

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 June 2017) go to:

<http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

LATEST RESEARCH

Prayer, Attachment to God, and Well-Being in Later Life

Bradshaw and Kent from the department of sociology at Baylor University in Waco, Texas, analyzed data from two waves of a national random sample of 1,024 adults age 65 or older (Wave I) who were assessed 3 years later (Wave II) (non-Christians were excluded from this analysis). Psychological well-being (PWB) was assessed at both Wave I and Wave II using three 3-item measures of self-esteem, optimism and life satisfaction. Frequency of prayer was assessed with a single item: "How often do you pray for yourself?" (response range 0=never to 7= several times a day). Attachment to God (ATG) was assessed by six items: "I have a close personal relationship with God;" "I feel that God is right here with me in every day life;" "When I talked to God, I know he listens to me;" "God protects me;" "I look to God for strength in a crisis;" and "I look to God for guidelines when difficult times arise." Each ATG item was assessed from 1=strongly disagree to 4=strongly agree, and the overall scale had high reliability ($\alpha=0.91$). Controlled for in regression analyses were age, race, marital status, gender, education, income, self rated health, perceived financial strain, religious attendance, and religious affiliation.

Results: With Wave I PWB in the model, Wave I predictors of Wave II PWB were religious attendance ($B=0.033$, $p<0.001$, for optimism), Protestant affiliation (vs. Catholic) ($B=0.113$, $p<0.05$), other Christian affiliation (vs. Catholic) ($B=-0.335$ for self-esteem, $p<0.001$; $B=-0.286$ for life satisfaction, $p<0.05$), and ATG ($B=0.064$ for self-esteem, $p<0.10$; $B=0.114$ for optimism, $p<0.05$). Frequency of prayer, however, was unrelated to any measure of PWB. Of particular interest to investigators was the interaction between prayer and ATG; they hypothesized that prayer would be more strongly associated with increases in PWB in those who had a stronger ATG, whereas prayer would predicted a decrease in PWB among those with a weaker ATG. This finding was verified by a significant interaction between prayer and ATG in predicting increases in self-esteem, optimism, and life satisfaction (all three measures of PWB) during the 3-year follow-up period.

Researchers concluded that "... the effects of prayer are contingent upon the one's perceived relationship with God."

Citation: Bradshaw, M., & Kent, B. V. (2017). Prayer, attachment to God, and changes in psychological well-being in later life. *Journal of Aging and Health*, E-Pub ahead of press (DOI: 10.1177/0898264316688116).

Comment: The findings from this study are remarkable, to say the least. In only a 3-year follow-up period, attachment to God interacted with frequency of prayer to consistently predict increases of psychological well-being (self-esteem, optimism, and life satisfaction) in this older sample (after careful control for demographics, other religious characteristics, and baseline PWB).

Importance of Religion/Spirituality and Brain Structure

Investigators from Columbia University and New York State Psychiatric Institute conducted a 30-year follow-up study on their three generations of families at high and low risk for major depressive disorder (MDD) (G1, G2, G3). These researchers had previously found that high importance of religion/spirituality (R/S) was associated with thicker cortices, greater EEG alpha, and decreased default mode network conductivity [all positive aspects of brain structure and function] in individuals at high risk for MDD. This study reports the results from data collected on participants 8 years later. In addition to cortical thickness, this report also examined "pial surface area," which is a complementary measure of cortical morphology that focuses on cortical surface area (assessed by structural MRI scan). Self-reported ratings of R/S importance were performed at the same time as MRI scans were conducted. Included in the sample were 106 participants (G2 and G3), including 57 high risk offspring and 49 low risk offspring (based on the presence or absence of MDD in G1, as noted above). **Results:** High risk offspring for whom R/S was very important (vs. not very important) had greater cortical thickness in the left superior frontal gyrus and other brain areas. In contrast, those at low risk for MDD who reported high R/S had thinner superior frontal cortices; those with high R/S in the high risk group, however, had thicker cortices in the same regions. With regard to cortical (pial) surface area, high R/S was related to smaller pial surface areas in the low risk group, in contrast to those in the high risk group, where high R/S (vs. low R/S) was associated with larger cortical surface areas. Note that this was the same pattern found for cortical thickness. No associations were found with religious attendance (when R/S importance was accounted for). Researchers concluded that "the findings suggest these cortical changes may confer protective benefits to R/S individuals at high risk for depression."

