

CROSSROADS...

Exploring research on religion, spirituality and 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 April 2015) go to: <http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

LATEST RESEARCH FROM DUKE

Religious vs. Conventional Psychotherapy for Depression in the Medically Ill

Investigators at Duke University Medical Center and several cooperating universities both in and outside the U.S. compared the effects of religiously-integrated cognitive behavioral therapy (RCBT) vs. conventional secular CBT (CCBT) in the treatment of major depressive disorder (MDD) in persons with chronic medical illness. This multi-site randomized clinical trial involved 132 participants with MDD randomly assigned to ten 50-minute sessions over 12 weeks of either RCBT (n=65) or CCBT (n=67) and followed for up to 24 weeks. Depressive symptoms over time were assessed using the Beck Depression Inventory (BDI). Five versions of RCBT (Christian, Jewish, Muslim, Buddhist, Hindu) were developed and manualized by experts in these faith traditions. Eight master's level licensed therapists delivered the intervention by telephone (given that participants were chronically ill). **Results:** Both RCBT and CCBT reduced depressive symptoms from baseline to follow-up such that over half of participants went into full remission by the 24-week follow-up. No difference was found in treatment effects between RCBT and CCBT. However, baseline religiosity moderated this effect, such that those who were more religious at the start of the study were both more likely to comply with RCBT and more likely to benefit from RCBT compared to those receiving CCBT. Investigators concluded that while not superior to CCBT overall, RCBT "may increase the access of religious persons with depression and chronic medical illness to a psychotherapeutic treatment that they might otherwise not seek, and those who are highly religious may be more likely to adhere to this type of therapy and benefit from it." *Citation:* Koenig HG, Pearce MJ, Nelson B, Shaw SF, Robins CJ, Daher N, Cohen HJ, Berk LS, Belinger D, Pargament KI, Rosmarin DH, Vasegh S, Kristeller J, Juthani N, Nies D, King MB (2015). Religious vs. conventional cognitive-behavioral therapy for major depression in persons with chronic medical illness. *Journal of Nervous and Mental Disease* 203(4): 243-251.

Comment: This is the first study to examine the effects of RCBT compared to secular CCBT in the treatment of major depressive

disorder in persons with chronic medical illness. The five RCBT and CCBT manuals and therapist and client workbooks are available to download for free on the Center's website (<http://www.spiritualityandhealth.duke.edu/index.php/religious-cbt-study/therapy-manuals>).

LATEST RESEARCH OUTSIDE DUKE

Effects of Reciting "Allah" on Pain after Open Heart Surgery in Iran

Researchers from the Jundishapur University of Medical Sciences in Alvaz, Iran, conducted a randomized clinical trial in 80 Shia Muslim patients to examine the effect of repeating the word "Allah" on pain levels after undergoing coronary artery bypass graft surgery. Following surgery, when patients were still in the ICU, researchers randomized 80 patients to either the prayer intervention (n=40) or to a usual care group (n=40). The intervention consisted of asking patients to recite Hazrate Zahra's praises, one of the most common praises of Allah/God among Muslims, for 10-15 minutes. This consists of reciting the phrase Allahu Akbar ("God is the greatest") 34 times, Alhamdulillah ("all praise and thanks to God") 33 times, and Subhan Allah ("glorious is God") 33 times. The intervention was performed at the same time on days 1, 2, and 3 after surgery. A visual analogue scale ranging from 0 (no pain) to 10 (worst pain) was used to measure pain levels before and after the intervention in both groups and was administered by a nurse who was blind to treatment group. **Results:** There were no differences in age, gender, education, marital status, ethnicity, urban-rural residence, history of hospitalization, or history of surgery between the two treatment groups at baseline. At baseline before the intervention each day, average pain level in the intervention and control groups, respectively, on Day 1 was 5.35 ±2.28 vs. 5.48 ± 1.17 (p=0.53); on Day 2 was 4.46 ±2.66 vs. 4.38 ±2.51 (p=0.06); and on Day 3 was 3.59 ±1.87 vs. 3.84 ±2.61 (p=0.08). After the intervention, average pain level each day in the intervention and control groups on Day 1 was 3.19 ±1.91 vs. 5.17 ±2.67 (p<0.001); Day 2 was 2.24 ±1.95 vs. 4.12 ±3.24 (p<0.001); and Day 3 was 1.99 ±1.38 vs. 3.67 ±2.25 (p=0.003). Before and after differences (within group comparisons) in the intervention group were also significant at p<0.001 on all 3 days; no significant within group differences were found in the control group on any day. Researchers concluded that, "Reciting the word 'Allah' as a non-pharmacological, low-cost and non-invasive method with no side effects can be effective on pain relief after CABG surgery."

