

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 February 2019) go to: <http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

LATEST RESEARCH

Brain Microstructure Differences Based on Importance of Religion/Spirituality

Investigators in the department of psychiatry at Columbia University in New York City conducted diffusion tensor imaging (DTI) studies of the brains of those at high risk (HR; n=53) and low risk (LR, n=46) for major depressive disorder (MDD) to determine differences in white matter tract integrity (brain microstructure) between those indicating that religion/spirituality (R/S) was very important in life (n=22) compared to those indicating it was only somewhat or not at all important (n=77). Voxel-wise analysis of ellipsoidal area ratio maps (an alternative diffusion anisotropy index similar to fractional anisotropy to determine the integrity of white matter brain tracts) was used to analyze the data obtained from DTI. The only R/S variable analyzed was importance of religion or spirituality in daily life. Those at HR for MDD were children or grandchildren of those diagnosed with MDD selected from an outpatient psychiatry clinic for the treatment of mood disorders in New Haven, CT; those at LR were children/grandchildren of nondepressed individuals who were selected from the same community and had no lifetime history of psychiatric illness. Both DTI data and importance of R/S were assessed concurrently. **Results:** In the low religious importance group, those at HR for MDD demonstrated significantly decreased white matter integrity in brain areas neighboring the precuneus, superior parietal lobe, superior and middle frontal gyrus, bilateral insula, supplementary motor area, and post central gyrus. In the high religious importance group, decreased white matter integrity was found in areas surrounding the left superior and middle frontal gyrus, left superior parietal lobe, and right supplementary motor area. When compared to those who indicated low importance of R/S in their lives, however, those indicating high importance were less likely to have micro-structural differences in precuneus, frontal and temporal lobes. Researchers concluded: "R/S beliefs may affect microstructure in brain regions associated with R/S, potentially conferring resilience to depression among HR individuals."

Citation: Li, X., Weissman, M., Talati, A., Svob, C., Wickramaratne, P., Posner, J., & Xu, D. (2019). A diffusion tensor imaging study of brain microstructural changes related to religion and spirituality in families at high risk for depression. *Brain and Behavior*, E-pub ahead of press (<https://doi.org/10.1002/brb3.1209>).

Comment: Although a complicated study with lots of technical language, this research uses the latest technology to assess the structural integrity of connections (white matter tracts) between various brain regions. The authors note that these findings are consistent with those reported earlier from their research group on differences in cortical volume in high-risk individuals based on importance of religion/spirituality in life (Miller et al., 2014). Because these findings are cross-sectional, it is not possible to determine whether R/S actually protects the brains of those at high risk for major depression, but this is certainly a possibility. Future prospective studies will be needed to confirm or refute that possibility.

God Locus of Control and Colon Cancer Stage at Presentation

Investigators from the department of medicine at the University of Chicago Medical Center identified 389 newly diagnosed colon cancer patients from public and private cancer care clinics in the Chicago area (51% Black, 84% age 50 or older, 51% women). The purpose of the study was to determine whether "externalizing" religious and spiritual beliefs are associated with advanced-stage cancer at initial presentation. Externalizing religious and spiritual beliefs were assessed with the God Locus of Health Control Scale (GLHC) which consists of six items that assess belief that God is the locus of control in a patient's disease. Also assessed were deferring and collaborative subscales (six-items each) of the Religious Problem-Solving scale. Cancer stage at presentation was determined based on chart abstraction; late stage (60%) was defined as stage III or IV, whereas early stage (40%) was defined as stage I or II. Controlled for in all logistic regression models were age, recruitment facility, prior colon cancer screening history, depressive symptoms, and cancer knowledge. **Results:** Logistic regression models indicated that patients scoring in the highest one-third on the GLHC scale were over twice as likely (OR=2.14, 95% CI 1.00-4.59, p=0.05) to present at an advanced stage of disease compared to those in the lowest one-third. Race did not moderate the findings. No association with stage at presentation was found for scores on the deferring or collaborative religious coping subscales. Researchers concluded: "In a large sample of black and white individuals across diverse healthcare systems, higher scores on the GLHC predicted late disease stage at presentation."

