

# CROSSROADS...

Exploring research on religion, spirituality and 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 April 2016) go to: <http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

## LATEST RESEARCH

### Psychiatric Inpatients' Attitudes Toward Discussion of Spiritual/Religious Matters

Researchers at Harvard's McLean psychiatric hospital conducted a survey of 253 psychiatric inpatients concerning their interest in discussing spiritual and religious matters with mental health professionals in charge of their care. The study was based on earlier findings that 80% of psychiatric patients use religion to cope with their distress. McLean hospital is located in eastern Massachusetts (noted by authors as a "predominantly irreligious locale"). **Results:** Over half of patients surveyed (58%) indicated that they were fairly, moderately, or very interested in discussing spiritual and religious matters with their treatment team. This interest was present regardless of age, socioeconomic status, education level, clinical characteristics, diagnosis, severity of symptoms or presence of psychosis. Investigators concluded: "Given these trends, we recommend that clinicians ask all patients whether they would like to discuss spirituality and religion in the context of their treatment."

*Citation:* Rosmarin DH, Forester BP, Bjorgvinsson T (2016). Spirituality and religion: Initiating a discussion with patients. *Psychiatric Services* 67 (3): 359

*Comment:* The findings reported above are surprising given the geographic location of the study. There may be even greater interest by psychiatric patients in other regions of the United States where religious involvement is more widespread than in the northeast. Lack of an association with psychiatric diagnosis or severity of symptoms is also significant, indicating that interest in discussing religious matters was not due to the psychiatric illness.

### Role of Spirituality in the Recovery of Persons with Schizophrenia

In a qualitative study of 18 persons with schizophrenia and 19 mental health professionals from public hospitals and rehabilitation clinics in Hong Kong, investigators explored the meaning and role of spirituality among patients and their mental health professionals. Patients were 56% male, mean age of 28.4 years, and had been

diagnosed with schizophrenia for an average of 6.4 years. The majority (56%) had no religious affiliation; the remainder were Christian (28%), Buddhist or Chinese folk religion (17%). All patients had a DSM-IV-TR diagnosis of schizophrenia and none had active psychosis. Mental health professionals were across professions: psychiatrists (21%), nurses (26%), occupation/physical therapists (16%), and social workers (37%). Among mental health professionals, 42% had no religious affiliation, 53% were Protestant Christians, and 5% Catholic Christians. Standard qualitative methods of data analysis were used. **Results:** Two major themes emerged for both groups: the personal domain and the communal domain. The personal domain focused on patients' (1) sense of self (self-knowledge, knowing what to do during illness), (2) philosophy of life (values, how to live a life; concrete, short-term goals), (3) growth after the acute phase of illness (changes after acute episode, self-improvement), and (4) sense of peacefulness (inner calm, coping with illness). The communal domain focused on (1) religion (religious affiliations and practices, love, empathy), (2) interpersonal relationships (relationships with others, giving help to others), and (3) apparitional experiences (unusual experiences). Researchers concluded that patients and mental health professionals both indicated that spirituality was an "inherent part" of patients' well-being and rehabilitation.

*Citation:* Ho RTH, Chan CKP, Lo PHY, Wong PH, Chan CLW, Leung PPY, Chen EYH (2016). Understandings of spirituality and its role in illness recovery in persons with schizophrenia and mental health professionals: A qualitative study. *BMC Psychiatry* 16:86

*Comment:* Even in this part of the world (east Asia), where less than half of patients were affiliated with a faith tradition, religious or more broadly spiritual beliefs appeared to play a central role in how participants dealt with and recovered from their illness.

### Religiosity and Hazardous Drinking/Drug Use in Heterosexual and Sexual Minority Women

Researchers at San Jose State University's School of Social Work and U.S. Alcohol Research Group at the Public Health Institute (Emeryville, CA) analyzed data on 11,169 women ages 18 or older responding to the National Alcohol Survey in 2000, 2005, and 2010. All participants gave information on their sexual identity and behavior. "Exclusively heterosexual" women (n=10,723) were compared to (1) 184 heterosexual and same-sex partner women, (2) 140 bisexual women, and (3) 122 lesbian women ("sexual minority women" (n=446) on religiosity and religious norms. Religiosity was measured by a single question: "How important is religion in your life?"; responses were dichotomized into "very important" vs. somewhat important, not really important, and not at all important. Religious norm was based on a single question: "Does your religion discourage drinking alcoholic beverages?"; responses were no=favorable vs. yes=unfavorable. Relationship status, age, race, and education were controlled for in multivariate logistic regression analyses. **Results:** Religiosity (very important) was more prevalent in heterosexual women (62%) than in minority women (31% to 43%). In *heterosexual women*, religiosity (very important) was associated with a 55% lower risk of lifetime

