

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 December 2014) go to: <http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

LATEST RESEARCH OUTSIDE DUKE

Spiritual Coping Predicts Better Immune Function in HIV-Positive Patients

Researchers at the University of Miami followed 177 HIV-positive patients over a period of 4 years, examining CD4 count (T helper lymphocyte cell numbers) and viral load (concentration of HIV organisms in the blood). Spiritual coping over time was assessed by content analysis of qualitative interviews/essays conducted every 6 months during follow-up. Positive spiritual coping was more common (65%) than negative spiritual coping (7%), whereas 28% did not use spirituality at all to cope. **Results** indicated that spiritual coping predicted sustained undetectable viral load in blood and greater CD4-cell preservation over the course of the four years. These relationships were independent of sociodemographic characteristics, baseline disease status, and substance use disorder. While achieving undetectable viral load increased over time in those using positive spiritual coping, it decreased among those using negative spiritual coping. CD4 count declined 2.25 times faster in those using negative spiritual coping compared to those using positive spiritual coping, even after controlling for viral load in the blood. One conclusion from these findings, according to the researchers, was that among HIV-positive persons who are sexually active, positive spiritual coping may reduce the risk of HIV transmission by maintaining long-term viral load suppression.

Citation: Kremer H, Ironson G, Kaplan L, Stuetzle R, Baker N, Fletcher MA (2014). Spiritual coping predicts CD4-cell preservation and undetectable viral load over four years. *AIDS Care* 27(1):71-79

Comment: Unfortunately, only the abstract of this article was readily available, so details are lacking – especially what the researchers meant by positive and negative spiritual coping and how they measured it.

Spiritual Well-being and Fatigue in Cancer Patients

Researchers in the department of integrative oncology at the Bangalore Institute of Oncology in Mumbai, India, surveyed 200 patients in active cancer treatment (with medication and/or

radiation therapy). The most common types of cancer were those of the breast, colon, ovary, and esophagus. Spiritual well-being was assessed using the 12-item FACIT-Sp, and fatigue was measured using the 13-item fatigue subscale of the FACIT (Functional Assessment of Chronic Illness Therapy) scale.

Results indicated that spiritual well-being was inversely related to fatigue (Spearman $r=-0.277$, $p<0.01$). Controlling for gender and stage of cancer did not diminish this association ($B=0.23$, $p=0.001$). The strength of this relationship was equal to or greater than the relationship between fatigue and stage of cancer.

Citation: Lewis S, Salins N, Rao MR, Kadam A (2014). Spiritual well-being and its influence on fatigue in patients undergoing active cancer directed treatment: A correlational study. *Journal of Cancer Research and Therapeutics* 10:676-680

Comment: This finding is an important one and relevant to the care of cancer patients, where fatigue is often a challenging problem to deal with. The primary weakness of the study is that spiritual well-being was measured using the FACIT-Sp, a scale that is highly confounded with items assessing mental health. How do you interpret the finding that cancer patients who experience more purpose, meaning, peace, harmony, and who are more productive in life (which the FACIT-Sp measures) also have less fatigue?

Religious Activity, Social Ties, and Regulation of Emotion in University Students

Canadian researchers surveyed 1,132 Ontario university students each year over a period of three years, examining whether involvement in religious activities promotes social ties either (1) directly or (2) indirectly through improving self-regulatory skills and ability to regulate emotions during social interactions. University students were assessed soon after beginning the university in their first year and during the winter of the next two years. Religious activities assessed were reading religious texts, attending religious services, and involvement in other religious activities. Spirituality was also assessed using an 8-item Spiritual Transcendence Index (Seidlitz). Involvement in non-religious clubs was assessed by a single item. Emotional regulation was measured by a 6-item scale developed by Gratz & Roemer. Finally, social ties were assessed using 3 items from the Student Adaptation to College Questionnaire (Baker & Siryk). Gender, parental education, and Canadian birth status were assessed and controlled for in all analyses. Participants were primarily Catholic (38.6%), Protestant (25.1%), or none/agnostic/atheist (25.4%). **Results** indicated no direct relationship between religious activities and social ties over time. Indirect relationships, however, were present. Greater religious activities predicted less difficulty with emotion regulation over time ($B=-0.06$, $p=0.01$), which in turn predicted more social ties over time ($B=-0.09$, $p<0.001$), resulting in a significant indirect relationship between greater religious activities and social ties via less difficulties with emotional regulation ($B=0.007$, $p=0.004$). Importantly, neither less difficulty with emotional regulation or social ties predicted greater involvement in religious activities over time, suggesting that the effect was in the other direction (i.e., from religious activities to emotional regulation and social ties). No

EXPLORE...in this issue

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significant effects were found between spirituality, social ties or emotional regulation.

