

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

LATEST RESEARCH

Spiritual Readiness for Combat Operations

Although plenty of emphasis has been placed on military readiness (munitions platforms and technology), there has been much less attention paid to the readiness of military personnel themselves – called “warrior readiness.” In addition, there is an aspect of warrior readiness that has been almost completely ignored in the training of military personnel, and that is “Spiritual Readiness.” Spiritual readiness (SR) is the strength of spirit that enables the warfighter to accomplish the mission with honor. Maintaining SR is essential for members of the U.S. Armed Forces and their allies in order to keep the peace and, when necessary, win wars. This is of particular concern since SR influences all other aspects of warrior readiness – psychological, social, behavioral, and physical. Intended for military leaders, military chaplains, and VA chaplains, this book reviews concerns about warrior readiness based on recent events in various branches of the U.S. military. These concerns are underscored by widespread reports of mental health problems and lack of psychological, social, and behavioral fitness. The book provides several definitions of SR that are relevant for military settings, and then discusses how to measure it. Measurement is important to establish an SR baseline and then track changes in SR over time in response to combat operations that may diminish it and examine the benefits of interventions intended to build and sustain it. Non-religious sources of SR are then examined, along with religious sources. Next, the book discusses what religious traditions have to offer, including those from Eastern, Indic, and Abrahamic faiths. This is followed by examination of the concept of “human flourishing,” as recently discussed in the *Proceedings of the National Academy of Sciences*, emphasizing states of well-being and happiness, mental and physical health, having meaning and purpose, demonstrating character and virtue, having close social relationships, and achieving financial stability). Human flourishing is then examined in relationship to warrior readiness, illustrating how human flourishing characterizes the warrior who is ready to accomplish missions at their highest level. Next, the book examines the relationship between SR and warrior readiness, providing a theoretical causal

model that illustrates how SR influences warrior readiness through direct and indirect effects on human flourishing. Systematic quantitative research is then reviewed that explores how religious involvement affects both (a) the pathways that lead to human flourishing and (b) human flourishing itself. The question of who is responsible for building and sustaining SR in the military is then addressed (government decision-makers, military leaders, behavioral health specialists, medical providers, and especially, military chaplains), followed by a series of chaplain interventions designed to prevent or treat emotional problems that diminish SR. Finally, the importance of fighting in a just war, fighting for the right reason, and fighting with honor is emphasized in order to reduce the moral injuries that might otherwise diminish SR. The book concludes with a series of practical recommendations for military leaders that will enable them to ensure that those under their command are spiritually ready when the time comes. And that time will surely come – the time when they will need to fight with their souls, their spirits, and everything that is within them in order to defend our freedoms and restore the goodness that the enemy will seek to destroy.

Citation: Spiritual Readiness: Essentials for Military Leaders and Chaplains

Comment: In order to achieve as wide a distribution of this book as possible, the authors are receiving no royalties. The book is priced on Amazon Kindle for \$0.99 and if a paperback copy is desired, the price is \$7.22 (printing costs only). Go to <https://www.amazon.com/Spiritual-Readiness-Essentials-Military-Chaplains-ebook/dp/B0BC29QTFS/>.

Religiosity and Risk of Developing Parkinson's Disease

From the department of neurology at Birmingham City Hospital and Center for Human Brain Health at the University of Birmingham, Birmingham, UK, Dr. the researcher Abidemi Otaiku analyzed prospective data on 9,796 participants to examine the effect of religiosity on risk of developing Parkinson's disease (PD) in the UK and the United States. Data were obtained from two longitudinal studies, the English Longitudinal Study of Aging (ELSA, n=7124) and the Midlife in the United States Study (MIDUS, n=2672). All participants were free from PD at baseline (2004-2011), and followed for an average of 8.1 years. The development of PD across waves of data collection was determined by self-report. Religiosity was assessed in both studies by the question: “How important is religion in your [daily] life?” In sensitivity analysis involving the MIDUS data, spirituality was measured at baseline with the question: “How important is spirituality in your life?” In that analysis, participants were categorized into three groups: (1) “religion very important”, (2) “spirituality very important but not religion”, and (3) “neither spirituality nor religion very important.” Also collected at baseline in both cohorts was information on religious affiliation (Christian, non-Christian, no religion), frequency of religious/spiritual service attendance, and frequency of private religious practice (prayer and meditation). Information on religious upbringing was also assessed in the MIDUS study in 1995-1996 (“How important was religion in your home when you were growing up?”). In secondary analyses,

