

# CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health

Volume 8

Issue 10

April 2019

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 March 2019) go to: <http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

## LATEST RESEARCH

### Religious Attendance and Mortality among Adults Age 50 or Over in the U.S.

Researchers at the Harvard T.H. Chan School of Public Health examined the relationship between religious attendance and mortality in 5,200 US adults age 50 or over. Examined was incident religious attendance in 2008 and risk of mortality from 2010-2014 (n=675 deaths), controlling for frequency of religious attendance in 2006. Besides 2006 attendance, also controlled in analyses were age, gender, marital status, race, education, insurance status, total wealth, smoking, exercise, alcohol use, body mass index, health conditions, social integration, social participation, living situation, contact with children, family and friends, and physical functioning. **Results:** For those attending religious services once or more times per week in 2008 (44% of the sample), the likelihood of dying over the follow-up period was 39% lower compared to the 24% who did not attend religious services in 2008 (OR=0.61, 95% CI=0.42-0.87). Those attending religious services once/week or more compared to those who did not attend religious services tended to be older (69.0 vs. 67.3 years), women (63% vs. 47%), Black (15% vs. 5%), Hispanic (7% vs. 4%), have health insurance (89% vs. 85%), never smoke (54% vs. 32%), exercise at least once or more per week (64% vs. 58%), use alcohol less than 3 days/week (86% vs. 73%), and have more contact with children, other family, and friends, and were somewhat less likely to have problems with physical functioning. When mediators of the mortality benefit were examined, greater life satisfaction explained 5.3% of the effect, depressive symptoms 1.1%, less hopelessness 1.9%, anxiety 3.6%, less trait anger 2.0%, less state anger 2.2%, more contact with friends 10.7%, more exercise 5.4%, less alcohol consumption 2.6%, and better physical functioning 0.4%. Researchers concluded: "Our results do not at all imply that health-care providers should prescribe attendance at religious services, but for those who already self-identify as religious but do not attend service, these results could lead them to reconsider this potentially underutilized community resource."

*Citation:* Kim, E. S., & VanderWeele, T. J. (2019). Mediators of the association between religious service attendance and mortality. *American Journal of Epidemiology*, 188(1), 96-101.

*Comment:* Conducted by faculty in the department of epidemiology and biostatistics at the Harvard School of Public Health and published in arguably the top epidemiology journal in the world, these results are notable.

### Religious Involvement and Longevity among the Elderly in Taiwan

Investigators from universities in Canada, Taiwan, Tokyo, USA, and United Kingdom examined the impact of religious involvement on mortality in 3,849 persons age 60+ (average age 68) followed for 18 years. Religious activity was assessed by a single question that asked "How often do you worship gods, perform rites, pray and read religious texts?" Responses were never or seldom (61%), less than once a week (10%), one or two times a week (7%), and more than twice a week (22%). Dates of death were determined between 1989 (when religious activity was assessed) through 2007 (at which time 64% of the sample had died). Assessed at baseline were gender, age, mainlander status, marital status, rural residence, education, economic assessment, chronic health conditions, functional limitations, self-assessed health, smoking, alcohol consumption, engaging in sport, emotional support, living alone, social activity, leisure activity, life satisfaction, and depression. A Gompertz proportional hazard regression model was used to examine predictors of mortality. **Results:** Controlling for all other variables in the model, religious activity predicted significantly lower mortality during the follow-up period (B=-.10, p<0.05). Religious activity was the strongest of all psychological and social predictors in this analysis. Researchers concluded: "Our main finding in this study is that those that are religiously active in Taiwan live longer than others, and this is the case whether we examine the sample unadjusted and adjusted for other variables. The advantage in terms of life expectancy is quite large."

*Citation:* Zimmer, Z., Chiu, C. T., Saito, Y., Lin, Y. H., Ofstedal, M. B., & Jagger, C. (2019). Does religious activity distinguish the mortality experiences of older Taiwanese? An analysis using eighteen years of follow-up data. *Journal of Religion and Health*, Epub ahead of press.

*Comment:* There have been well over 100 studies examining the relationship between religious involvement and longevity, most within the United States and other Western countries. This is one of the few such studies conducted in East Asia, particularly in a country that is only 4% Christian (35% Buddhist, 33% Taoism, 19% atheism). The large number of both confounders and mediating variables controlled for in this analysis is a clear strength, as well as the long follow-up period.

### Religiosity/Spirituality and Health in Persons with Congenital Heart Disease

Researchers from the UK and other countries analyzed data on 4,028 patients with congenital heart disease (median age 32, 53% women) from 15 countries on five continents to examine the relationship between religion/spirituality and health. Participants

