

CROSSROADS...

Exploring research on religion, spirituality and health

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

All e-newsletters are archived on our website. To view previous issues (July 2007 through February 2022) go to: <http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

LATEST RESEARCH

Effects of Religiosity on Mortality among Spousal Caregivers in the U.S.

Investigators at Miami University (Ohio) and Syracuse University (New York) analyzed data on a 10-year prospective study of spousal caregivers participating in the U.S. Health and Retirement Study (Waves 2004-2014). The purpose was to examine the effects of religiosity on spousal caregiver self-rated health and mortality. This study involved 5,214 person-wave observations for caregivers, who were compared to non-caregivers that involved 50,311 person-wave observations (total sample size for analysis = 12,102). Religiosity was assessed by (1) importance of religion in life (response options: not too important, somewhat important, very important) assessed every two years from 2004 to 2012 and (2) frequency of attendance at religious services (response options: never, less than once per week, at least once per week) assessed every year from 2004 to 2014. Self-rated health was assessed every two years from 2004 to 2014 by a single question (response options: excellent/very good/good vs. fair/poor). Mortality was coded as alive or deceased based on the National Death Index through 2014. Caregiver intensity was determined by multiplying the number of days that care recipients reported receiving ADL/IADLs assistance per week during the past month by hours of care provided per day; high intensity caregiving was defined as providing 14 hours per week or more of such assistance. Controlled for in multinomial logistic regression analyses were sex, age, and race, region of residence, years of total education, total household income in past year, smoking status, alcohol consumption, physical activity, cognitive functioning, pre-existing health conditions, self-rated health (for mortality analysis), and care recipient status; year of assessment for these control variables was not provided. Analyses were dichotomized by husband/wife status, and interactions between religiosity and caregiver intensity were examined. **Results:** Greater religious importance and attending religious services, although depended on gender and caregiver intensity, were protective for caregivers' self-rated health and mortality. Husband caregivers engaged in high-intensity care who reported high religious

importance experienced greater longevity than non-caregivers who reported low religious salience. Concerning religious attendance, husband caregivers (high and low intensity) experienced better health and reduced mortality when compared to non-caregivers reporting a similar frequency of religious. Researchers concluded: "Religiosity may buffer adverse effects of caregiving on health and mortality for spousal caregivers. Continuation of prior religiosity may enhance positive aspects of caregiving and decrease caregiver burden."

Citation: Koumoutzis, A., & Mehri, N. (2022). The impact of caregiving intensity and religiosity on spousal caregivers' health and mortality in the US (2004–2014). *Journal of Aging and Health*, EPUB ahead of press.

Comment: These findings add to the research showing greater longevity among family caregivers who are more religious. Earlier research examining caregivers had shown that greater telomere length among the more religious may help to explain these effects on longevity (Koenig et al. *Journal of Nervous and Mental Disease*, 204(1), 36-42, 2016).

Religious Service Attendance and Public Health

In this article, authors from the Social Research Institute at the University College London discuss the role that religious service attendance plays in public health, commenting in particular on research in the U.S. conducted by VanderWeele and colleagues from the Harvard School of Public Health. The authors take a skeptical attitude toward the U.S. findings, pointing out that the research findings may vary in different areas of the world such as China (the opposite to those in the United States). These European authors also ask whether the findings in the U.S. are applicable to present-day individuals given trends in secularization, since the research was conducted a decade or so ago [Really? VanderWeele studies were published in 2016-2021]. Finally, assuming that a causal link exists between religious attendance and health, they ask why this might be so, and whether population well-being could be improved similarly if nonreligious community participation were to be facilitated [fortunately, the findings by VanderWeele and colleagues rigorously controlled for social support and interactions involving nonreligious community participation]. They also suggest that clinicians should focus on encouraging patients to involve themselves in community participation more generally, inclusive of but not only including religious service attendance.

Citation: Bann, D., & Aksoy, O. (2022). Bann and Aksoy respond to "Religious Service Attendance and Public Health". *American Journal of Epidemiology*, 191(1), 36-37.

Comment: This commentary is well-worth reading, since critics of the religion-health relationship will frequently point to these concerns. Although the critique that these authors from the UK mount is not particularly convincing, it is nevertheless published in the world's top public health journal.

