CROSSROADS…

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health | Volume 6 | Issue 7 | January 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 December 2016) go to: http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads

LATEST RESEARCH

Muslim Belief into Action Scale – English and Arabic Versions

Investigators at Indiana State University, Indiana University School of Medicine, and Duke University have modified an existing scale (BIAC) to measure religious involvement among Muslims, have translated it into Arabic, and have examined the psychometric properties of the scale among Muslim Arabs in the Middle East. A sample of 211 Arab speaking Muslims completed the 10-item Arabic BIAC and a range of psychosocial and religious measures, and 30 completed the scale a second time after one week. **Results**: Cronbach's alpha for internal reliability was 0.80 (95% CI 0.76-0.84) and the intra-class correlation (ICC) for test-retest reliability was 0.88 (95% CI 0.77-0.94). Convergent validity was demonstrated by high correlations (r=0.52-0.58) with existing religiosity scales (10-item Hoge Intrinsic Religiosity Scale and 12-item Muslim Religiosity Scale). Divergent validity was established by weak correlations with psychosocial scales (r=0.09-0.21). Construct validity was demonstrated by high correlations between individual items and total score on the scale (r=0.53-0.72). Factor analytic validity was established by a single factor that explained 81.8% of the variance (similar to that found for the original BIAC administered to older caregivers in the southeastern and southwestern U.S.). Researchers concluded that "The Arabic BIAC is a reliable and valid scale for assessing religious involvement in Muslim Arabic-speaking populations."
Citation: Alakhdhair S, Sheets V, Geib R, Alkhuwaildi A, Koenig HG (2017). Psychometric properties of the Arabic version of the Belief into Action Scale. Mental Health, Religion & Culture, Epub ahead of press
Comment: This is the most comprehensive measure of religiosity and religious commitment among Muslims published to date, and is recommended for all types of research examining relationships between religion and health in Arabic-speaking Muslim populations. To obtain an English or Arabic MS Word formatted version of the scale, contact Harold.Koenig@duke.edu.

Religion, Aging and Health: A Gobal Perspective

Zimmer and colleagues from the University of California at San Francisco (UCSF) and several other universities in the U.S., Canada, United Kingdom, Taiwan, and Japan reviewed research on the impact of religiosity/spirituality on health among older adults. Included in this review are data from the 2010-2014 World Values Survey that surveyed younger (<60 years) and older adults (>60 years) in China, India, US, Brazil, Nigeria, Pakistan, Russia, Japan, Mexico, Philippines, Germany, Turkey, and Thailand. Religiosity was assessed with the question "Do you consider yourself to be a religious person?" Those indicating "sometimes" or "often" were most prevalent in Pakistan (100%), Nigeria (94.3%), and Turkey (93.3%), and least prevalent in China (16.6%), Japan (30.1%), and Thailand (48.6%). Authors then proceeded to summarize research on connections between religiosity, spirituality and health in older persons, and go on to explain potential mechanisms. Future directions, including the importance of longitudinal data, cross-national studies, and the assessment of health expectancy (as opposed to life expectancy) were discussed. Researchers concluded: "…there is a need for a unified and nuanced approach to understanding how religiosity and spirituality impact on health and longevity within a context of global aging, in particular whether they result in longer healthy life rather than just longer life."
Citation: Zimmer Z, Jagger C, Chiu CT, Ofsterdal MB, Rojo F, Saito Y (2016). Spirituality, religiosity, aging and health in global perspective: A review. Social Science and Medicine - Population Health 2:373-381
Comment: This is one of the most recent reviews of the research on religion, spirituality and health in older adults, and therefore is worth knowing about.

Role of Religion/Spirituality in Behavioral Medicine

Leading psychologists in religion, spirituality, and health summarize the current knowledge and suggest research advances needed in the areas of cardiovascular disease, cancer, and substance abuse, those conditions most influenced by human behavior. They describe a conceptual model involving mediator and moderators to help explain the findings and guide future research. They also address barriers and challenges to doing research in this area, which is now on the edge of becoming an accepted as a mainstream topic in behavioral medicine.
Citation: Park, C. L., Masters, K. S., Salsman, J. M., Wachholtz, A., Clements, A. D., Salmoirago-Blotcher, E., Trevino, K., & Wischenka, D. M. (2016). Advancing our understanding of religion and spirituality in the context of behavioral medicine. Journal of Behavioral Medicine, June 24, E-pub ahead of press
Comment: An important overview of research in three key disease areas affected by health behaviors that are potentially influenced by religious beliefs. This article provides a nice introduction to this topic in behavioral medicine, integrates the existing findings into a theoretical model, and makes suggestions to facilitate the design of future studies in this area.

