

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 issues (July 2007 through July 2021) go to: <http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

NOTE: The CSTH website is being moved to a different platform, so may not be accessible for periods during August/September.

LATEST RESEARCH

Faith-based Intervention, Change in Religiosity, and Abstinence among Addicts in Hong Kong

Jerf Yeung from the department of social and behavioral sciences at City University of Hong Kong, China, conducted a prospective study as part of a non-randomized clinical trial that examined the effectiveness of a secular-based substance abuse treatment program vs. a faith-based program in achieving abstinence. A total of 199 participants self-selected themselves into either the secular or the faith-based program. Participants were assessed at entry into the programs (T1), at the completion of the program (T2); these programs ordinarily last approximately nine months), and 6 months after program completion (T3). Religiosity was also assessed at each of these three time points using the 38-item Brief Multidimensional Measure of Religiousness/Spirituality (Fetzer scale); scores were standardized and summed to produce an overall religiosity score for each time point (T1, T2, T3); 75% of participants completed all three assessments. Abstinence from substance use was determined at T3 by the question "During the past week how many times have you used substances?"; responses were dichotomized into 1 (did not use substances in past week) and 0 (used substances more than once/day to once/week). The faith-based program was explicitly Christian in nature, involving a process where the participant "confesses his or her sins and accepts Jesus Christ as a personal savior and then commits to the Christian faith through the process of sanctification by connecting with God, Christ, and the Holy Spirit." The secular-based program relied mainly on medical and psychosocial models to deal with recovering addicts' physical and social needs, though also acknowledged the usefulness of addressing spiritual and religious needs (although that was not a focus of treatment). A complicated series of statistical analyses using a Bayesian framework and modeling along with latent growth curve modeling

models were used to predict T3 abstinence, while controlling for sociodemographic covariates. The analyses sought to determine the effect of treatment group (secular vs. faith-based) and the effect of trajectory of change in religiosity over time on likelihood of abstinence at six months following program completion. **Results:** The faith-based program achieve significantly higher rates of abstinence at T3 compared to the secular program ($\beta=0.18$, $p<0.05$), and this effect was mediated by intercept religiosity at each time point ($\beta=0.094$, $p<0.001$, with slope constrained) and increasing religiosity over time ($\beta=0.21$, $p<0.01$, i.e., slope with intercept constrained). The researcher concluded: "Service practitioners and researchers should note the importance of dynamic and developing nature of religiosity in relation to the maintenance of abstinence after treatment is completed." *Citation:* Yeung, J. W. (2021). Faith-based intervention, change of religiosity, and abstinence of substance addicts. *Brazilian Journal of Psychiatry*, EPUB ahead of press. *Comment:* Although not a randomized clinical trial, and more of a prospective study, this study adds to the evidence that faith-based programs are at least as effective as secular-based programs for the treatment of addicts. The fact that this study involved participants in Hong Kong, China, suggest that the benefits of religious faith in treatment are not limited only to religious regions of the world.

Religiosity and Substance Use Disorder in U.S. Adults

Researchers in the department of epidemiology at Mailman School of Public Health, Columbia University, New York, and other academic institutions in the US and Israel, analyzed data on a random national sample of 36,309 US adults participating in the 2012-2013 National Epidemiologic Survey on Alcohol and Related Conditions-III (NESARC-III). Religiosity was assessed by importance of religiosity/spirituality (R/S), frequency of attendance at religious services, and religious affiliation, all using single items. Past 12-month substance use disorder (alcohol, tobacco, cannabis, cocaine, hallucinogens, opioids, sedatives, inhalants/solvents, heroin, club drugs, stimulants, and other drugs) was diagnosed using the Alcohol Use Disorder and Associated Disabilities Interview Schedule-5 (AUDADIS-5) that employs DSM-5 criteria for making SUD diagnoses. SUD diagnoses were categorized into alcohol use disorder (AUD), tobacco use disorder (TUD), cannabis use disorder (CUD), and drug use disorder (DUD). Controlled for in logistic regression models weighted for the complex NESARC-III design were sociodemographic variables (gender, race/ethnicity, age, marital status, education, 12-month personal income, urbanicity, region), other religious variables, mood disorders, 12-month anxiety disorders, personality disorders, any 12-month SUD (except the outcome itself), self-reported physical health, and nonreligious social support. **Results:** For importance of R/S, compared to those indicating not important, those indicating R/S to be very important were 20% less likely to have an AUD, but there were no significant relationships with other SUDs. With regard to religious attendance, those attending religious services at least once per week were 40% to 60% less likely to have an AU D, 60 to 70% less likely to have a TUD, and

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60% less likely to have a CUD, but there was no relationship with DUD (probably because of the low prevalence rates that were from 1.6% to 1.9%). The 95% confidence intervals were tight for all the associations (indicating strongly significant findings). Researchers concluded: "... [religious] service attendance independently lowered the odds of substance use and SUD across multiple substances. Results may inform religious leaders and clinicians about the value of utilizing religious social support structures in the prevention and treatment of substance use and SUD."

