

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 2018) go to: <http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

LATEST RESEARCH

Religious Coping and Effects of Stress on Course of HIV Infection

Gail Ironson and colleagues from the department of psychology at the University of Miami at Coral Gables examined the impact of stressful death or divorce on psychological and immune outcomes over 12 months in 45 patients with HIV (who had experienced that) and 112 control subjects with HIV who had not suffered a stressful death/divorce. All participants were in the mid-range of HIV infection at the start of the study (CD4 counts 150-500). The purpose was to examine whether religious coping or social support influenced the effects of these stressors on physical and mental health. Religious coping was assessed with the 4-item subscale of the COPE Inventory, and social support by the 7-item ENRICH Social Support Instrument. Outcomes included viral load, CD4 count, depressive symptoms (BDI), and state anxiety (assessed by State-Trait Anxiety Inventory). Mixed models were used to examine the effect of stressor group membership over time on outcomes. **Results:** No difference in change of depression or CD4 count overtime was found between stressed and non-stressed subjects; however, a significant group by time effect was present for viral load and for anxiety level; viral load and anxiety level increased significantly over time among those experiencing a stressful death or divorce (vs. not). Change in use of religious coping after the stressor predicted changes in viral load; those who increased their use of religious coping after the stressor experienced a slower increase in viral load than did those not increasing their religious coping ($F=6.82, p=0.01$); a similar effect was not seen for increases in social support on viral load. Changes in religious coping and social support were not associated with changes in anxiety, and baseline pre-stressor religious coping and social support did not predict change over time in viral load or anxiety. Researchers concluded: "Increased use of religious coping after the stressful death/divorce was associated with slower increases in viral load."

Citation: Ironson, G., Henry, S. M., & Gonzalez, B. D. (2018). Impact of stressful death or divorce in people with HIV: A prospective examination in the buffering effects of religious coping

and social support. *Journal of Health Psychology*, in press (<https://doi.org/10.1177/1359105317726151>)

Comment: This study represents another important contribution from this well-known research group with regard to the effects that religious involvement has over time on physical and emotional functioning of those with HIV.

Religious Involvement and Risk of Coronary Heart Disease

Researchers from Ilam University of Medical Sciences in Iran and other universities conducted a case-control study involving 190 cases of nonfatal coronary heart disease (CHD), comparing these patients with 383 hospital-based controls. All Muslim participants with CHD admitted to Mostafa Khomeini Hospital in Ilam between October 2013 and May 2014 were included in this study, with a response rate of 95%. Two control patients admitted to the hospital during this time were matched with each case; controls were matched by age and gender, but had no history of CHD. Religious beliefs were assessed using the 97-item Persian Religiosity Questionnaire, which measures three dimensions of religiosity (religious belief, religious commitment, and religious emotions). Those scoring in the highest quartile were compared to those scoring in the lowest quartile on each of the three religious dimensions and on the overall scale. Logistic regression was used to control for other predictors of CHD (family history of CHD, smoking, passive exposure to smoking, birthplace, marital status, education, job category, fasting blood sugar, HDL, LDL, total cholesterol, triglyceride, systolic blood pressure, and diastolic blood pressure). **Results:** Average age of participants was 56 years and 56% were men. Logistic regression indicated that the odds ratio (OR) for CHD for those with high religious beliefs was 0.20 (95% CI=0.06-0.59), for those with high religious commitment was 0.36 (95% CI = 0.13-0.99), and for those with high religious emotions was 0.39 (95% CI = 0.18-0.87). For those with high total religiosity on the scale, the OR was 0.30 (95% = 0.13-0.67), i.e., those with CHD were 70% less likely to score high on religiosity compared to controls. Researchers concluded: "The present case-control study showed a dose-response association between increased level of R/S [religion/spirituality] and lower odds of CHD."

Citation: Hemmati, R., Bidel, Z., Nazarzadeh, M., Valadi, M., Berenji, S., Erami, E., Al Zaben, F., Koenig, H.G., Moghaddam, A.L., Teymouri, F., Sabour, S., Ghanbarizadeh, S.R., Seghatoleslam, T. (2018). Religion, spirituality and risk of coronary heart disease: a matched case-control study and meta-analysis. *Journal of Religion and Health*, in press (<https://doi.org/10.1007/s10943-018-0722-z>)

Comment: This is one of the few case-control studies examining the prevalence of religious involvement in those with and without coronary heart disease, and may be the first such study published on Muslim patients in Iran. The careful control for other risk factors of CHD is a strength of this study. The authors are correct in indicating that: "The possible causal nature of the observed association warrants [a] randomized clinical trial with [a] large sample size."

