

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 issues (July 2007 through May 2021) go to: <http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

NOTE: The CSTH website is being moved to a different platform, so may not be accessible for periods during June/July.

LATEST RESEARCH

Religiosity and DSM-IV Pathological Gambling (PG)

Researchers in the department of psychiatry at the University of Iowa followed 60 adults with PG between ages 18 and 40, 53 adults ages 60 or older with PG, and 50 adults ages 60 or older without PG over an average of three years, assessing the impact of religiosity on outcome PG outcomes. Religiosity was assessed by the 5-item Duke Religion Index (DUREL). Generalized estimating equation models were used to analyze the data, controlling for age, gender, race, and years of education. **Results:** Higher levels of religious attendance and intrinsic religiosity were "protective" against problematic gambling, protective against chronic PG, and predicted a greater likelihood of PG remission. Researchers concluded: "We conclude that higher levels of public and intrinsic religiosity and lower levels of chance beliefs are associated with a more benign PG course."

Citation: Bormann, N. L., Allen, J., Shaw, M., & Black, D. W. (2019). Religiosity and chance beliefs in persons with DSM-IV pathological gambling enrolled in a longitudinal follow-up study. *Journal of Gambling Studies*, 35(3), 849-860.

Comment: Just as with many other addictive disorders, religious involvement appears to predict a greater likelihood of recovery from pathological gambling.

Predictors of Maternal Alcohol Use before and after Pregnancy

Investigators at the School of Social Sciences, University of Queensland, St. Lucia, Brisbane Australia, analyzed data from a prospective study of 6,597 Australian women who were followed from pre-pregnancy to early pregnancy to late pregnancy to 6 months after birth. The purpose was to identify predictors (including religiosity) of alcohol drinking trajectories from the prenatal to the postnatal period. Trajectories of alcohol use over

time were abstainers (no or very little alcohol consumption; 53.2%), light consumption (1/2 glass or less/day; 39.4%), and heavy consumption (1 glass/day or more; 7.4%). Religiosity was assessed by frequency of attendance at religious services (weekly/monthly [19.1%], less than once/month [20.0%], never [54.4%]). Multivariate multinomial logistic regression was used to examine baseline predictors (family income, marital status, number of children, previous marriage, maternal anxiety, internal adversity, health-related lifestyle, and frequency of church attendance).

Results: Regression analyses indicated that compared to women who attended church weekly/monthly, those who attended less than once/month were 52% less likely to follow an abstaining pattern (OR=0.48, 95% CI=0.41-0.57, p<0.001) and those who never attended religious services were 49% less likely (OR=0.51, 95% CI=0.44-0.59, p<0.001). Compared to those who attended religious services weekly/monthly, those who attended less than once/month were 71% more likely to follow a high alcohol consumption trajectory (OR=1.71, 95% CI=1.13-2.59, p<0.05) and those who never attended religious services were more than twice as likely to follow this pattern (OR=2.36, 95% CI=1.63-3.41, p<0.001). Researchers concluded: "Being unmarried, having only one child, having unhealthy health lifestyle and never going to church predicted membership of the heavy consumption group." *Citation:* Tran, N. T., Najman, J. M., & Hayatbakhsh, R. (2015). Predictors of maternal drinking trajectories before and after pregnancy: evidence from a longitudinal study. *Australian and New Zealand Journal of Obstetrics and Gynaecology*, 55(2), 123-130. *Comment:* Although this is an older study (2015), the large sample, prospective design, and sophisticated statistical analyses underscore the importance of these findings. Given the impact that alcohol consumption during pregnancy has on fetal brain development, these findings provide a possible mechanism by which religious involvement may impact the future mental and physical health of offspring, beginning even before birth through maternal drinking behaviors.