Spiritually-Oriented Cognitive Processing Therapy for Moral Injury in PTSD

Authors provide a rationale for the development of a new version of Cognitive Processing Therapy (CPT) that addresses "moral injury" in veterans and active duty military with post-traumatic stress disorder (PTSD) from serving in combat. CPT and Exposure Therapy are the most common psychological treatments for PTSD today. This new version of CPT, called Spiritually-Oriented Cognitive Processing Therapy (SOCPT), utilizes the religious and spiritual beliefs of active duty and retired military personnel to address the moral conflicts that result from killing others, almost being killed, experiencing the death of colleagues, being unable to protect civilians, and being put in morally compromising situations by commanders (and the loss of faith and spiritual struggles that often result from such experiences). The authors believe that moral injury stands directly in the pathway that leads to prolonged symptoms of PTSD and comorbid disorders (depression, substance abuse, anxiety, family problems, etc.). By addressing the inner conflict resulting from moral injury, the authors hypothesize that treatments for PTSD will be much more effective (only about 20% of those with PTSD now achieve anything close to full remission with current treatments). The approach here is patient-centered. A broad spiritual version of SOCPT is being developed for those who are "spiritual but not religious," and a religion-specific form of SOCPT for those who are religious. The latter focuses on sacred scriptures, rituals, and role models from the person's faith tradition. This approach acknowledges the guilt and shame that cannot be "cognitively processed," and addresses it through powerful rituals involving confession, penance, and cleansing. The great religions for centuries (indeed, for millenia) have provided ways to help those returning from combat to reintegrate back into society and heal. The authors believe that these procedures are as relevant today as they have been during the last 3,000 years of human history. It is argued that true wholeness for those experiencing moral injuries from severe trauma may not be possible without addressing these issues. This article, then, describes the background and the preliminary development of a spiritually-integrated intervention that mental health professionals of all disciplines may utilize in the comprehensive treatment of PTSD.

Citation: Koenig HG, Boucher NA, Oliver JP, Youssef N, Mooney SR, Currier JM, Pearce MP (2017). Rationale for spiritually-oriented cognitive processing therapy for moral injury in active duty military and veterans with post-traumatic stress disorder. Journal of Nervous and Mental Disease, January, E-pub ahead of print

Comment: Pilot data is now being collected at multiple VA Medical Centers and active duty military bases throughout the U.S. to develop a symptom measure of moral injury that can be the target of the spiritually-integrated intervention described above. This is necessary prior to the design and execution of a randomized clinical trial that compares SOCPT vs. standard CPT vs. pastoral care in the treatment of moral injury among veterans and service members. Funding for this trial is now being actively sought.

Spirituality and Recovery in Persons with Schizophrenia and Mental Health Providers

Investigators at the center on behavioral health, University of Hong Kong conducted qualitative semi-structured interviews with 18 persons diagnosed with schizophrenia and 19 mental health professionals (MHPs). Patients were recruited from psychiatric outpatient clinics in a large regional public hospital in Hong Kong, and MHPs from other public hospitals and non-government community mental health rehabilitation centers. MHPs included four psychiatrists, five nurses, three occupational therapists, and seven social workers. Grounded theory was the approach used to the data. Patients were 28% Christian, 11% Buddhist, 6% Chinese folk religion, and 56% none; mental health professionals were 58% Christian and 42% none. **Results** indicated that spiritual beliefs and practices were (1) essential to patients' sense of self, philosophy of life, growth after the illness, and the experience of peacefulness, and (2) intimately connected with their religion, interpersonal relationships, and experiences. Researchers concluded that: "Building a common understanding on the concept of spirituality and the significant role it plays in rehabilitation between clients and mental health professionals is an essential first step to support clients' spiritual health."