Citation: Livne, O., Wengrower, T., Feingold, D., Shmulewitz, D., Hasin, D. S., & Lev-Ran, S. (2021). Religiosity and substance use in US adults: findings from a large-scale national survey. Drug and Alcohol Dependence, EPUB ahead of press.

Comment: Although this was a cross-sectional study, the large sample size and the multiple covariates controlled make the findings from this study an important contribution to the literature on substance use disorders in the U.S. Given the decline in religious belief and practice in the US, as the authors note, this may have public health implications for the future prevalence of SUDs and their consequences in this country. These results are consistent with the findings from prospective studies and treatment programs, such as that reported by Yeung (2021) above.

Religiosity and Perinatal Anxiety Symptoms among Mexican-American Women

Researchers at California State University in San Marcos and University of Illinois in Urbana-Champaign conducted a longitudinal study of 197 pregnant women of Mexican descent recruited from a local community clinic in Southern California during their first trimester of pregnancy. Participants were followed throughout pregnancy and six weeks postpartum (T1=15-17 weeks gestation; T2=25-27 weeks gestation; T3=33-35 weeks gestation; and T4=45-47 weeks gestation). The purpose was to examine the relationship between religiosity and perinatal anxiety symptoms. Religiosity was assessed by a 7-item subscale of the 50-item Mexican-American Cultural Values Scale; example of items included "One's belief in God gives inner strength and meaning to life"; "Parents should teach their children to pray"; "If everything is taken away, one still has their faith in God." Maternal anxiety was measured using the 20-item State-Trait Anxiety Inventory for Adults (STAI; Spielberger 1983). Also assessed was acculturation status by the 18-item Mexican Orientation Subscale and the 30-Item Anglo Orientation Subscale of the Acculturation Rating Scale for Mexican Americans (ARSMA-II). Acculturation stress was measured by the 24-item Societal, Attitudinal, Environmental, and Familial Acculturation Stress Scale (SAFE). Hierarchical regression analyses were used to examine the relationship between religiosity and perinatal anxiety symptoms; multilevel modeling analysis was used to determine if religiosity predicted the trajectory of perinatal anxiety symptoms during pregnancy. Controlled for in all analyses were maternal age, socioeconomic status, and birthplace. **Results:** Analyses revealed that religiosity remained stable across the perinatal period. Higher levels of Mexican orientation acculturation status was associated with higher levels of religiosity, whereas higher levels of Anglo orientation were associated with lower levels of religiosity. These findings were present both during the prenatal and postnatal periods. Multilevel modeling was used to examine linear, quadratic, and cubic trends for time in the data. Higher levels of religiosity at all time points was associated with lower levels of anxiety symptoms during pregnancy, but not postpartum. Religiosity significantly buffered the relationship between acculturation stress and anxiety at all time points throughout pregnancy and postpartum. Researchers concluded: "Results indicate that religiosity while it is stable over time, also has a temporal effect on anxiety symptoms. The findings also revealed that the degree of religiosity influenced the extent to which anxiety symptoms improved over time. Furthermore, the results indicated

that higher levels of religiosity were most beneficial on the negative effects of acculturation stress on anxiety symptoms.... Women who endorse religiosity may benefit from supported religious coping. Researchers should assess the extent to which religious affiliation and perceived benefits reduce anxiety during the perinatal period, particularly during pregnancy."

Citation: Osman, K. M., Lara-Cinisomo, S., & D'Anna-Hernandez, K. L. (2021). Associations between religiosity and perinatal anxiety symptoms among women of Mexican descent. Journal of Affective Disorders, EPUB ahead of press.

Comment: This prospective study, analyzed with sophisticated statistical procedures (multilevel modeling used for longitudinal data), consistently found a positive effect of religiosity on anxiety symptoms throughout pregnancy. The findings are worth noting.

