

CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health

Volume 11

Issue 10

Apr 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 March 2022) go to: <http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

LATEST RESEARCH

Increase in Religiosity during COVID-19 in Malaysia

Researchers from the faculty of language sciences at the University of Malaysia Kelantan conducted a cross-sectional study involving 195 adult participants. Participants were surveyed online (via Google Forms) during the country's Movement Control Order (MCO) in March 2020. They were asked about their religious practices before and during the pandemic. Religious practices included reciting the Qur'an, saying the 5-daily obligatory prayers, performing supplementary prayers, faith that there is a reason/lesson for every hardship/test, and overall satisfaction with religious practices. **Results:** The average frequency of every one of these religious practices increased from before to during the COVID-19 pandemic, with standard deviations suggesting that these increases were statistically significant (although no statistical tests were provided). The authors concluded: "The COVID-19 pandemic MCO inspires the Malaysian Muslims to heap on their religious practices even more in daily life, and this motivates them to have a good well-being even though they face with a hard situation."

Citation: Razak, A., Daud, B. C., Nawi, N. H. M., Noor, A. L., Shaari, A. A. H., & Yusuff, N. A. (2022). Strengthening religiosity during COVID-19: The key to human well-being. *Anxiety*, 4(2), 27-38.

Comment: Although this was a simple study with limited statistical analyses, it is important to be aware of changes in religious involvement that have occurred during the pandemic. Other researchers have reported similar increases in religiosity during this time [Bentzen, J. S. (2021). In crisis, we pray: Religiosity and the COVID-19 pandemic. *Journal of Economic Behavior & Organization*, 192, 541-583].

How Religion Helps and Hinders Responses to COVID-19

In this commentary and review, Dr. Jeff Levin from Baylor University describes how religiosity and religious institutions have hindered and helped how individual responses to COVID-19 in

terms of immunization, response to lockdowns, mask wearing, social distancing, and belief in conspiracy theories. He also describes how faith communities have helped in terms of reducing social isolation, providing support, and coping with the mental health sequelae of the pandemic. He discusses how the faith community can contribute to stopping the pandemic and make it easier and safer for everyone during this time.

Citation: Levin, J. (2022). Human flourishing in the era of Covid-19: How spirituality and the faith sector help and hinder our collective response. *Challenges*, EPUB ahead of press

Comment: This is a well-written article that describes the negatives and positives that religious faith and faith communities have played during the COVID-19 pandemic, and provides guidelines that may help to chart a positive direction in going forward from here.

Does Attending Religious Services Increase Risk of COVID-19 Infection and Death?

Researchers in the department of psychology at the University of Warsaw, Poland, analyzed data from 47 countries participating in the World Values Survey, the Worldometer, and the International Monetary Fund Survey to examine the effect of country-level religiosity on risk of COVID-19 infection, death from COVID-19, and number of COVID-19 tests per million. Bear in mind that these analyses were at the country-level, not the individual level. National religious characteristics were assessed in mid-2017 and early-2020 (largely before the onset of the COVID-19 pandemic). COVID-19 infections, death rates, and number of COVID-19 tests were determined on October 23, 2020, and on May 11, 2021 (with this latter assessment designed to determine if results could be replicated a second time). Religious characteristics at the country level were average frequency of attendance at religious services, belief in God, and a question about religious fundamentalism ("whenever science and religion conflict, religion is always right"). Controlled for in analyses were GDP per capita and number of tests performed (and in supplemental analyses, controlling for median age, marriage rates, population density, population urbanization, and level of democracy). **Results:** Average country-level weekly attendance at religious services (assessed from 2017 to early 2020) was associated with significantly higher number of COVID-19 cases/million ($\rho = 0.352$, $p < 0.05$) and COVID-19 deaths/million ($\rho = 0.399$, $p < 0.01$), but there was no association between percentage of population that indicated trust in religion over science or percentage indicating a belief in God and these outcomes. These findings persisted after controlling for GDP and number of COVID-19 tests done/million (partial $\rho = 0.398$, $p < 0.05$, for number of cases, and partial $\rho = 0.416$, $p < 0.05$, for number of deaths). Percentage of population believing in God was also associated with number of cases (partial $\rho = 0.351$), but not number of deaths. Number of COVID-19 tests/million was inversely related to religious measures, although this relationship was explained by GDP per capita. On the May 11, 2021, the percentage of country-level weekly attenders was again related to a greater number of COVID-19 cases and COVID-19 deaths, and the same was true for belief in God (after controlling for GDP per capita and number of tests per million. Researchers concluded: "The results showed that more COVID-19 cases and deaths per 1

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million population appear in countries with widespread attendance to religious services, regardless of GDP per capita and the number of conducted COVID-19 tests."