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alcohol use (OR=0.45, 95% CI 0.40-0.52), 39% lower risk in past year of hazardous drinking (OR=0.61, 95% CI 0.52-0.72), and 21% lower risk in past year of illicit drug use (OR=0.79, 95% CI 0.69-0.91); similar but weaker relationships were found for religious norm. In *sexual minority women*, religiosity (very important) was associated with a 60% lower risk of lifetime alcohol use (OR=0.40, 95% CI 0.19-0.86), 50% lower risk of hazardous drinking (OR=0.50, 95% CI 0.27-0.95), and 67% lower risk of illicit drug use (OR=0.33, 95% CI 0.19-0.58); religious norm was only associated with lifetime alcohol use risk (57% lower), not with hazardous drinking or illicit drug use. Researchers concluded: "Findings reveal the importance of considering sexual minority status in evaluation of religion or spirituality as protective among women." *Citation:* Drabble L, Trocki KF, Klinger JL (2016). Religiosity is a protective factor for hazardous drinking and drug use among sexual minority and heterosexual women: Findings from the National Alcohol Survey. *Drug and Alcohol Dependence* 161:127-134

*Comment:* While sexual minority status should be considered in assessing whether religion is protective (as researchers suggest), high personal religiosity was **at least as protective (if not more so)** in sexual minority women as it was in heterosexual women with regard to lifetime alcohol use, hazardous drinking, and illicit drug use.

### Spirituality/Religiosity & Unprotected Sex in Women

Researchers at the University of Maryland surveyed 171 predominantly African-American women (87%) over 18 examining the relationship between spirituality/religiosity (S/R) and likelihood of having unprotected sex. The basis for this study is concern that HIV infections are 20 times higher among women of color compared to white women in the U.S. S/R was measured by 3 questions: (1) "How important is religion in your daily life?" (not at all important=1, very important=4); (2) "How often do you seek spiritual help with life problems?" (never=1, almost always=5); and (3) "How spiritual or religious are you?" (not spiritual or religious=1, very spiritual or religious=4). Sexual behavior self-efficacy was assessed with a 6-item scale (e.g., "I am confident to tell my partner to use a condom"). Types of unprotected sex were defined and frequency was measured. Demographics controlled for in analyses were age, education, relationship status, and employment status. Path analysis was used to examine relationships. **Results:** Average age of participants was 48.9; 18% were married; 57% were unemployed or disabled; and 93% were "straight" in sexual orientation. Prevalence of unprotected sex was 65.8%. Religiosity (item 1) was unrelated to frequency of unprotected sex ( $r=-0.06$ ), spirituality (item 2) was unrelated to unprotected sex ( $r=0.003$ ), and combined S/R (item 3) was significantly and inversely related to unprotected sex ( $r=-0.17$ ,  $p<0.05$ ). All three S/R variables were positively related to sexual behavior self-efficacy ( $r$ 's=0.27,  $p<0.01$ ), which in turn was inversely related to frequency of unprotected sex ( $r=-0.22$ ,  $p<0.01$ ). Based on the results of path analyses, investigators concluded: "both religiosity and spirituality are important predictors of sexual behavior self-efficacy and that they are both negatively related to unprotected sex."

*Citation:* Iles I, Boekeloo B, Seate AA, Quinton S (2016). The impact of spirituality and religiosity on unprotected sex for adult women. *American Journal of Health Behaviors* 40 (2): 240-247 *Comment:* Although a small study, this may help to explain why HIV infection rates are lower among women who are more religious.

### Religion/Spirituality and Depressive Symptoms in Chronic Medical Illness

Researchers in the department of psychology at the University of Miami, Coral Gables, and other US universities analyzed data on a national random sample of 1,696 U.S. adults with chronic health