Muslim Religiosity and Health Outcomes in Norway

Investigators at the University of Oslo, MF Norwegian School of Theology, Statistics Norway, and Oslo Metropolitan University analyzed data from a cross-sectional survey of 2,661 Muslims ages 16 through 74 who had lived in Norway for at least 2 years (born in a wide range of countries worldwide). Muslim religiosity was assessed by importance of religion (Islam) on a 0-10 scale and by frequency of religious attendance during the past 12 months on a 1-6 scale. Health outcomes included self-rated subjective health, presence of diabetes, hypertension, angina pectoris, myocardial infarction, cerebrovascular disease, prolapsed disc sciatica, congenital spine and neck abnormalities, mental health (using 5 items from the Hopkins Symptoms Checklist), sleep disorders during the past 14 days, alcohol consumption, and cigarette smoking. Controlled for in logistic regression analyses were age, gender, nativity, education, employment status, and self-reported financial situation. **Results:** Importance of Islamic religiosity was associated with an increased likelihood of reporting good health status (OR=1.04, 95% CI=1.0-1.1, p<0.05), a lower likelihood of sleep disorder (OR=0.92, 95% CI=0.88-0.96, p<0.01), a lower likelihood of mental health problems (OR=0.94, 95% CI=0.91-0.98), less cigarette smoking (OR=0.89, 95% CI=0.86-0.93), and less alcohol use (OR=0.66, 95% CI=0.64-0.70). Concerning frequency of religious attendance, high attendance was associated with better self-rated health (OR=1.1, 95% CI=1.03-1.20, p<0.01), a lower likelihood of neck or back illness (OR=0.91, 95% CI=0.86-0.96, p<0.01), less cardiovascular diseases including hypertension (OR=0.89, 95% CI=0.83-0.96, p<0.01), a lower likelihood of sleep disorder (OR=0.87, 95% CI=0.82-0.94, p<0.01), fewer mental health problems (OR=0.89, 95% CI=0.86-0.96, p<0.01), less cigarette smoking (OR=0.82, 95% CI=0.80-0.86, p<0.01), and less alcohol use (OR=0.56, 95% CI=0.52-0.61, p<0.01). Researchers concluded: "... our findings suggest that Muslim religiosity might serve as a resource either predicting better health outcomes or that Muslim religiosity may be a factor that exists if good health is evident."

Citation: Ishaq, B., Østby, L., & Johannessen, A. (2021). Muslim religiosity and health outcomes: A cross-sectional study among Muslims in Norway. Social Sciences & Medicine (SSM): Population Health, EPUB ahead of press.

Comment: Although this is a cross-sectional study, thereby preventing causal inference (as authors readily acknowledge), the findings are particularly relevant given that it has taken place in largely secular northern European country and that it involves a largely immigrant population of Muslims that have migrated to this country.

Religiosity and Tooth Loss in Older Brazilians

Researchers in the department of stomatology, postgraduate program in dental sciences at the Federal University of Santa Maria in Santa Maria, Brazil, conducted a nationally representative cross-sectional survey of 9,073 Brazilian adults ages 50 or older (Brazilian Longitudinal Study of Aging), examining the relationship

between religiosity and tooth loss. "Religiosity" was measured by asking participants if they had a religion (yes, no) and whether they were actively practicing it (with answers ranging from nothing [0] to a lot [2]). "Spirituality" was assessed by questions asking if religious faith gave meaning to life; if praying or meditating daily was important to them; if religion was used for coping during difficult times; and if they felt they were a better person due to religion. Also assessed was perceived social support and health behaviors such as smoking, oral hygiene, and dental attendance, along with several demographic characteristics (gender, education, wealth). Tooth loss was assessed by the number of teeth missing, with response options ranging from 0 to 32. Structural equation modeling (SEM) was used to analyze the data. **Results:** The findings indicated that religiosity was indirectly and negatively related to tooth loss being mediated by spirituality, social support, oral hygiene and smoking. Spirituality (measured as subjective and nonorganizational religiosity) was directly and inversely related to tooth loss in the final model ($\beta=-0.05$, $p<0.00$). Researchers concluded: "It was observed that oral hygiene and smoking were mediators of the relationship between religiosity and tooth loss, through spirituality and social support, respectively. Spirituality also directly influenced the tooth loss."

Citation: Menegazzo, G. R., Fagundes, M. L. B., do Amaral Junior, O. L., de Vasconcellos, N. B. T., Felin, C. M., de Camargo, F. D., & do Amaral Giordani, J. M. (2021). Pathways between religiosity and tooth loss in older adults in Brazil. *Journal of Religion and Health*, EPUB ahead of press.

Comment: In this large cross-sectional study of a representative sample of older Brazilians, religiosity appeared to both indirectly and directly influence tooth loss. These findings are consistent with those reported from an early study conducted by Merchant et al (2003), who found lower rates of periodontitis among those who were more religious. [Merchant, A. T., Pitiphat, W., Ahmed, B., Kawachi, I., & Joshipura, K. (2003). A prospective study of social support, anger expression and risk of periodontitis in men. *The Journal of the American Dental Association*, 134(12), 1591-1596]. Periodontitis leads to tooth loss.

