

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

LATEST RESEARCH

Religiosity, Disabled and Disability-Free Life Expectancy in Older U.S. Adults

Researchers at the Institute for Social Research at the University of Michigan analyzed data from the U.S. Health and Retirement Study (HRS), a 16-year prospective study of 19,649 community dwelling adults over age 50 years. The purpose was to examine the effects of importance of religion and attendance at religious services on life expectancy and, in particular, on disability-free life expectancy. Disability was assessed by physical activities of daily living (ADLs: dressing, bathing, eating, walking across the room, getting in/out of bed, using the toilet) and instrumental activities of daily living (IADLs: preparing meals, shopping for personal items, using a telephone, taking medications, managing money). The fact and date of death were verified through linkage to the National Death Index. Religious measures at baseline (2 questions) assessed importance of religion in life and frequency of attendance at religious services. Data were utilized from two samples of participants in the HRS: 19,649 individuals followed for 16 years from 1998 to 2014 (as noted above) and 18,818 persons followed for 10 years from 2004 through 2014, with some partial overlap between samples. Importance of religion was a predictor variable in the first sample (assessed in 1998 and every wave thereafter), whereas attendance at religious services was the predictor examined in the second sample (assessed in 2004 and every wave thereafter). Stochastic Population Analysis for Complex Events (SPACE) was used to estimate life expectancy (LE) at age 65, controlling for age, gender, race/ethnicity, marital status, living arrangements, education, and baseline measures of physical and mental health. **Results:** Among both women and men, greater importance of religion predicted significantly greater overall LE, especially greater LE for those living with ADL disability (disabled LE). The same was true for IADL disability, especially in women. Greater religious attendance (weekly vs. never) predicted greater LE overall in men and women, but in contrast to importance of religion, more strongly predicted greater ADL disability-free LE than ADL disabled LE. Researchers concluded: "Men and women who attend services at least once a week (compared with those who attend less frequently or never)

have between 1.1 and 5.1 years longer total LE and between 1.0 and 4.3 years longer ADL disability-free LE. Findings for IADL disability are similar. Importance of religion is related to total and disabled LE (both ADL and IADL), but the differentials are smaller and less consistent."

Citation: Ofstedal, M. B., Chiu, C. T., Jagger, C., Saito, Y., & Zimmer, Z. (2019). Religion, life expectancy, and disability-free life expectancy among older women and men in the United States. *Journals of Gerontology: Social Sciences, Series B*, E-pub ahead of press (<https://doi.org/10.1093/geronb/gby098>).

Comment: These findings make sense in this large prospective study using sophisticated statistical analyses. Importance of religion (a better indicator of personal religiosity than religious attendance and also something that might strengthen as people use their religious beliefs to cope with disability) is more strongly related to living longer with both ADL and IADL disability, whereas frequent religious attendance (more dependent on being disability-free because of the physical requirements to attend religious services) is more likely to predict disability free life expectancy. Note, however, that importance of religion and religious attendance both predicted longer life expectancy, whether disabled or disability-free.

Does Religious Involvement Moderate the Relationship between Stress and Inflammation in Older Adults?

Investigators at the University of Massachusetts, Boston, and University of Illinois, Chicago, examined the relationship between psychological stress and levels of inflammation in the body as indicated by C-reactive protein (CRP) in blood. The purpose of the research was to determine whether or not religiosity might moderate this relationship. As in the study above, investigators analyzed data from the U.S. Health and Retirement Study (HRS) that involved a random sample of US adults age 51 and older. Data from the 2006 wave of the HRS were used in this cross-sectional analysis (n=4,734). The dependent variable in all analyses was CRP. Independent variables included an 8-item chronic stress index that assesses ongoing health problems, physical or emotional problems, alcohol or drug use in family members, difficulties at work, financial strain, housing problems, relationship problems, and caregiver duties. Religiosity, as a moderator, was assessed by six items measuring frequency of religious attendance, frequency of prayer, and intrinsic religiosity (4 items). Controlled for in all analyses were age, gender, race, marital status, education, and annual income, as well as self-related health, physical activity, smoking status, alcohol use, BMI, chronic health conditions, and level of depression as assessed by the 8-item CES-D. **Results:** In the final model controlling for all variables, chronic stress was significantly and positively related to CRP level. However, the relationship was moderated by intrinsic religiosity. Among those with high intrinsic religiosity, the relationship between chronic stress level and CRP was significantly weaker than it was among those with low intrinsic religiosity, indicating moderation or buffering of the relationship. No relationship or buffering effect was found with frequency of religious attendance or prayer. Researchers concluded: "Higher

