

# CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health

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

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

## LATEST RESEARCH

### Spiritual Struggles, Belief in Divine Control, and Suicidal Ideation during COVID-19

Laura Upenieks from the department of sociology at Baylor University analyzed data from a nationally representative cross-sectional survey of the US population (n=1,717) to examine the relationship between religious/spiritual (R/S) struggles, religious attendance, and suicidal ideation. R/S struggles were assessed by four questions (doubts about your religious or spiritual beliefs, feeling judged or mistreated by R/S people, feeling abandoned by God, feeling punished by God). Divine control was assessed by three questions ("God has decided what my life shall be."; "I decide to do without relying on God for help" [reverse coded]; and "I depend on God for help and guidance." Finally, religious attendance was assessed by two questions (virtual religious attendance and in-person religious attendance). The dependent variable, suicidal ideation, was measured by the question "During the past 12 months, did you ever wish you were dead or wish you could go to sleep and not wake up?" The survey was conducted online in May and June 2021 during COVID 19 pandemic. Controlled for in Poisson regression analyses were psychological distress, (K-6), age, gender, years of formal education, socioeconomic status, region of residence, and religious affiliation. **Results:** Greater R/S struggles was associated with higher suicidal ideation. However, perceptions of divine control (but not religious attendance) were associated with lower suicidal ideation among those with R/S struggles. The researcher concluded: "Given the protective role of beliefs in divine control for individuals in the throes of R/S struggles, it may be profitable to incorporate theistically based approaches to counseling and mental health care for religious believers who express uncertainty or doubt about their faith."

*Citation:* Upenieks, L. (2022). Religious/spiritual struggles and suicidal ideation in the COVID-19 era: Does the belief in divine control and religious attendance matter? *Psychology of Religion and Spirituality*, EPUB ahead of press

*Comment:* Although the results are not surprising, the fact that belief in divine control might moderate the effect of R/S struggles

on suicidal thoughts (and perhaps behaviors) is an important finding for counselors to take note of, as the researcher suggests. Not only are R/S struggles associated with suicidal ideation as found here, they also predict poorer physical health in terms of immune function [*Psychology of Religion and Spirituality*, 2009, 1(2), 112] and overall mortality [*Archives of Internal Medicine*, 161(15), 1881-1885]

### Effect of Change in Religiosity on Change in Depressive Symptoms among Brazilian Primary Care Patients Aged 60 or Older

Investigators in the division of geriatrics, school of medicine, Federal University of Juiz de Fora in Brazil conducted a 1-year longitudinal study of 490 older primary care patients (average age 69) intended to examine the effects of changes in religiosity on changes in depression, anxiety and stress symptoms over time. Predictors included age, gender, marital status, education, occupation, monthly income, ethnicity, health behaviors, cognitive functioning, physical activity, sleep, quality of life, and social support. Spirituality/religiosity was assessed by the 12-item FACIT-SP (meaning, peace, and faith), a 6-item Spirituality Self-Rating Scale, and the 5-item Duke University Religion Index. Also assessed were psychological resilience, altruism, loneliness, and meaning in life. The 21-item Depression Anxiety and Stress Scale (DASS-21) was used to assess the primary dependent variable. Linear regression analyses were used to examine effects on change in depressive symptoms, change in anxiety symptoms, and change in stress symptoms during the 1-year follow-up, controlling for other covariates. **Results:** An increase in intrinsic religiosity was associated with a decrease in depressive symptoms (B=-0.09, p=0.02) and decrease in stress symptoms (B=-0.10, p=0.01), but was not associated with a change in anxiety symptoms. These findings were independent of changes in the FACIT-SP peace subscale, which not surprisingly also associated with a reduction in depressive symptoms. Researchers concluded: "The results of the present study revealed that positive behavioral factors, attitudes and values (loneliness, resilience, quality of life, well-being, religiousness, peace and altruism) can have as strong an impact on mental health as other traditional markers (gender, sleep problems, ethnicity, and alcohol use)."

