

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

## LATEST RESEARCH

### Spirituality in Serious Medical Illness

An important paper was published this month (July) in the Journal of the American Medical Association (JAMA) by a group of researchers and clinicians, led by academicians at the Harvard Medical School and Harvard School of Public Health. The purpose was to: "To review evidence concerning spirituality in serious illness and health and to identify implications for patient care and health outcomes." They found that: "The Delphi panel review yielded 8 evidence statements supported by evidence categorized as strong and proposed 3 top-ranked implications of this evidence for health outcomes: (1) incorporate patient-centered and evidence-based approaches regarding associations of spiritual community [regular attendance at religious services] with improved patient and population health outcomes; (2) increase awareness among health professionals of evidence for protective health associations of spiritual community; and (3) recognize spirituality as a social factor associated with health in research, community assessments, and program implementation." The authors concluded that: "This systematic review, analysis, and process, based on the highest-quality evidence available and expert consensus, provided suggested implications for addressing spirituality in serious illness and health outcomes as part of person-centered, value-sensitive care."

*Citation:* Balboni, T. A., VanderWeele, T. J., Doan-Soares, S. D., Long, K. N., Ferrell, B. R., Fitchett, G., Koenig, H. G.,... & Koh, H. K. (2022). Spirituality in serious illness and health. *Journal of the American Medical Association*, 328(2), 184-197.

*Comment:* Given its publication in JAMA, this ground-breaking article will help to mainstream spirituality into medical care and public health, and so is essential for all readers to be aware of.

### Religion and Suicidality in Older Depressed Psychiatric Patients

Researchers at Harvard's McLean Psychiatric Hospital studied 80 older psychiatric patients with mood disorders in the Northeastern U.S. (ages 55-80 at baseline; 98% White; 58% with bipolar

disorder and 41% major depression). Participants were part of a longitudinal study where they were surveyed every 4 months (120 days) from 2008 to 2020 (completed questionnaires an average of 7.3 times over an average of 727 days). Religiosity was usually assessed at baseline on entry into the study. Average and maximum depression and suicidality scores across the study period were the primary outcomes. Religiosity was assessed by religious affiliation (yes vs. no), importance of religion (1-5, dichotomized at the mean), belief in God (1-5, dichotomized into any belief vs. no belief), religious service attendance (1-6, dichotomized to weekly or more vs. less often), a 3-item Trust in God Index (dichotomized at the mean), and individual items in the Trust in God Index (each dichotomized at the mean). Depression severity was assessed by the clinician-rated MADRS (Montgomery-Asberg Depression Rating Scale) and self-rated GDS (Geriatric Depression Scale). Significant suicidality was measured by a score of >2 on item #10 of the MADRS (rated 1-6). The covariates age, gender, race, and education were unrelated to outcomes, so were not controlled in statistical analyses. Number of measurements were controlled for in calculating partial correlations of non-dichotomized partial correlations. **Results:** While only religious affiliation and importance of religion were related to lower mean and maximum depression scores, all measures of religion above were significantly related to lower mean and maximum suicidality scores, and to a lower likelihood of experiencing significant suicidality during the study (with odds ratios ranging from 0.19 to 0.33 indicating a reduction in risk ranging from 67% to 81%). This was true whether or not participants reported having a religious affiliation. Researchers concluded, "Religious factors, particularly faith in God, are associated with substantially less suicidality over time among older adults with mood disorders, irrespective of religious affiliation."

*Citation:* Rosmarin, D. H., Pirutinsky, S., Park, S., Drury, M., Harper, D., & Forester, B. P. (2022). Effects of religion on the course of suicidality among geriatric patients with mood disorders. *Psychological Medicine*, EPUB ahead of press.

*Comment:* One of the few longitudinal studies in older psychiatric patients with mood disorders, reporting results that are consistent with findings from other studies (e.g., Bosworth et al., 2003; Payman & Ryburn, 2010).