Citation: Polite, B. N., Cipriano-Steffens, T. M., Hlubocky, F. J., Jean-Pierre, P., Cheng, Y., Brewer, K. C., ... & Fitchett, G. A. (2018). Association of externalizing religious and spiritual beliefs on stage of colon cancer diagnosis among black and white multicenter urban patient populations. *Cancer* 124(12), 2578-2587. *Comment:* First, the finding is quite sobering in that many of these patients were relying on God to take care of their symptoms, rather than following God's promptings (i.e., symptoms) to seek medical care. However, the cross-sectional association was barely

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statistically significant (i.e., 95% CI above included 1.00), and the finding was not replicated for the deferring religious coping style (as would be expected based on the relationship found with the GLHC scale). Clearly, further research is needed to better understand this finding.

Effects of Spiritual Care on Mothers' Stress Level in Neonatal Intensive Care

Investigators randomized 67 mothers of babies hospitalized in the NICU (in eastern Turkey) to either a spiritual care intervention (n=33) or a usual care control group (n=34). Mothers were assessed at baseline and follow-up by the 29-item PSS-NICU, which measures physical and psychosocial stressors in the NICU as perceived by parents (infant's appearance and behaviors, sights and sounds, parental role alteration). Those in the control group received usual care. During their first visit to the NICU, mothers in the intervention group received a spiritual history to identify spiritual needs. During their second visit, mothers in the spiritual care group received 30-60 minutes of one-on-one spiritual care by a nurse, and were informed they could perform a spiritual practice of their choice during the that NICU visit from a choice of four practices: praying, reading the Qur'an, placing a cevsen-muska (small amulet containing small prayers from the Qur'an on the infant's incubator), or placing a clipped evil-eye-talisman onto the infant's incubator (which is a blue glass bead worn for protection against the evil eye); 9 chose prayer, 9 chose Qur'an reading, 8 chose cevsen-muska amulet, and 4 chose evil-eye-talisman. Following the spiritual care intervention, mothers' stress levels were reassessed with the PSS-NICU after their return from the NICU. Only the nurse who provided the spiritual care was aware of the treatment group, whereas other nurses and researchers were blinded. **Results:** Of those completing the intervention and assessments (n=30 intervention group, n=32 control group), no differences on the PSS-NICU were present at baseline between intervention and control groups. After the intervention, however, compared to the control group, those in the spiritual care group experienced significantly lower stress scores on the Infant's Appearance and Behavior subscale (independent t-test, $t=3.07$, $p=0.003$) and total PSS-NICU stress score ($t=2.0$, $p=0.04$). Researchers concluded: "Findings indicate that nurses should be aware and consider the spiritual needs of mothers and must identify and meet these needs."

Citation: Küçük Alemdar, D., Kardaş Özdemir, F., & Güdücü Tüfekci, F. (2018). The effect of spiritual care on stress levels of mothers in NICU. *Western Journal of Nursing Research*, 40(7), 997-1011.

Comment: This study found that a single 30-60 minute spiritual care intervention produced a significant reduction in mothers' stress level. This relatively low cost intervention appeared to make a difference in the stress experienced by Muslim mothers of infants in the NICU in Turkey. However, given that the control group did not receive a similar amount of attention as those in the intervention group (i.e., absence of an "attention-control group"), there is no way to determine whether the spiritual content of the intervention (or simply the additional nursing time and support) was the therapeutic factor.