*Citation:* Martins, E. L. M., Salamene, L. C., Lucchetti, A. L. G., & Lucchetti, G. (2022). The role of positive behaviors, attitudes and virtues in the mental health of community-dwelling older adults: A 1-year follow-up study. *Journal of Psychosomatic Research*, EPUB ahead of press.

*Comment:* This longitudinal study adds to the evidence showing that increases in religiosity may reduce depressive symptoms when examined over time in older primary care patients, findings that persisted even after controlling for changes in a sense of peace and also for other depression risk factors.

### Spirituality/Religiosity and Major Depressive Disorder among Middle-Aged and Older Adults in India

Investigators at research universities in Thailand, South Africa, and Taiwan analyzed Wave 1 cross-sectional data from the 2017-2018

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Longitudinal Aging Study in India to examine predictors of major depressive disorder among 72,262 adults aged 45 or older. Spirituality/religiosity (S/R) was assessed by a 4-item version of the Daily Spiritual Experiences Scale (DSES). The primary outcome variable was major depressive disorder (MDD) in the past 12 months determined by the CIDI-SF, a structured psychiatric interview. Controlled for in regression analyses were sociodemographic characteristics, stressful life events, chronic conditions, physical symptoms, health behaviors, physical activity, social support, and having health insurance. **Results:** Both unadjusted and adjusted multiple logistic regression analyses indicated that compared to those with low S/R, those with high S/R were 31% less likely to experience MDD (unadjusted OR=0.69, 95% CI=0.61-0.78,  $p<0.001$ ), a finding that persisted after adjustment for other risk factors above (adjusted OR=0.85, 95% CI=0.75-0.96,  $p<0.01$ ). Researchers concluded: "Being male, married, high socioeconomic status, living in urban areas, high spirituality/religiosity, health insurance and medium social network were negatively associated with MDD."

*Citation:* Pengpid, S., & Peltzer, K. (2022). Prevalence and correlates of major depressive disorder among a national sample of middle-aged and older adults in India. *Aging & Mental Health*, EPUB ahead of press.

*Comment:* Although cross-sectional, the large national sample, careful control for numerous covariates, and quality of the outcome (MDD by structured interview) make this study worth noting.

### Religious Involvement and Depression among Older Caregivers of HIV/AIDS children in Namibia

Investigators from the school of social work at Wichita State University and the department of sociology at Kansas State University analyzed cross-sectional data from a convenience sample of 100 older caregivers (average age 70) in rural Namibia, Africa. The associations between social support, religiosity and depression were examined. Religiosity was assessed by the 3-item intrinsic religiosity subscale of the Duke University Religion Index. Social support was assessed by the 18-item Lubben Social Network Scale. Depressive symptoms were measured by the 15-item Geriatric Depression Scale. Controlled for in regression analyses were age, gender, monthly household income, marital status, and self-rated health. **Results:** Regression analyses indicated that religiosity was inversely related to depressive symptoms after controlling for covariates ( $B=-0.46$ ,  $p\leq 0.001$ ). This effect continued to persist after controlling for social support from family, neighbors, and friends ( $B=-0.26$ ,  $p\leq 0.05$ ). Researchers concluded: "Hierarchical multivariate regression results showed that higher levels of social support/network and intrinsic religiosity were significantly associated with lower levels of depressive symptoms."

*Citation:* Kalomo, E. N., Jun, J. S., & Lee, K. H. (2022). Social support, religiosity, and depression among older caregivers of HIV/AIDS children in rural Namibia. *Social Work in Mental Health*, 20(1), 26-43.

*Comment:* Although the sample is small and these are cross-sectional analyses, the population studied is one in which religiosity and depressive symptoms have seldom, if ever, been studied in.

