

# CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & 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 December 2017) go to: <http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

## LATEST RESEARCH

### The Moral Injury Symptom Scale – Military Version (MISS-M)

An interdisciplinary team of researchers from across the U.S. recently developed a 45-item measure of moral injury symptom severity for use in Veterans and Active Duty Military personnel with PTSD symptoms. PTSD is one of the most common and disabling mental disorders experienced by military personnel following deployment to a combat theater, is strongly associated with suicide and other psychiatric, social, and medical comorbidities, and is often resistant to pharmacological and psychological treatments. There is evidence that “moral injury” (MI) may stand in the way of effective treatment of PTSD. These two syndromes, while associated, are distinct. PTSD is characterized by symptoms of hyperarousal, hypervigilance, reexperiencing, and avoidance/numbing. In contrast, MI involves symptoms of internal ethical conflict resulting from “perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs” (Litz et al., 2009). Until now, only two published measures of MI existed (the *Moral Injury Events Scale* or MIES and the *Moral Injury Questionnaire-Military Version* or MIQ-M). Each assesses a combination of both events and symptoms of MI. Combining events and symptoms affects research that seeks to examine treatments for MI, since including events in these measures (events that cannot change in response to interventions) complicates the assessment of change in MI over time. The MISS-M assesses symptoms of MI *only*, symptoms acknowledged by trauma experts to be characteristic of this syndrome: guilt, shame, betrayal, moral concerns, loss of trust, loss of meaning, difficulty forgiving, self-condemnation, spiritual/religious struggles, and loss of religious faith. To date, the MISS-M is the only measure that focuses on symptoms alone and is the most comprehensive of all measures of MI, assessing 10 dimensions of this construct that include both psychological and religious symptoms of inner conflict over moral transgressions during war.

*Citation:* Koenig, H.G., Ames D, Youssef N, Oliver JP, Volk F, Teng EJ, Haynes K, Erickson Z, Arnold I, O'Garro K. Pearce MJ. The Moral Injury Symptom Scale – Military Version. *Journal of Religion and Health*, December 1, 2017, E-pub ahead of press (DOI: 10.1007/s10943-017-0531-9; for full text, go to <http://rdcu.be/z9Yo>).

*Comment:* The MISS-M is the first published psychometrically reliable and valid “pure” symptom measure of MI that includes both psychological and religious/spiritual symptoms and can now serve as outcome measure for treatment studies targeting MI. It is ideal measurement of MI symptoms in intervention studies that target MI as a primary or secondary outcome. A brief 10-item version of the MISS-M (i.e., the MISS-M-SF) is also being developed for clinicians wishing to screen for MI in Veterans and military personnel.

### Connecting Religious Involvement to Human Flourishing

Tyler VanderWeele, professor of epidemiology and biostatistics at Harvard's T.H. Chan School of Public Health, examines the connections between participation in religious services and human flourishing in this article. Aspects of human flourishing related to religious community involvement include happiness and well-being, mental and physical health, purpose and meaning, development of virtue and character, and strengthening of social relationships. Although social support plays an important role in these relationships, VanderWeele emphasizes that social factors explain only a small portion of the variance in these associations, suggesting that other mechanisms are likely explanatory including religious beliefs, values, attitudes and behaviors that religious communities endorse.

*Citation:* VanderWeele, T.J. (2017). Religious communities and human flourishing. *Current Directions in Psychological Science* 26 (5): 476-41

*Comment:* A seminal article that helps to place the study of religious participation “on the map” of mainstream psychological, social and behavioral sciences. This is a well written and balanced essay covering both the positive and negative effects of religious involvement.

### Is Religious Involvement Associated with Better Sleep?

Neal Krause and Gail Ironson from the University of Michigan and University of Miami analyzed data from a nationwide cross-sectional survey of 1,774 adults age 18 or older participating in the U.S. Landmark Spirituality and Health Survey. Measures of religious attendance, spiritual support (three items), and God-mediated control (three items) were administered. General hope was also assessed using a three-item indicator. Sleep quality was assessed by two questions asking about difficulty falling asleep and overall quality of sleep. Structural equation modeling was used to analyze the data, controlling for age, gender, education, and marital status. **Results:** Although none of the measures of

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religious involvement were directly related to better sleep, indirect effects were noteworthy: frequent religious attendance was associated with greater spiritual support from fellow church members; greater spiritual support from fellow church members was associated with stronger beliefs about God-mediated control; stronger God-mediated control beliefs was associated with greater hope; and finally, greater hope was associated with better sleep quality.

