

# 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, and events in this area.

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

## LATEST RESEARCH OUTSIDE DUKE

### Religious Involvement and Cortisol Levels in At-Risk Black Youth

Researchers in the department of psychiatry at the University of Michigan analyzed data from a 6-year prospective study (1994-2000) of 201 Black American youth at high risk for substance use and school dropout (mean age 14.5 at baseline, range 14-17; 52% female). Religious involvement in 1994 (baseline) was assessed by frequency of participation in religious activities (range of responses from hardly ever [1] to most of the time [4]). Salivary cortisol was assessed in 2000, and collected at three points during one hour after 11:00AM. Anxiety and depressive symptoms were assessed using the Brief Symptom Inventory. **Results:** Bivariate analyses indicated a significant inverse relationship between religious activities and salivary cortisol level for the overall sample ( $r=-0.29$ ,  $p<0.01$ ), especially in males ( $r=-0.38$ ,  $p<0.01$ ). After controlling for age, parental employment, and living in an intact family, religious activities in 1994 continued to predict salivary cortisol levels in 2000 in the overall sample ( $B=-0.28$ ,  $SE=0.02$ ,  $p<0.01$ ), especially in males ( $B=-0.37$ ,  $SE=0.03$ ,  $p<0.01$ ). Investigators concluded that "participation in religious activities is negatively associated with cortisol among male but not female Black youth...Our findings may help better understand the protective role of religion against cardiovascular disease and other cardiovascular outcomes."

*Citation:* Assari S, Lankarani MM, Caldwell C, Zimmerman M, Malekhamdi MR (2015). Baseline religion involvement predicts subsequent salivary cortisol levels among male but not female Black youth. *International Journal of Endocrinology & Metabolism* 13(4):e31790

*Comment:* The authors indicate that this may be the first longitudinal evidence of a link between religiosity and cortisol level. This finding in young Black males at risk for substance use and school dropout is significant and important, although needs replication in future studies with larger sample sizes (as the authors acknowledge). If future research confirms this finding, then it may help to explain why Black Americans who attend religious services frequently live on average 14 years longer than

Black Americans who do not attend services (Hummer et al., 1999).

### Religion, Spirituality and Dental Caries in Jerusalem, Israel

Investigators in the department of community dentistry, Hebrew University-Hadassah School of Dental Medicine, examined the relationship between religiosity, spirituality, and dental health in 254 Jewish adults aged 35 to 44. Religiosity was measured by a single 3-category item based on the type of schools that their children attended and confirmed by self-report: secular, religious non-orthodox, and orthodox. Spirituality was measured using the SpREUK 1.1 (Bussing et al.), which assesses 5 domains of spirituality: search for meaningful support, positive interpretation of disease, support of external life through spirituality, and support of internal life through spirituality. The primary outcome was mean caries experience (DMFT) based on clinical dental evaluations. **Results:** Controlling for social support, level of plaque, and sugar consumption, religious (non-orthodox) were 72% less likely to have high dental caries compared to secular Jews (OR=0.28, 95% CI 0.12-0.68,  $p<0.01$ ), and orthodox Jews were 76% less likely than secular Jews to have high dental caries (OR=0.24, 95% CI 0.09-0.62,  $p<0.01$ ). When other domains of spirituality (SpREUK 1.1) were controlled, only high level of search for meaningful support was related to a lower likelihood of high dental caries (compared to those with low level of search for meaningful support) (OR=0.98, 95% CI 0.95-0.99,  $p=0.01$ ). Researchers concluded that religious involvement was associated with superior dental health outcomes acting through high spirituality, strong social support, and positive oral health behaviors.

*Citation:* Zini A, Sgan-Cohen HD, Marcenes W (2012). Religiosity, spirituality, social support, health behavior and dental caries among 35-44-year-old Jerusalem adults: A proposed conceptual model. *Caries Research* 46:368-375

*Comment:* Although this study is a bit dated (2012), it confirms an earlier report by Merchant et al (2003). The latter was a study of 42,523 health professionals in the U.S. (58% dentists) that found participation in religious services predicted a 27% lower likelihood of developing periodontitis, adjusting for age, smoking, body mass index, alcohol use, marital status, and diabetes (RR=0.73, 95 percent CI 0.64-0.83).

### Religion and Sleep Quality in Iranian Women with Breast Cancer

Researchers at the Qom University of Medical Sciences in Qom, Iran, surveyed 80 women with breast cancer, examining the relationship between sleep quality, spiritual well-being, and religious activities. Women were on average 48 years old (range 26-57), 94% married, and 18.7 months since diagnosis. Sleep quality was assessed using the 19-item Pittsburgh Sleep Quality Index (PSQI), with higher scores indicating worse sleep quality. Scores of 6 or higher indicate sleep disorder, and 90.7% of women in this study qualified for sleep disorder. Spiritual well-being was assessed with the Paloutzian-Ellison 20-item SWBS (religious well-being and existential well-being), and religious activity was assessed with a 13-item measured derived from Fetzer's BMMRS

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scale with five subscales (private, public, support provided, support received, religiosity). Simple cross-sectional correlations and t-tests examined relationships between variables, without controls.