EXPLORE...in this issue

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Does Major Depressive Disorder Affect Religion?

Researchers at Columbia University conducted a 5-year prospective study of 281 persons at high risk and low risk for major depressive disorder (MDD), examining the effects of MDD on religious/spiritual (R/S) involvement assessed 5 years later. Those at high risk for MDD had parents who had MDD, making them high risk, whereas those at low risk did not. Participants were assessed over seven waves (baseline, 2 years, 10 years, 20 years, 25 years, 30 years, and 35 years). Although not clear if MDD was assessed at every wave, it was assessed at 30-year follow-up using the SADS (a structured psychiatric interview). Single items assessing importance of R/S and frequency of religious attendance were assessed at the 10-year follow-up and every wave after that; in addition, a larger battery of R/S measures were administered at the 35-year follow-up (R/S commitment, contemplative practice, sense of interconnectedness, experience of love, altruistic engagement). MDD in this analysis was assessed only at the 30-year follow-up, 5 years prior to the larger battery of R/S measures and the R/S importance and attendance variables administered at the 35-year follow-up. Adjusted in all analyses were age, sex, and education, but not R/S at the 30-year follow-up. Analyses were stratified by risk status (high vs. low risk for MDD). Again, MDD was only measured at the 30-year follow-up (the primary predictor variable) in this analysis and the R/S outcomes in this analysis were measured only at the 35-year follow-up. **Results:** Regression analyses adjusted for age, sex, and education in the overall sample indicated that MDD at year 30 "predicted" low levels of R/S importance at year 35 ($B=-0.15$, $p<0.05$, $n=215$), especially in those at high risk for MDD ($B=-0.17$, $p<0.05$, $n=138$); in that group, MDD also predicted low levels of R/S commitment ($B=-0.20$, $p<0.05$). In the low-risk group, MDD at year 30 predicted a high frequency of contemplative practices at year 35 ($B=0.27$, $p<0.05$, $n=77$). No other significant associations were found. In discussing the impact of MDD at year 30 on R/S at year 35, researchers concluded: "In exploratory analyses, a previous MDD diagnosis was associated with the lower importance of religion or spirituality five years later regardless of risk group, and within the high risk group, MDD was similarly associated with lower levels of religious/spiritual commitment." They go on to conclude that this finding provides further evidence to support the negative effect that depression has on religious importance and commitment.

Citation: McClintock, C. H., Anderson, M., Svob, C., Wickramaratne, P., Neugebauer, R., Miller, L., & Weissman, M. M. (2018). Multidimensional understanding of religiosity/spirituality: relationship to major depression and familial risk. *Psychological Medicine*, in press (<https://doi.org/10.1017/S0033291718003276>)

Comment: Unfortunately, investigators did not control for measures of R/S at Year 30 in their analysis, and despite their implications in this paper, were not able to show that MDD at year 30 predicted a decline in R/S from year 30 to year 35. Furthermore, the associations were relatively weak and there was no indication that p values were corrected for multiple comparisons and stratification by risk status. Finally, investigators surprisingly did not examine the effects of R/S importance/attendance at year 30 on MDD at year 35 (assuming MDD was measured in year 35) to determine if R/S had an impact on the development of MDD five years later (i.e., the reverse of MDD's effects on R/S that was examined here). Thus, this study provides little evidence showing that depression affects future R/S importance, attendance, or commitment. Although this finding is not unreasonable from a purely logical perspective, the data doesn't show it.

