

CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health

Volume 7

Issue 6

December 2017

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 November 2017) go to: <http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

LATEST RESEARCH

Religion and Physical Health in Mexico

Researchers at the University of Arizona, University of Louisville, and University of Texas analyzed data from two waves of the Mexican Health and Aging Study (MHAS) (2003 to 2012) examining the relationship between religious participation in 2003 and physical health outcomes in 2012. The MHAS involved a probability sample of older adults living in Mexico born prior to 1951 along with their spouses or partners. The first wave (W1, 2001) included 15,186 participants; the second wave (W2, 2003) included 14,250 participants; and the third wave (W3, 2012) included 18,465 (made up of W1 and W2 participants, plus a new cohort of participants born between 1952 and 1962). Religious participation was measured in W2 and W3. In W3, 2,089 respondents were selected for blood samples and anthropometric measures; of those, 1,059 had participated in W2 and 964 were age 50 or over. The final sample was 772, which included those age 50 or over who participated in W2 and had complete data on all physical health measures in W3. Religious participation involved a single item "How frequently do you participate in events organized by your church?" Those who participated "once in a while" (41%) and "once or more per week" (36%) were compared to those who "never" participated (23%). Also, a change score was calculated by subtracting W2 religious participation from W3 participation. Physical health outcomes included eight measures: waste-to-hip ratio (WTHR), body mass index (BMI), glycosylated hemoglobin (HbA1c), total cholesterol, systolic blood pressure (SBP), diastolic blood pressure (DBP), pulse rate, and C-reactive protein (CRP). Overall allostatic load was also calculated (analyzed as a continuous measure and as a cutoff indicating high risk). Controlled for in analyses were age, gender, education, marital status, household income, and self-rated health. **Results:** Religious participation at W2 (2003) significantly predicted a lower WTHR, lower total cholesterol, lower pulse rate, and lower overall allostatic load in W3 (2012). Participants who increased religious participation during the 10-year follow-up experienced a reduction in pulse rate. Participation was also associated with lower DBP

and lower CRP in some analyses, although no relationship was found with BMI, HgA1c, or SBP. Participating in religious services at least once per week was associated with significantly lower allostatic load overall ($B=-1.24$, $p<0.01$) and lower likelihood of having a high risk allostatic load ($B=-0.17$, $p<0.05$). Researchers concluded: "Our results confirm that religious participation is associated with healthier biological functioning in Mexico."

Citation: Hill, T. D., Rote, S. M., & Ellison, C. G. (2017). Religious participation and biological functioning in Mexico. *Journal of Aging and Health* 29(6), 951-972.

Comment: This is one of the first studies of its kind examining religious participation and biological outcomes among older adults in Mexico. Unfortunately, biological outcomes were assessed only at W3 (rather than at both W2 and W3), thus preventing researchers from determining whether religious participation predicted changes in these physical health outcomes over time. However, significant associations were clearly established.

Compassionate Love and Survival in HIV

Researchers at the University of Miami examined the effects of compassionate love (CL) on survival among 177 people living with HIV (mid-stage of illness). Between 1997 and 2000, HIV-positive patients were recruited into the study and assessed through questionnaires and essays every six months up through 2007. Three components of CL were extracted from participants' essays: Giving CL, Receiving CL, and displaying CL toward Self. Five deductive codes were identified in order to form these component categories: free choice, cognitive understanding, valuing/empowering, openness and receptivity for spirituality, and response of the heart. The benefits of each of the three components of CL were rated on a six-point Likert scale ranging from 1 (CL is negative or harmful; e.g., for CL giving, this would involve wanting to harm someone) to 6 (CL is a prominent part of one's life; e.g., for CL giving, this would indicate that a large part of one's life is dedicated to helping others). Cox regression analysis was used to predict survival while controlling for CD4 count, viral load, gender, age, education, ethnicity, and sexual orientation.

Results: Participants were on average 37 years old, 70% male, 36% African-American, 33% Latino American, and 41% gay. Giving CL (i.e., showing CL towards others) was associated with a 24% decrease in mortality during the follow-up period ($HR=0.76$, 95% CI 0.61-0.94, $p=0.01$); CL towards Self was associated with a 22% reduction in mortality ($HR=0.78$, 95% CI 0.62-0.99, $p=0.04$); and Receiving CL (i.e., experiencing CL from others) was associated with a 10% reduction in mortality that was not statistically significant ($HR=0.90$, 95% CI 0.68-1.90, $p=0.46$). Researchers concluded that: "Being compassionate toward others as well as oneself may have survival benefits. Giving compassionate love appears to be more important than receiving."