**Results:** No association was found between total scores on the PSQI (sleep problems) and the SWBS or with any of the religious activities subscales. However, among the seven subscales of the PSQI, sleep latency (time it takes to get to sleep) and use of sleep medication were significantly and positively related to the total religious activities score. In contrast, frequency of attendance at Mosque or other religious places was significantly and negatively related to PSQI total score (better sleep). Researchers concluded that problems with sleep may cause women with breast cancer to turn to religious activity for comfort, while attending religious services may help women cope better with their disease and therefore help to relieve sleep problems.

*Citation:* Khoramirad A, Mousavi M, Dackhahtehrani T, Pourmarzi D (2015). Relationship between sleep quality and spiritual well-being/religious activities in Muslim women with breast cancer. *Journal of Religion and Health* 54:2276-2285

*Comment:* This is one of the first studies to examine the relationship between sleep quality (using a standard measure) and religious/spiritual involvement. Statistics were simple (correlations and t-tests, without controls), making it unclear whether the findings were due to confounding by age, education, or treatment factors. In general, however, there appeared to be little relationship between sleep quality and spiritual or religious involvement.

### Spirituality in Older Adults with Memory Problems in India

Researchers from the department of psychiatry at the Topiwala National Medical College in Mumbai, India, examined the relationship between spirituality, depression, and cognitive impairment in 120 older adults (over age 60) being evaluated for subjective complaints regarding their memory. Spirituality was defined as self-transcendence, meaning in life, search for meaning, and locus of control, with standard measures assessing each of these domains. The only domain that even approached a distinctive spiritual dimension was self-transcendence, so only the findings for that domain are discussed here. Self-transcendence was measured by Reed's 15-item Self-Transcendence Scale (STS), which is described as measuring "the capacity of individuals to expand self-boundaries intrapersonally, interpersonally, transpersonally, and temporally." Participants were divided into the following three groups based on standard criteria and measures: Controls (n=40), Depressed (n=40), and mild cognitively impaired (MCI) (n=40). The GDS-short form was used to assess depressive symptoms, and the SLUMS assessed symptoms of cognitive impairment. **Results:** STS scores were highest in the Control group (those without depression or cognitive impairment), followed by those in the MCI group (cognitively impaired), followed by the Depressed group. The scores on the STS in Control and MCI groups were significantly higher than those of Depressed patients, but were not significantly different from each other. Similarly, while depressive symptoms on the GDS-SF were significantly and inversely associated with STS scores ( $r=-0.53$ ,  $p=0.01$ ), there was no significant association between SLUMS (cognitive impairment) and STS scores ( $r=0.23$ ,  $p=0.16$ ).

*Citation:* Trivedi SC, Subramanyam AA, Kamath RM, Pinto C (2015). Study of spirituality in elderly with subjective memory complaints. *Journal of Geriatric Psychiatry and Neurology*, E-pub ahead of press

*Comment:* The primary problem with this study is the conceptualization of spirituality. The STS was the only construct that came close to assessing anything distinctively spiritual, and even that scale was more a measure of parapsychology than that of spirituality (although within Hinduism, this conceptualization of

spirituality makes more sense than within monotheistic faith traditions). The other domains of spirituality involved meaning in life and locus of control, both standard psychological outcomes.

### Religion, Intrinsic Religiosity and Eating Disorder in Lebanese Young Women

Investigators at the Lebanese American University in Byblos, Lebanon, examined the relationship between symptoms of eating disorder (ED) and a wide range of social, psychological, and religious factors in 949 Lebanese female college students ages 18 to 25 years (49% Muslim, 39% Christian, 9% Druze). Eating disorder symptoms were measured using several standard scales, including the Contour Drawing Rating Scale (CDRS) and the Eating Attitudes Test (EAT-26). Scores of 20 or higher on the EAT-26 indicate high risk for eating disorder (21.2% of women scored above this cutoff). The 14-item Religious Orientation Scale-Revised (Gorsuch & McPherson) assessed intrinsic and extrinsic religiosity. Logistic regression was used to identify independent predictors of high risk for eating disorder. **Results:** Christian women were 40% less likely than Muslim women to have a high risk of eating disorder (OR=0.60, 95% CI 0.41-0.88). Those at greatest risk of eating disorder were those who were more anxious (OR=3.1,  $p<0.005$ ). In the overall sample there was a significant positive interaction between intrinsic religiosity and anxiety level (assessed by the State-Trait Inventory of Cognitive and Somatic Anxiety). High intrinsic religiosity appeared to reduce the effects of high anxiety on risk of eating disorder (interaction OR=0.91, OR=0.84-0.97, controlling for restraint eating, stress, depression, and body dissatisfaction). Researchers concluded that "The current study emphasized a buffering role of intrinsic religiosity against anxiety and ED vulnerability."

