

# CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health

Volume 5

Issue 7

January 2016

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 editions (July 2007 through Dec 2015) go to: <http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

## LATEST RESEARCH

### Religiosity and Gaming in Young Men

Investigators from the department of psychiatry and psychotherapy at Friedrich-Alexander University in Erlangen, Germany, analyzed data collected on 4,990 young male Swiss army recruits between 2010 and 2011 (Cohort Study on Substance Use Risk Factors). The purpose was to determine the association between computer gaming behavior and religious involvement. The average age of these men was 19.5 years (range 17 to 31). Frequency of *online gaming* (playing computer games online, e.g., World of Warcraft) and *offline-gaming* (playing computer games on a console, e.g., X-Box) was assessed on a 5-point scale from "never" to "almost every day." Gaming addiction was measured by the 7-item game addiction scale (GAS; Lemmens). Also assessed were religious affiliation in nine categories (Roman Catholic [31%], Protestants [20%], Christian-Catholic, Christian Orthodox, Other Christian [20% total for last three categories], Islam [4%], Judaism [0.4%], other religion [2%], no religion [21%]). Strength of belief in God was measured by the following categories: atheist, agnostic, unsure, spiritual (believe in God but don't practice religion), or religious (believe in God and practice religion). Age and education were controlled for in all analyses. **Results:** 12% of young men were classified as excessive/addictive gamers based on the GAS. Strength of belief in God was significantly and inversely related to online gaming and to overall GAS score. Also, the stronger the belief in God, the less likely the participant was classified as an excessive/addictive computer gamer. Among young men who believed in God, practicing religion was related to less frequent online and offline gaming. Finally, those with a religious affiliation, particularly Christians, gamed less frequently and had lower GAS scores than those without a religious affiliation. Researchers concluded that "...these results could prove useful in developing preventive and therapeutic strategies for the Internet gaming disorder."

*Citation:* Braun B, Kornhumber J, Lenz B (2015). Gaming and religion: The impact of spirituality and denomination. *Journal of Religion and Health*, Nov 21 [E-pub ahead of print]

*Comment:* For a significant number of youth today computer gaming has become an addiction consuming every moment of free time, adversely affecting ability to work and relationships with others. Some individuals have actually died from this addiction (i.e., unable to stop to obtain necessary food and water to survive). Based on these results, religious involvement (while claimed by some to be an illusion itself) may actually provide young people with a sense of identity rooted in the real world rather than in the fantasy world of gaming.

### Religious Affiliation and Weight in England

Deborah Lycett at Coventry University in the United Kingdom analyzed data from a representative sample of 7,414 adults in the general English population to examine the relationship between religious affiliation and weight. In this survey (Health Survey for England, 2012), mean age of participants was 50.0 years, 56% were women, and 24% of men and 36% of women were determined to be obese (BMI>30). Weight was measured in terms of body mass index (BMI, i.e., weight adjusted for height) and waist-to-hip ratio (WHR). Religious affiliation was measured by the question: "What is your religion or belief?" with response options being no religion, Christian Catholic, Christian other denominations such as the Church of England, Protestant), Buddhist, Hindu, Jewish, Muslim, Sikh, and any other religion. Assessed as confounders or explanatory variables were age, gender, ethnicity, social class, mental well-being, smoking status, alcohol use, and physical activity level. **Results:** Religious affiliation was reported by 70% of participants, whereas 30% had none. Those religiously affiliated were older, drank less alcohol, were less likely to smoke, more likely to be engaged in routine/manual occupation, and had a higher level of physical activity. They also had a higher BMI compared to those with no religious affiliation, controlling for both confounders and explanatory variables ( $B=0.58$ ,  $p<0.001$ ). Average difference in BMI between affiliated and non-affiliated was  $0.9 \text{ kg/m}^2$ . Protestant Christians and Catholic Christians had the highest BMI, whereas Buddhists and Jews had the lowest, after controlling for covariates. Those with a religious affiliation also had significantly higher WHR, but this association was present only in men (in particular Catholics, Protestants, Sikhs) after covariates were controlled. Lycett concluded that "Religious communities may need greater healthy weight promotion or benefit from tailored interventions built on their beliefs."

*Citation:* Lycett D (2015). The association of religious affiliation and body mass index (BMI): An analysis from the Health Survey for England. *Journal of Religion and Health* 54(6):2249-2267.

*Comment:* This is one of the first studies [if not first] examining the relationship between religious affiliation and weight in the United Kingdom. The results are similar to those reported in the U.S. Although the difference in weight (BMI) was relatively small, it was nevertheless significant, warranting the recommendations made by the author.