### Couple Religiosity and Well-Being in Older Adults

Investigators in the department of sociology at Baylor University and University of Toronto analyzed cross-sectional data from the second wave of the U.S. National Social Life, Health, and Aging Study. This study involved a nationally representative sample of 913 heterosexual couples ages 62 to 91. Religious variables included religious affiliation, frequency of religious attendance, and salience ("I try to carry my religious beliefs over into all of my dealings in life"). Dependent variables were self-rated measures (single items) of mental and physical health, the 11-item CES-D (depression), and the anxiety subscale of the Hospital Anxiety and Depression Scale (HADS). Controlled for in analyses were race, education, age, prior marriage, and relationship duration, along with relationship happiness, relationship satisfaction, relationship conflict, and frequency of sex. Latent class analysis was used to

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identify three types of couples based on their religiosity, and then ordered logit regression models were used to examine the relationship between religious couple type and mental and physical health (both measured by a single self-rated variable), controlling for the covariates above. Results were largely similar when CES-D and HADS were used as outcomes (instead of the single self-rated measure of mental health). Analyses were stratified by gender. **Results:** Three groups were identified by latent class analysis: religious homogeneous couples (highly religious couples of the same denomination; 39% of couples), secular homogenous couples (low religious often with different religious affiliations; 39% of couples), heterogenous couples (religious wife, non-religious husband; 22% of couples). In fully controlled models, compared to secular low-religious homogenous couples, women in religious homogenous couples experienced better physical health (OR=1.41, 95% CI=1.08-1.85, p<0.05) and better mental health (OR=1.40, 95% CI=1.07-1.84, p<0.01). Among men, no significant relationships were found. Researchers concluded: "Our results emphasize that religiosity is not only an individual trait—dis/similarities within a couple have important implications for older women's well-being."

*Citation:* Upenieks, L., Uecker, J. E., & Schafer, M. H. (2022). Couple religiosity and well-being among older adults in the United States. *Journal of Aging and Health, 34*(2), 266-282.

*Comment:* Although cross-sectional, this is a well-done study that identifies a risk factor for poorer mental and physical health among older women -- women in low-religious older couples who often have different religious affiliations than their husbands.

### Religiosity, Coping and Distress in Outpatients with Psychosis

Investigators from Institute of Mental Health of Singapore surveyed a convenience sample of 364 outpatients with a diagnosis of psychotic disorder or mood disorder with psychotic features to examine the effects of religious coping, religious belief, and religiosity and distress on attitudes toward treatment of their psychoses. Religious coping was assessed with the 14-item RCOPE (NRC and PRC); religious belief by a single item of belief in God; importance of religion in coping with their illness by a single item; compatibility of religion with their psychiatric treatment by a single item; and overall religiosity by the 5-item Duke Religion Index (DUREL). Distress was assessed by the Depression, Anxiety and Stress Scale (DASS-21). Linear regression analyses were used to control for demographic and clinical characteristics found in bivariate analyses to be associated with the distress outcome, i.e., gender, marital status, education, and religious affiliation. **Results:** Participants had a wide range of religious backgrounds: Christianity (29.7%), Buddhism/Taoism (25.8%), Islam (20.1%), and no affiliation (14.0%). Most had schizophrenia or related psychoses (n=340). Nearly 80% (78.6%) indicated that they at least somewhat believed in God or a Higher Power, and 68.9% indicated that religion was important in coping with their illness. Those affiliated with Islam (n=73) reported more distress, while those with a Hindu affiliation (n=15) reported less distress. In linear regression analyses, NRC (negative religious coping) was related to more depressive, anxiety, and stress symptoms (p<0.001 for all comparisons). In contrast, organizational religious activity (attendance at religious services) was related to significantly lower anxiety symptoms (p=0.01), and there was a similar trend towards lower depressive and stress symptoms as well (p>0.05, but <0.10). IR (intrinsic religiosity) was related to marginally more stress symptoms (B=0.45, p=0.05). Researchers concluded: "Overall, the study indicates the importance of religion in coping with psychosis and the potential value in incorporating religious interventions in mental health care."

*Citation:* Cetty, L., Jeyagurunathan, A., Roystonn, K., Devi, F., Abdin, E., Tang, C., ... & Subramaniam, M. (2022). Religiosity,

religious coping and distress among outpatients with psychosis in Singapore. *Journal of Religion and Health*, EPUB ahead of press. *Comment:* This may be the first study to examine the relationship between religion and distress among patients with psychotic disorders in Singapore, a country with a diverse religious population.

### Religious Involvement and Impulsivity in College Students

Researchers in the department of psychiatry at the University of Chicago analyzed data from an online survey of 3,564 students at a mid-western university that assessed religiosity, alcohol and drug use, mental health, impulsivity, and compulsivity. Religiosity was assessed with the 5-item Duke Religion Index (using only the organizational [ORA] and intrinsic religiosity [IR] subscales); impulsivity was assessed by the Minnesota Impulsive Disorders Interview and the Barratt Impulsiveness Scale; compulsivity by the Cambridge-Chicago Compulsivity Scale; and alcohol and drug use, depressive symptoms, anxiety symptoms, and PTSD symptoms by other established scales. Gender, race, and relationship status were controlled for using regression models.