*Citation:* Doumit R, Khazen G, Katsounari I, Kazandjian C, Long JA, Zeeni N (2015). Investigating vulnerability for developing eating disorders in a multi-confessional population. *Community Mental Health Journal*, March 31, E-pub ahead of print

*Comment:* An interesting well-controlled study involving a large sample of young women, >20% at high risk for eating disorder, in the Middle East. The findings are similar to those reported in the U.S. (see Smith et al., 2004).

### Religion and Early Sexual Experiences in Swedish Youth

Researchers at the Johns Hopkins Bloomberg School of Public Health analyzed data from a random sample of 5,321 youth ages 16-28 from across Sweden, examining factors that predicted early sex. Among the factors examined were religiosity, assessed by a single question asking about the importance of religion in life (high vs. low importance). **Results** indicated that 86% of youth were sexually experienced at the time of the survey, with median age of first sex being 16 years for girls and 17 years for boys. 20.2% of boys and 22.5% of girls reported early sex (at or before age 14). Among girls who had early sex, 3.2% indicated that religion was very important compared to 8.4% of those who had later sexual experiences (OR=0.40, 95% CI 0.20-0.70 from adjusted statistical model). There was no difference in boys (7.2% vs. 6.4%). Researchers concluded that "Results from the present study confirmed previous suggestions that girls holding conservative views on sex and love (Forsberg, 2007) as well as girls who are more religious generally initiate sex at later ages."

*Citation:* Kagesten A, Blum RW (2015). Characteristics of youth who report early sexual experiences in Sweden. *Archives of Sexual Behavior* 44:679-694

*Comment:* Early sex is known to be a risk factor for adverse sexual and reproductive health (see citations in article). These findings are of particular interest in a society which holds values about sex that are considerably more liberal than many other European countries.

## Change in Religiousness/Spirituality During Young Adulthood

Laura B. Koenig in the department of psychology at Winona State University (Minnesota) examined change in religiousness/spirituality (based on retrospective self-reports) in a cross-sectional study of 224 college students ages 18 to 22 (mean age 19). Participants were largely White (82%), and equally likely to be Catholic (30%), Protestant (28%), or no religious affiliation (26%). Assessed were attendance at religious services, seeking guidance through prayer, reading Scripture, reviewing/discussing religious teachings with family, observing religious holidays, and importance of religion. For childhood religiousness, participants answered the previous 6 questions with "regard to your religious participation when you were growing up"; for current religiousness, the questions were asked "with respect to your current religious participation and values." Self-reported trajectories of change in religiousness and spirituality were also examined in a subset of 128 participants who were asked "To what extent were you a religious [or spiritual] person when you were aged:" 5-10 years, 10-12 years, 13-15 years, 16-18 years, and 19-21 years (for those older than age 21). Religiousness was defined as "belief in a higher power, participating in behavior consistent with religious beliefs (for example, service attendance and prayer)"; spirituality was defined as "belief in a higher power, connection between beings/nature/humanity, but not necessarily belonging to an organized institution, behaviors consistent with spiritual beliefs (for example, meditation and prayer); related to personal beliefs, values, and behavior." **Results:** While average religiousness decreased, there was moderate stability in religiosity scores, although this differed depending on the specific component of religiosity; while only 9.5% indicated a decrease in religious importance, 47% indicated a decrease in religious service attendance. With regard to trajectories of religious/spiritual change, religiousness likewise decreased, whereas spirituality slightly increased across successive 2-year age brackets. Personality traits (measured by the Big Five Inventory) were also assessed in the subset of 128 participants. Current religiousness was associated with significantly greater conscientiousness ( $r=0.21, p<0.05$ ) and agreeableness ( $r=0.20, p<0.05$ ), whereas spirituality was associated with "openness to new experiences." While personality traits did not predict changes in religiousness, greater "openness" predicted changes in spirituality. Koenig concluded that "religiousness in emerging adulthood is comprised on different components that change at different rates."

*Citation:* Koenig LB (2015). Change and stability in religiousness and spirituality in emerging adulthood. Journal of Genetic Psychology, August 19, E-pub ahead of press

*Comment:* The weakness of this study is the retrospective nature of all accounts, the cobbling together of two different convenience samples of college students, and the definitions of religion and spirituality provided. The definition of religion provided here was largely limited to institutional religion, whereas spirituality emphasized personal beliefs, values, and behavior (more individual-focused). It is not surprising that 19 year-olds would be more attracted to spirituality defined in this manner, than to institutional religion.

