosity, is positively related to coronavirus conspiracy beliefs, which, in turn, promote socially maladaptive behavior such as freeriding and nonadherence to safety guidelines."

Citation: Łowicki, P., Marchlewska, M., Molenda, Z., Karakula, A., & Szczepańska, D. (2022). Does religion predict coronavirus conspiracy beliefs? Centrality of religiosity, religious fundamentalism, and COVID-19 conspiracy beliefs. Personality and Individual Differences, *187*, EPUB ahead of press.

Comment: Interesting studies in adult Polish Catholics that distinguish the effects of religious fundamentalism from those of centrality of religiosity on coronavirus conspiracy beliefs, freeriding during the pandemic, and nonadherence to safety guidelines. Again, however, these are cross-sectional associations where causal inference should be done carefully if at all.

Importance of Religion and Health Promotion during the COVID-19 Pandemic

Researchers at the University College of London Institute of Education in London (UK) argue that religion should be considered in health promotion efforts during the COVID-19 pandemic. They argue that (1) religion affects risk of infection (i.e., increase it); (2) religion should not just be considered a problem but rather an important aspect of the worldview and lifestyle of many people around the world; and (3) health promotion lessons can be learned from better understanding the interaction between religion and vulnerability to infectious diseases, which may affect approaches to science education. The authors review the tensions between religion and science particularly with regard to recent vaccine hesitancy and failure to follow masking and social distancing guidelines. They emphasize that because religion contributes to the meaning of both life and death, it therefore is invariably related to issues of central importance to health promotion. The authors also emphasize religious leaders as important gatekeepers to communities that might otherwise be difficult to reach, and that for this reason, religious leaders should be included at the table when discussing disease prevention and health promotion strategies. The authors conclude: "Our contention is that by working with those of faith in the context of COVID-19, health promotion can be enhanced."

Citation: Barmania, S., & Reiss, M. J. (2021). Health promotion perspectives on the COVID-19 pandemic: The importance of religion. Global Health Promotion, *28*(1), 15-22.

Comment: This article emphasizes the importance of collaboration between public health experts and religious leaders and religious communities in bringing this COVID-19 pandemic to an end, which is a common goal of both groups.

World Health Organization (WHO), Faith-based Organizations, Religious Leaders and Communities: An Evolving Relationship

The authors of this article, from the faculty of theology at the University of Zürich, Switzerland, discuss the findings from a 4-year research project on the spiritual dimension of health that the WHO conducted at the University of Zürich. Data were collected from archival research records and interviews were conducted with current and former WHO staff to track the relationship between "religious actors" (faith-based organizations [FBOs], religious leaders, religious communities) and the WHO from the 1970s through 2020. **Results**: The relationship between religious actors and the WHO has been one of ebb and flow. Initial interactions between these groups developed in the 1970s and 1980s; there was then a period of cooling-off and crisis between the 1990s and early 2000s (due to communist bloc resistance); and then a period of renewed interest and rapprochement from the early 2000s to the present (particularly with the HIV/AIDS, Ebola, and COVID-19 crises in Africa and beyond). This article discusses the risks and benefits of WHO's cooperation with religious actors -- the risks specifically with regard to sexual and reproductive rights (abortion, condom use) and benefits pertaining to potential cooperation with regard to fostering universal healthcare. The question of whether "spirituality" should be added to the WHO's definition of health (along with mental and social aspects) came up in the late 1990s, but doubts over whether spirituality was "an appropriate interest for medical scientists, and concerns relating to the separation of church and state" resulted in its rejection from inclusion in the WHO's definition of health [which remains the same to this day]. However, the authors discussed three areas of potential shared interest between WHO and religious actors: vaccine communications, shared research and training, and the development of a framework of engagement in partnering with FBOs, concluding that: "This study focuses on what we suggest may be understood as a trend towards a closer association between the activities of WHO and religious actors, which has occurred in fits and starts and is marked by attempts at institutional translation and periods of forgetting and remembering."
Citation: Winiger, F., & Peng-Keller, S. (2021). Religion and the World Health Organization: an evolving relationship. British Medical Journal Global Health, *6*(4), e004073.
Comment: An interesting article, particularly coming from theologians. Seems to focus on how "religious actors" (particularly contributions from faith-based organizations, which are without cost) might benefit the WHO. Little is said about how such cooperation with WHO might benefit religious actors.