Citation: Nasiri M, Fayazi S, Ghaderi M, Naseri M, Adarvishi S (2014). The effect of reciting the word "Allah" on pain severity after coronary artery bypass graft surgery: A randomized clinical trial study in Iran. *Anesthesiology and Pain Medicine* 4(5):e23149 [doi: 10.5812/aapm.23149. eCollection 2014]

Comment: A remarkable study, well done, with extraordinary effects. Might the results have been the same in a study of Christian patients who recite these phrases in English for 10-15 minutes after surgery using the same design? Here is a study waiting to be done.

EXPLORE...in this issue

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Faith Healing and Psychiatric Disorder in Saudi Arabia

Faith healers (FH) in Saudi Arabia operate on the belief commonly shared in this society that illness can be caused by magic, the evil eye, and possession. FH use religious-based practices to heal, such as reading the Holy Qur'an, and follow the prophetic traditions of healing according to the Prophet Mohammad. To examine this further, investigators in the department of psychiatry at King Saud University compared 383 adults who use FH with 424 shopping mall visitors (SMV) in Riyadh, having them complete a demographic questionnaire and an Arabic version of the Mini International Neuropsychiatric Interview. **Results:** Those who used FH were more likely than SMV to be male (79.1% vs. 48.8%), married (58.4% vs. 39.6%), illiterate or had attended only primary school (11.5% vs. 1.2%), and had lower income (70.5% vs. 55.6% earned <10,000 R/year [\$2,500/year]). FH were more likely than SMV to have a past history of medical illness (40.5% vs. 20.8%), more likely to have a history of past psychiatric illness (23.2% vs. 15.0%), more likely to currently have a psychotic disorder (5.7% vs. 0%), more likely to have bipolar disorder (5.2% vs. 0.7%), more likely to have depressive disorder (32.6% vs. 14.4%), and more likely to have anxiety disorder (18.5% vs. 9.4%) disorder ($p < 0.0001$ in all comparisons). Researchers concluded that "We showed that having a psychiatric history or a current psychiatric disorder are factors associated with FH use, and that a high percentage of FH users had a psychiatric diagnosis."

Citation: Alosaimi FD, Alshehri Y, Alfraih I, Alghamdi A, Aldahash S, Alkhuzayem H, Al-Beeshi H (2015). Psychosocial correlates of using faith healing services in Riyadh, Saudi Arabia: a comparative cross-sectional study. *International Journal of Mental Health Systems* 9:8 doi: 10.1186/1752-4458-9-8.

Comment: Saudi Arabia is one of the most religious countries in the world and the location of Mecca and Medina, the cities where Islam originated and millions of pilgrims visit each year (required as one of the pillars of Islam). This study shows that those who seek faith healing in this country tend to be male, uneducated, and poor, and often have psychiatric illness and physical health problems. As a group, these are individuals who may not have ready access to formal psychiatric services and FH may be both more affordable and more readily available. It would be fascinating to conduct a randomized clinical trial in the uneducated and poor to compare psychiatric outcomes in those receiving FH treatments with those receiving standard psychiatric care. The results might not be what mental health professionals expect.

Religious Affiliation and Suicide in >1,000,000 People

Investigators in the Centre for Public Health at Queen's University and Ulster University in Northern Ireland followed 1,106,104 persons aged 16-74 from 2001 to 2009 examining religious affiliation and completed suicide as recorded in the national UK archive held by the Northern Ireland Statistics and Research Agency. Religious affiliation was assessed by two questions in the 2001 census: "Do you belong to any particular religion?" If yes, they were asked to specify the religion. The groups examined were: (1) No affiliation (12.6%), (2) Roman Catholic (39.5%), (3) mainline Protestants (e.g., Presbyterian, Church of Ireland, Methodist) (41.6%), and (4) conservative Protestants (e.g., Free Presbyterians, Baptists, Brethren) (6.3%). "Other faiths" made up 0.3% and were excluded from the analysis. The group to whom other groups were compared was Roman Catholic (1.00). Cox proportional hazards models adjusted for demographic (age, gender, marital status, living situation) and socioeconomic characteristics (social class, housing situation, car availability, area of residence). **Results:** During the 9-year follow-up, 1119 died by suicide or undetermined intent. Of those, 74% were men and 65%

