

# CROSSROADS...

Exploring research on religion, spirituality and health

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This newsletter provides updates on research, news and events related to spirituality and health, including educational resources and funding opportunities. **Please forward to colleagues or students who might benefit.** Our goal is to create a community of researchers, clinicians, clergy, and laypersons interested in spirituality and health and keep them informed and updated. An EVENTS CALENDAR concludes the newsletter and describes spirituality and health related presentations happening at Duke and around the world. This is your newsletter and we depend on you to let us know about research, news, and events in this area.

All e-newsletters are archived on our website. To view previous editions (July 2007 through November 2019) go to: <http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

## LATEST RESEARCH

### Religious Service Attendance and Divorce among US Nurses

Researchers in the Slone Epidemiology Center at Boston University and the Harvard TH Chan School of Public Health analyzed 14-year prospective data from the Nurses' Health Study to examine the impact of religious service attendance on likelihood of divorce or separation. Participants included 66,444 initially married female nurses (98% white, mainly Christian) who were followed from 1996 to 2010, during which time divorce or separation was determined; in addition, 29,669 nurses who were either divorced, separated, or widowed in 1996 were also followed to determine time to remarriage. Cox proportional hazard regression and multivariate logistic regression were used to determine the longitudinal association between religious attendance in 1996 and likelihood of divorce/separation during over 14 years (and among those who were divorced, separated, or widowed, the time to remarriage). A wide range of covariates were controlled for in models: baseline religious service attendance in 1992, demographics (age, husband's education, median family income, geographic region, unemployment in past two years, prior history of divorce), health conditions (number of births, hypertension, hypercholesterolemia, type II diabetes, menopause status, postmenopausal hormone use, physical functioning, depressive symptoms), and health behaviors (smoking status, pack years, physical exercise, alcohol consumption, diet quality, frequency of physical exams, BMI). **Results:** Between 1996 and 2010, 924 women became divorced and 239 became separated. Compared to those who never attended religious services those who attended services more than once per week were 42% less likely to get divorced (HR = 0.58, 95% CI: 0.44-0.74, p trend <0.0001) and 47% less likely to get either divorce or separate (HR = 0.53, 95% CI: 0.42-0.67, p trend <0.0001). The results of logistic regression analyses indicated that the likelihood of divorce was 50% lower (OR= 0.50, 95% CI: 0.37-0.68, p trend <0.0001) and the likelihood of divorce or separation was 52% lower (OR = 0.48, 95% CI: 0.37-0.63, p trend <0.0001) among frequent attendees. With regard to divorce, this was especially true for Catholics (52%

lower likelihood, 95% CI= 40%-66%) compared to Protestants (32% lower, 95% CI=10%-43%). With regard to remarriage among those divorced, separated or widowed in 1996, those attending religious services more than once per week (compared to nonattenders) were more than twice as likely to remarry (HR = 2.06, 95% CI: 1.52-2.80, p for trend  $\leq$ 0.001); however, subgroup analyses indicated this was true only for widowed nurses. Researchers concluded: "The study provides evidence that in this cohort of US nurses, frequent service attendance is associated with lower risk of becoming divorced in mid-and late-life, and increased likelihood of remarriage among widowed nurses but not among divorced or separated nurses."

*Citation:* Li, S., Kubzansky, L. D., & VanderWeele, T. J. (2018). Religious service attendance, divorce, and remarriage among US nurses in mid and late life. *PLoS One*, 13(12), e0207778.

*Comment:* To date, this is the largest study with the longest follow-up that has examined the impact of religious attendance on divorce, separation, and remarriage. The findings are sobering: a 50% lower risk of divorce among those women attending religious services frequently.