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were eligible if they had a diagnosis of congenital heart disease present at birth and had functionally significant disease; were 18 years or older; were diagnosed before adolescence; and continued follow-up at a congenital heart disease center. Both country religiosity and individual religiosity were examined. Country religiosity was measured by the Gallup World Poll which assessed close to 500,000 persons from 154 nations (asking the question “Is religion an important part of your daily life?”). The two religion/spirituality questions asked of current study participants were: (Q1) “Do you consider yourself religious or spiritual” (yes/no; 49% yes), and (Q2) “On a scale from 0 to 10, how important is religion, spirituality or faith in your life?” (0 not important, 10 very important). The highest percentages of participants who considered themselves religious/spiritual were in Argentina (84%), Malta (84%), United States (77%), and India (72%), whereas the lowest percentages were in Japan (19%), Sweden (26%), France (31%), and Norway (32%). Health outcomes assessed included physical health (6 items; SF-12), mental health (6 items; SF-12), quality of life (by EuroQOL-5D and by Visual Analogue Scale [VAS]), health behaviors (“health risk” scale: use of alcohol, tobacco, and/or drugs), and Satisfaction with Life Scale (SWLS; 5-item scale). Multivariable general linear mixed models were used to analyze the data, adjusting for age, sex, marital status, education, employment status, disease complexity, and New York Heart Association Class. **Results:** Multivariate analyses revealed that being religious/spiritual (Q1) predicted better health behaviors, better quality of life (VAS), and higher life satisfaction (SWLS). Some relationships were moderated by country religiosity. In more secular countries, mental health (by SF-12) was better in those who were *not* religious/spiritual. Higher scores on importance of religion/spirituality in life (Q2), when adjusted for other characteristics, was associated with worse physical health (by SF-12) and more anxiety (on HADS), but with better health behaviors, better quality of life (LAS-QOL), and higher life satisfaction (SWLS). The negative relationships between importance of religion/spirituality, physical health, and anxiety were present only in those countries that were more secular. Researchers concluded: “Religiosity/spirituality is an independent predictor for some PROs [patient-reported outcomes], but has differential impact across countries.”

*Citation:* Moons, P., Luyckx, K., Dezutter, J., Kovacs, A. H., Thomet, C., Budts, W., ... & Khairy, P. (2019). Religion and spirituality as predictors of patient-reported outcomes in adults with congenital heart disease around the globe. *International Journal of Cardiology*, 274, 93-99.

*Comment:* This large cross-sectional study in relatively young persons with a chronic disease (congenital heart disease) found that those who were more religious/spiritual had better health behaviors, better quality of life, and greater life satisfaction, particularly if they lived in religious countries. However, one finding was that the mental health (based on SF-12) of those who were religious/spiritual and living in more secular countries was actually worse. Several other cross-sectional studies that we’ve reviewed in the past have also reported that relationships between religious involvement and health are stronger in more religious countries and weaker, nonexistent, or in the opposite direction in more secular countries.

### Religiosity and Self-Rated Health across the Globe

Researchers from Canada, the United States, Taiwan, Japan, and the United Kingdom analyzed cross-sectional data from the World Values Surveys that involved 121,770 randomly sampled adults from 93 countries, the majority of whom were surveyed since 2010. The purpose was to examine the relationship between religiosity and self-rated health. Self-reported health was assessed by the question “All in all, how would you describe your state of health these days? Would you say it is very good, good, fair, or poor?” Three questions assessed religiosity: frequency of

attendance at religious services (7- point scale from more than once a week to never), importance of God in life (rated from 1 to 10), and contemplation of the meaning of life (on 4 point scale from never to often). The last question is not a measure of religiosity, but is mentioned here for completeness. First, analyses between religiosity and health were conducted separately within each country, controlling for sex, age, age squared, and social class. Second, data were pooled across countries and global associations were examined using multilevel models with random intercepts and slopes. **Results:** For individual countries, religious participation was inversely related to self-rated health in China and Hong Kong; in contrast, the strongest positive associations with health were found in Cyprus, the Philippines, Thailand, and the United States. With regard to importance of God in life and self-rated health, the strongest negative associations were found in Tunisia and Albania, whereas the strongest positive associations were found in Pakistan, Yemen and Ethiopia. Across all countries, religious participation (frequency of religious attendance) was positively related to self-rated health independent of both individual level and country level characteristics ( $B=0.050$ ,  $p<0.01$ ). Indicators of religiosity predicted better health in non-communist countries, but not in communist or former communist countries of Asia and Eastern Europe. Researchers concluded: “The association between religiosity and health is complex, being partly shaped by geopolitical and macro psychosocial contexts.” *Citation:* Zimmer, Z., Rojo, F., Ofstedal, M. B., Chiu, C. T., Saito, Y., & Jagger, C. (2019). Religiosity and health: A global comparative study. *Social Sciences and Medicine (Population Health)*, 7, 100322, Epub ahead of press.

*Comment:* Again, we see that relationships between religiosity and self-rated health are typically positive and stronger in non-Communist, more religious countries, whereas they tend to be negative in communist and former communist countries, where rates of religiosity are much lower (and often discouraged in these political environments).

### Reciprocal Relations between Religious Coping and Health Functioning in Adolescents with Chronic Illness

In this 21-month prospective study, researchers at the University of Alabama and other universities in the United States examine the effects of religious/spiritual coping, attributional styles, and health functioning in 128 adolescents with chronic illness (mean age 15) assessed twice 21 months apart. Questionnaires were completed by both adolescents and their parents. Religious coping was assessed with the 14-item Brief RCOPE (measuring negative and positive religious coping, i.e., NRC and PRC); attributional style by the 48-Item Multidimensional Measure of Children’s Perceptions of Control; and health functioning by hemoglobin A1C levels in adolescents with type I diabetes (64% of the sample) and % FEV1 for adolescents with cystic fibrosis (36% of the sample). Variables controlled for in all analyses were adolescent diagnosis, race, gender and age. Autoregressive cross-lagged path models were used to examine reciprocal relationships over time. **Results:** NRC decreased over time, and health functioning worsened over time; other variables remain stable. Higher levels of adolescent optimistic attributional style at baseline predicted greater adolescent use of PRC and lower use of NRC at follow-up. Parental NRC significantly predicted poor health functioning in young adolescents, but not in older adolescents.