were less than 45 years old. Protective factors were being married, living with someone else (rather than alone), being employed, and not having a chronic physical illness. Controlling for demographic and socioeconomic characteristics, compared to with Catholics, those affiliated with conservative Protestant traditions, were significantly less likely to commit suicide (HR=0.71, 95% CI 0.52-0.97). In other words, conservative Christian Protestants were nearly 30% less likely to commit suicide than Roman Catholics. There were no significant differences in suicide rate between Catholics and mainline Protestants or those with no religious affiliation. Researchers concluded that, "The relationship between religious affiliation and suicide established by Durkheim may not pertain in societies where suicide rates are highest at younger ages." Durkheim, the father of sociology, observed in 1897 that suicide rates were highest among those with no religious affiliation, lowest in Catholics, and intermediate in Protestants. In the present study, Catholics had the lowest suicide rate only among those ages 55-74 years (7.4 per 100,000) compared to Protestants (8.0-8.2 per 100,000) and those with no religious affiliation (11.8 per 100,000). In those who were middle-aged (ages 35-54 years), conservative Protestants had a 50% lower suicide rate compared to Catholics (HR=0.50, 95% CI 0.29-0.85).

Citation: O'Reilly D, Rosato M (2015). Religion and the risk of suicide: Longitudinal study of over 1 million people. *British Journal of Psychiatry*, Feb 19, DOI: bjp.bp.113.128694. [Epub ahead of print]

Comment: The most interesting finding here was that risk of completed suicide among those ages 35-54 was 50% lower among conservative Protestants compared to Catholics. The researchers lamented appropriately that religious affiliation was a poor measure of religiosity, and hypothesized that the lower risk of suicide in conservative Protestants may have been due to lower risk behaviors and lower alcohol consumption.

Religiosity and Life Aspirations in U.S. Adults

Researchers from the department of psychology at Brigham Young University analyzed data from a national random sample of 425 adults (59% female, average age 52) to better understand the relationship between religiosity and well-being. They hypothesized that intrinsic religiosity would be related to life aspirations, which would explain its relationship to well-being. Religiosity was assessed using the 21-item Allport-Ross intrinsic-extrinsic scale. Affective well-being and life satisfaction was assessed with the Andrews-Robinson scale. *Extrinsic* aspirations were assessed with a 12-item "materialism" scale that measured concern over having material possessions and the desire to be admired by others because of those possessions. *Intrinsic* aspirations were assessed with a scale that measured importance of warm relationships, sense of belonging, self-fulfillment, self-respect, and sense of accomplishment. **Results:** Analyses indicated that intrinsic religiosity (i.e., religiosity as an end in itself) was inversely related to negative affect / depression ($B = -0.18, p = 0.001$), and was positively related to positive affect/mood ($B = 0.14, p = 0.005$) and to social satisfaction ($B = 0.11, p = 0.03$). Extrinsic religiosity (religiosity as a means to a more important end) was not related to any of these. Having intrinsic aspirations was also associated with positive affect/mood ($B = 0.13, p = 0.01$) and with social satisfaction ($B = 0.13, p = 0.001$). Extrinsic aspirations, in contrast, was associated with negative affect/mood, less positive affect/mood, less social satisfaction, and less marital satisfaction ($p = 0.001$ for most relationships). Intrinsic religiosity was positively related to intrinsic aspirations, although just barely ($B = 0.09, p = 0.048$). To test their initial hypothesis, researchers examined whether having intrinsic aspirations explained the relationship between religiosity and well-being. Results indicated that intrinsic aspirations did not explain the relationship between religiosity and well-being, but rather that both were independently related to greater well-being.