EXPLORE...in this issue

1-4 LATEST RESEARCH

4-7 NEWS, EVENTS & RESOURCES

7 TRAINING, FUNDING Opportunities, and CALENDAR

intrinsic religiosity attenuated effect of stress on inflammation, suggesting that individuals with stronger religious commitment/motivation may better cope with stress.”

Citation: Tavares, J. L., Ronneberg, C. R., Miller, E. A., & Burr, J. A. (2019). Stress and inflammation among older adults: The moderating role of religiosity. *Journal of Religion, Spirituality & Aging*, E-pub ahead of press (<https://doi.org/10.1080/15528030.2018.1536910>)

Comment: If greater religious commitment/motivation helps to reduce chronic inflammation in stressed older adults, this may help to explain the findings with regard to life expectancy, given the strong positive relationship between inflammation, chronic disease, and mortality in later life. Numerous other studies have reported lower levels of inflammatory markers such as CRP (at least 10 other published studies), IL-6, and Cystatin-C in those who are more religious, particularly in older adults.

Does Religiosity Moderate the Effects of Chronic Discrimination on Sleep Problems in Later Life?

Investigators in the department of sociology at the University of Calgary, Alberta, Canada, analyzed data from three waves of the U.S. Health and Retirement Study (HRS) (again), examining the association between chronic discrimination and sleep problems, and the buffering effect that religious involvement may have on this relationship. Participants were a random sample of 7,130 adults age 51 or over with complete data from all three waves (2006, 2010, 2014). Chronic discrimination was assessed by a 5-item measure that assessed being treated with less courtesy or respect compared to others, receiving poorer service, people acting like you are not smart, people acting like they're afraid of you, or feeling threatened or harassed by others. Sleep problems were measured with the 4-item index that assessed having trouble falling asleep, having trouble waking up at night and not being able to get back to sleep, waking up too early, and not feeling rested when waking up in the morning. Religiosity was assessed by attendance at religious services and a 4-item personal religious importance scale (titled intrinsic religiosity in the earlier study). Control variables included religious denomination, age, education, socioeconomic status, work status, marital status, and physical limitations. Random-and fixed-effects models were used to examine the data over the 8-year period. **Results:** There was a significant 3-way interaction between discrimination, regular religious attendance, and gender on sleep problems, such that the relationship between chronic discrimination and sleep problems was especially strong among older women who seldom or never attended religious services; the relationship between discrimination and sleep problems was not significant in women who regularly attended religious services. This led researchers to conclude: “These analyses suggest that the association between chronic discrimination and sleep quality in late life is substantially inflated due to unobserved time-stable confounders, although women who do not attend religious services may be at risk.”

Citation: Bierman, A., Lee, Y., & Schieman, S. (2018). Chronic discrimination and sleep problems in late life: Religious involvement as buffer. *Research on Aging*, 40 (10), 933-955

Comment: The large population-based sample of older adults, the 8-year follow-up, and the sophisticated statistical analyses are all strengths of the current study. Sleep problems are widespread among older adults, as well as chronic discrimination (especially in older Black adults who were over sampled in this study). But for older women who attend religious services frequently, Proverb 3:24 appears to apply: “When you lie down, you will not be afraid; when you lie down, your sleep will be sweet.”

Religious Activity and Cognitive Function in Chinese Elderly

Researchers in the department of psychiatry, First Affiliated Hospital of Guangzhou Medical University, mainland China, examined the relationship between social activity and cognitive function in a cross-sectional study of a random sample of 557 non-demented adults age 60 or over (mean age 73). One of the the 10 social activities assessed was attending religious activities (this was the only religious measure). Cognitive function was assessed in multiple ways, including by the Mini Mental State Exam, word list learning test, delayed recall test, Chinese version of the Alzheimer's Disease Assessment Scale-cognitive subscale, category verbal fluency test, trail making test, digit vigilance test, and Stroop test. Other variables assessed included leisure type activities, recreation activity, depressive symptoms, and chronic health burden. Multiple linear regression was used to examine associations between social and cognitive functions. **Results:** Religious activity (engaged in by 8.6% of participants) was significantly and positively related to word list learning test (adjusted B=0.12, p=0.02) and the digit vigilance test (adjusted B=0.20, p<0.001). Researchers concluded: “Religious activities may be helpful for the elderly to relax and cope with the effects of loneliness and isolation that are so prevalent among the elderly. Religious activities are related to more social support, better mental, and physical status.”