*Citation:* D’Angelo, C. M., Mrug, S., Grosseohme, D., Schwebel, D. C., Reynolds, N., & Reynolds, K. G. (2019). Coping, attributions, and health functioning among adolescents with chronic illness and their parents: Reciprocal relations over time. *Journal of Clinical Psychology in Medical Settings*, Epub ahead of press.

*Comment:* Although the results are not particularly striking and the sample size is small and non-random, this is one of the few

studies that have examined religious coping by parents and adolescents over time in adolescents with chronic illness.

### Attachment to God and Mental Health in American Jews

Investigators in the graduate school of social work at Touro College, New York, NY, and psychology department of McLean Hospital/Harvard Medical School surveyed 325 Jewish men in women in the United States and Canada via an online questionnaire. Participants were approximately half Orthodox Jews and half non-Orthodox, mean age was 37 years, and 72% were women. Attachment to God was measured using two subscales of the Beck and McDonald scale that assess attachment to God along an “avoidant” and “anxious” attachment spectrum. Religious social support was assessed with a 5-item measure; intrinsic religiosity by a 3-item measure; religious coping by the 16-item JCOPE; and religious practice by a 3-item measure (frequency of prayer, religious service attendance, and reading religious scriptures). Anxiety and depression were assessed by the 14-item Hospital Anxiety and Depression Scale (HADS). Controlled for in multivariate analyses were other aspects of religiosity besides attachment to God which was the primary predictor. **Results:** In uncontrolled analyses, high scores on avoidant and anxious attachment to God were positively correlated with both depression and anxiety. After controlling for religious social support, intrinsic religiosity, positive and negative religious coping, and religious practice, anxious attachment to God remained significantly and positively related to depression; similar results were found for anxiety (for both avoidant and anxious attachments to God). Researchers concluded “our results suggest that even in more behaviorally focused religious cultures [such as Judaism], attachment to God is a key mediator of the protective effects of religion and spirituality.”

*Citation:* Pirutinsky, S., Rosmarin, D. H., & Kirkpatrick, L. A. (2019). Is attachment to God a unique predictor of mental health? Test in a Jewish sample. International Journal for the Psychology of Religion, Epub ahead of press.

*Comment:* This is one of the few studies examining the relationship between ‘attachment to God’ (using a standard measure of this construct) and mental health in a Jewish sample. Having a stable and secure attachment to God (low scores on avoidant and anxious attachment subscales) was clearly related to better mental health, independent of other religious characteristics and activities, in this Jewish sample. Again, the cross-sectional nature of this analysis prevents determination of causal order for the relationships observed.

### Problematic Sexual Behavior and Religiosity in Jewish Men

Investigators at McLean Hospital/Harvard Medical School surveyed 94 adult Jewish men assessing religious belief/practice, positive religious coping, spiritual struggles, and problematic sexual behavior. Participants included ultra-Orthodox, Orthodox, Conservative, and Reform Jews recruited through collaboration with various Jewish organizations in the United States and Canada (51% Orthodox, 46% non-Orthodox). Average age of participants was 40.2 years, 69% had a college degree, and 61% were married. Assessed were religious affiliation, religious practice (three item measure assessing prayer, attendance at religious services, reading of religious literature), intrinsic religiosity (3-item subscale of the DUREL), and religious coping/spiritual struggle using the 16-item Jewish religious coping scale (JCOPE; Rosmarin et al). Problematic sexual behavior was assessed with items from the clinical interview for Hypersexual Disorder (Reid et al) that assessed masturbation, telephone sex, cybersex, pornography, visiting strip clubs, and sexual engagement with consenting adults outside of marriage. Responses to each item were assessed on a

seven point scale ranging from 0 (not at all) to 6 (more than nine times per week). Analyses were stratified by religious affiliation (currently Orthodox/raised Orthodox, currently Orthodox/raised non-Orthodox, currently non-Orthodox/raised non-Orthodox, currently non-Orthodox/raised Orthodox). **Results:** No significant associations were found in each of the religious groups above except for spiritual struggles, which were positively correlated with problematic sexual behaviors in currently Orthodox/raised Orthodox Jews ( $r=0.58$ ,  $p<0.01$ ) and in currently non-Orthodox/raised Orthodox Jews ( $r=0.47$ ,  $p<0.05$ ). Thus, religious struggles were related to problematic sexual behaviors among Jewish men raised Orthodox, but not among those raised non-Orthodox. After controlling for household size (the only demographic associated with problematic sexual behavior), the results remained significant. Researchers concluded: “General and positive aspects of Jewish religiosity were unrelated to problematic sexual behavior. By contrast, spiritual struggles were tied to higher levels of problematic sexual behavior, but only for individuals who were raised as Orthodox Jews.”

*Citation:* Rosmarin, D. H., & Pirutinsky, S. (2019). Problematic sexual behavior and religion among adult Jewish males: An initial study. American Journal of Men's Health, 13, Epub ahead of press.

*Comment:* This is a small but fascinating study, and the results make sense. If you are raised in a faith tradition that strongly teaches against engaging in problematic sexual behavior, and you do it anyway, spiritual struggles are likely to result.