Religiosity and Abstention from Drug Use/Delinquency in U.S. Youth

Investigators in the school of social work at the College of Public Health and Social Justice at Saint Louis University (St. Louis, Missouri) analyzed 12 years of cross-sectional data from 2002 to 2014, examining correlates of abstention from drug use and delinquency in 207,373 youth ages 12-17. Religiosity was assessed by frequency of attendance at religious services in the past 12 months. Substance abuse and delinquency/violence *abstainers* were defined as those who reported no instances of substance use or delinquent/violent behavior during the past 12 months; *low-risk* adolescents were defined as youth with use of only one substance or reported only one instance of delinquent/violent behavior during the past 12 months; and *high risk* adolescents were defined as those who had used two or more substances, participated in two or more delinquent/violent behaviors, or who used at least one substance and participated in at least one delinquent/violent behavior during the past 12 months. Controlled for in logistic regression analyses were race/ethnicity, age, gender, household income, city size, presence of the father in

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the home, depression, grades, peer-student substance abuse, parental control, parental affirmation, risk propensity, contact with someone selling drugs, accessibility to illicit substances, smoking, daily or binge drinking, trying illicit drugs, and survey year.

Analyses were stratified by race. **Results:** In Whites (n=136,982), religiosity was associated with a reduced likelihood of being “low” risk (adjusted OR=0.94, 95% CI=0.92-0.95) and with a reduced likelihood of being “high” risk (adjusted OR=0.85, 95% 0.84-0.86). In African-Americans (n=31,192), religiosity was associated with a reduced likelihood of being “low” risk (adjusted OR=0.93, 95% CI=0.90-0.95) and with a reduced likelihood of being “high” risk (adjusted OR=0.86, 95%=0.83-0.89). In Hispanics (n= 39,199), religiosity was associated with a reduced likelihood of being “low” risk (adjusted OR=0.95, 95%=0.92-0.97) and a reduced likelihood of being “high” risk (adjusted OR=0.85, 95%=0.82-0.88).

Researchers concluded: “Compared to lower risk and high-risk youth, abstainers are characterized by a number of protective factors, including greater religiosity, academic engagement, and parental control/affirmation, as well as lower levels of risk propensity, substance using peers, and parental conflict.”

Citation: Vaughn, M. G., Nelson, E. J., Oh, S., Salas-Wright, C. P., DeLisi, M., & Holzer, K. J. (2018). Abstinence from drug use and delinquency increasing among youth in the United States, 2002–2014. *Substance Use & Misuse*, 53(9), 1468-1481.

Comment: An older study (and cross-sectional), the large random sample that was involved in this study (U.S. National Survey on Drug Use and Health; n=207,373) of youth ages 12-17 collected over this 12 year period, and careful control of multiple covariates, makes this study notable.

Religiosity and 12-mo Alcohol and Marijuana Abstinence in U.S. Young Adults

Researchers from the Center for the Study of Drugs, Alcohol, Smoking, and Health at the University of Michigan school of nursing analyzed data collected between 2002 and 2018 examining alcohol and marijuana abstinence, co-use, and use disorders among 182,722 young adults ages 18 to 22 years (participating in the U.S. National Survey on Drug Use and Health). Although not specified in the methods, religiosity was likely assessed by frequency of attendance at religious services as in the study above. Outcomes were past-year alcohol and marijuana abstinence, alcohol and marijuana co-use, and marijuana use disorder. Binary logistic regression was used to control for gender, race, family income, and population density. **Results:** Researchers reported that religiosity was “related to higher odds of abstinence (college [students]: 1.08; 95%CI, 1.06-1.10; non-college [students]: 1.04; 95% CI, 1.03-1.06) and lower odds of non-disordered co-use (college students: 0.92; 95% CI, 0.90-0.93; non-college students: 0.94; 95% CI, 0.92-0.95) and marijuana use disorder (college [students]: 0.97; 95%CI, 0.94-0.99) among young adults, except marijuana use disorder for non-college students.” Otherwise, no mention was made of religiosity in the discussion or conclusions or abstract.

Citation: McCabe, S. E., Arterberry, B. J., Dickinson, K., Evans-Polce, R. J., Ford, J. A., Ryan, J. E., & Schepis, T. S. (2021). Assessment of changes in alcohol and marijuana abstinence, co-use, and use disorders among US young adults from 2002 to 2018. *JAMA Pediatrics*, 175(1), 64-72.

Comment: Although not mentioned anywhere except in the tables and in the results, religiosity was related to each one of the substance use outcomes in a positive direction. Again, the large nationwide sample, random selection of the sample, and age group (young adults) make this an important study to know about, even though the cross-sectional nature of the study prevents any conclusions with regard to causal inference.

