

CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health

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

All e-newsletters are archived on our website. To view previous editions (July 2007 through March 2015) go to: <http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

LATEST RESEARCH OUTSIDE DUKE

Spirituality and Outcomes from PTSD in U.S. Military Veterans

Researchers from a range of universities from across the U.S. collaborated with the National Center for PTSD at the Stanford University-Palo Alto VA to examine the ability of spirituality to predict PTSD outcomes in 532 U.S. veterans completing a 60-90 day residential treatment program for combat-related PTSD. Religion/spirituality (R/S) was assessed during the first week of the program and then again at discharge using the Brief Multidimensional Measure of Religiousness/Spirituality (BMMRS). Utilized from the BMMRS was a 6-item version of the Daily Spiritual Experiences scale, 3-item forgiveness scale (self, others, God), a measure of private religious practices such as prayer and meditation, scales of positive and negative religious coping, and a measure of organizational religiousness (attending religious services). PTSD severity was measured using the PTSD Checklist-Military version (PCL-M), which was administered at baseline and at follow-up and was the primary outcome. Of particular interest to researchers was the cross-lagged effects (R/S predicting PTSD severity vs. PTSD severity predicting R/S) and the extent to which the two cross-lagged effects were different from the other, which could provide information about "direct of effect." **Results:** Baseline spirituality predicted significantly lower PTSD severity at discharge, independent of baseline PTSD severity. Analyses also indicated that the cross-lagged effect of baseline R/S predicting PTSD at follow-up ($B=-0.10$, $p<0.05$) was stronger than the cross-lagged effect of baseline PTSD predicting R/S at follow-up ($B=0.03$, $p=ns$). These results held up after controlling for demographic factors. Spiritual struggles, in contrast, were associated with worse PTSD outcomes. Researchers concluded that "these analyses consistently pointed to spirituality factors at the start of treatment as important and unique predictors of PTSD outcomes at the time of discharge. PTSD at baseline, however, did not appear to similarly function as a unique predictor of spirituality at discharge."

Citation: Currier JM, Holland JM, Drescher KD (2015). Spirituality factors in the prediction of outcomes of PTSD treatment for U.S. military veterans. *Journal of Traumatic Stress* 28(1):57-64.

Comment: The importance of this study lies in the approach to the statistical analyses. The way these researchers analyzed these longitudinal data enabled them to provide evidence regarding the causal relationship between R/S and PTSD symptoms. The results suggest that the relationship between R/S and PTSD symptoms found here is due to the effects of R/S on PTSD symptoms, not vice-versa. The chicken vs. egg dilemma (causal direction) regarding the link between R/S and mental health outcomes continues to be a debate in the literature. The present study provides evidence that favors a causal direction from R/S to PTSD symptoms. Furthermore, the negative effects of spiritual struggles on PTSD outcomes suggests that a target of treatment should be addressing of veterans' spiritual or religious struggles.

Review of Religious/Spiritual Psychotherapies for Depression and Anxiety

Investigators at the University of York and other academic institutions in the United Kingdom conducted a systematic review and meta-analysis of "faith-adapted" cognitive or cognitive-behavioral therapies (F-CBT) for the treatment of depressive and anxiety disorders. The "effect size" (ES) of the treatment (or standard mean difference between the two treatments) was presented as Hedge's g , which is a variation of Cohen's d that corrects for small sample sizes. A medium ES is considered 0.50, whereas a small ES is 0.20 and large ES is 0.80. If the 95% confidence intervals (CI) of the ES include 0.00, then the difference between the treatments is not considered statistically significant. **Results:** For depression, 6 studies that compared F-CBT to control conditions (waitlist or usual care); the pooled ES's were -1.47 (95% CI=-2.09 to -0.70) for Christian CBT (2 studies), -0.48 (95% CI=-0.88 to -0.07) for "spiritually adapted" CBT (2 studies), and -0.30 (95% CI=-0.60 to 0.01) for Muslim CBT (2 studies). When F-CBT was compared to standard CBT for depression, the ES for Christian CBT was -0.59 (95% CI=-0.95 to -0.23) (4 studies). For anxiety, when F-CBT was compared to control conditions, combining studies across Christian, Jewish, Muslim and Taoist therapies, the ES was -0.64 (95% CI=-0.93 to -0.36) (5 studies). When F-CBT was compared to standard CBT for anxiety (only one study, which enrolled patients with OCD and religious content), the ES was -1.58 (95% CI=-2.25 to -0.91), which reviewers considered an outlier. Researchers concluded that: "Despite some suggestion that faith-adapted CBT may out-perform both standard CBT and control conditions (wait list or 'treatment as usual'), the effect sizes identified in this meta-analysis must be considered in the light of the substantial methodological limitations that affect the primary research data. Before firm recommendations about the value of faith-adapted treatments can be made, further large-scale, rigorously performed trials are required."