Citation: Semplonius T, Good M, Willoughby T (2014). Religious and non-religious activity engagement as assets in promoting social ties throughout university: The role of emotion regulation. *Journal of Youth & Adolescence*, Oct 17 [Epub ahead of print]

Comment: This study found a positive indirect effect of engagement in religious activities on social ties through increased emotional regulation in Canadian university students. Neither social ties nor emotional regulation, however, predicted greater religious activities over time. These findings are consistent with the hypothesis that religious activity results in greater social ties through improving self-regulatory skills and ability to regulate emotions during social interactions.

Religiosity and Non-Marital Parenthood

Researchers in the department of sociology at Oakland University in Rochester (Michigan) analyzed data from 7,367 females initially in grades 7-12 participating in the National Longitudinal Study of Adolescent Health from Wave I (1995) to Wave IV (2008). Religious affiliation (79% Christian), intrinsic religiosity, and extrinsic religiosity were assessed at baseline in 1995. Measurement of intrinsic religiosity consisted of three questions ("How important is religion to you?"; "How often do you pray?" "Do you agree or disagree that the sacred scriptures of your religion are the work of God and are completely without any mistakes?"). Measurement of extrinsic religiosity consisted of two questions ("Many churches, synagogues, and other places of worship have special activities for teenagers – such as youth group, Bible classes, or choir. In the past 12 months, how often did you attend such youth activities?"; "In the past 12 months, how often did you attend religious services?"). The primary outcome variable was "time to first non-marital birth" assessed at Wave IV. Also assessed was family structure, socioeconomic status (SES), and urban vs. rural residence. Hazard modeling was used to examine predictors of time to first non-marital birth. **Results:** Blacks (52%) and Hispanics (34%) were more likely than Whites (24%) to experience a non-marital birth during the 13-year follow-up. Those with any religious affiliation were less likely to experience a non-marital birth than those with no religious affiliation (Protestants were 36% less likely, Catholics were 38% less likely, and Other Religion was 46% less likely). When all religious variables (affiliation, intrinsic and extrinsic religiosity) were included in a multivariate model (along with race, biological parents married, SES, urban vs. rural), frequency of prayer and attendance at religious services were the only religious characteristics that predicted a lower likelihood of non-marital birth (OR=0.90, p<0.01, for prayer; OR=0.94, p<0.10, for attendance). With intrinsic and extrinsic religiosity controlled for in the model, females with a mainline Protestant religious affiliation were more likely to experience a non-marital birth (OR=1.71, p<0.05), as were Evangelical Protestants (OR=2.33, p<0.001); this was especially true for Black females, where mainline Protestants had an OR=2.72 and Evangelical Protestants had an OR=4.16 (compared to those with no religious affiliation). Researchers concluded that intrinsic and extrinsic religiosity have protective effects against non-marital birth, although religious affiliation increased the risk of non-marital birth in the full model.

Citation: Lyons HA, Smith SJ (2014). Religiosity and the transition to nonmarital parity. *Sex Research & Social Policy* 11(2):163-175.

Comment: The authors first emphasized that women who experience a non-marital birth from adolescence to early young adulthood (mid- to late 20's) experience many negative outcomes, including health problems, problems completing their education, and poverty. This 13-year prospective study shows that young females who are more religiously involved experience a lower likelihood of non-marital birth. The positive relationship between non-marital birth and religious affiliation in the full model was only

AFTER controlling for religiosity in that model; without religiosity in the model, religious affiliation was associated with a lower likelihood of non-marital birth as indicated above in the bivariate analyses.