Religious Trends in China from 2012 to 2016

Investigators at the Lee Quan Yew school of public policy at the National University of Singapore analyzed data from a representative sample of adults participating in the China Family Panel Study (CFPS). Their purpose was to examine changes in religious involvement from 2012 to 2016 in mainland China. Survey questions on religion were asked in both the 2012 and 2016 waves of data collection. These included religious identification (affiliation with Buddhism, Taoism, Protestantism, Catholicism, or Islam; yes =1, no=0), religious behavior (identification with the religion and reporting religious behaviors at least once a year; yes=1, no=0), and religious importance (indicating that religion is very or somewhat important; yes=1, no=0). Fixed effects logistic regression models examined the relationship between changes in religion and a set of predictors (including urban vs. rural residence, marital status, number of children, household income, a measure of unfair treatment by the government, an index of social problems, physical discomfort, diagnosis of chronic disease, physical dependency, and depression); separate regressions were run for each of the three religious characteristics above. **Results**: Categories of change in religious identification between 2012 and 2016, respectively, were no-no in 83.4%, yes-yes in 6.5%, no-yes in 6.6%, and yes-no in 3.6%. Categories of change in religious behavior between 2012 and 2016, respectively, were no-no in 86.5%, yes-yes in 4.2%, no-yes in 6.8%, and yes-no in 2.5%. Finally, categories of change in religious importance between 2012 and 2016, respectively, were no-no in 68.4%; yes-yes in 9.6%; no-yes in 13.9%; and yes-no in 8.1%. Among predictors of change in religious identification, were the 2016 vs. 2012 indicator (OR=1.82, p<0.01, n=4604), which meant that religious identification significantly increased from 2012 to 2016. Among predictors of religious behavior was again the 2016 vs. 2012 indicator (OR = 2.69, p<0.01, n=4,228), again indicating a significant increase in religious behavior from 2012 to 2016. Among predictors of religious importance were again the 2016 vs. 2012 indicator (OR = 1.73, p<0.01), that reflected significant increase in religious importance from 2012 to 2016. Religious involvement in 2012 and 2016 was positively associated with higher household income and also with an unfair treatment index, a measure of negative personal experiences with the government. Physical health problems and depression were also *more common* in those indicating that religion was important in their lives (suggesting that turning to religion was a way of coping with these health problems). Researchers concluded: "Between 2012 and 2016, identification and importance [of religion] grew by about 30 percent, while behavior grew by about 70 percent. These trends are gendered in that women experience larger increases in religiosity than men…"
Citation: Francis-Tan, A., & Tian, F. F. (2021). Fluidity of faith: Predictors of religion in a longitudinal sample of Chinese adults. Journal for the Scientific Study of Religion, EPUB ahead of press
Comment: Quite a dramatic increase in religious involvement during such a short time period (4 years) in a communist country.