## Spirituality and Prostate Cancer Treatment Decisions

In a study of 1,114 men diagnosed with localized prostate cancer, investigators from the University at Buffalo, NCI, and Roswell Park Cancer Institute examined factors influencing decision-making satisfaction, decisional conflict, and decision-making difficulty. Spirituality was measured using the 12-item FACIT-Sp. Satisfaction with decision making was assessed with (a) the 4-item Holmes-Rovner Satisfaction with Decision Scale; (b) decisional conflict with the 16-item Decisional Conflict Scale, and (c)

decision-making difficulty with a 3-item measure of extent to which making the treatment decision was stressful and difficult, and whether knowing opinions of family members made the treatment decision more difficult. Participants were 84% White, 9% Black, and 7% Hispanic; 59% had a college education or greater; mean age was 63; and 77% had a Gleason score of 6 or 7. **Results:** After adjusting analyses for optimism, resilience, Gleason score, PSA, education, social status, employment status, marital status, site and age, greater spirituality was associated with greater satisfaction with decision making ( $B=0.02, p<0.001$ ), less decisional conflict ( $B=-0.42, p<0.001$ ), and less difficulty-making decisions ( $B=-0.08, p<0.001$ ). Investigators concluded that "Providing an opportunity for patients to integrate their spiritual beliefs and their perceptions of their cancer diagnosis and trajectory could help reduce patient uncertainty and stress during this important phase of cancer care continuum."

*Citation:* Mollica MA, Underwood W, Homish GG, Homish DL, Orom H (2015). Spirituality is associated with better prostate cancer treatment decision making experiences. Journal of Behavioral Medicine, August 15, E-pub ahead of print

*Comment:* This study involved a large sample size, was well-controlled, and the findings are impressive. The only issue here is use of the FACIT-Sp. The FACIT-Sp measures (a) purpose and meaning in life, (b) peacefulness and harmony, and (c) has a weak 4-item subscale that assesses "faith." Finding that those with greater purpose and meaning in life, a deeper sense of peace and harmony, and greater faith experience less difficulty with decision making is not too earth shattering and is a bit circular in the reasoning (tautological).

## Do Physicians Avoid Conversations about Religion in the ICU?

Researchers at the University of Pittsburgh and Duke University recorded the content of family meetings held over 249 ICU patients hospitalized at six U.S. medical centers between 2009 and 2012 (University of Pittsburgh, UC San Francisco, UC Fresno, Baystate Medical Center in Massachusetts, Harborview Medical Center in Washington, and UNC Chapel Hill). All meetings were recorded, and the recordings were all transcribed and rated by coders. The purpose was to determine how often surrogate decision makers (family) and health care professionals (HCP) bring up religious or spiritual issues (R/S) in the ICU, and to characterize how HCP respond to religious/spiritual statements by family members. The meetings lasted on average 24.0 minutes and involved an average of 2.6 family members and 1.8 HCP (primarily physicians). Thirty of 249 meetings had a social worker present and two (2) meetings had a spiritual-care provider (chaplain) present. **Results:** Family members were significantly more likely to be Christian than health professionals (74.0% vs. 44.1%,  $p<0.001$ ); one-third of HCP (35.2%) were atheist, agnostic or had no affiliation. R/S considerations were raised in 40 of 249 family meetings (16.1%). Of those, the family member raised the R/S issue in 26 of the 40 cases, and the HCP did so in 14 of 40 cases (5.6% of the 249 meetings). R/S issues came up (a) in the context of discussions of prognosis or medical situations, (b) when the HCP inquired about patient values, (c) in response to HCP expressing empathy, and (d) in response to HCP voicing R/S ideas. In those 40 cases, 59 statements regarding R/S were made. The content of those statements involved R/S beliefs (58%), practices (32%), R/S community (14%), physicians being God's instrument (7%), and re-interpretation of end-of-life as a new beginning (7%). The most common theme was that God was ultimately responsible for health (15 of 40 meetings), including statements about miracles. HCP responses to R/S statements by family members involved four themes: (1) began talking about the medical plan for treatment or goals of care, including terminal event plans (15 of 40 cases); (2) made an empathic statement (13 of 40 cases); (3) acknowledged family member's R/S statement with closed-ended responses

(Mhmm or OK) in 11 of 40 cases); and (4) emphasized their commitment to high-quality medical treatment, reassuring family of their dedication to patient in a supportive manner (4 of 40 cases). The findings indicated that discussion of R/S issues occurred in < 20% of these goals-of-care conferences, and HCP's rarely attempted to explore the patient's or family members' R/S ideas. Researchers concluded that despite the fact that many patients wish to have their R/S values incorporated in end-of-life decisions, R/S issues are rarely discussed during physician-family meetings. *Citation:* Ernecoff NC, Curlin FA, Buddadhumaruk P, White DB (2015). Health care professionals' responses to religious or spiritual statements by surrogate decision makers during goals of care discussions. *JAMA Internal Medicine*, E-pub ahead of print *Comment:* Remarkable that religious or spiritual issues were brought up by physicians in only 5.6% of meetings between physicians and family members over end-of-life care decisions in the ICU, and only on two of 249 meetings included a chaplain. Given the multi-center nature of this study, the findings are pretty discouraging.