Citation: Anderson N, Heywood-Everett S, Siddiqi N, Wright J, Meredith J, McMillan D (2015). Faith-adapted psychological therapies for depression and anxiety: Systematic review and meta-analysis. *Journal of Affective Disorders* 176:183-196

EXPLORE...in this issue

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Comment: This is the most recent review of religious/spiritual CBT for the treatment of depression and/or anxiety that includes pooled average ES's for the interventions. However, the review is a bit technical and hard to follow. Stay tuned for a Duke study coming out in April in the Journal of Nervous and Mental Disease that reports on the results of religious CBT vs. conventional CBT in the treatment of major depressive disorder.

Religiosity and C-Reactive Protein in White and Black Older Adults

Researchers from the department of sociology and center on aging at Purdue University analyzed data on 1693 adults aged 57-85 collected in 2005 during the National Social Life, Health, and Aging Project – Wave I. A total of 1124 adults were followed up in 2010 during Wave II. C-reactive protein (CRP), religious attendance, religious affiliation, and having a clergy confidant were assessed at both Wave I and Wave II. **Results:** Regression analyses controlling for other independent variables among Whites (87% of the sample) found no relationship between any religious characteristic and CRP – except having a clergy confidant at Wave I ($B=-0.31$, $p<0.05$). Among Blacks (13% of sample), religious attendance was inversely related to CRP at Wave I ($B=-0.12$, $p<0.05$), and after controlling for CRP values at Wave I, religious attendance at Wave I predicted a decrease in CRP values at Wave II five years later ($B=-0.13$, $p<0.05$). Researchers concluded that "...this is the first study of which we are aware that reveals that Black adults' religious service attendance is associated with lower initial levels of CRP and change in CRP over time."

Citation: Ferraro KF, Kim S (2014). Health benefits of religion among Black and White older adults? Race, religiosity, and C-reactive protein. *Social Science & Medicine* 120:92-99

Comment: This is one of about a half-dozen studies that have reported an inverse relationship between religious involvement and C-reactive protein, a marker of inflammation associated with increasing age and a wide range of cardiovascular disorders including hypertension and coronary artery disease.

Spirituality and Mental Health of Alzheimer's Disease Caregivers in Iran

Researchers in the department of psychiatry at Mashad University Medical Sciences in Mashad, Iran, and from the department of psychiatry at the University of Michigan, Ann Arbor, examined the relationship between spirituality, depression, and anxiety in 209 caregivers of outpatients with Alzheimer's dementia. Spirituality was assessed using a 97-item measure of "spiritual intelligence" designed for Muslims in Iran, which assessed 8 dimensions of spirituality (patience, spiritual beliefs and behaviors, meaning in life, "thralldom," internal calm, spiritual experiences, self-cognition, forgiveness). Anxiety and depression were assessed with the 14-item Hospital Anxiety and Depression Scale. **Results** indicated that nearly half of caregivers had significant depression or anxiety (45-47%). Spiritual beliefs and behaviors were weakly but inversely related to depressive symptoms ($r=-0.05$, $p=ns$) and positively related to anxiety symptoms ($r=+0.22$, $p=0.002$); spiritual experiences were inversely related to depressive symptoms ($r=0.15$, $p=0.03$) and weakly related to anxiety symptoms ($r=0.09$, $p=ns$). Researchers concluded that "Spiritually-based approach may be a component of therapeutic interventions, in order to enhance caregivers' adaptability."