Citation: Linke, M., & Jankowski, K. S. (2022). Religiosity and the spread of COVID-19: A multinational comparison. *Journal of Religion and Health*, EPUB ahead of press

Comment: The results are fascinating and lineup with some of the concerns expressed in the above article by Jeff Levin. However, there are several issues about the methodology used in this study and the authors' conclusions. **First**, as they readily acknowledge, correlations identified at the country-level may not apply to correlations at the individual-level. Assuming that such correlations apply in this way are often incorrect. This is called the "ecological fallacy." For example, Mississippi is both the most religious state in the US and the most unhealthy state, at least at the state-level. However, religious involvement is strongly related to better health when assessed at the individual level in Mississippi. **Second**, the measures of religious involvement in this study (religious attendance, belief in God, religious fundamentalism) were largely collected *prior* to the pandemic; no information on religious involvement was acquired during the pandemic. Indeed, many persons changed their religious habits during the pandemic, going from in-person meetings to online attendance. **Third**, complete statistical control for the confounding effects of socioeconomic factors such as GDP may not have been possible in this analysis, and that could also account for the findings. Countries with low GDP typically score high on religiosity, yet may not be able to afford screenings, immunizations, high-quality healthcare, etc., all of which may affect the development of COVID-19 cases and mortality. Again, the authors acknowledge all of these concerns with the findings, as they should have.

Effect of Religiosity on Attitudes Towards Monetary Donations during the COVID-19 Pandemic

Researchers in Morocco, a Muslim-majority country, examined correlates of giving charitable donations during the COVID-19 pandemic, especially "attitude toward giving." In addition, they examined the moderating effect of religiosity on this relationship. Structural equation modeling was used to analyze data acquired from 377 Moroccan participants during the summer of 2020. Analyses were controlled for gender, age, and monthly income. A 7-item measure of Islamic religiosity was used to assess the moderating effect of religiosity, with scores categorized into high and low religiosity to test for an interaction. **Results:** Attitude toward giving, past giving behavior, subjective norms, and intention to donate all predicted the amount of monetary donations (Sadaqah behavior) during the COVID-19 pandemic. Religiosity significantly moderated several of these relationships, in that individuals scoring high on religiosity (compared to those scoring low) were more likely to have favorable attitudes towards giving donations and were more likely to donate. Researchers concluded: "The results...suggest a significant moderating effect of Islamic religiosity, i.e., individuals who feel themselves as highly religious are more likely to develop a favorable attitude toward giving donations and are more likely to donate during the pandemic."

Citation: Chetioui, Y., Satt, H., Lebdaoui, H., Baijou, M., Dassouli, S., & Katona, S. (2022). Antecedents of giving charitable donations (Sadaqah) during the COVID-19 pandemic: does Islamic religiosity matter? *Journal of Islamic Marketing*, E-pub ahead of press

Comment: Although cross-sectional, this is one of the few studies examining the moderating effects of religiosity on attitudes towards giving and giving behaviors during the COVID-19 pandemic in a Muslim-majority country.

Religiosity and Substance Use in Family Caregivers of Psychiatric Patients in Lebanon