*Citation:* Krause, N., & Ironson, G. (2017). Is involvement in religion associated with better sleep quality? *Pastoral Psychology* 66:595-608.

*Comment:* This is one of the few studies examining the relationship between religious involvement and sleep quality. Since it is a cross-sectional study, causal relationships cannot be determined. However, the results reported here support the design of future longitudinal studies that may help to determine whether a devout religious life results in a good night's sleep, or whether a good night's sleep can improve one's spiritual life.

### Social Utility of Hallucinations

Paul Kauffman at the Center for Classical Studies, Australian National University, analyzed data on 95 people experiencing persistent hallucinations (non-drug-induced) living in Europe, North America, and Australasia. His goal was to examine the role that hallucinations (particularly religious hallucinations) can play in community life, work or occupational activities, and family/non-family relationships. Among individuals with hallucinations examined by the author are founders of religious and philosophical movements, monarchs, and mental health professionals, all of whom are known to have reported "visions." Kauffman analyzed the historical records of 95 persons, and when available, the extended life histories of these individuals (n=39). Hallucinations were defined by Sacks (2013) as: "percepts arising in the absence of any external reality - seeing things or hearing things that are not there." Included in the list of individuals of those reporting hallucinations were Socrates, Jesus of Nazareth, St. Francis of Assisi, King Charles VI of France, King Henry VI of England, Peter I of Bourbon, Joan of Arc, Martin Luther, George Fox, John Wesley, William Blake, Emmanuel Swedenborg, Joseph Smith, Anton T. Boisen, the son of Albert Einstein, Princess Alice of Greece, and Theodore Dostoyevsky. Included in this group were several mental health professionals, including Dr. Frederick Frese, Dr. Elyn Saks, and Dr. Rufus May. The visions experienced by these individuals were termed "non-insane hallucinations -- without mental disorder." The author suggests that patients with hallucinations (including those with schizophrenia) may do better if provided with a useful occupation and social contacts away from immediate family members. Kauffman suggested that such individuals -- those with chronic mental disorders such as schizophrenia -- might benefit from involvement in organized religious activities that provide structure, social support, prayer, worship, and singing. The author concludes by providing an outline for the "scientific study of effective psychosocial support to supplement medication for schizophrenia."

*Citation:* Kauffman, P. R. (2016). May hallucinations have social utility? A proposal for scientific study. *Journal of Nervous and Mental Disease* 204 (9): 702-712

*Comment:* A fascinating article describing the lives of famous persons from all walks of life who report having hallucinations, individuals who may or may not have been diagnosed today with schizophrenia. It is well known that those with chronic psychoses do better in developing non-western countries where they may be viewed as gifted individuals and given a special role to play in society (sometimes as spiritual leaders or healers).

### Religiosity, Spirituality, Substance Use and Depression in Sexual Minority Women

Researchers at the school of social work at San Jose State University, Columbia University, and other academic institutions examined the relationship between religiosity, spirituality, hazardous drinking, illicit drug use, and depression in 699 sexual minority women (74% lesbian, 26% bisexual) living in Chicago, Illinois (the Chicago Health and Life Experiences of Women Study). Participants were 36% African-American, 23% Hispanic, and 37% white; the majority (54%) were age 40 or under. Religiosity was assessed by two questions: religious preference and self-rated religiosity; responses were categorized into no religious preference/not at all religious, somewhat religious, and very religious. Spirituality was assessed by the question: "We would also like to know about your spirituality. By 'spirituality,' we mean how often you spend time thinking about the ultimate purpose of life or your own relationship to a higher power in life. In this sense, would you say that you currently are 'very spiritual', 'somewhat spiritual', or 'not at all spiritual.'" [Note the brief question about religiosity and quite detailed and suggestive question about spirituality]. Few women indicated they were very religious (14%) or even somewhat religious (35%), compared to those who said they were very spiritual (48%) or somewhat spiritual (43%). Outcomes examined were (1) hazardous drinking (6 or more drinks/day, getting drunk, symptoms of alcohol dependence, or adverse drinking consequences, e.g., drinking while driving, etc.), (2) drug use (nonmedical use of tranquilizers, sleep pills, or painkillers and any use of illicit drugs), and (3) depression (single question asking about two weeks or more of feeling down plus additional depressive symptoms). Time frame for all outcomes was the past 12 months. Logistic regression was used to control for age, education, employment, partnership status, and children living at home. **Results:** No relationship was found between religiosity and any of the three mental health outcomes; however, among those with high religiosity, African-American women were more likely than White women to report hazardous drinking. For spirituality, no relationship was found with either hazardous drinking or drug use, but those who were "very spiritual" were nearly twice as likely to report an episode of depression in the past 12 months (OR=1.94, 95% CI 1.00-3.77, p<0.05). Furthermore, among women with high spirituality, Latina women were more likely than White women to report using prescription drugs inappropriately or illicit drugs.

