

CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health

Volume 6

Issue 8

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

LATEST RESEARCH

Course on Religion and Health at Harvard School of Public Health

The authors from Harvard and Duke describe an on-going course for students in public health that (1) reviews the research on religion, spirituality and health; (2) explores the implications and relevance for public health professionals; and (3) serves as a model for other schools of public health in the U.S. In this brief article, recent research on religion and health is reviewed to justify such courses, the curriculum at Harvard is described, and the development of spirituality and medicine courses is discussed as a possible way to go forward. The Faith and Medicine Program, beginning in 1994, illustrates a pathway by which courses for students of public health might evolve, given the close relationship between medicine and public health. Of the 126 medical schools in the U.S., 90% in 2010 had dedicated courses or content in existing courses on religion, spirituality, and health (increased from 3 of 126 schools in 1995). The authors provide a strong rationale for the development of similar courses in schools of public health throughout the country, given the growing research in this area and the potential impact of religion (and changes in religious involvement) on the health of the public in the U.S.

Citation: VanderWeele, T. J., & Koenig, H. G. (2017). A course on religion and public health at Harvard. *American Journal of Public Health* 107(1):47-49

Comment: The introduction of courses on religion and health in schools of public health is a natural evolution from the research base that has developed over the past 30 years. This particular course at Harvard serves as a flagship in this regard.

Religiosity, Self-Efficacy and Mental Health in Muslim College Students in Kuwait

Investigators at the University of Alexandria (Egypt) surveyed 702 Muslim Arab college students to examine relationships between religiosity and mental health. Participants were 56% women and ranged in age from 18 to 27 (average 20.4 years). All were Muslims and Kuwaiti citizens. Religiosity was assessed with a

single item: "What is your level of religiosity in general?" (response options ranged from 0 to 10). Happiness was also assessed using a single item: "To what degree do you feel happy in general?" In addition, a 20-item Arabic self-efficacy scale was administered, along with a 40-item Arabic measure of mental health. The psychometric characteristics of all scales were presented, and indicated solid reliability. Correlations were examined, without controls. **Results:** In men (n=311), religiosity was positively correlated with self-efficacy ($r=0.12$, $p<0.05$), mental health ($r=0.19$, $p<0.01$), and happiness ($r=0.20$, $p<0.01$); in women, religiosity was also positively correlated with self-efficacy ($r=0.18$, $p<0.01$), mental health ($r=0.22$, $p<0.01$), and happiness ($r=0.14$, $p<0.01$). Researchers concluded: "Islamic beliefs and practices may have the potential to be useful in psychotherapy, particularly in treating anxiety and depression in Arab patients."

Citation: Abdel-Khalek, A. M., & Lester, D. (2017). The association between religiosity, generalized self-efficacy, mental health, and happiness in Arab college students. *Personality and Individual Differences* 109: 12-16.

Comment: This study adds to the existing literature base showing that religiosity in Muslim populations is associated with greater psychological well-being (at least 20 such studies, all of which show significant positive associations; see Koenig & Al Shohaib, 2014, p 172). Perhaps schools of public health in Muslim countries should also consider adding religion and health courses to their curricula, following the lead of the Harvard course above.

The Satanic Syndrome

Zlatko Sram from the Croatian Center for Applied Social Research describes this unusual syndrome and the characteristics of people who have it a large sample of 1,100 community dwelling adult citizens of Croatia (mostly Roman Catholics) and those of Serbian ethnicity (mostly members of the Serbian Orthodox Church). The majority of participants had a college or university degree (53.5%) and their average age was 43.5 years; half of participants were Croatian and the other half Serbian. Self-reported questionnaires were delivered to respondents in their own homes and picked up the next day. Measures included assessment of the Satanic Syndrome, psychopathology, and depression. The Satanic Syndrome was assessed with five questions that asked about (1) participation in satanic rituals, (2) participation in psychic séances where the dead are called to appear, (3) learning about black magic, (4) joining an occult society, and (5) reading books and magazines dealing with esoteric and occult issues (which all loaded on the same factor during factor analysis).