**Results:** Students with high scores on ORA and IR were significantly less likely to have alcohol problems, drug problems, and low self-esteem. High ORA was also associated with less PTSD, and high IR was associated with less binge-eating disorder. High ORA and IR were not associated with compulsivity, but they were significantly associated with lower impulsivity on several domains. Researchers concluded: "This study shows a link between higher religiosity and lower impulsivity, as well as higher levels of mental health across several domains."

*Citation:* Grant, J. E., Blum, A. W., Chamberlain, S. R., & Lust, K. (2022). Religiosity, impulsivity, and compulsivity in university students. *CNS Spectrums*, EPUB ahead of press.

*Comment:* Although involving a convenience sample assessed cross-sectionally, with the data analyzed by relatively unsophisticated statistical analyses, this is one of the first studies on impulsivity and religiosity in young adults.

### Religiosity and Violence in Childhood and Adulthood in Brazil

Researchers from the departments of psychiatry and medicine from several major universities in Sao Paulo and Juiz de Fora, Brazil, analyzed data from a nationally representative sample of 3,378 adults in Brazil assessed in 2011-2012. The purpose was to examine the relationship between adult religiosity and childhood and adult violence. Religiosity was measured by two variables: religious affiliation (1=none, 0=yes [91.5% yes]) and religious importance (not important/indifferent=0, very important/important=1 [87.1% important]). Violence was assessed by questions on childhood violence (parent-child aggression, witnessed parents threatening each other, witnessing parents attack each other, bullying in school), adult perpetrated violence (involvement in fights, domestic violence, police detention), and being an adult victim of violence (victim of aggression, theft or assault, domestic violence). Control variables were age, sex, race, and marital status. Logistic regression was used to analyze the data. **Results:** Frequent childhood violence was present in 1.0% to 5.1%, and bullying was present in 11.9%; adult perpetrated violence was present in 1.3% to 8.2%, and being a victim of violence was present in 2.3% to 5.9%. Adult religious involvement was associated with significantly less childhood violence and less adult violence. Adult religiosity, however, did not mediate the strong relationship between childhood violence and adult violence.

*Citation:* de Bernardin Gonçalves, J. P., Lucchetti, G., Latorre, M. D. R. D., Laranjeira, R., & Vallada, H. (2022). Religiosity as a potential mediator for violence in childhood and adulthood: results

from a Brazilian nationally representative survey. *British Medical Journal (BMJ) Open*, 12(6), e051225.

*Comment:* Unfortunately, the researchers did not examine the moderating effect of adult religiosity (or childhood religiosity, which was not measured) on the relationship between childhood violence and adult violence.

### Religious Involvement and Physical Functioning in Older Adults in Chile

Investigators in the department of sociology at universities in Chile analyzed data on a national random sample 2,132 urban-dwelling adults aged 60 or over. Those with cognitive impairment were not included in the analysis. The purpose was to examine the relationship between religiosity, perceptions of physical health, and self-rated functional dependency. Religiosity was assessed with the 5-item Duke Religion Index (DUREL). Physical health was determined by self-rated health, perception of health compared to other people of same age, and number of chronic diseases. Functional dependency was assessed by ability to perform physical and instrumental activities of daily living (ADLs). Logistic regression was used to analyze the data, controlling for social support, education, gender, age, family functioning, and living situation. **Results:** The average age of participants was 72 years. None of the three indicators of religiosity (organizational religious activity [ORA], non-organizational religious activity [NORA], or intrinsic religiosity [IR]) were related to perceptions of health or number of chronic diseases. However, ORA was significantly and inversely related to functional disability. In contrast, there was a weak trend for NORA (prayer or scripture study) to be positively related to disability ( $p < 0.10$ ). ORA and IR were both significantly and positively related to perceptions of oneself being in better health than one's peers. Researchers concluded: "Organizational religiosity is a psychosocial resource that is positively associated with the process of successful aging."

*Citation:* Fernández, M. B. (2022). Religiosity, physical and functional health in older people in Chile. *Colombia Médica*, 53(2), e2004846-e2004846.