Citation: Liu, J., Svob, C., Wickramaratne, P., Hao, X., Talati, A., Kayser, J., ... & Weissman, M. M. (2017). Neuroanatomical correlates of familial risk-for-depression and religiosity/spirituality. *Spirituality in Clinical Practice*, 4(1), 32-42.

Comment: These findings replicate and extend the results obtained eight years earlier and reported by Miller et al (2014) in *JAMA Psychiatry* 71:128-135. A particular interesting finding, not discussed in the article, was the finding of thinner cortices and

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small cortical surface areas among high R/S individuals (vs. low R/S) who were at low risk for depression.

Genetics of Religion/Spirituality and Depression

Researchers from the departments of psychology and psychiatry at Columbia University in New York City examined the association between religion/spirituality (R/S) and the presence of single nucleotide polymorphisms (SNP) of the serotonin (HTR1B, HTR2A), dopamine (DRD2), oxytocin (OXTR), and monoamine vesicular transporter (VMAT1) genes in those at high (n=96) and low familial risk (n=96) for major depressive disorder (MDD). Participants were children (mean age 47.5 years) and grandchildren (mean age 19.3 years) of those with and without MDD participating in a 30-year longitudinal study [same study as above]. R/S was assessed with the question: "How important to you is religion or spirituality?" (1= not important at all; 4=very important). **Results:** In the group at low familial risk for depression, controlling for age and gender, high R/S was positively associated with major alleles of the oxytocin gene (SNP rs2254298, $B=0.527$, $p=0.024$), the serotonin gene (HTR1B SNP rs11568817, $B=0.258$, $p=0.029$), the monoamine vesicular transporter gene (SNP rs1390938, $B=0.268$, $p=0.033$), and the dopamine gene (SNP rs1800497, $B=0.433$, $p=0.026$), but was inversely related to the serotonin gene major allele (HTR1B SNP rs130058, $B=-0.493$, $p=0.001$). In the high familial risk group, no significant associations were found. In the low risk group, the minor allele (A) of the dopamine gene (SNP rs1800497) was also related to a greater risk of life-time MDD ($B=-1.022$, $p=0.012$). This finding is consistent with earlier research showing that the minor allele (A) of the dopamine gene is associated with substance abuse, mood disorders, and other psychopathology. Thus, these findings suggest that among those at low risk for depression, high R/S is associated with a lower likelihood of having the high risk A allele of the dopamine gene, possibly explaining lower psychopathology in this group. Researchers concluded: "Genes for dopamine, serotonin, their vesicular transporter, and oxytocin may be associated with R/S in people at low familial risk for depression."

Citation: Anderson, M. R., Miller, L., Wickramaratne, P., Svob, C., Odgerel, Z., Zhao, R., & Weissman, M. M. (2017). Genetic correlates of spirituality/religion and depression: A study in offspring and grandchildren at high and low familial risk for depression. *Spirituality in Clinical Practice*, 4(1), 43-63 (also see correction in a later issue).

Comment: The findings are complex and challenging to explain. However, in those at low familial risk for depression, highly religious/spiritual persons are less likely to have the minor allele (A) of the dopamine gene (rs1800497). Those with the minor allele (A) known to exhibit reduced brain dopamine binding and reduced receptor density, thereby increasing risk for mood disorders and other psychopathology (and found in this study to be related to a greater risk of lifetime depression). Thus, there may be a genetic component to the protective effects of religious faith on mental health.

Spirituality Moderates the Relationship between Stress and Substance Use in Adolescents

Investigators at the University of Virginia, Johns Hopkins School of Public Health, and other US universities analyzed cross-sectional data from 27,874 high school students attending 58 high schools in Maryland (49% White, 30% African-American, average age 16, 51% male). Spirituality was assessed by two items: "How important (if at all) is your faith to you?" (4-point scale from not important at all to very important, dichotomized into important vs. not important) and "I turn to my spiritual beliefs when I have personal problems or problems at school" (4-point scale from strongly disagree to strongly agree, also dichotomized into agree vs. not agree). Substance use was assessed in the past month

and included number of days on which marijuana, non-medical use of prescription drugs, and other substances to get high on were used. Psychological stress was assessed by a 4-item scale that asked about trouble falling asleep, not getting enough sleep, feeling stressed, and difficulties piling high and unable to overcome them. Multilevel modeling (using SEM) was used to assess relationships; analyses were stratified by gender and adjusted for individual level characteristics such as age, race, and academic performance, along with school-level characteristics such as school support, perceived safety, student connectedness, percent minority, etc. An interaction term between stress and spirituality was included in the model predicting substance use.