*Citation:* Drabble, L., Veldhuis, C. B., Riley, B. B., Rostosky, S., & Hughes, T. L. (2017). Relationship of religiosity and spirituality to hazardous drinking, drug use, and depression among sexual minority women. *Journal of Homosexuality*, Sept 20, E-pub ahead of press.

*Comment:* The way in which the spirituality question was asked clearly favored spirituality over religiosity, as is often done these days. Nevertheless, the findings reported here are sobering. The cross-sectional relationships reported above are quite different from those found in heterosexual women, where substance use is consistently lower and depression often less frequent among those who are more religious or spiritual. Thus, the particular population chosen may affect whether religiosity/spirituality is positively or negatively related to mental health.

### "Attachment to God" Mediates Relationship between View of God and Mental Health

Investigators at Boston University examined the relationship between views of God (as benevolent vs. authoritarian) and mental health in the sample of graduate students. Results indicated that a benevolent view of God was inversely associated with mental

health problems, although this relationship was fully mediated by having a close attachment to God. Only the abstract was available at the time of this review, so details are lacking; however, readers may be able to obtain a full copy of the article by contacting the senior author at Boston University (Esther Tung; [etung@bu.edu](mailto:etung@bu.edu)).  
*Citation:* Tung, E. S., Ruffing, E. G., Paine, D. R., Jankowski, P. J., & Sandage, S. J. (2017). Attachment to God as mediator of the relationship between God Representations and mental health. *Journal of Spirituality in Mental Health*, Nov 13, Epub ahead of press.

*Comment:* More and more research is showing that an individual's "attachment to God" influences the relationship between religiosity or religious activity and mental health in monotheistic religions.

### Religious Social Support, Religiosity, and Mental Health in African-Americans

Cheryl Holt and colleagues from the University of Maryland, Johns Hopkins, and Saint Louis University analyzed data from a 5-year longitudinal study of 766 African-Americans (average age 59, 64% female, 38% currently married, 47% with incomes <\$30,000/yr). Religious social support was examined as a mediator between religiosity and a wide range of mental and physical health outcomes. Religious support was assessed using Krause's 8-item scale that measures positive and negative social interactions in church settings. Religious involvement was assessed by a 9-item measure of religious beliefs/behaviors. Structural equation modeling was used to analyze the data collected over three waves of telephone interviews. **Results:** Positive church-based social interactions predicted a decrease in depressive symptoms and decline in heavy drinking, while negative church-based social interactions predicted an increase in depressive symptoms (although had no effect on drinking behavior). Negative religious interactions also predicted a decline in emotional functioning over time (but had no effect on changes in physical function). Researchers also found that positive church-based social interactions mediated the inverse relationship between religious behaviors and depressive symptoms, poor emotional functioning, and heavy drinking. Researchers concluded: "The present findings have important implications for working with faith-based organizations to foster and protect mental health among African-Americans."

*Citation:* Holt, C. L., Roth, D. L., Huang, J., & Clark, E. M. (2017). Role of religious social support in longitudinal relationships between religiosity and health-related outcomes in African Americans. *Journal of Behavioral Medicine*, Aug 3, E-pub ahead of press.