Religiosity and Alcohol, Tobacco, and Other Drug Use in U.S. Hispanic Adolescents

Researchers in the school of community health sciences at the University of Nevada conducted a 4-year prospective study of 306 Hispanic youth ages 12-17 years and their parents examining the effect of 17 youth assets at the individual level, family level, and community level. Among these assets at the individual level was “religiosity” and at the community level was “use of time – religion.” The dependent variable was alcohol, tobacco, and other drug use (ATD) in the past 30 days; ATD was coded yes (1) if the youth indicated yes to any of the three substances and no (0) if not. Controlled for in general linear mixed models was age, gender, family structure, and parental income. **Results:** Religiosity at the individual level predicted a 58% reduction in ATD use (adjusted OR=0.42, 95% CI=0.24-0.71); religiosity was the strongest predictor of lower ATD use among a host of other predictors (educational aspirations, good health practices, responsible choices, general self-confidence, general aspiration for the future, and cultural respect). At the community level, use of time spent on religion predicted an approximately 30% reduction in ATD use (adjusted OR=0.71, 95% CI=0.49-1.03, indicating a statistical trend in the same direction). The only mention in the paper of this predictive effect of religiosity (besides in the actual tables) was a brief mention in the discussion, where authors note that “These results agree with research reporting that religiosity has a protective effect from substance use disorders (citations).”

Citation: Moser, L., Oman, R. F., Lensch, T., & Clements-Nolle, K. (2020). Prospective associations among youth assets and alcohol, tobacco, and other drug use in a Hispanic youth population. *Hispanic Journal of Behavioral Sciences*, 42(2), 235-247.

Comment: Importance of this study is that it was prospective and that it was in young Hispanics, a population at risk for alcohol, tobacco, and drug use.

Religiosity and Alcohol Initiation in U.S. 12th Graders

Investigators from the division of health and kinesiology at Texas A&M University and the school of public health at Indiana University analyzed data from an 8-year prospective study of 20,099 12th-graders participating in the Monitoring the Future Survey. The purpose was to examine the effects of religiosity on initiation of alcohol use in this random national sample of 12th-graders. Religiosity was assessed by two items: frequency of attendance at religious services and importance of religion in life, with participants being categorized into low, average, and high religiosity. The primary outcome was alcohol initiation (“When (if ever) did you FIRST try an alcohol beverage—more than just a few sips?” with the responses being never, sixth grade or below, seventh grade, eighth grade, ninth grade, 10th grade, 11th grade, or 12th grade). These questions were asked yearly during follow-up between 2008 and 2015. Latent growth curve modeling was used to examine the effects of religiosity on time to initiation of alcohol. Analyses were stratified by gender and grade level. **Results:** Religiosity consistently predicted a delay in age of alcohol initiation by two grade levels (or three calendar years). Religiosity was a stronger predictor of older age of alcohol initiation in females than in males. Researchers concluded: “Religiosity delays alcohol initiation for adolescents. Prevention program should seek to identify which components of religiosity are most impactful, and subsequently develop and incorporate programmatic aspects that leverage these factors.”

Citation: Barry, A. E., Valdez, D., & Russell, A. M. (2020). Does religiosity delay adolescent alcohol initiation? A long-term analysis (2008–2015) of nationally representative sample of 12th graders. *Substance Use & Misuse*, 55(3), 503-511.

Comment: This study is important because of the large random national sample, prospective design and relatively long follow-up (eight years), and sophisticated use of latent growth curve modeling to examine the effects of religiosity.

Note: In light of the accumulating research on religiosity/spirituality, alcohol use disorders, drug use and other addictive disorders, see recent Position Statement below from the International Society of Addiction Medicine

Religiosity and Delinquency among Young Muslims in Turkey

Researchers analyzed data on 31,272 high school students ages 14-18 years in Istanbul, using stratified systematic sampling to identify participants, who represented approximately 20% of the high school population of the region. Note that 99.8% of residents in Istanbul are Muslim. The purpose was to examine the relationship between three dimensions of religiosity (belief, practice, and social environment) and delinquency rates. Religious *beliefs* assessed included belief in God, importance of faith, anticipated support from God if needed, and having received support from God when it was needed; religious *practices* were assessed by regularly reading religious scriptures, attending religious services, and taking part in religious activities other than attending religious services; and religious *social environment* was assessed by parental religiosity (mother and father separately). Delinquency was measured by a scale assessing frequency of stealing minor items, frequency of stealing major items, and use of physical violence to commit offenses. Structural equation modeling was used to analyze the data, controlling for other factors.