Religious Involvement and Depression in Europe

Investigators from the department of sociology at the University of Antwerp, Belgium, analyzed data collected during Wave 6 and 7 of the European Social Survey, which involved a random sample of 68,874 community dwelling adults from 29 European countries. Depressive symptoms were assessed using the CES-D-8, and

religiosity was assessed by subjective religiosity, frequency of prayer, frequency of religious service attendance, and denomination. Two contextual indicators of "regional religiosity" were also assessed based on aggregate information at the regional level (dominant affiliation, and average frequency levels of subjective religiousness, attendance, and prayer). Controlled for in these cross-sectional analyses were gender, age, employment status, education, income, and marital status. **Results:** Frequency of religious service attendance was inversely related to depressive symptoms ($B=-0.123$, $p<0.001$), whereas frequency of prayer was positively related to depressive symptoms ($B=0.121$, $p<0.001$). Compared to those with no religious affiliation, Roman Catholics and Protestants had significantly lower levels of depression ($B=-0.180$, $p<0.001$, and $B=-0.409$, $p<0.001$, respectively). Results were dependent to some extent on religious context. In less religious areas, the relationship between religious attendance and depressive symptoms was weaker than in highly religious regions. Likewise, the positive relationship between frequency of prayer and depressive symptoms was stronger in less religious regions. Finally, importance of religion was associated with fewer depressive symptoms in more religious regions but more depressive symptoms in less religious regions. Researchers concluded that the inverse relationship between religiosity and depressive symptoms was dependent upon religious context. *Citation:* Van de Velde, S., Van der Bracht, K., & Buffel, V. (2017). The relation between religion and depression in Europe: The moderating role of the religious context. *International Journal of Comparative Sociology*, 58(6), 515-532.

Comment: These findings are consistent with other cross-sectional research reported within the past couple years, especially from less religious areas of the world. Prospective studies (and qualitative research) are needed to help explain how these relationships came about. In more religious regions, there may be external pressures on and social exclusion of those who are less religious, whereas in less religious regions, there may be similar pressures on and social exclusion of those who are religious (leading to the findings reported here and by others).

Religion as a Sources of Meaning in Secular Denmark

Investigators from Aarhus University Hospital and other universities in Denmark and northern Europe examined sources of meaning in life in a convenience sample of 554 Danes ages 15 to 91 years (average age 32). A total of 26 sources of meaning were inquired about. Religious variables assessed included view of life (agnostic, atheist, humanist, Christian, etc.), being a believer or not (yes/no), practicing a religious worldview (yes/no), frequency of prayer, and frequency of church attendance. Although unclear in the article, it appears that these religious variables were divided into "explicit religiosity" and "spirituality." A 151-item Sources of Meaning and Meaning in Life Questionnaire was used to assess meaning and its sources. Also assessed were depression and anxiety (HADS) and satisfaction with life (SWLS). **Results:** Average scores on meaning were lowest in atheists and highest in Muslims; higher in believers than non-believers; higher in those practicing a religion than not; higher in those praying at least weekly; and higher in those attending religious services at least weekly. While atheists scored lowest on meaning in life, they scored highest on comfort and fun (compared to agnostics and Christians). Using regression analyses, investigators examined which of the 26 sources of meaning had the strongest relationship to level of meaning in life. The strongest correlates were generativity, spirituality, attentiveness, and explicit religiosity; religious characteristics were more strongly associated with meaningfulness than were socio-demographic characteristics. Researchers concluded: "...our study shows variables of religion to be highly associated with the experience of meaningfulness, even

in the overall Danish secular context, where studies of religion are considered as minority studies.”

Citation: Pedersen, H. F., Birkeland, M. H., Jensen, J. S., Schnell, T., Hvidt, N. C., Sørensen, T., & la Cour, P. (2018). What brings meaning to life in a highly secular society? A study on sources of meaning among Danes. *Scandinavian Journal of Psychology*, in press (<https://doi.org/10.1111/sjop.12495>)

Comment: Despite this secular context, where 38% of the sample were “non-believers,” religious/spiritual sources remained one of the most importance sources of meaning reported here.