Citation: Samadi R, Mokhber N, Faridhosseini F, Haghghi MB, Assari S (2015). Anxiety, depression, and spirituality among caregivers of patients with Alzheimer disease. *International Journal of Travel Medicine and Global Health* 3(1):29-35

Comment: As in the U.S., given the stress involved in caring for a loved one with dementia, family caregivers of patients with Alzheimer's disease in Iran experience high rates of depression and anxiety. Greater *spiritual beliefs and behaviors* were,

interestingly, positively correlated with anxiety symptoms, whereas *spiritual experiences* were inversely related to depressive symptoms. As the researchers acknowledge, the positive correlation between spiritual beliefs/behaviors with anxiety might have been due to family members turning to religion for comfort as a result of anxiety over caregiver responsibilities; future longitudinal studies, however, are needed to help sort out direction of effects. This may be the first study from the Middle East to examine the relationship between spirituality and mental health in caregivers of dementia patients.

Spiritual Care at the End of Life for Persons with Dementia in the Netherlands

Researchers in the department of general practice & elderly care medicine at VU University Medical Center in Amsterdam reported results from the Dutch End-of-Life in Dementia study in which data were collected prospectively in 28 Dutch long-term care facilities. The focus of this report is the provision of spiritual care shortly before death as perceived by the physician responsible for end-of-life care at the long-term care facility. By "spiritual end-of-life [EOL] care" the investigators meant (1) providing the last sacraments or another last rite, (2) no last rites, but spiritual care provided by a spiritual counselor, or (3) no last rites, but spiritual care provided by nursing home staff not specialized in spiritual care. Dutch long-term care facilities are required to offer spiritual care. A bachelor or master-level trained and certified spiritual counselors (? chaplains) are available and serve all denominations. A total of 207 residents residing in those 28 facilities died during the study period and the information reported is from those patients.

Results: According to physicians, 43 of 207 residents (20.8%) received spiritual EOL care prior to death. Bivariate predictors of spiritual care included family, facility, physician, and resident (patient) factors. Predictors of increased EOL spiritual care were families' baseline satisfaction with care, families' baseline satisfaction with physician communication, family having a specific religious background, importance of faith or spirituality to the family, frequency of family religious attendance, female gender of the family member; facility having a strong religious affiliation; importance of faith or spirituality to the physician, frequency of the physician's attending religious services; resident with a specific religious background, resident's frequency of attending religious services, importance of faith or spirituality to the resident; and both resident and physician having a specific religious background, and faith or spirituality very important to both resident and physician. Unrelated to EOL spiritual care were nursing home vs. residential home, small vs. large city location, having enough nursing staff, facility having a palliative care unit, comfort being the goal of care, expected death within one month (by family), perception of dementia as a terminal disease, family trust in the physician, gender of the physician, age of the physician, gender of the resident, age of the resident, dementia severity, age of the family member, or relationship of family to resident (child, spouse, etc.). Related to *less* EOL spiritual care provision was number of psychogeriatric or dementia care beds in the facility. When all predictors were included in a multivariate model, only baseline family satisfaction with physician communication, faith or spirituality very important to the resident, faith or spirituality very important to *both* resident and physician, and female gender of the family member were independently related to provision of EOL spiritual care.

Citation: Van der Steen JT, Gijsberts MHE, Hertogh CPM, Deliens L (2014). Predictors of spiritual care provision for patients with dementia at the end of life as perceived by physicians: A prospective study. *BMC Palliative Care* 13:61

Comment: It is sad that only 1 in 5 dying patients with dementia in the Netherlands receives spiritual care at the end-of-life (even when this only involves last rites). It appears that the religiosity of the physician and the quality of the physician's communication with

the family are important factors in ensuring that EOL spiritual care is provided.

Use of Traditional and Religious Healers for Mental Illness in Africa

Researchers from the department of psychiatry at Nelson R Mandela School of Medicine, University of KwaZulu-Natal, Durban, South Africa, conducted a systematic review of the literature to identify studies that provided information about the first person that patients and family members in Africa contact for the treatment of mental disorders. A total of 14 studies were identified that met the search criteria. **Results** indicated that 26.2% (95% CI 18.1-35.1%) first sought help from religious healers and 17.0% (95% CI 10.9-24.1%) first sought help from traditional healers. Only 13.0% (95% CI 5.1-23.5%) first sought help from conventional mental health services. Researchers concluded that "Approximately half of individuals seeking formal health care for mental disorders in Africa choose traditional and religious healers as their first care providers."