### The Meaning of Religious/Spiritual Importance among Individuals at Risk for Familial Depression

Researchers at Columbia University (NYC) collected information on religious and spiritual (R/S) beliefs and practices of 282 adults age 18 or older across three generations. Participants had been involved in a 35-year longitudinal study of families at high and low risk for major depressive disorder (all white European Caucasians, predominantly Catholic and from NYC). Because R/S importance (i.e., response to the question: "How important to you is religion or spirituality?") has been found to be protective against depression, as indicated by both clinical and neurobiological outcomes, investigators sought to clarify the meaning of responses to this single R/S importance item in terms of a comprehensive set of scales assessing other religious beliefs and experiences. This was done by conducting a principal components analysis (PCA) with varimax rotation of 101 items contained in 19 religious scales and more broadly spiritual scales administered at the 35 year follow-up. **Results:** Of the 19 measures, the R/S importance item was most strongly correlated with belief salience, religious engagement, religious coping, and self-transcendence; unrelated to the R/S importance item were contemplative practice, eco-awareness, spirituality in nature, social support, love, and gratitude. The PCA with varimax rotation produced an 8-factor solution. The researchers labeled these eight factors as R/S importance, spirituality in nature, self-transcendence, altruism, love, gratitude, social support, and mind wandering (self-transcendence). The 20-item R/S importance factor was strongly associated with the single R/S importance item ( $r=0.819$ ), and was also strongly associated with items making up belief salience, religious engagement, religious coping, self-transcendence, and forgiveness by God. However, the R/S importance factor explained only 15.8% of the overall variance in R/S. Researchers concluded: "Taken together, the single R/S importance item constituted a robust measure of what may be generally conceived of as 'religious importance,' ranking highest among a diverse latent

EXPLORE...in this issue

1-4 LATEST RESEARCH

4-6 NEWS, EVENTS & RESOURCES

6-7 TRAINING, FUNDING Opportunities, and CALENDAR

factor structure of R/S. As this suggests adequate single-item construct validity, it may be adequate for use in health studies lacking the resources for more extensive measures.”

*Citation:* Svob, C., Wong, L. Y., Gameroff, M. J., Wickramaratne, P. J., Weissman, M. M., & Kayser, J. (2019). Understanding self-reported importance of religion/spirituality in a North American sample of individuals at risk for familial depression: A principal component analysis. *PLoS One*, 14(10).

*Comment:* These findings suggest that a single question (“How important to you is religion or spirituality?”) may be a valid measure of overall R/S, at least in white European Caucasian Catholics in New York City.

### Religiosity and Preferences for Life-Prolonging Treatment

Researchers at Harvard University’s Dana-Farber Cancer Institute analyzed cross-sectional data from a random sample of 2,015 Medicare beneficiaries age 65 or older from across the U.S. Two questions were asked with regard to end-of-life care preferences: (1) “What if you could speak, walk, and recognize others, but you were in constant, severe physical pain” would you.... and (2) “What if you were not in pain, but could not speak, walk, or recognize others” would you.... The possible responses to these questions were dichotomized into “receive life-prolonging treatments” or “stop all treatments.” Religiosity was assessed by a single question asking about the importance of religion in life, with the response options “not so important,” “somewhat important,” or “very important.” Multivariable logistic regression was used to control for gender, age, race/ethnicity, education, annual income, and depressive symptoms. **Results:** Religiosity was significantly and positively related to preferences to receive all life-prolonging treatments in the setting of both severe pain and severe disability; 8.1% of those who indicated religion was “not so important” wanted to receive all treatments regardless of pain or disability, whereas 19.5% of those who said religion was “someone important” ( $p=0.01$ ) and 16.9% of those who said that religion was “very important” ( $p=0.02$ ). Likewise African-Americans, Hispanic Americans and other non-White ethnicities were also more likely than Whites to wish to receive life-prolonging treatment regardless of physical condition (30.6%-34.3% vs. 9.9%, respectively,  $p<0.001$ ). Those with annual incomes of less than \$25,000 were also more likely to desire life-prolonging treatments regardless of physical condition ( $p=0.01$ ), whereas those indicated they were down, depressed, or hopeless several days per week were *less likely* to desire treatment than those without depression (11.2% vs. 15.4%,  $p=0.05$ ).