Psychopathology was assessed with the 26-item Levenson Self-Report Psychopathy Scale (LSRP), which has two subscale scores called primary psychopathy (interpersonal and affect features) and secondary psychopathy (impulsivity and a self-defeating lifestyle). Depression was assessed using the Beck Depression Inventory-II, which has two subscales, affective/cognitive depression and somatic depression. **Results:** Scores on the Satanic Syndrome measure were positively correlated with primary psychopathy ($r=0.38$), secondary psychopathy ($r=0.33$), affective/cognitive depression ($r=0.33$), and somatic depression ($r=0.31$) (all p 's <0.001); associations were equally strong in

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women and men. Associations were particularly strong in Croats. Associations remained significant in all groups after controlling for age and education (although those scoring higher on the Satanic Syndrome measure tended to be younger and with less education).

Citation: Šram, Z. (2017). Psychopathy and depression as predictors of the Satanic Syndrome. *Open Theology*, 3(1), 90-106.
Comment: Fascinating study that presents a new measure assessing the Satanic Syndrome that demonstrated strong correlations with psychopathology and depression in all gender and ethnic subgroups.

Religiosity and Alcohol Use Behaviors in the U.S.

Investigators in the Department of Psychiatry and Behavioral Sciences, State University of New York in Brooklyn, NY, and Columbia University, analyzed data from a random national U.S. sample of 21,965 adult alcohol drinkers (National Epidemiologic Survey of Alcohol-Related Conditions-Wave 2), to examine the relationship between religiosity, race/ethnicity, and alcohol use behaviors. Participants were 66% white, 18% Hispanic, and 16% African-American. The Alcohol Use Disorder and Associated Disability Interview Schedule, DSM-IV version, was used to identify alcohol consumption and alcohol use disorders. Religiosity was assessed by three questions: "Do you currently attend religious services at a church, synagogue, mosque "or other place of worship?"; "How often do you attend these religious services?"; and "In general, how important are religious or spiritual beliefs in your daily life?" Size of the religious social group was also assessed by asking "How many members of your religious group do you see or talk to socially at least once every two weeks?" Structural equation modeling was used to examine the data.

Results: Current religious attendance was reported by 69.1% of Blacks, 55.5% of Hispanics, and 51.1% of whites. Frequency of religious attendance was associated with less frequent alcohol use among whites and Blacks, but not Hispanics. Among whites, participants who indicated that religious/spiritual beliefs were very important reported less frequent alcohol use; this was not found in Blacks or Hispanics. Frequency of religious service attendance was also inversely related to alcohol use disorders (AUD), and the association was more robust Blacks compared to whites and Hispanics. Among Blacks, those who participated in larger religious social groups had lower risk for AUD; this was not observed in whites or Hispanics. Researchers concluded: "Finally, this research suggests potential benefits for substance use clinicians to appropriately incorporate suggestions regarding religiosity/spirituality into AUD treatments among individuals for whom aspects of religiosity provide important psychosocial support."

Citation: Meyers, J. L., Brown, Q., Grant, B. F., & Hasin, D. (2017). Religiosity, race/ethnicity, and alcohol use behaviors in the United States. *Psychological Medicine*, 47(1), 103-114.

Comment: The large sample size, random sampling method, and sophisticated statistical analyses make this an important study, one that confirms much of the prior research.

Religion, Personality, and Attitudes Towards Physician-Assisted Suicide in the U.S.

Bulmer and colleagues from the department of psychology at the University of York in the United Kingdom analyzed data from the Baylor Religion Survey-Wave II. Their goal was to examine attitude of this random sample of 1,648 U.S. adults towards physician-assisted suicide (PAS) and relationship to religious/religiosity, conservatism, authoritarianism, and personality traits. Average age of participants was 51 years; 53% were women. Attitude towards PAS was assessed with a single question: "How do you feel about the morality of the following? Physician-assisted suicide." Religion was assessed as Protestant, Catholic, other, or none. Religiosity was measured by the question:

"How religious do you consider yourself to be?" Authoritarianism was assessed with three-items, political conservatism by a single item, and personality traits by a 10-item Big Five inventory (Gosling et al., 2003). Ordinal logistic regression was used to assess associations between religious characteristics and feelings about the morality of PAS, controlling for demographics, political conservatism, authoritarianism, and personality traits. **Results:** Compared to those with no religious affiliation, Protestants and Catholics were significantly less likely to believe that PAS was moral (OR=0.45 and 0.46, respectively, both $p<0.01$). Higher self-rated religiosity was also predicted a lower likelihood of feeling that PAS is moral (OR=0.45, $p<0.001$).