*Comment:* Longitudinal studies that examine the impact of religious involvement on health outcomes are a high priority in this field, as they provide evidence that may (or may not) support a causal relationship. This study, then, provides an important contribution to the literature, although the findings are somewhat difficult to decipher given the complex presentation of results.

### Religious Involvement, Religious Coping and Health Behaviors in African-Americans

This is the second report from the above researchers examining the longitudinal effects of religious involvement on health. In this report, they examine the effects of religiosity on religious coping and health behaviors over a 5-year period from data collected during three waves of telephone interviews with 565 adult African-Americans. As in the earlier report, religious participation was measured using a 9-item measure of religious beliefs/behaviors. Religious coping (RC), in turn, was assessed with a six-item version of the Brief RCOPE (three positive RC items and three negative RC items). Health behaviors assessed in this study were diet, physical activity, alcohol use, and a wide range of cancer screening behaviors. **Results:** Baseline positive or negative RC

did not predict change in any health behavior over time. Religious beliefs/behaviors at baseline, however, did help to attenuate the modest decrease in positive RC observed across the 5 years of follow-up (although did not affect changes in negative religious coping). Overall, both positive and negative RC demonstrated a stable pattern with little change over time.

*Citation:* Holt, C. L., Roth, D. L., Huang, J., Park, C., & Clark, E. M. (2017). Longitudinal effects of religious involvement on religious coping and health behaviors in a national sample of African Americans. *Social Science & Medicine*, E-pub ahead of press.

*Comment:* Again, longitudinal studies of this type are crucial for studying relationships between religion and health. One issue that deserves mention is that there appeared to be very little change in either religious coping or health behaviors during the 5-year follow-up. If there is little change in health behavior over time, measures of religious involvement or religious coping (or any other characteristic no matter how influential) are unlikely to predict change.

### Spirituality, Emotional Distress, and Post-Traumatic Growth in Breast Cancer Survivors and Partners

Researchers at Indiana University examined the association between spirituality and well-being in 498 breast cancer (BC) survivors and partners (usually spouses). Spirituality was assessed with Reed's 10-item Spiritual Perspective Scale, which includes questions or statements such as "In talking with your family or friends, how often do you mention spiritual matters?"; "Seeking forgiveness is an important part of my spirituality"; and "My spirituality is a significant part of my life." Emotional distress was assessed by the 20-item Impact of Events-Revised Scale (IERS). Posttraumatic growth (PTG) was assessed with the 21-item PTG Inventory. Examined was the association between the breast cancer patient's spirituality, their own emotional state, and their PTG (called "actor effects") and the effects of their spirituality on their partner's emotional state and PTG ("partner effects"). **Results:** BC survivor spirituality was positively correlated with all indicators of their own PTG and was inversely related to the avoidance subscale of the IERS. Similarly, their partner's spirituality was positively correlated with all indicators of the partner's PTG, but was not associated with any indicators of emotional distress. Regression analyses were used to control for age, stage at initial diagnosis, and years since diagnosis. Results of those analyses indicated no association between the BC survivor's spirituality and their emotional distress; however, higher levels of their partner's spirituality was associated with fewer intrusive thoughts in BC survivors. Spirituality was positively related to PTG in both BC survivors and their partners; partner's spirituality, however, was not related to PTG in BC survivors nor was BC survivors' spirituality related to PTG in their partners. Researchers concluded that: "Following diagnosis and treatment, spirituality appears to associate with positive growth in BC survivors and their partners. However, BC survivor and partner spirituality seem to be ineffective at impacting the other's posttraumatic growth or emotional distress, with the exception of intrusive thoughts."

*Citation:* Gesselman, A. N., Bigatti, S. M., Garcia, J. R., Coe, K., Cella, D., & Champion, V. L. (2017). Spirituality, emotional distress, and post-traumatic growth in breast cancer survivors and their partners: an actor-partner interdependence modeling approach. *Psycho-oncology*, 26(10), 1691-1699.

*Comment:* This is an interesting study that examines the associations between the spirituality of BC survivors and of their partners on emotional health and emotional growth (of themselves and each other) following the diagnosis of breast cancer in a large sample of BC survivors and spouses. Spirituality was clearly related to post-traumatic growth in each member of the pair, but did not appear to have much influence on each other's growth or emotional state.