Religious Transitions of Baby Boomers and Psychological Well-Being

Researchers from the Aging Studies Institute at Syracuse University (New York) analyzed data on 392 baby boomers

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participating in the Longitudinal Study of Generations during Waves I and Wave IX (conducted in 1971 and 2016, respectively). The purpose of this study was to examine the effect of religious transitions on psychological well-being during the 45 year follow-up. Religiosity was assessed at Wave I and Wave IX by five indicators: religious attendance, self-rated religiosity, children should receive religious instruction, country better off if religion had a greater influence, and belief in God ("God exists in the form as described in the Bible"). Psychological well-being was assessed at each wave by the 10-item Bradburn Scale of Psychological Well-Being. Latent class analysis was used to identify change or stability in religiosity across the two waves of data collection: (1) stable strongly religious (22.9%), (2) stable doctrinally religious (13.8%), (3) stable weakly religious (16.3%), (4) increasingly religious (9.5%), and (5) decreasingly religious (37.4%). Multivariate regression analyses were used to identify how membership in the five latent class transition groups were associated with psychological well-being at Wave IX. **Results:** Compared to baby boomers who were strongly religious at both time points (stable strongly religious), those exhibiting a decrease in religiosity experienced significantly worse psychological well-being ($z=-2.51$, $p<0.05$, controlling for Wave I psychological well-being, age, gender, race, religious affiliation, education, income, marital status, and retirement status. There was also a significant interaction between decreasing religiosity and gender on psychological well-being such that the inverse relationship between decreasing religiosity and psychological well-being was particularly strong in men (gender x decreasing religiosity $z= 2.24$, $p<0.05$, after controlling for covariates). Researchers concluded: "Our findings suggest that maintaining strong religiosity over the life course was beneficial for baby boom men in later life." *Citation:* Hwang, W., Zhang, X., Brown, M. T., Vasilenko, S. A., & Silverstein, M. (2022). Religious transitions among baby boomers from young adulthood to later life: Associations with psychological well-being over 45 years. *International Journal of Aging and Human Development*, 94(1), 23-40. *Comment:* This is one of the few studies (if not only) that has examined the effects of religious transitions across the lifespan on psychological well-being among baby boomers of both genders. The strengths of this study are its 45-year follow-up and rigorous statistical analyses.

Religiosity and Psychological Well-Being Worldwide

The authors from universities in the Netherlands and other European countries recruited 120 teams of analysts to examine the relationship between religiosity and psychological well-being (question 1). In addition, they were tasked with determining whether this relationship depended on perceived cultural norms for religion, i.e., whether being religious is considered a good thing in the country from which participants originated (question 2). A large data set was collected online, one that consisted of 10,535 participants from 24 different countries worldwide, which was analyzed by each of the 120 teams. The religious affiliations of participants were 31% Christian, 6% Muslim, 3% Hindu, 2% Buddhist, 1% Jewish, other religious groups 3%, and 54% no religious affiliation. Personal religiosity was assessed using nine standardized self-report items taken from the World Values Survey, including religious behaviors (religious attendance, private religious activity), beliefs, identification, and values. Self-reported well-being (the dependent variable) was assessed on a 7-point Likert scale. **Results:** After analyzing the data, 88% of the 120 teams concluded that there was good evidence for a positive relationship between religiosity and self-reported well-being (most of the teams employed multilevel linear regression models to analyze the data). Interestingly, before analyzing the data, 72% of the teams indicated it was likely that religiosity would be related to higher well-being. This percentage increased to 85% after analyzing the data, with 11% saying they were neutral in this

regard and 3% indicating that the association was unlikely. The median reported effect size for the association between religiosity and well-being was $B= 0.120$, $SD=0.036$ (with 75% of the teams indicating that the relationship found was relevant and meaningful). With regard to whether this relationship depended on perceived cultural norms for religion in the region, the median association was $B=0.039$, $SD=0.022$, with 54% of teams concluding that there was good evidence for an effect of cultural norms on the relationship and 46% concluding that the evidence was not good). Researchers concluded: "Perhaps surprisingly in light of previous many-analysts projects, results were fairly consistent across teams. For research question 1 on the relation between religiosity and self-reported well-being, all but three teams reported a positive effect size and confidence/credible intervals that exclude zero." *Citation:* Hoogeveen, S., & Sarafoglou, A. (2022). A many-analysts approach to the relation between religiosity and well-being. *PsyArXiv Preprints* (<https://doi.org/10.31234/osf.io/pbfye>) *Comment:* The approach taken by the authors is an innovative way of analyzing a single data set by multiple research teams to answer a research question. The findings apparently impressed the research teams involved.