Citation: Su, X., Huang, X., Jin, Y., Wan, S., & Han, Z. (2018). The relationship of individual social activity and cognitive function of community Chinese elderly: A cross-sectional study. *Neuropsychiatric Disease and Treatment*, 14, 2149-2157.

Comment: This is one of several studies in older Chinese adults now reporting a positive association between religious activity (assessed by a simple question with yes vs. no response) and better cognitive functioning.

A Randomized Controlled Trial of a Group Religious Intervention on Anxiety in Iran

Researchers randomized 72 patients with anxiety to either the intervention group or a control group. All participants scored at least 20 on Spielberger's Trait-State Anxiety Inventory (STAI). Participants in the control group (n=36) received drug therapy such as benzodiazepines and selective serotonin reuptake inhibitors; those in the intervention group (n=36) received drug therapy plus a religious intervention. Participants were equally matched at baseline on age, gender, marital status, economic status, education level, place of residence, occupation, and history of anxiety. Anxiety and depression were assessed at baseline and after two months of the intervention. The religious intervention consisted of five 90-minute sessions at 3-week intervals delivered by clergymen that addressed religious concepts, relationship with God, engagement in prayer meetings, and participation in religious rituals on a daily basis. Also addressed was the role of divine predestination in Islamic lifestyle, along with the holding of repentance meetings. Reciting the Koran and holy religious texts and thematic interpretation of these texts were also part of the intervention, along with spiritual meditation and spiritual imagination, writing about and discussing spiritual feelings, resolving spiritual ambiguities, worshipping God, and involvement in healthy religious recreation. Homework was also assigned between sessions. **Results:** At baseline, there were no differences between the intervention and control groups on any characteristics, including anxiety symptoms (108.9 vs. 110.1, respectively). After two months of the intervention, overall anxiety scores of those in the intervention group (93.4 on STAI) were significantly lower compared to those in the control group (100.3 on STAI) (between-group independent t-test p value=0.01). Researchers concluded: “Religious intervention, in addition to

increasing the level of spiritual health of the patients, improves their anxiety symptoms.”

Citation: Nikfarjam, M., Solati, K., Heidari-Soureshjani, S., Safavi, P., Zarean, E., Fallah, E., & Goudarzi, I. (2018). Effect of group religious intervention on spiritual health and reduction of symptoms in patients with anxiety. *Journal of Clinical & Diagnostic Research*, 12(10):6-9.

Comment: This is another report from Iran indicating the benefits of a religious intervention. Indeed, this was truly a religious intervention (see description above). Unfortunately, since the control group did not also receive the same level of human attention as the intervention group, we cannot determine whether it was the religious nature of the intervention that had the beneficial effects (or simply the human interaction).

Weaning from the Ventilator while Listening to Holy Qur'an Recitation in the ICU

Investigators in the department of respiratory care at the University of Dammam, Saudi Arabia, conducted a randomized controlled trial to examine the effects of listening to recitation of the Qur'an on physiological parameters including rapid shallow breathing, respiratory rate, heart rate, oxygen saturation, exhaled carbon dioxide, and blood pressure during weaning off the ventilator.

Those in the intervention group received a single 30-minute session of listening to the Qur'an being recited by Sheikh Maher Almuaiqly while participant was undergoing a spontaneous breathing trial off the ventilator. Participants in the control group were weaned off using the standard procedure (while being instructed to close their eyes for 30 minutes with headphones on but iPod off). **Results:** 55 participants met inclusion criteria and were randomized to either the intervention (n=32) or the control group (n=23); no participants were lost to follow-up. Physiological data were collected prior to and immediately following the intervention. At baseline, there was no significant difference in demographic factors or physiological parameters between intervention and control groups. Pretest-posttest scores indicated no significant difference between intervention and control groups on any of the physiological parameters measured; this was also true for analyses stratified by gender. Researchers concluded: "The preliminary findings of this pilot study suggests that there is no negative effect of HQR [Holy Qur'an Recitation] on weaning patients from mechanical ventilation in the ICU."