## Heart Failure Patients' Desire for Spiritual Care

Researchers in the department of psychology at the University of Connecticut examined (a) desire for spiritual care by healthcare providers, (b) perceived constraints, and (c) unmet spiritual needs among patients with congestive heart failure. Although details are lacking due to availability of the abstract only, investigators indicated that nearly half of their participants had high levels of unmet spiritual needs and indicated a moderately strong desire to have those spiritual needs addressed by healthcare providers (physician or others). Unmet spiritual needs predicted worse spiritual, psychological, and physical well-being, depending in part on whether patients wanted to discuss their spiritual needs.

*Citation:* Park, CL, Sacco SJ (2017). Heart failure patients' desires are spiritual care, perceived constraints, and unmet spiritual needs: Relations with well-being and health-related quality of life. *Psychology, Health & Medicine* 22 (9):1011-1020

*Comment:* Although this summary provides few details, readers should be aware of this publication, and a fulltext version of the study may be obtained by contacting Crystal Park ([Crystal.park@uconn.edu](mailto:Crystal.park@uconn.edu)).

## Integrating Religion/Spirituality into Clinical Practice

Holly Oxhandler from Baylor University and Danielle Parish from the University of Houston schools of social work surveyed 550 (out of 3500) licensed clinical psychologists, advanced practice nurses (APN), marriage and family therapists (LMFT), clinical social workers (LCSW), and professional counselors (LPC) from across the state of Texas, with the purpose of describing and comparing views and behaviors concerning the integration of religion/spirituality (RS) into clinical practice. The average age of participants was 52 years, 73% were female, and 79% were white/Caucasian. Attitudes and behaviors were assessed using the 40-item Religious/Spiritually Integrated Practice Assessment Scale (RSIPAS) (Oxhandler & Parish, 2016), which assesses four domains: (1) self-efficacy with regard to integrating clients' RS into practice; (2) attitudes toward integrating clients' RS into practice; (3) perceived feasibility of engaging in a RS integrated practice; and (4) behaviors related to integrating clients' RS into practice. Participants also completed the 5-item DUREL. **Results:** Overall, LMFT, LPC, and APN were significantly more religious than psychologists or LCSW ( $p=.002$ ), and this was reflected in their attitudes and behaviors. LMFT's were significantly more likely than other health professionals to score high on self-efficacy, perceived feasibility, and self-reported behaviors related to integrating RS into clinical practice ( $p<0.001$ ). Nevertheless, all five professions scored relatively high on all four dimensions of the RSIPAS scale, leading researchers to conclude: "These encouraging results not only indicate helping professionals' openness to integrating clients' RS, but also highlight key differences in training, self-efficacy, views of feasibility, and implementation."

*Citation:* Oxhandler, H. K., & Parrish, D. E. (2017). Integrating clients' religion/spirituality in clinical practice: A comparison among social workers, psychologists, counselors, marriage and family therapists, and nurses. *Journal of Clinical Psychology*, Epub ahead of press.

*Comment:* Although the relatively low response rate (15%) suggests that these findings may represent a "best case scenario" (given that religious professionals are probably more likely to respond to a questionnaire about integrating RS into clinical practice), the findings suggest that a substantial proportion of respondents seemed open to integrating religion/spirituality into clinical practice. The RSIPAS scale developed by study authors appears to be an excellent measure for assessing clinicians' attitudes and behaviors in this regard. Finally, it is important to note that this paper was published in a mainstream psychology journal, indicating a growing interest in the topic.

## SPECIAL EVENTS

### 16<sup>th</sup> Annual David B. Larson Memorial Lecture

(Durham, North Carolina, March 1, 2018)

**Welcome** to the David B. Larson Lecture on Religion, Spirituality and Health. No reservations are required. The 16<sup>th</sup> annual lecture is being given by Warren Kinghorn, M.D., Th.D., Associate Professor of Psychiatry, Duke University Medical Center, and Associate Research Professor of Psychiatry and Pastoral and Moral Theology at Duke University Divinity School. The title is: *From Machines to Wayfarers: How Not to be a Dualist in Health Care*. The event will be held at Duke Hospital North, Room 2001, from 5:30-6:30P on Thursday, March 1, 2018. Mark your calendars now. For more information, go to: <http://www.spiritualityandhealth.duke.edu/index.php/scholars/david-b-larson>.