Investigators in the department of research at the Psychiatric Hospital of the Cross (Jal Eddib, Lebanon) conducted a case-control study involving 587 family caregivers, examining the relationship between religiosity and problematic alcohol use, cigarette, and waterpipe dependence. The sample consisted of 275 cases and 312 controls; cases were caregivers with a psychiatric patient at home and controls were caregivers without a psychiatric patient at home. All were recruited from a list of individuals purchasing psychiatric medication from a pharmacy. Caregivers nicotine dependence, waterpipe dependence, alcohol dependence, depression, anxiety, perceived stress, work fatigue, and insomnia were assessed using established scales. A 16-item Mature Religiosity Scale was used to assess religiosity. In addition, the 12-item Spiritual Index of Well-Being (heavily contaminated with indicators of mental health) was used to assess "spirituality". Controlled for in all analyses were age, gender, education level, monthly income, number of years caregivers taking care of the patient, spirituality (when examining religiosity), depression, anxiety, stress, insomnia, and work fatigue. **Results:** Caregivers with a psychiatric patient at home were more likely to be alcohol dependent (trend), nicotine dependent, and waterpipe dependent, compared to caregivers of non-psychiatric patients. These differences, however, were explained by sociodemographic, religious/spiritual, and mental health factors. In the combined sample of caregivers and controls, religiosity was inversely related to alcohol dependence (assessed by the AUDIT) ($B = -0.198$, $p < 0.001$) even after controlling for spirituality, sociodemographic characteristics, and mental health factors. Religiosity was also inversely correlated with nicotine dependence ($p = 0.05$). Christians were more likely than Muslims to experience alcohol dependence and waterpipe dependence. Researchers concluded: "Family caregivers go through a lot of stress and burden and need help coping with it in a healthy way for better outcomes for them in the care recipient."

Citation: Kasseem, M., Rahme, C., Hallit, S., & Obeid, S. (2022). Is the presence of a psychiatric patient at home associated with higher addictions (alcohol, cigarette, and waterpipe dependence) in caregivers? The role of work fatigue, mental illness, spirituality, and religiosity. *Perspectives in Psychiatric Care*, 58(1), 383-394.

Comment: Although a cross-sectional study, this is one of the few studies examining the possible effect of religiosity on preventing substance use disorders in Lebanese family caregivers who have a psychiatric patient in the home.

Religiosity, Life Satisfaction, and Consumer Loyalty in Vietnam

Researchers from the Vietnam National University Ho Chi Minh City conducted a cross-sectional survey of 388 Catholics (78% response rate) to examine the relationship between religious commitments and consumer loyalty intentions (with regard to shopping at convenience stores). Religiosity was assessed by a 10-item measure that quantified religious beliefs (6 items assessing "intrinsic" religiosity) and religious social practices (4 items assessing "extrinsic" religiosity). Behavioral loyalty intentions was measured by a 5-item scale (e.g., "consider this store to be your first choice for future transactions"). Mediators such as ethical judgments (assessed by a 7-item scale) and life satisfaction (assessed by a 5-item scale) were also measured. Structural equation modeling was used to analyze the data. **Results:** Intrinsic religiosity was positively related to ethical judgments and life satisfaction, which in turn were both related to behavioral loyalty intentions. Extrinsic social religious activities was significantly related to life satisfaction, which in turn was significantly related to behavioral loyalty intentions. Researchers concluded: "...

satisfaction with life plays a significant mediating role in the relationship between religious commitments and customer loyalty.”
Citation: Dinh, H. P., Van Nguyen, P., Trinh, T. V. A., & Nguyen, M. H. (2022). Roles of religiosity in enhancing life satisfaction, ethical judgements and consumer loyalty. *Cogent Business & Management*, 9(1), 2010482.

Comment: To our knowledge, this is the first study to examine the relationship between religious involvement and customer loyalty in Vietnam or any other country in the world.

Impact of Religiosity/Spirituality on Physical and Mental Quality of Life in Cancer Patients

Researchers from Loyola University-Chicago and University of Nebraska (UON) conducted a 12-month prospective study of 551 adults receiving treatment at UON for cancer. The aim was to examine the effect of religious/spiritual (R/S) combinations on changes in physical and mental QOL over time. Participants were assessed at baseline, 6 months, and 12 months. Religiosity was measured by two questions assessing (1) influence of religious faith in life (1=not at all; 10=influences everything I do) and (2) frequency of attending religious services (not at all, to 7+ times/month). Spirituality was measured by the FACIT-Sp (which primarily assesses sense of meaning/purpose in life and feelings of peacefulness, i.e., indicators of mental health). The four combinations of R/S were high spirituality-high religiosity (HSHR; 45% of participants), low spirituality-high religiosity (LSHR; 36%), low spirituality-low religiosity (LSLR; 14%), and high spirituality-low religiosity (HSLR; 6%). Quality of life (QOL) was assessed by the SF-12, which assesses both physical and mental QOL (6 questions each). Bivariate analyses (uncontrolled) examined differences between groups at baseline, and growth curve models were used to examine the effects of R/S group on changes in physical and mental QOL over time, controlling for age, type of disease, time from diagnosis, and time since last cancer treatment.