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changes in religiosity prior to baseline were also examined by subtracting scores for religiosity at baseline from scores measured 10 years earlier, creating three categories: religiosity increased, religiosity decreased, and religiosity unchanged. Baseline was considered to be 2010-2011 for the ELSA and 2004-2006 for the MIDUS. Covariates measured at baseline included age, ethnicity, marital status, education, smoking status, alcohol consumption, diabetes, hypertension, mental health conditions, self-rated health, physical activity levels, information on cognitive impairment and severe mental disorder (ELSA only), and history of serious head injury (MIDUS only). Logistic regression was used to analyze the data, while controlling for covariates. Pooled and cohort-specific analyses were conducted. Sensitivity analyses were also conducted to confirm the robustness of the findings. Finally, a secondary data analysis was conducted on the MIDUS data in order to examine changes in religiosity during the preceding 10 years and risk of incident PD during follow-up. **Results:** The average age of participants at baseline was 65 years in the ELSA cohort and 55 years in the MIDUS cohort. The incidence of PD in the combined cohorts during the 8-10 year follow-up was 0.8% (n=74). Logistic regression analyses controlling for covariates above, including frequency of private religious activities and frequency of religious service attendance, found a nearly tenfold increase in risk of PD among participants who indicated that religion was not at all important (OR = 9.99, 95% CI = 3.28-30.36, $p < 0.001$). This effect was found in both the ELSA dataset (OR = 6.89, 95% CI = 1.48-32.01, $p < 0.05$) and in the MIDUS dataset (OR = 13.69, 95% CI = 1.63-114.97). In addition, there was a significant “p for trend” present overall ($p < 0.001$) and in both ELSA ($p = 0.006$) and MIDUS datasets ($p = 0.003$), indicating a dose-response relationship between decreasing religiosity and increasing PD risk. The researcher concluded: “This longitudinal study provides evidence for the first time that low religiosity in adulthood may be a strong risk factor for developing PD.”

Citation: Otaiku, A. I. (2022). Religiosity and risk of Parkinson's disease in England and the USA. *Journal of Religion and Health*, EPUB ahead of press (<https://doi.org/10.1007/s10943-022-01603-8>).

Comment: This is a very well-done study with results that are sobering.

The Effect of Praying for Others on Survival among People Living with HIV in the US

Researchers in the department of psychology at the University of Miami at Coral Gables, Florida, analyzed data from a 17-year prospective study of 102 people living with HIV in the U.S. Average age of participants at study entry was 37.8 years (SD = 8.23); 39% were African-American, 29% Hispanic, and 29% white; 14% were raised Protestant, 31% Catholic, 4% Jewish, 8% “none”, and 40% other (the majority Baptist). The average CD4 count among participants was 309 (SD = 84), and 80% were taking anti-retroviral medication at study entry. Participants were asked how frequently they prayed, and then asked who they prayed for, with the following response options: self-prayer (73.5% of participants), known others (family, loved ones, friends, pastor, congregation, coworkers, neighbors; 29.4%), unknown others (everyone, world in general, the sick, homeless, seniors, babies, children, leaders, the government; 22.5%), and prayers upward (Lord, Jesus, God; 5.9%); participants could report more than one category of prayer. Covariates controlled for in analyses included CD4 count, age, prescribed antiretroviral medication, education, gender, race, medication adherence, substance use (alcohol), and social support. Survival status was determined by the Death Master File (updated weekly) collected from 1997 to 2014. Cox proportional hazards regression was used to determine if “who one prayed for” predicted survival over 17 years. **Results:** The modal amount of prayer daily was 37.4%. Over the 17-year period, 34% of the sample died. Cox proportional regression analyses indicated that

prayer for known others at baseline (vs. not praying for known others) predicted a more than doubling of survival time (HR = 2.07, 95% CI = 1.02-4.22, $p < 0.05$). Researchers concluded: “People with HIV who prayed for known others were twice as likely to survive over 17 years compared to those who did not.”