problems to determine cross-sectional relationships between religiosity/spirituality and depressive symptoms. Depressive symptoms were assessed using four items from the CES-D. Chronic health conditions were identified from a list of 12 illnesses such as arthritis, chronic eye disease, respiratory disease, cardiac illness, hypertension, diabetes, etc. Religious measures included frequency of religious attendance (single item), frequency of prayer (single item), religious meaning (3-item scale), religious hope (3-item scale), and view of God (6-item scale composed of a 3-item positive and a 3-item negative subscale). "Spiritual" or "psychospiritual" measures were a general 6-item meaning in life scale, a general 4-item hope/optimism scale, and a 4-item peace scale. Also assessed were age, gender, education, and ethnicity. Hierarchical regression was used to examine correlates of depressive symptoms, entering first demographics, then number chronic health conditions, and finally R/S variables. **Results:** With religious and "spiritual" variables included all together in the final block of the model, the strongest inverse correlates of depressive symptoms were "spiritual" variables, i.e., general meaning, general hope, and peace (all  $p<0.001$ ). After controlling for spiritual variables, there was only a weak inverse relationship between religious variables and depressive symptoms: attendance ( $B=-0.05$ ,  $p=0.05$ ), prayer ( $B=0.01$ ,  $p=0.79$ ), religious meaning ( $B=-0.05$ ,  $p=0.04$ ); relationships were stronger with religious hope ( $B=-0.13$ ,  $p<0.001$ ) and positive view of God ( $B=-0.07$ ,  $p=0.004$ ). Researchers concluded that the "spiritual" variables, i.e., general meaning, general hope, and peace, conferred the greatest degree of protection from depressive symptoms, whereas religious variables conferred a lesser degree of protection.

*Citation:* Lucette A, Ironson G, Pargament KI, Krause N (2016). Spirituality and religiousness are associated with fewer depressive symptoms in individuals with medical conditions. *Psychosomatics*, E-pub ahead of print

*Comment:* The findings are important, given the nationwide probability sample with careful demographic controls. However, measures of "spirituality" in the study were largely indicators of positive emotions (meaning hope, and peace), which would be expected to be inversely related to negative emotions assessed by depressive symptoms. Once these positive emotions were controlled for in the model, religious variables had relatively little effect on depression. Given that religious factors such as attending religious services, prayer, etc., largely protect against depression by generating meaning, hope, and peace, it should not be surprising that religious measures -- once these emotions were accounted for -- have little protective effect left over against depression.

### Religious and Spiritual Struggles in Palestinian Muslim College Students in Israel

Investigators at the Bob Shapell School of Social Work at Tel Aviv University and several U.S. universities surveyed 139 Palestinian Muslim college students living in Israel to examine the prevalence and correlates of religious/spiritual (R/S) struggles in this group. Mean age of participants was 23.7 years, the majority were female (72%) and were single (60%). Religious/spiritual struggles were assessed using a 26-item scale (Exline, 2014). The God-10 scale (Exline et al., 2014) was used to assess views of God as cruel, distant, or loving. Participants were asked "Generally speaking, I imagine God as being..." followed by 10 adjectives. Factor analysis of participants' responses indicated two subscales: positive view of God (loving, caring) and negative view of God (distant, cruel, etc.). In addition, closeness to God was assessed by a single question asking "In general, how close do you feel to God?" with 4 response options ranging from not at all (1) to as close as possible (4). Other religious measures included a 5-item fundamentalism scale and a 4-item religious quest scale. Mental health outcomes were life satisfaction (5-item Diener scale), depressive symptoms (10-item CES-D), and generalized anxiety

(GAD-7). **Results:** Relatively high rates of R/S struggle were found: 40% “felt as though the devil (or an evil spirit) was trying to turn me away from what was good”; 34% “felt as though God was punishing me”; 26% “had conflicts with other people about religious/spiritual matters”; and 19% “felt troubled by doubts or questions about religion or spirituality.” Fewer felt angry at God (8%), questioned God’s love for them (4%), or felt abandoned by God (4%). Average scores on yhr positive image of God subscale were considerably higher than those for the negative image of God subscale (9.0 vs. 1.1 on a 0-10 scale). R/S struggles were positively related to depressive symptoms ( $r=0.48$ ,  $p<0.01$ ) and generalized anxiety ( $r=0.51$ ,  $p<0.01$ ), and inversely related to life satisfaction. Researchers concluded that: “R/S struggles: (1) are prevalent among Muslims; (2) can be predicted by religious variables; and (3) have significant positive links with undesirable mental health indicators (i.e., anxiety, depression), and negative links with desirable mental health indicator (i.e., life satisfaction).”  
*Citation:* Abu-Raiya H, Exline JJ, Pargament KI, Agbaria Q (2016). Prevalence, predictors and implications of religious/spiritual struggles among Muslims. Journal for the Scientific Study of Religion, E-pub ahead of press  
*Comment:* One of the first studies to examine religious/spiritual struggles in Muslim young adults. The nature of the present sample (young Palestinians living in Israel), however, may have influenced the findings.