Results: At baseline, physical QOL was significantly lower among the LSLR group compared to the HSHR group ($p=0.02$); likewise, mental QOL was significantly lower in the LSLR group compared to HSHR group ($p<0.0001$). In the prospective analyses, the group by time interaction was not significant ($p=0.98$) when comparing the effect of LSLR vs. HSHR on physical QOL. However, for mental QOL, there was a non-significant interaction effect favoring the HSHR group over the LSLR ($p=0.08$). Researchers concluded: “Clinicians’ incorporation of spirituality into cancer treatment facilitates well-rounded care, which offers measurable improvements for patients with an illness, of which the treatment is often arduous, and uncertain.”

Citation: Cannon, A. J., Dokucu, M. E., & Loberiza, F. R. (2022). Interplay between spirituality and religiosity on the physical and mental well-being of cancer survivors. *Supportive Care in Cancer*, 30(2), 1407-1417.

Comment: Unfortunately, “spirituality” was measured by the FACIT-Sp, which assesses meaning in life, purpose in life, and sense of peace, i.e., indicators of good mental health. Thus, finding that spirituality assessed in this manner (as good mental health) predicts changes in mental QOL (another indicator of good mental health) is meaningless and tautological. Of course, good mental health would be expected to predict good mental health. Examining the effects of high religiosity on QOL over time, however, will produce more meaningful results. Unfortunately, high religiosity only had a positive effect on mental QOL when combined with high spirituality (and even then the effect was only marginal in nature, with $p=0.08$). The only reason we report this study is because of the large sample size, the nature of the sample (cancer patients receiving treatment), the prospective design, and to emphasize that measures like the FACIT-Sp (contaminated with indicators of mental health) should not be used when assessing the relationship between spirituality and health, particularly mental health or quality of life.

Religiosity, Spirituality, and Breast Cancer Screening in Canada

Investigators in the School of Public Health Sciences at the University of Waterloo, Ontario, analyzed cross-sectional data from a random sample of 2,569 women ages 59 to 69 years who did not have a history of breast cancer (Alberta’s Tomorrow Project). Religion/spirituality was assessed by two questions: “Do spirituality values or faith [religion] play an important role in your life?” (response options “yes” or “no”) and “Other than on special occasions (such as weddings, funerals or baptisms), have you attended religious services or spiritual meetings in the past 12 months?” (response options categorized into “not at all”, “1 to 4 times per year”, and “once a month or more”). The primary outcome was assessed by the question: “Have you ever had a mammogram (a breast x-ray)?” (response options “yes” or “no”). Covariates controlled for in logistic regression models included marital status, education, income, employment status, age, smoking status, self-rated health, presence of chronic diseases, and functional social support. **Results:** A total of 76% of women indicated that religion or spirituality was important to them (R/S salience) and 82% indicated they had attended religious or spiritual services at least once in the past 12 months (attendance). With regard to the outcome, 94% of women reported ever having received a mammogram. No significant relationship was found between R/S salience or religious attendance and likelihood of obtaining a mammogram (OR=1.02, 95% CI=0.72-1.46, for R/S salience; OR=1.20, 95% CI=0.79-1.83, for monthly or more attendance). Adjusted odds ratios were similar. Researchers concluded: “The results suggested statistically non-significant adjusted associations between both R/S Salience and R/S Attendance, and mammography, in this Canadian sample.”

Citation: Mirabi, S., Chaurasia, A., & Oremus, M. (2022). The association between religiosity, spirituality, and breast cancer screening: A cross-sectional analysis of Alberta’s Tomorrow Project. *Preventive Medicine Reports*, 101726.

Comment: Unfortunately, the measures of R/S used here (i.e., salience dichotomized into yes or no, and frequency of attendance categorized as monthly or more) are not very sensitive measures of religiosity or spirituality, reducing the power of to detect significant associations.