### 6<sup>th</sup> European Conference on Religion, Spirituality and Health PRE-CONFERENCE Workshop

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

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

### 6<sup>th</sup> European Conference on Religion, Spirituality and Health & the 5<sup>th</sup> International Conference of the British Association for the Study of Spirituality

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

These two European conferences are meeting jointly in 2018, making for a particularly attractive program in a beautiful area of England. The main theme of the conference will be "Forgiveness in Health, Medicine and Social Sciences." The Coventry Lecture will be delivered by Everett Worthington on the dimensions of forgiveness. Keynote speakers include Anthony Bash (Durham University, England), Arndt Bussing (University of Witten/Herdecke, Germany), Robert Enright (University of Wisconsin-Madison), Deborah Lycett (Coventry University, England), and numerous other high quality speakers from Europe and around the world. Nearly 120 abstracts have been submitted for oral and poster presentations. For more information, go to: <http://www.ecrsh.eu/ecrsh-2018>.

### 4<sup>th</sup> International Spirituality in Healthcare Conference

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

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

## 15<sup>th</sup> Annual Duke University Summer Research Workshop

(Durham, North Carolina, August 13-17, 2018)

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 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 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 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

### Spirituality in Nursing: Standing on Holy Ground, 6<sup>th</sup> edition

(Jones & Bartlett Learning, 2017)

From the publisher: "[This book] explores the relationship between spirituality and the practice of nursing. The text focuses on relevant topics in contemporary nursing such as the spiritual history of nursing, assessment of patient's spiritual needs, the nurse's role in spiritual care as well as the the nurse patient relationship and spiritual needs. The Sixth Edition also features three author developed theoretical models for nursing practice and an instrument to measure spiritual well-being, the "Spiritual Assessment Scale." Key Features: Expanded and updated content on contemporary spirituality in nursing across New chapter addressing the spirituality needs in recent mass casualty events (Boston Marathon bombing, Paris and Brussel attacks) New chapter detailing the ministry and nursing practice of Catherine of Siena Application of the Author developed theoretical models for nursing practice Spiritual Assessment Scale Instructor Resources: Case Studies Discussion Questions." Available for \$22.52 (used) or \$64.04 (new) at <https://www.amazon.com/Spirituality-Nursing-Standing-Holy-Ground/dp/1284121003/>.

### Smokescreen: A Jewish Approach to Stop Smoking (Wellbridge Books, 2017)

From the publisher: "Smokescreen may initially present itself as a program to quit smoking and does so in a way that addresses the reader personally and effectively. Included is a vast array of motivational ideas and operational techniques that integrate Jewish philosophy and current psychological approaches. Almost immediately, the book expands into an approach to living and values that elevate a cessation manual on smoking into a journey of awareness and potential for living a meaningful life. All the golden insights of Judaism and psychology synthesize into a guidebook for personal effectiveness and significance." Available for \$24.95 (new) at <https://www.amazon.com/Smokescreen-Jewish-Approach-Stop-Smoking/dp/1942497288/>

## 2017 Religion-Mental Health Book Series

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

(Amazon: CreateSpace Platform, 2017)

For mental health professionals, clergy, researchers, and laypersons interested in the relationship between religious involvement and mental health in Protestant Christians. Available for \$7.50 at: <https://www.amazon.com/dp/1544642105/>

### Catholic Christianity and Mental Health: Beliefs, Research and Applications

(Amazon: CreateSpace Platform, 2017)

For mental health professionals, clergy, researchers, and laypersons interested in the relationship between religion, spirituality and mental health in Catholics. Available for \$7.50 at: <https://www.amazon.com/Catholic-Christianity-Mental-Health-Applications/dp/1544207646>

### Islam and Mental Health: Beliefs, Research and Applications

(Amazon: CreateSpace Platform, 2017)

For mental health professionals, clergy, researchers, and laypersons interested in the relationship between religion, spirituality and mental health in Muslims. Available for \$7.50 at: <https://www.amazon.com/Islam-Mental-Health-Research-Applications/dp/1544730330>.