### Religious Involvement and Mental Health in Korean Adults

Investigators from universities in the Republic of Korea surveyed 470 Korean adults recruited from community-sponsored events at an adult learning center in two universities in South Korea. Participants were 71% Protestant 6% Catholic, 3% Buddhists, and 20% religiously unaffiliated; 59% had bachelor degrees and 20% had graduate degrees, so this was a well educated sample. Religious involvement was assessed by a three-item measure that examined attendance at religious services, frequency of prayer, and importance of faith or spiritual beliefs as a source of strength in daily life. Duration of faith was assessed by a single item that asked “How long have you believed in your current religion?” Also assessed were 2-item measures of negative religious support and positive religious support (congregation-based). Mental health outcomes included meaning in life by Steger’s Meaning in Life Questionnaire (MLQ), life satisfaction by a 6-item scale (Brief Multidimensional Life Satisfaction Scale), depressive symptoms by the 20-item CES-D, self-esteem by the 10-item Rosenberg Self-Esteem Scale, and spiritual well-being (20-item Paloutzian & Ellison scale). Hierarchical regression models were used (Mplus) to analyze the data, controlling for age, gender, marital status, education, and perceived poverty. **Results:** Regression analyses demonstrated significant positive relationships between positive religious variables and spiritual well-being (especially for perceived religiousness), meaning in life (especially for frequency of religious attendance and perceived religiousness), life satisfaction (especially for frequency of religious attendance and perceived religiousness), and self-esteem (especially for religious attendance and positive congregational support). Positive religious variables were also inversely related to depression (especially for attendance at religious services and positive congregational support). The opposite results were found for negative congregational interactions. Researchers concluded: “churches and church leaders are in a position to provide various education programs related to faith maturity, as well as programs to help expand one’s spiritual and psychological health and well-being.”

*Citation:* You, S., Yoo, J. E., & Koh, Y. (2019). Religious practices and mental health outcomes among Korean adults. Personality and Individual Differences, 142, 7-12.

*Comment:* Religious affiliation of adults in South Korea (2015 estimate) is 56% no affiliation, 20% Protestant, 16% Buddhist, and 8% Catholics. Therefore, the religious affiliation of this sample (77% Christian) differs quite a bit from the South Korean population more generally. However, in this sample of convenience and cross-sectional analysis, religious involvement (except for negative interactions in congregation) was clearly related to better mental health across the board.

### Religious Involvement and Workplace Productivity in Iran

Investigators from several universities in Iran examined the relationship between organizational spirituality from an Islamic perspective and worker productivity in a large manufacturing company. Organizational spirituality (OS) was assessed in random sample of 127 employees out of an entire population of 200 employees at BELFA corporation (pipe manufacturer). Of the 127 employees identified, 100 completed the questionnaire. OS was measured using a 97-item questionnaire that assessed religious beliefs, religious emotions, and obligation to act upon religious duties, including questions about social image (the way that participants sought to display a socially acceptable image of themselves in terms of religion). With regard to assessing workplace productivity, a 30-item version of the Hohfe's (2010) human research productivity questionnaire was administered. **Results** indicated that OS was positively related to workplace productivity ( $r=0.27$ ,  $p=0.01$ ). Researchers concluded: "Results revealed that spirituality could predict 26% of the variance of human resource productivity in the company, proving to be an effective factor."

*Citation:* Pourmola, M., Bagheri, M., Alinezhad, P., & Nejad, P. (2019). Investigating the impact of organizational spirituality on human resources productivity in manufacturing organizations. *Management Science Letters*, 9(1), 121-132.

*Comment:* Although the small sample size, cross-sectional nature, and lack of control for confounders that may have influenced the relationship are clearly weaknesses of this study, it is one of the few research projects to examine the impact of individual religiosity on workplace productivity in the Middle East.

### Spirituality, Employment Hope and Grit

Researchers from the school of social work at Arizona State University surveyed 1,045 consecutive attendees (84% unemployed) at a two-week job readiness training program in Chicago, examining the relationship between spirituality, employment hope, and grit. Response rate was >99%; participants were 93% African-American, 58% male, and 65% had less than a college degree; average age was 37.9 years. "Grit" was defined as a combination of passion and perseverance directed toward the achievement of an important goal (i.e., a job). "Employment hope" was considered a component of psychological self-sufficiency that enables individuals to design and implement plans to overcome barriers and achieve their goals with regard to getting employment. In the present study, "grit" was measured with the 8-item Short Grit Scale (Duckworth); employment hope by the 14-item Employment Hope Scale (Hong); and spirituality by the 6-item Intrinsic Spirituality Scale (ISS; Hodge). The ISS "measures both theistic and nontheistic forms of spirituality, irrespective of whether the spiritual impulse is expressed inside or outside of a religious context." Structural equation modeling was used to analyze the relationships between constructs. **Results:** Results indicated that spirituality was positively associated with both employment hope ( $r=0.192$ ,  $p<0.01$ ) and grit ( $r=0.146$ ,  $p<0.01$ ). Controlling for education and age, structural equation modeling demonstrated that spirituality had both significant direct effects on grit and indirect effects through employment hope on grit. Researchers concluded "The results suggest that spirituality and

employment hope are protective factors that may be leveraged in practice settings to potentially enhance grit."

*Citation:* Hodge, D. R., Hong, P. Y. P., & Choi, S. (2019). Spirituality, employment hope, and grit: Modeling the relationship among underemployed urban African Americans. *Social Work Research*, Epub ahead of press

*Comment:* Despite its cross-sectional nature, the relatively large sample size, high response rate, and sophisticated statistical analyses examining the effects of spirituality on this important psychological state (i.e., grit in seeking employment), all make this an important study whose results are widely relevant given the problem of unemployment. Although the findings make sense, longitudinal studies will be needed to help determine the causal order of this relationship.