### Religiosity and Quality of Life in Latin Americans with Schizophrenia

Investigators from the department of psychology at the University of Arapaca in Chile and at other institutions in the U.S., France and

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Chile, analyzed cross-sectional data on 253 patients with schizophrenia being seen in public mental health clinics in La Paz, Bolivia (33%), Arica, Chile (34%), and Tacna, Peru (34%). The purpose of this study was to examine the connection between religiosity and QOL. Participants were 66% male, average age 36 years, 93% unmarried, and had been diagnosed an average of 15 years earlier. With regard to religious composition of the sample, the largest groups were Catholic (57%), Christian Protestant (13%), and Evangelical Protestant (13%). Religious involvement (RI) was measured using a semi-structured clinical interview, which included 4 main questions asking about religious affiliation, importance of religion, participation in private and community religious practices, and importance of religion in coping with illness. Inter-rater reliability between examiners was high (Cohen's kappa>0.80). QOL was measured using the Schizophrenia Quality of Life Questionnaire (SQOL 18), which assesses psychological well-being, self-esteem, family relationships, relationships with friends, resilience, physical well-being, autonomy, and others outcomes, producing both individual subscale and total scale scores. Multivariate analyses controlled for type of religion, gender, age, ethnicity, marital status, education level, duration of disorder, type of treatment, and PANSS (severity of psychotic symptoms). **Results:** High religious involvement was positively correlated with overall QOL in bivariate and in multivariate analyses (B=0.13, p=0.048), especially with autonomy (B=0.15, p=0.027) and, to some extent, with quality of family relationships (B=0.10, p>0.05). Type of religion (Catholic vs. other) had no relationship with QOL. Severity of psychotic symptoms on the PANSS was strongly associated with worse QOL.

*Citation:* Caqueo-Urizar A, Urzúa A, Boyer L, Williams DR (2015). Religion involvement and quality of life in patients with schizophrenia in Latin America. Social Psychiatry & Psychiatric Epidemiology, Nov 27 [Epub ahead of print]

*Comment:* This is one of the first studies (if not THE first) to examine the relationship between religious involvement and quality of life in persons with schizophrenia in South America. Most mental health professionals have been fearful that religious involvement might worsen psychotic symptoms in schizophrenia. This study suggests that greater religious involvement may improve quality of life in this population of Latin Americans. Of course, the cross-sectional nature of these data prevent causal inferences.

### Change in Religion/Spirituality and Distress in Cancer Survivors

Researchers at the Cornell Medical College, the Debakey VA Medical Center (Houston), the Boston VA Medical Center, and Harvard Medical School analyzed data on 111 older male Veteran cancer survivors. The purpose was to examine the effect of change in religion/spirituality (R/S) from 6 to 12 months post-diagnosis on psychological distress (depression/anxiety) and perceived growth at 18 months post-diagnosis. Participants were Veterans on the tumor registries of the VA in Boston and Houston (average age 65.4 years, 78% White), and represented 27% of eligible subjects. Both "perceived" and "actual" change in R/S were assessed. Perceived change was assessed at 12-months post-diagnosis with the question: "Have your religious or spiritual beliefs changed as a result of your cancer?" (0=not at all, 4=extremely). Actual change was measured by comparing responses to the following question at 6 and 12 months post-diagnosis: "I have faith in God or a Higher Power" (0=no, 1=somewhat, 2=yes). Global R/S was also assessed with a separate question. The PHQ-9 assessed depressive symptoms; the PROMIS assessed anxiety symptoms; and the Benefit-Finding Scale measured perceived growth due to the cancer. Linear regression was used to examine relationships controlling for age, race, education, cancer stage, cancer type, recruitment site, global R/S, and baseline distress scores. **Results:** About 1 of 5 Veterans

(21/111) indicated perceived change, with 95% (20/21) indicating "more R/S" and 5% (1/21) indicating "less R/S". About 1 in 7 Veterans (14%) experienced a change based on actual or measured R/S at 6 months and 12 months (31.3% increase and 58.8% decrease). Interestingly, perceived and actual change were unrelated. Perceived R/S change at 12 months was positively related to greater depression scores measured at 18 months (B=0.92, p=0.03). Likewise, perceived R/S change at 12 months predicted significantly greater anxiety at 18 months (B=0.72, p=0.003). Finally, perceived R/S change at 12 months predicted greater perceived growth at 18 months (B=2.70, p<0.001). No relationship was found between any indicator of distress and actual R/S change. Researchers concluded that "The relationship between perceived R/S change and greater distress suggests that R/S change is stressful for cancer survivors...Cancer survivors who report R/S changes may benefit from spiritual and/or psychological support."

*Citation:* Trevino KM, Naik AD, Moyer J (2015). Perceived and actual change in religion/spirituality in cancer survivors: Longitudinal relationships with distress and perceived growth. Psychology of Religion and Spirituality, Aug 17, E-pub ahead of print

*Comment:* While perceived change in R/S was overwhelming in the positive direction (95%), and this predicted greater perceived benefit or growth, perceived change also predicted more depression and anxiety down the road. Two possible explanations were presented by the authors: (1) perceived R/S change, even if positive, may generate psychological distress; or (2) cancer survivors who are experiencing greater distress may report increases in R/S in order to cope with their cancer. Given the methods used in this study, however, the evidence favors explanation #1, at least in this cohort of older male Veteran cancer survivors.