Results: Substance use was higher in males than females, but not that much higher. Stress level was positively related to substance use in both males and females, and spirituality was inversely related to substance use in both males and females. Among males, the interaction term between stress and spirituality was significant ($b=0.182$, $SE=0.81$, $p=0.02$); among females, the interaction was not significant ($b=0.034$, $SE=0.074$, $p=0.65$). Thus, spirituality buffered against the negative effects of stress on substance use in male high school students, but not in females. *Citation:* Debnam, K. J., Milam, A. J., Mullen, M. M., Lacey, K., & Bradshaw, C. P. (2017). The moderating role of spirituality in the association between stress and substance use among adolescents: differences by gender. *Journal of Youth and Adolescence*, May 10, EPUB ahead of press

Comment: Although cross-sectional, this is a very large sample of high school students across all four grade levels. Statistical analyses were state of the art, and multiple individual and school level covariates were controlled for. The measure of spirituality was fairly good and reasonably specific, although dichotomizing responses likely reduced the power of analyses. Overall, this was a well done study and has individual and school level implications if replicated in longitudinal studies.

Nonsuicidal Self-Injury and Spirituality/Religiosity

Researchers in the departments of psychology of several universities in Canada analyzed data from a survey of 1,132 first-year undergraduate students at baseline (T1) and again one year later (T2). Nonsuicidal self injury was assessed using a standard measure that examined frequency of cutting, burning, etc. Spirituality/religiosity (S/R) was assessed by religious activity (two items asking about attendance at religious services and attendance at on-campus religion/spirituality groups), eight items from the Spiritual Transcendence Index ("My spirituality gives me a feeling of fulfillment," "Even when I experience problems, I can find the spiritual peace inside," etc.), and four questions that measured frequency of reading about religion/spirituality, praying, questioning ("How often do you wonder about spiritual issues, i.e., life after death, existence of a higher power, meaning of life, etc."), and religious doubt ("How often do you question or doubt what you were taught as a child/teenager about religion/spirituality?"). General spirituality/religiosity (SR-A) and questioning/doubt (SR-B) were examined as separate predictors of nonsuicidal self-injury. Lagged path analyses were conducted to examine the effects of T1 SR-A and T1 SRB on T2 nonsuicidal self-injury, controlling for T1 nonsuicidal injury, age, gender, parent education, Canadian birth status, and depressive symptoms. **Results:** T1 SR-A (general S/R) was not related to T2 non-suicidal injury ($B=-0.01$, $SE=0.06$, $p=0.78$). However, T1 SR-B (questioning/doubt) predicted increased T2 nonsuicidal injury ($B=0.05$, $SE=0.02$, $p=0.03$) during the year of follow-up; likewise, T1 nonsuicidal injury predicted increased T2 SR-B (questioning/doubt) ($B=-0.06$, $SE=0.01$, $p=0.03$). Researchers concluded that questioning/doubt maybe be distressing and may cause an increase in nonsuicidal injury as a form of coping, whereas higher nonsuicidal injury may predict an increase in S/R questioning or doubt. General S/R, however, did not appear to protect from future nonsuicidal injury.

Citation: Good, M., Hamza, C., & Willoughby, T. (2017). A longitudinal investigation of the relation between non-suicidal self-injury and spirituality/religiosity. *Psychiatry Research*, 250, 106-112.

Comment: While much research has examined the relationship between spirituality/religiosity and suicidal thoughts and behaviors, there is very little information about the impact of S/R on nonsuicidal injury, making this an important study to be aware of. However, the 1-year follow-up did not provide much time for change in lifetime nonsuicidal injury to occur (increasing from 39.0% at T1 to 44.0% at T1), decreasing the power of the study to predict change (despite the large sample size).

