

CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health

Volume 12

Issue 4

Oct 2022

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

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

LATEST RESEARCH

Religion and Health among Active-Duty Women in the U.S. Military

In this study, researchers from the Department of Human Development & Family Science and other professional schools at East Carolina University, Greenville, NC, examine the relationship between religiosity, traumatic stressor, and PTSD symptoms among active-duty women in the U.S. military. First, the authors point out that 16% of today's military workforce are women. Then they review the unique challenges in the military faced by women, who are at greater risk than men for developing a variety of emotional illnesses, including PTSD and major depression. The DoD officially opened up all combat jobs to women in 2016, increasing the future risk of traumatic stress among women service members. The purpose of the present study was to examine the relationship between spirituality and mental health outcomes (traumatic stress and PTSD symptoms) among 43 women now serving in the US military (average age 31.7 years, SD = 7.2). Traumatic stressors were assessed using the 13-item Traumatic Events Questionnaire (TRAUMA), and PTSD symptoms were assessed by the 4-item PTSD screener (PTSD). Religiosity was measured using the 5-item Duke University Religion Index, which assesses frequency of religious attendance (ORA), frequency of private religious activities (NORA), and level of intrinsic religiosity (IR). Hierarchical regression was used to explore the relationship between variables and the moderating effects of religious involvement on the relationship between traumatic stress and PTSD symptoms. Analyses were controlled for age, length of time in the service, number combat and non-combat deployments, relationship status, military rank, religious affiliation, and branch (appropriately controlling for one variable at a time due to the small sample size). **Results:** A positive association was found between traumatic events/stress and PTSD symptoms ($r=0.29$), as well as with NORA assessed by the DUREL ($r=0.33$, $p<0.05$), likely due to turning to religion as a coping response in the face of trauma. More importantly, a significant interaction (TRAUMA x Religiosity) was found between traumatic events/stress and each of the three dimensions of religiosity in predicting PTSD symptoms. In other

words, the association between traumatic events/stress and PTSD symptoms changed at different levels of religious involvement ($b=-0.49$, $p=0.03$, for ORA; $b=-0.47$, $p=0.02$, for NORA; and $b=-0.64$, $p=0.003$, for IR). At higher levels of R/S, the relationship between TRAUMA and PTSD became progressively weaker. Results remained relatively constant even after controlling for demographic factors and military characteristics. Researchers concluded: "...when religiousness and spirituality were low, post-traumatic stress drastically increased with more trauma exposure, suggesting that women with more ambiguous beliefs and low or inconsistent religious practices will likely experience more posttraumatic stress symptoms when exposed to more traumatic stress than those with more consistent or high levels of spirituality and religiousness."

Citation: Richardson, N. M., Lamson, A. L., Sesemann, E. M., & Lacks, M. (2022). Religion in the face of trauma: active duty women and spiritual health. *Mental Health, Religion & Culture*, EPUB ahead of press.

Comment: This is an important study, one of the first studies to examine the relationship between religiosity, traumatic stress, and PTSD symptoms among active-duty women in the U.S. military. The significant findings are notable, despite the small sample size (or perhaps, because of the small sample size).

Religion/Spirituality and Mental Health: Relationships Across the Lifespan in Canadians

Investigators from the Faculty of Human Sciences, St. Paul University, Ottawa, and the School of Epidemiology and Public Health at the University of Ottawa, analyzed data from a national random sample of 20,019 Canadian adults ages 25 or older (the 2012 Canadian Community Health Survey). Religion/spirituality (R/S) was assessed by a single question: "To what extent do your religious or spiritual beliefs give you the strength to face everyday difficulties?" Response options were on a 4-point Likert scale ranging from "a lot" to "not at all". Mental health was assessed by the 14-item Mental Health Continuum-Short Form (assessing emotional well-being and positive functioning) and the Kessler's 6-item Psychological Distress Scale (K-6). Control variables included age, gender, household income, education, marital/relationship status, race/ethnicity, chronic pain, close relationships, and lifetime prevalence of mental health/substance abuse disorders. Analyses were conducted with the overall sample and stratified by age (25-44, 45-64, and ≥ 65). **Results:** With regard to responses to the question regarding whether R/S beliefs give strength to face everyday difficulties, 26.8% indicated not at all, 17.2% indicated a little, 22.9% indicated some, and 33.1% indicated a lot. Multiple linear regression results demonstrated a positive relationship between R/S and positive mental health ($B= 3.72$, $SE = 0.31$, $p<0.001$). There was significant interaction between R/S and age, however, such that those age 65 or older who indicated "a lot" for R/S were significantly more likely to experience positive health benefits ($p<0.001$) that did younger ages; in fact, no association between R/S and positive mental health was found in those ages 25-44 or 45-64 ($p=0.76$). With regard to psychological distress, there was no association with R/S ($p=0.30$), and the age interaction was not significant. Researchers concluded: "Findings