Citation: Burns JK, Tomita A (2014). Traditional and religious healers in the pathway to care for people with mental disorders in Africa: A systematic review and meta-analysis. Social Psychiatry and Psychiatric Epidemiology, December 12

Comment: The most common "first contact" for people with mental disorders in Africa is religious healers. That is an impressive finding, and suggests that addressing mental disorders in Africa in isolation from patients' religious beliefs may not be very effective. Working with religious and traditional healers appears to be important for mental health providers in this area of the world.

Borderline Personality Disorder and Religion in Iran

Researchers from the school of medicine at Tehran University of Medical Sciences surveyed 429 medical students with the self-report version of the Structured Clinical Interview for DSM-IV Axis II Disorders, borderline personality disorders (BPD) section (which assesses 15 BPD traits), the Duke University Religion Index (DUREL), and collected information on demographics. Most participants were single (95%) and all were Shia Muslims. Results indicated that 8 of 15 BPD traits were significantly less common among medical students who scored higher on one or more of the three DUREL subscales (especially religious attendance and intrinsic religiosity subscales). BPD traits that were particularly less common in student who were more religious were anger, instability of mood, feelings of emptiness, and self-harm behaviors. Overall SCID-BPD symptom scores were inversely related to religious attendance ($r=-0.12$, $p=0.01$), private religious activity ($r=-0.17$, $p<0.01$), and intrinsic religiosity ($r=-0.18$, $p<0.01$).

Researchers concluded that "Religious involvement is negatively related to a number of core symptoms of BPD. Further research is needed to understand how this relationship comes about and what it means for the etiology and treatment of BPD."

Citation: Hafizi S, Tabatabaei D, Koenig HG (2014). Borderline personality disorder and religion: A perspective from a Muslim country. Iran Journal of Psychiatry 9 (3):137-141

Comment: Research on the relationship between religious involvement and borderline personality disorder is seldom reported from Middle Eastern countries. This study is an exception, and used validated scales to examine that relationship.

Religious Coping, Racism, and Psychological Well-being in Christian Asian American College Students

Researchers from the department of psychology at Seattle Pacific University in Washington State examined the role of religious coping as a buffer against the effects of racism on well-being in 107 Catholic and Protestant Asian American college students. Religious coping (RC) was assessed using the Brief RCOPE that

has a 7-item positive and a 7-item negative religious coping subscale. Perceived racism was assessed with the 10-item Subtle and Blatant Racism Scale for Asian American College Students. Psychological well-being (PWB) was assessed with the 14-item subscale of the Mental Health Inventory. **Results** indicated that, as expected, racism was inversely related to PWB in bivariate analyses. In moderator analyses, the interaction between positive RC and racism was not significant (i.e., positive RC did not buffer the negative effects of racism on PWB). However, the interaction between *negative RC and racism* was statistically significant ($B=0.30$, $p=0.01$). Further analyses revealed that negative RC actually buffered the negative effects of racism on PWB (i.e., among those with high negative RC, the relationship between racism and PWB was *positive*). That finding was completely unexpected. Researchers concluded that "...negative religious coping appeared to protect against the detrimental influence of racism on psychological well-being." Investigators hypothesized that racism might trigger Asian Americans to seek support from their religious community, and that perhaps negative RC created less internal conflict for Asian Americans than for Westerners, ultimately resulting in better psychological well-being [however, feeling abandoned by one's religious community is one of the 7 indicators of negative RC!]

Citation: Kim PY, Kendall DL, Webb M (2015). Religious coping moderates the relation between racism and psychological well-being among Christian Asian American college students. Journal of Counseling Psychology 62(1):87-94

Comment: Since this finding goes against almost all research published to date on negative RC and mental health, and quite frankly doesn't make much sense, perhaps the researchers got their variables mixed up or coded the variables incorrectly. However, if this finding is replicated by other researchers, it would underscore the impact that cultural factors may have on the interactions between racism, religious coping, and well-being, especially in this population.