Citation: Ironson, G., Kremer, H., & Lucette, A. (2017). Compassionate love predicts long-term survival among people living with HIV followed for up to 17 years. *Journal of Positive Psychology*, E-pub ahead of press

Comment: Indeed, "It is more blessed to give than to receive" (Acts 20:35, KJV).

EXPLORE...in this issue

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Religious Involvement and HIV Medication Adherence

Emory University and University of Alabama nurse researchers examined the relationship between antiretrovirals therapy (ART) and religion/spirituality in a sample of 292 HIV+ outpatients from the Southeastern US. The average ART adherence was 81%, although nearly half (47%) had less than 90% adherence. Participants were primarily African-American (90.4%) under age 50 years (71%), and lived on an annual income of less than \$11,000 (73%); the majority was straight or heterosexual (58%). With regard to religious involvement, 43% attended religious services more than once a week, 66% prayed daily or more often, and 65% described themselves as moderately or very religious. Most were Christian (49% Baptist) and only 1.4% were atheist or had no belief in God. Religious involvement was assessed with a 33-item modified version of the Brief Multidimensional Measure of Religiousness/Spirituality (BMMRS), and religious coping was assessed with the Brief RCOPE. HIV medication adherence was measured with the 5-item Antiretroviral General Adherence Survey. Also assessed were perceived stress (PSS), depressive symptoms (CES-D), social support (SSQ-6), and quality of life (SF-36). Conducted were multivariate analyses, i.e., logistic regression predicting $\geq 90\%$ adherence. **Results:** Significant bivariate predictors of $\geq 90\%$ adherence were low depressive symptoms, low negative religious coping, high social support, low perceived stress, and greater emotional well-being. More frequent prayer and more frequent religious attendance were both positively associated with greater HIV medication adherence. Multivariate logistic regression analyses controlling for other predictors of adherence revealed that those who prayed daily or several times per day were over twice as likely to be adherent (OR=2.26, 95% CI=1.06-4.79, $p < .05$). Researchers concluded that: "... prayer, energy/vitality and social support are significant predictors of ART adherence. These factors should, therefore, be assessed and considered in the treatment plan as healthcare providers collaborate with patients and other members of the healthcare team, including mental health providers, social workers and chaplains or pastoral counselors."

Citation: Dalmida, S. G., McCoy, K., Koenig, H. G., Miller, A., Holstad, M. M., Thomas, T., ... & Mugoya, G. (2017). Examination of the Role of Religious and Psychosocial Factors in HIV Medication Adherence Rates. *Journal of Religion and Health*, E-pub ahead of press.

Comment: This was a well-controlled study in a relatively large HIV+ patient sample. The results that underscore the importance of religious involvement (particularly prayer) in fostering medication adherence.

Islamic Prayer and Psychological Stability in Veterans

Researchers in the Departments of Psychiatry and Neurology at the University Clinical Center, University of Tuzla, Bosnia and Herzegovina, examined the relationship between Islamic prayer and mental health in 100 healthy Bosnian war veterans (all Sunni Muslims of the Hanafi jurisprudence). Participants were recruited in two groups: a highly religious group that performed the five obligatory Islamic prayers every day and had done so for more than 3 years prior to study enrollment ($n=50$) and a non-religious group that did not practice daily prayer during the same period ($n=50$). Participants in both groups were ages 25 to 45 years old, had directly participated in battle on the front line during the 1992-1995 Bosnia and Herzegovina war, and had similar education (finished high school). Mental health measures examined were the MMPI, Profile Index of Emotions, and Life Style Questionnaire, which were used to assess personality profile, emotions, and subjects' defense mechanisms. A simple t-test was used to compare the two groups on mental health measures, and only

bivariate associations were examined (multivariate analyses controlling for other factors was not done since they were generally matched on demographics). **Results:** With regard to the MMPI, religious veterans scored lower on depressive symptoms ($p=.02$), histrionic traits ($p < .05$), psychopathic traits ($p=.004$), and paranoid traits ($p=.005$), although there was no difference between groups on hypochondriasis, psycho-aesthesia, schizoid, or hypomanic traits. With regard to the Profile of Emotions Index, religious veterans scored higher on incorporation (introduction, acceptance) ($p=.008$) and self-protection (avoidance, fear, terror) ($p < .001$), and scored lower on controllability (orientation, surprise) ($p < .001$), opposition (refusal, disgust) ($p < .001$), and aggressiveness (destruction, anger, rage) ($p=.001$). Concerning the Life Style Questionnaire, religious veterans scored lower on regression ($p < .001$), compensation ($p=.002$), and rearrangement ($p < .001$), although scored higher on reaction formation ($p < .001$). Researchers concluded that "Practicing religion (regular performing [of] daily prayers) is associated with reduction of tendencies towards... risk, impulsiveness, and aggression." *Citation:* Pajević, I., Sinanović, O., & Hasanović, M. (2017). Association of Islamic Prayer with Psychological Stability in Bosnian War Veterans. *Journal of Religion and Health*, E-pub ahead of press