Citation: Ho RTH, Chan CKP, Lo PHY, Wong PH, Chan CLW, Leung PPY, Chen EYH (2016). Understandings of spirituality and its role in illness recovery in persons with schizophrenia and mental-health professionals: a qualitative study. BMC Psychiatry 16:86

Comment: This is one of the few studies that has examined the role of spiritual beliefs among patients with schizophrenia and mental health care providers in China. Both groups indicated that spirituality was an important part of the rehabilitation process.

Religion/Spirituality in Consultation-Liaison Psychiatry

Psychiatrists at Harvard Medical School's Massachusetts General Hospital and Brigham and Women's Hospital in Boston examine the ethics of providing recommendations regarding capacity among patients in medical settings, where religious/spiritual values are intertwined with psychological and medical issues. Religious beliefs of patients, families, and medical teams members may differ, resulting in a challenge for psychiatrists who are expected to address such issues, which often go beyond their scope of practice, their training, and may challenge their own religious beliefs. In this article, the authors address ethical issues in capacity assessment for those refusing medical treatments, help to define the scope of the psychiatrist's role as a consultant, and examine situations where the psychiatric consultant's religious values may be non-normative. Cases are provided to illustrate these issues.

Citation: Herschkopf, M. D., & Peteet, J. R. (2016). Ethical considerations regarding religion/spirituality in consultation psychiatry. Spirituality in Clinical Practice 3(3): 155-158.

Comment: An excellent discussion by two well-known academic psychiatrists with lots of experience consulting on medical patients, particularly those in oncology and palliative care. Dr. John Peteet will discuss this and other issues in the David B. Larson Memorial Lecture (see below)

Integrating Spirituality into Medical Care: Spiritual Interventions by Clinicians and Staff

Duke University and Adventist Health System researchers surveyed a convenience sample of 520 clinicians (83% physicians, 17% mid-level providers) and 217 nurses/staff in Adventist-affiliated outpatient medical practices (48% of medical practices approached agreed to participate). The purpose of this report was to examine the prevalence and correlates of controversial spiritual practices such as praying with patients, sharing personal religious beliefs, and encouraging patients religious beliefs for health reasons. The Adventist Healthcare System is the largest Protestant healthcare system in the U.S. and second only to Catholic Healthcare (Ascension and Catholic Health Initiatives) among faith-based health systems in size; however, only a small percentage of providers, staff, and patients are Seventh-Day Adventists). **Results**: With regard to praying with patients, 30% of clinicians and 49% of staff indicated that healthcare professionals (HPs) should pray with patients; 26% vs. 49% (respectively) that HPs should *initiate* prayer with patients; and 72% vs. 80% that such prayer is appropriate if *patient initiates* the request for prayer. Approximately half of clinicians (49%) and staff (48%) said that HPs should encourage greater religious activity among patients for

health reasons. Concerning behaviors currently engaged in, 15% of clinicians vs. 9% of staff indicated they often or always pray with patients, 24% vs. 25% said they share their personal faith with patients, and 28% vs. 22% indicated they encourage patients to become more active in their own religious faith for health reasons. However, 93% had little or no training on how to integrate spirituality into patient care. The strongest predictor of these spiritual practices with patients was HP self-rated religiosity.
Citation: Koenig HG, Perno K, Hamilton T (2017). Integrating spirituality into outpatient practice in the Adventist Health System. Southern Medical Journal, January, E-pub ahead of press
Comment: It appears that HP religiosity is driving spiritual practices with patients, rather than patient religiosity (which is the opposite of what should occur in patient-centered healthcare). This baseline survey was conducted prior to beginning an educational program (which included watching the CME/CE videos listed under **Resources** below) and a 12 month follow-up of participants to determine if such a program affects attitudes and changes behaviors. The results of that follow-up study are pending.