Religiosity and Well-Being among Members of Majority and Minority Religions in the UK

Investigators at the Social Research Institute, University College of London, analyzed longitudinal data from the UK Household Longitudinal Study ($n= 50,922$, who were followed yearly from 2009 to 2013 resulting in 4 waves of data collection). The purpose was to examine the relationship between religiosity and mental well-being among five different religious and non-religious groups: White and non-White Christians, Pakistani/Bangladeshi Muslims, other Muslims, any other religious group (Sikh, Jewish, Buddhist, Hindu, etc.), and nonreligious. Religiosity was assessed by frequency of religious attendance and importance of religion at Wave I. Psychological well-being was assessed by the 7-item Shortened Warwick-Edinburg Mental Well-Being Scale (SWDMWBS) and the 12-item General Health Questionnaire (GHQ) at Wave 4. Adjusted for in analyses were socioeconomic factors, personality, and household-level confounding factors (including Wave 1 outcomes and clinical depression) using regression analyses. **Results:** Psychological well-being was significantly lower among Pakistani/Bangladeshi Muslims compared to the non-religious comparison group. Higher importance of religion was associated with lower well-being by the GHQ, but not by the SWDMWBS. More frequent religious service attendance (particularly weekly attendance) was associated with higher well-being (on both GHQ and SWDMWBS), with effects only somewhat larger for those with religious affiliations. Researchers concluded: "Religious service attendance and/or its secular alternatives may have a role in improving population-wide mental wellbeing." *Citation:* Aksoy, O., Bann, D., Fluharty, M. E., & Nandi, A. (2022). Religiosity and mental wellbeing among members of majority and minority religions: findings from Understanding Society: The UK Household Longitudinal Study. *American Journal of Epidemiology*, 191(1), 20-30. *Comment:* Based on the data presented in this paper, it is unclear that "secular alternatives [which were not examined] may have a role in improving population-wide mental well-being." Also, researchers did not compare the size of the relationship between religiosity and well-being in the different religious and nonreligious groups, as the paper appeared it would do. Note that these are the same authors who penned the article critiquing religious attendance and health research published in the American Journal of Epidemiology above.

Religiosity/Spirituality and General Life Satisfaction among Canadians with Neurological Conditions

Investigators at the School of Health Sciences, College of New Caledonia, Prince George, British Columbia, analyzed data on 4,562 adults with neurological conditions from the 2011 Canadian Community Health Survey (CCHS; data from the provinces of New Brunswick and Manitoba only). The purpose was to examine the relationship between religiosity/spirituality and general life satisfaction. "Social religious interaction" was assessed by the question: "Not counting events such as weddings or funerals, during the past 12 months, how often did you participate in religious activities or attend religious services or meetings?" Spirituality was assessed by two questions: "Do spiritual values play an important role in your life?" and "To what extent do your spiritual values give you the strength to face everyday difficulties?" General life satisfaction was assessed based on a single question: "Using a scale of 0 to 10, where 0 means 'very dissatisfied' and 10 means 'very satisfied', how do you feel about your life as a whole right now?" Controlled for in regression analyses were age, gender, marital status, education, personal income, self-perceived health, and self-perceived mental health. **Results:** Multivariate cross-sectional analyses revealed no association between "spiritual values playing an important role in life" and general life satisfaction, but a significant association between "spiritual values providing strength in everyday difficulties" (adjusted OR = 4.65, 95% CI = 1.13-19.18, $p=0.035$) and "frequency of attendance at religious services" (adjusted OR = 3.00, 95% CI = 1.07-8.42, $p=0.037$, for weekly attendance). Researchers concluded: "It may be beneficial to incorporate spiritual and religious needs in the circle of care for those living in the community with neurological conditions."

Citation: Chambers-Richards, T., Chireh, B., & D'Arcy, C. (2022). Relationship between spirituality, religiosity, and general life satisfaction among Canadians living with neurological conditions in New Brunswick and Manitoba. *Journal of Religion and Health*, EPUB ahead of press.