Effects of Prayer Meditation on Pain and Anxiety after Cesarean Section in Iran

Researchers from the department of anesthesiology at Lorestan University of Medical Sciences randomized 160 Muslim women who had recently undergone C-section under spinal anesthesia with mild pain (VAS 1-3) to either 20 minutes of listening to a recited prayer meditation using headphones ($n=80$) or to a control group (headphones turned off). The prayer was "Ya man esmoho davaa va zekroho shafa, Allahomma salle ala mohammad va ale mohammad" (no English interpretation provided). Pain intensity, blood pressure, heart rate, and respiratory rate were assessed before, during, 30 minutes, 60 minutes, 3 hours and 6 hours after the prayer meditation. The study was described as a "double-blinded randomized clinical trial." Age, parity, income, education, and occupation were similar between both groups at baseline.

Results indicated no differences in pain level between the two groups prior to, during 30 and 60 minutes after the prayer meditation. However, pain was significantly better at 3 hours and 6 hours in the prayer meditation group (VAS 1.5 vs. 3.0, $p=0.03$, and 1.3 vs. 3.0, $p=0.003$, respectively). No significant difference was found for heart rate, blood pressure, or respiratory rate at any time point. Investigators concluded that "Religion and spirituality intervention such as pray meditation could be used as one of non-pharmacological pain management techniques for reducing pain after cesarean section." They also indicated that prayer meditation caused less post-operative nausea and vomiting ($p<0.001$) and more relaxation ($p<0.001$).

Citation: Beiranvand S, Noaparast M, Eslamizade N, Saeedikia S (2014). The effects of religion and spirituality on post-operative pain, hemodynamic functioning and anxiety after cesarean section. Acta Medica Iranica 52(12):909-915

Comment: An interesting study, although the methods and findings are only briefly described, which makes it difficult to evaluate the quality.

Religious Beliefs & Practices and Mental Health in Catholic Priests

In this qualitative study of 15 priests from the mid-Atlantic U.S., researchers from the counseling psychology program of Chatham University (Pittsburgh) examined how priests view the effects of their relationship with God, vow to celibacy, and obedience on their psychological well-being. Common themes were identified using a method called consensual qualitative research (CQR). **Results:** With regard to relationship with God, the vast majority of participants (86%) emphasized psychological benefits (including providing a sense of connectedness and support, decreasing negative emotions, increasing positive emotions, transforming and empowering the individual, developing strengths, enhancing authenticity, and creating a balance in life). Concerning obedience, 60% of participants indicated that obedience positively affected their well-being by increasing positive feelings, strengthening the relationship with God and/or church, decreasing stresses of daily life, and providing stability. *Negative effects* of obedience on well-being were also observed by 60%, including creating internal conflict and disrupting relationships. With regard to celibacy, positive effects indicated by 66% included decreasing stress without family obligations, strengthening relationships with God and the church, leading to positive feelings, and increasing focus on vocation. Negative effects of celibacy (mentioned by 40%) included difficulty managing a biological desire to create a family and dealing with feelings of depression or loneliness. Researchers concluded that "This study highlighted the central role that priests' relationship with God has on positive psychological health."
Citation: Isacco A, Sahker E, Krinock E, Sim W, Hamilton D (2015). How religious beliefs and practices influence the psychological health of Catholic priests. American Journal of Men's Health, Jan 23[Epub ahead of print]

Comment: This is a fascinating study that looks into the personal religious lives of priests, and the psychological benefits that they derive from religious beliefs and practices (as well as some of the psychological challenges that result from those beliefs).

Religious Practices and Smoking among Saudi Arabian College Students

Khalid Almutairi, from the community health science department of King Saud University in Riyadh, distributed a 49-item questionnaire to 715 undergraduate male students at the University. Examined were cigarette smoking and *sheesha* smoking (smoking a glass-bottomed water pipe with fruit-flavored tobacco covered with foil and roasted with charcoal). Religious practices included reading the Qur'an, reciting the Qur'an, performing prayers at the Mosque, maintaining the five daily prayers, giving to charity, and being faithful. **Results:** A total of 29.8% of male students smoked. Logistic regression was used to examine predictors of smoking, controlling for knowledge about smoking and its health consequences, peers' attitudes regarding smoking, and peers' behaviors regarding smoking. Students who were more engaged in the practice of Islam were 15% less likely to smoke (OR=0.85, 95% CI 0.81-0.90, p<0.001). The author notes that "The Qur'an prohibits physically harmful behaviors, and tobacco use is considered *haram* (unlawful) in Islam."