Religiosity and Health among Older Adults in China

Investigators from the departments of applied social sciences and social work at Hong Kong Polytechnic University and University of Hong Kong conducted a meta-analysis of studies examining the relationship between religious participation and health. The studies reviewed assessed Chinese adults over the age of 55 residing in mainland China, Hong Kong, Macau, or Taiwan. A total of 76 studies were included in this quantitative synthesis (meta-analysis). Six categories of health outcomes were examined including subjective well-being (happiness, life satisfaction, autonomy, purpose in life, self-esteem, self-efficacy, confidence, hope), physical health (chronic pain, functional limitation, chronic diseases, cognitive function), social support (objective social support, subjective social support, utilization of social support, family support), negative affect (anxiety, depression, loneliness, general negative affect, death-related fear and anxiety), health behaviors and lifestyles (health knowledge/behaviors, positive coping behaviors), and general health and quality of life (general health status, quality of life). In the vast majority of studies, religious participation was categorized as either yes or no; in only 4 of 76 studies was a continuous measure of religious involvement used. Finally, most of the studies included were cross-sectional and examined bivariate uncontrolled correlations. **Results:** In terms of the pooled effect size across all health outcomes, no significant overall effect was found (Hedge’s $g=0.027$, $p=0.807$). With regard to specific outcomes, there was a positive relationship between religious participation and anxiety (Hedge’s $g=-0.392$,

$p=0.004$; higher anxiety was indicated by negative correlations). In contrast, religiosity was positively related to higher levels of happiness (Hedge's $g=0.342$, $p=0.018$).

Citation: Li, J., & Wang, Q. (2022). Religiosity and health among Chinese older adults: a meta-analytic review. *Ageing & Society*, 42(2), 271-305.

Comment: The authors acknowledge that most studies in this analysis were cross-sectional (preventing causal inferences), and religious participation was dichotomized as yes/no in most studies (95%). Only 5% of studies assessed religiosity in terms of level of adherence to their religion, which significantly reduces the power to determine the effect of religiosity on health outcomes. They authors also acknowledge that most of the effect sizes were in a positive direction for religious participation and health, although were not statistically significant. Nevertheless, this is one of the first studies to attempt to quantify the effects of religious involvement on a wide range of health outcomes among older adults in China.

Religious Involvement and Cognitive Functioning Among Older Adults in the U.S.

Dr. Aniruddha Das from the department of sociology at McGill University analyzed 10 years of prospective data (2006-2016) from the U.S. Health and Retirement Study (HRS) (men=7,440; women=10,352) to examine the effects of religious attendance on cognitive function over time among persons aged 50 or older. Religious attendance was assessed on a 5-point Likert scale from 1 (not at all) to 5 (more than once/week). Cognitive functioning was measured by a scale modeled after the Mini-Mental State Exam (MMSE) with a score range from 0 to 35. Complicated statistics were used to analyze the data, i.e., a first order lag structure FE-CLPM models (Granger-Sims causality tests). Analyses were stratified by gender. **Results:** In women, religious attendance had a significant **negative** effect on global cognitive function over the 10-year follow-up period, a finding that was also largely replicated among men. However, the author indicated that the effects were "small in magnitude, and possibly of little clinical relevance."

Citation: Das, A. (2022). Religious attendance and global cognitive function: A fixed-effects cross-lagged panel modeling study of older US adults. *Social Science & Medicine*, 292, 114580.

Comment: The author acknowledged that this finding is the opposite of what most research in the past has found (in fact, to our knowledge, this is the only study to report reduced cognitive function in frequent religious attendees). The explanation of why frequent attendance at religious services would lead to reduced cognition was not very convincing (i.e., the "neural resource depletion model"). However, it does not appear that the researcher considered the effect that premature mortality of infrequent attendees might have on these results, i.e., those who attend church more frequently live longer (based on prospective studies of the actual dataset used in this study, i.e., the HRS) and therefore reach an older age when cognitive impairment is more common. Said differently, frequent attendees are more likely to survive into later life and, consequently, are more likely to have cognitive impairments with aging, while less frequent attendees tend to die off at earlier ages, making it appear that older religious attendees have worse cognition. Less frequent attendees may be prematurely culled from the sample at earlier ages due to selective mortality, thereby never reaching old age or experiencing age-related cognitive dysfunction. The complicated statistical analyses may not have taken this into account, and if not, this could have at least partially explained the findings reported here.