Comment: Persons with neurological conditions are an important population on which very little is known, particularly in this case, the relationship between spiritual/religious involvement and life satisfaction. There appears to be a significant positive cross-sectional relationship here, even when controlling for self-perceived physical and mental health.

Religiosity and Mental Health among Muslim Adolescent Immigrants to Germany

Investigators at the Center for Clinical Psychology and Rehabilitation at the University of Bremen, Germany, surveyed 135 Muslim adolescents (average age 18.3 years). The sample consisted of 56% immigrants and 44% refugees. The purpose was to examine the relationship between religiosity and mental health in this population. Religiosity was measured using the 5-item Duke University Religion Index (DUREL) that assesses frequency of religious attendance, frequency of private religious activities such as prayer, and level of intrinsic religiosity. Mental health was assessed by the 25-item Hopkins Symptom Checklist. Potentially traumatic events (PTEs) were assessed by the 38-item Child and Adolescent Trauma Screening measure, which measures areas of family violence, war-related events, or community violence. Finally, acculturation orientations were assessed by the 52-item Essen Migration Inventory. **Results:** Overall, there was a significant positive relationship ($r=0.42$, $p<0.001$) between religiosity and feelings of separation (a domain of acculturation); this relationship that was present in immigrants but not in refugees. Religiosity and marginalization (a domain of acculturation) in contrast were inversely correlated in refugee adolescents, although marginally so ($r=-0.22$, $p=0.056$). Higher religiosity was directly associated with lower levels of internalizing symptoms as

measured by the Hopkins Symptom Checklist, and was not moderated by PTEs; however, when dichotomized by refugee versus immigrant status, higher religiosity was associated with fewer symptoms with increasing PTEs in refugee adolescents, whereas the opposite was true for immigrant adolescents. Researchers concluded: "Religiosity is generally protective against post-traumatic consequences, but associations with acculturation differ across migration contexts."

Citation: Usama, E. A., Fathi, A., Lohaus, A., Petermann, F., & Reinelt, T. (2022). Different relations of religion and mental health. *European Journal of Health Psychology*, EPUB ahead of press
Comment: This is one of the few studies (if not only) examining the relationship between religiosity and mental health among Muslim refugees and immigrant adolescents in Germany.

Religiosity and Resiliency in Collegiate Football Players

Investigators in the Department of Sports and Exercise Sciences at West Texas A&M University analyzed data on 91 male collegiate football players from a NCAA Division II public university located in the southwestern U.S. The purpose was to examine the relationship between religiosity, locus of control (LOC), and athlete resiliency. Religiosity was assessed by the 10-item Santa Clara Strength of Religious Faith Questionnaire; LOC by Rotter's 29-item Locus of Control Scale; and resiliency by the 10-item Connor-Davidson Resiliency Scale. Hierarchical regression analyses was used to determine if religiosity influenced the relationship between LOC and resiliency. **Results:** In bivariate analyses, greater religiosity was associated with greater resiliency ($r=0.318$, $p<0.01$), and a greater external (vs. internal) LOC was associated with lower resiliency ($r=-0.416$, $p<0.01$). No interaction was found between religiosity and LOC in predicting resiliency. Researchers concluded: "Regression analysis indicated, on average, that football players with greater internal LOC and higher strength of religious beliefs had a higher level of resiliency than players with higher external LOC and lower strength of religious beliefs."

Citation: Slatinsky, C. P., Farren, G. L., Bartlett, M., Fiaud, V., & Haasl, R. (2022). Relations among locus of control, religiosity, and resiliency in collegiate football players. *Pastoral Psychology*, EPUB ahead of press.

Comment: Although a small cross-sectional study, this study is of interest because of the population studied (NCAA division II collegiate football players) and the relationship with resiliency.