Citation: Ironson, G., & Ahmad, S. S. (2022). Praying for people you know predicts survival over 17 years among people living with HIV in the US. *Journal of Religion and Health*, EPUB ahead of press (<https://doi.org/10.1007/s10943-022-01622-5>).

Comment: Another fascinating prospective study using state-of-the-art statistical methodology to examine the effects of praying for known others on survival among those with HIV.

Religiosity and Mental Health among Young U.S. Adults in Generation X

Researchers from several departments at Syracuse University in New York analyzed the effects of religiosity on mental health (psychological well-being, depression, self-esteem) among 510 young Gen-Xers participating in the Longitudinal Study of Generations (LSOG). Participants were surveyed in the year 2000 (ages 18-19 years), 2005 (ages 23-34), and 2016 (ages 34-45 years). Latent class analysis was used to identify three classes across the three waves: nonreligious, strongly religious, and spiritual-but-not-religious. Psychological well-being was measured with the 5-item Bradburn Scale of Psychological Well-Being; depression by the 20-item CES-D; and self-esteem by the 10-item Rosenberg Self-Esteem Scale. Religiosity was assessed by frequency of attendance at religious services, self-rated religiosity, and self-rated spirituality. Controlled for in regression analyses were age, gender, race, marital status, education, annual income, as well as the baseline values of the mental health outcomes.

Results: Young adults in the non-religious class across waves reported lower psychological well-being, lower self-esteem, and more depressive symptoms during established adulthood compared to those who were in the strongly religious class. There were no differences in any of the mental health outcomes between strongly religious and spiritual-but-not-religious participants, although the trend was in the same direction as for non-religious participants. Researchers concluded: “Findings suggest that religiosity may serve as an important resource for mental health in the transition to established adulthood. Implications are discussed in the context of declining religiosity in the U.S. over recent decades.”

Citation: Hwang, W., Cheng, K. J., Kim, J. H., Brown, M. T., Vasilenko, S. A., & Silverstein, M. (2022). Religiosity and mental health among young-adults in Generation X from emerging to established adulthood. *Journal of Adult Development*, EPUB ahead of press (<https://doi.org/10.1007/s10804-022-09414-7>).

Comment: Another carefully controlled and analyzed prospective study demonstrating the positive effects of religiosity on mental health over time among young adults.

Religiosity, Social Support, and Resilience among Pregnant Women in Indonesia during the COVID-19 Pandemic

Investigators from the faculty of psychology at the University of Ahmad Dahlan in Indonesia and the University of the Philippines in Manila analyzed cross-sectional data on 230 pregnant women who were registered at several primary healthcare clinics in Yogyakarta. Participants ranged in age from 20 to 35 years; 60% had more than 12 years of education; 95% were Muslim; and 24% were in their first trimester, 32% in their second trimester, and 44% in their third trimester. Psychological resilience was assessed by the 22-item CD-RISC. Social support was assessed by the 15-item Social Support Scale. Health literacy was assessed by the 16-item Health Literacy Survey-Europe-16 Questionnaire (HLS-EU-Q). Religiosity was measured by an 18-item scale that included

assessments of ideology, rituals, experience, knowledge, and consequences (Huber & Huber, 2012). Path analyses (SEM) were used to analyze the data. It is unclear whether any variables were controlled for in these analyses other than those in the path model (resiliency, social support, health literacy, and religiosity). **Results:** Path analysis revealed a significant indirect positive effect of religiosity through health literacy on psychological resilience ($b=0.269$, $p=0.01$). Social support, however, was more strongly related to psychological resilience than was religiosity. Researchers concluded "... there is a suitable health literacy mediation model between social support and resilience, and religiosity with resilience."