Religiosity and Resilience Among Those with Schizophrenia or Bipolar Disorder in Japan and Austria

Investigators from Keio University in Japan and several other international universities examined the relationship between religiosity and *resilience* in a convenience sample of 112 outpatients with paranoid schizophrenia and 120 with bipolar I disorder (total n=369). Religiosity was assessed by religious denomination, religious attendance, and importance of religion. Resiliency was measured using the 25-item Resiliency Scale, which assesses four dimensions: perseverance, equanimity, meaningfulness, self-reliance, and existential aloneness. In the Austrian sample 62% were Christian, whereas in the Japanese sample, 78% were agnostic/atheist. Age alone was controlled for in analyses. **Results:** There was little indication of an association between religious attendance or importance of religion/spiritual activities and resilience (although a significant positive association was found between religious attendance and resilience in the Austrian cohort). There was, however, a weak but significant association between importance of religion/spirituality and residual manic symptoms in bipolar patients ($p=0.03$). Researchers concluded: “The protective effect of religiosity in terms of resilience, social functioning, and psychopathology was not evident in our sample.”

Citation: Mizuno, Y., Hofer, A., Frajo-Apor, B., Wartelsteiner, F., Kemmler, G., Pardeller, S., ... & Uchida, H. (2018). Religiosity and psychological resilience in patients with schizophrenia and bipolar disorder: an international cross-sectional study. *Acta Psychiatrica Scandinavica*, 137(4), 316-327.

Comment: An interesting study in a Christian European country (Austria) and a largely agnostic/atheist far Eastern country (Japan). This is one of the few studies that has examined the relationship between religiosity and resilience in a relatively large population of persons with severe mental illness (schizophrenia or bipolar disorder), and so we describe it here.

Religiosity and Substance Use in Women Prisoners

Investigators from the department of mental health at the Johns Hopkins University Bloomberg School of Public Health analyzed data from 318 women recruited from the municipal drug court system in St. Louis, Missouri, examining the relationship between religiosity and substance use (past 30-day use of cocaine/crack and/or marijuana). Religiosity was assessed by three questions asking about whether participants had sought help or advice from a priest, rabbi or other member of their religious community; importance of religion/spirituality; and frequency of attendance at religious services. Controlled for in multinomial regression analyses were number of arrests, past family disruption, social support, age, race, education, and housing stability. **Results:** Women who were more religious were nearly 60% less likely to use cocaine/crack ($OR=0.41$, 95% $CI=0.18-0.92$) and nearly 70% less likely to use both cocaine/crack and marijuana ($OR = 0.32$, 95% $CI = 0.12-0.82$). Researchers concluded: “Future drug prevention and interventions should consider the potential protective effects of religiosity on substance use.”

Citation: Jones, A. A., Webb, F. J., Lasopa, S. O., Striley, C. W., & Cottler, L. B. (2018). The association between religiosity and substance use patterns among women involved in the criminal justice system. *Journal of Drug Issues*, in press (<https://doi.org/10.1177/0022042618757208>)

Comment: The effects of religiosity on substance use in this population (women prisoners) has only rarely been studied. Prospective studies are clearly needed to determine direction of causation in the relationships uncovered here.

Religious Beliefs and Diagnosis of Ovarian Cancer in African-American Women

Researchers at Duke University's Cancer Institute surveyed 599 African-American women with ovarian cancer from 11 geographical regions from across the U.S. to examine the effects of religious beliefs and religiosity on the ovarian cancer stage at diagnosis and timing of seeking treatment. Participants in this study were quite religious, with 60% attending religious services at least weekly, 67% praying many times/day, 83% using religion/spirituality to deal with stressful situations, and 94% indicating that they were moderately or very religious. Analyses were controlled for age, education, income, geographical region, BMI, family history of breast/ovarian cancer, oral contraceptive use, and parity. **Results:** Nearly 40% (39.6%) agreed with the statement: “If a person prays about cancer, God will heal it without medical treatment.” Diagnosis at a late stage of disease (ovarian cancer stage III or IV vs. stage I or II) was predicted by frequent religious attendance ($OR=1.98$, 95% $CI = 1.11-3.52$, for several times/week) and by extent to which participant consider themselves a religious/spiritual person ($OR = 2.35$, 95% $CI=1.07-5.18$, for very R/S). Interestingly, symptom duration before diagnosis was not consistently associated with religiosity/spirituality; in fact, the only significant association was with attending religious services several times/week, where average symptom duration in year prior to diagnosis was actually shorter (6.2 months compared to 7.3 months among those who attended services less than once/month). Researchers concluded: “Our analyses show that women who reported greater religiosity/spirituality were more likely to have higher stage ovarian cancer, whereas there was no clear association with symptom duration before diagnosis.”