Religiosity and Mental Health in Sexual Minorities

Researchers at Brigham Young University surveyed 7,625 students at Brigham Young University, examining the relationship between religiosity, mental health, and well-being among heterosexuals compared to those reporting a sexual minority orientation (LGBQA). Psychological symptoms were assessed by the 34-item Counseling Center Assessment of Psychological Symptoms (substance use, social anxiety, anxiety, eating concerns, depression, hostility, academic distress); quality of life by the 16-Quality of Life Scale; suicidal behaviors by the 4-item Suicidal Behavior Questionnaire-Revised; and sexual orientation status by the 27-item Lesbian, Gay, and Bisexual Identity Scale. Religiosity was assessed by the 5-item Duke University Religion Index (religious attendance, prayer/scripture reading, intrinsic religiosity). Cross-sectional relationships were examined using structural equation models (SEM). **Results:** Of the 7,625 students assessed, 13.2% indicated a sexual orientation other than "exclusively heterosexual" (996 with complete data). Compared to those who were exclusively heterosexual, sexual minority students reported significantly lower quality of life, higher suicidal behavior, greater depression, greater generalized anxiety, greater social anxiety, greater academic distress, more eating concerns, and greater hostility (all $p<0.001$). Religiosity was associated with positive mental health outcomes in both heterosexual and sexual minority groups, although the relationships were generally less strong among those in the sexual minority group. Researchers concluded: "We also found that religiosity acted as a protective factor for both the sexual minority and the heterosexual group, although the effect was weaker for the sexual minority group."

Citation: Klundt, J. S., Erekson, D. M., Lynn, A. M., & Brown, H. E. (2021). Sexual minorities, mental health, and religiosity at a religiously conservative university. *Personality and Individual Differences*, 171, EPUB ahead of press.

Comment: Interestingly, despite the authors initial hypothesis ("For sexual minority students, religiosity would either have no association with mental health outcomes, or be associated with lower quality of life, higher levels of suicidality, and higher levels of psychological distress"), the opposite was found. Admittedly, though, the associations were weaker among sexual minority students.

Religiosity, Happiness and Suicidal Behavior in Iranian Psychiatric Outpatients

In this small cross-sectional study, researchers from the Tehran Institute of Psychiatry and Iran University of Medical Sciences in Tehran surveyed 102 Iranian psychiatric outpatients and 72 Iranian University employees from the Iran University of Medical Sciences. Administered was the Self-Rating Scale for Religiosity (single item rated 0-10), the Self-Rating Scale of Happiness (single item rated 0-10), and the 4-Item Suicidal Behavior Questionnaire-Revised. Bivariate analyses were conducted, without controlling for other covariates. **Results:** Not surprisingly, happiness was significantly lower and suicidal behavior significantly higher among psychiatric outpatients compared to university employees; religiosity was significantly lower among psychiatric outpatients compared to university employees (3.91 vs. 6.47, $p<0.001$). No relationship was found between religiosity and either suicidal behavior or happiness among hospital employees. However, religiosity was inversely related to suicidal behavior ($r=-0.247$, $p<0.05$) and positively related to happiness ($r=0.297$, $p<0.001$) in psychiatric outpatients.

Citation: Dadfar, M., Lester, D., & Abdel-Khalek, A. M. (2021). Religiosity, happiness and suicidal behaviour: a cross-sectional comparative study in Iran. *Mental Health, Religion & Culture*, 24(2), 128-141.

Comment: We reported this study here despite the small sample, the convenience nature of the sample, and the cross-sectional analyses uncontrolled for other factors. The reason is because little research exists on the relationship between religiosity and suicidal behavior/happiness in Iranian psychiatric patients. This is one step in the right direction.

Religiosity and Mental Health in Older Adults under the COVID-19 Quarantine in Qatar

Investigators in the department of psychiatry at Hamad Medical Corporation and Qatar University examined the relationship between religiosity, and symptoms of depression, anxiety and stress among 67 adults ages 60 or older (out of 253 potential participants) between June and August 2020 (center of the pandemic). The average age of participants was 65.5 years. Participants were compared with age and gender-matched controls (not described). Religiosity was assessed using the 10-item Arabic version of the Belief into Action Scale (BIAC); depressive, anxiety, and stress symptoms by the 21-item DASS; and resiliency by the 10-item Palmer-Davidson Resilience Scale. Multiple linear regression was used to control for gender, age, medical history of chronic illness, psychiatric history, duration of quarantine, and resiliency. **Results:** There was no difference in depressive, anxiety, stress symptoms, or religiosity in those under COVID-19 quarantine compared to gender and age-matched controls. In the quarantined group, higher depressive, anxiety and stress scores were associated with female gender and lower resilience scores but not with age, psychiatric history, medical history, or duration of quarantine. No relationship was found between religiosity and any of the measures (depression, anxiety, stress, resiliency) in this country where 66% of the population is Muslim.

Citation: Ouanes, S., Kumar, R., Doleh, E. S. I., Smida, M., Al-Kaabi, A., Al-Shahrani, A. M., ... & AlAbdulla, M. A. (2021). Mental Health, resilience, and religiosity in the elderly under COVID-19 quarantine in Qatar. Archives of Gerontology and Geriatrics, EPUB ahead of press.