Religious Coping and Suicidal Behavior in US Iraq and Afghanistan Veterans

Researchers in the department of psychology at the University of South Alabama analyzed cross-sectional data from a survey of 125 Iraq and Afghanistan veterans recruited at a large community college on the West Coast. Participants were 88% men and average age was 28.6 years; 41% were Hispanic, 23% Caucasian, 15% Asian, and 10% African-American. On average, three years had passed since participants had returned from a combat zone, and about half completed two or more deployments (66% serving in Iraq). Positive and negative religious coping methods (PRC and NRC) were assessed with the two 7-item subscales of the brief RCOPE. Suicidal behavior was assessed with Osman's Suicidal Behavior Questionnaire, which assesses lifetime suicidal ideation and/or prior suicide attempts, frequency of suicidal ideation over the past 12 months, threats of making a suicide attempt, and likelihood of suicidal behavior in the future. Also administered were the Combat Experiences Scale, the Moral Injury Questionnaire-Military Version, the PCL-C assessing PTSD symptoms, and the Patient Health Questionnaire (PHQ-8). Demographic and military backgrounds were controlled for in analyses. Logistic regression was used to examine predictors of history of suicide threat and likelihood of a future attempt. **Results:** Approximately half of participants (53%) indicated they were religious and depended on positive religious coping "quite a bit" or "a great deal." Although there was a weak inverse correlation between positive religious coping (PRC) and both history of threat (OR=0.82) and likelihood of attempt (OR=0.78), these associations did not reach statistical significance. However, NRC (which was present "quite a bit" or "a great deal" in 30% of veterans) was strongly and positively related to both history of threat (OR=6.90, $p<0.01$) and likelihood of attempt (OR=4.43, $p<0.05$). Researchers concluded that "...veterans who experience internal and/or external conflicts in the spiritual domain may be at increased risk for engaging in suicidal behavior following their war-zone service."

Citation: Currier, J. M., Smith, P. N., & Kuhlman, S. (2017). Assessing the unique role of religious coping in suicidal behavior among US Iraq and Afghanistan veterans. *Psychology of Religion and Spirituality* 9(1), 118-123.

Comment: Although a small study with limited power, the results underscore the importance of addressing religious/spiritual struggles (a religious form of moral injury or inner conflict) that veterans go through as a result of their wartime experiences. Chaplains are ideally suited to address these issues.

Islamic Prayer and Psychological Stability in Bosnian War Veterans

Researchers in the department of psychiatry, University Clinical Center, Tuzla (Bosnia-Herzegovina) examined the relationship between Islamic prayer and mental health in 100 healthy Bosnian male war veterans (ages 25-45, all Sunni Muslim). Participants were divided into two groups, one a highly religious group that performed the five obligatory prayers daily (n=50) and a second group that did not (n=50). Psychological stability was assessed

with the MMPI, Profile Index of Emotions (PIE), and Life Style Questionnaire (LSQ) (which assesses psychological defense mechanisms). Differences between groups were examined using a simple Student's t-test, without controls. **Results:** The highly religious group that performed five daily prayers (compared to those who did not) scored significantly lower on depressive, histrionic, psychopathic, and paranoid symptoms on the MMPI; significantly higher on incorporation/acceptance and self-protection, and significantly lower on uncontrollability, opposition, and aggressiveness on the PIE; and significantly lower on regression, compensation, and rearrangement, but significantly higher on reaction formation. Researchers concluded: "Practicing religion (regular performing daily prayers) is associated with reduction of tendencies towards the tendency for risk, impulsiveness, and aggression. It is also associated with successful overcoming of emotional conflicts in war veterans..."

Citation: Pajevic I, Sinanovic O, Hasanovic M (2017). Association of Islamic prayer with psychological stability in Bosnian war veterans. *Journal of Religion and Health*, June 10, E-pub ahead of press.

Comment: This is one of the first studies to examine the association between Islamic prayer and mental health among war veterans from this region of the world. Approximately half (51%) of the population of Bosnia-Herzegovina is Muslim, 31% Orthodox Christian, and 15% Roman Catholicism.