*Comment:* This is one of the few studies examining the relationship between religiosity and health among older adults in the South American country of Chile. The large national random sample of older adults from Chile, and relatively sophisticated statistical analyses controlling for multiple covariates (some of which may have been mediating variables), make this an important study to be aware of.

### Religiosity and Functional Disability in Patients with Multiple Sclerosis in Iran

Researchers at several universities within Iran examined the relationship between religiosity, disability, psychological well-being and somatic health in a convenience sample of 128 patients with multiple sclerosis (MS). Religiosity was assessed by a single question: "What is your level of religiosity in general?" Response options range from 0 to 10, with higher scores indicating higher religiosity. The PHQ-15 was used to assess somatic symptoms; the WHO-5 measured psychological well-being; and the Expanded Disability Status Scale (completed by a neurologist) was used to determine degree of disability caused by MS. Regression analyses were employed to examine the data. **Results:** The average age of patients was 37.3 years, and the average duration of disease was 6.2 years. Religiosity was not related to physical disability, psychological well-being, or somatic symptoms in this study. Investigators explained the lack of relationship between religiosity and health outcomes as due to three reasons: (1) use of a single item measure of subjective religiosity (limiting the measurement of religion); (2) the possibility that MS can negatively affect a person physically, mentally, and even spiritually (thereby covering up positive effects); and (3) the psychological reaction to

MS may be more negative during the first years of disease when patients have more negative appraisals and struggles due to the difficulty and complexity of this illness. Patients with more severe disability from MS were significantly more religious compared with patients who had milder forms of MS. Researchers concluded: "The findings suggest the importance of focusing on the type of religiosity, God representation, and attachment to God for clarifying the link between psychological well-being and religiosity among patients."

*Citation:* Mohaghegh, F., Eslami, M., Dadfar, M., Lester, D., Ayten, A., Rashidizadeh, A., & Shirzad, F. (2022). The impact of religiosity on the disability, psychological well-being, and somatic health of multiple sclerosis patients. *Mental Health, Religion & Culture*, EPUB ahead of press.

*Comment:* This small study is important because there is very little research that has examined the relationship between religiosity and health outcomes in MS patients. The cross-sectional positive relationship between disability and religiosity is likely an indicator of persons turning to religion in order to cope with the illness in response to increasing disability.

### Curvilinear Relationships between Religiosity and Mental Health in Various Religious and Non-Religious Groups in Brazil

Researchers from the Federal University of Minas Gerais in Brazil surveyed a convenience sample of 1,788 Brazilians (ages 18-74, average 37 years) using Survey Monkey to examine the relationship between religiosity and mental health. Participants were 39.9% religious, 27.2% spirituals, 22.0% atheist, 9.7% agnostic, and 1.2% another religion; 47.2% indicated they did not have a religious affiliation, 18.9% were Spiritists, 14.8% were Catholic, 8.7% were Evangelical Protestants, and 10.3% followed another religion. Besides assessing religious/spiritual identity, the BSBS scale assessed level of belief/disbelief in spiritual beings psychologically similar to humans who interact with the world (called "spiritual belief"). Religiosity was measured by the 5-item Duke Religion Index (DUREL) (called "religious/spiritual experience" [R/SE]). Mental health was assessed by the Subjective Happiness Scale, Meaning in Life Questionnaire, Generalized Anxiety Disorder Scale (GAD-7), and PHQ-9 (depression). Linear regression was used to analyze the data, controlling for gender, marital status, age, education, and economic level. **Results:** R/SE were significantly and positively related to greater happiness, greater meaning in life, fewer anxiety symptoms, and fewer depressive symptoms. Spiritual beliefs were less consistently related to these mental health states. Those with intermediate levels of R/SE (spirituals and agnostics) had worse mental health than those religious individuals or atheists. Although those scoring higher on R/SE experienced significantly more happiness and meaning in life than atheists, no difference was found between the two groups on depressive or anxiety symptoms. Researchers concluded that "...R/SE is related in different ways to the positive and negative components of mental health."

*Citation:* Gontijo, D. F., Silva, D. M. R., & Damásio, B. F. (2022). Religiosity/spirituality and mental health: Evidence of curvilinear relationships in a sample of religious people, spirituals, atheists, and agnostics. *Archive for the Psychology of Religion*, EPUB ahead of press.

*Comment:* Although a cross-sectional study involving a convenience sample, the large sample size and wide variety of religious and non-religious participants makes this study worth noting.