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highlight the importance of R/S and positive mental health across the adult lifespan.”

Citation: Manoiu, R., Hammond, N. G., Yamin, S., & Stinchcombe, A. (2022). Religion/spirituality, mental health, and the lifespan: Findings from a representative sample of Canadian adults.

Canadian Journal on Aging, EPUB ahead of press.

Comment: Although cross-sectional, and therefore preventing causal inference, this study involved a large representative sample of Canadians and controlled for multiple covariates, making the findings relevant.

Relationship between Religiosity/Spirituality and Life Satisfaction among Canadians with Neurological Illness

Investigators from the school of health sciences, College of New Caledonia, Prince George, British Columbia (along with the University of Saskatchewan and the Saskatchewan Cancer Agency) analyzed data from a subsample of 4,562 participants with neurological conditions from the provinces of New Brunswick and Manitoba in the Canadian Community Health Survey, a nationally representative sample of Canadians aged 12 or older (described in the study above). Neurological conditions included Alzheimer’s disease, Parkinson’s disease, Huntington’s disease, stroke, Tourette syndrome, dystonia, muscular dystrophy, spina bifida, brain injuries, spinal cord injury, brain and spinal cord tumors, hydrocephalus, and migraine headaches. A single question asked about general life satisfaction, with response options ranging from 0 (very dissatisfied) to 10 (very satisfied); for this analysis responses were categorized into very satisfied or satisfied (1) and the remaining responses were classified as dissatisfied (0). Spirituality was assessed by the following three questions: “Do spiritual values play an important role in your life?” (yes = 1 [38.9%], no = 0); “To what extent do your spiritual values give you the strength to face everyday difficulties?” (yes = 1 [74.8%], no = 2); and “Not counting events such as weddings or funerals, during the past 12 months, how often did you participate in religious activities or attend religious services or meetings?” (0 = not at all, 50.5% of respondents, 1 = regular [25.8%, at least once a week/at least once a month], and 2 = irregular [23.7% at least three times a year or twice a year]). Control variables included age, gender, marital status, level of education, total personal income, self-perceived health, and self-perceived mental health.

Results: Bivariate analyses indicated that those who attended religious services regularly were almost 3 times more likely to experience high general life satisfaction compared to non-attenders (OR=2.78, 95% CI=1.28-6.03, p=0.01); those indicating strength from spiritual values were also more than twice as likely to experience high general life satisfaction compared to those not experiencing such strength, although this did not reach statistical significance (OR=2.18, 95% CI=0.76-6.29, p=0.14). In multivariate analyses that controlled for the above covariates, strength from spiritual values for coping with everyday difficulties was significantly related to greater life satisfaction (OR=4.65, 95% CI=1.13-19.18, p=0.035), as was regular attendance at religious services (OR=3.00, 95% CI=1.07-8.42, p=0.037). Researchers concluded: “It may be beneficial to incorporate spiritual and religious needs in the circle of care for those living in the community with neurological conditions.”

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

Comment: Very few studies have examined the relationship between spirituality/religiosity and life satisfaction in those with neurological conditions, particularly utilizing such a large population-based sample of participants and controlling for multiple confounders.