*Citation:* Sanders, J. J., Berrier, A. I., Nshuti, L., Tulskey, J. A., & Lindvall, C. (2019). Differences by race, religiosity, and mental health in preferences for life-prolonging treatment among Medicare beneficiaries. *Journal of General Internal Medicine*, E-Pub ahead of press

*Comment:* Importance of religion in life is independently and positively correlated with the desire to receive life-prolonging treatments among older adults regardless of severity of disability or chronic pain. This may have something to do with the relationship between religion and hope (although in medically futile situations, perhaps hope in the wrong thing).

### Daily Spiritual Experiences and Death Anxiety among Older Adults in India

Investigators in the department of psychology at Banaras Hindu University in Varanasi, India, surveyed 160 adults age 65 to 80 years in the Delhi region of India. Spirituality was assessed by the 16-item Daily Spiritual Experiences scale (DSES), whereas general mental health was assessed with the 28-item General Health Questionnaire. Death anxiety symptoms was measured using the 16-item Thakur Death Anxiety Scale. Controlled for in

hierarchical regression analyses were age, gender, education, and marital status. **Results:** DSES was inversely related to death anxiety ( $b=-0.306$ ,  $p<0.01$ ), an association that persisted ( $b=-1.65$ ,  $p<0.05$ ) after controlling for demographics and general mental health. Researchers concluded:... “the results of hierarchical regression analysis showed that mental health and spirituality emerged as significant predictors accounting for 10.2 percent and 8.6 percent of the variance respectively in death anxiety among elderly participants.”

*Citation:* Sharma, P., Asthana, H. S., Gambhir, I. S., & Ranjan, J. K. (2019). Death anxiety among elderly people: Role of gender, spirituality and mental health. *Indian Journal of Gerontology*, 33(3), 240-254.

*Comment:* Although this is only a small cross-sectional study, there is not much information on the relationship between religiosity and death anxiety among older in India, most of whom were likely to be Hindu. The 16-item DSES references God in many questions.

### Private Religious Activity, Self-Rated Health, and Mental Health in U.S. East Asians

Researchers at Harvard and other U.S. academic institutions analyzed cross-sectional data from a sample of 881 South Asians (ages 40-84; 61% Hindu) living in the San Francisco or the greater Chicago area in 2017-2018. Unfortunately, many of the private religiosity/spirituality (R/S) scales used in this study were contaminated by mental health indicators (e.g., non-theistic daily spiritual experiences and gratitude). The uncontaminated R/S scales were the following: frequency of private prayer, Yoga, belief in God, 2-item theistic daily spiritual experiences scale, 5-item closeness to God scale, 8-item positive religious coping and 6-item negative religious coping (NRC) scales, 2-item Divine hope scale, 2-item R/S struggles scale (RSS), religious attendance, and religious affiliation. Self-rated health was assessed by a single item; emotional functioning by a 3-item scale; trait anxiety by a 10-item scale; and trait anger by a 10-item scale. Regression analyses included both the uncontaminated and the contaminated R/S scales in all models, and controlled for alcohol consumption, anxiety/depression medication use, language, home ownership, education, marital status, gender, and age. **Results:** With mental health indicators in the models, only Yoga and closeness to God were associated with better *self-rated health* ( $b=0.052$ ,  $p<0.001$ , and  $b=1.54$ ,  $p<0.05$ , respectively). Closeness to God was associated with better *emotional functioning* ( $b=0.387$ ,  $p<0.05$ ), while Muslim affiliation was associated with worse emotional functioning ( $b=-0.873$ ,  $p<0.05$ ). NRC and RSS were, as expected, both associated with *greater anxiety* ( $b=.797$ ,  $p<0.01$ , and  $b=.672$ ,  $p<0.05$ , respectively). Not expected was that frequency of religious attendance was associated with both greater anxiety ( $b=0.406$ ,  $p<0.05$ ) and *greater anger* ( $b=0.309$ ,  $p<0.05$ ), neither of which were discussed in the paper. In contrast, measures of R/S contaminated with mental health indicators (non-theistic daily spiritual experiences and gratitude) were positively associated with better self-rated health and better mental health across the board.