### Religious Threat and its Consequences in the U.S.

Religious threat refers to the social identity threat from religion (group membership) or religiosity (strengths of religious beliefs). In other words, religious threat is a reflection of the psychological vulnerability to negative social messages about a person's religion. Investigators in the department of psychology at Pennsylvania State University analyzed data from a convenience sample of 970 adults from across the United States designed to maximize religious diversity: Protestant ( $n=249$ ), Catholic ( $n=243$ ), Jewish ( $n=246$ ), and Muslim ( $n=232$ ). Assessed were religiosity (6-item Malka et al scale) and religious threat (measured by four dimensions: 10 questions on stigma consciousness, 6 questions on experience stigma, 2 questions on religious meta-stereotypes, and 2 questions on perception that religion is under attack). Religious threat items were summed to create a composite scale. Outcomes included belonging (7-item scale), concealment (10-item scale), and intergroup bias (8-item scale that includes 7 questions on out-group attitudes and 1 question on in-group attitude). Controlled for in all analyses were age, gender, education, and race. **Results:** Religious threat was greater in Muslims than either Catholics, Protestants, or Jews, and was greater in Protestants than in Catholics. Greater religiosity predicted greater religious threat overall. However, greater religiosity was less likely to predict religious threat in Muslims and Jews than it was in Protestants and Catholics. Greater religiosity also predicted marginally stronger religious threat in Jews than in Muslims. Among highly religious participants, Protestants reported statistically equivalent threat compared to Jews/Muslims. With regard to outcomes, religious threat predicted a lower sense of belonging for all religions but especially for Muslims/Jews. Religious threat predicted concealment in Catholics, Jews and Muslims, but not in Protestants. Religious threat predicted more negative outgroup attitudes in Protestants/Catholics than it did in Muslims. Religious threat predicted positive in-group attitudes for Muslims, but not in other religious groups. Researchers concluded: "Results illuminate how a broader social climate in which religion and specific religious groups are often the subject of heated rhetoric may trigger identity threat and exacerbate intergroup hostilities."

*Citation:* Pasek, M. H., & Cook, J. E. (2019). Religion from the target's perspective: A portrait of religious threat and its consequences in the United States. *Social Psychological and Personality Science*, 10(1), 82-93.

*Comment:* Given the times we live in today (e.g., New Zealand mosque shootings), the results of this study are particularly relevant. Although most of the results were expected, the fact that highly religious Protestants experienced the same level of religious threat as Muslims and Jews is somewhat surprising. More research of this kind is clearly needed, including identifying buffers to religious threat.

## “Create in Me a Clean Heart”: Relationship with God and Substance Use

Investigators from Kennesaw State University and Illinois State University analyzed data on a prospective study of 1,354 youth who were ages 14 to 19 at the time of enrollment and then followed for a period of 7 years from mid-adolescence to early adulthood. During follow-up, 11 waves of data were collected (response rates for each follow-up averaged 90%). Participants were enrolled in Maricopa County, Arizona, and Philadelphia County, Pennsylvania; they were eligible if they had been adjudicated “delinquent” in juvenile court or found guilty of a serious offense in adult court. Spirituality was assessed with a single statement: “I experience a close personal relationship to God,” with responses ranging from “not at all true” to “completely true.” The dependent variable was “desistance from substance use.” Drug use over the past 6 months were determined for marijuana (33%), sedatives/tranquilizers (7%), stimulants/amphetamines (6%), cocaine (6%), opiates (2%), ecstasy (3%), hallucinogens (4%), inhalants (2%), and other drugs. Drug use was dichotomized as user vs. non-user. Multilevel growth curve models were used to analyze the data, controlling for exposure to violence as either a victim or witness, social bonding, social learning, self-control, age, drug treatment, proportion time supervised, and criminal offending. Analyses were stratified by type of drug use (marijuana use vs. hard drug use) and by gender (male vs. female). **Results** indicated that for marijuana use, having a close personal relationship with God was associated with a 26% increased likelihood of desistance from marijuana use over time in females only (OR=1.26,  $p<0.05$ ); no impact was found in either gender for hard drug use. Researchers concluded: “Results from these analyses suggest that the impact of spirituality on desistance varies by gender, spirituality significantly increasing the odds of desistance from marijuana use for females, but not males.” *Citation:* Crank, B. R., & Teasdale, B. (2019). “Create in me a clean heart”: The role of spirituality in desistance from substance use. *Journal of Drug Issues*, Epub ahead of press.

*Comment:* Given past results from many other studies of religious involvement and drug use in the US, the results from this study are somewhat surprising (particularly for hard drug use).

## Types of Religious Passion and Alcohol Use/Abuse

Researchers in the department of psychology at the University of Texas in Houston examined two types of religious passion, “harmonious” and “obsessive”, based on how well religious activity is integrated into a person’s identity or core self. Passion, overall, is defined as a strong disposition toward an activity that someone likes or loves, finds valuable, and in which they invest time and energy. The harmonious type of religious passion is defined as a significant but not overly consuming aspect of a person’s identity or self that is well integrated into the person’s life. The obsessive type of religious passion, in contrast is thought to result from amore controlled internalization of the activity, where there are uncontrollable urges to engage in the activity due to internal or external pressures such as guilt or societal pressure.