Changes in Religious Doubt and Physical Health in Young Americans

Laura Upenieks from the department of sociology at Baylor University analyzed data from Waves 3 and 4 of the U.S. National Study of Youth and Religion (a nationally representative sample of 3290 teenagers ages 13-17 at Wave 1). Her goal was to examine trajectories in religious doubt over 5 years from 2007/2008 (Wave 3) to 2013 (Wave 4) in 2,071 young adults from ages 18-23 to ages 23-28. To be included in the analysis, participants had to be religiously affiliated or hold agnostic or atheist beliefs; participants who indicated that they were not religious at either wave were not ask questions about religious doubt and so were excluded from the analysis. This resulted in a final sample of 1,054 cases who had complete data on religious doubt at both waves. Religious doubt was assessed by one question: "In the past year, how many doubts, if any, have you had about whether your religious beliefs are true?" (1=no doubts to 4= many doubts). Latent class growth analysis was used to classify individuals into categories of change in religious doubt. Next, ordinal logistic models were used to examine the effects of changes in religious doubt on self-rated health (assessed by a single question) and ordinary least squares regression was used to examine the effects of changes in religious doubt on depression (measured by CES-D). These analyses were controlled for gender, race, family relationships, education, marital status, parenthood status, and employment, as well as four indicators of religiosity measure at Wave 4 (religious affiliation, importance of religion, importance of religious faith in shaping daily life, and parental religious attendance). **Results**: Four categories of religious doubt were identified: stable "no doubt" (42%), stable "doubt" (12%), increasing doubt (22%), and decreasing doubt (24%). Increasing doubt was associated with a nearly 50% reduction in self-rated health between Wave 3 and Wave 4 (OR = 0.52, 95% CI = 0.35-0.76); this relationship was partially explained by a reduction in life meaning (OR = 0.60, 95% CI = 0.41-0.89),

although this mediation effect was not statistically significant. With regard to depression, both stable doubt and increasing doubt were associated with an increase in depression between Wave 3 and Wave 4 (b= 0.27, p<0.01, and b=0.36, p<0.001, respectively). For those with increasing doubt, this effect was fully explained by a decrease in life meaning. The researcher concluded: "Regression results suggest that those in the increasing doubt class reported higher depression and worse self-rated health than [those] with stable no doubt. Causal mediation analyses revealed that a decreased sense of meaning in life was found to mediate this relationship."
Citation: Upenieks, L. (2021). Changes in religious doubt and physical and mental health in emerging adulthood. Journal for the Scientific Study of Religion, EPUB ahead of press
Comment: This was a prospective study that utilized statistical analyses in a creative way to examine changes in religious doubt among young adults over 5 years and to examine the effects increasing doubt had on self-rated health and depression, suggesting significant effects that were explained at least in part by a decreased sense of meaning in life. These results are important and have implications for the mental health of young adults in societies that are becoming less religious over time (in this case, the U.S.).

Religious Involvement, Cyberbullying Victimization, and Health in Canada

Lei Chai in the department of sociology at the University of Toronto analyzed cross-sectional data on a random national sample of 17,548 Canadians participating in the 2014 Canadian General Social Survey (63% ages 25-54). The purpose was to examine the buffering effect of religious involvement on the detrimental effect of "cyberbullying victimization" on self-rated health (higher scores worse health), mental health (higher scores better mental health), and life satisfaction (higher scores greater life satisfaction). Both attendance at religious services and importance of religious beliefs were assessed. Logistic and OLS regression models were examined in this regard, including three-way interactions between religion, gender, and cyberbullying on health outcomes, controlling for age group, minority status, marital satisfaction, presence of children, education, employment status, household income, and region. **Results**: Attending religious services weekly or more was associated with a significant reduction in the adverse association between cyberbullying and self-rated health (OR=0.244, p<0.01); a similar buffering effect for frequent attendance was found on the association was between cyberbullying and life satisfaction (b= -0.659, p<0.001). Importance of religious beliefs (very important) also buffered the effect of cyberbullying on life satisfaction (b=-0.398, p<0.05). These buffering effects were stronger in women than in men. The researcher concluded: "This study makes important empirical and theoretical contributions to the growing field of research on the association between cyberbullying victimization and health and well-being and to our understanding of how religion matters to individuals dealing with stressful experiences."
Citation: Chai, L. (2021). Does religion buffer against the detrimental effect of cyberbullying victimization on adults' health and well-being? Evidence from the 2014 Canadian General Social Survey. Journal of Interpersonal Violence, EPUB ahead of press.
Comment: Although cross-sectional, the nature of the participants (random national sample), sample size (large), and careful statistical analyses all underscore the importance of these findings in an area with little research (i.e., effects of religion on cyberbullying victimization and health in adults). Of particular interest in the future might be the effects that religion has on the cyberbullying and health relationship in children and teenagers.