Integrating Mental Health and Chaplaincy Services

A multi-disciplinary team of 38 health professionals partnered with researchers from academic institutions across the U.S. to design and implement a mixed methods study that involved a quantitative survey of Veterans Administration (VA) and Department of Defense (DoD) chaplains and a qualitative component that involved interviews with mental health providers and chaplains. The aim was to examine chaplains' current and potential future roles in caring for veterans and active soldiers with mental health needs. All 3,464 full-time VA chaplains and activity duty military chaplains were invited to participate; of those, 2,163 (62%) completed quantitative questionnaires, of whom 440 were VA chaplains and 1,723 were DoD chaplains (604 of the total were healthcare chaplains and 1,559 were DoD non-healthcare chaplains). In addition, 291 qualitative interviews were conducted with chaplains and mental health providers. **Results:** Approximately 30% of 603 healthcare chaplains made referrals to mental health professionals, whereas 17-35% indicated that they made referrals to mental health professionals; 21-35% said that mental health professionals asked for their help when assessing spirituality; 13-15% indicated they were consulted on for cultural diversity issues; 19-38% indicated they participated with healthcare teams on planning mental health treatment needs, and 22-42% said they discussed mental health needs of patients with an individual health provider. Qualitative interviews with chaplains and mental health professionals revealed many common themes, including the need to build trust, the need to know more about each others' disciplines, and the need for mutual respect. Researchers concluded that while most chaplains felt understood and valued, there was much room for improvement in the integration of services.

Citation: Nieuwsma JA, Jackson GL, DeKraai MB, Bulling DJ, Cantrell WC, Rhodes JE, Bates MJ, Ethridge K, Lane ME, Tenhula WN, Batten SV, Meador KG (2014). Collaborating across the departments of veterans affairs and defense to integrate mental health and chaplaincy services. *Journal of General Internal Medicine* 29 Suppl 4:885-94

Comment: Seems concerning that 70% of chaplains never made referrals to mental health professionals, and about the same percentage never received referrals from mental health professionals or were asked by mental health professionals to help in the assessment of the spiritual needs of veterans and active-duty personnel. Despite this, the efforts to increase collaboration between these two groups is very exciting and important for a mentally healthy fighting force and veteran population.

The Atheist Chaplain

This is a very well-written piece that includes both humor and deep insights from a physician-turned chaplain at Columbia University College of Physicians and Surgeons, who describes himself as an atheist chaplain. In an entertaining way that both chaplains and physicians will relate to, he talks about his experiences as a chaplain intern in the hospital, focusing around the time of Ash Wednesday when one of his roles was to make ash crosses on the foreheads of patients (which he was initially quite reluctant to do so, given his ex-Catholic status and non-belief in God). He also describes an experience when he was called to see a patient's family member who had requested a "secular chaplain who was spiritual" (which he considered himself to be). While he was at first very excited about this never-before kind of referral, the family member turned out to be looking for a Buddhist chaplain who had visited her earlier, to his dismay. The article takes the reader through personal struggles that he ultimately worked through as he

came to appreciate the tradition of Ash Wednesday, if only -- as he puts it -- because "there's more to our lives than just the ordinary experience of suffering."

Citation: Adrian C (2014). Ash Wednesday. Journal of the American Medical Association 312(15):1515-1516

Comment: This is a brief and enjoyable piece that is definitely worth reading. If only JAMA was as anxious to publish a research study on religion, spirituality and health, as they were to publish this one! Maybe some day.

Projections and Risk Factors for Alzheimer's Disease (AD)

Projections of the estimated worldwide prevalence of AD will rise from 30 million in 2010 to an alarming 106 million by 2050. In this study, researchers at King's College in London identified seven risk factors that accounted for 49.4% of the projected cases of AD: diabetes mellitus, midlife hypertension, midlife obesity, physical inactivity, depression, smoking, and low educational attainment. They estimated that reducing each of these risk factors by 10-20% per decade could result in an 8.3-15.3% reduction in AD by the year 2050.

Citation: Norton S, Matthews FE, Barnes DE, Yaffe K, Brayne C (2014). Potential for primary prevention of Alzheimer's disease: an analysis of population-based data. Lancet Neurology 13(8):788-794

Comment: Why is this relevant to religion and health? Greater religious involvement is related to a lower likelihood of 4 of these 7 risk-factors: midlife hypertension, physical inactivity, depression, and smoking (see Handbook of Religion and Health). There is also much research showing that religious activity is related to not only less cognitive decline with aging but also to less cognitive decline once AD has developed. Prospective studies are needed to examine how a religious lifestyle influences these seven risk factors over time and in this way could influence the development of AD and other dementias over the next 35 years.