### Spirituality/Religion and Quality of Life in Iranian Breast Cancer Patients

Researchers from the department of health at Shahid Beheshti University of Medical Sciences in Tehran, Iran, examined changes in quality of life (QOL) and predictors of change in QOL among 162 women with breast cancer (BC). Women were followed from pre-diagnosis (initial evaluation at T1) to 6 months after diagnosis (T2). Three-quarters of women with BC had stage II, III, or IV disease. Patients with BC were compared to 210 women without BC from the same hospitals just prior to undergoing mammography or breast ultrasonography. Spirituality was assessed using Reed's 10-item Spiritual Perspective Scale (SPS); religious coping was measured by the 14-item Brief RCOPE, which assesses positive and negative religious coping (PRC and NRC, respectively). The SPS consists of 4 items that tap spiritual behaviors (private prayer or meditation, for example) and 6 items that tap spiritual beliefs (impact of spiritual views on life, for example). Sense of Coherence (SOC) was measured using a 13-item scale (Antonovsky). Health-related quality of life (QOL) was assessed with the 30-item EORTC QLQ (a standard measure of QOL in Europe). **Results:** No significant differences were present between the two groups at baseline in terms of age, marital status, education, work status, menopause status, or physical comorbidity; those with BC, however, were less likely than controls to have multiple medical comorbidities. Scores on the SPS were significantly higher in the BC group compared to controls at T1 (54.5 vs. 49.0, p<0.001) and at T2 (51.5 vs. 49.2, p=0.001). PRC was also significantly higher in BC patients compared to controls at T1 (24.1 vs. 22.8, p<0.001), although no difference on PRC was present at T2. For NRC, no difference was found between groups at either T1 or T2. SPS scores declined significantly in BC patients from T1 to T2 (54.5 to 51.5, p<0.001), but remained stable in controls. Likewise PRC was lower at T2 than T1 in BC patients (24.1 vs. 22.8, respectively, p<0.001); NRC scores did not change

between T1 and T2. The only factors that predicted overall higher QOL in BC patients at T2, after controlling for QOL at T1, were education ( $\beta=0.21$ ,  $p=0.003$ ) and SOC ( $\beta=0.50$ ,  $p<0.001$ ).

*Citation:* Rohani C, Abedi HA, Omranipour R, Langius-Eklöf A (2015). Health-related quality of life and the predictive role of sense of coherence, spirituality and religious coping in a sample of Iranian women with breast cancer: a prospective study with comparative design. *Health and Quality of Life Outcomes* 13:40 (DOI: 10.1186/s12955-015-0229-1)

*Comment:* Spirituality (SPS score) and PRC (RCOPE) both surprisingly declined in BC patients from pre-diagnosis to follow-up 6 months later. The opposite would have been expected given the likely mobilization of spirituality or religion to cope with the BC. Although neither spirituality nor PRC predicted increases in QOL from T1 to T2, both were probably strongly related to sense of coherence (SOC) (although the association was not reported). If so, then spirituality or PRC may have had an indirect effect on QOL through SOC (not examined).

### Religiosity and Mental Health of Pre-Adolescents with Psychiatric Problems in the Netherlands

Investigators from the department of psychiatry at several universities in the Netherlands analyzed cross-sectional data from 541 pre-adolescents ages 10-12 years (two-thirds boys) and their parents. Participants in this study were pre-adolescents referred to a mental health outpatient clinic for emotional or behavioral problems. Standard measures of childrens' mental health were administered to these youth, their parents, and their teachers; based on scale scores, youth were categorized into five categories: withdrawn/depressed, anxious/depressed, physical/somatic complaints, aggressive, or delinquent. Those five categories, in turn, were categorized into "internalizing problems" (first three) and "externalizing problems" (last two). A series of questions was asked of youth and their parents (mother and father separately) concerning whether the youth was religious person, affiliated with a church, and regularly attended church. Based on their responses, youth and parents were each categorized as "no religiosity," "passive religiosity," or "active religiosity." Analyses were controlled for gender, socioeconomic status, and the divorce status of parents. **Results:** The majority of participants indicated no religiosity (53% of mothers, 61% of fathers, and 50% of pre-adolescents), whereas only a minority indicated active religiosity (27% of mothers, 30% of fathers, and 13% of pre-adolescents). Neither youth religiosity nor father religiosity was associated with type of problem the youth were having (internalizing or externalizing disorders). However, pre-adolescents of actively religious mothers were more likely to have internalizing problem behaviors (withdrawn/depressed, anxious/depressed, somatic complaints) ( $p=0.051$ ). One possible explanation for this finding, according to researchers, was that pre-adolescents of religious mothers may have begun to question the religious beliefs of their mothers as part of the "quest" phase of establishing their own personal religious beliefs, creating internal turmoil.