Citation: Steffen PR, Clayton S, Swinyard W (2015). Religious orientation and life aspirations. Journal of Religion and Health 54(2):470-479

Comment: Researchers found that intrinsic and extrinsic religiosity had very different relationships with well-being, and this could not be explained by higher intrinsic and lower extrinsic life aspirations in those who were more religious. The contribution of the current study is the demonstration that both intrinsic religiosity and having intrinsic life aspirations/goals are related to greater psychological well-being, but this effect is independent of the other.

Religious Coping and Drinking Outcomes in Alcoholics

Researchers in the Center for Alcohol and Addiction Studies at Brown University (Rhode Island) assessed religious coping two weeks after entering outpatient treatment and 6 months later in 116 alcohol-dependent adults (mean age 37, half women).

Results indicated that religious coping at 6 months predicted fewer heavy alcohol use days and fewer drinks per day during follow-up. This relationship was explained by better overall coping behaviors in those who used religious coping. Researchers concluded that "...the use of religious coping as one of several coping methods may be useful for a subset of adults early in recovery."

Citation: Martin RA, Ellingsen VJ, Tzilos GK, Rohsenow DJ (2015). General and religious coping predict drinking outcomes for alcohol dependent adults in treatment. American Journal of Addictions, Feb 6 [Epub ahead of print]

Comment: Unfortunately, only the Abstract of the study was easily accessible, so details are few. The study is worthy of attention because of its prospective nature, and publication in a mainstream psychiatry journal (the American Journal of Addictions is the publication of the American Academy of Addiction Psychiatry).

Religious Involvement and Internet Pornography in College Students

Researchers at the University of Houston (Texas) surveyed 223 college students on religiosity and Internet pornography use. The sample was 85% female, had an average age 25, and were 56% White, 28% Hispanic, and 13% Black. Religious affiliations were 45% Protestant, 27% Catholic, and 28% non-religious (spiritual, agnostic, or atheist). Based on affiliation, participants were divided into religious and non-religious groups. Religiosity was measured using the 5-item Duke Religion Index (DUREL) and the 14-item Intrinsic/Extrinsic Revised (IE-R) measure of intrinsic and extrinsic religiosity. Internet pornography (IP) use was measured as never, ever, and current, and if current, how many minutes per week on average was spent on this activity. **Results:** 63.7% reported having viewed IP at some point in the past; 26% indicated they currently viewed IP; and of those who currently viewed IP, an average of 73.5 minutes per week was spent viewing it.

Participants indicating a religious affiliation (the "religious") were less likely to have ever viewed IP compared to non-religious (spiritual, atheist, or agnostic) ($p=0.006$). All subscales of the DUREL were inversely related to IP use, including the total score ($p=0.001$). Intrinsic religiosity on the IE-R was significantly and inversely related to ever viewing IP ($p=0.001$). Although current IP use was not associated with religious vs. non-religious affiliation ($p=0.15$), it was related to the total DUREL score ($p=0.025$, particularly the intrinsic religious subscale, $p=0.002$) and to intrinsic religiosity measured using the IE-R ($p=0.043$). With regard to total amount of time viewing IP among current viewers, those not affiliated with a religious group (spiritual, atheist, agnostic) spent an average of 97.8 min/week vs. 61.6 min/week for those who were religiously affiliated ($p=0.09$). The DUREL total score ($p=0.035$) and especially the intrinsic subscale of the DUREL ($p=0.048$) was inversely related to total time viewing IP per

week; similarly, the intrinsic subscale of the IE-R were inversely related to total time viewing IP ($p=0.039$). Researchers concluded that "those who endorsed more religiosity used less IP (current, ever, and frequency)."

Citation: Short MB, Kasper TE, Wetterneck CT (2015). The relationship between religiosity and Internet pornography use. Journal of Religion and Health 54:571-583

Comment: As the authors indicate, IP is a billion dollar industry that is attracting more and more users (especially those ages 18-25). Given that viewing IP has been associated with many problems (addiction, sexually deviant behavior, paraphilia, social isolation, psychological difficulties, family bonding problems, work problems, etc.), these findings are important and deserve further study. Unfortunately, no other factors were controlled for in these analyses (i.e., all correlations reported here were bivariate only).