In this 6-month longitudinal study, researchers examined the relationship between these two different types of passion and alcohol use among 707 undergraduates ages 18 to 27 from a large southwestern US university who were participating in an alcohol-related clinical trial. The Passion Scale (Vallerand et al) was adapted to measure levels of harmonious and obsessive passion for religious beliefs and practices (7-item harmonious subscale, 7-item obsessive subscale). An example of an item on the harmonious subscale is “Practicing religious or spiritual beliefs reflects the qualities I like about myself”; similarly, an example of an item on the obsessive subscale is “I cannot live without practicing religious or spiritual beliefs.” Mental health outcomes included perceived stress (10-item PSS, Cohen), satisfaction with life (5-item SWLS, Diener), alcohol consumption (TLFB; Sobell),

and alcohol problems (25-item Rutgers Alcohol Problem Index; White). Participants were assessed at three time points (baseline, three months, and six months). Time-lagged drinking outcomes were examined as a function of passion for religious beliefs/practices and mental health. **Results:** With regard to *alcohol consumption*, harmonious religious passion was inversely associated with this outcome, even after controlling for mental health outcomes; however, no relationship was found with *alcohol problems*. In contrast, obsessive religious passion was unrelated to the alcohol consumption, but was *positively* related to alcohol problems, also independent of mental health outcomes. Harmonious passion was also inversely related to perceived stress and positively related to satisfaction with life, whereas obsessive religious passion was positively associated with perceived stress (but unrelated to life satisfaction). Finally, both harmonious and obsessive religious passion moderated the relationship between mental health (perceived stress and life satisfaction) and alcohol consumption/problems, such that the relationship between poor mental health and alcohol consumption/problems was stronger among those with obsessive religious passion and weaker among those with harmonious religious passion.

*Citation:* Tomkins, M. M., Neighbors, C., & Steers, M. L. N. (2019). Contrasting the effects of harmonious and obsessive passion for religion on stress and drinking: Give me that old time religion... and a beer. *Alcohol* 77:41-48.

*Comment:* This innovative study found that, at least in college students, the type of religious passion appears to affect alcohol use/alcohol problems (and mental health) in different ways. Harmonious religious passion appears to have positive effects, whereas a rigid, inflexible adherence to religious beliefs appears to have negative effects. Bear in mind, however, that even though these are longitudinal analyses, people with alcohol-related problems who turn to religion for help (and actually benefit from those beliefs to some degree) may develop rigid, inflexible religious beliefs (possibly due to underlying personality issues).

## Role of the Black Church in Public Health

This article, published in one of the top epidemiology journals in the world, and authored by researchers in the departments of cardiovascular medicine, Mayo Clinic, Rochester, and Harvard School of Public Health, briefly (two pages) summarizes the role that the Black church has played as a resource for tackling major public health problems and improving population health. Emphasized here is the opportunity for researchers to partner with Black churches in order to reduce health disparities and improve overall community health. After describing the unique role that the Black church plays in the lives of African-Americans, the authors go on to describe various collaborative efforts between researchers and faith-based organizations like the Black church in an effort to enhance healthy eating and physical activity patterns within the community. The role of the Black church in addressing mental health and substance abuse issues is also described. The authors end with recommendations on developing partnerships and successful collaborations with the Black church in the future. *Citation:* Brewer, L. C. (2019). We’ve come this far by faith: The role of the Black church in public health. *American Journal of Public Health*, 109(3), 385-386.

*Comment:* This is a must-read for those involved in faith-based collaborations, public health research, and efforts to reduce health disparities in minority populations.

## NEWS

We are pleased to announce that the John Templeton Foundation has just awarded a grant to Duke University's Center for Spirituality, Theology and Health to support twenty-seven \$3,000 scholarships to attend our 5-day Summer Research Workshop (below) in the years 2020, 2021, and 2022. These scholarships will cover tuition, international travel, and living expenses. However, they be available only to academic faculty and graduate students living in third-world underdeveloped countries such as Africa, Mexico, Central and South America, Russia, Baltic countries, Eastern Europe, and portions of the Middle East, central and eastern Asia. The scholarships will be highly competitive and be awarded only to talented well-positioned faculty and graduate students with the potential to conduct research on religion, spirituality, and health, and serve as research leaders in their part of the world.

Since the demand for such scholarships will likely far exceed their availability, and we are now set up to evaluated potential scholarship recipients, we are hoping to identify individuals or foundations willing to provide support for highly qualified third-world applicants for the 2019 workshop (and for applicants that we are unable to provide scholarships to in 2020-2022 and the years ahead). A donation of \$3,500 to our Center will sponsor a faculty member or graduate student from a disadvantaged region of the world to attend the workshop either this year (2019) or in future years. If you are interested in sponsoring one or more such applicants and want to know more about this rigorously competitive program, or have ideas about other sources of support, please contact [Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu).

## SPECIAL EVENTS

### 16<sup>th</sup> Annual Duke University Summer Research Workshop

(Durham, North Carolina, August 12-16, 2019)

Register **now** to attend this one-of-a-kind 5-day training session on how to design research, obtain funding support, carry out the research, analyze and publish the findings, with an emphasis on developing an academic career in the area of religion, spirituality and health. **Pass this information on** to junior faculty, graduate students, and anyone you think might be interested. The workshop compresses training material that was previously taught during our 2-year post-doctoral fellowship, so the curriculum is packed. Leading religion-health researchers from Duke, Yale and Emory serve as workshop faculty. Participants will have the option of a 30-minute one-on-one with Dr. Koenig or another faculty mentor of their choice, although these mentorship slots are limited, so early registration will be necessary to ensure that the mentor requested will be available. Over 800 academic researchers, clinical researchers, physicians, nurses, chaplains, community clergy, and students at every level in medicine, nursing, social work, chaplaincy, public health, psychology, counseling, sociology, theology, and rehabilitation (as well as interested members of the general public) have attended this workshop since 2004. Participants from every faith tradition and region of the world have come to this workshop, and this year should be no different. Partial tuition reduction scholarships are available. For more information, go to: <https://spiritualityandhealth.duke.edu/index.php/5-day-summer-research-course>