Spirituality, Stigma and Well-being Among HIV+ Older Adults

Investigators at New York's Center on HIV and Aging, New York University and University of Massachusetts analyzed data from the Research on Older Adults with HIV Study, a survey of 914 adults age 50 or older with HIV. Participants were 52% Black, 34% Hispanics/Latino, 13% White, 67% heterosexual, 51% with AIDS, and had a mean age of 55.5 years. Stigma was assessed with the 40-item Berger HIV Stigma Scale, which measures disclosure concerns, negative self image (shame and guilt), concerns with public attitudes toward people with HIV, and fears of rejection due to HIV status (i.e., high scores on this measure reflect poor mental health). Spirituality was assessed by four subscales of the 28-items Spirituality Assessment Scale (Howden, 1992): purpose and meaning in life (sense of worth reason for living), inner resources (strength during crisis), unifying interconnectedness (harmony with self and others, and oneness with the universe), and transcendence (rising above, overcoming) (i.e., this measure assesses good mental health). Structural equation modeling was used to analyze the data. **Results:** Not surprisingly, "spirituality" was positively associated with psychological well-being (standardized B=0.59) and inversely associated with HIV stigma (B=-0.25). Researchers concluded that "The findings highlight the importance of spiritual and CIH [complementary and integrative health] interventions for older adults with HIV/AIDS. Practice recommendations are provided at the micro- and mesolevel."

Citation: Porter, K. E., Brennan-Ing, M., Burr, J. A., Dugan, E., & Karpiak, S. E. (2017). Stigma and psychological well-being among older adults with HIV: the impact of spirituality and integrative health approaches. *The Gerontologist*, 57(2), 219-228.

Comment: It is truly amazing that such studies are published in mainstream academic journals such as *The Gerontologist*. The measure of spirituality here (Spiritual Assessment Scale) assesses psychological well-being and social health, and has nothing distinctive about it -- other than excluding religion. The measure of HIV-stigma, in contrast, is primarily assessing troubling emotions/distress associated with HIV status. Thus, the finding between spirituality and psychological well-being is obvious and tautological (those who are happy are more likely to be happy), as is the finding with HIV stigma as it is measured here (those who are distressed are less likely to be happy). This study underscores

the importance of measurement purity in studies that examined spirituality and health.

Religious Involvement and Caregiver Burden

Researchers from Loma Linda University School of Public Health analyzed data from the Biopsychosocial Religion and Health Study (BRHS), a 4-year prospective study conducted from 2006-2007 to 2010-2011 and initially involving 21,000 persons (94% Seventh-day Adventists). Of 6,600 who responded during the 2nd wave of data collection, 585 had become informal caregivers at some time during the 4-year interval (460 female, 124 male). Religious measures included intrinsic religiosity, private prayer and meditation, religious attendance, religious coping, God-image, spiritual meaning in life, types of prayer, and religious support. Caregiver burden was assessed with a 3-item measure assessing strain, difficulty, and burdensome caregiving experiences. Measures of physical and mental health (SF 12) were also measured. Analyses were stratified by race (Black vs. White).

Results: Regression analyses indicated that caregiver burden was significantly and inversely related to mental health, but not to physical health. Controlling for age, gender and ethnicity, lower caregiver burden was associated with God-image (loving vs. controlling God) and with subscales of religious support (congregational sense of community and anticipated church support). When baseline mental health (Wave I) and age, gender and ethnicity were controlled, Wave II mental health was predicted by greater intrinsic religiosity (B=0.78, p=0.05), viewing God as loving (vs. controlling) (B=2.70, p=0.007), and a higher level of emotional support provided to others in their religious congregation (B=0.98, p=0.017). Researchers concluded: "Some aspects of religion appear to play an important role in alleviating the mental stresses of being a caregiver."

Citation: Fider, C. R., Lee, J. W., Gleason, P. C., & Jones, P. (2017). Influence of religion on later burden and health of new black and white caregivers. *Journal of Applied Gerontology*, E-pub ahead of press (DOI: 10.1177/0733464817703017).

Comment: One more study, a prospective one, reporting that religiosity predicts better mental health and better adaptation among caregivers over time. Given the increasing number of older adults in society and greater need for family caregiving, findings of this sort have important public health implications.