*Citation:* Van der Jagt-Jelsma W, de Vries-Schot MR, de Jong R, Hartman CA, Verhulst FC, Klip H, van Deurzen PA, Buitelaar JK (2015). Religiosity and mental health of pre-adolescents with psychiatric problems and their parents: The TRAILS study. *European Psychiatry* 30(7):845-851

*Comment:* Bear in mind that all youth in this sample had emotional or behavioral problems to begin with that prompted their referral for psychiatric treatment, and only a relatively small proportion of youth were actively religious (13%). Nevertheless, these troubled children ages 10-12 years were more likely to have internalizing problems if their mothers were actively religious (although the finding was barely statistically significant). Unfortunately, harmony between maternal religiosity and youth religiosity was not examined as a predictor, which may have supported the researchers' explanation.

### Religiosity and Happiness in Lebanese Youth

Egyptian psychologist Ahmed Abdel-Khalek analyzed data collected on 476 undergraduates (55% women) at the Lebanese University in Beirut, examining the relationship between religiosity and happiness. All participants were Muslim or Christian, although the exact breakdown was not provided. Religiosity was measured using a single question: "What is your level of religiosity in general?" with responses ranging from 0 to 10. Happiness was measured using a 29-item version of the Oxford Happiness Inventory (OHI), 5-item Satisfaction with Life Scale (Diener SLS), and 16-item Love of Life Scale. Also assessed were single items of general happiness, satisfaction with life, mental health, and physical health, each self-rated on a scale from 0 to 10. Analyses were stratified by gender. **Results:** In men and women, respectively, uncontrolled correlations between religiosity and the OHI ( $r=0.27$ ,  $r=0.25$ ), general happiness rating ( $r=0.22$ ,  $r=0.19$ ), Diener SLS ( $r=0.25$ ,  $r=0.20$ ), general life satisfaction rating ( $r=0.29$ ,  $r=0.20$ ), love of life scale ( $r=0.18$ ,  $r=0.19$ ), mental health rating ( $r=0.16$ ,  $r=0.21$ ), and physical health ( $r=0.27$ , women only) were all positive and statistically significant. Although religiosity was not significantly related to the primary outcome (OHI) in multivariate analyses, this is probably because other predictors in the model included love of life, satisfaction with life, and the general happiness rating, which likely used up the variance that could have been explained by religiosity).

*Citation:* Abdel-Khalek AM (2015). Happiness, health, and religiosity among Lebanese young adults. *Cogent Psychology* 2:1035927 (DOI:10.1080/23311908.2015.1035927)

*Comment:* This is the latest in a series of reports by Dr. Abdel-Khalek on religiosity and happiness in a variety of samples consisting largely of college students (most being Muslim) located in Middle Eastern countries. Almost all of these studies find a significant positive relationship between happiness and religiosity.

### Spirituality/Religion, Depression and Meaning in Life in Troubled Older Adults

Researchers from the departments of psychology and psychiatry at West Virginia University and the University of Rochester (New York) examined cross-sectional relationships between spirituality/religiosity, depressive symptoms, and meaning in life in a small sample of 50 adults aged 60 or over presenting for psychiatric treatment for mood, anxiety, or adjustment disorders (62% female, 78% White). Spirituality/religion (S/R) was assessed using the 8-item Spiritual Transcendence Index (Seidlitz et al), which assessed agreement or disagreement to statements such as "My spirituality gives me a sense of fulfillment" and "I maintain an inner awareness of God's presence in my life." Meaning in life was assessed using an 8-item subscale of the Geriatric Suicide Ideation Scale. Depression was measured using the PHQ-9. Analyses were controlled for social support (Perceived Social Support-Family Subscale). **Results:** Regression analyses indicated that depressive symptoms were significantly and inversely associated with meaning in life, whereas S/R was positively related to meaning ( $B=0.16$ ,  $p=0.047$ ). There was also a significant interaction between depression and spirituality scores in their effects on meaning in life ( $B=0.03$ ,  $p=0.021$ ). Only at lower levels of spirituality was there a significant interse relationship between depressive symptoms and meaning in life. Among those with high levels of spirituality, no association was found between depressive symptoms and meaning. Investigators concluded that "Assessment of older adult patients' spirituality can reveal ways that spiritual beliefs and practices can be incorporated into therapy to enhance meaning in life."

*Citation:* Bamonti P, Lombardi S, Duberstein PR, King DA, Van Orden KA (2015). Spirituality attenuates the association between depression symptom severity and meaning in life. *Ageing and Mental Health*, Mar 26 [Epub ahead of print]

*Comment:* Again, bear in mind that this was clinical sample seeking psychiatric treatment for mental health problems. Given the small sample size, detecting a significant association means the strength of the association must have been quite large given the low power. Finally, this study proves that it is possible to get an observational, cross-sectional report published in a fairly decent mainstream journal even with only 50 subjects.