Results: As expected, both religious belief and religious social environment were inversely related to delinquency ($B=-0.51$, $SE=0.03$, $p<0.001$, and $B=-0.043$, $SE=0.005$, $p<0.001$, respectively). Contrary to expectation, however, religious practice was positively related to delinquency ($B=0.42$, $SE=0.009$, $p<0.001$). Researchers concluded: "As the level of involvement in religious practices increases, young individuals are more likely to engage in criminal activities such as stealing and physical violence."

Citation: Sahin, I., & Unlu, A. (2020). The effect of Muslim religiosity on youth delinquency. *Criminal Justice Review*, DOI:10.1177/0734016820966038.

Comment: We are not so sure about the researchers' conclusion above. Note that both religious belief and religious social environment were strongly correlated with religious practices ($r=0.615$, $p<0.01$, and $r=0.623$, $p<0.01$, respectively). Perhaps when all variables were included in the structural equation model, multicollinearity became an issue. Unfortunately, the uncontrolled bivariate analysis of the relationship between religious practices and youth delinquency was not provided. The researchers explain this unusual finding by indicating that perhaps attending religious services and praying were not a valid measure of religiosity, with these instead reflecting social pressure, family tradition, or community expectations, and also suggesting that attending prayers and mosque services may promote practices such as exclusion, injustice, and power relations that may constrain the desired effect of religion on moral beliefs and individual behavior. The second explanation was that religious practice may have an indirect effect on delinquency mediated through social bonds, association with delinquent peers, and specific beliefs about delinquency. Neither of these explanations, however, are particularly satisfying, particularly in a Muslim context, and we still think that multicollinearity is a better explanation.

Religious Coping, Depression and Anxiety during the COVID-19 Pandemic in Morocco

Researchers in the laboratory of epidemiology and research and health sciences, faculty of medicine and pharmacy, Sidi Mohamed Ben Abdellah University in Fez, Morocco, conducted a web-based cross-sectional survey of 1,435 adults between April 3 and April 30, 2020, during the midst of the coronavirus pandemic. Note that 99% of Moroccans are Muslim. The aim of this study was to

examine the relationship between religious coping, depression, and anxiety. Religious coping was assessed by the Arabic version of the 14-item Brief RCOPE (which assesses positive religious coping [PRC] and negative religious coping [NRC]). Depression and anxiety were assessed by the Hospital Anxiety and Depression Scale (HADS). Logistic regression analyses were used to examine associations between religious coping, depression, and anxiety, while controlling for other covariates (although it was not clear what exactly does covariates were). **Results:** Adjusted odds ratios indicated no association between positive religious coping (PRC) and depression or anxiety; however, negative religious coping (NRC) was positively associated with both depression ($aOR=1.05$, 95% $CI=0.01-1.09$, $p<0.05$) and anxiety ($aOR=1.11$, 95% $CI=1.07-1.16$, $p<0.001$).

Citation: Zarrouq, B., Abbas, N., El Hilaly, J., El Asri, A., Abbouyi, S., Omari, M., ... & Ragala, M. E. (2021). An investigation of the association between religious coping, fatigue, anxiety and depressive symptoms during the COVID-19 pandemic in Morocco: a web-based cross-sectional survey. *BMC Psychiatry*, 21(1), 1-13. *Comment:* These results are not surprising for cross-sectional relationships between religious coping and mental health outcomes. During stressful periods (as with the COVID-19 pandemic), as noted below in Poland, people in religious countries frequently turn to religion for comfort and positive coping ways (with this dynamic often nullifying the benefits that religious coping may have, thereby resulting in no association or a positive association with depression/anxiety). In contrast, those who turn away from religion or struggle with religion (as occurs with negative religious coping), almost uniformly experience worse mental health, as found here.