Comment: Although the design and analyses are relatively weak, this study contributes to the evidence base in Veterans (Muslim veterans in particular) that suggests religious practices are associated with healthier psychological functioning.

Effects of Islamic Intercessory Prayer on Warts

Investigators from the department of philosophy and religious sciences at Ankara University and other academic and clinical institutions in Turkey examined the effects of Islamic intercessory prayer on warts in 45 predominantly Muslim subjects (91%). Participants were randomized into three groups: Group 1, those who received intercessory prayer (told they might or might not receive prayer) ($n=15$); Group 2, those who received no intercessory prayer (told they might or might not receive prayer) ($n=15$); and Group 3, those told they would not receive an intervention and did not receive prayer ($n=15$). In Group 1, the Imam and each subject sat face-to-face in the Mosque and the Imam whispered verse 79 of the Az-Zukruf sura ("What! Have they settled some plan [among themselves]? But, we settle things, too"), a verse from the Qur'an traditionally used for treating warts. The Imam also begged God for the healing of the subject's warts. In Group 2, the procedure was the same but the Imam only pretended as if he was reciting the verse of the Qur'an, but in reality did not say any prayers. Although not entirely clear from the text, the Imam apparently whispered and prayed so quietly that subjects in Group 1 and 2 could not be certain that they were being prayed for. In Group 3, subjects received no intervention. Participants were then followed up for six weeks, with their warts photographed at baseline before the intervention and then again after six weeks. Stress level at baseline was also assessed by the Stress Audit Test (Miller et al., 1988), which measures stress symptoms in muscles, parasympathetic and sympathetic nerves, cognitions, endocrine and immune systems. **Results:** With regard to belief in healing, 13 of 15 subjects in Group 1 believed in the therapeutic effects of intercessory prayer, whereas 15 of 15 subjects in Group 2 believed. With regard to belief in the healer, 8 of 15 subjects in Group 1 "trusted" in the intercessor (the Imam), whereas 10 of 15 subjects in Group 2 trusted in the intercessor. Among the 4 subjects whose warts spontaneously healed during the 6-week period, all believed in the therapeutic effects of intercessory prayer and trusted the Imam. With regard to efficacy, warts resolved spontaneously in 3 of 15 participants in Group 1 (20%); 1 of 15 participants in Group 2 (7%); and none (0%) in Group 3. Statistical analysis indicated no significant difference between groups. Group 1 was then compared to Groups 2 and 3

combined, finding a weak statistical trend but still no significant difference (3 of 15 healed vs. 1 of 30 healed, $p=.10$). Stress level was positively correlated with number of warts before and after the intervention ($p=.02$ and $p=.03$, respectively). Researchers concluded: "The results revealed that there were no significant differences between the groups in terms of healing."

Citation: Hoşrik, E. M., Cüceloğlu, A. E., & Erpolat, S. (2017). Therapeutic effects of Islamic intercessory prayer on warts. *Journal of Religion and Health*, E-pub ahead of press.

Comment: A small sample size (low statistical power) may have been a study limitation; however, it is notable that among those whose warts healed spontaneously during the six week follow-up ($n=4$), all **believed** in the therapeutic effects of Islamic intercessory prayer and trusted the Imam.