Citation: Bulmer, M., Böhnke, J. R., & Lewis, G. J. (2017). Predicting moral sentiment towards physician-assisted suicide: The role of religion, conservatism, authoritarianism, and Big Five personality. *Personality and Individual Differences*, 105, 244-251.
Comment: Protestants and Catholics were less than half as likely as those with no religious affiliation to indicate that physician-assisted suicide was a moral act; the same was true for those scoring higher on self-related religiosity. These findings were independent of demographics, personality traits, political conservatism, and authoritarianism. Interestingly, the only personality trait predicting greater likelihood of feeling that PAS was moral was extroversion (OR=1.19, $p<0.01$).

Qualitative Study of Spirituality/Religiosity in African Migrant Women with HIV/AIDS

Arrey and colleagues interviewed 44 sub-Saharan African women with HIV/AIDS who had migrated to Belgium, exploring the role that spirituality/religiosity plays in their coping with illness (44 of 116 approached). Most participants (42/44) were Christian (62% Catholic) and two were Muslim; medium age was 40-49 years, 30% had a university education, most were infected in their country of origin (39/44), and the majority were married (24/44) or were single with a partner (11/44). All were French or English-speaking, heterosexual, and had been diagnosed with HIV/AIDS at least three months previously. **Results** indicated that while many women had asked "why me" at some point in their illness, a majority indicated that they had become *more spiritual/religious* since their diagnosis. Prayer, meditation, attending religious services, other religious activities, and belief in the power of God were ways that a majority of women here coped with HIV/AIDS. However, none of the women disclosed their HIV-positive status to anyone in their religious community. Strong faith and belief in God, however, was widespread: 98% "indicated that spirituality/religion was a very important resource in their lives."

Citation: Arrey, A. E., Bilsen, J., Lacor, P., & Deschepper, R. (2016). Spirituality/religiosity: a cultural and psychological resource among sub-Saharan African migrant women with HIV/AIDS in Belgium. *PLoS One*, 11(7), e0159488.

Comment: Two points are worth noting: (1) almost all of these women utilized their spiritual/religious beliefs to cope with their illness; and (2) none of the women disclosed their HIV status to anyone in their religious community (isolating them from a potential source of support). Further research is needed to better understand the latter.

Spirituality and Depression in Patients with Severe Skin Diseases in Austria

Unterrainer and colleagues from the Department of Psychiatry at the Medical University of Graz surveyed 149 outpatients with systemic sclerosis (n=44), lupus erythematosus (n=48), or malignant melanoma (n=57) to examine the relationship between spirituality and mood pathology (somatization, anxiety, depression). Consecutive patients with the skin diseases seen in the outpatient clinics for autoimmune disease, oncology, and dermatology were recruited into the study. Three-quarters (72%) of

participants were women, average age was 54 years, and 75% were Roman Catholic. Spirituality was assessed with the Austrian-German Multidimensional Inventory of Religious/Spiritual Well-Being, which assesses existential well-being, hope, forgiveness, meaning and purpose, and religious well-being (general religiosity, connectedness, transcendent hope). Mood symptoms were assessed with the Brief Symptom Inventory-18. **Results:** Religious well-being (RWB) overall was unrelated to somatization, anxiety, or depression, either in bivariate or multivariate analyses. General religiosity, however, in multivariate analyses was inversely related to somatization ($B=-0.20$, $p<0.05$), anxiety ($B=-0.27$, $p<0.01$), and depression ($B=-0.24$, $p<0.01$). Transcendent hope was especially inversely related to mood symptoms ($B=-0.40$ for somatization, $B=-0.38$ for anxiety, $B=-0.49$ for depression, all $p<0.01$). Researchers concluded: "Our findings suggest that greater attention should be given to spiritual issues, such as encouraging patients, imbuing them with optimism, and offering interventions that address spiritual well-being."