Effects of a Religious Intervention on Mental Health of Elderly with Heart Failure

Investigators from the department of nursing, Kermanshah University of Medical Sciences, Kermanshah, Iran, examined the effects of a religious intervention on life satisfaction and depression in 93 adults age 65 or older with congestive heart failure recruited from a 20-bed coronary care unit of a single hospital in Ilam, Iran. Participants were randomized to either the intervention group (n=46) or a control group (n=47). The intervention group received six sessions, each 30-45 minutes in

duration, over three months. During these sessions, participants read verses from the Holy Qu'ran, said prayers, discussed the psychological effects of praying, discussed religious role models, participated in spiritual-religious programs, repented and sought forgiveness, and received training in and analysis of moral values. The goals of the intervention were to create trust, empathy and honesty between nurse and patient to improve communication; listen to patients express their physical and psychological problems, concerns and fears; provide psychological support to patients; strengthen internal hope; increase belief in the sovereignty of God over the world; provide the necessary facilities for religious ceremonies; and encourage patients to say prayers and to read the Qur'an. No information was provided on what the control group received; thus, we can only assume that they received usual care. Outcomes assessed at baseline and three months following the intervention included life satisfaction (13-item Life Satisfaction Questionnaire, LSI-Z; Wood et al.) and depressive symptoms (21-item Beck Depression Inventory). **Results:** Before the intervention, there were no significant differences between intervention and control groups on life satisfaction or depression, although age of participants in the control group was older (72.4 for intervention vs. 75.1 for controls, $p=0.02$). Following the intervention, those in the intervention group experienced significantly lower depression (BDI score=28.3 intervention vs. 50.4 control group, $p<0.001$) and greater life satisfaction (LSI-Z=8.1 intervention vs. 5.6 control group, $p=0.004$). Researchers concluded: "Regarding the positive effect of religion-spiritual program in depression and life satisfaction of the elderly with heart failure, it is suggested this program will be educated to these patients by health-care workers."

Citation: Abdi, A., Soufinia, A., Borji, M., & Tarjoman, A. (2018). The effect of religion intervention on life satisfaction and depression in elderly with heart failure. *Journal of Religion and Health*, E-pub ahead of press (<https://doi.org/10.1007/s10943-018-0727-7>)

Comment: The reduction in depressive symptoms is impressive in this often difficult to treat population of heart failure patients (nearly a 50% decrease from baseline). Besides grammar issues in the manuscript, the lack of an "attention-control group" in this randomized clinical trial weakens the study's conclusions. Again, improvements in life satisfaction and reduction in depressive symptoms could have been due to the extra attention that was paid to participants in the intervention group (and have nothing to do with the religious nature of the intervention).

Religious Involvement and Disease Screening in Canadians

Psychologist David Speed from the University of New Brunswick, St. John, Canada, analyzed data from the 2012 Canadian Community Health Survey (CCHS), specifically women from New Brunswick and Manitoba, to examine the relationship between religious involvement and health screening behaviors. The CCHS is a national cross-sectional survey of Canadians that is conducted every two years. In 2012, however, topics pertaining to religion/spirituality (i.e., religious affiliation, attendance at religious services, and self-rated religiosity) were only asked of participants in New Brunswick and Manitoba provinces. Of particular interest in this analysis were likelihood of ever having a Pap test or mammogram and whether the person followed guidelines for each of these screening practices. Binary logistic regression was used to examine predictors, controlling for age, marital status, race, income, education and province. **Results:** Participants attending religious services once a week or more (vs. non-attendees) were significantly less likely to have ever had a Pap test (OR=0.32, 95% CI=0.12-0.83, $p<0.05$) in the multivariate analysis. In uncontrolled analyses, those who indicated they were very religious (OR=0.34, 95% CI 0.13-0.88, $p<0.05$) and those who said they were affiliated with a religion other than Christianity (vs. no affiliation) (OR=0.29,