Depression and Co-Morbidity in Primary Care

There is much research in primary care patients showing (a) an inverse relationship between religiosity and depression, (b) the ability of religious involvement to predict faster remission of depression over time (by improving coping with medical illness), and (c) the effectiveness of religious cognitive-behavioral interventions for treating depression in this setting. Researchers in the Department of Primary Care Research at the University of Glasgow conducted a cross-sectional secondary data analysis of 314 primary care outpatient practices in Scotland. They compared 143,943 patients with depression to 1,280,435 control patients without depression. The outcomes assessed were 32 common chronic physical health conditions. Analyses were adjusted for age, sex, and social deprivation. Depression was defined as a recorded diagnosis of depression in the medical record and/or 4 or more antidepressant prescriptions given within the last year.

Results indicated that those with depression were significantly more likely to have every one of the 32 chronic physical conditions examined. Depressed patients (10% of the overall sample) were 55% more likely to have two or more medical conditions, 84% more likely to have three, 106% more likely to have four, and 165% more likely to have five conditions. Depressed patients were more likely to be female, older, and have low social support. The most common chronic medical conditions were pain, constipation, multiple sclerosis, viral hepatitis, and Parkinson's disease.

Citation: Smith DJ, Court H, McLean G, Martin D, et al (2014). Depression and multimorbidity: A cross-sectional study of 1,751,841 patients in primary care. Journal of Clinical Psychiatry 75:1202-1208

Comment: Most of these depressions were probably due to difficulty adjusting to the physical disability and restrictions that

chronic medical illnesses cause. Improving the ability of medical patients to cope with their illnesses is likely key to effective treatment. More research is needed on the role that religious beliefs and practices play in coping with chronic illness, and on the development of interventions that utilize patients' religious beliefs as part of the treatment of depression.

Religious Attendance and Depressive Symptoms: A 20-year Longitudinal Study

Investigators in the department of epidemiology and biostatistics at the University of South Florida analyzed data from a 20-year longitudinal community-based study of 754 participants (50% male) who were 9 to 19 years old in 1983 when the first wave of interviews was conducted. Follow-up assessments were then conducted in 1986, 1992, and 2003. During each assessment participants completed a single question on the frequency of religious attendance (from 1=never to 5=once/week or more); responses were categorized for analysis into never, yearly, monthly, and weekly, with "never" used as the reference group. Depressive symptoms were assessed during each assessment using the Hopkins System Checklist-90 (with symptoms ranging in severity from 0 to 24). Control variables included gender, race, family SES, cumulative life-time trauma, and recent negative life events. Growth curve models were used to assess the trajectory of change in depressive symptoms in each category of religious attendance. **Results:** Those never attending religious services increased progressively with each interview wave, from 14.3% in 1983 to 31.7% in 2003. At every assessment those not attending religious services had significantly higher depressive symptoms. In the final model that controlled for all covariates including age and age-squared, the inverse relationship between religious attendance and depressive symptoms increased in a step-wise manner from a B=-0.474 (p<0.01) for yearly attendance, to B=-0.495 (p=0.05) for monthly attendance, to B=-0.634 (p<0.005) for weekly attendance. Researchers concluded that "Religious service attendance may reduce depressive symptoms significantly, with more frequent attendance having an increasingly greater impact on symptom reduction."

Citation: Zou J, Huang Y, Maldonado L, Kasen S, Cohen P, Chen H (2014). The efficacy of religious service attendance in reducing depressive symptoms. Social Psychiatry & Psychiatric Epidemiology 49:911-918

Comment: Here is another study, this time in teenagers and young adults, showing a step-wise decrease in depressive symptoms with increasing religious attendance across a 20-year time span. The use of growth curve models and careful control for multiple covariates add credibility to the study's findings.