Citation: Unterrainer, H. F., Lukanz, M., Pilch, M., Scharf, S., Glawischnig-Goschnik, M., Wutte, N., ... & Aberer, E. (2016). Spirituality and mood pathology in severe skin conditions: a prospective observational study. *Archives of Dermatological Research*, 308(7), 521-525.

Comment: Research on spirituality and mental health is increasing rapidly around the world in many different medical disorders, and this study is just one example of that. Concerns about measurement contamination and implications regarding causation from cross-sectional data remain issues that must be addressed.

Spirituality, Depression, and Optimism in Elderly Korean Cancer Patients

Nam and colleagues from the Department of Social Welfare at several universities in South Korea surveyed 600 South Korean community-dwelling elderly cancer patients, examining relationships between spirituality, optimism/pessimism, and depression. Depression was assessed with the CES-D, optimism by the Life Orientation Test-Revised (LOT-R), and spirituality by four questions from WHO Quality of Life-SP scale (extent of religious belief, consider self as part of a religious community, have meaning of life, strength of personal beliefs). **Results:** Spirituality, after controlling for age, gender, employment status, education, and marital status, was inversely associated with depression ($B=-0.26$, $p<0.001$). Structural equation modeling (SEM) was then used to show that higher spirituality was associated with higher optimism, and higher optimism was associated with less depression. Authors concluded that "Understanding optimism and pessimism affecting depression level is critical for developing spiritually-based programs to reduce depression in elderly cancer patients."

Citation: Nam, I., Yoon, H., Kim, Y., Lim, Y. O., Lee, H., & Choi, K. (2016). The mediating role of optimism and pessimism on the relationship between spirituality and depression among elderly cancer patients. *Korean Journal of Health Promotion* 16(2), 127-133.

Comment: Interesting (although expected) findings in a large population of physically vulnerable elderly in South Korea, although the findings may have been influenced by the mental health content of the items assessing spirituality (i.e., having meaning and purpose in life).

Religion, Spirituality and Depressive Symptoms in Teens from a Buddhist/Daoist Culture

Investigators from the Department of Public Health, Chung Shan Medical University in Taichung City, Taiwan, surveyed 2,239 adolescents ages 16-18-year-old from four randomly selected high schools, and then reassessed them again six-months later. Participants were asked their religion (none, Buddhist, Taoist,

Catholic, Protestant, other), importance of religion, degree of belief in God, and frequency of religious activities (participation in activities, prayer, reading religious texts). In addition, the 12-item Spiritual Index of Well-Being (SIWB) (Daaleman) was also administered. Depressive symptoms were assessed with the 20-item CES-D. **Results:** Depressive symptoms were stable from baseline to six months (average score of 15.3 at both times, where scores of 16 or higher indicate significant depression). Half of these Taiwan adolescents (50%) indicated some religious belief (of those 87% were Buddhist or Taoist); however, 65% participated in religious activity and 67% prayed. Fewer (28%) read religious texts. Nearly 80% believed in the existence of a God, but 66% indicated that religion was not important in their lives. Depressive symptoms were positively correlated with frequency of prayer. Results from a path analysis indicated that depressive symptoms did not predict prayer frequency six months later nor did prayer frequency predict subsequent depressive symptoms, causing them to conclude that there was no significant relationship between religiosity and depressive symptoms among adolescents living in this predominantly Buddhist/Taoist culture. In contrast, greater "spirituality" (measured by the SIWB) was associated with a reduction in depressive symptoms over time. Authors concluded that when adolescents feel incapable of doing things well, lack a clear purpose in life, and do not feel forgiven, they are more likely to experience depressive symptoms.