Spirituality/Religiousness, Self-Esteem, and Quality of Life in Brazilians with Epilepsy

Researchers from the Postgraduate Program in Health Sciences and the School of Medicine at the Pontifical Catholic University of Campinas, Sao Paulo, Brazil, surveyed 86 adult people with epilepsy (PWPs). PWPs were compared to 58 individuals in a control group (CG) matched for age, gender, and sociocultural conditions but with no history of neurological or psychiatric illness and with normal EEGs. Of the 86 PWEs, 48 had temporal lobe epilepsy with hippocampal sclerosis (TLE-HS), while 38 had other types of epilepsy. Religious preference was assessed, along with whether they attended religious services at the frequency suggested by their religion. R/S was assessed by 8 of 11 Brief Multidimensional Measure of Religion/Spirituality (BMMRS) scales: daily spiritual experiences, values/beliefs, forgiveness, private religious practices, religious/spiritual coping, religious support, organizational religiousness, and overall self-ranking as a religious/spiritual person. Lower scores indicated higher levels of R/S; as a result, when reporting results below, lower scores on religious variables were appropriately reported as higher levels of R/S involvement. Quality of life (QOL) was assessed by the Quality of Life in Epilepsy Inventory (higher scores indicated better QOL), and self-esteem (SE) was assessed by the Rosenberg Self-Esteem Scale (higher scores indicated higher self-esteem). Network analysis with Fruchterman-Reingold algorithm was used to assess the pattern of relationship between BMMRS scales, QOL, and SE. Only bivariate analyses (ANOVA) were used to compare TLE and CG groups (multivariate analyses were not performed). **Results:** No significant difference in religious practice was found between PWEs and those in the CG, nor was there a significant difference in religious practices between groups of individuals with epilepsy (TLE-HS vs. others with epilepsy). However, participants with TLE-HS scored higher on daily spiritual experiences (p=0.035, including those in the CG in the analysis) and overall self-ranking as a religious/spiritual person (p<0.001, again including the CG); in contrast, lower scores on religious/spiritual coping were observed in those with TLE-HS (p=0.012, including the CG). Religiousness was not correlated with self-esteem in any analyses. Sub-analyses demonstrated that the only correlations between BMMRS scales and QOL were found in the TLE-HS group; these were between forgiveness and the QOL dimensions of emotional well-being and energy fatigue.

Citation: Tedrus, G. M. A. S., & Marti, G. C. D. C. F. (2022). Brief multidimensional measure of spirituality/religiousness, self-esteem, quality of life, and epilepsy. *Epilepsy & Behavior*, 128, 108578.

Comment: The data analyses and presentation of results in this small sample were confusing and difficult to understand, and some of the results reported may have been inaccurate (making conclusions about R/S in different types of epilepsy with non-epilepsy controls in the analysis, e.g., Table 1). The only reason we include this study in the Newsletter is because it is published in a prominent neurological journal and it deals with a population of individuals in whom relationships between religiosity/spirituality and mental health are rarely examined objectively (other than a number of clinical reports of hyperreligiosity in those with TLE, which this study tends to confirm).

Spirituality/Religiosity and Depression among Cancer Patients in India

Researchers in the College of Nursing at AIIMS, Rishikesh, India, conducted a cross-sectional survey of 103 cancer patients (ages 18 to 65, average age 51.5 years) seen at inpatient and outpatient departments at a tertiary care center in the state of Uttarakhand, northern India. Most of participants (78%) followed the Hindu religion. Note that Rishikesh is a cultural and spiritual hub for northern India, being close to the Ganges river. Participants were undergoing radiation, chemotherapy, or surgery to treat their