### Religion vs. Spirituality: Really Different?

Nancy Ammerman from the department of sociology at Boston University examines the terms “spirituality” and “religion” using in-depth qualitative data from 95 persons from a wide range of religious, non-traditional religious, spiritual, and non-religious backgrounds, including Catholics (n=20), mainline Protestants (n=14), conservative Protestants (n=20), African-American Protestants (n=10), Jews (n=10), Mormons (n=5), Neo-Pagans (n=5), and those with no affiliation (n=11). This sample, in fact, was less religious than the U.S. population. For example, over one-third of participants never or rarely attended religious services compared to 29% of the U.S. population that never or rarely attends religious services. The information sought from respondents was the meaning of the word spirituality to them and their perceptions of the boundary between religion and spirituality. The data consisted of recordings in diaries, photo elicitation interviews, life history interviews, and field notes (330 texts overall), and were analyzed using MaxQDA. **Results:** Based on the data, the author created a taxonomy of spirituality meanings that consisted of 11 categories, which were eventually reduced to four ways that described the meaning of spirituality to study participants: (1) theistic (tied to personal deities), (2) extra-theistic (various naturalistic forms of transcendence), (3) ethical spirituality (focused on everyday compassion), and (4) belief and belonging spirituality (tied to cultural notions of religiosity). For these participants, spirituality involved identifying with or participating in a religious tradition for 79% of cases (75 of 95) or acknowledging and experiencing Divine presence in 73% of cases (69 of 95). Interestingly, spirituality involved wholeness and purpose in life for only half (51%) of participants. With regard to specific religious groups, a theistic meaning for spirituality (i.e., God related) was provided by 100% of Mormons, 95% of Conservative Protestants, 90% of African-American Protestants, 86% of mainline Protestants, 80% of Neo-Pagans, 60% of Catholics, 30% of Jews, and 27% of non-affiliates. Theistic meanings were more likely in regular attendees at religious services, those over age 65, African-Americans, and women (although only slightly more than in men). Ammerman concluded that “... this either/or distinction [between religiosity and spirituality] not only fails to capture the empirical reality of American religion, it does no justice to the complexity of spirituality... The empirical boundary between spirituality and religion is far more porous than is the moral and political one.” *Citation:* Ammerman NT (2013). Spiritual but not religious? Beyond binary choices in the study of religion. *Journal for the Scientific Study of Religion* 52(2):258-278

*Comment:* Finally, we have some data here to evaluate the claim that religion and spirituality are distinct entities. They are not -- even in this sample, which tended to be less religious and more religiously diverse than the general U.S. population. Instead, the overlap was remarkable and consistent.

### Teaching Medical Students About Spirituality in Patient Care

Investigators at the UCLA School of Medicine examined the written reflections of 166 medical students who shadowed chaplains at UCLA Hospital from 2000 to 2015. During their first year at UCLA, medical students are required to follow chaplains for 3 hours during chaplain hospital rounds as part of their Doctoring course. **Results:** Qualitative analyses of student reflections produced four major themes: (1) importance of spiritual care, (2) role of the

chaplain in patient care, (3) personal introspection, and (4) doctors and compassion. In particular, 61% of students wrote that spiritual care needed to be addressed in order to treat the patient in a holistic manner; 43% indicated that meeting the spiritual needs of patients was therapeutic for them; and one third stated that physicians should make spiritual care available to all patients. *Citation:* Frazier M, Schnell K, Baillie S, Stuber ML (2015). Chaplain rounds: A chance for medical students to reflect on spirituality in patient-centered care. *Academic Psychiatry* 39(3):320-323.

*Comment:* This is an interesting model that appears to have been successful in exposing medical students to the role that chaplains play and to the importance of addressing patients' spiritual needs.

### Another Training Model for Providing Spiritual Care

Investigators from several academic universities in the U.S. (Yale, Cornell, Brandeis, Harvard) describe a training program for health professionals called “Clinical Pastoral Education for Healthcare Providers” (CPE-HP) that is being offered through the chaplaincy department at Harvard’s Massachusetts General Hospital and supported by the Schwartz Center for Compassionate Healthcare. The purpose of CPE-HP is to teach non-chaplain health professionals how to integrate religious/spiritual (R/S) into clinical practice. Participants are expected to conduct spiritual assessments, inquire about R/S issues impacting care, offer prayer when appropriate, and refer to board-certified chaplains if needed. Between 2003 and 2009, 50 non-chaplain clinicians completed a questionnaire at the beginning and end of the program. Participants consisted of 58% nurses, 22% physicians, 8% social workers, and the balance was made up by a psychologist, speech pathologist, medical assistant, and medical student. The majority (82%) were female, Christian (60%), and had an average of 20 years of clinical experience. Assessed on the pre- and post-course surveys were (1) overall ability to provide R/S care, (2) comfort using religious language, (3) frequency of actually doing R/S care, (4) frequency of R/S conversations, (5) frequency of initiating R/S conversations, and (5) frequency of prayer with patients. **Results:** Comparison of scores on the pre- and post-course surveys indicated a significant increase in all six dimensions above, with the largest changes seen in the comfort level with religious language, the frequency of R/S care provided, and the frequency of religious conversations with patients. Overall, participants experienced a 33% increase in their ability to provide spiritual care (p<0.001). Researchers concluded that: “This study suggests that CPE-HP is an effective approach for training health care providers in spiritual care.”