NEWS

Biography of Medicine-Indexed Articles on Spirituality and Health

Chaplain John Ehman at Penn Presbyterian Medical Center recently announced his biography of medicine-indexed articles on spirituality & health published during 2016 -- a selection of 203 articles from the more than 2,400 mentioning religion/spirituality that were added to Medline's main and in-process databases. The bibliography includes institutional affiliations and either an abstract or description. It is linked to the Penn Medicine Pastoral Care index of bibliographies at

<http://www.uphs.upenn.edu/pastoral/resed/bibindex.html>

Conceptual History of Healing

Jeff Levin at Baylor University has written a conceptual history of "healing" in the academic journal *Explore*. The journal has devoted a special issue to this paper, with solicited responses and Levin's responses to those responses. For the article, go to: <http://www.baylorisr.org/wp-content/uploads/2017-EJSH-What-is-Healing-1.pdf>. Levin's responses to the responses can be located at: <http://www.baylorisr.org/wp-content/uploads/2017-EJSH-A-Response.pdf> (may need to include these links directly in your browser)

SPECIAL EVENTS

14th Annual Duke University Summer Research Workshop

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

Six weeks to go and there are still a few spots available at this one-of-a-kind 5-day training workshop 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 a 2-year Duke post-doctoral fellowship, so the curriculum is packed. Leading religion-health researchers from Duke, Yale and Emory serve as workshop faculty. If desired, participants will have the option of a 30-minute one-on-one with a faculty mentor of their choice (early registration will ensure a mentorship spot, since these are limited). Nearly 750 academic faculty, 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 register, go to:

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

RESOURCES

Catholic Christianity and Mental Health:

Beliefs, Research and Applications

(Amazon: CreateSpace Platform, 2017)

From the publisher: "This book is for mental health professionals, clergy, researchers, and laypersons interested in the relationship between religion, spirituality and mental health in Catholics. A concise description of Catholic beliefs, practices, and values is followed by a review of research conducted in Catholics, and then by recommendations for practice based on research, clinical experience, and common sense. In this well-documented and highly cited volume, the author brings together over 100 years of research (from Durkheim onward) that has examined how religious faith impacts the mental health of those who call themselves Catholics, and explains what this means for those who are seeking to provide hope, meaning, and healing to members of this faith tradition." Available for \$7.50 at:

<https://www.amazon.com/Catholic-Christianity-Mental-Health-Applications/dp/1544207646>

Self-Help Materials Based on Cognitive Behavioral Therapy (CBT) for Therapists

Therapists providing brief cognitive behavioural therapy for the British National Health Service (NHS) in a program called Improving Access to Psychological Therapies (IAPT) have created self-help materials based on CBT that are free, easy to read and make a connection between Christianity and mental health. They have developed two booklets that are freely available at www.faithintherapy.com.

Hindusim and Mental Health:

Beliefs, Research and Applications

(Amazon: CreateSpace Platform, 2017)

This book is for mental health professionals, clergy, researchers, and laypersons interested in the relationship between religion, spirituality and mental health in Hindus. A description of Hindu scriptures, beliefs and practices is followed by a systematic review

of research conducted in Hindu populations, and then by recommendations for practice based on research, clinical experience, and common sense. In this volume, which is well-documented and extensively cited, the author bring together over 50 years of research that has examined how religious faith impacts the mental health of Hindus, and 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/>

Protestant Christianity and Mental Health: Beliefs, Research and Applications (Amazon: CreateSpace Platform, 2017)

From the publisher: This book is for mental health professionals, clergy, researchers, and laypersons interested in the relationship between religious involvement and mental health in Protestant Christians. A brief history and concise description of Protestant beliefs, practices, and values is followed by a review of research conducted in Protestant-majority Christian populations, and then by recommendations for practice based on research, clinical experience, and common sense." Available for \$7.50 at: <https://www.amazon.com/dp/1544642105/>

Judaism and Mental Health: Beliefs, Research and Applications (Amazon: CreateSpace Platform, 2017)

From the publisher: "This book is for mental health professionals, clergy, and researchers interested in the relationship between religion, spirituality and health in Judaism. A concise description of Jewish beliefs and practices is followed by a systematic review of the research literature that has compared the mental health of Jews and non-Jews, and examined the relationship between religiosity and mental health in Jewish populations. Recommendations for the care of Jewish patients are provided based on those research findings, clinical experience, and common sense." Available for \$7.50 at: <https://www.amazon.com/Judaism-Mental-Health-Research-Applications/dp/154405145X/>