cancer. Depressive symptoms were assessed with the PHQ-9, whereas R/S was measured by the Symptoms of Belief Inventory (SBI-15R). The SPI-15R assesses spiritual beliefs, spiritual practices (visiting or attending religious functions), and support received by a spiritual community. Only bivariate correlations were reported, since multivariate analyses yielded no significant predictors of either spirituality or depression. **Results:** Less than one-third of participants (31.1%) reported minimal or no depression, whereas nearly one-quarter (23.3%) suffered from moderate or severe depression. Most participants reported moderate (59%) to strong (18%) spiritual beliefs. Bivariate analyses indicated an inverse relationship between spirituality (total SBI-15R score) and depressive symptoms ($r=-0.21$, $p<0.05$). The researchers concluded: "Health care professionals can incorporate spirituality in caring for cancer patients to develop a positive outlook on living despite the illness... Establishing a spiritual support program as an integral part of a multidisciplinary approach can better cancer treatment in the Indian setting." *Citation:* Haokip, H. R., Chauhan, H., Rawat, I., Mehra, J., Jyoti, J., Sharma, K., ... & Xavier. (2022). Relationship between spirituality and depression among patients with malignant cancer at a selected tertiary care Institute-A study from North India. *Journal of Psychosocial Oncology*, 40(3), 331-346. *Comment:* Although a cross-sectional study of a small sample in northern India, the findings in this particular Indian population of cancer patients are worthy of note. However, also note that multivariate analyses indicated no significant predictors of either spirituality or depression.

Religion and Cancer in Sub-Saharan Healthcare Systems

Jill Olivier, from the Health Policy and Systems Division, School of Public Health and Family Medicine at the University of Cape Town, South Africa, comments in this article on the exclusion of religion from a major comprehensive report on how cancer is treated in sub-Saharan Africa (SSA). She notes that there is little published research on religion and cancer in this region, possibly due to (1) lack of resources for research; (2) a dominant focus on HIV and AIDS in the region; and (3) a diversity in beliefs and complexity of religious traditions in SSA and their impact on health seeking behaviors. She emphasizes the need to understand how religion impacts more broadly the health systems in SSA and how this might impact health seeking behaviors for cancer and for the control of cancer. She then discusses healthcare system concerns at the micro level (i.e., individual), meso level (i.e., institutional and organizational), and macro level (i.e., architecture and oversight). She concludes by stating: "For oncologists, clinicians, and other systems leaders, there is a need to think beyond religion as only relating to individual coping in cancer treatment - and instead consider the complex landscape of religious traditions and entities that potentially affect cancer control in multiple ways, especially in contexts with high levels of religiosity such as in SSA."

Citation: Olivier, J. (2022). Religion, cancer, and sub-Saharan African health systems. *Lancet Oncology*, 23(6), 706-708.

Comment: This is a fascinating commentary that helps to provide direction in terms of paying more attention to the role of religion in healthcare seeking for cancer and in cancer treatments in SSA.

Spiritual Pain

Researchers from the department of public health and community medicine at Tufts University conducted a literature review to determine and compare definitions of "spiritual pain." Of 144 possible papers, 7 provided definitions, although none incorporated clinical observations or pathophysiological explanations. The authors provide here a new definition of spiritual pain: "Spiritual pain is a self-identified experience of personal discomfort, or actual or potential harm, triggered by a threat to a person's relationship with God or a higher power. Spiritual pain

becomes clinically significant when it interferes with one's functionality and prevents one from entering the transcendent spaces of spiritual practices temporarily or permanently." The authors note several limitations to their study, including the scarce medical literature on the topic, largely derived from the hospice and palliative care settings; lack of applicable clinical criteria; difficulty in defining a clinical syndrome beyond the physical and psychological realms; and difficulty in delineating a personalized spirituality context. The authors concluded: "The spiritual dimension of the patient is a crucial yet elusive target for intervention, and more research for more diverse clinical and cultural populations will help to discern the best strategies to incorporate formal training in this key aspect of the holistic approach to medical care."

Citation: Illueca, M., Bradshaw, Y. S., & Carr, D. B. (2022).

Spiritual pain: A symptom in search of a clinical definition. *Journal of Religion and Health*, EPUB ahead of press.

Comment: Spiritual pain as described above likely has a strong overlap with the religious symptoms of moral injury (spiritual struggles and loss of faith).

Measures of Religion and Spirituality in Dementia

Researchers in the school of nursing at the University of Texas at Austin and at Emory University conducted a literature review to identify studies that focused on religious/spiritual (R/S) measures used in studies of persons with dementia (PWD). A total of 14 of the 1043 studies initially identified in the search were felt to be relevant. The researchers found 17 measures, six of which were adapted for use with PWD, although only two of these measures were psychometrically validated in this population (the FACIT-Sp and SpReuk). The studies reported significant positive association between R/S and cognitive functioning, as well as significant negative association between R/S and depression or behavioral problems. The authors concluded: "The two validated scales indicated acceptable validity with overall good reliability. Nevertheless, diverse samples and rigorous study designs are needed to improve R/S measures and to examine associations over time for PWD."