### Religiosity and Resilience in Middle-Aged Adults after a Flood

Investigators from the department of psychology at Louisiana State University and school of public health at Boston University examined the relationship between religiosity, social support, and resilience by comparing three groups of middle-aged adults (average age 50): (1) 77 non-flooded controls, 66 adults flooded in 2016 (single flooding), and 59 adults flooded in 2005 and 2016 (double flooding). Religiosity was assessed by a 12-item scale

measuring faith community involvement, non-organizational religiosity, and religious beliefs and coping; social support was assessed by a 9-item social support scale. Resilience (the primary outcome) was measured by the 25-item Connor-Davidson resilience scale. **Results:** After controlling for no flooding, single flooding incident, double flooding incident, age, and total lifetime trauma, religious beliefs and religious coping were positively related to resilience ( $b= 0.360$ ,  $p<0.01$ ,  $n=202$ ). Also positively related to resilience were amount of social support received after the flood and charitable work done for others. Researchers concluded: "Regression analyses indicated that religious beliefs and coping, social support, and charitable work done for others were associated with higher levels of resilience, whereas flood damage was unrelated to resilience."

*Citation:* Cherry, K. E., Calamia, M. R., Elliott, E. M., McKneely, K. J., Nguyen, Q. P., Loader, C. A., ... & Galea, S. (2022). Religiosity and social support predict resilience in older adults after a flood. *International Journal of Aging and Human Development*, EPUB ahead of press.

*Comment:* Although these analyses are cross-sectional and the sample size is small, these findings suggest that religious beliefs and religious coping may help middle aged adults deal better with the after-effects of natural disasters.

### Perceived Parental Religiosity, Depression, and Substance Use among LGBTQ+ Individuals

Investigators in the department of psychology at Iowa State University conducted a cross-sectional study among a convenience sample of 427 adults who identified their sexual orientation as 30% gay/lesbian, 47% bisexual/pansexual, 8% straight, 7% queer, 4% asexual/demisexual, and 4% other. Participants were recruited for this study from MRurk Prime (a web-based research interface). The purpose of the study was to examine the relationship between perceived parental religiosity and level of depression, alcohol use, and cannabis use, and in particular, the mediating role that perceived familial stigma of sexuality played in this relationship. Perceived parental religiosity was assessed by asking participants to describe parental religiosity using the 10-Belief into Action Scale (BIAC) administered in a way that asked about parental religiosity, rather than asking about personal religiosity. The 30-item Perceived Family Stigma of Sexuality was the scale used to assess this construct (e.g., "My family makes open homophobic statements in my presence"). Depression was assessed by the 20-items CES-D, substance use by the 10-item AUDIT (alcohol use), and cannabis use by the 9-item Cannabis Use Disorder Identification Test. Mediation analysis was conducted using the PROCESS macro for SPSS. No other variables were controlled for in these analyses. **Results:** In zero-order analyses, perceived parental religiosity was positively associated with perceived familial stigma of sexuality ( $r= 0.58$ ), depression ( $r=0.31$ ), alcohol use ( $r=0.42$ ), and cannabis use ( $r=0.36$ ), all correlations being positive and statistically significant. Mediation analysis demonstrated that perceived familial stigma of sexuality (1) fully mediated the relationship between parental religiosity and depression; (2) partially mediated the relationship between parental religiosity and alcohol use; and (3) fully mediated the relationship between parental religiosity and cannabis use. The researchers concluded: "The current study is the first to show that perceived familial stigma of sexuality mediates the links between perceived parental religiosity and LGBTQ+ experiences of depression and of alcohol and cannabis use."

*Citation:* Macbeth, A. J., Vidales, C. A., & Vogel, D. L. (2022). Perceived parental religiosity as a predictor of depression and substance use among LGBTQ+ individuals: The mediating role of perceived familial stigma. *Psychology of Religion and Spirituality*, 14(1), 140.

*Comment:* The findings here are not particularly surprising, in that it would seem logical that perceptions of parents' explicit

condemnation of a person's LGBTQ+ sexual orientation might explain why the religiosity of those parents (when the religion teaches against such behaviors) is associated with more depressive symptoms, alcohol and cannabis use. Nevertheless, the documentation of such a pattern is worthy of note.