Religion and Coping in Greek Cancer Patients

Researchers at Aristotle University of Thessaloniki, Greece, surveyed 86 Greek cancer patients, examining the relationship between religious beliefs, coping, and psychological well-being. Patients undergoing chemotherapy were recruited from two oncology clinics. Initially 114 patients were approached to participate in the study and 110 agreed. These individuals underwent a baseline interview (T1) and then were interviewed again 7 months later over the phone (T2); 86 patients completed both T1 and T2 interviews. Participants were all native Greeks and ranged in age from 18 to 65 years (average 48 years). The majority were female (71%) and one-half had a university/college education; 85% were married and 89% had children. The average time since diagnosis was 3 months. The most women in the study had breast cancer (87%), and the most common cancers in men were colorectal (36%) and testicular (20%); most participants (91%) had undergone surgery prior to starting chemotherapy. Demographics, medical health information and religious beliefs were measured only at baseline, whereas psychological distress and positive affect were measured at both T1 and T2. Religious beliefs were assessed using a four-item scale that measured (1) the importance of religious beliefs to one's life, (2) degree to which religion gives meaning to life, (3) frequency of seeking comfort through one's faith, and (4) self-rated religiosity. Also assessed was change in religious beliefs since the cancer was diagnosed (more religious, no change, less religious). Psychological distress was measured using the 65-item Profile of Mood States (POMS); psychological well-being (positive affect) was assessed by the 10-item positive affect subscale of the Positive and Negative Affect Scale (PANAS); and coping with assessed by seven subscales (including a 2-item religious coping subscale) from the Brief COPE (Carver). **Results:** With regard to change in religious beliefs since cancer diagnosis, 72% reported their beliefs had not changed, while 24% indicated they had become more religious and 4% said they had become less religious. Religious coping did not change over the 7 months of the study (from an average 3.03 at baseline on a 1-4 scale to an average of 3.06 at follow-up). At baseline, religious coping was significantly related to positive affect ($r=.23$, $p<.05$). On follow-up, 7 months later, religious coping remained related to positive affect ($r=.23$, $p<.05$) and also was negatively related to distress ($r=-.26$, $p<.05$). Religious beliefs (4-item scale) were not related to positive affect or distress at baseline or follow-up. Controlling for T1 positive affect and T1 psychological distress, as well as demographics, social support, and other coping methods, T1 religious coping predicted a significant increase in positive affect during the 7-month follow-up ($B=.36$, $p<.05$), but had no effect on psychological distress. Researchers concluded: "The present findings suggest that religious coping may play a positive role in the well-being of patients facing a life-threatening disease such as cancer."

Citation: Kaliampou, A., & Roussi, P. (2017). Religious beliefs, coping, and psychological well-being among Greek cancer patients. *Journal of Health Psychology* 22(6): 754-764.

Comment: This was a small but well-designed and appropriately analyzed prospective study in Greek cancer patients reporting an increase in positive affect (psychological well-being) over time. The finding is impressive for such a small sample size (low power). Interestingly, psychological distress level was not affected. These findings are similar to those in US studies that also indicate a stronger relationship between religiosity and positive emotions than between religiosity and negative emotions.

Religiosity, Spirituality and Substance Use: Genetic Confounding?

Investigators from the University of Cincinnati's School of Criminal Justice examined whether genetic confounding may help to explain the frequently reported inverse association between religious involvement or spirituality and substance abuse. Using data from the National Longitudinal Study of Adolescent to Adult Health that surveyed a random national sample of American youth initially 14-18 years old from 1994-95 (1st wave) to 2008 (4th wave), they identified 285 monozygotic (MZ) twin pairs ($n=570$ individuals). Religiosity was assessed at Wave 4 (frequency of religious attendance, frequency of religious activities besides religious attendance, importance of religious faith, frequency of praying privately, and turning to religious or spiritual beliefs for coping), and spirituality was assessed at Wave 3 (importance of spiritual life, being led spiritually, self-identification as a spiritual person). Spiritual transformation was assessed at Wave 3 by two questions related to ever having a religious or spiritual experience that changed the person's life and whether the person had ever had a born-again experience. A total of 14 indicators of substance use or abuse were assessed at Wave 4. For each twin pair, a difference score was calculated by subtracting Twin 2's score from Twin 1's score for each religious/spiritual and substance abuse item (i.e., religiousness, spirituality, spiritual transformation, and each of the 14 substance use/abuse indicators). For these cross-sectional analyses, sample sizes ranged from 209 to 217. MZ difference score regression analyses were conducted examining the relationship between religiousness/spirituality and substance use/abuse, where effects of shared genetic and shared environmental factors were held constant. **Results:** For religiousness, 4 of 14 associations were significant (alcohol use, heavy alcohol use, cocaine use, and methamphetamine use); for spirituality, 1 of 14 associations was significant (tobacco use); and for spiritual transformation, 0 of 14 associations was significant. After Bonferroni correction was applied to results (lowering statistical significance to $p=.004$), only the inverse association between religiousness and alcohol use remained significant ($p=.002$). Researchers concluded: "The findings highlight the importance of controlling for genetic and shared familial factors in examinations of the religious-spirituality-substance use nexus."