Citation: Britt, K. C., Kwak, J., Acton, G., Richards, K. C., Hamilton, J., & Radhakrishnan, K. (2022). Measures of religion and spirituality in dementia: An integrative review. *Alzheimer's & Dementia: Translational Research & Clinical Interventions*, 8(1), e12352.

Comment: This is an important literature review that identifies R/S measures that have been used in persons with dementia; unfortunately, one of the two psychometrically valid measures is heavily confounded with indicators of mental health and well-being (FACIT-Sp).

Translational Epidemiology of Religion

Jeff Levin at Baylor University proposes in this article that mainstream investigators often have difficulty determining the real-world applications of epidemiological findings on religion and health, particularly with regard to personal and population health. He proposes three types of practical translations: pastoral, clinical, and public health applications. With regard to public health applications, he indicates that the findings can be applied to the development of health promotion and disease prevention programs and to the formulation of health policy. Dr. Levin concludes: "As noted, by now there are thousands of published studies indicating that for religiousness, variously defined and assessed, there does appear to be an observable association with rates of morbidity and mortality almost across the board, even if a full understanding of its psychosocial and biobehavioral mediators has not yet been achieved."

Citation: Levin, J. (2022). Toward a translational epidemiology of religion: challenges and applications. *Annals of Epidemiology*, 75, 25-31

Comment: This is another brilliant and articulate piece that summarizes the practical applications of the research findings on religion and health both for clinical settings and for public health.

Integrating Spirituality into Psychiatric Practice

The authors, faculty from Yale University School of Medicine, Harvard Medical School, and other departments of psychiatry and bioethics institutions throughout the United States (including the American Psychiatric Association), drafted this article which addresses the relationship between religion/spirituality (R/S) and psychiatric practice. The article begins with a historical background, and then discusses the role of R/S in patients' lives, including both the negative and positive effects. More specifically, the article examines how R/S might be incorporated into psychiatric care. As part of this discussion, the authors address the ethical considerations of doing so and the boundaries that must be respected. Clinical guidelines for addressing religious/spiritual issues in psychiatric settings published in major psychiatric associations around the world are also reviewed. The authors introduce a bio-psycho-social-religious/spiritual model of psychological development that emphasizes more than just symptom reduction, but rather the enhancing of human flourishing in all its dimensions utilizing a wholistic care approach.

Citation: Dike, C. C., Briz, L., Fadus, M., Martinez, R., May, C., Milone, R., ... & Brendel, R. W. (2022). Religion, spirituality, and ethics in psychiatric practice. *Journal of Nervous and Mental Disease*, 210: 557–563.

Comment: This is an important article well worth reading by mental health providers of all disciplines.

Integrating Spirituality into the Medical School Curriculum

The authors, physician faculty from the Center for Spirituality and Health, Icahn School of Medicine at Mount Sinai in New York City, describe a mandatory, longitudinal spirituality and medicine training program that has been integrated into the standard 4-year curriculum of the medical school there. First, they acknowledged the important role that spirituality plays as a significant social determinant of health, which makes it relevant to the work of physicians. They then described how this innovative program was developed in four distinct modules capable of being integrated into four existing medical school courses across four years of training. An evaluation of the program was then conducted by assessing medical students' attitudes toward the course, which found that the majority of students indicated that the spirituality and health curriculum was valuable to their training and professional development. The authors concluded that there were three factors that were essential to the design and implementation of the modules: (1) establishing an interprofessional team; (2) working through an iterative process; and (3) integrating the curriculum into existing courses. With regard to *next steps*, the authors state: "The team aims to expand and improve the curriculum by linking learning to specific standardized competencies as well as developing more specific performance assessments to demonstrate achievement of competencies."