Citation: Yadak, M., Ansari, K. A., Qutub, H., Al-Otaibi, H., Al-Omar, O., Al-Onizi, N., & Farooqi, F. A. (2019). The effect of listening to Holy Quran recitation on weaning patients receiving mechanical ventilation in the intensive care unit: A pilot study. *Journal of Religion and Health* 58(1):64-73

Comment: This study found no effect of listening to the Holy Qur'an being recited (by a professional religious cleric) on any physiological parameters during a trial off the ventilator. One might have expected some effect on the 10 physiological parameters assessed, given the positive effect that listening to the Qur'an might have on patient anxiety during the process of weaning (although anxiety level was not assessed).

Religiosity, Marital Status, and Longevity

Researchers from the University of Nevada and other universities in the US and Canada analyzed data from a random sample of 20,410 community dwelling adults in the United States who participated in General Social Surveys (cross-sectional studies) between 1988 and 2002. The objective was to examine the impact of marital happiness (and religiosity) on self-rated health, and the effect of marital happiness (and religiosity) on mortality over a 14-year period. Analyses controlled for gender, race, year of survey, parenthood status, age, socioeconomic status, geographical location, education, income, employment status, and religiosity (considered here as a control variable). Marital status and happiness were assessed by two questions, and categorized into

six mutually exclusive categories (very happy marriage [reference group], pretty happy marriage, not too happy marriage, never married, divorced or separated, and widowed. Self-rated health was assessed with a single question. Religiosity was assessed by a single question assessing frequency of religious attendance. Cox proportional hazards models were used to examine the relationship with mortality. **Results:** Multivariate analyses demonstrated a significant relationship between frequency of religious attendance and better self-rated health (those who were very happily married also had significantly greater self-rated health). With regard to mortality, the findings were similar. Those who were not happily married had a significantly greater likelihood of dying during the follow-up period. Likewise, those who never attended religious services or attended less than once per week were significantly more likely to die during follow-up compared to those attending more than once per week (HR=1.25, p<0.01, for never attending; HR=1.20, p<0.01, for attending less than once/week). Researchers concluded: "Those not too happy in marriage also had equal or worse health and mortality risk compared to those who were never married, divorced or separated, or widowed." Nothing was mentioned about the relationship between religious attendance (again, only a control variable) and health.

Citation: Lawrence, E. M., Rogers, R. G., Zajacova, A., & Wadsworth, T. (2018). Marital happiness, marital status, health, and longevity. *Journal of Happiness Studies*, E-pub ahead of press (<https://doi.org/10.1007/s10902-018-0009-9>).

Comment: Although the objective of this study was not to examine the relationship between religiosity and health (i.e., subjective health and mortality risk), and frequency of religious attendance was included only as a control variable, the results speak loudly for themselves. Unfortunately, not examined was the relationship between marital status/happiness and religious attendance, since this was not a focus of the study.

Religiosity, Meaning in Life, and Self-Efficacy in Norway

Investigators examined the relationship between "sources" of meaning (including religiosity), actual level of meaning in life, and self-efficacy in 925 community-dwelling adults in Norway (out of a random sample of 7,500). In this cross-sectional study, 26 categories of "sources of meaning" were examined in their relationship to self-efficacy and other mental health outcomes. One of those sources of meaning, religiosity, was assessed using a three-item scale (not described) with responses ranging from 0 to 5 (average item score=1.5 in this sample); likewise, a 5-item measure of spirituality was also administered (average item score 2.3, slightly higher than religiosity as a source of meaning). Religiosity and spirituality sources of meaning were combined into a measure of "vertical self-transcendence". Meaning in life was assessed by a 5-item scale (not described). Self-efficacy was assessed by a 10-item scale (General Perceived Self-Efficacy Scale). The bivariate relationship between vertical self-transcendence and self-efficacy was examined (no controls); the relationship between vertical self-transcendence and meaning in life were examined in bivariate analyses and in multivariate analyses controlling for self-efficacy. **Results:** Vertical self-transcendence was negatively related to self-efficacy in bivariate analyses (r=-0.11, p<0.01), and while religiosity and spirituality were positively related to meaning in life in bivariate analyses (r=0.53, p<0.01, and r=0.54, p<0.01, respectively), no relationship between "vertical transcendence" and meaning in life was found after controlling for self-efficacy. Researchers concluded: "Self-efficacy correlated strongly with sources of meaning from the dimension 'accomplishment' and moderately negatively with sources of meaning from the dimension 'vertical self-transcendence.'"