Citation: Irianjani, N. D., Hayati, E. N., & De Guzman, M. T. Social support, religiosity, and health literacy as predictors of resilience in pregnant women during COVID-19 pandemic. Journal of Educational, Health and Community Psychology 11 (1), 172-187

Comment: Although this study involved a cross-sectional analysis of a convenience sample of pregnant women, the particular location (Indonesia) and the time period (during COVID-19) make this a noteworthy study.

Religiosity and Medication Adherence among Patients with Cardiovascular Disease

The authors of this article, from universities in Qatar and the U.S., conduct a systematic review of the literature to locate all studies of religiosity/spirituality and medication adherence published between 2006 and 2018. Of 407 study titles screened, 30 abstracts were reviewed, and 11 full text articles were evaluated, resulting in 9 studies that were included in the review. Of the nine studies reviewed, most were conducted in the USA (7 of 9) and most involved patients with hypertension (6 of 9). Five of 9 studies found that medication adherence improved with higher levels of religiosity/spirituality (R/S). Researchers concluded: "... the findings suggest that future studies are needed to explore the relationship between R/S and medication adherence among patients with other types of CVD's [aside from hypertension and congestive heart failure]. Moreover, there is a need to develop interventions to improve patients' medication-taking behaviors that are tailored to their cultural beliefs and R/S."

Citation: Elhag, M., Awaisu, A., Koenig, H. G., & Mohamed Ibrahim, M. I. (2022). The association between religiosity, spirituality, and medication adherence among patients with cardiovascular diseases: A systematic review of the literature. Journal of Religion and Health, EPUB ahead of press, <https://doi.org/10.1007/s10943-022-01525-5>.

Comment: This review comprehensively assesses the literature between 2006 and 2018 on religiosity/spirituality and medication adherence among patients with CVD. All studies are described in detail and their quality assessed.

New Age Healing

Jeff Levin examines the origins, definitions, and implications of New Age healing for religion and medicine in this article. After describing what the "New Age" is, he goes on to describe what New Age healing consists of. New Age healing, according to Levin, includes a mixture of mysticism, esoteric metaphysics, the occult, and self-actualization themes. He then reviews a discussion of the various critiques of New Age healing from conservative religious, secular-rationalist, and biomedical viewpoints. He points out that although the New Age label is not used very much today within Western medicine and mainline religion, it continues to have an impact on both. He concludes with the discussion of the implications that New Age healing has for modern medicine and current day religion.

Citation: Levin, J. (2022). New Age healing: Origins, definitions, and implications for religion and medicine. Religions, 13(9), 777.

Comment: Jeff Levin is an excellent writer and has vast knowledge about this area which he has written on numerous times before.

Anyone wanting to better understand New Age healing, needs to read this article.

Addressing the Spiritual Needs of Hindus in Hospital Chaplaincy

Oncologist Rushil Patel provides an informative and easy to read article on the spiritual needs of Hindu patients and how chaplains can address these needs as they arise in hospital and palliative care settings. Hindu patients may be unfamiliar with the role of chaplains, and so this needs to be explicitly explained to them. Likewise, chaplains may not be familiar with Hindu beliefs and practices, and so need education in this regard. Dr. Patel provides 10 things that palliative care chaplains need to know about when caring for Hindu patients and their families. Here they are: (1) the principles of karma and transmigration often influence perceptions of illness and symptom management; (2) Yoga is a Hindu tradition that emphasizes the association with God; (3) Hindus may be unfamiliar with palliative care, and so patients' and family members' awareness of palliative care needs to be assessed and education provided; (4) access to sources of spiritual support need to be identified and provided; (5) dietary practices may be very important for Hindu patients and may affect medical management and disposition planning; (6) Hindus may perform daily rituals and maintain religious symbols when hospitalized, and these should be supported; (7) Ayurveda is a system of Hindu medicine and may be used alongside traditional medicine; (8) end-of-life rites and rituals are important to Hindus, and unless addressed, may serve as a barrier to palliative care; (9) Hindus embrace advance care planning (although living wills are seldom in place); and (10) acculturated Hindus may maintain traditional values that impact their medical decision-making, so these should be inquired about.