Citation: Fleenor, D. W., Atkinson, H. G., Karani, R., Lerner, S., Leisman, S., & Marin, D. (2022). An innovative approach for integrating mandatory, longitudinal spirituality training into the medical school curriculum. *Academic Medicine*, 97(2), 215-221.

Comment: A spiritual curriculum that is mandatory and integrated throughout the four years of medical school (incorporated into existing courses) makes this a novel and potentially highly successful approach for integrating spirituality into medical education.

Integrating Spirituality into the Physical Therapy (PT) Training Curriculum

Researchers from the physical therapy program, School of Allied Health, Loma Linda University, Loma Linda, California, describe the development and implementation of a course on spirituality relevant to first-year PT students. This course involved a collaboration between the PT department and the school of religion at Loma Linda University. The article includes the assessment of PT students' perceptions of spiritual care, comfort level in addressing spiritual issues, and change in perception with regard to the value of physical therapists addressing spirituality. A total of 72 first-year PT students completed the 10-week required course. The course focused on spiritual themes in healthcare, spiritual history taking, incorporating spirituality into the therapeutic alliance, and developing the capacity for empathy and compassion through spiritual practices. Pre- and post-course surveys were administered to students. **Results:** The quantitative findings indicated positive changes in student perceptions regarding integrating spirituality into their future PT practice. Qualitative analyses revealed six themes in terms of change in value: (1) change in myself; (2) change in future patient care; (3) value of the patient's story; (4) value of new knowledge; (5) value of supportive classroom climate; and (6) personal wholeness, spiritual healing, and reorientation to the mission of physical therapy. Researchers concluded: "To our knowledge, this is the first research study to analyze response and change in perceptions of physical therapy students upon completion of a required whole-person care course inclusive of spirituality."

Citation: Gang, J. A., Gang, G. R., & Gharibvand, L. (2022). Integration of spirituality and whole person care into Doctor of Physical Therapy curricula: A mixed methods study. *Journal of Allied Health*, 51(2), 130-135.

Comment: Physical therapy deals with helping individuals with acute and chronic illness to regain their ability to function independently. Having strong spiritual beliefs and engagement in spiritual practices may help to achieve this goal (enhancing purpose, meaning, motivation, hope and optimism), making this topic relevant to what PT students do with patients once they get out into practice.

NEWS

Changes in Religious Affiliation in U.S.

In a recent report (9/13/22), the Pew Research Foundation and U.S. General Social Survey indicated a significant change in religious affiliation in the United States. Approximately 90% of Americans identified as Christians in the early 1990s. By 2020, this percentage fell to 64%, with 29% indicating no religious affiliation (an increase from 16% in 2007). Judaism, Islam, Hinduism, Buddhism, and other religions combined accounted for approximately 6% in 2020. The authors of the report note that: "If the pace of switching before age 30 were to speed up throughout the projection period without any breaks, Christians would no longer be a majority by 2045." By 2070, the number of religiously unaffiliated could become the majority (up from 29% to 52%), with Christians making up 35% of the US population. For more information see:

<https://www.pewresearch.org/religion/2022/09/13/modeling-the-future-of-religion-in-america/>.

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/updates/23471166>). The deadline for submissions is April 15, 2023.

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, October 25, 2022, occurring at 12:00-1:00 EST, will be delivered by **Rene Hefti, M.D., a cardiologist in the Department of Psychosomatics, University of Bern and University of Basel, Switzerland.** The title of his presentation is **Cardiovascular Health and Religion: Does Meaning Prevent Cardiac Death?** The PDFs of the Power Point slides for download and full video recordings of most past webinars since July 2020 are available at <https://spiritualityandhealth.duke.edu/index.php/education/seminars/>. All those who receive this e-newsletter will receive a Zoom link approximately 1 week before the Webinar.