### Religion/Spirituality Discussions Between Physicians and Patients

Investigators at the University of Sydney, Australia, reviewed nine databases from inception to 2015 to determine how often doctors reported that patients raise R/S issues and how doctors respond to them. A total of 61 papers (67% from U.S.) were identified that involved 20,044 physician reports. **Results:** Routine inquiry of patient's religious *affiliation* on first visit was made in 16% to 32% (based on 2 studies). With regard to taking a spiritual history, 9% to 63% of physicians often or always took a history (mean of 34% based on seven studies), with a higher percentage for psychiatrists (48% to 87%, mean 50% based on four studies). Many physicians (4% to 66%) rarely or never took a spiritual history. R/S issues were more likely to be raised during hospital admission or terminal illness. Prayer with patients was offered by 2% to 66% of physicians (median 17% based on 11 studies), and doctors said that patients requested prayer in 1% to 56% of consultations (based on 2 studies). Interestingly, only 29% to 56% of physicians indicated they would pray with a patient if requested by the patient (mean 33% based on 3 studies). Chaplain referral rates ranged from 5% to 42% (median 30% based on 5 studies). Only one study reported frequency of documentation of spiritual inquiry in the medical record, and that study was in patients at the end of life, finding that 7% of records indicated a spiritual history was taken and an additional 23% of records indicated a note for psychiatric or chaplain referral (interestingly, these two referral types were combined). Insufficient time and training were the most common barriers to discussing R/S with patients. Researchers concluded that "...enquiry into the R/S of patients is infrequent..."

*Citation:* Best M, Butow P, Olver I (2015). Doctors discussing religion and spirituality: A systematic literature review. *Palliative Medicine*, E-pub ahead of print

*Comment:* The review is a bit misleading in its implication that the findings are based on 61 studies involving over 20,000 physicians. In fact, most of the findings are based on only a few studies (2 to 11) with quite small samples. The best available information on what physicians are doing in this area is the work of Farr Curlin and colleagues based on a national random sample of physicians, now nearly a decade old. In that study, only 10% of physicians said they often or always take a spiritual history.

Lack of training today should no longer be a barrier to physicians who are sufficiently motivated (see <http://www.spiritualityandhealth.duke.edu/index.php/cme-videos>).

### Integrating Spirituality into the Education of Health Professionals in the UK

Researchers at Central Manchester University Hospitals and Postgraduate Medical Education Centre conducted a national survey of 32 educational institutions in the United Kingdom (UK). Fifty-nine academics from medical schools were sent the questionnaire that asked about how medical educators addressed spirituality and health in the medical school curriculum (using the *Spirituality and Health in Education and Research Survey* developed by Koenig and Meador, Duke University, 2008). Of those 59 potential respondents, 34 (58% response rate) completed the questionnaire (43% ages 51-60, 75% male). **Results** indicated that only 5.6% of schools had a dedicated course on spirituality and health (S&H) that was required for all medical students; 21.1% had a S&H elective for students that chose to take the course; and 63.4% said that spirituality was incorporated in another course as part of the standard curriculum. The majority of schools exposed students to S&H during the clinical portion of their training (56%), whereas a minority of students received the training in their pre-clinical years (35%). Of those who responded, 39% felt that attention to S&H should be increased to some extent, and 64% said that including S&H in the curriculum was somewhat or very valuable. However, 15% of respondents indicated that S&H was not valuable at all. When asked how medical students felt about including S&H in the curriculum, 68% of respondents said somewhat or very valuable. All 34 respondents indicated that patients use spirituality in their coping and general well-being to at least some extent and place some emphasis on S&H in their health care. Few respondents were in favor of establishing national standards for competences in S&H or in assessing students' competencies in this area. A significant proportion of respondents (39%) indicated that they did not have adequate staff trained to teach S&H and welcomed further training opportunities. However, only 18% of medical schools were willing to open time in the curriculum for additional S&H training. About 1 in 10 (9%) felt research in S&H should not be encouraged.

*Citation:* Culatto A, Sumerton CB (2015). Spirituality and health education: A national survey of academic leaders UK. *Journal of Religion and Health* 54:2269-2275

*Comment:* These findings are likely a "best-case scenario," since those who did not respond probably didn't even value the inclusion of S&H enough to complete the questionnaire. The findings are surprisingly similar to those reported in a survey of deans at American medical schools with a considerably higher response rate. Of the 115 deans assessed from the 122 total U.S. medical schools to whom surveys were sent, 7% said they had a dedicated required course, 34% offered an elective, and 73% said they offered S&H content in another course in the standard curriculum. When asked if they needed more S&H content in their curriculum, 39% said they did, but only 25% were willing to open up more time in the curriculum to address S&H (IJPM 2010; 40:391-398).

### NEWS

#### European Network of Research on Religion, Spirituality and Health e-Newsletter

The latest issue of the European Network has been published (vol 10, no 1). Of particular note in the sudden untimely death of Stefan Rademacher from an acute cerebral bleed. Stefan was a key leader in Switzerland's Research Institute for Spirituality and Health (RISH) and organizer of the European Conference on Religion, Spirituality and Health. See <http://www.rish.ch/dynasite.cfm?dsmid=92513> for the current issue and past issues.