Citation: Moorman, P. G., Barrett, N. J., Wang, F., Alberg, J. A., Bandera, E. V., Barnholtz-Sloan, J. B., ... & Peres, L. C. (2018). Effect of cultural, folk, and religious beliefs and practices on delays in diagnosis of ovarian cancer in African American women. *Journal of Women's Health*, in press (<https://doi.org/10.1089/jwh.2018.7031>)

Comment: While greater religiosity was associated with a later stage at diagnosis (i.e., twice as likely at stage III or IV, which of course is very concerning) and nearly 40% of women indicated that prayer would heal their cancer without medical treatment, symptom duration prior to seeking treatment was actually **shorter** among those who attended religious services more than once/week. Furthermore, there was no difference in symptom duration between those who agreed or disagreed with the statement that prayer would heal their cancer without medical treatment.

Religiosity/Spirituality, Substance Use, and Depression in Lesbian/Bisexual Women

Researchers from the school of social work at San Jose State University, California, analyzed data from the Chicago Health and Life Experiences of Women study (n=699 lesbian or bisexual women) to examine the relationship between religiosity/spirituality and hazardous drinking, drug use, and depression. Religiosity was assessed by religious preference (42% none) and self-rated religiosity (“We would like to know how religious you would say you

are. By religious we mean how actively you currently follow the teachings of a specific religion and participate in activities of that religion. Would you say that you currently are very religious, somewhat religious, or not at all religious?”. Based on responses to these two questions, participants were categorized into (1) no religious preference/not at all religious (52%), (2) somewhat religious (35%), and (3) very religious (14%). Spirituality was assessed by a single 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’ [48%], ‘somewhat spiritual’ [43%] or ‘not at all spiritual’ [10%]?” In this sample, measures of religiosity and spirituality were only weakly correlated ($r=0.285$). Past 12-month depression, hazardous drinking, and drug use were assessed in a standard fashion. Logistic regression was used to control for other predictors. **Results:** The majority of participants were lesbian (74%), 18-40 years old (54%), non-White (63%), and employed (68%). Religiosity was not related to hazardous drinking, drug use, or depression, after controlling for race/ethnicity, age, employment status, and education. Those who indicated they were “very spiritual” had nearly double the risk of depression (OR=1.94, 95% CI 1.00-3.77).

Citation: Drabble, L., Veldhuis, C. B., Riley, B. B., Rostosky, S., & Hughes, T. L. (2018). Relationship of religiosity and spirituality to hazardous drinking, drug use, and depression among sexual minority women. *Journal of Homosexuality*, 65(13), 1734-1757.

Comment: Although measures of religiosity/spirituality were relatively weak in this study, unlike in many studies of sexual majority women, in these sexual minority women, no evidence was found for an inverse relationship between religiosity/spirituality and depression or substance abuse (and those who were very spiritual were – surprisingly -- nearly twice as likely to have depression).

Frequency of Eastern Meditation in the United States

Researchers at the Institute for Holistic Health Studies at San Francisco State University examined data from the 2012 National Health Interview Survey (random sample of 34,525 adults in the United States) to examine the prevalence and different types of meditation. **Results:** Overall, the prevalence of meditation was 4.1% during the previous 12 months. Compared to those who never meditated (95.9%), those who meditated were more likely to be ages 45-64 (42% vs 35%), female (61% vs. 51%), white (86% vs. 81%), non-Hispanic (92% vs. 85%), college graduate (61% vs. 38%), less likely to be married (47% vs. 53%), had a family income of more than \$75,000/yr per year (39% vs. 35%), resided in the western United States (33% vs. 22%), were more likely to engage in physical activity (24% vs. 15%), less likely to be a lifetime abstainers from alcohol (10% vs. 21%), more likely to be moderate/heavy alcohol user (25% vs. 20%), less likely to have never smoked (54% vs. 60%), more likely to have their cholesterol checked in the last 12 months (66% vs. 62%), more likely to engage in CAM use (chiropractor [17% vs. 8%], acupuncture [7% vs. 1%], yoga [46% vs. 8%]), had similar self-reported health status, were less likely to be obese (26% vs. 31%), more likely to have functional limitations (45% vs. 34%), more back pain (39% vs. 27%), more depression (22% vs. 9%), visited their physician more often (26% vs. 13% had 10 or more visits/year), and had private health insurance (52% vs. 49%). With regard to type of meditation, 3.1% engaged in spiritual meditation, 1.9% in mindfulness meditation, and 1.6% in mantra meditation (some engaged in several types of meditation, which is why percentages do not add up to 4.1%). Researchers concluded: “Meditation appears to provide an accessible, self-care resource that has potential value for mental health, behavioral self-regulation, and integrative medical care.”