## 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 August 23, 2022, occurring at 12:00-1:00 EST, will be delivered by **Harold G. Koenig, MD, Professor of Psychiatry and Behavioral Sciences, Associate Professor of Medicine, Duke University Health Systems**. The title of his presentation is **Spiritual Readiness in the U.S. Military**. 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/>. All those who receive this e-newsletter will receive a Zoom link approximately 1 week before the Webinar.

### Issue of *Frontiers in Psychology* Devoted to Spirituality and Mental Health

An entire issue of the journal *Frontiers in Psychology* has been devoted to the topic of spirituality and mental health. To read the 16 articles in this issue go to: <https://www.frontiersin.org/research-topics/19924/spirituality-and-mental-health-exploring-the-meanings-of-the-term-spiritual>.

## SPECIAL EVENTS

### 18<sup>th</sup> Annual Duke University Summer Research Workshop

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

**Last chance to register** in 2022 for 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**. For more information, go to: <https://spiritualityandhealth.duke.edu/index.php/5-day-summer-research-course/>.

## RESOURCES

### Books

#### **God, Grades, and Graduation: Religion's Surprising Impact on Academic Success**

(Oxford University Press, 2022)

From the publisher: "It's widely acknowledged that American parents from different class backgrounds take different approaches to raising their children. Upper and middle-class parents invest considerable time facilitating their children's activities, while working class and poor families take a more hands-off approach. These different strategies influence how children approach school. But missing from the discussion is the fact that millions of parents on both sides of the class divide are raising their children to listen to God. What impact does a religious upbringing have on their academic trajectories? Drawing on 10 years of survey data with over 3,000 teenagers and over 200 interviews, *God, Grades, and Graduation* offers a revealing and at times surprising account of how teenagers' religious upbringing influences their educational pathways from high school to college. Dr. Ilana M. Horwitz estimates that approximately one out of every four students in American schools are raised with religious restraint. These students orient their life around God so deeply that it alters how they see themselves and how they behave, inside and outside of church. This book takes us inside the lives of these teenagers to discover why they achieve higher grades than their peers, why they are more likely to graduate from college, and why boys from lower middle-class families particularly benefit from religious restraint. But readers also learn how for middle-upper class kids--and for girls especially--religious restraint recalibrates their academic ambitions after graduation, leading them to question the value of attending a selective college despite their stellar grades in high school. By illuminating the far-reaching effects of the childrearing logic of religious restraint, *God, Grades and Graduation* offers a compelling new narrative about the role of religion in academic outcomes and educational inequality." Available for \$26.44 (hardcover) from <https://www.amazon.com/God-Grades-Graduation-Religions-Surprising/dp/0197534147/>.

#### **Faith and Science**

(Crossroad Publishing Company, 2022)

From the publisher, "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 \$26.95 (paperback) from <https://www.amazon.com/Faith-Science-Journey-into-Mystical/dp/0824595084/>.

#### **Science of Life after Death**

(Springer Nature, 2022)

From the publisher, "This book examines the best available empirical evidence regarding one of the most challenging and pervasive questions throughout ages, cultures, and religions: the survival of human consciousness after death. It begins with a contextual overview of belief in personal survival and refutes misguided historical and epistemological arguments against the notion of survival after death (e.g., irrational, purely religious, impossible to be addressed by science, that has been proved false

by neuroscience). The book provides an overview of the scientific evidence regarding the survival of human consciousness after death, focusing on studies on mediumship, near-death and out-of-body experiences, and reincarnation. Featured topics of coverage include: the belief in life after death in the contemporary world as well as in the history of religions and philosophy; the key misguided arguments and prejudices against the academic study of afterlife survival; what constitutes empirical evidence for survival after death?; the main explanatory hypotheses alternative to survival after death; the chief cultural barriers to a fair examination of the available evidence for survival of consciousness after death." Available for \$47.55 (paperback) from <https://www.amazon.com/Science-After-Death-SpringerBriefs-Psychology/dp/3031060555/>.

### **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 \$19.97 (used) at <https://www.amazon.com/Religion-Recovery-PTSD-Harold-Koenig/dp/1785928228/>.