Effect of Religiosity on Depression Trajectories after Widowhood

Investigators analyzed data from the 2006-2016 waves of the nationally representative U.S. Health and Retirement Study, examining the effects of religiosity on trajectories of depression among 1,254 widowed adults aged 50 years or older. Participants were those indicating that they were married in 2006 and then reporting being widowed at sometime during the biannual surveys conducted from 2008 to 2016. Religiosity was assessed by organizational religious involvement (religious attendance), nonorganizational religious involvement (frequency of private prayer), and a 4-item measure of intrinsic religiosity ("I believe God watches over me"; "The events in my life unfold according to a divine/greater plan"; "I carry religious beliefs into all dealings in life"; and "I find strength in religion." Religious affiliation was also assessed (Protestant, Catholic, Jewish, none/other religion). Depression was measured at each wave with an 8-item version of the Center for Epidemiological Studies-Depression Scale (CESD-8). In analyzing change in depressive symptoms, regression analyses controlled for age, education, race/ethnicity, gender, social support (living alone), retirement status, total wealth, self-rated health, chronic medical conditions, cognitive impairment, activities of daily living, antidepressant use, smoking, alcohol

abuse, and exercise. Interaction terms between living alone and religiosity were also examined. **Results:** Regression models indicated that high religious service attendance (once per week or more) and higher intrinsic religiosity were inversely related to change in depressive symptoms from baseline to widowhood ($\beta = -0.41$, $p < 0.05$, and $\beta = -0.10$, $p < 0.05$, respectively). There was also a significant interaction between high religious service attendance and living alone ($\beta = -0.29$, $p < 0.05$), indicating that frequent religious service attendance at widowhood dampened or reduced the negative relationship between living alone at widowhood and greater change in depressive symptoms during transition into widowhood. Researchers concluded: "...high religious service attendance and higher intrinsic religiosity were both associated with lower depressive symptomatology. High religious service attendance moderated the relationship between widowhood and depression among widowed older adults living alone."

Citation: Hawes, F. M., Tavares, J. L., Ronneberg, C. R., & Miller, E. A. (2022). The effects of religiosity on depression trajectories after widowhood. *OMEGA-Journal of Death and Dying*, EPUB ahead of press.

Comment: The prospective nature of these analyses, extensive control for multiple potential confounders, and the relatively large sample size underscore the importance of this study's findings.

Mental Health and Sharing of Private Problems in Congregations during COVID-19

Researchers in the Department of Sociology at the Catholic University of America surveyed 1,609 participants in 12 congregations (Christian, Jewish, and Hindu) located in Washington DC, Maryland, Virginia, and Texas). Participants completed an online questionnaire between October and December 2020 during the peak of the COVID-19 pandemic. The purpose was to examine the mental health benefits of "sharing private problems with others within their congregation." Mental health was determined based on two questions: "How would you rate your overall mental health?" (0 = poor, 10 = excellent) and "Because of the COVID-19 pandemic, my mental health has worsened" (0 = no, 1 = yes). Sharing private problems within the congregation (the primary predictor) this was measured by the question "In general, how often do members of your faith community do the following?... Talk with you about your private problems and concerns," where 1 = never (24.8%), 2 = once in a while (45.8%), 3 = fairly often (21.6%), and 4 = very often (7.8%). Other variables included faith leaders' support and passive social member support assessed on a scale from 1-5 in terms of disagreement/agreement to the statements "I feel very close to the leaders of my faith community" and "I feel very close to other members of my faith community." Also assessed was length of membership in the congregation and frequency of religious attendance (in-person and online) before and during COVID-19 (past two months). Finally, importance of religion was assessed on a scale from 1 (not at all important) to 4 (most important thing in my life). In addition, controlled for in analyses were gender, race, age, marital status, education level, and household income. Multilevel regression models were used to analyze the data.

Results: Frequency of sharing in congregations was relatively low on average (21.6% for fairly often and 7.8% for very often). Greater levels of problem sharing, however, were associated with better overall mental health and with lower chances of COVID-19-related mental health worsening. This was particularly true when frequency of sharing was high. These associations remained significant after controlling for passive social support and other confounders. Researchers concluded: "Our study thus highlights that the practice of problem sharing should be counted as a mental health resource in congregations and raises the need to better understand its underutilization."

Citation: Jacobi, C. J., Vaidyanathan, B., & Andronicou, M. (2022). Mental health correlates of sharing private problems in

congregations during the COVID-19 pandemic. *Journal for the Scientific Study of Religion*, EPUB ahead of press.

Comment: A fascinating study on a topic that has received little if any attention in the research literature.