Citation: Burke, A., Lam, C. N., Stussman, B., & Yang, H. (2017). Prevalence and patterns of use of mantra, mindfulness and

spiritual meditation among adults in the United States. *BMC Complementary and Alternative Medicine*, 17(1), 316.

Comment: Based on this large random sample of the adult U.S. population, Eastern forms of meditation are relatively uncommon in this country, and those who do meditate, while being more physically active and less overweight, are more likely to be a heavier consumer of alcohol, to have smoked, to have functional limitations, back pain, depression, and to see their doctor more often (the latter possibly because they are better off financially and able to afford private health insurance, or because they are better educated and attuned to their health).

Surrogate Coping with Medical Decision-Making in Hospitalized Older Adults

Investigators at Indiana University Health in Indianapolis examined the effects of spiritual and religious resources on the coping of medical decision-makers (surrogates) of critically ill older adults hospitalized with medical illness. The intention was to better understand the role that religious/spiritual resources play in helping surrogate decision-makers cope with sometimes very difficult tasks of making life and death decisions for their loved ones. A series of semi structured interviews were conducted with a convenience sample of 46 surrogate decision-makers of patients hospitalized at Indiana University Health System (76% female, 50% white, 50% African-American, 48% Protestant-Christian, 57% daughters). Thematic analysis of the transcribed interviews was conducted.

Results: Two-thirds indicated belief in God and the personal practice of a religion. Five themes emerged from the interviews: (1) personal prayer as the most important coping resource among those who were religious; (2) trusting God to be in charge and provide guidance; (3) supportive relationships from family, friends, and hospital staff (all surrogates), as well as from chaplains and faith community; (4) painting, coloring, silent reflection, music, recreation, and reading; and (5) various spiritual practices such as turning to nature, solitude, etc. (especially for nonreligious surrogates). Several participants mentioned personal experiences that were transformative as they cared for their sick family member. Researchers concluded: “We conclude that surrogates use several S/R and other resources to cope with stress when making decisions for critically ill adult patients” and recommended that “Chaplains should be involved before, during, and after medical decision-making to assess and address surrogate stress.”

Citation: Maiko, S. M., Ivy, S., Watson, B. N., Montz, K., & Torke, A. M. (2018). Spiritual and religious coping of medical decision makers for hospitalized older adult patients. *Journal of Palliative Medicine*, in press (<https://doi.org/10.1089/jpm.2018.0406>)

Comment: This is one of the first studies to examine the various coping strategies (particularly religious and spiritual) of surrogate decisions makers of older adult patients hospitalized with serious medical illness. The decisions made by these surrogates have an enormous influence on end-of-life practices and healthcare costs.

NEWS

Recent PEW Survey of Europeans on Religious Beliefs and Practices

The Pew Research Center recently (October 29) released the results of a survey of 56,000 community dwelling adults in 34 Western, Central and Eastern European countries on the prevalence of religious beliefs and practices. Results included attitudes toward Jews and Muslims, importance of religion as a component of national identity (e.g., “How important is it to be a Christian to truly share your national identity?”), religious affiliation (affiliation raised in and current), importance of religion in life, attendance at religious services, and frequency of prayer. Between 7% (Armenia) and 88% (Netherlands) indicated that they would be willing to accept a Muslim as part of their family, and

between 28% (Armenia) and 96% (Netherlands) indicated the same for a Jew. With regard to current Christian affiliation, this ranged from 41% in the Netherlands (a 26% drop from that raised in) to 97% in Armenia (a 2% increase). The largest decreases in Christian affiliation were in Belgium and Norway (28% for both) and largest increases were in the Ukraine (12%) and Belarus (11%). With regard to religion being very important in life, percentages range from 6-7% in Estonia and the Czech Republic to 55% in Greece. With regard to attendance at religious services at least monthly, percentages range from 10-11% in Estonia/Czech Republic to 50% in Romania. With regard to daily prayer, this ranged from 6% in the United Kingdom to 48% in Moldova. To see more results from the survey, go to: <http://www.pewresearch.org/fact-tank/2018/12/05/how-do-european-countries-differ-in-religious-commitment/>