### Hinduism and Mental Health: Beliefs, Research and Applications

(Amazon: CreateSpace Platform, 2017)

For mental health professionals, clergy, researchers, and laypersons interested in the relationship between religion, spirituality and mental health in Hindus. Includes original research on current religious beliefs/practices in Hindus from India and throughout the world. Available for \$7.50 at: <https://www.amazon.com/dp/1544642105/>

### Judaism and Mental Health: Beliefs, Research and Applications

(Amazon: CreateSpace Platform, 2017)

For mental health professionals, clergy, and researchers interested in the relationship between religion, spirituality and health in Judaism. Available for \$7.50 at: <https://www.amazon.com/Judaism-Mental-Health-Research-Applications/dp/154405145X/>

### Buddhism and Mental Health: Beliefs, Research and Applications

(Amazon: CreateSpace Platform, 2017)

For mental health professionals, clergy, researchers, and laypersons interested in the relationship between religion, spirituality and mental health in Buddhists. Available for \$7.50 at <https://www.amazon.com/dp/1545234728/>

## You Are My Beloved. Really?

(Amazon: CreateSpace Platform, 2016)

How does God feel about us? This book examines the evidence for God's love from Christian, Jewish, Muslim, Buddhist and Hindu perspectives based largely on the sacred scriptures from these traditions. Those of any age with an open mind -- especially if going through hard times -- will find this book enlightening, inspiring, and possibly transforming. Written for Christians, non-Christians, those who are religious, those who are spiritual, and those who are neither. Available for \$8.78:

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

## 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/>

## Integrating Spirituality into Patient Care CME/CE Videos

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

<http://www.spiritualityandhealth.duke.edu/index.php/cme-videos>

## 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/>

### Post-Doc in Evolution of Religion and Cooperation at Max Planck Institute

A position for a post-doctoral researcher in the evolution of religion and cooperation has been announced by the Max Planck Institute for Evolutionary Anthropology (Leipzig, Germany). The Institute unites scientists with various backgrounds (natural sciences and humanities) whose aim is to investigate the history of humankind from an interdisciplinary perspective with the help of comparative analyses of genes, cultures, cognitive abilities, languages and social systems of past and present human populations as well as those of primates closely related to human beings. The Institute invites applications for a post-doctoral researcher in the evolutionary, cognitive, cultural and/or behavioral sciences of religion. The candidate will work under the direct supervision of Dr. Benjamin Purzycki (Senior Researcher). The contract period is for 2 years. The salary is according to the German public service pay scale. The Institute is looking for a researcher with a background in methods and/or data analysis interested in working on a series of projects examining the cross-cultural co-evolution of religion and cooperation. The ultimate goal is to develop ways of examining and explaining cross-cultural variation in the domain of religion. The central questions being asked are: Do specific socioeconomic and ecological conditions contribute to the content of religious beliefs and the costs, timing, and placement of ritual behaviors? Do salient, locally specific problems feed into the forms religions take? If so, how? Does the form that religions take reduce the costs of corresponding problems? The successful candidate will have opportunities to analyze already-collected data, take the lead in ongoing projects, write reports and collaborate on publications with the supervisor and his research network. Interested applicants should contact Benjamin Purzycki ([bgpurzycki@GMAIL.COM](mailto:bgpurzycki@GMAIL.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, 2018**, with decisions communicated no later than September 29, 2018. Large Grants are defined as requests for more than \$217,400. The deadline for OFIs related to large grant requests is **also August 31, 2018**. All decisions on large grant OFIs are communicated by September 29. The three main areas in religion, spirituality and health that the Foundation funds are: (1) research on causal mechanisms (basic psychosocial, behavioral, and physiological pathways), (2) increasing competencies of health care professionals in working with religious patients (physicians, but also psychologists and experts in public health), and (3) research involving the development of religious-integrated interventions that lead to improved health. More information:

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

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

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

## 2018 CSTH CALENDAR OF EVENTS...

### January

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

### February

- 28 **Associations between religious service attendance and mortality, depression and suicide: Is it casual? What are the mechanisms?**  
**Speaker:** Tyler VanderWeele, Ph.D. (via Skype)  
Professor of Epidemiology and Biostatistics  
Harvard T.H. Chan School of Public Health  
Center for Aging, 3rd floor, Duke South, 3:30-4:30  
**Contact:** Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))