A Spiritually-Integrated Treatment for Severe Psychological Trauma

Researchers at Tusculum University and Luther Rice College in the U.S. provide a brief overview of a counseling strategy titled

Strategic Trauma and Abuse Recovery System (STARS) for use in Christian counseling. This qualitative study reports the experiences of 9 participants who completed the STARS program. The spiritual integration part of the intervention involved integration of a "theological virtue associated with attachments to a greater power, a source that is more and better than human beings, or growth toward Christlikeness." STARS was described as a three-phase process: The four stages of Phase 1 focus on creating a safe, therapeutic environment that might enable the participant to reprocess and grief traumatic experiences during Phase 2; the six stages of Phase 2 lead clients through grieving and reprocessing of the trauma while cultivating the virtue of hope; and finally, the two stages of Phase 3 seek to "integrate clients new awareness and insights from the first two phases and reconnect with themselves, others, and God (or their Greater Power)." Semi-structured interviews were conducted with the 9 participants. The **results** of these interviews indicated close fidelity of therapist and patient to the treatment model and improvement in mental health symptoms, social relationships, and spiritual well-being in most cases.

Citation: Temple, M., Kerlin, A.M. (2022). A qualitative exploration of strategic trauma and abuse recovery: a spiritually integrated treatment to address trauma. *Journal of Psychology and Theology*, E-pub ahead of press

Comment: Given that severe psychological trauma is often resistant to many different conventional therapies (both psychotherapy and medication), this spiritually-integrated treatment provides an option for Christian patients.

The Role of Chaplains in the Military

Investigators from several academic institutions in Australia conducted a comprehensive review of studies examining "factors influencing the utilization of chaplaincy services, and the perceived utility of chaplaincy to military organizations and personnel." More specifically they reviewed studies (conducted anywhere in the world) examining the following questions: (1) do defense force personnel's religious/nonreligious beliefs influence utilization of military chaplaincy?; (2) what are the barriers and enablers to personnel utilizing military chaplains?; and (3) what is the impact, if any, of chaplaincy, individually and organizationally on the military? **Results:** A total of 33 studies met inclusion criteria (i.e., studies published between 2000 and 2021; focus on chaplains in the army, navy, marine corps, or air force; articles discussing the role of chaplains, including personnel perspectives on chaplains; and articles discussing barriers or motivators to chaplain use). Of the 33 studies, 9 were qualitative research papers, 14 were quantitative reports, 7 were opinion articles, 2 were mixed-methods studies, and 1 was a scoping review. Enablers and barriers to utilizing chaplains were summarized and recommendations made on how to provide better holistic support for military personnel and to improve the integration of chaplaincy services with the health programs of military organizations. The researchers concluded: "... findings from this scoping review suggest that there is little evidence that low religiosity among military personnel forms a significant barrier to utilizing chaplaincy services. To the contrary, the literature revealed that chaplains provide trusted, confidential, and holistic support for military personnel that if diminished or compromised would leave a substantial gap in staff well-being services."

Citation: Layson, M. D., Tunks Leach, K., Carey, L. B., & Best, M. C. (2022). Factors influencing military personnel utilizing chaplains: A literature scoping review. *Journal of Religion and Health*, Epub ahead of press.

Comment: Chaplains are the only professionals in the military who have comprehensive training on how to build and sustain the spiritual readiness of military personnel that enables them to successfully engage in dangerous and often life-threatening combat operations. This scoping review makes it clear that the

services chaplains provide are of critical value to winning the wars ahead of us that involve defending the values that all hold dear.

NEWS

Religion and Well-Being in the United States: Update

Based on a recent Gallup Poll survey, the January 2022 Mood of the Nation Survey, Americans who attend religious services more frequently are more satisfied with their personal lives than those who attend less frequently. This was particularly true for those who were very satisfied with their lives; 67% of those who attended services weekly indicated that they were very satisfied with their personal lives compared to 48% of those who attended services infrequently (less than monthly). In fact, weekly attendees were more likely to report being very satisfied with their lives than those making \$100,000 or more in annual household income. For more information, go to: <https://news.gallup.com/opinion/polling-matters/389510/religion-wellbeing-update.aspx> [Newport, F. (February 4, 2022). Religion and well-being in the US: update. The Gallup Poll].