Citation: Patel, R. V. (2022). The missing voice: Incorporating the Hindu community in developing inclusive chaplaincy. Journal of Pastoral Care & Counseling, EPUB ahead of press (<https://doi.org/10.1177/15423050221119179>).

Comment: This is an extremely informative and well written article that all chaplains (and medical and nursing clinicians) should take the time to read.

Dementia Caregivers' Use of Religion to Cope During the COVID-19 Pandemic

Researchers from the departments of nursing and medicine at the University of Texas at Austin, Baylor College of Medicine, and University of Pennsylvania conducted this qualitative study that examined the perspectives of 11 family caregivers of persons with Alzheimer's disease related dementia (ADRD). The purpose was to explore how they (and their family member with ADRD) used religion/spirituality (R/S) to cope during the pandemic. Caregivers included 4 of those whose loved ones were in nursing homes and 7 of those who cared for their family member at home. Caregivers noted that organized R/S practices had been largely unavailable, but these were compensated for by using prayer and reading religious texts, which enhanced their mood and well-being during this time. The researchers concluded: "Healthcare professionals' sharing of individual and community R/S resources available for ADRD-caregiver dyads could decrease anxiety and agitation, while improving their ability to cope with increased isolation."

Citation: Britt, K. C., Richards, K. C., Radhakrishnan, K., Vanags-Louredo, A., Park, E., Gooneratne, N. S., & Fry, L. (2022).

Religion, spirituality, and coping during the pandemic: Perspectives of dementia caregivers. Clinical Nursing Research, EPUB ahead of press

Comment: This article sheds light on the dilemmas faced by ADRD caregivers and cared for family members during the COVID-19 pandemic, and the way they coped with those dilemmas by utilizing their religious faith.

NEWS

Call for Papers on Suicide

In this call for papers, the *Journal of Religion and Health* is seeking to renew their commitment to the study of religion, spirituality, and suicide by asking for theoretical, conceptual, methodological, and/or empirical manuscripts that address and advance our understanding of suicide by addressing questions such as: 1. Does religion/spirituality protect against suicidal behavior? If so, how?; 2. Does religion/spirituality increase the risk of suicidal behavior? If so, how?; 3. Does religion/spirituality interact with the effects of secular risk factors for suicidal behavior?; 4. Does suicidal behavior impact the experience of religion/spirituality? If so, how?; 5. Does religion/spirituality relate to the prevention and practice of caring for people in the context of suicide?; 6. What is the role, if any, of medical, nursing, allied health practitioners (e.g., psychologists, chaplains, social workers, occupational therapists, physio/physical therapists, speech-language therapists, art therapists, rehabilitation counselors, etc.) and first responders (e.g., police, paramedics, firefighters), with regard to the practice of prevention and/or caring for people within context of suicide? Consistent with the tradition of the journal, JORH invites submissions from the social, psychological, behavioral, theological, pastoral/spiritual, medical, nursing, and allied health sciences that will address important topic areas relating to suicide (e.g., adolescent suicide, veteran suicide, etc.). JORH welcomes manuscripts from around the world and from diverse perspectives and faith traditions. Authors should prepare manuscripts in accordance with JORH submission guidelines (<https://www.springer.com/journal/10943/submission-guidelines>). The deadline for submissions is April 15, 2023.