## Survey of Moral Injury in U.S. Combat Veterans with PTSD Symptoms

Duke University's Center for Spirituality, Theology and Health is beginning a cross-sectional survey at several VA medical centers across the U.S. to assess the prevalence of inner conflict/moral injury in Veterans serving in combat zones (Korea, Vietnam, Iraq, Afghanistan, etc.). This unfunded study is designed to provide pilot data in anticipation of submitting a grant to develop and test a Spiritually-Oriented version of Cognitive Processing Therapy (SOCPT) for the treatment of moral injury in PTSD (a pilot clinical trial initially and then a multi-site study if a signal of efficacy is detected). CPT is currently the most commonly used evidence-based treatment for PTSD in Veterans, but does not typically utilize the Veteran's spiritual resources to help process the trauma or deal specifically with spiritual or religious struggles. The questionnaire and completed IRB forms are available (but currently no funding support, so this is volunteer project at present). The ultimate goal is to train VA and military chaplains to administer SOCPT. **If you are a VA employee, positioned to conduct research, and interested in participating in this unfunded survey, contact Dr. Koenig at [Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu).**

## SPECIAL EVENTS

### 2016 Conference on Medicine and Religion

(Houston, TX, March 4-6)

The theme of this year's conference is "Approaching the Sacred: Science, Health and Practices of Care." The Institute for Spirituality and Health in Houston is sponsoring the event this year. The keynote speaker will be Elaine Ecklund, the Herbert S. Autrey Chair Professor of Sociology and Director of The Religion and Public Life Program at Rice University, where she is also a Rice Scholar at the Baker Institute for Public Policy. An expert on institutional change, Ecklund is a sociologist who examines how individuals bring changes to religious, scientific and medical institutions. A more detailed bio can be found on the Conference website, where updates on additional speakers and presenters will be provided. The deadline for Abstracts has been extended to September 15, 2015. See website: [www.medicineandreligion.com](http://www.medicineandreligion.com).

### A Multidisciplinary Conference on Islamic Theology, Law, and Biomedicine

(April 15-17, 2016, Chicago, Illinois)

The Initiative on Islam and Medicine at the University of Chicago is sponsoring this conference whose overarching objective of the conference is to "Address the discursive and scholarly knowledge gaps impeding Islam and Science discourses through a 3-day multidisciplinary conference on the intersections of Islamic Theology and Law with Biomedicine." Questions being asked are: How might scientific notions of harm and risk relate to, and work with, Islamic constructs of necessity and benefit in the context of biomedicine? What is an Islamic ontology of the soul? How does it relate to, and how might it work with, modern neuroscientific data in order to inform a better understanding of death and care for the dying? Keynote speakers include Prof. Ebrahim Moosa (Kroc Institute for International Peace Studies at the University of Notre Dame) and Prof. Ingrid Mattson (Huron University College at the University of Western Ontario). All abstract proposals are due by Wednesday, December 16, 2015. For more information regarding the guidelines for an abstract submission or to submit your abstract follow this link:

<https://www.pmruchicago.submittable.com/submit>. For more information go to: [Program on Medicine and Religion](#).

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

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

The theme of the 2016 conference is: "Can spirituality transform our world? New frontiers in understanding and exploring contemporary spiritualities." As described by the conference conveners: "Three day conference bringing together researchers and scholars from a range of academic disciplines and the creative arts with policy-makers and practitioners from the caring professions, education sector and business communities, to consider the state of play in spirituality studies as well as the dynamic relationship between spirituality and contemporary society." Keynote speakers include Prof. Emeritus David Aldridge (Nordoff/Robbins Zentrum, Witten, Germany), Dr Fiona Gardner (La Trobe University, Melbourne, Australia), Prof. Mel Gray (University of Newcastle, New South Wales, Australia), Prof. Graham Harvey (Open University, Milton Keynes, UK), Dr Mike King (freelance scholar), and Prof. Philip J. Larkin (University College Dublin, Dublin, Ireland). The conference will be held at the Chancellors Hotel and Conference Centre, Manchester, UK ([www.chancellorshotel.co.uk](http://www.chancellorshotel.co.uk)). For further information and bookings visit: [www.bassspirituality.org.uk](http://www.bassspirituality.org.uk). For any enquiries, contact Prof. Emeritus Margaret Holloway ([m.l.holloway@hull.ac.uk](mailto:m.l.holloway@hull.ac.uk)).

### Second International Conference in Spirituality in Healthcare

(Dublin, Ireland, June 23, 2016)

The School of Nursing and Midwifery at Trinity College (University of Dublin) is planning its second international conference. Keynote speakers will be Jean Watson (Founder of Watson Caring Science Institute) and Katherine Piderman, Ph.D., department of chaplain services, Mayo Clinic, Rochester, Minnesota. This is an interdisciplinary conference. For more information, contact Professor Fiona Timmins ([timminsf@tcd.ie](mailto:timminsf@tcd.ie)).