Association between Structural Sexism in U.S. Religious Institutions and Self-Rated Health

Researchers from Florida State University analyzed data from two nationally representative surveys to examine the relationship between structural sexism and self-rated health, and to assess the association between religious attendance and self-rated health in sexist compared to inclusive congregations. Data from the General Social Survey (GSS) and the National Congregation Study (NCS) were linked together by asking participants in the GSS who attended more than once per year to provide the name and location of their congregation (n=1,390); the same question was asked of GSS participants who were nonattenders (n=844). The final sample size, then, was 2,234 (average age 47, 55% women, 76% white). One key informant (congregation leader) from each congregation was then interviewed. Structural sexism was assessed by three congregation-level variables that each congregation leader was asked: (1) would an otherwise qualified woman in the congregation be permitted to serve as a full-fledge member of the congregation's main governing body or coordinating committee (14% indicated no); (2) would an otherwise qualified woman be permitted to serve as the head clergyperson or primary religious leader of the congregation (59% indicated no); and (3) a sexism scale made up of things women are prohibited from doing in the congregation: teaching co-ed classes, preaching at a main worship service, serving on the governing body, and being the head clergyperson/leader (range 0-4, average score 1.3). Self-rated health was assessed in the usual manner by a single question with responses ranging from 1=poor to 4=excellent. Cross-sectional linear regression analyses controlled for age, race, education, household income, marital status, frequency of religious attendance, religious congregation regional setting (urban, rural, etc.), congregation adherence to the doctrine of biblical inerrancy, and religious tradition (conservative Christian, Roman Catholic, other Christian (liberal and mainline Protestant), non-Christian (Jews, Muslims, other traditions). Analyses were also stratified by gender. **Results**: Self-rated health was unrelated to any of the three structural sexism variables in men. However, among women, self-rated health was inversely related to church sexism in terms of being a board member (b=-0.238, p<0.01), being a church leader (b=-0.128, p<0.05), and on the sexism scale (b=-0.061, p<0.01). Further analyses revealed that when attenders of religious services were compared to nonattenders, frequency of attendance in women was only related to better self-rated health in congregations that allowed women to hold meaningful leadership roles within the congregation (controlling for age, education, income, race, marital status).
Citation: Homan, P., & Burdette, A. (2021). When religion hurts: Structural sexism and health in religious congregations. American Sociological Review, *86*(2), 234-255.
Comment: This is an important study on which there is very little research. The only concerns were that this was a cross-sectional analysis (preventing conclusions with regard to direction of causation). Furthermore, it may have been difficult to completely control for the effects of low education and poor socioeconomic status, which is related to both worse self-rated health and likely structural sexism (religious conservativeness), despite controlling for education, income, and church conservatism in regression models.

Religiousness and Health among Sexual Minorities

Researchers from the departments of psychology at several U.S. universities conducted a meta-analysis examining 279 effect sizes nested within 73 studies (40,057 participants) that had examined the relationship between religiosity and health (mental health, well-being, physical health, sexual health, substance use, self-harm/suicidality). Sexual minority was defined as individuals who reported some degree of same-sex sexual attraction, behavior, or identity. Multilevel meta-analyses were conducted to identify the