*Citation:* Kent, B. V., Stroope, S., Kanaya, A. M., Zhang, Y., Kandula, N. R., & Shields, A. E. (2019). Private religion/spirituality, self-rated health, and mental health among US South Asians. *Quality of Life Research*, E-pub ahead of press.

*Comment:* The inclusion of many R/S measures contaminated with mental health indicators in this study created an overlap with mental health outcomes resulting in numerous tautological associations, which likely consumed much of the variance in the mental health outcomes being examined, leaving little variance for valid uncontaminated R/S measures to explain. This perhaps also explains the unusual finding that frequency of religious attendance was associated with greater anxiety and anger, the opposite of what most of the research literature has reported (including their own group; see below). Given that all findings are cross-sectional

in nature, it is difficult to interpret the meaning of these associations. However, given the unique nature of the sample, the findings are worth noting.

### Religious Group Involvement and Health among US South Asians

Utilizing the same sample as above, investigators focus this time on the cross-sectional relationship between “religious group involvement,” mental health, and self-rated health among US South Asians. Participants in the full sample numbered 928, of which 312 were members of a religious congregation. There was no significant differences between the full sample and congregation members in terms of religious affiliation (61% Hindu vs. 57% Hindu, respectively). All regression models controlled for age, gender, income, education, employment, home ownership, marital status percent of life in US, language spoken, depression and anxiety medication, and alcohol consumption, as in the report above. Religious variables included religious affiliation, frequency of group prayer, frequency of religious attendance, and religious (congregational) support, both positive religious support (2-item measure) and negative interaction (2-item measure). **Results:** In the full sample (n=928), group prayer was related to better self-rated health (p trend=0.02), although frequency of religious attendance was not. Among congregation members (n=312), the giving and receiving of religious support was associated with better self-rated health (p trend<0.01), but no other religious variables. In the full sample, group prayer (once per day or more) was also associated with better emotional functioning (p trend <0.01), although frequency of religious attendance was not. A similar pattern of findings was present among congregation members, but in addition, giving/receiving religious support was associated with better emotional functioning. In the full sample, frequent religious attendance was associated with less trait anxiety (p trend=0.02) (in contrast to the report above above), and there was a similar trend for group prayer. The relationship with religious attendance was also true in congregation members (p trend=0.01); giving/receiving religious support was also related to less anxiety (p trend < 0.01). In the full sample, no association was found between any of the above religious variables and trait anger; however, negative religious support (congregational criticism) was significantly and positively related to anger (p trend <0.01). Researchers concluded: “Group religious involvement may be a health-promoting resource for US South Asians who are religiously active, but it is not an unalloyed boon.”

*Citation:* Stroope, S., Kent, B. V., Zhang, Y., Spiegelman, D., Kandula, N. R., Schachter, A. B., ... & Shields, A. E. (2019). Mental health and self-rated health among US South Asians: the role of religious group involvement. *Ethnicity & Health*, E-pub ahead of press

*Comment:* The conclusion above is a conservative one. Only one of the findings, the positive association between negative religious interactions and anger, was statistically significant; in all other comparisons, group prayer or religious attendance or giving and receiving religious support was associated with better health (often in both the overall sample and in congregation members).