## International Congress on Spirituality and Psychiatry

4th Global Meeting on Spirituality and Mental Health (organized by the World Psychiatric Association Section on Religion, Spirituality and Psychiatry)

(Jerusalem, Israel, December 1-4, 2019)

Spirituality/religion (S/R) is relevant to most of human beings, 84% of the world's population reports a religious affiliation. Systematic reviews of the academic literature have identified literally thousands of empirical studies showing the relationship (usually positive but also negative) between S/R and health. However, there has been world wide a huge gap between knowledge available about the impact of S/R on health and the translation of this knowledge to the actual clinical practice and public health policies. Given this, the World Psychiatric Association recently published a Position Statement on Spirituality and Religion in Psychiatry emphasizing the importance of integrating S/R in clinical practice, research and education in psychiatry. This congress will focus on practical implications, on how to sensibly and effectively integrate S/R into mental health care and public policies. For more information, go to [www.rsp2019.org](http://www.rsp2019.org).

## RESOURCES

### Books

#### Integrating Religion and Spirituality into Clinical Practice: Conference Proceedings

(MDPI Publishers, 2018)

From the editors (Hefti and Bussing): "The present Special Issue Book is a collection of scientific articles from the European Conferences of Religion, Spirituality and Health in 2014 (Malta) and 2016 (Gdansk). The overall theme is "Integrating Religion and Spirituality into Clinical Practice." Studies are grouped under four main topics: Religion and Spirituality in Patient Care, Spirituality in Physical and Mental Disease, Health Care Professionals and Spirituality, and Faith-Based Services and Programs in Health Care. The chapters illustrate the broad range of topics presented." Available for \$52.21 at <https://www.amazon.com/Integrating-Religion-Spirituality-Clinical-Practice/dp/3038429309/> or for free at <https://www.mdpi.com/books/pdfdownload/book/631>

#### Islamophobia and Psychiatry: Recognition, Prevention, and Treatment

(Springer, 2019)

From the publisher: "The book begins by covering the general and clinical challenges that are unique to Muslims, drawing from an internationally, ethnically, and intergenerationally diverse pool of experts. The text covers not only how psychiatrists and other clinicians can intervene successfully with patients, but how we as clinicians can have a role in addressing other societally connected mental health challenges arising from Islamophobia. The text addresses three related but distinct areas of interest: Islamophobia as a destructive force, Islam as a religion that is threatened by stigma and misinformation, and the novel intersection of these forces with the field of psychiatry. *Islamophobia and Psychiatry* is a vital resource for all clinicians and clinicians in training who may encounter patients struggling with these issues, including adult and child psychiatrists, psychologists, primary care physicians, counselors, social workers, and others." Available for \$159.99 (hardcover) at <https://www.springer.com/la/book/9783030005115>.

## Religion and Mental Health: Research and Clinical Applications

(Academic Press, 2018) (Elsevier)

From the publisher: "[This 384 page volume] summarizes the latest research on how religion may help people better cope or exacerbate their stress, covering its relationship to depression, anxiety, suicide, substance abuse, well-being, happiness, life satisfaction, optimism, generosity, gratitude and meaning and purpose in life. It integrates research findings with best practices for treating mental health disorders for religious clients, also covering religious beliefs and practices as part of therapy to treat depression and posttraumatic stress disorder." Available for \$74.01 at <https://www.amazon.com/Religion-Mental-Health-Research-Applications/dp/0128112824>.

## Hope & Healing for Those with PTSD: Psychological, Medical, and Spiritual Treatments.

(Amazon: CreateSpace Publishing Platform, 2018)

From the author: "If you or a family member has PTSD or are experiencing the aftermath of severe trauma, you will know a lot more about this disabling condition and how to deal with it after reading this book." Available for \$5.38 at <https://www.amazon.com/dp/172445210X>.

## Protestant Christianity and Mental Health: Beliefs, Research and Applications

(part of the Religion and Mental Health Book Series; Amazon: CreateSpace Platform, 2017)

For mental health professionals, clergy, researchers, and laypersons interested in the relationship between religious involvement and mental health in Protestant Christians. Available for \$7.50 at: <https://www.amazon.com/dp/1544642105/>

## Catholic Christianity and Mental Health: Beliefs, Research and Applications

(part of the Religion and Mental Health Book Series; Amazon: CreateSpace Platform, 2017)

For mental health professionals, clergy, researchers, and laypersons interested in the relationship between religion, spirituality and mental health in Catholics. Available for \$7.50 at: <https://www.amazon.com/Catholic-Christianity-Mental-Health-Applications/dp/1544207646>

## Islam and Mental Health: Beliefs, Research and Applications

(part of the Religion and Mental Health Book Series; Amazon: CreateSpace Platform, 2017)

For mental health professionals, clergy, researchers, and laypersons interested in the relationship between religion, spirituality and mental health in Muslims. Available for \$7.50 at: <https://www.amazon.com/Islam-Mental-Health-Research-Applications/dp/1544730330>.