overall average effect size of the relationship. **Results**: Overall, there was a small *positive* relationship between religiousness/spirituality (R/S) and health (r=0.05, 95% CI = 0.01-0.09, p<0.05). Moderator analyses indicated that the positive relationship was particularly strong for "spirituality" (r=0.14, 95% CI = 0.08-0.19, p<0.05) and for religious belief (r=0.10, 95% CI = 0.03-0.17, p<0.05). No aspect of religiousness (affiliation, non-organizational religiousness, organizational religiousness, intrinsic religiousness, cognitive religiousness or mixed assessment) was on average related to worse health in these analyses. Researchers concluded: "We synthesize these theories to provide an initial theoretical explanation: the degree to which R/S promotes or harms sexual minorities' health depends on (a) where the individual is in their sexual identity development/integration; (b) what their current R/S beliefs, practices and motivations are; and (c) how well their environmental circumstances support their sexual and/or religious identities."
Citation: Lefevor, G. T., Davis, E. B., Paiz, J. Y., & Smack, A. C. (2021). The relationship between religiousness and health among sexual minorities: A meta-analysis. Psychological Bulletin, EPUB ahead of press
Comment: Although the relationship between religiosity and health tends to be weaker in sexual minorities (r=0.05) than in sexual majority populations (r=0.15), there is a relationship and it is positive.

Duke University Religion Index (DUREL) in Turkish Speaking Muslims

Researchers from the department of psychology at the University of Houston, Texas, adapted the DUREL for use in Turkish speaking Muslims and examined the psychometric properties of this 5-item measure in that population. In order to adapt to the DUREL for Turkish speaking Muslims, the "TDUREL" was administered to 46 bilingual Turkish participants who by consensus came up with the final version. The psychometric properties of this version were then determined in 532 Turkish-speaking individuals from around the world. **Results**: Reliability of the translated items ranged from 0.71 to 1.00, and the overall Cronbach's alpha was 0.90. Confirmatory factor analysis identified a single factor that best explained the data. Researchers concluded: "The TDUREL adds to existing measures a shorter and psychometrically sound religiosity scale, which includes the important Muslim consideration of participation in organizational activities."
Citation: Esat, G., Smith, B. H., Rizvi, S., & Koenig, H. G. (2021). Adaptation of the Duke University Religion Index for Turkish speaking Muslims. Mental Health, Religion & Culture, *24*(8), 824-836.
Comment: Numerous studies on religion and health have come out of Turkey over the past couple of years. There is a need for further research on religion and health in this deeply religious country, and the 5-item TDUREL will provide researchers with a short psychometrically valid measure that can be used to examine the religious contributions to health.

Identifying Prospective Cohort Studies with Religious/Spiritual Variables

Investigators at the Harvard MGH Center on Genomics, Vulnerable Populations, and Health Disparities, with support from the John Templeton Foundation, conducted a systematic content analysis of surveys fielded in 20 diverse US cohort studies funded by the NIH. The purpose was to determine if R/S variables were included in the surveys' baseline assessment. A total of 35 NIH-funded cohort studies were identified and 20 of the PIs agreed to have their cohorts included in the analysis. **Results**: Of the 20 cohort studies, content analysis revealed 319 R/S survey questions assessing 213 unique R/S constructs. Of the 319 R/S survey questions identified, 193 had already been analyzed in at least one published paper, leaving 126 R/S variables unanalyzed and unreported. Using the data from this review, the researchers created an R/S Atlas that is accessible by going to https://atlas.mgh.harvard.edu. The authors concluded: "R/S Atlas not only allows researchers to identify available sources of R/S data in cohort studies but will also assist in identifying novel research questions that have yet to be explored within the context of US cohort studies."
Citation: Schachter, A. B., Argentieri, M. A., Seddighzadeh, B., Isehunwa, O. O., Kent, B. V., Trevvett, P., ... & Shields, A. E. (2021). R| S Atlas: Identifying existing cohort study data resources to accelerate epidemiological research on the influence of religion and spirituality on human health. BMJ (British Medical Journal) Open, *11*(10), e043830.
Comment: Pprospective cohort studies with R/S variables that allow researchers to examine the effects of R/S on various aspects of health are of great importance. The reason is because longitudinal studies help to determine the causal relationship between religious involvement and health. This source of existing cohort studies with R/S variables at baseline will be of enormous help to R/S researchers. The NIH has already invested millions to get these studies going and continues to support many of these studies for future waves of data collection. R/S researchers can take advantage of these studies at virtually no cost, studies that collect detailed information on health outcomes. The big question is whether R/S researchers can get the leaders of these cohort studies to provide access to the data from these studies.