### Intrinsic Spirituality and Gambling Disorder in Israel

Researchers in department of social work at Tel Aviv University surveyed 140 outpatients age 18 years or older in Israel who were diagnosed with DSM-5 lifetime gambling disorder (GD). The purpose was to examine the relationship between intrinsic spirituality, gambling disorder severity, depression and anxiety. Intrinsic spirituality was assessed using a 6-item scale (Hodge, 2003) which examines the extent to which spirituality functions as an individual's master motive in life (where person is allowed to define spirituality however they wish). Self-perceived religiosity was assessed on a scale from 1 (secular) to 4 (Orthodox Jewish). The PHQ-9 was used to measure depressive symptoms and the

GAD-7 assessed symptoms of generalized anxiety disorder. Participants were dichotomized based on current presence of GD symptoms into recovered and non-recovered groups. Structural equation modeling was used to analyze the cross-sectional data, with covariates including gender and age. **Results:** All participants were Jewish; 56% secular, 36% traditional (i.e., identifies with values of Jewish faith but does not strictly observe religious practices), and 7% as religiously Jewish (follows Jewish faith-based practices). Religiosity was positively related to intrinsic spirituality (r=0.47, p<0.001). Participants who had recovered from GD scored significantly higher on intrinsic spirituality compared to those who had not recovered (p=0.01). Structural equation modeling revealed that intrinsic spirituality was inversely related to GD severity (b=-0.19, p=0.03), but was unrelated to depressive symptoms or anxiety. Religiosity was unrelated to GD severity, depression or anxiety symptoms. Researchers concluded: “The findings indicate that intrinsic spirituality is an important construct in Israeli individuals recovering from gambling disorder and highlight the importance of intrinsic spirituality in recovery from gambling disorder.”

*Citation:* Gavriel-Fried, B., Moretta, T., & Potenza, M. N. (2019). Modeling intrinsic spirituality in gambling disorder. *Addiction Research & Theory*, E-pub ahead of press.

*Comment:* There is very little research examining the relationship between religiosity/spirituality and gambling disorder, and this may be the first study of its kind performed among Jews in Israel.

### Prayer and Suicide Risk among Iranian Undergraduate Students

Investigators from the department of psychiatry at Shahid Beheshti University of Medical Sciences, Tehran, Iran, surveyed 421 Iranian university students (average age 20 years) examining the relationship between religiosity and suicidal indication, plans, and attempts. Religiosity was assessed by frequency of saying five daily Islamic prayers and importance of religion in life. Current, recent, and lifetime suicidal thoughts, plans, and attempts were assessed using single items directly asking about these thoughts and behaviors. **Results:** Lifetime suicidal ideation was present in 16.9% (n=71), a suicide plan in 11.9% (n=50), and a suicide attempt was made in 7.8% (n=33). Logistic regression analysis revealed that male gender, marital separation, substance use, and other-sex romantic relationships were associated with an increased risk of lifetime suicide ideation, while female gender, saying the five daily Islamic prayers, and religious salience were associated with a significantly reduced likelihood. Researchers concluded: “Suicidal indication may be more prevalent than expected in university students. The role of Islamic prayers and romantic other-sex relationships deserves further study in this regard.”

*Citation:* Vasegh, S., & Ardestani, S. M. S. (2018). Suicidal ideation, plans, and attempts in a sample of Iranian students: Prevalence and some new risk and protective factors. *Journal of Muslim Mental Health*, 12(2).

*Comment:* While it is not surprising that religious involvement is related to less suicidal thoughts, the high prevalence of suicidal ideation, plans, and attempts among these young college students in this deeply religious Islamic country is quite surprising and concerning.

### Efficacy of a 150-minute Educational Intervention about R/S in U.S. Medical Students

Investigators at Duke University Medical Center in Durham, North Carolina, conducted an educational intervention in 110 medical students at Duke University. The educational intervention consisted of a 60-minute lecture focusing on religion/spirituality (R/S) in healthcare, followed by a 90-minute case discussion in a small group setting. An 18-item survey was administered pre-

intervention and post-intervention to determine if the intervention resulted in change of students' attitudes, comfort with, or perceptions about R/S in healthcare. **Results:** There was a significant increase in students' willingness to include R/S in their future practice ( $p=0.001$ ), were more comfortable sharing their own R/S beliefs with patients when appropriate ( $p=0.02$ ), and were more willing to approach a patient with R/S concerns ( $p=0.04$ ). Other survey items also indicated positive change, but were statistically non-significant. Researchers concluded: "By incorporating a total of 150 minutes of education about R/S, medical schools can help develop this particular area of cultural competence, preparing a generation of physicians to professionally approach R/S concerns of patients."