Religiosity and Self Rated Health

Investigators in the department of social psychology at the University of Nevada in Reno analyzed data from a 3-wave longitudinal study of 505 Christian participants in the General Social Survey (Wave 1 in 2006, Wave 2 in 2008, Wave 3 in 2010). The purpose was to examine the effects of religiosity on self rated health, and the effects of self rated health on religiosity. Assessed were religious affiliation that was categorized into three groups: Catholic, Conservative Protestant, and other Protestant. Religious activities and beliefs assessed included attendance at religious services, participation in other organized religious activities, frequency of prayer, conservativeness of religious beliefs (liberal, moderate, fundamentalist), confidence in God's existence, belief in the Bible as either a book of fables or the inspired word of God, and agreement that "sinners should be punished." Two categories were created: (1) religious activities and (2) conservative religious beliefs for inclusion in statistical analyses. Self-rated health was assessed by a single item ranging from poor to excellent (1-4). Structural equation modeling was used to analyze the data while controlling for gender, racial background, age, marital status, employment status, education, number of children, social class, and political orientation. **Results** indicated that paths from religiosity to self-rated health and from self-rated health to religiosity were significant. From Wave 1 to Wave 2, more conservative religious beliefs were associated with worse self-rated health, and better self-rated health was associated with less conservative religious beliefs; religious activities, in turn, were associated with improved self-rated health from Wave 1 to Wave 2. From Wave 2 to Wave 3, better self-rated health was again associated with less conservative beliefs (but not vice-versa), and religious activities were again associated with improved self-rated health; however, better self-rated health was associated with less frequent engagement in religious activities. Researchers concluded that the relationship between religious beliefs and self rated health is likely reciprocal, and that there appears to be a reinforcing cycle over time suggesting that relatively conservative religious beliefs predict worsening health, followed by relatively poor health predicting increasing conservative beliefs. They explain: "… people with conservative beliefs are more likely to neglect health behaviors because they are more focused on life after death, and more likely to defer personal control to God in matters pertaining to their health. Poor health, in turn, may reinforce conservative religious beliefs as people attempt to cope with health-related uncertainties and discomforts by becoming increasingly convinced of the absolute nature of their personal theology."
Citation: Doane MJ, Elliott M (2016). Religiosity and self-rated health: a longitudinal examination of their reciprocal effects. Journal of Religion and Health 55:844-855
Comment: The interpretation of the findings by authors is debatable. The explanation that those with conservative beliefs are more focused on life after death and therefore neglect their bodies is not convincing, given that considerable research suggests that those with conservative religious beliefs, particularly within minority communities, are very much focused on life here on earth and often do everything possible to extend it -- even during the last week of life (including spending more time in ICU, agreeing less likely to hospice, agreeing less likely to a DNR order, agreeing less likely to remove a family member from life support, etc.). Now, a neglect of careful attention to health, i.e., exercise, diet, etc., and defering this matter to God instead of making efforts to improve health behaviors, may be an issue. Education level and ethnic background may also be influential factors here, which while controlled for in statistical analyses, may still have influenced the results presented here.

Spiritual Changes following Cardiac Arrest

Researchers in the Netherlands compared the spirituality, coping, and quality of life between 72 survivors of a cardiac arrest and 98 patients with a myocardial infarction without cardiac arrest. Participants were surveyed two years after the cardiac event. Among survivors of a cardiac arrest, 60% responded; among those with myocardial infarction, 47% responded. Assessed were life satisfaction (LiSat-9), spiritual well-being (using the FACIT-Sp, which assesses "meaning and peace" and "faith"), coping (Proactive Coping Competence Scale), depression/anxiety (HADS), stress reactions after traumatic event (IES), severity of fatigue (Fatigue Severity Scale), and instrumental activities of daily living (Frenchay Activities Index). **Results**: Compared to those suffering myocardial infarction without cardiac arrest, those experiencing cardiac arrest were *less likely* to be impaired on the HADS (30% vs. 40%, p=0.02), but there was no significant difference in spiritual well-being, stress reactions, fatigue, activities of daily living, life satisfaction or coping style between the two groups. A regression model examining correlates of life satisfaction in the overall combined sample (n=144), indicated a positive association between life satisfaction (indicator of quality of life) and the "meaning and peace" subscale of the FACIT-Sp (B=0.50, p<0.01) independent of other significant correlates. No association, however, was found with the "faith" subscale (B=-0.05, p=0.40) after "meaning and peace" was controlled for.
Citation: Wachelder, E. M., Moulaert, V. R. M. P., van Heugten, C., Gorgels, T., Wade, D. T., & Verbunt, J. A. (2016). Dealing with a life changing event: The influence of spirituality and coping style on quality of life after survival of a cardiac arrest or myocardial infarction. Resuscitation 109:81-86.
Comment: This study is summarized because of the rarity of research on spiritual changes following cardiac arrest. Unfortunately, it examined these changes more than two years after the event, allowing for ample time to reach emotional, psychological and spiritual stabilization. The finding in the overall combined sample of greater life satisfaction among those with greater "meaning and peace" seems pretty obvious (a consequence of conflating psychological well-being and spiritual well-being in the FACIT-Sp). Lack of an association between life satisfaction and "faith" is also expected after controlling for meaning and peace (the likely mechanism by which faith affects life satisfaction) in these cross-sectional analyses.