NEWS

New Theology, Medicine and Culture Fellowship

The Duke Divinity School is now accepting fellowship applications from "students and practitioners in health professions, as well as others with full-time vocations to health-related contexts, to participate in a program of theological formation that will equip them for faithful, disciplined, and creative engagement with contemporary practices of health care...TMC Fellows will study in one of the residential master's degree programs of Duke Divinity School (MACS, MTS, MDiv, ThM), and will combine this academic study with structured mentorship, retreats and seminars, and church and community-based practice. Through special grant support, the Fellowship will offer students tuition grants of at least 50 percent for the first year of study with additional scholarship support available on a competitive basis." Application deadline is **March 1, 2015**. For more information go to:

<http://sites.duke.edu/tmcfellowship/>.

Special Edition of *Current Research in Psychology on Faith and Fear*

A **Call for Papers** has been announced for a special edition of this mainstream psychology journal. Here is the official announcement: "Faith is an ever important area to humanity. While it is supposed to be an area of strength and comfort in times of trouble, often faith has been a point of conflict in and of itself. This special edition of *Current Research in Psychology* will focus on issues of faith and fear. We invite manuscripts on a range of topics addressing the intersection of these topics, broadly defined. Paper topics might include: 1) expression of human insecurities in terms of religious affiliation or doctrinal nomenclature; 2) issues of peace and good mental health addressing meaningful exploration of faith and fear; 3) the intersections of mental and physical health among traditions, especially in coping and fear management; 4) aspects of fear and coping. We encourage a breadth of backgrounds and faith systems for this special issue, especially from underrepresented faith systems or intra-religious struggle areas." The deadline for submissions is June 2015 with an anticipated publication date of December 2015. For more info or to submit a manuscript go to: <http://www.thescipub.com/journals/crp>.

SPECIAL EVENTS

13th Annual David B. Larson Memorial Lecture

(Duke Hospital North 2001, Durham, NC, March 3, 2015)

This year's speaker is **David R. Williams**, the Florence Sprague Norman and Laura Smart Norman Professor of Public Health at the Harvard School of Public Health (HSPH) and Professor of African and African American Studies and of Sociology at Harvard University. The title of Dr. Williams' talk is: "*Religious Attendance and Health: Findings, Questions and Directions*." According to Dr. Williams, "This presentation will provide a brief overview of the association between religious attendance and health. It is widely recognized that religious attendance is the religious variable that is most consistently predictive of health. However, our understanding is limited regarding the mechanisms and pathways that link participation in religious services to good health. The presentation takes a detailed look at two empirical attempts to identify *why* religious *attendance* was associated with better health. One focused on mortality and the other on mental health outcomes. Both analyses found that even after all potential mediators were considered, there was a significant residual relationship between attendance and health. The presentation concludes with promising directions for future research that seeks to get a clearer understanding of exactly what it is about religious attendance that can lead to enhanced health and well-being." The lecture is free and open to the general public. The presentation *will not* be recorded. For more info, see website: <http://www.spiritualityandhealth.duke.edu/index.php/scholars/david-b-larson>.

4th Annual Conference on Religion and Medicine

(Hyatt Regency, Cambridge, March 6-8, 2015)

According to the conference program, "Contemporary western culture divides care of the soul from care of the body, apportioning the former to religious communities and the latter to medicine. The division of spiritual and material care of the human person has allowed us to meet many clinical needs efficiently, but it has also wrought unwanted outcomes, including increased mechanization of care and isolation in the experiences of illness and dying. Remedying this situation will require reengaging some critical questions: In what sense is illness a spiritual and/or religious experience? How should particular spiritual and religious needs of patients be addressed and by whom? What is at stake and what is experienced, spiritually, among those who care for patients? How

may the powerful social and intellectual forces that continue to dehumanize the patient experience and the practices of health care be overcome? What do religious traditions teach us about these questions?" Conference conveners invite students, health care practitioners, scholars, and religious leaders to take up these questions and discuss their implications for contemporary medicine, doing so with reference to religious traditions and practices, particularly those of Judaism, Christianity, and Islam. For more information, go to: <http://www.medicinandreligion.com/>.