### Patterson Triennial Conference

(June 23-25, 2016, New York City)

The Orthodox Christian Studies Center of Fordham University is sponsoring this conference whose theme this year is "Tradition, Secularization, Fundamentalism: Orthodox/Catholic Encounters." The sponsors describe the conference as follows: "While the very meaning of the 'secular' remains contested, Christians globally are self-identifying in different ways in relation to an imagined secularization, all the while discerning how to live as a tradition. This intersection between tradition, secularization, and fundamentalism is especially evident in both post-Communist Catholic/Orthodox countries and the American context, where fundamentalist-like responses have emerged against the perceived threat of the secular." Speakers include: R. Scott Appleby, *University of Notre Dame*; Nikolaos Asproulis, *Volos Academy for Theological Studies*; José Casanova, *Georgetown University*; Brandon Gallaher, *University of Exeter*; Paul Griffiths, *Duke Divinity School*; Vigen Guroian, *University of Virginia*; The Rev. Oliver Herbel, *Military Chaplain*; Edith M. Humphrey, *Pittsburgh Theological Seminary*; and numerous others. To register, go to <http://www.forever.fordham.edu/orthodoxyconference> or contact Nathaniel Wood at [nawood@fordham.edu](mailto:nawood@fordham.edu) or 718-817-3290.

## RESOURCES

### CME/CE Videos (July 2015)

Due to the generous support of the Templeton Foundation and Adventist Health System, five professionally produced 45-minute videos on **why and how** to "integrate spirituality into patient care" are now available on our website (*for free*, unless CME/CE is

desired). Videos are targeted at physicians, nurses, chaplains, and social workers in an effort to help them form **spiritual care teams** to provide “whole person” medical care that includes the identifying and addressing of spiritual needs. No other resource like this currently exists. Go to:  
<http://www.spiritualityandhealth.duke.edu/index.php/cme-videos>.

### **Medicine and Religion: A Historical Introduction**

(Johns Hopkins University Press, 2014)

Gary B. Ferngren is one of the world’s top historians on the topic of medicine and religion, and is an excellent and easy to read author. According to Amazon.com’s description: “*Medicine and Religion* is the first book to comprehensively examine the relationship between medicine and religion in the Western tradition from ancient times to the modern era. Beginning with the earliest attempts to heal the body and account for the meaning of illness in the ancient Near East, historian Gary B. Ferngren describes how the polytheistic religions of ancient Mesopotamia, Egypt, Greece, and Rome and the monotheistic faiths of Judaism, Christianity, and Islam have complemented medicine in the ancient, medieval, and modern periods.” Available for \$24.95 (paperback) at:  
<https://jhupbooks.press.jhu.edu/content/medicine-and-religion>.

### **Safe Passage: A Global Spiritual Sourcebook for Care at the End of Life**

(Oxford University Press, 2014)

As described by the publisher: “What is a good death? While this question has been asked from time immemorial, this book asks it in a modern way. What is a good death in a modern health care environment and in a globalized world? In this book, we describe palliative and hospice care—its history and current state—in the major regions of the world, with particular attention to the spiritual and religious aspects of care at the end of life. Then we use cases set in global context to draw out some of the difficult issues that we all face before death, at the time of death, and after death. Clinicians, ethicists, and thinkers from thirteen of the world’s most common spiritual traditions respond to each case, telling us how their traditions would go about fostering a good death for loved ones, friends, fellow worshipers, and patients. Yet, no one existing volume pulls together perspectives from a diverse array of religions with ethical dilemmas and clinical problems in view. *Safe Passage* coaches clinicians and others on the front lines of care on understanding how to incorporate different traditions of thinking into the most difficult of moments around the end of life. The book is structured around five major moments of realization - when disease progresses, when emergencies happen, when dying will be a long process, the time of death, and when grieving begins. Each decision point is introduced with a research summary and an extensive case example that describes disease processes, health care delivery possibilities, and the end-of-life dilemmas involved so as to apply across the varying cultural, socio-economic, and spiritual contexts. The case example is followed by a clinical commentary written by a palliative care specialist, an ethical commentary written by an ethicist, and three short essays written by religious thinkers of different traditions. Each situation is concluded by remarks on potential approaches that respect religious and spiritual beliefs, values, and practices at the end of life across all contexts, and a bibliography. The five decision points are book-ended by an introductory section that explores broad historical and cultural perspectives and a conclusion section that summarizes the book and provides guidance for further reading and study.” Available for \$55.00 (paperback) at:  
<http://www.barnesandnoble.com/w/safe-passage-mark-lazenby/1116856274>.