Comment: Although no association was found with religiosity, this study is notable because of the population (older adults, the majority Muslim) and the setting (during COVID-19 quarantine in Qatar). It is not clear why no relationship was found with religiosity. The fact that there was no relationship between depression, anxiety, and stress scores, and prior psychiatric history or medical history should be noted. The small sample size, no doubt, influenced these findings.

Religiosity and Attitude toward Mental Health Treatment in African-American Church Members

Investigators in the Department of Public Health, College of Health Sciences, Arcadia University (Glenside, Pennsylvania) surveyed 435 African-Americans attending four churches in northeastern Pennsylvania and central New Jersey. Religiosity was assessed with the Multidimensional Measure of Religious Involvement for African Americans scale that measures religious perceptions and attitudes (subjective religiosity), organizational religiosity (e.g., attendance at religious services), and non-organizational religiosity (e.g., prayer). Attitude toward mental health treatment was assessed by the 20-item Attitudes toward Mental Health Treatment Scale. Multivariate linear regression was used to adjust the findings for age, gender, denomination, education, marital status, depressive symptoms, location, social support, and clustering effects by church. **Results:** Nearly 80% were ages 50 or older. Those who indicated high subjective religiosity (perceptions and attitudes) were less likely to endorse positive attitudes toward professional mental health treatment ($\beta=-1.36$, 95% CI=-2.35 to -0.39, $p<0.05$), although no association was found between either organizational or non-organizational religiosity and attitudes towards mental health treatment. Researchers concluded: "Our findings suggest that greater subjective religiosity may be related to lower engagement in and utilization of professional mental health services among African Americans in the northeastern United States."

Citation: Davenport, A. D., & McClintock, H. F. (2021). Religiosity and attitudes toward treatment for mental health in the Black Church. Race and Social Problems, EPUB ahead of press.

Comment: Unfortunately, only the abstract was available for review. However, the findings were important enough for us to summarize here. What is most interesting is the relatively weak (though significant) relationship between religious beliefs/attitudes and attitudes toward mental health treatment, and the finding that there was no relationship at all between religious behaviors (frequency of attending religious services and frequency of private prayer and reading of religious scriptures) and attitudes toward treatment.

Religiosity, Physical and Psychological Status in Brazilian Patients with COPD

Researchers from the Federal University of Juiz de Fora in Brazil analyzed cross-sectional data on 72 patients with chronic obstructive pulmonary disease (COPD) recruited from the pulmonary outpatient clinic at this university. Religiosity was assessed by the Portuguese version of the 5-item Duke Religion Index, "spirituality" by the FACIT-SP-12 (measure that primarily assesses meaning, peace, and existential well-being), and religious coping by the Brief RCOPE (positive and negative religious coping). Psychological status was assessed by the 14-item Hospital Anxiety and Depression Scale and quality of life by the 20-item Chronic Respiratory Disease Questionnaire (dyspnea, fatigue, emotional function). Physical functioning was assessed by

the Glittre-ADL test (which measures activities of daily living), dyspnea by the 12-item Dyspnea-12, burden of disease by the 8-item COPD Assessment Test, and physical comorbidity by the Charlson Comorbidity Index. Multivariate linear regression was used to examine relationships between religious/spiritual (R/S) measures and physical/psychological outcomes controlling for age, gender, and education. **Results:** Multivariate analyses revealed that intrinsic religiosity (DUREL) was associated with fewer depressive and anxiety symptoms. Negative religious coping was associated with worse psychological status and greater dyspnea on the Dyspnea-12 scale. Positive religious coping was associated with more depression/anxiety (when other R/S variables were included in the model). Not surprisingly greater existential well-being (FACIT-Sp) was associated with better indicators of mental health.

Citation: Mendes, N. S., Malaguti, C., dos Anjos Sena, L., Lucchetti, G., de Jesus, L. A. S., Vitorino, L. M., ... & Oliveira, C. C. (2021). Spirituality and religiosity are associated with physical and psychological status in patients with chronic obstructive pulmonary disease. Journal of Clinical Nursing, EPUB ahead of press.

Comment: This small cross-sectional study is important because of the population studied (COPD patients in Brazil). Although the relationship between existential well-being (FACIT-Sp) and psychological well-being is not surprising (in fact, the relationship is tautological), the association between intrinsic religiosity and fewer depressive and anxiety symptoms is an important finding.