Religiosity and Intention to Receive HPV Immunization in College Women

Researchers in the department of communication at the University of Utah conducted an online survey of 408 unvaccinated undergraduate women ages 18 to 26 to examine factors related to "the intention to obtain the HPV (Human Papillomavirus) vaccine in the next 6 months." Assessed were experience (prior sexual behavior), religiosity, sexual morality, concerns about promiscuity (i.e., that getting the HPV vaccine would lead to riskier sexual behavior), and worry about getting cancer. Religiosity was assessed using a 10-item scale (Plante & Boccaccini). Average age of women was 20 years, 71% were Caucasian, and 56% had engaged in sexual intercourse in the past. **Results:** In bivariate analyses, religiosity was weakly but inversely related to the intention to get the HPV vaccine ($r=-0.097$, $p<0.05$). Multivariate analyses indicated a significant interaction between religiosity and fear of promiscuity ($B=-0.14$, $p<0.05$). This means that in women with high religiosity, concern that getting the HPV vaccine would lead to riskier sexual behavior was associated with a lower intention of getting the HPV vaccine, and this finding was independent of other predictors.

Citation: Krakow MM, Jensen JD, Carcioppolo N, Weaver J, Liu M, Guntzville LM (2015). Psychosocial predictors of human papillomavirus vaccination intentions for young women 18 to 26: Religiosity, morality, promiscuity, and cancer worry. Womens Health Issues 25(2):105-111.

Comment: The finding makes sense. Many religious women avoid the HPV vaccine because they fear that this will lead to future sexual activity due to a reduction in the fear that they will be infected with the HPV virus that might lead to cervical cancer. This may also be why religious parents of college students avoid administering the HPV vaccine to their daughters, given the pressure on women to have sex in this setting.

Sex, Spirituality and Distress over a Romantic Breakup

Researchers in the department of psychology at Bowling Green State University (Ohio) surveyed 445 college students (72% female, average age 19.3 years, 79% White) who experienced a breakup in an exclusive romantic relationship lasting an average 12 months duration. In this sample, the breakup had occurred an average of 16 months previously. Most participants believed in God (77%), 12% attended religious services weekly or more, and most were religiously affiliated (45% Protestant, 34% Catholic, 20% none). Assessed were sexual activity during the relationship, level of current anger and subjective distress, and level of religious involvement (based on a 3-item measure of conservative religious beliefs/activities). Also assessed was the perception that the breakup was a Sacred Loss (i.e., feeling that the event involved losing a gift from God or something central to the person's spirituality) or a Desecration (i.e., feeling that something sacred

from God was dishonored or a sacred part of the person's life was violated). In this sample, 56% had engaged in sexual intercourse during the relationship and 47% indicated the breakup involved some kind of sacred loss or desecration. **Results:** Greater sexual activity before breakup was correlated with greater anger ($r=0.22$, $p<0.001$) and greater subjective distress ($r=0.26$, $p<0.001$). For those who were more religious (i.e., scored higher on conservative religious beliefs/activities), the relationship between sexual activity and distress was explained by a sense of greater sacred loss or desecration; this was not true, however, for those who were less religious. Researchers concluded that, "These results may have important implications for improving the quality of clinical and pastoral care for individuals who have experienced a nonmarital breakup, particularly those arising from biblically conservative faith traditions."

Citation: Hawley AR, Mahoney A, Pargament KI, Gordon AK (2014). Sexuality and spirituality as predictors of distress over a romantic breakup: Mediated and moderated pathways. [Spirituality in Clinical Practice](#), Nov 3 [Epub ahead of print]

Comment: The notion of sacred loss or desecration is receiving increasing attention in the literature as a factor explaining distress over relationship problems in young adults.