SPECIAL EVENTS

21st David B. Larson Memorial Lecture

(Durham, North Carolina, March 9, 2023, 5:30-6:30P EST, onsite only)

The tentative speaker for the 2023 Larson lecture is Aasim I. Padela, MD, MSc, FACEP. Dr. Padela is Professor with Tenure of Emergency Medicine, Bioethics and the Medical Humanities at MCW. In addition to being Vice Chair for Research and Scholarship in the Department of Emergency Medicine, he co-leads the Community Engagement Core for the Comprehensive Injury Center, serves on the Council of Faith for the Clinical and Translational Science Institute at MCW, and holds a faculty appointment in the Center for Bioethics and Medical Humanities in the Institute for Health and Equity. Dr. Padela is an internationally renowned clinician-researcher with scholarly foci at the intersections of healthcare, bioethics, and religion. In addition to maintaining an active clinical, research, and bioethics practice at MCW, he provides public health and bioethics consultation to international organizations, legislative bodies, and in court. Dr. Padela holds an MD with Honors in Research from Weill Cornell Medical College, completed residency in Emergency Medicine with Research Distinction at the University of Rochester, and received

an MSc in Healthcare Research from the University of Michigan. He also completed a clinical medical ethics fellowship at the MacLean Center for Clinical Medical Ethics at the University of Chicago, and a research fellowship at the University of Michigan. Prior to that, he received a Bachelor of Science with Highest Distinction in Biomedical Engineering, and a Bachelor of Arts degree with Magna Cum Laude in Classical Arabic and Literature from the University of Rochester. His other notable scholarly training includes visiting fellowships at the Oxford Centre for Islamic Studies and the International Institute for Islamic Thought, research career development as a Robert Wood Johnson Foundation Clinical Scholar and as a John Templeton Foundation Faculty Scholar, and leadership development as a Health Equity Leadership Institute Fellow, a Warner-Reynolds Leadership Fellow, and a Society of Behavioral Medicine Mid-Career Leadership Fellow.

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 hierarchical; 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/>.

Spiritual Readiness: Essentials for Military Leaders and Chaplains

(Amazon Kindle, 2022)

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. 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, concerns underscored by widespread reports of mental health problems and lack of psychological, social, and behavioral fitness. The book discusses how to measure SR to establish a baseline and then track over time. Non-religious and religious sources of SR are then examined from Eastern, Indic, and Abrahamic faiths. Human flourishing is defined and examined in relationship to warrior readiness. The relationship between SR and human flourishing is then explored, illustrated by a theoretical causal model. 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. The book concludes with a series of practical recommendations for military leaders to enhance SR among those under their command. The book is available on Amazon Kindle for \$0.99 and the paperback is \$7.22 (printing costs only). Go to <https://www.amazon.com/Spiritual-Readiness-Essentials-Military-Chaplains/dp/B0BBY2JLXB>.

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 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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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...

Oct

- 10/10 **World Mental Health Day**
Tasmania, Australia (online by Zoom), 5:00-6:00A EST
Title: **Religion, Spirituality, and Mental Health**
Speaker: Harold G. Koenig, M.D.
Professor of Psychiatry, Duke University Health System
Contact: Sue Carlyon (susannaicarlyon@bigpond.com)
- 10/20 **LGW's Spirit and Science World Forum**
Sao Paulo, Brazil, 6:30-7:30P EST (online)
Title: **Spirituality and Health**
Speaker: Harold G. Koenig, M.D.
Contact: Josué Bertolin (josuebertolin@gmail.com)
- 10/24 **University Lecture on Spirituality and Mental Health**
Centro Universitário Adventista de São Paulo
Sao Paulo, Brazil, 7:30-8:30A EST (online)
Title: **Religion, Spirituality, & Mental Health**
Speaker: Harold G. Koenig, M.D.
Contact: Dr. Gina Abdala (ginabdala@gmail.com)
- 10/25 **Spirituality and Health Research Seminar**
12:00 -1:00 EST (online by Zoom)
Title: **Cardiovascular Health and Religion**
Speaker: Rene Hefti, M.D. (cardiologist)
Department of Psychosomatics, University of Bern & Basel
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 10/27 **Colliver Lecture**
7:00P on-site
The University of Pacific, Stockton, California
Title: **Religion, Spirituality, & Health: Research & Clinical Applications**
Speaker: Harold G. Koenig, M.D.
Contact: Dr. George Randels (grandels@PACIFIC.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>