Religious Coping, Depression and Anxiety in Healthcare Workers in Malaysia during COVID-19 Pandemic

Investigators conducted a cross-sectional survey of 200 healthcare workers (HCWs) at the University Malaya Medical Center in Kuala Lumpur, examining the relationship between religious coping, depression, and anxiety. Note that 61% of Malaysians are Muslim and about 20% are Buddhist. As in the Moroccan study above, religious coping was assessed by the 14-item Brief RCOPE and depression and anxiety by the HADS. Multivariate analyses were used to control for significant or near significant ($p<0.25$) covariates identified in bivariate analyses. **Results:** Positive religious coping was inversely related to anxiety (adjusted $B=-0.15$, 95% $CI=-0.23$ to -0.07 , $p=0.001$), whereas negative religious coping was positively related to anxiety (adjusted $B=0.29$, 95% $CI=0.15-0.43$, $p<0.001$). Similarly, PRC was inversely related to depression (adjusted $B=-0.02$, 95% $CI=-0.04$ to 0.00 , $p=0.025$), and NRC was positively related to depression (adjusted $B=0.05$, 95% $CI=0.03-0.08$, $p<0.001$). Researchers concluded: "Positive religious coping is vital in reducing anxiety and depression among HCWs amid the pandemic. Strategies which increase positive religious coping and reduce negative religious coping must be emphasized to boost mental health among HCWs."

Citation: Chow, S. K., Francis, B., Ng, Y. H., Naim, N., Beh, H. C., Ariffin, M. A. A., ... & Sulaiman, A. H. (2021). Religious coping, depression and anxiety among healthcare workers during the COVID-19 pandemic: A Malaysian perspective. *Healthcare* 9(1), 79.

Comment: Note comments above for the Moroccan study.

The Impact of the Covid-19 Pandemic on Religiosity in Poland

Investigators at the Institute of Sociological Sciences and Pedagogy at Warsaw University of Life Sciences in Warsaw, Poland, conducted an online survey of a convenience sample of 1,001 adult Poles in April 2020, when the pandemic was peaking

in Poland, to identify changes in religious belief and practice during this time (whether increased or decreased). In addition, logistic regression was also used to predict characteristics associated with change in religious involvement during this period (when the Polish government was applying its strictest restrictions). Age, gender, population size of residence, education, number of adults in the household, number of children, self-rated health, household financial situation, life satisfaction, and participating in religious activities (when not socially isolating) were the covariates examined and included in the model. **Results:** Religious beliefs and practices increased during compared to before the pandemic; 21.3% of participants indicated that they spent more time praying and engaging in other religious practices than previously. Furthermore, 61.3% of participants who previously practiced religion several times a week spent more time on these practices. Likewise, participants who had previously practiced religion only once every few years also increase their participation (15.9%), as did those who had not previously practiced at all (7.4%). Among correlates of increased religious involvement, after other variables were controlled for, only participation in religious practices prior to the pandemic predicted an increase in religious involvement during the pandemic. Researchers concluded: "Overall, religious practices increased during the Polish spring lockdown. Although these increases are unlikely to be long-lasting, changes in religiosity caused by COVID-19 appear to be a real phenomenon." *Citation:* Boguszewski, R., Makowska, M., Bożewicz, M., & Podkowińska, M. (2020). The COVID-19 pandemic's impact on religiosity in Poland. *Religions*, 11(12), 646. *Comment:* Given that religion is often used to cope with stressful situations, this increase in religious involvement in a religious country like Poland is not unexpected. However, it does help to support the claim that religiosity increases during times of stress. This, in turn, helps to explain why some studies find no relationship between positive forms of religious coping and distress outcomes (as in the Moroccan study above), particularly when examined in cross-sectional analyses. As indicated earlier, turning to religion may nullify (at least from a statistical standpoint) any protective effect that religious coping may have had on distress outcomes such as depression or anxiety. What is surprising are the results from cross-sectional studies such as that among healthcare professionals in Malaysia above.