95% CI=0.09-0.94, $p<0.05$) were also less likely to have ever had a Pap test, although these differences disappeared when controlling for frequency of religious attendance. With regard to following recommended guidelines for obtaining a Pap test, frequency of religious attendance and self-rated religiosity were unrelated to this outcome, although those who were Christian were less likely to do so (compared to the non-affiliated) (OR=0.32, 95% CI=0.15-0.68, $p<0.02$, $n=1,970$) in bivariate analyses, although the association lost statistical significance when other variables were controlled for. Concerning having a mammogram, those who attended religious services at least once per month were three times more likely than non-attendees to report this test at some point in their lives (OR=3.00, 95% CI=1.34-6.71, $p<0.01$, $n=1,687$), a relationship that persisted after controlling for confounders; no relationship, however, was found with self-rated religiosity or affiliation. Finally, with regard to following guidelines ($n=1,202$), no relationships with religious variables were found in either uncontrolled or controlled analyses. The researcher concluded: "Religion/spirituality does not appear to have a uniformly positive nor linear effect in predicting health-screening behaviors in women."

Citation: Speed, D. (2018). Mixed blessings? Religion/spirituality predicts better and worse screening behaviours. *Journal of Religion and Health*, 57(1), 366-383.

Comment: This is one of many reports by Dr. Speed criticizing the existing research on religion and health. This report contrasts with most research in other parts of the world examining the relationship between religious involvement and health behaviors.

Is Religious Involvement Related to Being Overweight in U.S. Black Adolescents

Investigators from Vanderbilt University and other U.S. universities examined religious/spiritual involvement and weight in 212 children or grandchildren of participants in the Jackson Heart Study, the largest epidemiological study of cardiovascular disease among African Americans in the U.S. Adolescents ranged in age from 12 to 19 (56% age 12-15) and 50% were male. The primary outcome was being overweight or obese, categorized as either $>85^{\text{th}}$ percentile BMI in those ages 12-18 or $\text{BMI} \geq 25$ in those age 19. Religious variables included frequency of weekly religious attendance and daily prayer; spirituality was assessed by the 6-item Daily Spiritual Experiences Scale. Controlled for in all analyses were gender, age, and questions about whether weight was being managed through exercise or through diet. **Results:** Over half of adolescents (53.8%) were overweight or obese based on the criteria above. Weekly religious attendance and spirituality were unrelated to being overweight or obese. However, daily prayer was related to a lower likelihood of being overweight or obese in the overall sample (PR [prevalence ratio, similar to OR]=0.77, 95% CI= 0.62-0.96), especially in those ages 12-15 years old (PR=0.73, 95% CI=0.54-0.97). Researchers concluded: "These findings suggest that preventative interventions offered to children and younger adolescents can have implications for weight status across the lifespan....Because R/S is such an important aspect of life in the African-American community, particularly those living in the South, faith-based health interventions that utilize a 'whole family' approach and are inclusive of children and adolescents should be considered."

Citation: Bruce, M. A., Beech, B. M., Wilder, T., Burton, E. T., Sheats, J. L., Norris, K. C., & Thorpe, R. J. (2019). Religiosity and Excess Weight Among African-American Adolescents: The Jackson Heart KIDS Study. *Journal of Religion and Health*, E-Pub ahead of press (<https://doi.org/10.1007/s10943-019-00762-5>)

Comment: This was a relatively small sample, and consisted of children/grandchildren selected from participants in the Jackson Heart Study, which could mean that their parents were more aware of the consequences of being overweight or obese. However, given the $>50\%$ rate of being overweight/obese in the sample, this

may not have been the case. Regardless, this is one of the first studies to show that frequency of religious activity -- particularly prayer -- is related to a *lower likelihood* of being overweight or obese in African-American young persons. The majority of research in mixed race samples of all ages suggests that religious involvement is related to heavier weight and greater likelihood of being obese.