Disaster Ministry Conference & Workshop

(Wheaton, Illinois, June 8-11, 2015)

According to conference organizers, this groundbreaking event at Wheaton College will feature top speakers, including Philip Yancey, and equip and network pastors and church leaders to lead their congregations in developing effective disaster ministries. The pre-conference workshop is for anyone interested in helping their congregation prepare for and respond to disasters. Participants will also learn about disaster basics as well as effective approaches to starting a disaster ministry. For more info, go to: <http://www.wheaton.edu/HDI/News/Disaster-Ministry-Conference>.

3rd Annual Conference: Emerging Tools for Innovative Providers 2015

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

This 5-day workshop at *Fuller Theological Seminary* (about 25 minutes from Hollywood) focuses on identifying spiritual interventions in healthcare settings. Physicians, nurses, psychologists, counselors, social workers, and chaplains are the target audiences for this workshop. 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. In this dynamic conference with practical learning activities and workshops, 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. Participants from different backgrounds will 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 throughout the week, and then report back their accomplishments on Friday. Faculty include Stephen Post, Alexis Abernethy, Sheryl Tyson, Lee Berk, Douglas Nies, Bruce Nelson, Steven Cole, Robert Emmons, and Harold Koenig. A yearly West Coast conference targeted specifically at clinicians, this is the premier workshop in the U.S. that focuses on integrating spirituality into patient care. For more information, go to website: <https://www.adventisthealth.org/glendale/pages/emerging-tools-for-innovative-providers-registration.aspx>.

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/>.

6th International Conference on Ageing and Spirituality

(Los Angeles, October 4-7, 2015)

As advertised by conference organizations: "Previously held in Australia, New Zealand, Great Britain and Scotland, the CLH Center for Spirituality is proud to host the inaugural U.S. session of the International Conference on Ageing and Spirituality with the theme 'Paradox and Promise in the Spiritual Pilgrimage of Aging.' We invite those who see this journey as inherently spiritual to join us in Los Angeles to consider together what the realm of spirituality and religion brings to the current, world-wide discussion on and reality of aging. Let's discover together ways to access the wisdom of those who have taken this pilgrimage before us, and begin to journey together on this 21st century pilgrimage, making music, finding meaning, and being full of hope in spite of losses and limitations. Proposals for workshops, seminars and posters will be received January 7-February 27, 2015." See the following website for more info: <http://www.6thinternationalconference.org>.

RESOURCES

Journal of Muslim Mental Health 8:2, 2014

The latest issue features the following articles:

- Acculturation, Acculturative Stress, Religiosity and Psychological Adjustment among Muslim American Adolescents
- A qualitative analysis of Muslim young adults' adaptation experiences in New Zealand
- Development of a Multidimensional Measure of Islamic Spirituality (MMIS)

Other articles recently published include:

- Prevalence of risk behaviors among U.S. Muslim College Students
- Under surveillance and overwrought: American Muslims' Emotional and Behavioral
- Responses to government surveillance
- American Muslim marital quality: A preliminary investigation
- Mental health stigma in the Muslim community
- Subtle and overt forms of Islamophobia: Micro-aggressions toward Muslim Americans
- Mental illness recognition and referral practices among Imams in the United States
- Medical orientalism and the war on terror: Depictions of Arabs and Muslims in the psychodynamic literature post-9/11

Spiritual Care in Practice: Case Studies in Healthcare Chaplains

(Jessica Kingsley Publishers, 2015)

Edited by George Fitchett and Steve Nolan, this book reveals "the richness and depth of understanding that chaplaincy brings to direct work with patients, these in-depth case studies and critical responses from other chaplains and healthcare professionals give insight into spiritual carer-patient work in a range of settings and the vital work of chaplains in the healthcare team." The case studies are written by Alister W Bull, Daniel H Grosseohme, Katherine M Piderman, Graeme Gibbons, Angelika Zollfrank, Sian Cotton, Rosie Andrious-Ratcliffe, Chris Swift, David McCurdy, Barbara Pesut, Nina Redl, Richard C Weyls, David Mitchell, Wes Roberts, Jim Huth, Warren Kinghorn, Alice Hildebrand, George Fitchett, Steve Nolan, Christina Puchalski, John Swinton, and others. Available for \$27.42 at: <http://www.amazon.com/Spiritual-Care-Practice-Healthcare-Chaplaincy/dp/1849059764/>.