Citation: Yang, H. J., Mao, C. L., Wei, C. Y., & Huang, S. S. (2016). Religious characteristics, spirituality, and depressive symptoms among 10th-to 12th-graders living in a Buddhist or Daoist culture: A Short-Term Longitudinal Study. *International Journal for the Psychology of Religion*, E-pub ahead of press.

Comment: This is one of the few studies examining the relationship between depression and religion/spirituality among adolescents in Taiwan. Since SIWB (the measure of spirituality here) is largely a measure of purpose and meaning in life, self-efficacy, forgiveness, and other positive mental health states, it should not be surprising that those with good mental health are less likely to experience depressive symptoms in the future. In contrast, prayer frequency did not predict depression nor did depression predict prayer frequency. What is surprising, however, is that in a society where Daoism and Buddhism predominate (mixed with folk religions that are largely polytheistic), the vast majority of these adolescents (80%) believed in the existence of a God and two-thirds (67%) engaged in prayer.

Focused Scripture Reading Group for Veterans

Chaplains from the Canandaigua VAMC in New York designed a focused scripture reading intervention (*lectio divina* or LD) for veterans, administered in group format (3-5 participants), and led by a chaplain. The program was initially started at the request of veterans looking for a way to "repair, strengthen or reestablish their relationship with God." LD consisted of four steps: reading, meditation, prayer, and contemplation ("reading, under the eye of God, until the heart is touched, and leaps to flame"). Participants ($n=19$) were assessed at baseline and follow-up (30 days after baseline) with the Duke University Religion Index (DUREL), the Spiritual Injury Scale (SIS) (Berg), and the question "Do you have any thoughts of wanting to harm yourself or others?" **Results:** 66 veterans participated in at least one LD session, and 19 participated in at least one session and completed the baseline and follow-up evaluations; of those, 10 completed three or more LD sessions and 9 completed 1-2 sessions. No significant difference overall was found between baseline and follow-up in the overall group on either the DUREL or SIS scores. However, among those attending at least three or more LD sessions, SIS scores decreased significantly from baseline to follow-up (15.9 to 13.1, $t=2.51$, $p<0.05$). Likewise, among those who initially endorsed harm ($n=3$), SIS scores decreased from 19.0 to 12.0, $t=7.00$, $p<0.05$).

Citation: Kopacz, M. S., Adams, M. S., & Searle, R. F. (2017). Lectio divina: A preliminary evaluation of a chaplaincy program. *Journal of Health Care Chaplaincy*, E-pub ahead of press
Comment: A small but remarkable study showing that chaplain interventions can be scientifically assessed for efficacy, even without funding support.

Measuring What Matters

Researchers in the Department of Anesthesiology and Critical Care Medicine at Johns Hopkins School of Medicine surveyed 144 ICU patients (n=83) and family members (n=61) and reviewed the electronic medical records (EMR) for notes from chaplains regarding the "discussion of spiritual/religious concerns or documentation that the patient/caregiver/family did not want to discuss." **Results** indicated that 85% of respondents reported the spirituality or religion was "important to them in times of crisis." As required by the hospital, nurses asked all patients what their religion was and whether or not they wanted to see a chaplain (the "spiritual risk screen"). Approximately half of patients had a chaplain note in the EMR, although there was only a cursory description of the interaction, usually only that "spiritual support" was provided; there was no documentation of the kind of spiritual assessment that patients received in any records. The authors concluded that spiritual discussions were not clearly documented in the EMR, despite the high percentage of patients and family members who indicated that spirituality was important to them.

Citation: Aslakson, R. A., Kweku, J., Kinnison, M., Singh, S., Crowe, T. Y., & Group, A. W. (2016). Operationalizing the measuring what matters spirituality quality metric in a population of hospitalized, critically ill patients and their family members. *Journal of Pain and Symptom Management*, E-pub ahead of press
Comment: Studies like this are important to identify gaps in spiritual care for patients in intensive care settings, so that they can be addressed by policy changes and additional training. When such studies take place at academic medical centers such as Johns Hopkins, this usually draws attention.

Why Is It so Difficult for Physicians to Discuss Spirituality?