Citation: Nedelec, J. L., Richardson, G., & Silver, I. A. (2017). Religiousness, spirituality, and substance use: a genetically sensitive examination and critique. *Journal of Drug Issues*, E-pub ahead of press

Comment: This study presents a serious challenge to the literature reporting that religious/spiritual involvement prevents or leads to recovery from substance abuse (i.e., the identification of confounding by shared genetic factors). Note, however, that (1) these are all cross-sectional analyses, (2) shared environmental factors were controlled for along with shared genetic factors, (3) the sample size was small (low statistical power), and (4) all associations were in the expected direction (lower substance use in those who were more religious/spiritual). Further research is needed in larger samples (and in clinical populations) to determine if results from this community sample can be replicated.

Predictors of Religious/Spiritual Involvement in Gay/Bisexual Men

Investigators at several colleges and universities in New York analyzed data from 1,071 gay or bisexual (GBS) men participating in the One Thousand Strong study, which is a U.S. national sample identified via Community Marketing and Insights from a panel of 22,000 GSM. They examined sociodemographic factors related to religious affiliation, spirituality (9-item Ironson-Woods Sense of Peace subscale), religiosity (5-item Ironson-Woods Religious Behavior subscale), religious coping (2-item subscale of Carver's Brief COPE scale), and frequency of religious attendance. Linear and logistic regression were used to analyze the data.

Results: Participants (average age 40) were 71% white, 56% had a 4-year college degree or higher, 46% had an annual income of \$50,000 or more, and 95% were gay. With regard to religious affiliation, 41% were atheist/agnostic (compared to 14% during their childhood), 17% were spiritual but not religious (3% during childhood), and 28% were Christian (73% during childhood). With regard to religious involvement, 18% currently attended religious services and 82% never attended religious services. Regression analyses revealed that those who were more spiritual, more religious, or used religion to cope were more likely to be Black (vs. White). Those who used religion to cope or who attended religious services were less likely to have a 4-year college degree. Researchers concluded that: "Overall, GBM endorsed lower levels of spirituality, religiosity, religious coping, and religious service attendance than the general population of heterosexual Americans."

Citation: Lassiter, J. M., Saleh, L., Starks, T., Grov, C., Ventuneac, A., & Parsons, J. T. (2017). Race, ethnicity, religious affiliation, and education are associated with gay and bisexual men's religious and spiritual participation and beliefs: Results from the One Thousand Strong cohort. *Cultural Diversity and Ethnic Minority Psychology* 23(4), 468-476.

Comment: Note that participants were a convenience sample that represented only about 5% of U.S. gay/bisexual males, those who served on a Community Marketing and Insights panel. Thus, these individuals may or may not be representative of GBM more generally. The high proportion of atheists/agnostics (41%) is notable, compared to 7% of US adults (2014 Pew Research Center survey), as is the high percentage of non-religious attendees (82%), compared to 30% of US adults. The association between religiosity/spirituality and Black race and lower education reflects this trend in the general population, so is not unique to GBM.

Is Avoiding Spiritual Struggles a Good Idea?

Investigators at Bowling Green State University and Case Western Reserve University examined the relationship between avoiding spiritual struggles ("experiential avoidance") and mental health in 307 adults with spiritual struggles. In Acceptance and Commitment Therapy (ACT), experiential avoidance involves efforts to escape or avoid unwanted internal experiences resulting in a rigid pattern of experiencing and responding. Participants for this study were recruited from Amazon's Mechanical Turk worker database, and were screened into the study based on positive responses to questions about spiritual struggles. Spiritual struggles were assessed by Julie Exline's 26-item Religious and Spiritual Struggles scale. General experiential avoidance was assessed by a 7-item subscale of the Acceptance and Action Questionnaire, and "spiritual struggle-specific experiential avoidance" was assessed by a modified version of the 20-item Chronic Pain Acceptance Questionnaire (where references to chronic pain were replaced by references to spiritual struggle or spiritual suffering). Mental health outcomes were somatic, anxiety, and depressive symptoms assessed by subscales of the Patient Health Questionnaire (Kroenke et al., 2010); impairment in functioning was assessed by a single question from the PHQ; and

goal difficulties, impulse difficulties and emotional regulation strategy difficulties were assessed by subscales from the Difficulties with Emotion Regulation Scale (Gratz & Roemer, 2004). **Results** indicated that high levels of experiential avoidance in general (and spiritual struggle-specific experiential avoidance in particular) exacerbated the relationship between spiritual struggles and poor mental health (especially anxiety and emotion regulation difficulties). Researchers concluded that "mental health providers may find it useful to help clients with spiritual struggles face their difficulties... tailoring Acceptance and Commitment Therapy to these purposes may be useful." Examples of facing spiritual struggles, according to lead author Dworsky, might involve writing down conflicts, writing a letter to God, prayer, meditation, etc. *Citation:* Dworsky, C. K. O., Pargament, K. I., Wong, S., & Exline, J. J. (2016). Suppressing spiritual struggles: The role of experiential avoidance in mental health. *Journal of Contextual Behavioral Science* 5(4), 258-265.