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/>

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/>

COURSES/WORKSHOPS

Chaplaincy Research Summer Institute

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

Islam and Bioethics Workshop

The Milwaukee Muslim Women's Coalition in conjunction with the Initiative on Islam and Medicine and the Chicago Medical Society will be hosting a workshop titled "Islamic Bioethics and End-of-Life Care: A Practical Workshop" on September 9th (9:00A-2:30P) in Greenfield, Wisconsin. Dr. Aasim Padela discusses ethical obligations and goals pertaining to end-of-life care at the University of Chicago. His discussion of an Islamic theological framework at this lecture helped form a basis for our upcoming workshop. All are invited to attend and participate in the discourse. For more information, go to: <https://pmr.uchicago.edu/iim-wj>.

FELLOWSHIP OPPORTUNITIES

McLean Hospital Post-Doc in Spirituality & Mental Health

McLean Hospital is offering a two-year postdoctoral fellowship in spirituality and mental health, commencing in September 2017. Primary responsibilities of this position will be split across clinical (25%) and research (75%) domains. Clinical duties will include delivery of our novel spirituality consultation service as well as spiritually-based treatment groups to acute psychiatric patients in multiple units across the hospital. Research responsibilities will include writing manuscripts for publication, preparing presentations

and abstracts for delivery at national conferences, data analyses, database management, and coordination of current and future projects. Ongoing studies in the Spirituality & Mental Health Program focus on the provision of spiritually-integrated care to psychiatric patients, the relevance of spirituality/religion to geriatric mood disordered patients over time, and spiritual/religious predictors of outcomes in an acute substance treatment unit (<http://www.mcleanhospital.org/programs/spirituality-and-mental-health-program>). Opportunities will be available to pursue independent research and develop funding applications under mentorship. This fellowship carries a joint academic appointment with the Harvard Medical School. Candidates must have completed all requirements for a doctoral degree in Clinical Psychology, including an APA approved internship, prior to the start of the fellowship. Both (1) a strong record of academic achievement including significant research productivity, and (2) clinical training in evidence-based psychotherapy, are required. Applicants should send a cover letter describing their research/clinical interests, current CV, and arrange for at least 3 letters of recommendation sent to David H. Rosmarin, PhD, ABPP (drosmarin@mclean.harvard.edu).

FUNDING OPPORTUNITIES

Templeton Foundation Online Funding Inquiry

The John Templeton Foundation is now accepting new funding requests through their Online Funding Inquiry (OFI) site. Small Grants are defined as requests for \$217,400 or less. The next OFI deadline for small grant requests is **August 31, 2017**, with decisions communicated no later than September 29, 2017. Large Grants are defined as requests for more than \$217,400. The deadline for OFIs related to large grant requests is also August 31, 2017. All decisions on large grant OFIs are communicated by September 29. The three main areas in religion, spirituality and health that the Foundation funds are: (1) research on causal mechanisms (basic psychosocial, behavioral, and physiological pathways), (2) increasing competencies of health care professionals in working with religious patients (physicians, but also psychologists and experts in public health), and (3) research involving the development of religious-integrated interventions that lead to improved health. More information:

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

2017 CSTH CALENDAR OF EVENTS...

July

- 19 **Association of End of Life Treatment Preferences and Quality of Life with Spiritual Beliefs and Religion among Adolescents Infected with HIV/AIDS Participating in FAmily CEntered (FACE) Advance Care Planning**
Speaker: Maureen E. Lyon, Ph.D., ABPP
 Research Professor in Pediatrics
 Dept. of Adolescent and Young Adult Medicine/
 Center for Translational Science/Children's Research Institute, Children's National, Washington DC
 Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

August

- 14-18 **14th Annual Spirituality & Health Research Workshop**
Speakers: Blazer, Doolittle, Oliver, Kinghorn, Hamilton, Carson, Williams, Koenig
 Cole Mill Road Church of Christ, Durham, NC
 Registration required
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 30 **Invoking the Spiritual in Self-Care for Prevention, Health Promotion and Increased Resilience**
Speaker: Jennifer Rioux, Ph.D.
 Medical/Cultural Anthropologist
 National Ayurvedic Medical Association
 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>