Religiosity, Self-Regulation, and Mental Health in Christian Young Adults

Researchers in the department of psychology at the University of Maryland, Baltimore, surveyed 258 Christian young adults, examining the relationship between three dimensions of religiosity and psychological adjustment, focusing on the mediating effect of self-regulation. Participants were 258 undergraduate students attending the University of Maryland who self-identified as Christian (39% White, 30% African-American, 18% Asian American). Three dimensions of religiosity were assessed by a 26-item subscale of the College Students' Beliefs and Values Survey; those three dimensions were religious commitment (e.g., "My religious beliefs are one of the most important things in my life"), religious engagement (e.g., attending religious services, praying, reading religious texts), and religious struggle (e.g., "To what extent do you feel unsettled about spiritual and religious matters?"). Self-regulation was assessed by the 31-item Short Self-Regulation Questionnaire; psychological well-being was measured by the 18-item Psychological Well-Being Scale; anxiety symptoms by the 20-item State-Trait Anxiety Inventory; and depression by the 20-item CES-D. Structural equation modeling (SEM) was used to test a mediation model, adjusting for gender and age. **Results:** All three dimensions of religiosity were associated with psychological adjustment (positively and negatively) and this effect was mediated by self-regulation. More specifically, religious commitment was associated with better psychological adjustment through greater self-regulation, whereas religious engagement and religious struggle were associated with lower psychological adjustment, mediated by lower self-regulation (although bivariate analyses indicated an inverse relationship between religious engagement and anxiety, and no association with self-regulation). Researchers concluded: "These findings highlight the importance of examining religiosity as a multidimensional construct to better understand the distinct effects of different religious dimensions on emerging adults' mental health."

Citation: Zong, X., & Cheah, C. S. (2021). Multiple dimensions of religiosity, self-regulation, and psychological adjustment among emerging adults. Current Psychology, EPUB ahead of press.

Comment: Self-regulation appears to be an important mechanism that may help to explain the relationship between religiosity and

mental health among young adults. Given the small sample size and cross-sectional nature of these analyses, future longitudinal studies and intervention studies will be needed to establish direction of causation.

Human Flourishing: Relevance to Public Health

Jeff Levin at Baylor University in Waco, Texas, describes the concept of human flourishing in in this paper and its relevance to health promotion and disease prevention. Human flourishing is described as a concept rooted in Greek philosopher Aristotle's view of eudaimonia, which Aristotle described as a conglomeration of good character, wisdom, balance, and service to the common good. More recently, human flourishing has been considered a construct that operationalizes health as "a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity" (the definition of health described by the World Health Organization). This definition of human flourishing has been expanded by the work of Tyler VanderWeele and colleagues at Harvard to include "being happy, having meaning and purpose, being 'a good person,' and having fulfilling relationships" (attendance at religious services being included as a potential source of human flourishing). The author ends this short piece by describing the implications for the field of preventive medicine. Levin concludes that human flourishing is a valuable concept for refocusing preventative efforts beyond physical functioning and for reordering national prevention priorities beyond current efforts.

Citation: Levin, J. (2021). Human flourishing: A new concept for preventive medicine. American Journal of Preventive Medicine, EPUB ahead of press

Comment: This is a brief and articulate commentary on an important subject that is receiving increasing national attention, a subject to which religious belief and practice may make a significant contribution.

NEWS

Duke University's Monthly Spirituality and Health Webinar via Zoom

Our Center's monthly spirituality and health research seminars are now being held by Zoom, and should be available to participants wherever they live in the world that supports a Zoom platform. All persons who receive our E-newsletter will be sent a link to join the seminar approximately one week before the seminar is held. When you receive this link, please save the link and forward it to your colleagues and students. This month's seminar on Tuesday, June 29, 2021, at 12:00-1:00 EST, will be delivered by Azleena Salleh Azhar, Muslim chaplain. The title of her presentation is **Islam and Mental Health**. The PDFs of the Power Point slides for download and full recordings of most past webinars since July 2020 are available at

<https://spiritualityandhealth.duke.edu/index.php/education/seminars> [again, website is changing platforms, so this link to the website may also change]

Psychiatry Needs to Get Right with God

Published in the world's leading popular science magazine, *Scientific American*, psychologist David Rosmarin argues that mental health professionals are doing a disservice to their patients by not making more of an effort to incorporate spirituality into treatment. The article starts out by quoting recent Pew Research Center findings that 55% of Americans prayed to end the spread of the COVID-19 virus and nearly one-quarter reported that their faith had increased in the past month, despite multiple closures of places of worship. He also indicated that nearly 60% of psychiatric patients wish to discuss spirituality in the context of their treatment,

and yet many health professionals and scientists continue to view religiosity/spirituality as neurotic (which Freud claimed). This is an excellent article that all readers of Crossroads should be familiar with: <https://www.scientificamerican.com/article/psychiatry-needs-to-get-right-with-god/>.