Religiosity and Smoking Cessation in Indonesia

Researchers from the Department of Public Health, Universitas Negeri Malang, East Java, Indonesia, analyzed data from a cross-sectional study of 10,481 Indonesian adults (Indonesian Family Health Survey 2014). The goal was to examine the relationship between religiosity and smoking cessation. Religiosity was assessed by a single question: "How religious are you?" (very religious, religious, somewhat religious, not religious). Smoking cessation was measured by asking respondents whether they still had the habit of smoking or had totally quit smoking ("quit" vs "still have"). Covariates controlled for in multiple logistic regression models were age, gender, marital status, education, working status, ethnicity, and religion (90% Islam). **Results:** Compared to those who were not religious, those who were "very religious" (15.5% of participants) were almost twice as likely to have stopped smoking (adjusted OR = 1.99, 95% CI = 1.31-3.02, $p < 0.001$). Researchers concluded: "Increasing religious adherence can lead people to adopt better behaviors, including quitting smoking. Using a religious approach in promoting the dangers of smoking could be an effective way."

Citation: Tama, T. D., Astutik, E., & Ulfah, N. H. (2022). The relationship between religiosity and smoking cessation: An analysis of Indonesian Family Health Survey 2014. *Advances in Health Sciences Research*, 44, 142-147.

Comment: This study, though cross-sectional, is one of the few studies conducted on the relationship between religiosity and health behaviors in Indonesia (smoking in particular). The large sample size increases the credibility of these results.

Religiosity/Spirituality and C-Reactive Protein (CRP) in Black Older Adults

Researchers at the University of Delaware, UCLA, and Hopkins Center for Health Disparities analyzed data on 2,420 Black adults (> age 51) participating in the U.S. Health and Retirement Study between 2006 and 2016. The purpose was to examine the relationship between social demographic, psychosocial, behavioral and health-related correlates of CRP in Black men in Black women. Religiosity/spirituality (R/S) was one of the psychosocial resources assessed and was measured with 4 items from the BMMRS (exact items not unspecified). CRP was assessed in the usual fashion and dichotomized into high and low levels. Multilevel random effects multivariate logistic regression models were used to analyze the data. **Results:** Among women, R/S was associated with a greater likelihood of having high CRP (OR = 1.20, 95% CI = 1.03-1.39). Among men, similar results were reported (OR = 1.26, 95% CI = 1.05-1.51).

Citation: Farmer, H. R., Thomas Tobin, C. S., & Thorpe, R. J. (2022). Correlates of elevated c-reactive protein among Black older adults: Evidence from the Health and Retirement Study. *The Journals of Gerontology: Series B*, EPUB ahead of press

Comment: Given that 2,420 participants provided a total of 3,595 observations (1 to 3 observations per person), the majority of comparisons were effectively cross-sectional in nature. Interestingly, other characteristics of participants that have typically been associated with higher levels of CRP or inflammation (older age, lower social support, greater financial insecurity [men], depressive symptoms, chronic stress, current smoking) were not associated with CRP in this study, which is quite unusual. Furthermore, while religiosity/spirituality was assessed by 4 items chosen from the BMMRS, exactly what these items measured was not specified in the article (other than they assessed belief in a higher power or divine plan). Thus, given that results from this study are in contrast to much prior research showing lower levels

of CRP/inflammation in those who are more religious, these findings should be interpreted with caution and some level of skepticism.

Changes in Religiosity during War

A researcher from the Department of Economics at the University of Haifa, Israel, analyzed data on individual religiosity before and after a war between Israel and a Lebanese terror group in 2006. The data were acquired from the Survey of Health, Aging and Retirement in Europe (SHARE, a prospective study conducted between 2005 and 2017 involving 2500 adults aged 50 or older) and the International Social Survey Programme (ISSP, a cross-sectional study conducted periodically between 1998 and 2008 involving 1200 adult Israelis). Religiosity was assessed by frequency of prayer in the SHARE study and four religious beliefs/behavior indicators in the ISSP study (frequency of participation in activities or organizations of a synagogue/church/mosque other than attending services; belief in life after death; belief in God; and frequency of prayer). Individuals exposed to war (treated group) were analyzed separately from individuals not exposed to war (control group). **Results:** For SHARE study participants, differences in praying rates between treated and control groups increased significantly from before to after the war. For ISSP study participants, differences between treated and control groups also increased significantly from before to after the war for religious activities, life after death beliefs, belief in God, and frequency of prayer. The researcher concluded: "Using both longitudinal and cross-section[al] data sets, I found that being exposed to war or residing in war-affected regions increases individuals' religious behaviors and beliefs. These results are more pronounced among lower-educated individuals and among those who were not religious prior to the violence." *Citation:* Shai, O. (2022). Does armed conflict increase individuals' religiosity as a means for coping with the adverse psychological effects of wars? *Social Science & Medicine*, EPUB ahead of press. *Comment:* This study provides further evidence that war increases religious beliefs and practices, this time at the population level (rather than among members of the military participating in war themselves). As the researcher indicates, this is likely due to the use of religion to cope with the adverse psychological effects of war.