Citation: Almutairi KM (2015). Predicting Relationship of smoking behavior among male Saudi Arabian college students related to their religious practice. Journal of Religion and Health, Jan 23. [Epub ahead of print]

Comment: Given the high rate of smoking in Saudi Arabia, and the devastating consequences of smoking to health, it is likely that the devout religious practices of Muslims in this country are having a

significant effect on the health of the population (assuming of course that the relationship between smoking and religious practices in the general population is similar to that in male college students).

NEWS

4th Annual Conference on Religion and Medicine

The conference, held at the Hyatt Regency in Cambridge, Massachusetts, on March 6-8, was a great success according to conference organizers. There were over 300 attendees from around the world (United Kingdom, Switzerland, the Middle East, etc.), many of whom gave paper or poster presentations. Attending the conference were representatives from the Templeton Foundation (Kimon Sargeant and Nicholas Gibson) who answered questions during an evening sessions about what areas were highest priority for the Templeton Foundation to support. The many different research and clinical plenary sessions were enjoyed by all (as was the food and drink from local restaurants in Cambridge).

Muslim World Affairs

The inaugural issue of the online journal *Muslim World Affairs* appeared last month with fascinating articles written by Abdul Basit, Ph.D., and colleagues. Dr. Basit is editor-in-chief of the Journal of Muslim Mental Health and former Director of the Multi-Cultural Mental Health Services in the Department of Psychiatry at the University of Chicago. The goal of Muslim World Affairs is to provide a forum that allows candid discussion of religious, social, moral, and political issues of the global Muslim community. This volume of the journal focuses on the issuing of spurious "fatwas" by Muslim clerics and self-proclaimed religious teachers in the Muslim world, sometimes calling on the faithful to undertake "Jihad" to protect and spread Islam (as some radical groups in the Middle East and Africa are now doing). Dr. Basit responds to these actions in a sensible and moderate manner, and is not afraid to call them what they are. If readers are interested in the views of leading Muslim mental health professionals on current world controversies, this is a great resource. The online issue is now available at: <http://www.muslimworldaffairs.com>.

SPECIAL EVENTS

7th National Suicide and the Black Church

Conference (Memphis, Tennessee, June 17-18, 2015)
Hosted by The Healing Center and held at the University of Tennessee, this year's theme is "Knocking Holes in the Darkness" and focuses on establishing a dialogue between churches and mental health professionals to combat the growing problem of suicide in the Black community. The conference is designed to empower delegates to return to their home, places of worship, and employment to better identify those who are suffering and in need of emotional and mental health care. It seeks to educate and empower attendees to save lives and prevent suicide. For more information, call 901-370-4673 or email: suicide@memphishealingcenter.com.

1st International Spirituality in Healthcare

Conference (Dublin, Ireland, June 25, 2015)
Hosted by the Spirituality Interest Group, School of Nursing and Midwifery, Trinity College Dublin, the conference includes keynote speakers Dr. Michael O'Sullivan, SJ, Director of the MA program in Christian Spirituality at All Hallows College; Professor Wilfred McSherry, Professor in Dignity of Care for Older People in the

School of Nursing and Midwifery at Staffordshire University; Professor Donia Baldacchino, associate professor of nursing, University of Malta; and Dr. Jenny Hall, senior Midwifery Lecturer, Bournemouth University. For more information, go to http://nursing-midwifery.tcd.ie/events-conferences/sowingtheseeds_conf2015.php.