NEWS

Position Statement regarding the Role of Spirituality in Addiction Medicine

Mark Galander, M.D. (department of psychiatry, New York University School of Medicine), Helena Hansen, M.D. (department of anthropology and psychiatry, UCLA School of Medicine, and Marc N. Potenza, M.D., Ph.D. (department of psychiatry, Yale University School of Medicine) have published a position statement from the Spiritual Interest Group of the International Society of Addiction Medicine. This position statement (updated 4/7/2021) proposes the following in light of the current state of research in the field:

- (1) That the clinical evaluation of a patient with an addictive disorder (SUDs or behavioral addictions like gambling or gaming disorders) include an assessment of the role of spirituality in their personal history and the current manifestations of their addictive disorder.
- (2) That clinicians' treatment planning include consideration of how issues related to spirituality can be employed in programming designed to increase the patient's recovery capital to fortify their recovery, such as an examination of which spiritually related experiences the patient might have previously encountered and ascertaining spiritually oriented resources in their community.

(3) That spiritually oriented community-based resources that are appropriate for a given patient (such as culturally oriented facilities, religious institutions, and peer support groups, like 12 Step fellowships) be considered for referral, and supporting the referral of patients to such resources.

(4) That research be promoted to ascertain psychological, cross-cultural, and biological underpinnings on how drawing on spiritual resources can play a role in recovery from addictive disorders. The position statement document above can be obtained from Dr. Marc Galanter at marcgalanter@nyu.edu.

Special Issue on "Religion and Health for Black Youth: A Global Focus"

The journal *Religions* has announced that it will be producing a special issue on the topic of religion and health for Black youth. Deadline for letters of intent is June 19, 2021. For more information go to website:

https://www.mdpi.com/journal/religions/special_issues/religion_health_black_youth.

Duke University's Monthly Spirituality and Health Webinar via Zoom

Our Center's monthly spirituality and health research seminars are now being held by Zoom, and should be available to participants wherever they live in the world that supports a Zoom platform. All persons who receive our E-newsletter will be sent a link to join the seminar approximately one week before the seminar is held. When you receive this link, please save the link and forward it to your colleagues and students. This month's seminar on Tuesday, June 29, 2021, at 12:00-1:00 EST, will be delivered by Rick Wolthusen, M.D., M.P.P., resident in psychiatry and research scholar at Duke University Health System. He is also founder and Executive Director of *On The Move* e.V. (see website: <https://www.on-the-move.de/en/homepage/>). The title of his presentation is **Brain Spirit Desk: Bridging Gaps in Mental Health Care in Ghana**. The PDFs of the Power Point slides for download and full recordings of most past webinars since July 2020 are available at <https://spiritualityandhealth.duke.edu/index.php/education/seminars> [again, website is changing platforms, so this link to the website may also change]

SPECIAL EVENTS

17th Annual Duke University Summer Research Workshop

(Durham, North Carolina, August 9-13, 2021, **in-person**¹) Register to attend this one-of-a-kind 5-day training session on how to design research, obtain funding support, carry out the research, analyze and publish the findings, with an emphasis on developing an academic career in the area of religion, spirituality and health.

¹ The coronavirus situation is improving but remains somewhat fluid at this time. We have received approval from Duke to hold the workshop onsite in-person, so that is great. However, because of the risk to health that this coronavirus poses, we are *requesting* that those who attend the workshop be vaccinated at least two weeks before coming to the workshop in August. For those coming from other countries to the workshop, we are requiring vaccination and also a negative COVID-19 test. This is necessary because of the large gathering (50 or more participants) expected. It will not be possible to social distance from each other while meeting inside during the long time each day in close contact with each other and workshop faculty (8:30-5:00) and because of the workshop length (5 days). We will require mask-wearing for anyone not vaccinated and will be encouraging mask-wearing even for those who are vaccinated. We will also try to allow for some social distancing in the seating arrangement; and will have hand sanitizer available at every table.