NEWS

20th Annual David B. Larson Memorial Lecture

The Center's annual major lecture will be held Monday, March 28, 2022, 5:30-6:30PM (in-person), at Duke University Hospital North, Rm 2001, in Durham, North Carolina. All are invited without cost or registration. The speaker will be **Tyler VanderWeele, Ph.D.**, the John L. Loeb and Frances Lehman Loeb Professor of Epidemiology and Biostatistics in the Departments of Epidemiology and Biostatistics at the Harvard T.H. Chan School of Public Health, and Director of the Human Flourishing Program and Co-Director of the Initiative on Health, Religion and Spirituality at Harvard University. The title of his presentation is: "Outcome Wide Studies, Religious Communities, and Human Flourishing."

Brief Summary of Talk: Over the past decades increasingly rigorous research has demonstrated important relationships between participation in religious communities and health outcomes. For some outcomes, such as all-cause mortality and depression, the evidence for a protective causal relationship is now well established. However, for numerous other outcomes, and especially for well-being outcomes, more rigorous evidence is needed. Such evidence often accumulates slowly over time. However, when longitudinal data is available from large cohort studies, it will often be possible to more rapidly expand the

evidence base by examining numerous outcomes simultaneously. So-called "outcome-wide designs" are put forward as an important study design template for more quickly and substantially expanding the evidence base for the relationships between religious community participation and numerous aspects of human flourishing. The approach is illustrated with analyses from the Growing Up Today Study, the Nurses' Health Study, and the Polish Household Panel Study, and the Health and Retirement Study.

Speaker Bio: **Tyler VanderWeele, Ph.D.**, is the John L. Loeb and Frances Lehman Loeb Professor of Epidemiology in the Departments of Epidemiology and Biostatistics at the Harvard T.H. Chan School of Public Health, and Director of the Human Flourishing Program and Co-Director of the Initiative on Health, Religion and Spirituality at Harvard University. He holds degrees from the University of Oxford, University of Pennsylvania, and Harvard University in mathematics, philosophy, theology, finance, and biostatistics (PhD from Harvard). His methodological research is focused on theory and methods for distinguishing between association and causation in the biomedical and social sciences and, more recently, on psychosocial measurement theory. His empirical research spans psychiatric and social epidemiology; the science of happiness and flourishing; and the study of religion and health. He is the recipient of the 2017 Presidents' Award from the Committee of Presidents of Statistical Societies (COPSS). He has published over three hundred papers in peer-reviewed journals; is author of the books *Explanation in Causal Inference* (2015), *Modern Epidemiology* (2021), and *Measuring Well-Being* (2021); and he also writes a monthly blog posting on topics related to human flourishing for *Psychology Today*. For more information (and exact location on Erwin Road) go to:

<https://spiritualityandhealth.duke.edu/index.php/scholars/david-b-larson/>

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 March 29, 2022, at 12:00-1:00 EST, will be delivered by **Theresa A. Yuschok, M.D.**, Duke University and Veterans Administration psychiatrist. The title of her presentation is **C.G. Jung: A Symbolic Life**. 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 an online **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, in-person)

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. **Partial tuition reduction scholarships** are available, as are **\$3600 scholarships (covers travel, lodging, food, tuition) for academic faculty or promising students from underdeveloped countries** (see below). For more information, go to: <https://spiritualityandhealth.duke.edu/index.php/5-day-summer-research-course/>.