Megan Best and colleagues from the Psycho-Oncology Cooperative Research Group at the University of Sydney, Australia, conducted qualitative interviews with 23 physicians in palliative care or medical oncology from Australia and New Zealand. Participants were asked in open-ended questions why spiritual conversations with advanced cancer patients were so difficult and what the underlying challenges were (prompted by the fact that these discussions seldom took place). **Results** indicated the following themes in physician responses: (1) confusion over differences between spirituality and religion; (2) peer pressure from other physicians who disapproved addressing these issues with patients; (3) issues of personal faith that cause confusion about their role as a healthcare professional vs. addressing religious issues with patients; (4) institutional factors such as the presence of chaplains who can address these issues; and (5) historical factors in their medical training having to do with the separation of science and spirituality. Researchers concluded that "the current suspicion with which religion is regarded in medicine needs to be addressed if discussion of spirituality in the medical consultation is to become routine."

Citation: Best, M., Butow, P., & Olver, I. (2016). Why do we find it so hard to discuss spirituality? A qualitative exploration of attitudinal barriers. *Journal of Clinical Medicine*, 5(9), 77, doi:10.3390/jcm5090077.

Comment: This study provides important insights as to why palliative care physicians and cancer doctors are not assessing or addressing spiritual issues that come up in clinical care. Such studies are needed in the United States and other areas of the world, particularly in those regions where a high percentage of the

population is religious and will invariably have spiritual needs when they are dying.

Spirituality and Depression in South African Medical Students

Researchers from the department of psychiatry, Nelson R. Mandela School of Medicine in KwaZulu-Natal, South Africa, surveyed 230 medical students with a questionnaire that included the Zung Depression Scale, the Spiritual Involvement in Beliefs Scale (SIBS), and the WHO Quality of Life (QOL) Scale. Average age of participants was 21 years and 71% were women; the majority were first and second year students (50.4%), were predominantly Black (64%), and were Christian (78%). The 26-item SIBS scale asks about many things, including belief in science, meaning, thankfulness, and fulfillment (although does include a number of valid items assessing importance of prayer, meditation, spirituality more generally, and connection with a higher power). Only uncontrolled correlations were provided. **Results:** Over three-quarters of students (77%) had problems with depressive symptoms, and of those, nearly 20% had severe depressive symptoms. SIBS score was inversely related to depression ($r=-0.143$, $p=0.03$) and positively related to QOL ($r=0.29$, $p<0.001$). Researchers concluded that depression was a serious problem among these medical students, and that given the inverse relationship between spirituality and depression, they recommended counseling and the provision of spiritual resources to students.

Citation: Pillay, N., Ramlall, S., & Burns, J. K. (2016). Spirituality, depression and quality of life in medical students in KwaZulu-Natal. *South African Journal of Psychiatry* 22(1): a731 (doi.org/10.4102/sajpsy.2016.v22i1.731).

Comment: As in many studies summarized in this issue, the findings would be even more significant if the measure of spirituality was not a mishmash of feelings about science and positive mental health indicators. If the only finding was that depression was less common in students who had meaning and purpose in life and were thankful for all they were going through, then that isn't saying much. Although many items were valid indicators of a distinctive spirituality, we don't know whether those items were related to less depression and greater quality of life based on the findings presented here. Regardless, the conclusions regarding counseling and provision of spiritual resources to students seem quite reasonable (those should include training on how to assess and address spiritual needs when caring for patients).

NEWS

Medical Students and Chaplains at the University of Pennsylvania School of Medicine

The University of Pennsylvania School of Medicine has a program for medical students that involves shadowing chaplains during their rounds. Approximately 30-40 students of the 150 in each class participate in this activity. There is no better way for medical students to learn how to address spiritual needs and learn about what chaplains do than by having the opportunity to follow chaplains as they go about their duties in the hospital. For more information, see the following article published this past summer's issue of *Penn Medicine News*:

<https://www.pennmedicine.org/news/publications-and-special-projects/penn-medicine-magazine/summer-2016/learning>

SPECIAL EVENTS

15th Annual David B. Larson Memorial Lecture

(Durham, North Carolina, March 9, 2017)