SPECIAL EVENTS

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 applied 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 survival 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 Landmark study on Spirituality and Health, and has just completed another 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, contact 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 disciplinary 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 Summer 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, 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. 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 ensure that the mentor requested will be 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 come to this workshop, and this year should be no exception. Partial tuition scholarships are available. For more information, go to:

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

RESOURCES

Books

(Un) Believing in Modern Society: Religion, Spirituality, and Religious-Secular Competition (Routledge, 2016)

From the publisher: "This landmark study in the sociology of religion sheds new light on the question of what has happened to religion and spirituality since the 1960s in modern societies. Exposing several analytical weaknesses of today's sociology of religion, *(Un)Believing in Modern Society* presents a new theory of religious-secular competition and a new typology of ways of being religious/secular. The authors draw on a specific European society (Switzerland) as their test case, using both quantitative and qualitative methodologies to show how the theory can be applied. Identifying four ways of being religious/secular in a modern society: 'institutional', 'alternative', 'distanced' and 'secular' they show how and why these forms have emerged as a result of religious-secular competition and describe in what ways all four forms are adapted to the current, individualized society." Available for \$46.36 (paperback) at <https://www.amazon.com/Believing-Modern-Society-Spirituality-Religious-Secular/dp/1138548774/>

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

Spiritual Competency Training in Mental Health

Spiritual Competency Training in Mental Health (SCT-MH) is a multi-disciplinary online program designed to train mental health providers in basic spiritual and religious competencies (*a program that is now provided free of charge*). The goal of the program is to equip providers with greater confidence and competence in helping clients with religious/spiritual issues. The online training takes six to eight hours to complete and consists of a number of engaging resources and learning activities. The modules cover a number of key topics: common stereotypes about religion/spirituality (RS); the diversity of RS expressions; why it is important to address RS in treatment; the importance of the therapist's own RS attitudes, beliefs, and practices; how to assess RS; how to help clients access RS resources, and; how to respond to RS problems that arise in treatment. Mental health providers (MD, PhD, Masters level) of all disciplines are welcome to participate. Free CE and CME credits are available upon completion of the program. If you are interested in participating, please email Dr. Michelle Pearce at mpearce@som.umaryland.edu for further information or go to this website for the eligibility screen: <http://bit.ly/SCTMH>. Please feel free to share this training program with other colleagues.

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>

JOBS

Program Officer at John Templeton Foundation

Reporting to the Vice President, Programs, the Program Officer, Human Sciences, will share responsibility for the two major types of grantmaking activities of the John Templeton Foundation. First, the Program Officer will assist with and/or lead the development of proactive initiatives that advance scholarship in the social, behavioral, cognitive, and health sciences, especially (but not exclusively) as applied to the scientific study of religion. Second, the Program Officer will assist with the recruitment, review, and management of grant proposals received through the Foundation's open submission process. This process begins with the review of online funding inquiries, continues with the invitation, review, and recommendation of full proposals, and ends with monitoring grants and evaluating completed work in ways that contribute to future program development. During the life of a grant, the Program Officer will share responsibility for managing the Foundation's relationship with the grantee and for official communications about the work of the grant. See: <https://www.templeton.org/careers/program-officer-human-sciences>

2019 Csth Calendar of Events...

Jan

18 **When the Sacred and Psychiatry collide: Attempting to measure the concept of the Divine**
Speaker: Johnny B. Bocock, MD
Psychiatry resident, PGY IV
Psychiatry Grand Rounds, 12:00 noon
791 Jonestown Rd, Winston-Salem, NC
Contact: psychprogram@wakehealth.edu
Phone: 336-716-4551

30 **Spirituality and aging in military personnel**
Speaker: James Helton, PsyD, MPH, MDiv
(student of Henri Nouwen)
Founder and Director, Crisis Team Leadership
Development, U.S. Military Trainer and Veteran
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

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)

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

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