Citation: Sorensen, T., la Cour, P., Danbolt, L.J., Stifoss-Hanssen,

H, Lien, L., DeMarinis, V., Pedersen, H.F., Schnell, T (2019). International Journal for the Psychology of Religion 29:32-45
Comment: Not surprisingly, religiosity as a source of meaning in life was rated low on average in this Norwegian sample (1.5 on a 0-5 scale). Spirituality was rated only slightly higher than religiosity (2.3) as a source of meaning. Interestingly, a combined index of religiosity and spirituality as a source of meaning was related to worse self-efficacy, and was unrelated to meaning in life when self-efficacy was controlled for. Religiosity is both less frequent and less meaningful to adults in Norway, and is related cross-sectionally (when combined with spirituality) to lower self-efficacy in uncontrolled analyses.

Religious Attendance and Health Behaviors in Baby Boomers vs. the “Silent” Generation

Investigators in the School of Business, State University of New York, examined the relationship between religious attendance, perceived health, and health behaviors in a random sample of community-dwelling US adults. The samples were 4,392 baby boomers (ages 49-64 in the 2010 wave of the Health and Retirement Study[HRS]) and 8,726 “silent” generation adults (ages 49-64 in the 1994 wave of the HRS). Self-rated health was assessed with a single item measure of perceived health (dichotomized as good, very good, or excellent vs. poor or fair). Health behaviors included smoking status (current smoker vs. not), drinking excessively (binge or heavy drinking vs. not drinking excessively), physical activity (moderate or vigorous vs. not physically active), and weight (overweight or obese vs. not so); these were summed into a single index ranging from 0 to 4, with higher values indicating the participant had adopted a healthy lifestyle. Religious attendance was assessed with a single question assessing frequency of religious attendance dichotomized into (1) not attending services or only attending a few times per year vs. (2) attending services two or three times a month, once a week, or more than once a week. Controlled for in all analyses were age, gender, education, marital status, and race. Logistic regression was used to examine relationships between religious attendance, self-related health, and health behaviors in both groups. **Results:** Religious attendance was more frequent among the silent generation compared to baby boomers (78% vs. 44%). In frequent attendees, three of the four healthy lifestyles (and self-rated health) was greater in silent generation adults compared to baby boomers (with the exception of physical activity). Among infrequent attendees, differences between silent generation and baby boomers were similar as in frequent attendees. However baby boomers were both less likely to attend religious services frequently and less likely to adopt healthy lifestyles, compared to silent generation adults. Adoption of a healthy lifestyle and better self-rated health was significantly more common among frequent religious attendees compared to infrequent attendees; this was true for both the silent generation and baby boomers. Researchers concluded that: “(1) the baby boom generation lagged behind the silent generation in adoption of three healthy lifestyles (not smoking, not drinking excessively, and not being overweight or obese) and in perceived health; (2) the lag may be partially attributed to lower religious attendance in the baby boom generation.”

Citation: Shen, A. (2018). Religious attendance, healthy lifestyles, and perceived health: A comparison of Baby Boomers with the Silent Generation. Journal of Religion and Health, E-pub ahead of press (<https://doi.org/10.1007/s10943-018-0736-6>)

Comment: This study suggests that as the frequency of religious attendance in the U.S. has dropped in baby boomers, the adoption of healthy lifestyle by that cohort has also decreased. This trend toward secularization in the United States has serious implications for the future of public health in this country.

Religion and Life Satisfaction among Younger Adults in the U.S.