### Religiosity and Life Satisfaction

Investigators from the departments of Islamic economics, Islamic education, and Qu'ranic studies at various universities in Indonesia conducted a meta-analysis of results from studies examining the relationship between religiosity and life satisfaction. A total of 21 studies (20 out of 21 published since 2005) were included in this meta-analysis. **Results:** In all but one study (20/21) the effect size was positive indicating greater life satisfaction among those who were more religious. The overall theta (effect size) was 2.85 (95% CI=1.82-3.88). Researchers concluded: "The present study uses meta-analysis and SLR approaches to reaffirm that religiosity significantly influences human life satisfaction in various situations and conditions."

*Citation:* Sholihin, M., Hardivizon, H., Wanto, D., & Saputra, H. (2022). The effect of religiosity on life satisfaction: A meta-analysis. *HTS Teologiese Studies/Theological Studies*, 78(4), 10.

*Comment:* This meta-analysis, though relatively limited in terms of the small number of studies, confirms what most other meta-analyses have found. Few studies in this review were prospective in design and capable of determining direction of causation. Note, however, that 2.85 is a large average effect size and the confidence intervals are also tight.

### Parental Religiosity and Self-Rated Health during Adolescence/Early Adulthood

Jason Freeman, assistant professor of sociology from the college of liberal arts at Towson University in Maryland, analyzed data from the National Longitudinal Study of Adolescent to Adult Health (Add Health) to examine the effect of parent religiosity in 1995 (when adolescents were in middle or high school) on self-rated health assessed when they were between the ages of 18 and 26 (n=15,195). Parental religiosity was self-reported in 1995 by frequency of attendance at religious services (institutional religiosity) and by importance of religiosity and frequency of prayer (personal religiosity). Adolescent institutional and personal religiosity were assessed by similar questions around that same time. Parent-child conflict and health-related behaviors were examined as mediators, and control variables included age, gender, race/ethnicity, household income, and location of residence. Structural equation models were used to examine the data. **Results:** Parental institutional religiosity directly predicted self-rated health of adolescents during early adulthood, even after controlling for adolescent religiosity, health-related behaviors, marital stability, and a host of other covariates. This effect was largely mediated by reducing parental and adolescent smoking. In addition, a significant indirect effect was found for parental institutional religiosity on adolescent self-rated health through adolescent religiosity. However, the direct influence of adolescent religiosity on self-rated health disappeared when health-related behaviors were controlled for, indicating that the influence of adolescent religiosity on self-rated health was mediated by an improvement in health-related behaviors. The author hypothesized that religious parents reduce adolescent smoking by modeling not smoking and may also be more likely to sanction adolescents for smoking, thereby leading to better health during late adolescence/early adulthood. In contrast, parental institutional religiosity was found to diminish self-rated health by reducing physical activity during adolescence, perhaps due to encouraging more time in religious services than in physical activities such as running, sports, or bike riding. The researcher concluded: "...parental institutional religiosity has a direct effect on the self-rated health of children during late adolescence/early adulthood,

and ... influences self-rated health [indirectly] by reducing adolescent and parental smoking."

*Citation:* Freeman, J. A. (2022). The influence of parental religiosity on the health of children during late adolescence/early adulthood: A test of mediation. *Sociological Perspectives*, 65(2), 297-327.

*Comment:* This is one of several studies now that have examined the effect of parental religiosity on the health of youth as they grow older. In this study, the latter was accomplished by reducing adolescent smoking. The large sample size and sophisticated nature of the statistical analyses provide increase the credibility of these findings regarding the effect of parental religiosity on young adult health.

### Religious Involvement and Utilization of Screening for Prevention of Cancer

Investigators from the department of health economics and health services research at the University Medical Center in Hamburg, Germany, conducted a systematic review of the literature examining the relationship between religiosity and use of cancer screening tests. A total of 27 studies were identified. **Results:** With regard to religious denomination (where researchers identify 53 associations), having a Christian religious affiliation was positively associated with utilization of different cancer screenings in 16 associations, 6 studies reported a negative association (worse screening), and 31 indicated no significant association. Concerning importance of religion in 13 studies, results were generally split, with about half reporting a positive association with screening and about half reporting a negative association. Finally, with regard to attendance at religious services, 13 of 19 reported a positive association with cancer screenings were positive. Researchers concluded: "Most of the studies that were included in our review found a positive association between religious attendance and cancer screening utilization. There was mixed evidence concerning religious denomination as well as religiosity and use of cancer screenings."