## Hinduism and Mental Health: Beliefs, Research and Applications

(part of the Religion and Mental Health Book Series; Amazon: CreateSpace Platform, 2017)

For mental health professionals, clergy, researchers, and laypersons interested in the relationship between religion, spirituality and mental health in Hindus. Includes original research on current religious beliefs/practices in Hindus from India and throughout the world. Available for \$7.50 at: <https://www.amazon.com/dp/1544642105/>

## Judaism and Mental Health: Beliefs, Research and Applications

(part of the Religion and Mental Health Book Series; Amazon: CreateSpace Platform, 2017)

For mental health professionals, clergy, and researchers interested in the relationship between religion, spirituality and health in Judaism. Available for \$7.50 at:

<https://www.amazon.com/Judaism-Mental-Health-Research-Applications/dp/154405145X/>

## Buddhism and Mental Health: Beliefs, Research and Applications

(part of the Religion and Mental Health Book Series; Amazon: CreateSpace Platform, 2017)

For mental health professionals, clergy, researchers, and laypersons interested in the relationship between religion, spirituality and mental health in Buddhists. Available for \$7.50 at <https://www.amazon.com/dp/1545234728/>

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

(Templeton Press, 2011)

This book summarizes and expands the content presented in the Duke University's Annual Summer Research Workshop on Spirituality and Health. Available for \$29.15 (used) at:

<http://www.amazon.com/Spirituality-Health-Research-Measurements-Statistics/dp/1599473496/>

## Videos

### CME/CE Videos (Integrating Spirituality into Patient Care)

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" healthcare that includes the identifying and addressing of spiritual needs. Go to:

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

## TRAINING OPPORTUNITIES

### Certificate in Theology and Healthcare

The Duke University Divinity School is now accepting applications for a new graduate certificate, the Certificate in Theology and Health Care. This one-year residential program provides robust theological and practical engagement with contemporary practices in medicine and health care for those individuals with vocations in health-related fields (e.g., trainees or practitioners of medicine, nursing, and other health care professions). The Certificate aims to equip Christian health care practitioners with the training to embrace that calling and live into it with theological clarity and spiritual joy. This fully accredited course of study focuses on combining foundational courses in Christian theology, scripture, and church history with courses engaging the practical issues that health care practitioners encounter in contemporary culture. If you, or some you know, seek theological formation and further confidence engaging questions of suffering, illness, and the place of health care in a faithful life, go to the following website:

<https://tmc.divinity.duke.edu/programs/certificate-in-theology-and-health-care/>

## FUNDING OPPORTUNITIES

### Templeton Foundation Online Funding Inquiry

The John Templeton Foundation is now accepting new Online Funding Inquiries (OFIs; essentially letters of intent) through their funding portal. The next deadline for Small Grant requests (\$234,800 or less) and Large Grant requests (more than \$234,800) is **August 30, 2019**. The Foundation will communicate their decision (rejection or invitation to submit a full proposal) for all OFIs by October 4, 2019. JTF's current interests on the interface of religion, spirituality, and health include: (1) research on causal relationships and underlying mechanisms (basic psychosocial, behavioral, and physiological pathways), (2) increasing competencies of health care professionals in working with religious patients and issues (especially in mental health and public health), (3) research involving the development of religious-integrated interventions that lead to improved health, (4) efforts to increase collaboration and rates of referrals between mental health professionals and religious clergy. More information: <https://www.templeton.org/what-we-fund/grantmaking-calendar>

## ADVERTISEMENTS

(errata: hyperlink below in last issue did not connect)

### Calling all Health, Wellness, & Medical Practitioners

**New Holistic Program Opportunity: It's Your Turn to Receive**  
From the program director, Benjamin D. Koen, Ph.D.: Are you burnt out, running on empty, need a major shift to reclaim your own health and vitality in your Body—Mind—Spirit—Emotions—Relationships, or Practice? I'm here to help you reboot your system, remember your calling, and reclaim your passion for healing with integrity, so you can experience the freedom, joy, peace of mind, and vitality you deserve. Based on my life-long experience and twenty years of research, teaching, and applied practice helping hundreds of people, my new six-week program is customized to your specific needs and desires. Program Starting Soon—with three lifelong bonuses for the first 20 participants! Let's talk! Register for a FREE CONSULTATION here: <https://drben.as.me/FreedomHealthWealth>. Contact: [ben@benkoen.com](mailto:ben@benkoen.com) | Estepona, Spain: +34 698 530 158

## 2019 CSTH CALENDAR OF EVENTS...

### April

- 1-2 **Spirituality and Health**  
Book of Life Conference II- Grief and Resilience  
Hospice of Chattanooga, Chattanooga, TN  
**Speakers:** Koenig and others  
**Contact:** Lynette Carlson  
([Lynette\\_Carlson@hospiceofchattanooga.org](mailto:Lynette_Carlson@hospiceofchattanooga.org))
- 5 **Religion, Spirituality and Medicine**  
Campbell University School of Osteopathic Medicine  
Buies Creek, NC  
**Speaker:** Koenig  
**Contact:** Teresa Butrum ([Butrum@campbell.edu](mailto:Butrum@campbell.edu))
- 6 **Religion, Spirituality & Health for Women**  
**Speaker:** Koenig  
Women's Health Awareness 2019, 3:00-4:00P  
North Carolina Central University, Durham, NC  
**Contact:** Joyce Page ([jpage@dconc.gov](mailto:jpage@dconc.gov))
- 24 **Moral Injury Identification and Assessment: Measuring a Sunbeam with a Ruler?**  
**Speaker:** Jason Nieuwsma, Ph.D.  
Associate Director, VA Mental Health & Chaplaincy  
Associate Professor, Duke University Medical Center  
VA Mid-Atlantic MIRECC  
Center for Aging, 3rd floor, Duke South, 3:30-4:30  
**Contact:** Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))

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

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