Templeton Foundation Funding Support to Analyze Data and Publish from the National Survey of Religious Leaders (NSRL)

The NSRL research team invites proposals from researchers who wish to apply for \$2,000 honoraria to prepare a conference presentation and write an article based on NSRL data. The NSRL is a new survey of a nationally representative sample of 1,600 U.S. clergy from across the religious spectrum. Conducted in 2019-2020, the NSRL contains a wealth of information about congregations' religious leaders and provides a rich new resource for answering a wide range of questions about clergy who serve congregations. The survey included questions about respondents' jobs and careers, including job satisfaction; religious beliefs and practices; views about and practices related to mental health; attitudes and practices related to end-of-life issues; community involvement; political attitudes and practices; engagement with the larger religious world; knowledge of and attitudes about science, and how science informs their work; primary information sources; mental and physical health; and demographic characteristics such as gender, race/ethnicity, age, education, birthplace, marital status, and income. Proposals should be submitted by 5 pm EDT on Monday, October 3, 2022. See <https://sites.duke.edu/nsrl/award-details> for more details.

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 Tuesday, September 27, 2022, occurring at 12:00-1:00 EST, will be delivered by **John R. Peteet, M.D., Associate Professor of Psychiatry at**

Harvard Medical School. The title of his presentation is **Christianity and Psychiatry**. 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.

Religious Health Interventions in Behavioral Sciences Taxonomy Publication

This research project funded by the John Templeton Foundation has developed the first multidisciplinary taxonomy proposing a global shared language within religion, spirituality, and health. This taxonomy seeks to answer the following questions: "Can religious practices within health interventions be scientifically classified? Can the classification gain international, cross-disciplinary agreement? Can the classification be reliably and easily used?" The publication can be accessed here: <https://academic.oup.com/tbm/advance-article/doi/10.1093/tbm/ibac054/6675464?questAccessKey=b4fde757-adda-4b21-8aee-61e19d29847c>. Please feel free to get in touch with the authors if planning to use the taxonomy and please forward onto others who may be interested in this work (contact: Riya Patel ac1977@coventry.ac.uk).

SPECIAL EVENTS

Religion and Medicine Conference

(Columbus, Ohio, March 12-14, 2023)

Abstracts for paper presentations, posters, panel and workshop sessions that address issues at the intersection of medicine and religion, including but not limited to the conference theme must be submitted by Sunday, October 16, 2022. The conference theme this year is "At the Limits of Medicine: Caring for Body and Soul." The theme of this year's conference is an invitation to consider the boundaries of medicine—beyond what can be done to what ought to be done—by following the central theme of how medicine seeks to care for souls. As always, the conference organizers welcome a range of interests from practical, clinical presentations to theological and philosophical reflections and more. The 2023 Conference on Medicine and Religion invites clinicians, scholars, clergy, students and others to take up these and other questions related to the intersection of medicine and religion. We encourage participants to address these questions and issues in light of religious traditions and practices, particularly, though not exclusively, those of Judaism, Christianity and Islam. The conference is a forum for exchanging ideas from an array of disciplinary perspectives, from accounts of clinical practices to empirical research to scholarship in the humanities. For more information go to: <http://www.medicineandreligion.com/>.

RESOURCES

Books

Mantle of Mercy: Islamic Chaplaincy in North America

(Templeton Foundation Press, 2022)

From the publisher: "This engaging collection presents thirty essays by Muslim chaplains reflecting on their experiences as spiritual caregivers. Through their first-hand accounts, they impart how they skillfully apply the mercy and compassion of the Prophet Muhammad to the people in their care. They also share how their faith informs their service, how they navigate the obstacles of a

predominantly Christian profession, and how they administer to the spiritual needs of people of different faiths or of no faith at all. Working in a variety of settings—including hospitals, prisons, universities, and the armed forces—Muslim chaplains encounter unique challenges on a daily basis, requiring them to call upon the resources of their Islamic faith with wisdom and tenderness. The contributors to this volume explore these circumstances vividly and honestly. Their personal stories are instructive of how Islamic principles can be employed with spiritual insight to bring strength and comfort to the sick and suffering.” Available for \$24.95 (hardcover) from <https://www.amazon.com/Mantle-Mercy-Islamic-Chaplaincy-Spirituality/dp/1599475936/>.