Comment: Clinically, it makes sense that facing and even embracing one's spiritual struggles (anger at God, feeling punished by God, religious doubts, etc.) may lead more quickly to their resolution (and the resolution of adverse effects on mental health) than avoiding or repressing them.

Role of Spirituality in Pharmacists' Education

Researchers at Mercer University College of Pharmacy and University of North Texas College of Pharmacy reported the results of a survey of 580 first-year pharmacy students during the first week of their fall semester 2012-2015 at Mercer University. They asked students about their personal spirituality and perceptions about the role that spirituality plays in pharmacy education. Response rate was 98%. Spiritual/religious involvement was assessed using the 16-item Daily Spiritual Experiences Scale (Underwood) and the 5-item Duke Religion Index. Participants were also asked about how spirituality had impacted their decision to become a pharmacist, the extent to which they anticipated spirituality would be incorporated into their professional practice after graduation, if they thought personal spiritual experiences would contribute to their academic success, and if they felt it was useful to have a general understanding of spirituality's role in society as preparation for successful pharmacy practice. **Results:** With regard to personal spirituality, students in 1st year classes assessed in 2012, 2013, 2014, and 2015 indicated 40% to 53% felt "very close" or "as close as possible" to God; 55% to 66% said they felt God's presence; 57% to 62% said they asked for God's help in the midst of daily activities; 29% to 36% said they attended church or other religious meetings at least once a week; and 42% to 50% said they engaged in private religious activities once/week or more. With regard to the influence of spirituality on their profession and training, 50% to 54% indicated that spiritually had impacted their decision to become a pharmacist; 47% to 62% anticipated that spirituality would be a significant component of their pharmacy coursework; 78% to 79% indicated that personal spiritual experiences would contribute to their academic success; and 85% to 93% indicated it would be useful to have a general understanding of the role of spirituality in society to be successful in pharmacy practice. Investigators concluded: "These findings suggest that faculty should evaluate current and future incorporation of topics related to spirituality and health in pharmacy curriculum."

Citation: Jacob, B., White, A., & Shogbon, A. (2017). First-year Student Pharmacists' Spirituality and Perceptions Regarding the Role of Spirituality in Pharmacy Education. *American Journal of Pharmaceutical Education* 81(6), 108.

Comment: To this author's knowledge, this is the first study to examine attitudes of pharmacy students towards the incorporation of spirituality and health in their course curriculum.

Religion and Spirituality in the Social Work Curriculum in Canada

Investigators in the department of sociology at the University of Windsor, Ontario, conducted a national online survey of 190 Canadian social work educators. The goal was to identify attitudes toward religion/spirituality (R/S) and social work practice and determine educators' attitudes towards inclusion of R/S in the social work educational curriculum. Only the abstract of the study was available, so details are few. **Results:** Only one-third of respondents indicated that such content was included in their BSW or MSW curriculum, and was included primarily at the discretion of the instructor. With regard to predictors of support for a specialized course on R/S, two factors emerged: not surprisingly, predictors were attitude towards the role of R/S in practice and agreeing that the content of R/S is relevant to human behavior. Biggest concerns about such inclusion were that faculty or students may be biased in their presentation of R/S and lack of knowledge/experience with regard to addressing R/S in social work practice. An implication of the findings was "the need for students to gain the necessary knowledge and skills to work effectively across religious/spiritual differences."

Citation: Kvarfordt, C. L., Sheridan, M. J., & Taylor, O. (2017). Religion and spirituality in social work curriculum: A survey of Canadian educators. *British Journal of Social Work*, E-pub ahead of press

Comment: This study provides a glimpse at the attitudes of Canadian social work educators toward the inclusion of religion/spirituality in the social work curriculum, including the resistances to doing so.

NEWS

2017 Revised WHO Spiritual Care Intervention Codings

The Revised WHO Spiritual Care Intervention Codings have recently been released. According to Dr. Lindsay Carey, the new codings were revised from the original WHO Pastoral Care Intervention Codings that were piloted/utilized from 2002 to 2012 (10 years) across Australia in terms of clinical practice and for research purposes within both private and public hospitals/community organizations. Chaplaincy departments will find the revised 2017 codings detailed in a summary table prepared by Dr. Carey (obtain from Lindsay.Carey@latrobe.edu.au). What is not clear is the extent to which these WHO codings apply in the U.S., but they could certainly serve as a template for how U.S. chaplains bill for (or at least document) their services in the future.