NEWS

Duke University's Monthly Spirituality and Health Webinar via Zoom

Our Center's monthly spirituality and health research seminars are now being held by Zoom, and should be 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 February 22, 2022, at 12:00-1:00 EST, will be delivered by Madhu Sharma, Ph.D., Duke University Hindu Chaplain, and author of *Anxiety and Vedic Wisdom* (2021). The title of her presentation is **Anxiety and Vedic Wisdom**. 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/. All those who receive this e-newsletter will receive a Zoom link approximately 1 week before the Webinar.

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 promote 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. The workshop will be held online in 2022, making it accessible to a worldwide audience.

18th Annual Duke University Summer Research Workshop

(Durham, North Carolina, August 15-19, 2022)
Register now to attend this one-of-a-kind 5-day training session on how to design research, obtain fundng 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 curriulum 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. 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

The Soul of the Helper

(Templeton Press, 2022)
From the author: "In *The Soul of the Helper*, Dr. Holly Oxhandler translates the research at the intersection of religion/spirituality and mental health for everyday helpers and caregivers. Written with an autoethnographic approach that includes a seven-stage journey of seeking the Sacred, Dr. Oxhandler shows caregivers and helpers a more self-compassionate way to cope with their overwhelming responsibilities and to attend to their own needs, particularly when it comes to their mental health and spiritual journey. She invites them to pause and realize that if they let their personal resources run dry, they cannot possibly care for others as fully as they wish. In fact, their efforts are likely to cause more harm than good. This journey of seeking the Sacred that Dr. Oxhandler teaches invites helpers to slow down and reconnect with the stillness within themselves as they serve others from a place of belovedness." Available for $24.95 (hardcover) from https://www.amazon.com/Soul-Helper-Stages-Yourself-Spirituality/dp/159947591X/. For more information, visit www.thesoulofthehelper.com.

Religion, Virtues, and Health

(Oxford University Press, 2021)
From the publisher: "The landscape of the religion and health literature is littered with a plethora of models so large and so unwieldy that they are impossible to estimate empirically. Neal Krause strikes out in a different direction, developing a core conceptual scheme that is evidence-based and can be verified empirically. The relationships in it are based on empirical findings from prior studies or, when no empirical support exists, these relationships can be bolstered by a convincing theoretical rationale. As a result, the relationships he posits can be supported, refuted, or modified. This is a necessary first step toward cumulative knowledge building. In]this book], Krause suggests that religion may operate, in part, by bolstering physical health as well as psychological well-being. The book is designed to explain how these health-related benefits arise. The main conceptual thrust of his model is that people learn to adopt key virtues from fellow church members, including forgiveness, compassion, and beneficence. These virtues, in turn, promote a deeper sense of meaning in life. Then, meaning in life exerts a beneficial effect on health and well-being. This ambitious work, the capstone of Krause's long and distinguished career, makes a number of signal contributions: First, his theory construction and model development strategy are unique--there simply is nothing like it in the literature. Second, his work constitutes a groundbreaking effort to bridge the gap between theoretical discussions of communities of faith and the actual assessment of this core religious entity in practice. Third, the approach he advocates to study religion and health is generic because it can be readily adopted by researchers in unrelated social and behavioral science fields. And fourth, by showing how he practices his craft, he provides a pragmatic approach to conducting research that will be of great interest to established researchers, emerging investigators, and students alike." Available for $99.00 (hardcover) from https://www.amazon.com/Religion-Virtues-Health-Construction-Development/dp/0197587658/.

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 Publishng 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 Publishng 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/.
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In support of improving patient 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.

JOINTLY ACCREDITED PROVIDER™
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/

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.

PLEASE Partner with us to help the work to continue…

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

2022 CSTH CALENDAR OF EVENTS…

February

2/22 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)