Pass this information on to colleagues, junior faculty, graduate students, and anyone you think might be interested. The workshop compresses training material that was previously taught during our 2-year post-doctoral fellowship, so the curriculum is packed. Leading religion-health researchers from Duke, Yale and Emory serve as workshop faculty. Participants will have the option of a 30-minute one-on-one with Dr. Koenig or another faculty mentor of their choice, although these mentorship slots are limited, so early registration will be necessary to ensure that the mentor requested will be available. Nearly 900 academic researchers, clinical researchers, physicians, nurses, chaplains, community clergy, and students at every level in medicine, nursing, social work, chaplaincy, public health, psychology, counseling, sociology, theology, and rehabilitation (as well as interested members of the general public) have attended this workshop since 2004. Participants from every faith tradition and region of the world have come to the workshop, and this year should be no different. **Partial tuition reduction scholarships** are available, as are **full tuition and travel scholarships for academic faculty in underdeveloped or developing countries** (see end of newsletter). For more information, go to: <https://spiritualityandhealth.duke.edu/index.php/5-day-summer-research-course>

RESOURCES

Books

Spiritual Needs in Research and Practice: Spiritual Needs Questionnaire as a Global Resource for Health and Social Care

(Springer, 2021)

From the publisher: "Based on information gathered from the internationally used Spiritual Needs Questionnaire, this book offers analyses of the spiritual and existential needs among different groups of people such as the chronically ill, elderly, adolescents, mothers of sick children, refugees, patients' relatives, and others. The theoretical background, specific empirical findings and the relevance of addressing spiritual needs is discussed by experts from different professions and cultural contexts. Supporting a person's spiritual needs remains an important task of future healthcare systems that wish to more comprehensively care for the healthcare needs of patients, and of religious communities to ensure that spiritual concerns of all persons, independent of their religious orientations, are met in and outside healthcare settings." Available for \$139.99 (hardback) at: <https://www.springer.com/us/book/9783030701383>.

Handbook of Spirituality, Religion, and Mental Health (Academic Press, 2020)

From the publisher: "The Handbook of Religion and Mental Health, Second Edition, identifies not only whether religion and spirituality influence mental health and vice versa, but also how and for whom. The contents have been re-organized to speak specifically to categories of disorders in the first part of the book and then more broadly to life satisfaction issues in the latter sections." Available for \$84.95 (paperback) at <https://www.amazon.com/Handbook-Religion-Mental-Health-Rosmarin/dp/0128167661>.

Religion and Recovery from PTSD

(Jessica Kingsley, December 19, 2019)

From the publisher: "This volume focuses on the role that religion and spirituality can play in recovery from post-traumatic stress disorder (PTSD) and other forms of trauma, including moral injury. Religious texts, from the Bible to Buddhist scriptures, have always contained passages that focus on helping those who have

experienced the trauma of war. In this book the authors review and discuss systematic research into how religion helps people cope with severe trauma, including trauma caused by natural disasters, intentional interpersonal violence, or combat experiences during war." Available for \$29.95 at <https://www.amazon.com/Religion-Recovery-PTSD-Harold-Koenig/dp/1785928228/>.

Religion and Mental Health: Research and Clinical Applications

(Academic Press, 2018)

This 384 page volume summarizes the latest research on how religion helps people cope with stress, covering its relationship to depression, anxiety, suicide, substance abuse, well-being, happiness, life satisfaction, optimism, generosity, gratitude and meaning and purpose in life. It integrates research findings with best practices for treating mental health disorders in religious clients with depression, anxiety, posttraumatic stress disorder, and other emotional (and neuropsychiatric) problems. Available for \$69.96 (paperback, used) at <https://www.amazon.com/Religion-Mental-Health-Research-Applications-dp-0128112824/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 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 \$5.38 at <https://www.amazon.com/dp/172445210X>.

Protestant Christianity and Mental Health: Beliefs, Research and Applications

(part of the Religion and Mental Health Book Series; 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

(part of the Religion and Mental Health Book Series; 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

(part of the Religion and Mental Health Book Series; 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

(part of the Religion and Mental Health Book Series; 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

(part of the Religion and Mental Health Book Series; 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

(part of the Religion and Mental Health Book Series; 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 Publishing Platform, 2016)

From the author: "Simple and easy to read, intended for Christians and non-Christians, those who are religious or spiritual or neither, and is especially written for those experiencing trauma in life (everyone). The 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. Available for \$8.78 from <https://www.amazon.com/You-are-My-Beloved-Really/dp/1530747902/>.