Religion and Unhealthy Alcohol Use among HIV-Infected Adults in Southwest Uganda

Researchers at Mbarara University of Science and Technology, Mbarara, Uganda, and other universities in the U.S. and Uganda, collected information on alcohol use and religious/spiritual beliefs in 447 HIV-positive patients attending an HIV clinic in Uganda. Participants were 68% female, median age 32 years, 49% Protestant, 35% Catholic, and 9% Muslim; and 43% drank alcohol at unhealthy levels. Based on the description of the study, the analyses appear to be cross-sectional, although this was a 12 month follow-up study. Spirituality/religiousness was assessed with a 22-item scale divided into four domains: sense of peace, faith in God, religious behavior, and compassionate view of others. The religious behaviors domain included frequency of religious attendance, prayer, meditation, participation in religious activities, and sharing of beliefs with fellow members. Controlled for in GEE logistic regression models were gender, age, education, employment, marital status, religious affiliation, depressive symptoms, symptoms of common HIV diseases, social support, and physical functioning. Alcohol use in the past three months was the dependent variable, which was asked during the first three visits completed within the first year of the study. **Results:** Of the four R/S domains, only religious behaviors were significantly and independently related to less unhealthy alcohol use (adjusted OR=0.72, 95% CI 0.58-0.88). This was not true for sense of peace, faith in God, or compassionate view of others (nor was it true for social support, employment status, depressive symptoms, or physical functioning). Muslim religious affiliation was also related to a lower likelihood of heavy alcohol use (adjusted OR=0.26, 95% CI 0.12-0.56, compared to Protestants). The only other independent predictor of heavy alcohol use was gender (male). Researchers concluded: "Religious institutions, which facilitate expression of religious behavior, may be helpful in promoting and maintaining lower levels of alcohol use."

Citation: Adong, J., Lindan, C., Fatch, R., Emenyonu, N. I., Muyindike, W. R., Ngabirano, C., ... & Hahn, J. A. (2018). The relationship between spirituality/religiousness and unhealthy alcohol use among HIV-infected adults in Southwestern Uganda. *AIDS and Behavior*, 22(6), 1802-1813.

Comment: What is remarkable about this study is that other than gender, ONLY religious behaviors were associated with lower levels of unhealthy alcohol use, independent of all other factors that usually affect alcohol use, factors which had relatively little or no impact on heavy alcohol use in this patient population (that is, independent of religious behaviors).

Religious Affiliation and Health in Israeli Jews

Researchers at the Smokler Center for Health Policy Research, Myers-JDC-Brookdale Institute, Jerusalem, analyzed data from the 2004 Israeli National Health Survey, a national random sample of 4,057 adults in the general population. The purpose was to examine the relationship between religious group and health status. Religious groups were Secular (47%), Traditional-not religious (26%), Traditional-religious (12%), Religious (9%), and Haredi (ultra-orthodox; 6%). Health outcomes included single items assessing self-related overall physical health, presence or absence of chronic disease, overall mental health, presence of depressive/anxiety symptoms, and presence of pain. Controlled for in regression analyses were age, gender, ethnicity, area of residence, and education. **Results:** Multivariate analyses revealed

that when compared to Secular Jews, the most religious Israeli Jews (Haredi) indicated a 48% lower likelihood of poor physical health (OR=0.52, 95% CI=0.38-0.72), a 35% lower likelihood of chronic disease (OR=0.65, 95% CI=0.47-0.89), a 42% lower likelihood of pain (OR=0.58, 95% CI 0.43-0.79), a 58% lower likelihood of suboptimal mental health (OR=0.42, 95% CI=0.28-0.63). In contrast, when compared to Secular Jews, those who indicated they were Traditional-religious were 41% more likely to have poor physical health (OR=1.41, 95% CI=1.10-1.80), 37% greater likelihood of having suboptimal mental health (OR=1.37, 95% CI=1.08-1.76), and 97% more likely of having depressive/anxiety symptoms (OR=1.97, 95% CI=1.55-2.49). Traditional non-religious Jews were also more likely than Secular Jews to experience pain (OR=1.40, 95% CI=1.18-1.65), suboptimal mental health status (OR=1.21, 95% CI=1.01-1.46), and depressive/anxiety symptoms (OR=1.57, 95% CI=1.31-1.88). *Citation:* Brammli-Greenberg, S., Glazer, J., & Shapiro, E. (2018). The Inverse U-Shaped Religion–Health Connection Among Israeli Jews. *Journal of Religion and Health*, 57(2), 738-750. *Comment:* Israeli Jews who are the most religious (ultra-orthodox Haredi) appear to have the best physical and mental health when compared to Secular Jews in Israel; Traditional religious and Traditional non-religious, however, appear to have worse health. Reasons for these cross-sectional associations remain unclear. Rather than simply examine religious affiliation, however, what is needed is research on a large national random sample of Israeli Jews examining the relationship between religiosity or religious commitment (which may vary widely within each religious group). For such a study, see Levin, J. (2011). Health impact of Jewish religious observance in the USA: Findings from the 2000–01 National Jewish Population Survey. *Journal of Religion and Health*, 50(4), 852-868.