SPECIAL EVENTS

17th Annual Duke University Summer Research Workshop

(Durham, North Carolina, August 9-13, 2021, **in-person**¹)

There are still a few spots open to attend this one-of-a-kind 5-day training session on how to design research, obtain funding support for it, carry it out, analyze and eventually publish the findings, with an emphasis on developing an academic career in the area of religion, spirituality and health. **Pass this information on** to colleagues, 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. Nearly 900 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 the workshop, and this year is no different. **Partial tuition reduction scholarships** are available. For more information, go to:

<https://spiritualityandhealth.duke.edu/index.php/5-day-summer-research-course>

Science of Spirituality Symposium

(online event, September 11, 2021)

According to symposium organizers, the aim of this symposium is to promote a grand debate about research into spirituality, with the participation of the world's principal scientists in spiritual experiences, spirituality, and health. The central topic will be a discussion of the present and future of the scientific study of spirituality, in particular the implications for health and for an understanding of consciousness in human nature. Coordinated by Professor Alexander Moreira-Almeida, the symposium will be held totally online, focusing on what has been achieved so far and what lies ahead, what the visions of these leaders are about the future of the field, the next steps, and what the main challenges are that

¹ The coronavirus situation is improving but remains somewhat fluid at this time. We have received approval from Duke to hold the workshop onsite in-person, so that is great. However, because of the risk to health that the coronavirus (and Delta variant) poses, we are *requesting* that those who attend the workshop be vaccinated at least two weeks before coming to the workshop. For those coming from other countries to the workshop, we are *requiring* vaccination and also a negative COVID-19 test. This is necessary because of the large gathering (nearly 50 participants already registered to attend). It will be difficult to social distance from each other while meeting inside during the long time each day in close contact with each other and workshop faculty (8:30-5:00) and because of the workshop length (5 days). We will also be requiring mask-wearing for anyone not vaccinated and will be encouraging mask-wearing even for those who are vaccinated. We will also try to allow for some social distancing in the seating arrangement, and will have hand sanitizer available at every table. These are necessary precautions to ensure the safety of all participants and faculty.

need to be addressed. Participants include speakers from both the US, Brazil, and around the world. For more information and to register, see: <https://cienciadaespiritualidade.com.br/index.php/en-us/>

RESOURCES

Books

Assessing Spirituality in a Diverse World

(Springer, 2021)

From the publisher: "This volume addresses an important problem in social scientific research on global religions and spirituality: How to evaluate the role of diverse religious and spiritual (R/S) beliefs and practices within the rapid evolution of spiritual globalization and diversification trends. The book examines this question by bringing together a panel of international scholars including psychologists, sociologists, and researchers in religious studies, public health, medicine, and social work. The content includes chapters describing innovative concepts of post-Christian spirituality, Eastern forms of meditation, afterlife beliefs associated with the three dominant cultural legacies, various non-religious worldviews, spiritual Jihad, and secular and religious reverence. The book also covers such important themes as spiritual well-being, faith, struggle, meaning making, modeling, and support, as well as mysticism and using prayer to cope with existential crises. This book advances the understanding of the role of R/S across different faiths and cultural systems, including both Western and non-Western ones, and enriches the mainstream of psychological sciences and practices. It appeals to students, educators, researchers, and clinicians in multiple related fields and disciplines." Available for \$88.44 (hardcover) at: <https://www.amazon.com/Assessing-Spirituality-Diverse-Religion-Health/dp/3030521397/>.

Religion and Recovery from PTSD

(Jessica Kingsley, December 19, 2019)

From the publisher: "This volume focuses on the role that religion and spirituality can play in recovery from post-traumatic stress disorder (PTSD) and other forms of trauma, including moral injury. Religious texts, from the Bible to Buddhist scriptures, have always contained passages that focus on helping those who have experienced the trauma of war. In this book the authors review and discuss systematic research into how religion helps people cope with severe trauma, including trauma caused by natural disasters, intentional interpersonal violence, or combat experiences during war." Available for \$29.95 at <https://www.amazon.com/Religion-Recovery-PTSD-Harold-Koenig/dp/1785928228/>.

Religion and Mental Health: Research and Clinical Applications

(Academic Press, 2018) (Elsevier)

This 384 page volume summarizes the latest research on how religion helps people cope with 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 in religious clients with depression, anxiety, posttraumatic stress disorder, and other emotional (and neuropsychiatric) problems. Available for \$69.96 (paperback, used) at <https://www.amazon.com/Religion-Mental-Health-Research-Applications-dp-0128112824/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/>

You are My Beloved. Really?

(Amazon: CreateSpace Publishing Platform, 2016)

From the author: "Simple and easy to read, intended for Christians and non-Christians, those who are religious or spiritual or neither, and is especially written for those experiencing trauma in life (everyone). The book examines the evidence for God's love from Christian, Jewish, Muslim, Buddhist and Hindu perspectives based largely on the sacred scriptures from these traditions. Available for \$8.78 from <https://www.amazon.com/You-are-My-Beloved-Really/dp/1530747902/>.

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/>

Other Resources

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>.



In support of improving patient care, the Duke University Health System Department of Clinical Education and Professional Development is accredited by the American Nurses Credentialing Center (ANCC), the Accreditation Council for Pharmacy Education (ACPE), and the Accreditation Council for Continuing Medical Education (ACCME), to provide continuing education for the health care team.