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/>

Other Resources

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>.



In support of improving patient care, the Duke University Health System Department of Clinical Education and Professional Development is accredited by the American Nurses Credentialing Center (ANCC), the Accreditation Council for Pharmacy Education (ACPE), and the Accreditation Council for Continuing Medical Education (ACCME), to provide continuing education for the health care team.



JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

Category 1: Duke University Health System Department of Clinical Education and Professional Development designates this CME activity for a maximum of 3.75 *AMA PRA Category 1 Credit(s)*™. Physicians should claim only credit commensurate with the extent of their participation in the activity.

Nurse CE: Duke University Health System Department of Clinical Education and Professional Development designates this activity for up to 3.75 credit hours for nurses. Nurses should claim only credit commensurate with the extent of their participation in this activity.

TRAINING OPPORTUNITIES

Full Scholarships to Attend Research Training on Religion, Spirituality and Health

With support from the John Templeton Foundation, Duke University's Center for Spirituality, Theology and Health is offering eleven \$3,600 scholarships to attend the university's 5-day Workshop on conducting research on religion, spirituality, and health. The workshop will be held on **Aug 9-13, 2021**. These scholarships will cover the \$1200 tuition, up to \$1500 in international travel costs, and up to \$900 in living expenses. They are available only to academic faculty and graduate students living in third-world underdeveloped countries in Africa, Central and South America (including Mexico), Eastern Europe and North Asia (Russia and China), and portions of the Middle East, Central and East Asia. The scholarships will be competitive and awarded to talented well-positioned faculty with the potential to conduct research on religion, spirituality, and health, and serve as research leaders in their part of the world. If you want to know more about this program, contact Harold.Koenig@duke.edu or go to our website for a description of the workshop:

<https://spiritualityandhealth.duke.edu/index.php/5-day-summer-research-course>. **Please let your academic colleagues in developing countries know about this unusual and time-limited opportunity.**

Not surprisingly, the demand for such scholarships has far exceeded availability. Now that we are set up to evaluate potential scholarship recipients, we are hoping to identify individuals or foundations willing to support highly qualified third-world applicants whom we are unable to provide scholarships to in 2021-2023 and the years ahead. A donation of \$3,500 to our Center will sponsor a university faculty member from a disadvantaged region of the world to attend the workshop in 2021 or future years. If you are interested in sponsoring one or more such applicants and want to know more about this program, or have ideas about other sources of support, please contact Harold.Koenig@duke.edu.

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 has postponed all Online Funding Inquiries (OFIs) for 2020 in the area of religion, spirituality and health to their 2021 funding cycle. The next deadline for Small Grant requests (\$234,800 or less) and Large Grant requests (more than \$234,800) is **August 20, 2021**. The Foundation will communicate their decision (rejection or invitation to submit a full proposal) for all OFIs by October 15, 2021. Therefore, researchers need to think "long-term," perhaps collecting pilot data in the meantime, with or without funding support. JTF's current interests on the interface of religion, spirituality, and health include: (1) **investigating the causal relationships between health, religion, and spirituality (determining direction of causation in associations reported; identifying the underlying causal mechanisms responsible), with a specific focus on longitudinal studies, and (2) engaging religious and spiritual resources in the practice of health care** (increasing the religious and spiritual competencies of health care practitioners; testing the impact of religiously integrated therapies; and increasing the scientific literacy of health care chaplains). More information: <https://www.templeton.org/project/health-religion-spirituality>.

2021 CSTH CALENDAR OF EVENTS...

June

6/29 Spirituality & Health Research Seminar
12:00-1:00 EST (via Zoom)
Brain Spirit Desk: Bridging Gaps in Mental Health Care in Ghana
Speaker: Rick Wolthusen, M.D., M.P.P.
Founder and Executive Director of On The Move e.V.
Psychiatry Resident and Research Scholar at
Duke University Health System
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

July

7/27 Spirituality & Health Research Seminar
12:00-1:00 EST (via Zoom)
Islam and Mental Health
Speaker: Chaplain Azleena Salleh Azhar
Pastoral Services Advisory Committee
Duke University Health System
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>