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 April 19, 2022, occurring at 12:00-1:00 EST, will be delivered by **B. Lennart Eriksson, Dip.Med.Tech (Clin Path), M.B., Ch.B. (Pret), F.C.Psych (SA)**, a consultant psychiatrist in KwaZulu Natal, South Africa. The title of his presentation is **Belief Systems and the Routine Bio-Psycho-Social Clinical Assessment**. The PDFs of the Power Point slides for download and full video recordings of most past webinars since July 2020 are available at <https://spiritualityandhealth.duke.edu/index.php/education/seminar/s/>. All those who receive this e-newsletter will receive a Zoom link approximately 1 week before the Webinar.

SPECIAL EVENTS

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>.

Online Spirituality and Health Research Workshop

The European Conference in Amsterdam above 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>. Because the workshop will be held online, it will be assessable 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 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 (two cover 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

Madness and Grace: A Practical Guide for Pastoral Care and Serious Mental Illness

(Templeton Foundation Press, 2022)

From the publisher, "Research tells us that when most people suffer from a mental health crisis, the first person they turn to for help is a not a physician, a psychiatrist, or a social worker, but a pastor, a priest, or a minister. In other words, a leader in their church. Unfortunately, many church leaders are not trained to recognize mental illness and don't know when to refer someone to a mental health professional. The consequence—unintended yet tragic—is continued and unnecessary suffering. *Madness and Grace* is a comprehensive guide for church ministry to alleviate this situation. Written by Dr. Matthew Stanford, the book is carefully constructed to help build competency in detecting a wide spectrum of mental disorders, such as knowing when a person is contemplating suicide based on telltale patterns of speech. It also explodes common discriminatory myths that stigmatize people with mental illness, such as the myth that they are more prone to

violence than others. Available for \$17.95 (paperback) from <https://templetonpress.org/books/madness-and-grace/>.

Religion and Recovery from PTSD

(Jessica Kingsley, December 19, 2019)

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

Religion and Mental Health: Research and Clinical Applications

(Academic Press, 2018) (Elsevier)

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

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

(Amazon: CreateSpace Publishing Platform, 2018)

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

Protestant Christianity and Mental Health: Beliefs, Research and Applications

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

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

Catholic Christianity and Mental Health: Beliefs, Research and Applications

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

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

Islam and Mental Health: Beliefs, Research and Applications

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

For mental health professionals, clergy, researchers, and laypersons interested in the relationship between religion,

spirituality and mental health in Muslims. Available for \$7.50 at: <https://www.amazon.com/Islam-Mental-Health-Research-Applications/dp/1544730330>.

Hinduism and Mental Health: Beliefs, Research and Applications

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

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

Judaism and Mental Health: Beliefs, Research and Applications

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

For mental health professionals, clergy, and researchers interested in the relationship between religion, spirituality and health in Judaism. Available for \$7.50 at:

<https://www.amazon.com/Judaism-Mental-Health-Research-Applications/dp/154405145X/>

Buddhism and Mental Health: Beliefs, Research and Applications

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

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

You are My Beloved. Really?

(Amazon: CreateSpace Publishing Platform, 2016)

From the author: "Simple and easy to read, intended for Christians and non-Christians, those who are religious or spiritual or neither, and is especially written for those experiencing trauma in life (everyone). The book examines the evidence for God's love from Christian, Jewish, Muslim, Buddhist and Hindu perspectives based largely on the sacred scriptures from these traditions. Available for \$8.78 from <https://www.amazon.com/You-are-My-Beloved-Really/dp/1530747902/>.