Emerging Tools for Innovative Providers 2015: Spiritual Transformation Impact & Outcomes

(Pasadena, California, July 27-31, 2015)

This 5-day workshop at *Fuller Theological Seminary* (about 25 minutes from Hollywood) has become the premier event in the U.S. that focuses on integrating spirituality into patient care. During the workshop, participants from different backgrounds develop both a broad vision of the role that spirituality plays as a health or mental health determinant and also specific applications that they can implement into their own practice, discipline, and workplace. To achieve this goal, teams will form on Monday, continue to work in mentored settings at designated times throughout the week, and then report back their accomplishments on Friday. Explore how the significant accumulation of spirituality and health research over the last 25+ years translates into useful applications for healthcare and other human services providers. Participants will work with leaders in the field to integrate findings from spirituality and health research into clinical practice, including medical practice, psychology, sociology, and education. Faculty this year include Stephen Post, Alexis Abernethy, Sheryl Tyson, Lee Berk, Douglas Nies, Bruce Nelson, Steven Cole, Robert Emmons, Peter Hill, and Harold Koenig. For more information, go to website: <http://emergingtoolsforinnovativeproviders.com>.

12th Annual Duke Spirituality & Health Research Workshop

(Durham, NC) (August 10-14, 2015)

Now is the time to register for a spot in our 2015 summer research workshop on spirituality & health. The workshop is designed for those interested in conducting research in this area or learning more about the research that is now being done. Those with any level of training or exposure to the topic will benefit from this workshop, from laypersons to graduate students to seasoned researchers and professors at leading academic institutions. Over 700 persons from all over the world have attended this workshop since 2004. Individual mentorship is being provided to those who need help with their research or desire career guidance (early registration required to assure mentorship). Partial **tuition scholarships** will be available for those with strong academic potential and serious financial hardships. For more info, see website: <http://www.spiritualityhealthworkshops.org/>.

2015 Congress of the International Association for the Psychology of Religion

(Istanbul, Turkey, August 17-20, 2015)

Paper, panel, and poster sessions are welcome on the subject of psychology, religion, spirituality, belief/unbelief, and health at this conference being held at Marmara University in the ancient and fascinating city of Istanbul (formerly Constantinople) situated between the Black Sea and the Sea of Marmara. This is a great opportunity to meet and dialogue with researchers and scholars from a vast array of countries from many continents. There will be 4 keynotes, 5 invited symposia, and 1 pre-conference workshop. The biannual IAPR conference is one of the most important events that promotes and discusses exciting research in the area of psychology and religion. More information about the conference can be found at <http://iap32015.ikc.edu.tr/>.

RESOURCES

Spiritual Assessment in Social Work and Mental Health Practice

(Columbia University Press, 2015)

As described by publisher: "Spirituality often plays a critical role in health and wellness, yet few have explored in detail the process through which practitioners can identify and use clients' spiritual strengths to their mutual advantage. To address this gap, this practice-oriented text equips helping professionals with the tools they need to administer spiritual assessments ethically and professionally. David R. Hodge outlines a number of assessment approaches, including an implicit method for evaluating "secular" forms of spirituality. Case examples illustrate the implementation of these strategies in different clinical settings and with groups from diverse racial, geographic, and socioeconomic backgrounds." Available for \$29.18 at: <http://www.amazon.com/Spiritual-Assessment-Social-Mental-Practice/dp/0231163967>

Spiritually Oriented Psychotherapy for Trauma

(American Psychological Association, 2015)

Intended for psychotherapists who treat people experiencing life trauma. Focuses on recent developments that have encouraged greater sensitivity to spiritual issues in the treatment of those experiencing trauma. The chapters integrate research and practice together to describe how trauma can affect a person's spirituality and how spirituality can affect a person's coping with trauma. The book presents a balanced approach, reflecting on ways that spirituality and religion can be either helpful or harmful to those who have experienced trauma. The book addresses a wide range of traumas including sexual abuse, partner violence, familial forms of trauma, and many aspects of non-relational trauma as well. Psychodynamic and cognitive-behavioral approaches for adults and children are emphasized throughout the book. This volume makes special efforts to focus on a wide range of ethnic, racial, and religious traditions, although leans toward the Christian tradition, since most authors come from that perspective. Available for \$59.95 at: <http://www.apa.org/pubs/books/4317354.aspx>.