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

(Springer International, 2014)

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. The core of the book 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. Chapters target physicians, nurses, chaplains and pastoral counselors, mental health professionals, social workers, and OT/PT. Available for \$21.23 (used) at: <http://www.amazon.com/Spirituality-Patient-Care-When-What/dp/1599474255/>.

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

(Oxford University Press, 2012)

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

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

(Templeton Press, 2011)

This book summarizes and expands the content presented in the Duke University’s Summer Research Workshop on Spirituality and Health (see above), and is packed full of information helpful in performing and publishing research on this topic. Available for \$38.20 (used) at: <http://www.amazon.com/Spirituality-Health-Research-Measurements-Statistics/dp/1599473496/>

## **POST-DOCTORAL POSITION**

### **Spirituality and Disaster Research**

The Humanitarian Disaster Institute in Wheaton, IL, will be launching a 3 year \$2.4 million research project on how people make-meaning, relate and think about God, and grow (spiritually and psychologically). The institute is looking to hire a postdoc (quantitative researcher) for this fall. If you are interested and want to know more, contact Andrea Brim at [ambrimlcsw@gmail.com](mailto:ambrimlcsw@gmail.com).

## **EDUCATION**

### **Chaplain Research Training Program**

The “Transforming Chaplaincy: Promoting Research Literacy for Improved Patient Outcomes” project will better equip hospital chaplains to use research to guide, evaluate and advocate for the spiritual care they provide. The project seeks to close the gap between hospital chaplains’ current limited research literacy and the importance of evidence-based care for all members of the health care team. The project is co-led by George Fitchett and Wendy Cadge. The project’s key training opportunities will include a fellowship program that will pay for 16 board-certified chaplains to complete a two-year, research-focused Master of Science or

Master of Public Health degree in epidemiology, biostatistics or public health at an accredited school of public health. In addition, curriculum development grants will be awarded to 70 ACPE-accredited clinical pastoral education (CPE) residency programs to support incorporation of research literacy education in their curricula. Finally, with the support of the professional chaplaincy and pastoral education organizations (APC, ACPE, NACC, AJC) an online continuing education course, "Religion, Spirituality and Health: An Introduction to Research," will be made available at no cost to members of these organizations. Further information is available at the project website [www.researchliteratetechaplaincy.org](http://www.researchliteratetechaplaincy.org).

## FUNDING OPPORTUNITIES

### Templeton Foundation Online Funding Inquiry (OFI)

The fall funding cycle is being skipped, and next submission of OFI will be in February 2016. The three main areas in religion, spirituality and health that the Foundation funds are: (1) research on causal mechanisms (basic psychosocial, behavioral, and physiological pathways), (2) increasing competencies of health care professionals in working with religious patients (physicians, but also psychologists and experts in public health), and (3) research involving the development of religious-integrated interventions that lead to improved health. More information: <http://www.templeton.org/what-we-fund/our-grantmaking-process>.

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

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

## 2015 CSTH CALENDAR OF EVENTS...

### November

- 4 **Religion, Spirituality and Geriatric Mental Health**  
Adventist HealthCare Behavioral Health Services, Maryland Washington DC  
Speaker: Harold G. Koenig and others  
Contact: Clarenca Stephen ([CStephen@adventisthealthcare.com](mailto:CStephen@adventisthealthcare.com))
- 18 **In Dialogue with the Qur'an**  
Speaker: David Marshall, Ph.D.  
Associate Professor of the Practice of Theology, Duke Divinity Center for Aging, 3rd floor, Duke South, 3:30-4:30  
Contact: Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))
- 19 **Religion, Spirituality and Medicine**  
Liberty University College of Osteopathic Medicine Lynchburg, Virginia  
Speaker: Harold G. Koenig  
Contact: Dr. Joseph Brewer ([jwbrewer1@liberty.edu](mailto:jwbrewer1@liberty.edu))

### December

- 6 **Integration of Spirituality into Healthcare**  
Sao Paulo Adventist University  
Sao Paulo, Brazil  
Speaker: Harold G. Koenig (via Skype)  
Contact: Gina Abdala ([gina.abdala@usp.br](mailto:gina.abdala@usp.br))
- 8-11 **Spirituality and Health Session**  
Cuban Society of Clinical Neurophysiology  
Havana, Cuba  
Speakers: Robert Hesse (onsite), Pargament, Koenig and others (via Skype)  
Contact: Robert Hess ([rjhe@att.net](mailto:rjhe@att.net))
- 16 **Moral injury in Veterans with PTSD**  
Speaker: Joseph M. Currier, PhD  
Assistant Professor and Director of Clinical Training  
Department of Psychology, University of Alabama (Mobile)  
Center for Aging, 3rd floor, Duke South, 3:30-4:30  
Contact: Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))
- 19 **Religion, Spirituality and Medicine**  
Coptic Medical Association of North America Annual Student Chapter Conference, Newark, NJ  
Speaker: Koenig and others  
Contact: Melanie Masoud ([melanie.masoud@dm.duke.edu](mailto:melanie.masoud@dm.duke.edu))