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

(Templeton Press, 2011)

This book summarizes and expands the content presented in the Duke University's Annual Summer Research Workshop on Spirituality and Health. Available for \$29.15 (used) at: <http://www.amazon.com/Spirituality-Health-Research-Measurements-Statistics/dp/1599473496/>

Other Resources

CME/CE Videos (Integrating Spirituality into Patient Care)

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

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



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



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

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

TRAINING OPPORTUNITIES

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

With support from the John Templeton Foundation, Duke University's Center for Spirituality, Theology and Health is offering nine \$3,600 scholarships to attend the university's 5-day Workshop on conducting research on religion, spirituality, and health. Applications are now being sought for the 2022 workshop to be held August 15-19. These scholarships will cover the \$1200 tuition, up to \$1500 in international travel costs, and up to \$900 in living expenses. They are available only to academic faculty and graduate students living in third-world underdeveloped countries in Africa, Central and South America (including Mexico), Eastern Europe and North Asia (Russia and China), and portions of the Middle East, Central and East Asia. The scholarships will be competitive and awarded to talented well-positioned faculty with the potential to conduct research on religion, spirituality, and health, and serve as research leaders in their part of the world. If you want to know more about this program, contact Harold.Koenig@duke.edu or go to our website for a description of the workshop: <https://spiritualityandhealth.duke.edu/index.php/5-day-summer-research-course>. **Please let your academic**

colleagues in developing countries know about this unusual and time-limited opportunity.

Unfortunately, but not surprisingly, the demand for such scholarships has far exceeded availability. Now that we are set up to evaluate potential scholarship recipients, we are hoping to identify individuals or foundations willing to support highly qualified third-world applicants whom we are unable to provide scholarships to in 2022-2023 and the years ahead. A donation of \$3,600 to our Center will sponsor a university faculty member from a disadvantaged region of the world to attend the workshop in 2022 or future years. If you are interested in sponsoring one or more such applicants and want to know more about this program, or have ideas about other sources of support, please contact Harold.Koenig@duke.edu.

Theology, Medicine, and Culture Initiative

The Theology, Medicine, and Culture Initiative at Duke Divinity School invites you to consider both residential and hybrid opportunities for theological study and spiritual formation:

Theology, Medicine, and Culture Fellowship

Combining deep formation in Christian thought with practical spiritual disciplines, mentorship, seminars, retreats, and partnership with health-related ministries, the Fellowship equips participants for a lifetime of wise and faithful healing work. The Fellowship is open to current and future students and practitioners in any of the health professions, as well as to others whose vocations involve full-time work in health-related contexts. Scholarships are available for both one and two-year tracks.

Flexible Hybrid Certificate in Theology and Health Care (hybrid CTHC)

This program invites both practicing and future clinicians to be formed intellectually, relationally, and spiritually for excellent and faithful healing work. In the flexible hybrid format, students come together for two separate weeks in person at Duke University and then join for eight months of online learning designed for working clinicians—studying together the difference that Christian faith makes for health care. For more information on both these programs, go to: <https://tmc.divinity.duke.edu/>

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>.

HELP WITH STUDENT RESEARCH

Andrew Geiger is a student in the AP Capstone program at Vicksburg High School (Michigan) where he is examining the influence of religious belief and practice on life purpose and meaning and symptoms of depression. You may be contributing to the future of the world’s next leading researcher on the relationship between religion and mental health. This 10-minute online survey can be accessed by clicking on [this link](#).

2022 CSTH CALENDAR OF EVENTS...

April

- 4/2 **Research Triangle CMDA Meeting**
8:30-10:00 EST (in-person only)
Cole Mill Road Church of Christ, Durham, NC)
Title: **Religion and Health**
Speaker: Harold G. Koenig, M.D.
Contact: Corey Whittaker (corey.whittaker@cmda.org)
- 4/12 **Spirituality and Health Research Seminar**
12:00 -1:00 EST (by Zoom)
Title: **Secularism, the Church and the Way Forward**
Speaker: Richard H. Cox, M.D., Ph.D., D.Min.
Adjunct Professor, Department of Psychiatry and Behavioral Sciences, Duke University Health System
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 4/19 **Spirituality and Health Research Seminar**
12:00 -1:00 EST (by Zoom)
Title: **Belief Systems and the Routine Bio-Psycho-Social Clinical Assessment**
Speaker: B. Lennart Eriksson, Dip.Med.Tech (Clin Path), M.B., Ch.B.(Pret), F.C.Psych (SA)
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>