*Citation:* Zollfrank AA, Trevino KM, Cadge W, Balboni MJ, Thiel MM, Fitchett G, Gallivan K, VanderWeele T, Balboni TA (2015). Teaching health care providers to provide spiritual care: a pilot study. *Journal of Palliative Medicine* 18(5):408-414

*Comment:* The fact that Massachusetts General Hospital has a program for health professionals that teaches them to integrate religion/spirituality into patient care, and has had this program for well over a decade, speaks volumes to the progress made in the field of spirituality and health.

### Spiritual History Taking by Experienced Physicians in Palliative Care

Researchers from the Psycho-Oncology Co-operative Research Group at the University of Sydney, Australia, conducted qualitative interviews with 23 physicians experienced in providing care to patients with advanced cancer. Participants were asked to describe how they discussed spirituality with patients. Mean age of participants was 55 years, 35% were female, average experience was 22 years, and two-thirds were palliative medicine specialists. With regard to religious characteristics, 60% were Christian and 40% had no religious affiliation. While 78% said that spirituality was “very important” to them, only 30% said that religion

was very important. **Results:** Six themes were identified: (1) the need for physicians to understand and be secure in their own spirituality, as well as in their own mortality, prior to having such discussions; (2) being aware of the importance of spiritual beliefs in the life of the patient and being respectful of those beliefs; (3) need to wait for patients to indicate that they are ready to discuss spiritual issues and then follow their lead; (4) realizing the process is easier when patient and physician share the same spiritual and cultural background; (5) realizing the difficulty involved in having such conversations when rushed or when identifying too closely with the patient's struggles; and (6) recognizing that exploring spirituality with patients improves their care and ability to cope. Based on these findings, the authors concluded that, "A delicate, skilled, tailored process has been described whereby doctors endeavor to create a space in which patients feel sufficiently safe to discuss intimate topics."

*Citation:* Best M, Butow P, Olver I (2015). Creating a safe space: A qualitative inquiry into the way doctors discuss spirituality. *Palliative Support & Care*, Nov 3 [Epub ahead of print]

*Comment:* Much important information is contained in this article for health professionals, particularly those who teach others on how to engage in spiritual discussions with patients. Of particular note is that 40% of these physicians had no religious affiliation. Being religious is apparently not a necessary criterion for physicians to take a spiritual history or engage in spiritual discussions with patients.

## NEWS

### New Templeton Foundation Grant Making Calendar

The Templeton Foundation has recently announced their new procedure and dates for submitting research proposals to the Foundation. See below for details.

## SPECIAL EVENTS

### 5<sup>th</sup> European Conference on Religion, Spirituality and Health (Gdansk, Poland, May 12-14, 2016)

This "must go" conference will focus on the integration of religion and spirituality into health care and its implications for patients in Europe. The Gdansk Lecture will be held by Prof. Dr. Halina Grzymała-Moszczyńska (Poland). Symposia are invited to allow research groups to present their research projects (**deadline January 15** for oral and poster presentations). Keynote speakers include: Julie Exline (Case Western Reserve University), Simon Dein (University College London), Michael B. King (University College London), Kevin Ladd (Indiana University), Vasileios Thermos (University Ecclesiastical Academy of Athens), Stephanie Monod (University of Lausanne), Ulrich Kortner (University of Vienna), and others. For more info, go to: <http://www.ecrsh.edu>.

### Other Conferences/Workshops

#### Emotional Wellness Summit – Orlando 2016

(Orlando, Florida, January 13-17, 2016)

See website: <http://www.emotionalwellnesssummit.com/>.

#### Conference on Medicine and Religion

(Houston, Texas, March 4-6, 2016)

See website: <http://www.medicineandreligion.com/>

### 1<sup>st</sup> International Congress on Religious/Spiritual Counseling and Care

(Istanbul, Turkey, April 7-10, 2016)

See website: <http://mdrk.org/en>.