Investigators at Indiana University-Purdue, Ball State University, and Indiana University, analyzed data from the 3rd wave (2007-2008) of the National Study of Youth and Religion, a nationally representative survey of American youth (ages 17-24, n=2,340). The purpose of this study was to examine the cross-sectional relationship between religiosity and life satisfaction. Life satisfaction was assessed with a 3-item scale. Multiple dimensions of religiosity were measured including religious affiliation, organized religious activity (2-item scale assessing religious attendance and participation in religious youth groups), frequency of religious friends, private religiosity (2-item index assessing prayer and Bible/religious scripture reading), religious salience (2-item index assessing importance of religion and making a decision in life for God), religious efficacy (2-item index assessing answers to prayer or experience of miracles), otherworldly beliefs (6-item index assessing beliefs in God, demons, afterlife, etc.), and considering oneself spiritual but not religious. Analyses were controlled for multiple demographic, mental health, physical health, parental relationships, and religious denomination in multivariate models. **Results:** Organized religious activity, private devotion, religious salience, and religious efficacy were all positively related to life satisfaction in multivariate analyses. When all religious variables were included in a single multivariate model, private devotional activity and religious efficacy emerged as the strongest correlates. Being spiritual but not religious was unrelated to life satisfaction in all analyses.

Citation: Desmond, S. A., Kraus, R., & Dugan, B. J. (2018). “Let the heavens be glad, and the earth rejoice”: Religion and life satisfaction among emerging adults in the United States. Mental Health, Religion & Culture 21:304-318.

Comment: Religiosity remains a significant positive correlate of life satisfaction among younger adults in America today. However, being spiritual but not religious – appears to have little benefit.

NEWS

Saul Boyarsky, M.D., J.D. (1923-2019)

A dear friend and colleague at Duke’s Center for Spirituality, Theology and Health died on January 15 at the age of 95. Saul was a regular participant in Center activities, coming to our conferences every month (last time October 2018) in his wheelchair, nearly blind and partially deaf. He loved God and was always kind, encouraging, and supportive of others, which was his trade-mark. He was both a lawyer and a physician, serving as a urologist on the faculty at Barnes Hospital and Washington University in St. Louis (as urologic surgeon-in-chief) and in 1963 as professor of urology at Duke University Medical Center (where he completed his urology residency between 1950 and 1954) serving as Director of Urologic Research and Director of Rehabilitation. We will deeply miss Saul’s presence here at the Center.

Pew Survey Report (January 31, 2019)

A just released survey of adults in 35 countries by the Pew Research Center examined the relationship between religious activity, happiness, civic engagement and health. In summary: “People who are active in religious congregations tend to be happier and more civically engaged than either religiously unaffiliated adults or inactive members of religious groups, according to a new Pew Research Center analysis of survey data in the United States and more than two dozen other countries.”

For the full report, see:

<http://www.pewforum.org/2019/01/31/religions-relationship-to-happiness-civic-engagement-and-health-around-the-world/>.

SPECIAL EVENTS

Religious Dimensions of Healthcare Delivery: A Multidisciplinary Workshop

(March 2-3, 2019 at University of Chicago)

By initiating conversations between allied health professionals, this workshop seeks to highlight relationships between religious dimensions of health and healthcare delivery to foster interdisciplinary collaboration and improve delivery of care. The workshop will be divided into 4 sessions, each comprising of an inter-religious panel presentation and a facilitated small group discussion or skill-building exercise. Islamic Medical Association of North America designates this live educational activity for a maximum of 10 AMA PRA Category 1 Credits. For more information, go to the following website:

<https://voices.uchicago.edu/islamandmedicine/rdhd/>. To register, visit <https://regonline.com/rdhd>

2019 David B. Larson Memorial Lecture

(March 21, Duke University Hospital North, Room 2001, 5:30-6:30P, Durham, NC)