Spiritual Struggles and Treatment Outcomes of Psychiatric Inpatients

Researchers in the department of psychology at the University of South Alabama and other universities across the U.S. analyzed data from a prospective study of 217 patients admitted to the psychiatric services of Pine Rest Christian Psychiatric Hospital in Grand Rapids, Michigan. Participants were assessed at baseline on admission and then again on discharge (an average of 6.4 days later). Spiritual struggles at baseline were measured using Exline et al's 26-item Religious and Spiritual Struggles Scale (RSSS), which assesses six types of spiritual struggle: struggles with God or a higher power, perceived demonic forces or supernatural evil, morality, ultimate meaning, interpersonal issues, and doubting. Mental health outcomes assessed at baseline and follow-up were measured using the Patient Health Questionnaire (PHQ8; depressive symptoms) and Mental Health Continuum-Short Form (MHC-SF; positive mental health). Qualitative dominance analysis and latent change score modeling were used to assess whether longitudinal changes in spiritual struggles from baseline to discharge were associated with changes in depressive symptom severity and positive mental health. **Results:** Only one of the six types of spiritual struggle struggles at baseline, struggles with ultimate meaning (e.g., "Had concerns about whether there is any ultimate purpose to life or existence") predicted both higher depressive symptoms and lower positive mental health at discharge, although all six categories of spiritual struggle at baseline were positively related to discharge depressive symptoms (but not clear whether baseline depression or positive mental health were controlled for in these regression models, although likely). Decreases in spiritual struggle (particularly changes in ultimate meaning) were associated with significant decreases in depressive symptoms, and both decreases in struggles with ultimate meaning and decreases in divine struggles were associated with increases in positive mental health. Researchers concluded: "Major findings supported the relative importance of

struggles with ultimate meaning in patients' mental health status at specific time points as well as longitudinal changes in MDD [depressive symptoms] and positive mental health from baseline to discharge."

Citation: Currier, J. M., Foster, J. D., vanOyen Witvliet, C., Abernethy, A. D., Luna, L. M. R., Schnitker, S. A., ... & Carter, J. (2019). Spiritual struggles and mental health outcomes in a spiritually integrated inpatient program. *Journal of Affective Disorders*. E-Pub ahead of press (<https://doi.org/10.1016/j.jad.2019.02.012>)

Comment: Changes in spiritual struggles and changes in mental health (depressive symptoms/positive mental health) tracked closely with one another from admission to hospital discharge in these psychiatric inpatients. Whether spiritual struggles cause a worsening of mental health over time, whether worsening mental health causes an increase in spiritual struggles, or whether spiritual struggles are simply a manifestation of poor mental health, remain unknown. Struggles with the ultimate meaning of life, however, are clearly linked with worse mental health outcomes.

Are Geriatric Psychiatrists in New Zealand Taking a Spiritual History?