### 4<sup>th</sup> International Conference of the British Association for the Study of Spirituality (BASS)

(Manchester, UK, May 23-26, 2016)

See website: [www.bassspirituality.org.uk](http://www.bassspirituality.org.uk). For any enquiries, contact Prof. Emeritus Margaret Holloway ([m.l.holloway@hull.ac.uk](mailto:m.l.holloway@hull.ac.uk)).

### 2<sup>nd</sup> International Conference in Spirituality in Healthcare

(Dublin, Ireland, June 23, 2016)

Contact Professor Fiona Timmins ([timminsf@tcd.ie](mailto:timminsf@tcd.ie)).

### 10<sup>th</sup> North American Conference on Spirituality and Social Work

(Vancouver, British Columbia, June 23-25, 2016)

See website: <http://www.spiritualityandsocialwork.ca/>.

### 12<sup>th</sup> Annual Duke University Spirituality & Health Research Workshop

(Durham, North Carolina, August 15-19, 2016)

## RESOURCES

### The Psychology of Compassion and Cruelty: Understanding the Emotional, Spiritual, and Religious Influences (Praeger, 2015)

From the publisher: "In an effort to alter behavior, scientists have conducted research to better understand the factors that contribute to both caring and cruel behavior among individuals and groups. This uplifting volume reviews this evidence—from experts across disciplines—and explains how certain psychological, spiritual, and religious factors spur compassion and deter cruelty. The work extols the importance of religion and psychology as a tool to better understand—and influence—behavior. With deep reflection combined with research-based insights, the book considers the various avenues for creating kinder human beings. Expert contributors examine empirical evidence to learn if engagement in particular activities results in benevolent behavior, while chapters present the many ways in which kindness touches all aspects of life—from racial harmony, to child rearing, to work environments. Topics include exploring the healing effects of prayers and meditation, integrating compassion into higher education, and parenting with greater mindfulness and care." Available for \$11.99 (used) or \$60.00 (new) at: <http://www.amazon.com/The-Psychology-Compassion-Cruelty-Understanding/dp/1440832692>

### Spiritual & Religious Competencies in Clinical Practice (New Harbinger Publications, 2015)

From the publisher: "In this book, two clinical psychologists provide a much-needed, research-based road map to help professionals appropriately address their clients' spiritual or religious beliefs in treatment sessions. More and more, it has become essential for mental health professionals to understand and competently navigate clients' religious and spiritual beliefs in treatment. In *Spiritual and Religious Competencies in Clinical Practice*, you'll find sixteen research-based guidelines and best practices to help you provide effective therapy while being conscious of your clients' unique spiritual or cultural background. With this professional resource as your guide, you will be prepared to: Take a spiritual and religious history when treating a client; Attend to spiritual or religious topics in a clinical setting; Hold clear ethical boundaries regarding your own religious or spiritual beliefs; Know when and how to make referrals if topics emerge which are beyond the scope of your competence; This book is a must-read for any

mental health professional looking to develop spiritual, religious, and cultural competencies." Available for \$35.58 at: <http://www.amazon.com/Spiritual-Religious-Competencies-Clinical-Practice/dp/1626251053>.

### **Review: Handbook of the Psychology of Religion and Spirituality**

Benjamin Beit-Hallahmi, a Jewish psychologist and long-time religion and mental health researcher, writes a fascinating review of the Handbook. In this review he provides a perspective on the field that spans over nearly 50 years (since the 1960's). In particular, he brilliantly comments on the use and origins of the word "spirituality" in the field (and more specifically its use in the Handbook). This review lays out the current controversy over definitions. Beit-Hallahmi has hit on something important that all clinicians and religion/spirituality researchers should be aware of. The piece is well-written, amusing and enjoyable reading.

*Citation:* Beit-Hallahmi B (2015). Resisting the match between religion and "spirituality." *Religion, Brain & Behavior* 5 (2):118-123.

### **CME/CE Videos (CSTH, July 2015)**

Due to the generous support of the Templeton Foundation and Adventist Health System, 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" medical care that includes the identifying and addressing of spiritual needs. No other resource like this currently exists. Go to:

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

### **Health and Well-being in Islamic Societies**

(Springer International, 2014)

What exactly do Muslims believe? How do these teachings line up with Christian beliefs? While differences and similarities between Christian and Muslim beliefs and practices are examined, the core of the book focuses on research exploring religiosity and health in Muslim populations. Available for \$53.22 at:

<http://www.amazon.com/Health-Well-Being-Islamic-Societies-Applications/dp/331905872X>

### **Spirituality in Patient Care, 3rd Ed**

(Templeton Press, 2013)

The 3rd edition provides the latest information on how health professionals can integrate spirituality into patient care. Chapters target physicians, nurses, chaplains and pastoral counselors, mental health professionals, social workers, and OT/PT. Available for \$21.23 (used) at: <http://www.amazon.com/Spirituality-Patient-Care-When-What/dp/1599474255/>.