*Citation:* Kretzler, B., König, H. H., Brandt, L., Weiss, H. R., & Hajek, A. (2022). Religious denomination, religiosity, religious attendance, and cancer prevention. A systematic review. *Risk Management and Healthcare Policy*, 15, 45.

*Comment:* Based on this review, attending religious services appears to increase the likelihood of having a cancer screening test, thereby increasing the likelihood of early cancer detection.

### The Epidemiology of Love

Jeff Levin from Baylor University provides a narrative history (and narrative timeline) of the emerging field of altruistic/compassionate love, beginning with the early work in psychology and in sociology on this topic. He discusses the precursors of this potentially new field, including psychological studies on romantic, sexual, affectional, and interpersonal bonds, studies that had been preceded by the work of sociologist Pitirim Sorokin in the 1950s. He also covers more recent research on the intersection of altruism, love, spirituality, and human flourishing, while relating these to global population health.

*Citation:* Levin, J. (2022). The epidemiology of love: Historical perspectives and implications for population-health research. *Journal of Positive Psychology*, EPUB ahead of press.

*Comment:* Dr. Levin writes articulately on this topic, a subject that he has studied over many decades.

### Mindfulness-based Eating Awareness Training (MB-EAT)

Researchers in the department of psychology at Indiana State University in Terre Haute describe a program where mindfulness practices are taught, mindful eating is cultivated, and self-acceptance and spiritual well-being are enhanced. They test this

intervention in 117 participants with moderate to morbid obesity who were randomly assigned to either the MB-EAT program or a weight-list control group, assessing spiritual well-being (FACIT-SP) at baseline and follow-up. Increases in spiritual well-being were associated with improved emotional adjustment and eating regulation. Researchers concluded: "It is argued that the core elements of the MB-EAT program lead to meaningful spiritual engagement, which plays a role in people's ability to improve and maintain overall self-regulation."

*Citation:* Kristeller, J. L., & Jordan, K. D. (2018). Mindful eating: Connecting with the wise self, the spiritual self. Frontiers in Psychology, 9, article 1271.

*Comment:* This mindfulness-based program is rooted in the 7<sup>th</sup> step of the Eightfold Path of Buddhism, and is therefore one of its core teachings. Would be interesting to compare the efficacy of this program with a similar program based on Jewish, Muslim, or Christian mindfulness interventions. See the following: Garzon, F., & Ford, K. (2016). Adapting mindfulness for conservative Christians. Journal of Psychology and Christianity, 35(3), 263; Ford, K., & Garzon, F. (2017). Research note: A randomized investigation of evangelical Christian accommodative mindfulness. Spirituality in Clinical Practice, 4(2), 92; and Jones, T. L., Garzon, F. L., & Ford, K. M. (2021). Christian accommodative mindfulness in the clinical treatment of shame, depression, and anxiety: Results of an N-of-1 time-series study. Spirituality in Clinical Practice, EPUB ahead of press

## The Gender Gap in Religiosity

Researchers from the Center for Cultural and Evolution at Brunel University London systematically examined the prevalence, predictors, and explanations for the religiosity gender gap (i.e., differences in religiosity between men and women) by assessing 2,002 individuals (average age 37, 56% women) from 14 diverse societies. The data were collected by investigators participating in the Cultural Evolution of Religion Consortium (CERC) as part of the Evolution of Religion and Morality Project conducted between 2013 and 2015. Researchers divided up the "supernatural entity" into two major groups: "moralistic" gods (i.e., the monotheistic God of Christianity, and to some extent of Buddhism and Hinduism) and "local" gods (i.e., less moralizing local deities and spirits). The 14 diverse societies were communities located in Vanuatu (an island country in Oceania), Brazil, Kenya, Fiji, Peru, Democratic Republic of Congo, India, Russia, Tanzania, Papua New Guinea, and Mauritius. The researchers tested 17 hypotheses that might explain the religiosity gender gap, which they categorized into 4 major accounts: risk aversion account, reproductive strategy account, mentalizing account, and structural location account.