Welcome to the David B. Larson Lecture on Religion, Spirituality and Health. No reservations are required. The 15th annual lecture is being given by John R. Peteet, M.D., Associate Professor, Psychiatry, Harvard Medical School, fellowship site director, Psychosocial Oncology and Palliative Care, Dana-Farber Cancer Institute, and physician in psychiatry at the Brigham and Women's Hospital, Boston. The title is: *A Fourth Wave of Psychotherapies: Moving Beyond Recovery Toward Well Being*. The event will be held at Duke Hospital North, Room 2001, from 5:30-6:30P on Thursday, March 9, 2017. Mark your calendars now. For more information, go to:

<http://www.spiritualityandhealth.duke.edu/index.php/scholars/david-b-larson>.

Conference on Medicine & Religion

(Houston, TX, March 24-26, 2017)

The 2017 Conference conveners invite health care practitioners, scholars, religious community leaders, and students to address questions associated with the theme, "Re-Enchanting Medicine." An array of disciplinary perspectives are welcomed, from empirical research to scholarship in the humanities to stories of clinical practice. See website: <http://www.medicineandreligion.com/>.

9th Annual Muslim Mental Health Conference

(East Lansing Marriott at University Place, April 14-15, 2017)

Sponsored by Michigan State University's Department of Psychiatry, the focus is on understanding addiction among Muslim populations or more generally the topic of Muslim mental health. For more information go to:

<http://www.psychiatry.msu.edu/about/news/9th-mmh-conference.html> or send e-mail to: msummhconference@gmail.com.

14th Annual Duke University Summer Research Workshop

(Durham, North Carolina, August 14-18, 2017)

Register **now** to attend this one-of-a-kind 5-day training session on how to design research, get it funded, carry it out, analyze it, publish it, and develop an academic career in the area of religion, spirituality and health. The workshop compresses training material that was previously taught during our 2-year Duke post-doctoral fellowship, so the curriculum is packed. Leading religion-health researchers from Duke, Yale and Emory serve as workshop faculty. If desired, participants will have the option of a 30-minute one-on-one with Dr. Koenig or another faculty mentor of their choice (early registration will ensure a mentorship spot, since these are limited). Nearly 750 academic researchers, clinical researchers, physicians, nurses, chaplains, clergy, and students at every level in medicine, nursing, social work, chaplaincy, public health, psychology, counseling, sociology, theology, and rehabilitation specialty (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 usually come to this workshop, and this year should be no exception. Partial tuition scholarships are available. To learn how to register, go to:

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

RESOURCES

Christian Identity, Sexuality and Relationships: A Psychiatrist Answers Your Questions (Camden House Books, 2016)

From publisher: "Continuing in the pattern of Dr. Wiesner's first book, *Tools from Psychiatry for the Journey of Faith*, this second book takes the next step in delving deeply into the core issues of how we see ourselves and our sexuality, and how these influence our relationship with God, other men, and other women. From infancy to old age we can grow or stagnate. We can see ourselves as who we and they really are or settle for fantasy and confusion. Necessary healing and growth can take place, because with God all things are possible." To purchase the book (\$14.99), contact Dr. Irving Wiesner at: iswiesner@gmail.com.

The Healing Gods: Complementary and Alternative Medicine in Christian America (Oxford University Press, 2013)

From publisher: "The question typically asked about complementary and alternative medicine (CAM) is whether it works. However, an issue of equal or greater significance is why it is supposed to work. *The Healing Gods: Complementary and Alternative Medicine in Christian America* explains how and why CAM entered the American biomedical mainstream and won cultural acceptance, even among evangelical and other theologically conservative Christians, despite its ties to non-Christian religions and the lack of scientific evidence of its efficacy and safety. Before the 1960s, most of the practices Candy Gunther Brown considers—yoga, chiropractic, acupuncture, Reiki, Therapeutic Touch, meditation, martial arts, homeopathy, anticancer diets—were dismissed as medically and religiously questionable. These once-suspect health practices gained approval as they were re-categorized as non-religious (though generically spiritual) health-care, fitness, or scientific techniques. Although CAM claims are similar to religious claims, CAM gained cultural legitimacy because people interpret it as science instead of religion. Holistic health care raises ethical and legal questions of informed consent, consumer protection, and religious establishment at the center of biomedical ethics, tort law, and constitutional law." Available for \$9.43 at:

<https://www.amazon.com/The-Healing-Gods-Complementary-Alternative/dp/0199985782>

You Are My Beloved. Really? (CreateSpace publishing platform, 2016)

How does God feel about us? Are we his beloved, as some claim? Or is this just fantasy and wishful thinking? The author, a psychiatrist and medical researcher, examines the evidence for God's love from Christian, Jewish, Muslim, Buddhist and Hindu perspectives based largely on the sacred scriptures from these traditions. Not a theologian, the author draws from his 30 years in clinical practice, his research background, and his personal life in taking a practical approach to the subject. 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. Dedicated to Veterans and active duty Service Members. There are plans to use this small paperback in a future clinical trial examining spirituality-oriented cognitive processing therapy for moral injury in PTSD; however, it is written for a much broader audience.

Compact paperback version (6 x 4 inches, with illustrations) available for \$8.78: <https://www.amazon.com/You-are-My-Beloved-Really/dp/1530747902/>

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>.

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/>

JOBS

Medical Director of Palliative Medicine, Florida Hospital, Orlando

Florida Hospital is looking for a dynamic Palliative Medicine physician leader to continue to develop and oversee our program at our major tertiary facility in downtown Orlando and in our system in the Central Florida area which consists of eight hospitals and over 2300 beds. You would join with our existing palliative medicine physicians and also help develop our HPM fellowship that will begin in 2017. If interested, please contact Jason Junker, Director of Physician Recruitment at 407-200-2538 or Jason.Junker@flhosp.org

COURSES

Chaplaincy Research Summer Institute

The Transforming Chaplaincy project will hold the first Chaplaincy Research Summer Institute the last week of July 2017 in Chicago. For more information, go to:
<http://www.researchliteratchaplaincy.org/summer-research-institute/>

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, 2017**, with decisions communicated no later than September 29, 2017. Large Grants are defined as requests for more than \$217,400. The deadline for OFIs related to large grant requests is also August 31, 2017. 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>

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

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

2017 CSTH CALENDAR OF EVENTS...

February

- 17 **Religion, Spirituality and Health in Later Life**
Chapel Hill Bible Church
Chapel Hill, North Carolina
Speakers: Koenig
Contact: Joe Bowling (jebowlin@bellsouth.net)
- 22 **Effects of Oxytocin Administration and Genotypes on Spirituality and Emotional Responses to Meditation: Part II**
Speaker: Patty Van Cappellen, Ph.D.
Associate Director, Interdisciplinary and Behavioral Research Center, Duke University
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

March

- 9 **A Fourth Wave of Psychotherapies: Moving Beyond Recovery Toward Well Being**
15th Annual David B. Larson Memorial Lecture
Speaker: John R. Peteet, M.D.
Associate Professor of Psychiatry, Harvard
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 24-25 **Re-Enchanting Medicine**
Conference on Medicine & Religion
Houston, Texas
Speakers: Balboni, Peteet, Curlin, Koenig, etc.
Contact: : <http://www.medicineandreligion.com/>
- 28 **Spirituality and Health in the Military**
2017 Air Force Chaplain Corps Summit
San Antonio, Texas
Speaker: Koenig and others
Contact: Christian Chae (Christian.J.Chae.mil@mail.mil)
- 29 **Influence of healing prayers on neuronal functioning in adults with depression and childhood stress: A new therapeutic approach**
Speakers: Peter Boelens, Ramiro Salas, Phil Baldwin
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 30 **Religion, Spirituality and Health: What is the connection?**
West Chester University Distinguished Speaker Series
West Chester, Pennsylvania, 6:30-8:30P
Speaker: Koenig
Contact: Dr. Donald McCown (dMcCown@wcupa.edu)