*Citation:* Smothers, Z. P. W., Tu, J. Y., Grochowski, C., & Koenig, H. G. (2019). Efficacy of an educational intervention on students' attitudes regarding spirituality in healthcare: A cohort study in the USA. *British Medical Journal Open*, 9(4), e026358.

*Comment:* Designed and implemented by medical students themselves, this study found that a relatively short educational intervention (2½ hours) can at least in the short-run produce changes in attitudes and perceptions about integrating religion/spirituality into patient care.

### Religion and Psychiatry in the United Kingdom

The authors of this article, two atheists (including the lead author) and a professor of theology discuss the role of religion/spirituality as a legitimate topic in assessment and treatment of psychiatric disorders in the United Kingdom. The authors (all psychiatrists) emphasize the importance and complexity of therapeutic boundaries in clinical practice, although they disagree among themselves the exact location of the relevant boundaries concerning R/S, such as whether prayer is permissible in treatment settings (on which they strongly disagree). There is also concern by the two atheist authors that religion or spirituality may be vulnerable to "an excessive influence of the clinician's personal beliefs and perceptions." Likewise, they note the following: "...some atheists consider religion to be intrinsically damaging to human well-beings. They might feel that it is acceptable for psychiatrists to work to free patients from the chains of their faith (or dangerous superstitions, as they might see it)." However, all three authors agree that this view is unlikely to improve mental health or increase human happiness. They go on to describe ways forward, concluding that "The interface between psychiatry and religion/spirituality has real difficulties, and some of these are more complex than may be immediately obvious. It is in the nature of therapeutic boundaries that some behaviors are definitely out of order, and others are much more ambiguous" and suggest that "We need to understand what we agree about and to develop a framework of utility to clinicians to help them decide how to proceed when right and wrong are unclear. In particular, we need to think about the complex power imbalances between professionals and patients."

*Citation:* Poole, R., Cook, C. C., & Higgo, R. (2019). Psychiatrists, spirituality and religion. *British Journal of Psychiatry*, 214(4), 181-182.

*Comment:* This is an interesting commentary on the state of R/S and psychiatric practice in the United Kingdom, published in the top psychiatry journal in this country, written by leading psychiatrists presenting both positive and negative viewpoints (although mainly negative).

### Spiritual Awakening and Recovery from Addiction

In this commentary, psychiatrist Michael McGee reviews the phenomenon of "spiritual awakening" and describes how this enables people to recover from addiction. After defining what spiritual awakening is, the author goes on to discuss the neurobiological correlates of spiritual awakening. He next explains the relationship between spirituality, awakening and recovery from

addiction, reviewing the literature that supports these connections. The author then goes on to describe the four A's of spiritual awakening: attend (attend to the present through meditation, prayer, yoga, mindfulness), appreciate (appreciate the gift of life), abstain (abstain from destructive behaviors, including addictive thoughts and behaviors), and act (act with love to those around), concluding with the statement that in the practice of psychiatry clinicians are faced with both a calling and a conundrum (spirituality cannot be solely taught, but must be experienced). *Citation:* McGee, M. D. (2019). Awakening and recovery. *Alcoholism Treatment Quarterly*. E-pub ahead of both press (<https://doi.org/10.1080/07347324.2019.1632766>).

*Comment:* This is a fine review of the literature and commentary on spirituality and addictive behaviors published in a widely read mainstream journal.