Religiosity, Prayer and Health Behaviors in Europe

Researchers in Greece (University of Crete) and the United Kingdom (University of Bristol) analyzed data from the 2004/2005 "Survey of Health, Ageing and Retirement in Europe" study to identify correlations between religiosity and a range of health behaviors in persons age 50 or older. A random sample of 16,557 persons from 10 European countries (Austria, Belgium, Denmark, Germany, Greece, Italy, Netherlands, Spain, Sweden, Switzerland) participated in this survey. Multiple behavioral risk factors (MBRFs) placing individuals at high risk for chronic disease were assessed (high body weight, smoking, physical inactivity, risky alcohol consumption). Religiosity was measured with three questions: (1) "What religion do you belong or feel attached to mostly?"; (2) "Have you been educated religiously by your parents?"; and (3) "About how often do you pray?" **Results:** Average age of participants was 64.4 and average education was 10.5 years; 53.8% were female; 56.5% were Catholic, 23.6% Protestant, 4.9% Orthodox, 1.8% Muslim, and 13.1% none. Most (79.4%) had a religious education and one-third (33.4%) reported praying one or more times per day. Over half of the sample (54.4%) had two or more MBRFs that placed them at risk for chronic disease. Among men, those without a religious education were more likely to smoke cigarettes (30.8% vs. 23.6%); likewise, those who prayed less than daily were more likely to smoke (29.4% vs. 20.6%). Among women, those without a religious affiliation were more likely to smoke (20.6% vs. 13.5%), as were those without a religious education (19.8% vs. 13.1%) and those who never prayed vs. those who prayed once/day or more (22.6% vs. 8.9%). Among women, those lacking a religious affiliation were more likely to be risky drinkers vs. those with an affiliation (2.1% vs. 0.9%). After controlling for sociodemographic factors in regression analyses, having a religious education was inversely related to total MBRF score ($B=-0.064$, $p<0.001$); low frequency of prayer was also related to higher MBRF ($B=0.056$, $p<0.001$) even after controlling for religious education and religious affiliation. Researchers concluded that, "...religiosity and prayer use, as part of these European populations' lifestyle, tradition and culture, may have a beneficial role in abstaining from MBRF's for chronic diseases and should be assessed as potential determinants of MBRF adoption when examining chronic disease development in this population."

Citation: Linardakis, M., Papadaki, A., Smpokos, E., Sarri, K., Vozikaki, M., & Philalithis, A. (2015). Are religiosity and prayer use related with multiple behavioural risk factors for chronic diseases in

European adults aged 50+ years? [Public Health](#), March 10 [Epub ahead of print]

Comment: Religious measures here were weak and superficial. However, the findings suggest that as Europeans continue on the path towards complete secularization, rates of chronic disease will likely continue to increase in this rapidly aging population (a population that is projected to actually shrink in size by 2050 due to low birthrates).

Religious Faith in Parents of Children Dying from Cancer in The Netherlands

Researchers in the department of pediatric oncology/hematology at Erasmus MC-Sophia Children's Hospital in Rotterdam surveyed 89 parents of 57 children who died from cancer at the hospital between 2000 and 2004 (36% response rate). Participants completed the Inventory of Traumatic Grief and the depression subscale of the Brief Symptom Inventory. Also assessed were two questions about faith: "In the period my child was incurably ill, faith was very important to me" and "My faith has been strengthened because of the disease of my child." Parents were also asked to what extent prayer or faith in God/Allah helped them to cope between the time when the cancer was first diagnosed and their child's death. The median time between completing the questionnaires and when the child died was 5 years (range 3-8 years). **Results:** To the question about faith being important during the child's illness, 53% disagreed, 16% were neutral, 7% somewhat agreed, and only 21% firmly agreed; to the question about faith being strengthened as a result of child's illness, 61% disagreed, 16% were neutral, 6% agreed somewhat, and only 15% firmly agreed. With regard to prayer helping them to cope during child's illness, only 14% firmly agreed while 47% firmly disagreed; likewise, only 18% firmly agreed that faith in God/Allah helped them to cope while 45% firmly disagreed. Neither importance of faith during the time of child's illness nor a strengthened faith as a result of child's illness was significantly related to either traumatic grief or depression scores. Researchers concluded that, "Faith was important for a minority of parents and was not associated with less long-term traumatic grief or symptoms of depression."

Citation: Van der Geest IM, van den Heuvel-Eibrink MM, Falkenburg N, Michiels EM, van Vliet L, Pieters R, Darlington AS (2015). Parents' faith and hope during the pediatric palliative phase and the association with long-term parental adjustment. [Journal of Palliative Medicine](#), Feb 13 [Epub ahead of print]

Comment: Only 39% of parents in this study even had a religious affiliation. During one of the most stressful experiences that humans can go through, i.e., the sickness and death of a child, it is remarkable that nearly half of these parents received no comfort whatsoever from prayer or faith in God. How different are the findings here compared to those from a study of over 1000 persons living in a war zone in Afghanistan, where nearly three-quarters lacked food/water, the majority lacked shelter, and many were bereaved of loved ones. When asked how they coped in that study, 98% indicated their **main source** of comfort was God/Allah [see Scholte et al. (2004). Mental health symptoms following war and repression in Eastern Afghanistan. [JAMA](#) 292: 585-593].