Psychogeriatrician Vahid Payman and his colleague Zheng Lim at Monash University (Australia) conducted a retrospective chart review of a random sample of 66 files of patients seen by two community National Health Index geropsychiatry teams providing services to patients at Middlemore Hospital in Auckland, New Zealand. Both the initial comprehensive psychiatric assessment form and the patient's progress notes were reviewed. Among the files indicating that a religious history was taken, the FICA spiritual history tool was used to assess the quality of the religious history. The FICA assesses four domains: if patient has a faith or religious belief system, the importance of that faith/belief and influence on how they take care of themselves, whether patient is involved in a spiritual or religious community, and how patient would like their faith/beliefs addressed. For determining the quality of the religious history, one point was given for each of the four domains that were addressed (possible score range 0 to 4); scores above 2 were considered "a detailed history." **Results:** Of the 66 patients whose charts were reviewed, 50% (n=33) showed some indication that a religious/spiritual history had been taken. Of those, 10 of 33 (33%) met the criteria on the FICA for a detailed history (i.e., 10 out of 66, or 15% overall). The researchers concluded: "The infrequency and low quality of religious histories discovered in this audit suggest that clinicians need more training in taking a religious history from patients."

Citation: Payman, V., & Lim, Z. J. (2018). Do clinicians assess patients' religiousness? An audit of an aged psychiatry community team. *Australasian Psychiatry*, 26(4), 401-404.

Comment: To our knowledge, similar studies in older psychiatric patients have yet to be done in the US, UK, Australia, or Europe. However, we doubt that the results would be much better, despite guidelines provided by the World Psychiatric Association (*World Psychiatry*, 2016; 15(1), 87-88). The first item in those guidelines is that a spiritual history should be routinely taken in all psychiatric patients, regardless of age. One would think that this should apply especially to older psychiatric patients who tend to be more religious than younger.

SPECIAL EVENTS

Religious Dimensions of Healthcare Delivery: A Multidisciplinary Workshop

(March 2-3, 2019 at University of Chicago)

By initiating conversations between allied health professionals, this workshop seeks to highlight relationships between religious

dimensions of health and healthcare delivery to foster interdisciplinary collaboration and improve delivery of care. The workshop will be divided into 4 sessions, each comprising of an inter-religious panel presentation and a facilitated small group discussion or skill-building exercise. Islamic Medical Association of North America designates this live educational activity for a maximum of 10 AMA PRA Category 1 Credits. For more information, go to the following website:

<https://voices.uchicago.edu/islamandmedicine/rdh/>. To register, visit <https://regonline.com/rdh>

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 17-year longitudinal 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, see website <https://spiritualityandhealth.duke.edu/index.php/scholars/david-b-larson> or contact Dr. Harold Koenig (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.medicinandreligion.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, 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. 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. 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 have come to this workshop, and this year should be no different. Partial tuition reduction scholarships are available. For more information, go to:

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

International Congress on Spirituality and Psychiatry

4th Global Meeting on Spirituality and Mental Health (organized by the World Psychiatric Association Section on Religion, Spirituality and Psychiatry)

(Jerusalem, Israel, December 1-4, 2019)

Spirituality/religion (S/R) is relevant to most of human beings, 84% of the world's population reports a religious affiliation. Systematic reviews of the academic literature have identified literally thousands of empirical studies showing the relationship (usually positive but also negative) between S/R and health. However, there has been world wide a huge gap between knowledge available about the impact of S/R on health and the translation of this knowledge to the actual clinical practice and public health policies. Given this, the World Psychiatric Association recently published a Position Statement on Spirituality and Religion in Psychiatry emphasizing the importance of integrating S/R in clinical practice, research and education in psychiatry. This congress will focus on practical implications, on how to sensibly and effectively integrate S/R into mental health care and public policies. For more information, go to www.rsp2019.org.