**Results:** Overall, women were almost 40% more likely than men to engage in ritual practices to their moralistic God compared to men (OR = 1.39, 95% CI = 1.13-1.72). Likewise, women were 50% more likely to report a high frequency of prayer (OR = 1.50, 95% CI = 1.16-1.93). Women were twice as likely as men to believe in a moralistic god (OR = 1.96, 95% CI = 0.83-4.96,  $p=0.136$ ). Although the latter was not statistically significant, this may have been due to the fact that 98% of participants indicated that they believed in a moralistic god (i.e., God). In contrast, women were 27% less likely than men to show religious commitment towards local gods and spirits (OR = 0.73, 95% CI = 0.59-0.91). In terms of explanations, little support was found for the risk aversion or reproductive strategy accounts, whereas partial support was found for the mentalizing account and the structural location account. Women at Christian sites indicated greater mental commitment than men to their moralistic gods (God), although participants in non-Christian sites showed no gender gap on this measure. Researchers concluded: "Across our sample, women generally reported greater mental commitment towards their communities' moralistic gods [i.e., God] than men. Data from a subset of sites also show women generally reported a higher frequency ritual participation towards

moralistic gods and a higher frequency of prayer, but we find no gender gap in our primary measure of behavioral commitment to moralistic gods across sites. Strikingly, women generally scored no higher than men on any of our local god religiosity measures [pertaining to local deities and spirits]. In fact, men generally reported greater local god religiosity than women."

*Citation:* Vardy, T., Moya, C., Placek, C. D., Apicella, C. L., Bolyanatz, A., Cohen, E., ... & Atkinson, Q. D. (2022). The religiosity gender gap in 14 diverse societies. Religion, Brain & Behavior, 12(1-2), 18-37.

*Comment:* This is a fascinating study by evolutionary scientists that sought to verify the religiosity gender gap (i.e., the long reported finding that women are more religious than men) and help to explain why that gap is present. Note that the population studied did not include participants from the United States, Canada, Australia or many European countries, but rather focused more on communities in underdeveloped countries or regions of the world (with some exceptions, e.g., Russia, etc.). Jewish and Muslim majority communities were also not included.

## NEWS

### Duke University's Monthly Spirituality and Health Webinar via Zoom

Our Center's monthly spirituality and health research seminars are now being held by Zoom, and should be assessable to participants wherever they live in the world that supports a Zoom platform. All persons who receive our E-newsletter will be sent a link to join the seminar approximately one week before the seminar is held. When you receive this link, please save the link and forward it to your colleagues and students. This month's seminar on May 10, 2022, occurring at 12:00-1:00 EST, will be delivered by **Jennifer Wortham, Dr.PH, Research Associate, Human Flourishing Program, Harvard University**. The title of her presentation is: **A Theoretical Framework on the Relationship Between Adverse Childhood Experiences and Moral Injury**. 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

### 8<sup>th</sup> 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. At least 10 persons must sign up for this workshop for it to be held. Contact Dr. René Hefti ([rene.hefti@rish.ch](mailto:rene.hefti@rish.ch)) for more information.

### 18<sup>th</sup> 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

#### **Spirit in Session: Working with Your Client's Spirituality (and Your Own) in Psychotherapy** (Templeton Foundation Press, 2022)