Religious Coping, Optimism, Pessimism and Well-being in Norway

Investigators at the Norwegian University of Science and Technology in Trondheim analyzed data from a survey of 539 adults aged 18 to 75 to determine whether optimism/pessimism mediated the relationship between religious coping (RC) and existential well-being, and whether this relationship was stronger in those with chronic health problems. RC was assessed using a 29-item version of the RCOPE with six subscales: 12-item spiritually based coping subscale (intimacy of relationship between the person and God in coping); 6-item good deeds subscale (hope of

living a more religious life in the future); 3-item discontent subscale (distant and negative relationship with God or one's congregation); 2-item interpersonal religious support subscale (support from clergy or other church members); 3-item pleading subscale (pleading for miracle or bargaining with God); and 3-item religious avoidance subscale (leaving problems with God to deal with, and instead praying or reading scripture). Optimism and pessimism were assessed using the Life Orientation Test, and existential well-being was measured using the 10-item subscale of the Spiritual Well-being Scale. Structural equation modeling (SEM) was used to analyze the data. **Results:** Spiritually based coping was positively related to existential well-being ($r=0.23$, $p<0.01$), as was good deeds ($r=0.22$, $p<0.01$), religious support ($r=0.18$, $p<0.01$), and religious avoidance ($r=0.18$, $p<0.01$). Religious discontent, in contrast, was inversely related to well-being ($r=-0.12$, $p<0.05$). SEM revealed that RC had a direct positive effect on existential well-being when optimism was tested as a mediator, whereas RC had an indirect positive effect on existential well-being when pessimism was tested as a mediator. These positive relationships between RC and existential well-being were stronger in those with chronic health problems. Researchers concluded that, "...a relationship between religious coping and well-being may be evident even if the context is highly secular..."

Citation: Kvande MN, Klöckner CA, Moksnes UK, Espnes GA (2015). Do optimism and pessimism mediate the relationship between religious coping and existential well-being? Examining mechanisms in a Norwegian population sample. *International Journal for the Psychology of Religion* 25(2): 130-151

Comment: These investigators correctly analyzed their data, recognizing that the existential well-being subscale of the Spiritual Well-being Scale (Palouzian & Ellison) is simply a measure of well-being (not an indicator of "spirituality"). Although the response rate in this national sample was low (18%) and this was a cross-sectional study, the findings are of interest given that investigators examined both direct and indirect effects using SEM and it is one of the few studies in recent years from northern Europe that have reported a positive relationship between religious involvement (especially religious coping) and well-being.

SPECIAL EVENTS

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) (Aug 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** are available for those with strong academic potential and serious financial hardships. For more info, see website: <http://www.spiritualityhealthworkshops.org/>.

1st Global Meeting in Spirituality and Mental Health

(Florianopolis, Brazil) (Nov 4-6, 2015)

As described by the conveners, "The main goal of this Global Meeting is to present the state of the art in the field of spirituality and mental health, by putting together international leaders in the subject, and to foster exchanges and enable networking between clinicians, researchers and educators interested in spirituality and mental health." International speakers include Chris Cook (Durham University, United Kingdom), Kenneth Pargament (Bowling Green University), John Peteet (Harvard), Bernard Janse van Rensburg (South Africa), and several psychiatrists and psychologists from Brazil (including Alexander Moreira-Almeida, MD, PhD, and Giancarlo Lucchetti, MD, PhD). The meeting is being held during the 33rd Brazilian Congress of Psychiatry. For more information and to register, go to: http://www.cbpbp.org.br/english/?page_id=2526.