The Connections Paradigm: Ancient Jewish Wisdom for Modern Mental Health

(Templeton Foundation Press, 2021)

From the publisher: “This book introduces an approach to mental health that dates back 3,000 years to an ancient body of Jewish spiritual wisdom. Known as the Connections Paradigm, the millennia-old method has been empirically shown to alleviate symptoms of stress, anxiety, and depression. After being passed down from generation to generation and tested in clinical settings with private clients, it is presented here for the first time to a wide audience. The idea behind the paradigm is that human beings, at any given moment, are either “connected” or “disconnected” across three key relationships. To be “connected” means to be in a loving, harmonious, and fulfilling relationship; to be “disconnected” means, of course, the opposite. The three relationships are those between our souls and our bodies, ourselves and others, and ourselves and God. These relationships are hierarchal; each depends on the one that precedes it. This means that we can only connect with God to the extent that we connect with others, and we cannot connect with others if we don’t connect with ourselves. The author, Dr. David H. Rosmarin, devotes a section to each relationship, and describes techniques and practices to become a more connected individual. He also brings in compelling stories from his clinical practice to show the process in action. Whether you’re a clinician working with clients, or a person seeking the healing balm of wisdom; whether you’re a member of the Jewish faith, or a person open to new spiritual perspectives, you will find this book sensible, practical, and timely, because, for all of us, connection leads to mental health.” Available for \$19.95 (paperback) from <https://www.amazon.com/Connections-Paradigm-Ancient-Jewish-Spirituality/dp/1599475502/>.

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.



JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

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

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

credit commensurate with the extent of their participation in this activity.

TRAINING OPPORTUNITIES

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

With support from the John Templeton Foundation, Duke University's Center for Spirituality, Theology and Health is offering nine \$3,600 scholarships to attend the university's 5-day Workshop on conducting research on religion, spirituality, and health. Applications are now being sought for the 2023 workshop to be held August 14-18. These scholarships will cover the \$1200 tuition, up to \$1500 in international travel costs, \$500 in hotel expenses, and \$400 in living expenses. They are available only to academic faculty and highly promising 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 highly competitive and awarded to talented well-positioned faculty/graduate students with the potential to conduct research on religion, spirituality, and health, and serve as research leaders in their part of the world. If you want to know more about this program, contact Harold.Koenig@duke.edu or go to our website for a description of the workshop: <https://spiritualityandhealth.duke.edu/index.php/5-day-summer-research-course>. **Please let your academic colleagues in developing countries know about this unusual and time-limited opportunity.**

Unfortunately, but not surprisingly, the demand for such scholarships has far exceeded availability. Now that we are set up to evaluate potential scholarship recipients, we are hoping to identify individuals or foundations willing to support highly qualified third-world applicants whom we are unable to provide scholarships to in 2023 and the years ahead (this grant ends after the 2023 workshop). 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 2023 or future years. If you are interested in sponsoring one or more such applicants and want to know more about this program, or have ideas about other sources of support, please contact Harold.Koenig@duke.edu.

Theology, Medicine, and Culture Initiative

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

Theology, Medicine, and Culture Fellowship

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

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

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

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 18, 2023**.

The Foundation will communicate their decision (rejection or invitation to submit a full proposal) for all OFIs by October 13, 2023. 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...

Sept

- 9/8-11** **American Association of Christian Counselors (AACC) World Conference**
Dallas, TX
Title: **Multiple presentations**
Speakers: Worthington, Koenig, and others
Contact: Mercy Connors (Mercy.Connors@aacc.net)
- 9/27** **Spirituality and Health Research Seminar**
12:00 -1:00 EST (online by Zoom)
Title: **Christianity and Psychiatry**
Speaker: **John Raymond Peteet, M.D.**
Associate Professor of Psychiatry
Harvard Medical School
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

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

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