RESOURCES

Books

Spiritual, Religious, and Faith-based Practices in Chronicity: An Exploration of Mental Illness in Global Context

(Rutledge Press, 2022)

From the publisher, "This book explores how people draw upon spiritual, religious, or faith-based practices to support their mental wellness amidst forms of chronicity. From diverse global contexts and spiritual perspectives, this volume critically examines several chronic conditions, such as psychosis, diabetes, depression, oppressive forces of colonization and social marginalization, attacks of spirit possession, or other forms of persistent mental duress. As an inter- and transdisciplinary collection, the chapters include innovative ethnographic observations and over 300 in-depth interviews with care providers and individuals living in chronicity, analyzed primarily from the phenomenological and hermeneutic meaning-making traditions. Overall, this book depicts a modern global era in which spirituality and religion maintain an important role in many peoples' lives, underscoring a need for increased awareness, intersectoral collaboration, and practical training for varied care providers. This book will be of interest to scholars of religion and health, the sociology and psychology of religion, medical and psychological anthropology, religious studies, and global health studies, as well as applied health and mental health professionals in psychology, social work, physical and occupational therapy, cultural psychiatry, public health, and medicine. Available for \$158.85 (hardcover) from <https://www.amazon.com/Spiritual-Religious-Faith-Based-Practices-Chronicity/dp/0367489120/>.

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/>

NEW: Integrating Spiritual Competency Training in Mental Health into Graduate Courses

Research has shown the relevance of spirituality and religion for effective and client-centered mental health care. However, few graduate students receive training in how to conceptualize or address clients' spirituality in their clinical practice. To address this need for training, we are inviting faculty from graduate programs in Counseling, Marital and Family Therapy, Clinical/Counseling Psychology, and Social Work to teach and evaluate standardized

spiritual competency content that will be integrated into one of their *required* clinical courses.

COURSE CONTENT: The standardized course content will replace 15% of your current course's content and will include in-class discussions, a role-play activity, and an empirically supported Spiritual Competency Training in Mental Health (SCT-MH) online training program. You will learn how to integrate and teach the course material with the help of a detailed teaching manual and course materials, a virtual live orientation session, and consultation calls. You will teach the rest of your current course as you typically do. You do not need any prior training in religion/spirituality and mental health to participate.

COMPENSATION: You will be paid a stipend of \$30,000 to be trained in SCT-MH, teach the course, and facilitate collection of evaluation data. Your department/program will also receive \$10,000 to integrate the SCT-MH program into your graduate program's coursework.

TO APPLY: See our website for more details regarding this exciting opportunity and to [submit an application](#). Please forward this email to your colleagues who may be interested. One application per university/program. Applications are due by July 1, 2022.

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>

RESEARCH

Loss and Grief during the COVID-19 Pandemic

Since March 2020, the COVID-19 Pandemic has significantly changed our everyday lives. Even challenging experiences, such as the death of a loved one, are influenced by the conditions of the pandemic. Saying goodbye to a beloved person was often not possible or difficult due to preventive measures. With this questionnaire we want to learn more about how these circumstances affect people who have lost a loved one during the pandemic. With your answers you help us to better understand farewell, loss and grief and what can be helpful in such circumstances. This can help to better support people in similar situations of loss and grief. The 20 min. survey is a research project of the department "Caritas Science and Christian Social Work" at the Albert-Ludwigs-University Freiburg (Germany) and the Professorship Quality of Life, Spirituality and Coping at the Witten/Herdecke University (Germany) with international collaborators.

Participation in the survey which was approved by the Ethical Commission of Witten/Herdecke University (#S-122/2021) is voluntary. All data collected during the survey will be treated as strictly confidential and will only be processed anonymously. Here is the link: <https://limesurvey.uni-wh.de/index.php/151747?lang=en>

2022 CSTH CALENDAR OF EVENTS...

March

- 3/28** **20th David B. Larson Memorial lecture**
5:30 - 6:30 EST (in-person only, Duke Hospital North, Rm 2001, Erwin Road, Durham, NC)
Title: **Outcome Wide Studies, Religious Communities, and Human Flourishing**
Speaker: Tyler J. VanderWeele, Ph.D.
John L. Loeb and Frances Lehman Loeb Professor of Epidemiology, Harvard School of Public Health
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 3/29** **Spirituality and Health Research Seminar**
12:00 -1:00 EST (by Zoom)
Title: **C.G. Jung: A Symbolic Life**
Speaker: Theresa A. Yuschok, M.D.
Psychiatrist, Duke University and Durham Veterans Administration hospitals
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

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

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