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Category 1: Duke University Health System Department of Clinical Education and Professional Development designates this CME activity for a maximum of 3.75 *AMA PRA Category 1 Credit(s)*™. Physicians should claim only credit commensurate with the extent of their participation in the activity.

Nurse CE: Duke University Health System Department of Clinical Education and Professional Development designates this activity for up to 3.75 credit hours for nurses. Nurses should claim only credit commensurate with the extent of their participation in this activity.

TRAINING OPPORTUNITIES

Full Scholarships to Attend Research Training on Religion, Spirituality and Health

With support from the John Templeton Foundation, Duke University's Center for Spirituality, Theology and Health is offering eleven \$3,600 scholarships to attend the university's 5-day Workshop on conducting research on religion, spirituality, and health. Applications are now being sought for the 2022 workshop to be held August 15-19. These scholarships will cover the \$1200 tuition, up to \$1500 in international travel costs, and up to \$900 in living expenses. They are available only to academic faculty and graduate students living in third-world underdeveloped countries in Africa, Central and South America (including Mexico), Eastern Europe and North Asia (Russia and China), and portions of the Middle East, Central and East Asia. The scholarships will be competitive and awarded to talented well-positioned faculty with the potential to conduct research on religion, spirituality, and health, and serve as research leaders in their part of the world. If you want to know more about this program, contact Harold.Koenig@duke.edu or go to our website for a description of the workshop: <https://spiritualityandhealth.duke.edu/index.php/5-day-summer-research-course>. **Please let your academic colleagues in developing countries know about this unusual and time-limited opportunity.**

Unfortunately, but not surprisingly, the demand for such scholarships has far exceeded availability. Now that we are set up to evaluate potential scholarship recipients, we are hoping to identify individuals or foundations willing to support highly qualified third-world applicants whom we are unable to provide scholarships to in 2021-2023 and the years ahead. A donation of \$3,600 to our Center will sponsor a university faculty member from a disadvantaged region of the world to attend the workshop in 2022 or future years. If you are interested in sponsoring one or more such applicants and want to know more about this program, or have ideas about other sources of support, please contact Harold.Koenig@duke.edu.

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 has postponed all Online Funding Inquiries (OFIs) for 2020 in the area of religion, spirituality and health to their 2021 funding cycle. The next deadline for Small Grant requests (\$234,800 or less) and Large Grant requests (more than \$234,800) is **August 20, 2021**. The Foundation will communicate their decision (rejection or invitation to submit a full proposal) for all OFIs by October 15, 2021. Therefore, researchers need to think "long-term," perhaps collecting pilot data in the meantime, with or without funding support. JTF's current interests on the interface of religion, spirituality, and health include: (1) **investigating the causal relationships between health, religion, and spirituality (determining direction of causation in associations reported; identifying the underlying causal mechanisms responsible), with a specific focus on longitudinal studies, and (2) engaging religious and spiritual resources in the practice of health care (increasing the religious and spiritual competencies of health care practitioners; testing the impact of religiously integrated therapies; and increasing the scientific literacy of health care chaplains)**. More information: <https://www.templeton.org/project/health-religion-spirituality>.

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

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

2021 CSTH CALENDAR OF EVENTS...

August

8/9-8/13 Duke University Spirituality & Health Research Workshop
In-person, 8:30-5:00 every day
Speakers: Dan G. Blazer, M.D., Ph.D., John Oliver, D.Min., Warren Kinghorn, M.D., Th.D., Charmin Koenig, R.N., Jill Hamilton, R.N., Ph.D., Benjamin Doolittle, M.D., Redford Williams, M.D.
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

8/24 Spirituality & Health Research Seminar
12:00-1:00 EST (via Zoom)
Is Grandma Still There? Dignity, Continuing Self-Identity and the Mystery of Terminal Lucidity in Deeply Forgetful People
Speaker: Stephen Post, Ph.D.
Professor, Department of Family, Population & Preventative Medicine; Division Head, Medicine and Society; Director, Center for Medical Humanities, Compassionate Care & Bioethics, Stony Brook University School of Medicine, NY, NY
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

September

9/11 Science of Spirituality Symposium
7:30A-4:15P EST online via Zoom or similar technology
Speakers: Koenig, Pargament, many others
Contact: Professor Alexander Moreira-Almeida (alex.ma@medicina.ufjf.br)

9/15-18 AACC World Conference
Orlando, Florida
Speakers: multiple, including Dr. Ben Carson
Contact: <https://worldconference.net/>.

9/21 Spirituality & Health Research Seminar
12:00-1:00 EST (via Zoom)
Embodiment, Prayer Postures, and Emotions
Speaker: Patty Van Cappellen, Ph.D.
Associate Director of the Interdisciplinary and Behavioral Research Center at Duke University
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)