Gail Ironson, M.D., Ph.D., from the department of psychology and psychiatry at the University of Miami, Coral Gables, will give the 2019 DBL Memorial Lecture. Dr. Ironson has over 200 publications in the field of behavioral medicine related to HIV/AIDS, cancer, and cardiovascular disease, and is past president of the Academy of Behavioral Medicine Research Society (a senior level organization by invitation only). She has directed or co-directed federally funded research studies investigating psychological factors in long-term survival of those with HIV/AIDS, stress management in HIV and cancer, massage therapy and immunity, and the biological effects of trauma in underprivileged people, people with HIV, and people at risk for HIV. Finally, she set up and runs the trauma treatment program at the University of Miami Psychological Services Center, which makes available to the community (on a sliding scale basis) both traditional (PE, CPT) and newer (EMDR) approaches to treatment. Her current areas of focus include examining positive psychological factors and health (especially spirituality) and trauma. She is one of the core investigators in the nationwide Templeton-funded Landmark Study on Spirituality and Health, and has just completed another 17-year longitudinal study on treating trauma in men at risk for HIV. All are welcome to attend this lecture, including members of the general public. For more information, see website

<https://spiritualityandhealth.duke.edu/index.php/scholars/david-b-larson> or contact Dr. Harold Koenig (Harold.Koenig@Duke.edu).

2019 Conference on Medicine and Religion

(March 29-31, Durham, NC)

The theme of this year's conference is: *Medicine and Faithful Responses to Suffering: "My Pain is Always With Me"*. Pain haunts human experience and frequently leads people to seek help from medical practitioners. As many as one in four American adults suffers chronic pain. On one hand, relieving pain seems the most obvious of responsibilities for clinicians. "To cure sometimes, to relieve often, to comfort always," the saying goes. On the other hand, pain often seems to defy medical solutions and to bedevil the efforts of both patients and clinicians. What, then, should we make of pain? What are traditioned practices of responding wisely to pain? What role does medicine play in those practices?

Jewish, Christian, and Islamic scriptures and traditions all speak to the experience of pain, why it exists, how it affects an individual and a community, how one might respond faithfully to pain in oneself and in one's neighbor, and what may be hoped for when pain will not go away. The 2019 Conference on Medicine and Religion invites health care practitioners, scholars, religious

community leaders, and students to take up these questions about pain by relating them to religious traditions and practices, particularly, but not exclusively, those of Judaism, Christianity and Islam. The conference is a forum for exchanging ideas from an array of interdisciplinary perspectives, from accounts of clinical practices to empirical research to scholarship in the humanities. For more information or for those wishing to submit an abstract, go to: <http://www.medicineandreligion.com/>.

16th Annual Duke University Research Workshop

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

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

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

International Congress on Spirituality & Psychiatry

4th Global Meeting on Spirituality and Mental Health

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

Organized by the World Psychiatric Association Section on Religion, Spirituality and Psychiatry, this conference is an important one. Spirituality/religion (S/R) is relevant to most of human beings, and 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 a huge gap worldwide 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 that emphasized 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.

RESOURCES

Books

A Walking Disaster: What Surviving Katrina & Cancer Taught Me About Faith & Resilience (Templeton Press, 2019)

Dr. Jamie Aten is a disaster psychologist and disaster ministry expert. In his new book, Dr. Aten documents his unexpected journey of weathering Hurricane Katrina to his own "personal

disaster” of being diagnosed with Stage 4 colon cancer at the age of 35. He explores the important connections between what he studied and what he lived while sharing spiritual and scientific insights. He encourages readers to push past empty promises or inspirational clichés and toward counterintuitive, hard-won insights that help sustain and find meaning in the midst of suffering. *Walking Disaster* offers encouragement to anyone walking through their own disaster as well as anyone walking alongside others who are suffering. Presently Aten serves as the founder and executive director of the Humanitarian Disaster Institute and Blanchard Chair of Humanitarian & Disaster Leadership at Wheaton College. Available for \$15.28 (hardcover) at <https://www.amazon.com/Walking-Disaster-Surviving-Resilience-Spirituality/dp/1599475448>

Look Beyond and Rejoice

(Publishing Jisikgonggam, December 21, 2018)

From the publisher: “At age 17, Dr. Jung Park prayed earnestly to God when he was fighting and struggling with pain and suffering. In 1981, after a decade of constant suffering from an incurable arthritis, Dr. Park was determined to look up to God and risk his life in unlimited fasting and praying. After many days of fasting and praying, a new sight and a new way of life opened up. Since that day of awakening, he has felt like he was transferred from hell to heaven. In hindsight, it was a blessing to have suffered through many painful days because the greatest suffering from this incurable disease became the path to his biggest blessing and learnings. What do people want most in their lives? Is it happiness? Health? Longevity? Is it a successful and meaningful life? For the last forty years, Dr. Park has studied the Bible, read literature, watched other people’s experiences, and through his own experiences, learned that ‘Seeing’ in life is crucially important. Dr. Park shares a formula that can turn any trial into a blessing and in turn lead to a shortcut to heal diseases, and a happier life.” Available for \$9.99 on Kindle at <https://www.amazon.com/Look-Beyond-Rejoice-Jung-Park-ebook/dp/B07MGKTQF5>.