## SPECIAL EVENTS

### 4<sup>th</sup> International Congress on Spirituality and Psychiatry

(organized by the World Psychiatric Association Section on Religion, Spirituality and Psychiatry) (Jerusalem, Israel, December 1-4, 2019)

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

### 2020 Conference on Religion and Medicine

(Ohio State University, Columbus, March 22-24, 2020)

This year's theme is "True to Tradition? Religion, the Secular and the Future of Medicine." The 2020 Conference invites clinicians, scholars, clergy, students and others to take up these and other questions related to the intersection of medicine and religion. The conference encourages participants to consider these questions in light of religious traditions and practices, particularly, though not exclusively, those of Judaism, Christianity and Islam. The conference is a forum for exchanging ideas from an array of disciplinary perspectives, from accounts of clinical practices to empirical research to scholarship in the humanities. For more information, go to: <http://www.medicineandreligion.com/>.

### 7<sup>th</sup> European Conference on Religion, Spirituality and Health

(Lisbon, Portugal, May 28-30, 2020)

The 2020 European Conference will focus on "Aging, Health and Spirituality" and will be held at the Catholic University of Portugal in Lisbon. **Abstracts are due December 15, 2019.** Stephen Post and Ellen Idler will be presenters from the U.S. There will also be a 4-day pre-conference spirituality and health research workshop on May 24-27 with Prof. Harold G. Koenig from the U.S., along with Dr. Rene Hefti, Prof. Arndt Buessing, Prof. Niels Hvidt, Prof. Constantin Klein, and a number of other European presenters. For more information, go to: <http://ecrsh.eu/ecrsh-2020> or contact Dr. Rene Hefti at [info@rish.ch](mailto:info@rish.ch).

## RESOURCES

### Books

#### **Religion and Health Care in East Africa: Lessons from Uganda, Mozambique and Ethiopia** (Policy Press, 2019)

From the publisher: "Focusing on three East African nations—Uganda, Mozambique, and Ethiopia—this book is the first to investigate what role religion plays in health care in African cultures. Taking in to account the geopolitical and economic environments of the region, the authors examine the roles played by individual and group beliefs, government policies, and pressure from the Millennium Development Goals in affecting health outcomes. Informed by existing related studies, and on-the-ground interviews, this interdisciplinary book will form an invaluable resource for scholars seeking to better understand the links between society, multi-level state instruments, and health care in East Africa." Available for \$88.20 (hardcover) from <https://www.amazon.com/Religion-Health-Care-East-Africa/dp/1447337875/>

#### **The Neurology of Religion** (Cambridge University Press, 2019)

From the publisher: "This innovative book examines what can be learnt about the brain mechanisms underlying religious belief and practice from studying people with neurological disorders, such as stroke, epilepsy and Parkinson's disease. Using a clinical case study approach, the book analyses the interaction of social influences, religious upbringing and neurological disorders on lived religious experience in a number of different religions. The interdisciplinary contributors to the book ensure a variety of perspectives to help understand how the religious life is affected when different cognitive functions are impaired; how faith modifies the effects of neurological disorders; and how awareness of faith practices may assist in the treatment of these conditions." Available for \$64.99 (hardcover) from <https://www.amazon.com/Neurology-Religion-Alasdair-Coles/dp/1107082609/>

#### **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 \$67.38 (paperback) 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/>

#### **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>.

### **Taxonomy of Religious Interventions**

Researchers at Coventry University, England have begun an exciting new 2-year project, funded by the John Templeton Foundation, developing an internationally agreed classification defining, in their simplest form, religious components integrated into health interventions. This creates a foundational, shared language for researchers and practitioners to rigorously develop and evaluate religiously integrated health interventions. This addresses current challenges associated with replicating, implementing and synthesising findings associated with religious health interventions. To find out more and get involved in shaping this taxonomy visit ‘Religious Health Interventions in Behavioural Sciences’ (RHIBS) website <http://rhibs.coventry.ac.uk/> and subscribe to updates. Alternatively e-mail [riya.patel@coventry.ac.uk](mailto:riya.patel@coventry.ac.uk) or [deborah.lycett@coventry.ac.uk](mailto:deborah.lycett@coventry.ac.uk).