Positive Faith – Christian HIV Video Resources

A unique set of short films (3 – 7 minutes), addressing HIV and Christianity has been launched by a UK based Catholic charity. 'Positive Faith' presents films in three categories with workshop guides. Inclusive and ecumenical, HIV education in 'the language of faith', suitable for churches, faith groups, and students. Also offers encouragement and guidance for individuals living with HIV. These videos were professionally produced in collaboration with Christian people living with HIV. They are also useful for clinicians and HIV support workers. Open access and free to use – just please give feedback. Visit Positive Faith at: <http://www.positivefaith.net/>

SPECIAL EVENTS

6th European Conference on Religion, Spirituality and Health & the 5th International Conference of the British Association for the Study of Spirituality

(Coventry, England, May 17-19, 2018)

These two European conferences are meeting jointly in 2018, making for a particularly attractive program in a beautiful area of England. The main theme of the conference will be "Forgiveness in Health, Medicine and Social Sciences." The Coventry Lecture will be delivered by Everett Worthington on the dimensions of forgiveness. Keynote speakers include Anthony Bash (Durham University, England), Arndt Bussing (University of Witten/Herdecke, Germany), Robert Enright (University of Wisconsin-Madison), Deborah Lycett (Coventry University, England), and numerous other high quality speakers from Europe and around the world. For more information, go to:

<http://www.ecrsh.eu/ecrsh-2018>.

6th European Conference on Religion, Spirituality and Health PRE-CONFERENCE Workshop

(Coventry, England, May 13-16, 2018)

Preceding the ECRSH18 will be 4-day Pre-Conference Research Workshop with Prof. Harold G. Koenig and other spirituality and health experts. The workshop is open to all interested in doing research on religion, spirituality and health (accepting participants of any educational level or degree, including theologians, chaplains, physicians, nurses, psychologists, pastoral counselors, public health specialists, epidemiologists, or other). To register for the workshop, go to: <http://www.ecrsh.eu/ecrsh-2018/registration> (early registration is strongly encouraged since spaces are limited).

2018 Conference on Medicine and Religion

(St. Louis, Missouri, April 13-15, 2018)

This year's conference is sponsored by the Albert Gnaegi Center for Health Care Ethics, Saint Louis University; Trent Center for Bioethics, Humanities, and History of Medicine, and Initiative on Theology, Medicine, and Culture, Duke University; Initiative on Health, Religion and Spirituality, Harvard University; Institute for Spirituality and Health at the Texas Medical Center; Center for Bioethics and Medical Humanities, Ohio State University; and Institute for Faith and Learning, Baylor University. The theme is "Examining the Foundations of Medicine and Religion." Plenary speakers include Wendy Cadge (Sociology Professor, Brandeis University); Rebecca Messbarger (Director of Medical Humanities, Washington University); Daniel Sulmasy (Senior Research Scholar, The Kennedy Institute of Ethics, Georgetown University); and Tyler VanderWeele (Co-Director, Initiative on Health, Religion and Spirituality, Harvard University). For more information, go to: <http://www.medicineandreligion.com/>.

4th International Spirituality in Healthcare Conference

(Dublin, Ireland, Trinity College, University of Dublin, June 20-21, 2018)

The theme of this year's conference is "Spirituality at a Crossroads" and features keynote speakers Dr. Lindsay Carey (Research Fellow, La Trobe University Palliative Care Unit, Australia) and Dr. Susan Crowther (Professor of Midwifery, Robert Gordon University, Scotland). Enjoy an enriching conference and come see beautiful Ireland during the summer! For more information go to <http://nursing-midwifery.tcd.ie/SRIG/4th-International-Spirituality-in-healthcare-conference.php>.

RESOURCES

Spiritual Care and Allied Health Practice

(Jessica Kingsley Publishers, 2018)

From the publisher: "Providing spiritual care is an important part in administering person-centred holistic care. This textbook explains why it is so important for any allied health professional (AHP) to be involved in, or assist with, the provision of spiritual care for patients and how to do so. Each chapter addresses a specific field of allied health practice, such as speech-language therapy, physiotherapy, occupational therapy and other allied health areas. The contributors explain how spiritual care can be applied in their specialist area, making it relevant for all AHPs. With contributions from leading academics and practitioners in allied health practice, this book will help AHPs understand how to give patients the complete care that they need, making this text essential reading for AHP practitioners, clinical supervisors, researchers, academics, tertiary lecturers and allied health students." Available for \$32.95 at

<https://www.amazon.com/exec/obidos/ASIN/1785922203/warptoes-toros-20/> (pre-order; to be released January 18, 2018).