RESOURCES

Depression and the Soul: A Guide to Spiritually Integrated Treatment (Routledge, 2010; second edition to be published by Taylor & Francis, June 2015)

According to the publisher, "In *Depression and the Soul*, John Peteet proves the old adage that the best physician is also a philosopher. He considers how to approach the problem of depression within a larger context, and reviews current concepts of successful living relative to the heart (emotion and volition), the mind (cognition and coping), and the soul (the self in relation to transcendent reality). Each chapter goes on to further explore the relationship between depression and the context of a patient's entire life. This is done through consideration of how the existential struggles of depressed individuals engage their spiritual lives, by reviewing current empirical literature on depression and spirituality, comparing the perspectives of various spiritual traditions or world views, and summarizing ways that spirituality and depression interact." Available for \$38.67 (used) at <http://www.amazon.com/Depression-Soul-Spiritually-Integrated-Treatment/dp/0415878950/>

Religion, Families and Health: Population-Based Research in the United States

(Rutgers University Press, 2010)

Edited by sociologists Christopher G. Ellison and Robert A. Hummer, the publisher describes the book as follows: "While the scientific community has experienced a resurgence in the idea that there are important linkages between religion and family life and religion and health outcomes, this study is still in its early stages, scattered across multiple disciplines, and of uneven quality. To

date, no book has featured both reviews of the literature and new empirical findings. Religion, Families, and Health fills this void by bringing together leading social scientists who provide a theoretically rich, methodologically rigorous, and exciting glimpse into a fascinating social institution that continues to be extremely important in the lives of Americans." Although an older book, this is the only one in print that looks at objective research on religion and the family. Available for \$6.44 (used) at:

<http://www.amazon.com/Religion-Families-Health-Population-Based-Research/dp/0813547199>

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 Qu'ran 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 \$53.15 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 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/>

POST-DOC OPPORTUNITY

Harvard/Massachusetts General Hospital Post-Doc

According to the announcement, "The Harvard/MGH Center on Genomics, Vulnerable Populations, and Health Disparities (<http://cgvh.harvard.edu/>; Alexandra E. Shields, PhD, Director & Associate Professor, Harvard Medical School) invites applications for a post-doctoral fellowship position from individuals holding a doctorate in genomics, public health, epidemiology, oncology, or related fields to work with a transdisciplinary research team investigating the role of positive mediators (e.g., social supports or religious coping) in the etiology of disease. All research will be conducted within a transdisciplinary research team of senior faculty from Harvard and collaborating institutions. Research will focus on building capacity within U.S. cohort studies to assess exposures particularly important for understanding racial and socioeconomic disparities in health; conducting analyses of methylation data of genes in the stress pathway in relation to various psychosocial exposures/mitigating influences; and participating in a national effort to analyze and prioritize measures of spirituality/religious coping useful for understanding disease risk. Post-doctoral fellows will have the opportunity to gain experience participating in all aspects of this transdisciplinary initiative, including helping to conduct and summarize epigenetic and health services research analyses; participating in team meetings; and taking advantage of diverse training opportunities available through MGH, Harvard University, and The Broad Institute. Within a supportive environment, the fellow will pursue original research that results in peer-reviewed publications and will receive mentoring and support to build on this experience and develop a future research agenda to pursue through an NIH K-Award or other funding mechanism. Fellows are afforded extensive access to the rich intellectual and physical resources of Harvard University, The Broad Institute, Massachusetts General Hospital, and Partners HealthCare. Massachusetts General Hospital is an equal opportunity employer. Interested candidates should send letter of interest, CV, and letter of recommendation to Anna Schachter, MPH (abschachter@partners.org). **Applications will be accepted immediately** and will continue to be considered until the position is filled." Start date: May/June 2015; term is 1 year, renewable to 2 years; \$50,000/year plus generous benefits and travel stipend. Those with religion/spirituality and health interests are strongly encouraged to apply.

FUNDING OPPORTUNITIES

Templeton Foundation Online Funding Inquiry (OFI)

At this time, it is not clear whether the Templeton Foundation will accept letters of intent for research on spirituality and health between August 1, 2015 - October 1, 2015, as usual. There are rumors that they will skip that funding cycle due to available funds. Stay tuned for news on this issue. 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...

May

- 2-8 **Moral Injury Conference**
Colchester, England
Private meetings
- 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)

June

- 24 **Religiously-integrated Cognitive Processing Therapy (CPT) for the Treatment of PTSD in Active Duty Soldiers and U.S. Veterans: A proposal and discussion**
Speaker: Harold G. Koenig, M.D.
Professor of Psychiatry & Behavioral Sciences, Duke
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

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