Health and Well-being in Islamic Societies

(Springer International, 2014)

As ISIS marches across the Middle East, conducting ethnic cleansing, beheading Westerners, and rewarding their soldiers with women they've captured along the way –justifying these activities by pointing to the Qur'an – what exactly do Muslims believe? What is contained in and emphasized in the Qur'an? In this volume, Muslim beliefs and practices based on the Qur'an and Hadith are outlined in detail, as are health-related Islamic practices and moral standards. Differences and similarities between Christian and Muslim beliefs and practices are examined. Much of this information will be a real eye-opener to readers. The core of the book, though, focuses on research on religiosity and health in Muslim populations and compares the health of Muslims with that of other religious groups. Available for \$57.73 (used) 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 by identifying and addressing the spiritual needs of patients. Chapters are targeted to the needs of physicians, nurses, chaplains and pastoral counselors, mental health professionals, social workers, and occupational and physical therapists. Available (\$22.36) at: <http://templetonpress.org/book/spirituality-patient-care>.

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 (\$124.31, 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 (\$39.96) at: <http://templetonpress.org/book/spirituality-and-health-research>.

JOBS

Department of Comparative Religion at Western Michigan University

Faculty position open for someone with a background in religion and health/medicine in Asia. Start date is fall of 2015. Involves teaching in graduate certificate program in spirituality, culture, and health, as well as undergraduate teaching. For more information about the position go to: <http://www.wmich.edu/hr/> (job posting #0603027).

Director of Center for Religious Studies (Trento, Italy)

The Center promotes research in the fields of religious and theological studies. Its activities are organized under two guiding themes: interreligious dialogue and applied ethics. Research in the area of interreligious dialogue is based on analysis of the general issues arising from the diverse religious beliefs and practices in a modern, secular, pluralistic world. The Center's research in ethics complements its work in interreligious studies by analyzing issues in the field of applied ethics from both a philosophical and a theological point of view. For more information, go to:

https://altamira.fbk.eu/Annunci/Jobs_A_DIRECTOR_FOR_THE_CENTER_FOR_RELIGIOUS_STUDIES_FBK_ISR_77345576.htm

FELLOWSHIPS

David B. Larson Fellowship in Spirituality and Health

Jason Steinhauer at the U.S. Library of Congress announced this month the opening of applications for the fellowship: "The John W. Kluge Center at the Library of Congress is delighted to announce we are currently accepting applications for the David B. Larson Fellowship in Health and Spirituality. The deadline is **April 17, 2015**. This post-doctoral fellowship is designed to continue Dr. Larson's legacy of promoting meaningful, scholarly study of these two important and increasingly interrelated fields. The Fellowship seeks to encourage the pursuit of scholarly excellence in the scientific study of the relation of religiousness and spirituality to physical, mental, and social health. The Fellowship provides an opportunity for a period of six to twelve months of research in the at the Library of Congress through residency in the Library's John W. Kluge Center. The stipend is \$4,200 per month... We encourage you to visit our website to see full eligibility and application details at <http://www.loc.gov/kluge/fellowships/larson.html>."

FUNDING OPPORTUNITIES

Templeton Foundation Online Funding Inquiry (OFI)

The Templeton Foundation is now accepting letters of intent for research on spirituality and health between February 2, 2015 - **April 1, 2015**. If the funding inquiry is approved (applicant notified by May 1, 2015), the Foundation will ask for a full proposal that will be due September 1, 2015, with a decision on the proposal reached by December 21, 2015. 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: <http://www.templeton.org/what-we-fund/our-grantmaking-process>.

2015 CSTH CALENDAR OF EVENTS...

April

- 1 **Religion, Spirituality and Medicine**
Duke University School of Medicine
Durham, North Carolina, Trent-Seamans Center, 3:00P
Speaker: Koenig
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 29 **Holistic Health Interventions for Clergy: Lessons Learned about Faith and Health Behavior Change**
Speaker: Rae Jean Proeschold-Bell, Ph.D
Co-PI for the Clergy Health Initiative
Rachel Meyer
Director, Program Development and Operations, Clergy Health Initiative
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

May

- 27 **Religious involvement, genes, and substance abuse in young adults**
Speaker: Rachel E. Dew, M.D.
Assistant Professor, Duke Child & Adolescent Psychiatry
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 29 **Religion, Spirituality and Health: Relevance to Chaplains**
Christian Reformed Church Chaplaincy & Care Conference
Grand Rapids, Michigan
Speaker: Koenig (via Skype)
Contact: Ron Klimp (rklimp@crcna.org)

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<http://www.spiritualityandhealth.duke.edu/about/giving.html>