Faithful Measures: New Methods in the Measurement of Religion

(NYU Press, 2017)

From the publisher: "In an era of rapid technological advances, the measures and methods used to generate data about religion have undergone remarkably little change. *Faithful Measures* pushes the study of religion into the 21st century by evaluating new and existing measures of religion and introducing new methods for tapping into religious behaviors and beliefs. This book offers a global and innovative approach, with chapters on the intersection of religion and new technology, such as smart phone apps, Google Ngrams, crowdsourcing data, and Amazon buying networks. It also shows how old methods can be improved by using new technology to create online surveys with experimental designs and by developing new ways of mining data from existing information. Chapter contributors thoroughly explain how to employ these new techniques, and offer fresh insights into understanding the complex topic of religion in modern life. Beyond its quantitative contributions, *Faithful Measures* will be an invaluable resource for inspiring a new wave of creativity and exploration in our connected world. Available for \$35.00 (paperback) or \$99.00 (hardcover) at <https://www.amazon.com/Faithful-Measures-Methods-Measurement-Religion/dp/1479877107/>.

2017 Religion-Mental Health Book Series

Protestant Christianity and Mental Health: Beliefs, Research and Applications

(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

(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

(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

(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

(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

(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 Platform, 2016)

How does God feel about us? This 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. Those of any age with an open mind -- especially if going through hard times -- will find this book enlightening, inspiring, and possibly transforming. Written for Christians, non-Christians, those who are religious, those who are spiritual, and those who are neither. Available for \$8.78:

<https://www.amazon.com/You-are-My-Beloved-Really/dp/1530747902/>

Integrating Spirituality into Patient Care CME/CE Videos

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>.

Health and Well-being in Islamic Societies

(Springer International, 2014)

The core of the book focuses on research exploring religiosity and health in Muslim populations. Available for \$57.89 at:

<http://www.amazon.com/Health-Well-Being-Islamic-Societies-Applications/dp/331905872X>

Spirituality in Patient Care, 3rd Ed

(Templeton Press, 2013)

The 3rd edition provides the latest information on how health professionals can integrate spirituality into patient care. Available for \$14.15 (used) at:

<http://www.amazon.com/Spirituality-Patient-Care-When-What/dp/1599474255/>.

Handbook of Religion and Health (2nd Ed)

(Oxford University Press, 2012)

This Second Edition covers the latest original quantitative research on religion, spirituality and health (more than 3,300 studies prior to 2010). Available for \$139.99 (used) at:

<http://www.amazon.com/Handbook-Religion-Health-Harold-Koenig/dp/0195335953>

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

(Templeton Press, 2011)

This book summarizes and expands the content presented in the Duke University's 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/>

FUNDING OPPORTUNITIES

Templeton Foundation Online Funding Inquiry

The John Templeton Foundation is now accepting new funding requests through their Online Funding Inquiry (OFI) site. Small Grants are defined as requests for \$217,400 or less. The next OFI deadline for small grant requests is **August 31, 2018**, with decisions communicated no later than September 29, 2018. Large Grants are defined as requests for more than \$217,400. The deadline for OFIs related to large grant requests is **also August 31, 2018**. All decisions on large grant OFIs are communicated by September 29. The three main areas in religion, spirituality and health that the Foundation funds are: (1) research on causal mechanisms (basic psychosocial, behavioral, and physiological pathways), (2) increasing competencies of health care professionals in working with religious patients (physicians, but also psychologists and experts in public health), and (3) research involving the development of religious-integrated interventions that lead to improved health. More information:

<https://www.templeton.org/what-we-fund/grantmaking-calendar>

2017-2018 CSTH CALENDAR OF EVENTS...

December

- 20 **Buddhism and Health: Part II**
Speaker: Carol Weingarten, M.D., Ph.D.
Adjunct Assistant Professor, Duke Department of Psychiatry & Behavioral Sciences
Center for Aging, 1st floor, Duke South, 3:30-4:30
[Learning Lab 1502 Blue Zone]
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

January

- 31 **The Church's Role in Supporting Veterans with PTSD**
Speaker: John P. Oliver, DMin, BCC
Chief of Chaplains, Durham VA Medical Center
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (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>