Religion and Sexual Risk Behaviors among Black Adolescent Females

Dalmida and colleagues at the University of Alabama in Tuscaloosa and several other US universities surveyed 65 African-American girls ages 15-20 years (average 17.8) recruited from

Young Women's Christian Associations (YWCAs) located in a large metropolitan city in the southern United States. The purpose was to examine factors associated with adolescent sexual activity and risk for developing HIV and other sexually transmitted diseases. Religion/spirituality was assessed with a modified version of the Brief Multidimensional Measure of Religiousness/Spirituality (Fetzer), including importance of religious beliefs, religious attendance, religious affiliation, frequency of prayer, and frequency of meditation. In addition, "religious cognition" was assessed with the question "I believe in a God who watches over me." Sexual risk behavior was assessed using the AIDS Risk Behavior Assessment (Donenberg et al). Cognitive function was measured using the Cambridge Neuropsychological Test Automated Battery and was controlled for in analyses. **Results** indicated that over half of girls (58%) reported having sexual intercourse (average age at first encounter was 15.5 years), with nearly half (44%) involved in high risk sexual behavior. Among all religious characteristics, only religious cognition was inversely related to high risk sexual behavior. However, prayer, religiousness, importance of religion, and religious cognition were all positively related to age of first sexual encounter. Religious cognition and frequency of religious attendance were also inversely related to number of sexual partners. When adjusting for all other risk factors using hierarchical multiple linear regression, only religious cognition was related to overall high risk sexual behavior and later age at first sexual encounter.
Citation: Dalmida SG, Aduloju-Ajijola N, Clayton-Jones D, Thomas TL, Toscano RJE, Fleming T, Lunyong M (2016). Sexual risk behaviors of African-American adolescent females: the role of cognitive and religious factors. Journal of Transcultural Nursing, E-pub ahead of press
Comment: Interesting how powerful a single religious variable ("I believe in a God who watches over me") was in preventing (or at least modifying) high risk sexual behavior among these Black adolescent girls. Longitudinal studies are needed to help identify the direction of causation in this relationship.

Religion and Medical Decision Making in Hospitalized Older Adults

Researchers at Indiana University and Indiana University school of medicine conducted semi- structured interviews with 46 persons (45/46 family members) making decisions for seriously ill hospitalized older adults. Participants were referred by public facility hospitalists and medical intensive care units. Interviews were conducted within one month of the patient's hospital admission; if patient died during hospitalization, interviewers waited two months before contacting the surrogate decision-maker. All interviews were audio recorded and transcribed; grounded theory was used to handle the data. Participants were 76% female and 50% African-American. Religious affiliation was Baptist in 20%, Catholic in 11%, other Protestant/Christian in 52%, and none in 9%. **Results** of interviews revealed three themes: (1) religion's central role in decision-making, (2) sense of control, and (3) faith, death and dying. Many participants described the importance of their religious beliefs and faith during the decision-making process, particularly when decisions related to a matter of life or death. Many discussions centered around the topic of control, i.e., whether God was in control, whether there was shared control, or whether humans were in control. The role of faith in coping with death and dying (both for the patient and the surrogate decision-maker) was also a major theme.
Citation: Geros-Willfond KN, Ivy SS, Montz K, Bohan SE, Torke AM (2016). Religion and spirituality in surrogate decision making for hospitalized older adults. Journal of Religion and Health 55:765-777
Comment: This qualitative study underscores the importance of religious belief when making serious medical decisions that may affect the life and death of patients, particularly when family members have to make such decisions. The results emphasize the need to engage with family members about their own religious beliefs and how those beliefs are informing the decisions they are making for their loved ones.