From the publisher, "Spirituality is an important part of many clients' lives. It can be a resource for stabilization, healing, and growth. It can also be the cause of struggle and even harm. More and more therapists—those who consider themselves spiritual and those who do not—recognize the value of addressing spirituality in therapy and increasing their skill for engaging it ethically and effectively. In this immensely practical book, Russell Siler Jones helps therapists feel more competent and confident about having spiritual conversations with clients. With a refreshing, down-to-earth style, he describes how to recognize the diverse explicit and implicit ways spirituality can appear in psychotherapy, how to

assess the impact spirituality is having on clients, how to make interventions to maximize its healthy impact and lessen its unhealthy impact, and how therapists can draw upon their own spirituality in ethical and skillful ways. He includes extended case studies and clinical dialogue so readers can hear how spirituality becomes part of case conceptualization and what spiritual conversation actually sounds like in psychotherapy. Jones has been a therapist for nearly 30 years and has trained therapists in the use of spirituality for over a decade. He writes about a complex topic with an elegant simplicity and provides how-to advice in a way that encourages therapists to find their own way to apply it. *Spirit in Session* is a pragmatic guide that therapists will turn to again and again as they engage their clients in one of the most meaningful and consequential dimensions of human experience." Available for \$17.99 (paperback) from <https://templetonpress.org/books/spirit-in-session/>.

#### **Faith and Science – A Journey into God's Mystical Love**

(Crossroad Publishing Company, 2022)

Deacon Robert Hesse is uniquely qualified to write this scientifically accurate and inspirational gateway into the mind and heart of God through the interrelationship between faith and science. Drawing upon his Ph.D. in Physical Chemistry, his background in Trappist mystical theology, and years of leadership in interreligious dialogue, he provides a glimpse into the unrestricted consciousness from which springs the equations of physics, the space-time continuum, molecular structures, the biophysical leap into life, and the biospiritual leap into human consciousness, free choice, loving relationships, and mystical ecstasy. Available for \$29.95 (paperback) from <https://www.amazon.com/Faith-Science-Journey-into-Mystical/dp/0824595076/>.

#### **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](mailto: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](mailto: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>.

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

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

## 2022 CSTH CALENDAR OF EVENTS...

### May

- 5/5 Health and Religion**  
8:00-9:00A EST via Zoom  
Greece (<https://healthandreligion.gr/en/>)  
Title: **Religion , Spirituality and Health**  
Speaker: Harold G. Koenig, M.D.  
**Contact:** Dr. Dimitrios A. Linos ([dimitrios\\_linos@hms.harvard.edu](mailto:dimitrios_linos@hms.harvard.edu))
- 5/5 Faith Impact Summit 2022**  
9:00-11:00A EST (online)  
<https://imwell.network/faith-impact-summit>  
Title: **Faith and Mental Health**  
Speakers: Harold G. Koenig, M.D., among others  
**Contact:** Toshiba Rice ([toshiba@jokhyki.com](mailto:toshiba@jokhyki.com))
- 5/6 Religion and Medicine Course**  
11:30 -12:30 EST (on-site)  
Campbell University School of Osteopathic Medicine  
Title: **Religion, Spirituality and Medicine**  
Speaker: Harold G. Koenig, M.D.  
**Contact:** Doug B. Short ([short@campbell.edu](mailto:short@campbell.edu))
- 5/10 Spirituality and Health Research Seminar**  
12:00 -1:00 EST (online by Zoom)  
Title: **A Theoretical Framework on the Relationship Between Adverse Childhood Experiences and Moral Injury**  
Speaker: Jennifer Wortham, Dr.PH  
Research Associate, Human Flourishing Program, Harvard University  
**Contact:** Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))
- 5/14 Faith and Mental Health Conference**  
2:15-3:45P EST (on-site)  
Lightsey Chapel, Charleston Southern University  
Title: **Religion, Spirituality and Mental Health**  
Speakers: Harold G. Koenig, M.D., and others  
**Contact:** Sundi Romano ([sromano@csuniv.edu](mailto:sromano@csuniv.edu))
- 5/29-6/1 Spirituality and Health Research Workshop**  
(online) (tentative, depending on enrollment)  
European Conference on Religion, Spirituality and Health  
Amsterdam  
Title: **Numerous presentations**  
Speakers: Harold G. Koenig, M.D., and others  
**Contact:** Rene Hefti ([rene.hefti@rish.ch](mailto:rene.hefti@rish.ch))