The Soul of Medicine: Spiritual Perspectives and Clinical Practices

(Johns Hopkins University Press, 2011)

Edited by John Peteet (professor of psychiatry) and Michael D'Ambra (professor of anesthesia) both at Harvard Medical School, this book recently received a stellar review in the *Journal of Nervous and Mental Disease* 2014; 17(2): 253. The reviewer (Adrienne Vincent at the Dana Farber Cancer Institute and Harvard Divinity School) describes the book as "a thorough and comprehensive overview of the most recent developments at the nexus of clinical medicine, medical ethics, and spirituality." In reviewing the book, Vincent asks the question, "What is, and what ought to be, the place of spirituality in clinical care?" and describes how this book by Peteet and D'Ambra answers that question. Readers are encouraged to get a copy of the book and find out for themselves. Available for \$47.50 at:

www.amazon.com/Soul-Medicine-Spiritual-Perspectives-Clinical/dp/1421402998.

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 and emphasized in the Qur'an? In this volume, Muslim beliefs and practices based on the Qu'ran and Hadith are outlined in detail, as are health-related Islamic practices and moral standards. Christian beliefs and health-related practices are also clarified, which are often poorly understood by Christians and non-Christians alike. 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. Topics covered include mental disorders (depression, suicide, anxiety, psychosis, alcohol and drug abuse/dependence), positive emotions (well-being, happiness, optimism, hope, sense of control), personality traits (extraversion, neuroticism, agreeableness, etc.), social factors (marital stability, social support, social capital), health behaviors (exercise, diet, weight, smoking), and physical health (heart disease, hypertension, stroke, dementia, immune function, endocrine function, diabetes, cancer, overall mortality, etc.). This is the first comprehensive review of research on religion and health in Muslim populations. The book concludes with applications for clinical practice and the need for cooperation between Muslims and Christians in order to enhance global public health. 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>.

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>.

Enhancing Life Project

The University of Chicago, via support from the John Templeton Foundation, has announced a new project that "explores an essential aspiration of human beings that moves persons and communities into the future. Given the profound expansion of human power through technology as well as advances in genetics, ecology, and other fields, the vulnerability and endangerment as well as the enhancement of life are dominant themes in the global age. *The Enhancing Life Project* aims to explore this rich but widely unexamined dimension of human aspiration and social life, and to increase knowledge so that life might be enriched. *The Project* will support 15 research projects of advanced career scholars with \$100,000 each and 20 research projects of early career scholars with \$50,000 each. *The Project* will support applications particularly but not exclusively in the following areas: Religious Thought, Theology, or Philosophy; Philosophy of Biology, Science, or Technology; Social Sciences (e.g., Anthropology, Law, Political Science, Psychology, and Sociology); and Communications and Media Studies. The grant runs Summer 2015 – Summer 2017." Applications are due February 1, 2015. For more info, go to: enhancinglife.uchicago.edu.

Initiative on Hope & Optimism: Conceptual and Empirical Investigations

The University of Notre Dame and Cornell University received a \$4.5 million grant from the John Templeton Foundation to stimulate the field of hope and optimism. This project explores the theoretical, empirical, and practical dimensions of hope, optimism, and related states. Initiatives include \$450,000+ for residential, non-residential and dissertation fellowships in philosophy; \$450,000+ for residential, non-residential and dissertation fellowships in the philosophy of religion; \$1.4 million in research funding (psychology and sociology); a \$50,000 playwriting competition; and a \$10,000 amateur video competition. For more information, go to: <http://hopeoptimism.com/>.

2015 CSTH CALENDAR OF EVENTS...

January

- 21 **Burnout, Angst, and Coping Among Physicians and Clergy**
Speaker: Benjamin R. Doolittle, M.D., M.Div.
Associate Professor of Internal Medicine & Pediatrics
Yale University School of Medicine
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

February

- 5 **Religion, Spirituality and Health: Integrating into Patient Care**
Adventist Health System, Orlando, FL
Speaker: Koenig
Contact: Janet Griffin (Janet.Griffin@ahss.org)
- 25 **Bolstering Healthcare Chaplaincy through Research**
Speaker: Annette Olsen, MDiv, BSSW, BCC
Senior Chaplain and CSU Spiritual Care Manager
(Neuro/Women/Children)
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

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