NEWS

Harvard Symposium on Health, Religion, and Spirituality in Public Health

This day-long symposium, held on December 2, was attended by 125 persons from across the Harvard community and the U.S. The morning began with a presentation by biostatistician Tyler VanderWeele on the results of three ground-breaking studies from the Harvard School of Public Health on religious attendance, depression, suicide, and overall mortality based on longitudinal data from the Nurses' Health Study. Drs. Pargament and Koenig then commented on VanderWeele's presentation. This session was moderated by Dr. Howard Koh, former Assistant Secretary for Health for the U.S. Department of Health and Human Services. The afternoon sessions focused on the gap between religion/spirituality (R/S) and healthcare, on the gap between R/S and public health, and on the gap between R/S and whole person end-of-life care, with presentations by Daniel Sulmasy, Katherine Gavin, Christina Puchalski, Michael Balboni, and Tracy Balboni. Presentations were moderated by John Peteet, psychiatrist at the Dana Farber Cancer Institute. Many young Harvard graduate students and medical students were among the attendees. A link to videos of all presentations will soon be available.

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, Boson. 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. Suggested topics include faith-based cultural competency, treating and understanding addiction, smoking cessation, substance use, gambling or gaming addiction, trauma-informed care for Muslims,

spirituality and therapy, cultural diversity within Muslim populations, experiences of marginalization, role of Imam/Islamic centers in mental health services, help seeking and mental health stigma, family therapy, and Islamic history of mental health interventions. 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's Spirituality and Health 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 curriulum 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

Culture, Health, and Religion at the Millennium: Sweden Unparadised (Palgrave MacMillan, 2014)

From publisher: "The book presents interpretations of culture, health, politics, and religion in Sweden today, Sweden transforms from the well-functioning but existentially bland economic wonder to a more fragmented and gloomy society. Contributors include scholars from film studies, literary studies, political science, religious studies and theology." Available for $63.73 at: https://www.amazon.com/Culture-Health-Religion-Millennium-Unparadised/dp/1137472227/

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

End-of-Life Care Improvement Position

The Pew Charitable Trusts has an Associate I position open in the area of Improving End-of-Life Care. Interested applicants should contact Kevin De La Cruz at k.delacruz@jobtarget.com.

SHORT-TERM PAID INTERNSHIPS

Internship on Islam and Medicine

The Initiative on Islam and Medicine at the University of Chicago is offering a 6-8 week Internship Program (with stipend) for 1st and 4th year **medical students** in good standing at an LCME-accredited US medical schools. The program involves a mentored reading course that introduces students to the critical concepts in Islamic theology and law that undergird normative ethical frameworks within Islam, and covers seminal works in the extant Islamic bioethics literature. In addition, interns are invited to participate in an II&M sponsored bioethics workshop and in ongoing bioethics-relevant studies in progress at II&M such as studies on Muslim physician attitudes towards end-of-life care,

discourse analyses of the Muslim perspectives on healthcare reform or fatawa reviews on the permissibility of organ transplant, milk-banking, or other topics. Interested persons should inquire at initiative.islam.medicine@gmail.com. Full applications must be postmarked by February 17th, 2017.

COURSES

Certificate in Spiritual Care in Palliative Care

Register now for high-quality online certificate courses in spiritual care in palliative care. Available for chaplains ("spiritual care specialists") and nurses, social workers, doctors and others ("spiritual care generalists). Sponsored by the Healthcare Chaplaincy Network. To register, go to: https://www.healthcarechaplaincy.org/professional-continuing-education/online-certificate-courses.html. New courses start January 11, 2017.

ESSAY COMPETITION

Student Essay Competition in Spirituality & Health

An essay competition on the topic of Spirituality, Religion and Public Health is being held by a consortium of schools of public health, whose **deadline is January 3, 2017**. First prize is $1000, second prize is $600, and third prize is $300. The question to answer in the essay is: "What is the relevance, good or bad, of spirituality and/or religion to the health of the public and to the field of Public Health?" For more information and to submit your essay, go to http://www.spirituality-public-health-essay.com/ .

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 pscyhologists 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

2016-17 CSTH CALENDAR OF EVENTS…

January

1/21- 2/4 Spirituality and Health in Islamic Societies
King Abdulaziz University, Jeddah, Saudi Arabia
Speaker: Koenig, multiple talks
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

25 Bringing the Soul back into Psychiatry
Speaker: Dan G. Blazer, M.D., Ph.D.
J.P. Gibbons Professor of Psychiatry, DUMC
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

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)

PLEASE Partner with us to help the work to continue…

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