RESOURCES

Books

Quantitative Research for Chaplains and Healthcare Professionals: A Primer

(Rutledge, 2018)

From the author: "This book takes readers from very basic research concepts, such as "causality" and "variables," to the application of statistical tests. The first two chapters introduce the scientific method and causality and explain the degree to which different types of research designs allow researchers to make causal inferences. The book concludes with a detailed description of the seven critical factors required to draw causal inferences from experimental studies. The remainder of the book covers suggested criteria for inferring causality from non-experimental

research; levels of measurement (nominal, ordinal, interval, and ratio scales); operational definitions; independent, dependent, and other variables (e.g., risk factors); the normal curve; how to calculate and interpret measures of central tendency and variability; common measures of association; and different types of t-tests." Available for \$122.55 (hardcover) at <https://www.amazon.com/Quantitative-Research-Chaplains-Health-Professionals/dp/113835077X/>

Islamically Integrated Psychotherapy

(Templeton Press, 2018)

From the publisher: "Integrating the Islamic faith with modern psychotherapy is at the forefront of the spiritually integrated psychotherapy movement. To bring this work to wider attention and to promote its continuation, Dr. Carrie York Al-Karam has brought together the present volume of nine essays, each of which is written by a Muslim clinician who practices Islamically integrated psychotherapy (IIP)—a modern approach that unites the teachings, principles, and interventions of the faith with Western therapeutic approaches. As delineated in the Introduction, IIP has emerged from a variety of domains including the psychology of religion and spirituality, multicultural psychology and counseling, transpersonal psychology, Muslim Mental Health, and Islamic Psychology. The individual chapters then describe a variety of ways IIP is practiced by Muslim clinicians in their service provision with Muslim clients. The contributors discuss a wide range of topics, such as how Islam can be viewed as a system for psychological wellbeing, or a "science of the soul"; what marital counseling can look like from an Islamically-integrated perspective; Prophet Mohammed as a psycho-spiritual exemplar in a new approach called The HEART Method; the use of Quranic stories in family therapy; as well as using Islamic teachings when working with Muslim children and adolescents." Available for \$22.50 (new) or \$12.75 (used) at <https://www.amazon.com/Islamically-Integrated-Psychotherapy-Professional-Spirituality/dp/1599475413/>

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. Available for \$74.01 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. 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/>

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/>

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

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>

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Calling all Health, Wellness, & Medical Practitioners

New Holistic Program Opportunity: It's Your Turn to Receive
From the program director, Benjamin D. Koenig, Ph.D.: Are you burnt out, running on empty, need a major shift to reclaim your own health and vitality in your Body—Mind—Spirit—Emotions—Relationships, or Practice? I'm here to help you reboot your system, remember your calling, and reclaim your passion for healing with integrity, so you can experience the freedom, joy, peace of mind, and vitality you deserve. Based on my life-long experience and twenty years of research, teaching, and applied practice helping hundreds of people, my new six-week program is customized to your specific needs and desires. Program Starting Soon—with three lifelong bonuses for the first 20 participants! Let's talk! Register for a FREE CONSULTATION here: <https://drben.as.me/FreedomHealthWealth>. Contact: ben@benkoenig.com | Estepona, Spain: +34 698 530 158

2019 CSTH CALENDAR OF EVENTS...

Mar

- 21 **Spirituality and Health: Findings from the Nationwide Landmark Study and a 17-year Longitudinal Study of People with HIV**
David B. Larson Memorial Lecture, Durham, NC
Speaker: Gail Ironson, MD, PhD
Professor of Psychiatry and Psychology
University of Miami at Coral Gables
Duke Hospital North, Room 2001, 5:30-6:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 27 **Faith Community Nursing: Emerging Trends & Impact**
Speaker: Alyson Breisch, MSN, RN-C
Commissioned Minister of Congregational Health in the United Church of Christ
2006-2014 Health Ministries Association (HMA)
Director of Practice and Education
Parish/Congregational Nurses Program
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 29-31 **2019 Conference on Medicine and Religion**
Speaker: Multiple speakers
JB Duke Hotel, Durham, NC
Contact: Jeff Sokoloff (jsokoloff@ish-tmc.org)
See website <http://www.medicineandreligion.com/>

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