### **Handbook of Religion and Health (2nd Ed)**

(Oxford University Press, 2012)

This Second Edition covers the latest original quantitative research on religion, spirituality and health. Spirituality and health researchers, educators, health professionals, and religious professionals will find this resource invaluable. Available for \$132.51 (used) at: <http://www.amazon.com/Handbook-Religion-Health-Harold-Koenig/dp/0195335953>

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

(Templeton Press, 2011)

This book summarizes and expands the content presented in the Duke University's Summer Research Workshop on Spirituality and Health (see above), and is packed full of information helpful in performing and publishing research on this topic. Available for

\$38.20 (used) at: <http://www.amazon.com/Spirituality-Health-Research-Measurements-Statistics/dp/1599473496/>

## **JOB OPPORTUNITIES**

### **Social Scientist Analyst**

The Henry Jackson Foundation (HJF) is seeking a social scientist to support the research directorate under Dr. Patricia Deuster in the Department of Military and Emergency Medicine (MEM) at the Uniformed Services University of the Health Sciences (USUHS). Provides sophisticated data analysis and interpretation. This position will involve preparation of technical reports, peer review manuscripts, scholarly presentations, summaries, creating metric designs, and research protocols; will perform own data management for research protocol and is responsible for all analyses for the project; responsible for data quality control data; assists in data collection tool and reviews questionnaires; collaborates with partner institutions on research projects; assists and/or creates standard operation procedures for data analysis; mentors interns and medical school/graduate students on research projects; and assists with grant proposals. This is a full-time job onsite in Bethesda, MD. Master's degree in statistics or social sciences, or PhD is preferred. Good writing ability, analytical skills, ability to follow general instructions, and work in a team. Previous research on individual differences, survey design, resiliency, the military, and/or spirituality a plus. This position will include working on a military project that involves developing a measure of spirituality. For more information, go to: <http://careers.hjf.org/> and put in job ID 210941.

### **Clinical Psychology, Assistant Professor**

The Department of Psychology in the College of Arts and Sciences at Bowling Green State University is seeking an Assistant Professor (tenure-track) with expertise and experience in clinical community psychology for its APA-Approved Clinical Psychology Doctoral Program. We are particularly interested in candidates with a community psychology background and research expertise in (1) psychology of religion and spirituality; and (2) approaches/interventions related to social issues and well-being for adult populations facing difficult life circumstances (e.g. psychiatric disability, lack of resources, discrimination, health disparities) as broadly defined. The successful candidate will be expected to publish original research and seek/obtain grant funding. Additional responsibilities of the position include: mentoring graduate students, teaching (graduate and undergraduate courses), and providing clinical/community supervision. Salary and start-up are competitive and commensurate with peer institutions and candidate experience. Applicants should send a cover letter describing their qualifications and aspirations, curriculum vitae, three letters of reference, and representative publications or preprints to: Dr. Catherine Stein, Clinical Community Psychology Search Committee Chair, Department of Psychology, Bowling Green State University, Bowling Green, Ohio 43403-0232. Electronic applications may also be sent to [cstein@bgsu.edu](mailto:cstein@bgsu.edu) or by fax (419/372-6013). Deadline ASAP.

## **FUNDING OPPORTUNITIES**

### **Templeton Foundation Online Funding Inquiry (OFI)**

The John Templeton Foundation is now accepting new funding requests *at any time of the year* through their OFI form. The next deadline for "small grants" submission is February 29, 2016 [a small grant is considered less than \$217,400], with decision made by March 31. The next deadline for "large grants submission"

(>\$217,400) is August 31, 2016. The three main areas in religion, spirituality and health that the Foundation funds are: (1) research on causal mechanisms (basic psychosocial, behavioral, and physiological pathways), (2) increasing competencies of health care professionals in working with religious patients (physicians, but also psychologists and experts in public health), and (3) research involving the development of religious-integrated interventions that lead to improved health. More information: <https://www.templeton.org/what-we-fund/grantmaking-calendar>.

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

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

## 2016 CSTH CALENDAR OF EVENTS...

### January

- 14 **Religion, Spirituality and Mental Health**  
Emotional Health Summit, Orlando, Florida  
Speaker: Pargament (onsite), Koenig (via Skype) and others  
Contact: Dr. Katia Reinert ([KatiaReinert@nadadventist.org](mailto:KatiaReinert@nadadventist.org))
- 27 **Hindu Chaplain and Executive Coach**  
Speaker: Madhu Sharma, Hindu chaplain, Duke University Center for Aging, 3rd floor, Duke South, 3:30-4:30  
Contact: Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))

### February

- 24 **The Biology of Spirituality: Effects of Oxytocin Administration and Genotype**  
Speaker: Patty Van Cappellen, Ph.D.  
Research Assistant Professor  
University of North Carolina at Chapel Hill  
Center for Aging, 3rd floor, Duke South, 3:30-4:30  
Contact: Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))