## **PRIZES**

### **2019-2020 Jean-Marc Fischer Prize**

The Doctor Jean-Marc Fischer Foundation encourages reflection in the field of human, social and theological sciences. Three prizes will be awarded in this fourth contest, which welcomes submissions in French and English from around the world. Any professional in the field of health (doctor, psychologist, nurse, chaplain, etc.) can submit a dossier on the theme “Care and Spirituality”, as described below. Individuals wishing to enter the contest are requested to send to the Jean-Marc Fischer Foundation an application package specifying the price category to which the work is submitted. 1) A Scientific Prize - CHF 3000, to reward a *scientific work* (clinical study, review of scientific literature) on the theme of the contest. 2) Special Jury Prize - CHF 2000, to reward a more personal work (dissertation, case study, reflection paper...) on the same theme; and 3) A Culture, Care and Spirituality Prize - CHF 2000, to reward a scientific work or a reflection paper on the theme of the contest associated with a cultural dimension (e.g., a study on a specific culture, a cross-cultural comparison, or a culture-specific treatment). Deadline March 31, 2020. For more information, go to: <https://fondationdocteurjmf.ch/concours/>.

## **TRAINING OPPORTUNITIES**

### **Research Scholarships on Religion, Spirituality and Health**

Thanks to support from the John Templeton Foundation, the Center for Spirituality, Theology and Health is offering twenty-seven \$3,000 scholarships to attend our 5-day Summer Research Workshop (see above) in the years 2020, 2021, and 2022. These scholarships will cover tuition, international travel, and living expenses. The scholarships 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, and portions of the Middle East, Central and East Asia. The scholarships will be highly competitive and awarded only to talented well-positioned faculty and graduate students with the potential to conduct research on religion, spirituality, and health, and serve as research leaders in their part of the world.

Since the demand for such scholarships will likely far exceed availability, and we are now set up to evaluate potential scholarship recipients, we are hoping to identify individuals or foundations willing to support highly qualified third-world applicants who we are unable to provide scholarships to in 2020-2022 and the years ahead. A donation of \$3,500 to our Center will sponsor a faculty member or graduate student from a disadvantaged region of the world to attend the workshop in 2020 or future years. If you are interested in sponsoring one or more such applicants and want to know more about this rigorous competitive program, or have ideas about other sources of support, please contact [Harold.Koenig@duke.edu](mailto: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 is now accepting new Online Funding Inquiries (OFIs; essentially letters of intent) through their funding portal. The next deadline for Small Grant requests (\$234,800 or less) and Large Grant requests (more than \$234,800) is **August 14, 2020**. The Foundation will communicate their decision (rejection or invitation to submit a full proposal) for all OFIs by October 9, 2020. 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>

## 2019-2020 CSTH CALENDAR OF EVENTS...

### December

- 18 **Consilient Pain Management**  
(linking together principles from different disciplines)  
**Speaker:** Richard H. Cox, M.D., Ph.D., D.Min.  
Center for Aging, Learning Lab 1502, 1st floor, Duke South, Blue Zone, 3:30-4:30  
**Contact:** Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))

### January

- 24 **Pursuing a Research Career in Spirituality & Health**  
North Carolina Central University (NCCU)  
Career Spring Institute  
**Speaker:** Koenig  
NCCU, Durham, NC, 11:00-11:45A  
**Contact:** Levette Scott, PhD ([lsdames@NCCU.EDU](mailto:lsdames@NCCU.EDU))
- 29 **What Communities and Others Can Do to Help Service Members with Moral Injury: The Quaker Perspective**  
**Speaker:** Curt Torell, M.Div., Ph.D.  
Board member and treasurer of Quaker House  
Center for Aging, 3rd floor, Duke South, 3:30-4:30  
**Contact:** Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))