Religion and Mental Health: Research and Clinical Applications

(Academic Press, 2018) (Elsevier)

From the publisher: “[This 384 page volume] summarizes the latest research on how religion may help people better cope or exacerbate their stress, covering its relationship to depression, anxiety, suicide, substance abuse, well-being, happiness, life satisfaction, optimism, generosity, gratitude and meaning and purpose in life. The book looks across religions and specific faiths, as well as to spirituality for those who don’t ascribe to a specific religion. It integrates research findings with best practices for treating mental health disorders for religious clients, also covering religious beliefs and practices as part of therapy to treat depression and posttraumatic stress disorder. [In brief, this volume] summarizes research findings on the relationship of religion to mental health, investigates religion’s positive and negative influence on coping, presents common findings across religions and specific faiths, identifies how these findings inform clinical practice interventions, and describes how to use religious practices and beliefs as part of therapy.” Available for \$72 at <https://www.amazon.com/Religion-Mental-Health-Research-Applications/dp/0128112824>.

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

(Amazon: CreateSpace Publishing Platform, 2018)

From the author: “If you or a family member is struggling with a condition called posttraumatic stress disorder (PTSD), then this little book is for you. As a psychiatrist and research scientist for more than 30 years, I’ve been struck by how many people with

PTSD are not being treated correctly for this disorder (and why more than 50% of persons with PTSD continue to suffer disabling symptoms despite treatment). For that reason, I’ve written this book to inform those affected by PTSD about the condition and the best whole person treatments available today. I describe here what PTSD is, the causes for it, and the factors that protect against it. I also examine a separate condition called moral injury that often accompanies PTSD and can interfere with recovery unless identified and treated at the same time. I then focus on the best evidence-based treatments for PTSD today -- psychological, medical / pharmacological, and especially, religious or spiritual. 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 at <https://www.amazon.com/dp/172445210X>.

Religion and Mental Health Book Series

(Amazon: CreateSpace Platform)

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

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.

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

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

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

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

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/>

Research Methods

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

Videos

CME/CE Videos (Integrating Spirituality into Patient Care)

Five professionally produced 45-minute videos on **why and how** to "integrate spirituality into patient care" are now available on our website (*for free*, unless CME/CE is desired). Videos are targeted at physicians, nurses, chaplains, and social workers in an effort to help them form **spiritual care teams** to provide "whole person" healthcare that includes the identifying and addressing of spiritual needs. Go to: <http://www.spiritualityandhealth.duke.edu/index.php/cme-videos>.

TRAINING OPPORTUNITIES

Certificate in Theology and Healthcare

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

FUNDING OPPORTUNITIES

Templeton Foundation Online Funding Inquiry

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

2019 Csth Calendar of Events...

Feb

- 27 **Neuroscience of prayer and spiritual growth**
Speaker: Lee S. Lawrence
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

Mar

- 21 **Spirituality and Health: Findings from the Nationwide Landmark Study and a 17-year Longitudinal Study of People with HIV**
David B. Larson Memorial Lecture, Durham, NC
Speaker: Gail Ironson, MD, PhD
Professor of Psychiatry and Psychology
University of Miami at Coral Gables
Duke Hospital North, Room 2001, 5:30-6:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 27 **Faith Community Nursing: Emerging Trends & Impact**
Speaker: Alyson Breisch, MSN, RN-C
Commissioned Minister of Congregational Health in the United Church of Christ
2006-2014 Health Ministries Association (HMA)
Director of Practice and Education
Parish/Congregational Nurses Program
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 29-31 **2019 Conference on Medicine and Religion**
Speaker: Multiple speakers
JB Duke Hotel, Durham, NC
Contact: Jeff Sokoloff (jsokoloff@ish-tmc.org)
See website <http://www.medicineandreligion.com/>

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

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