### **Religion and Mental Health: Research and Clinical Applications**

(Academic Press, 2018) (Elsevier)

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

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

(Amazon: CreateSpace Publishing Platform, 2018)

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

### **Protestant Christianity and Mental Health: Beliefs, Research and Applications**

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

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

### **Catholic Christianity and Mental Health: Beliefs, Research and Applications**

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

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

### **Islam and Mental Health: Beliefs, Research and Applications**

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

For mental health professionals, clergy, researchers, and laypersons interested in the relationship between religion, spirituality and mental health in Muslims. Available for \$7.50 at: <https://www.amazon.com/Islam-Mental-Health-Research-Applications/dp/1544730330>.

### **Hinduism and Mental Health: Beliefs, Research and Applications**

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

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

### **Judaism and Mental Health: Beliefs, Research and Applications**

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

For mental health professionals, clergy, and researchers interested in the relationship between religion, spirituality and health in Judaism. Available for \$7.50 at: <https://www.amazon.com/Judaism-Mental-Health-Research-Applications/dp/154405145X/>

### **Buddhism and Mental Health: Beliefs, Research and Applications**

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

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

### **You are My Beloved. Really?**

(Amazon: CreateSpace Publishing Platform, 2016)

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

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

(Templeton Press, 2011)

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

### Other Resources

#### CME/CE Videos (Integrating Spirituality into Patient Care)

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



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



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INTERPROFESSIONAL CONTINUING EDUCATION

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

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

## TRAINING OPPORTUNITIES

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

With support from the John Templeton Foundation, Duke University's Center for Spirituality, Theology and Health is offering nine \$3,600 scholarships to attend the university's 5-day Workshop on conducting research on religion, spirituality, and health. Applications are now being sought for **the 2023 workshop to be held August 14-18, 2023**. 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/>

## FUNDING OPPORTUNITIES

### Templeton Foundation Online Funding Inquiry

The next deadline for Small Grant requests (\$234,800 or less) and Large Grant requests (more than \$234,800) is **August 19, 2022**.

The Foundation will communicate their decision (rejection or invitation to submit a full proposal) for all OFIs by October 14, 2022. Therefore, researchers need to think "long-term," perhaps collecting pilot data in the meantime, with or without funding support. JTF's current interests on the interface of religion, spirituality, and health include: (1) investigating the causal relationships between health, religion, and spirituality (determining direction of causation in associations reported; identifying the underlying causal mechanisms responsible), with a specific focus on longitudinal studies, and (2) engaging religious and spiritual resources in the practice of health care (increasing the religious and spiritual competencies of health care practitioners; testing the

impact of religiously integrated therapies; and increasing the scientific literacy of health care chaplains). More information: <https://www.templeton.org/project/health-religion-spirituality>.

## 2022 Csth Calendar of Events...

### August

- 8/1-3 **Harvard-Duke Conference on Moral Injury in Victims of Abuse**  
Held both online by Zoom and in-person  
Speakers: VanderWeele, Wortham, Koenig, etc.  
**Contact:** Dr. Jennifer Wortham  
([jwortham@fas.harvard.edu](mailto:jwortham@fas.harvard.edu))
- 8/13 **Brazilian Association of Psychiatry 6th International Symposium in Neuroscience**  
(online by Zoom)  
Title: **Multiple presentations on spirituality and health**  
Speakers: Moreira-Almeida, Koenig, etc.  
**Contact:** Aline Andrade ([eventos2@abp.org.br](mailto:eventos2@abp.org.br))
- 8/15-19 **18<sup>th</sup> Annual Spirituality and Health Research Workshop**  
On-site, in-person only  
Duke University Health Systems  
Durham, North Carolina USA  
Speakers: Blazer, Oliver, Kinghorn, Hamilton, Doolittle, Williams, Koenig  
**Contact:** Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))
- 8/23 **Spirituality and Health Research Seminar**  
12:00 -1:00 EST (online by Zoom)  
Title: **Spiritual Readiness in the US Military**  
Speaker: Harold G. Koenig, MD  
Professor of Psychiatry and Behavioral Sciences  
Duke University Health Systems  
**Contact:** Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))
- 8/29-30 **Spiritual Readiness in the US Air Force**  
On-site, in-person only; permission needed to attend  
US Air Force Academy, Colorado Springs, CO  
Title: **Spiritual Readiness for Combat Operations**  
Speaker: Harold G. Koenig, MD  
Professor of Psychiatry and Behavioral Sciences  
Duke University Health Systems  
**Contact:** Capt. Saul Rapoport  
([Saul.Rappeport@usafa.edu](mailto:Saul.Rappeport@usafa.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>