### Religiosity/Spirituality and Burnout in Medical Students in India

Investigators in the department of psychiatry at the Indira Gandhi Government Medical College in Nagpur, India, examined factors related to burnout among a random sample of 100 medical students. The 10-item Burnout Measure-Short Version was used to assess burnout. Religiosity/spirituality measures included the Duke Religion Index (DUREL) the negative religious coping scale (NRC), and existential well-being (EWB) scale from the Ellison & Paloutzian Spiritual Well-Being Scale. **Results:** Significant levels of burnout were identified in 64% of students (most in their final year of medical school or in their internship year). Students who scored higher on the DUREL and the EWB scales were significantly less likely to experience burnout, whereas those who scored higher on the NRC scale were more likely to score high on burnout (all associations  $p<0.001$ ). Spearman’s correlation indicated significant correlations between burnout score and DUREL ( $r=-0.56$ ), EWB ( $r=-0.66$ ), and NRC ( $r=0.65$ ) (again  $p<0.001$  for all). Researchers concluded that “Thus, spirituality as a way of coping acts as a buffer and prevents [from] burnout.”  
*Citation:* Chiddarwar SS, Singh DA (2016). Role of spirituality as a way of coping from burnout in medical students of a tertiary care institute in India. Journal of Evidence-Based Medicine and Health Care 3 (20): 836-840

*Comment:* Burnout is apparently as common in India among medical trainees as it is in the United States. Although no variables were controlled for in these cross-sectional analyses, the size of the correlations is impressive and support the author’s conclusions. This is one of the few studies from South Asia examining burnout among medical students and the role that religiosity/spirituality play in its possible prevention.

### Spirituality and Quality of Life in Medical Students in South Africa

Investigators from the department of psychiatry at the Nelson Mandela School of Medicine at the University of KwaZulu-Natal surveyed 230 medical students (out of 950 possible) assessing depressive symptoms (20-item Zung Depression Scale), quality of life (WHO Quality of Life scale), and spiritual involvement (Spiritual Involvement and Beliefs Scale or SIBS). The SIBS is a 26-item scale that measures values, attitudes and behaviors (with many

non-specific items assessing meaning in life, thankfulness, science as an explanation for things, likelihood of apologizing, response to shame, etc). Also assessed was religious affiliation (78% Christian, 16% Hindu, 3% Muslim). **Results:** Over three-quarters of students (77%) experienced had depressive symptoms and 16% had severe symptoms. Higher SIBS scores were inversely related to depressive symptoms ( $r=-0.14$ ,  $p=0.03$ ) and were positively related to quality of life ( $r=0.29$ ,  $p<0.001$ ). Only bivariate correlations were provided.

*Citation:* Pillay N, Ramlall S, Burns JK (2016). Spirituality, depression and quality of life in medical students in KwaZulu-Natal. South African Journal of Psychiatry 22(1), Epub ahead of print

*Comment:* Although the measure of spirituality (SIBS) was relatively weak, with a number of non-distinctive general items, the majority of questions asked in the scale are reasonable and broadly capable of assessing spiritual beliefs, attitudes, values, and behaviors. Thus, the association between higher SIBS scores, greater quality of life and lower depressive symptoms in this population is noteworthy. These findings are consistent with other studies showing a possible link between greater religiosity/spirituality and greater emotional resilience in medical students (as in India). To our knowledge, this is the first study of its kind in South Africa (and perhaps in Africa more generally).

### Spirituality/Religiosity and Suicide Attempts in France

Researchers from the Centre Hospitalier Andre-Mignot de Versailles (Le Chesnay, France) and University of Geneva (Switzerland) compared the spirituality/religiosity (S/R) of 88 persons following hospitalization for attempted suicide with the spirituality of the general population. Religiosity was assessed by questions about religious practice, religious beliefs, and religious affiliation; in addition, participants were asked if their religious beliefs and practices helped them to cope with their current difficulties, how important they were in daily life, protected them from suicide drives, and gave them purpose and hope. “Spirituality” was assessed with the World Health Organization Quality of Life – Spirituality, Religion and Personal Beliefs (WHOQOL-SPRB) scale, which measures quality of social connections, meaning of life, awe, wholeness and psychological integration, inner peace, hope, optimism, etc. (i.e., a conglomeration of positive social and psychological emotions) (⊕). Spirituality scores were compared between suicide attempters and 561 French-speaking participants in France and Switzerland (general population). Suicide attempters were categorized into high and low spirituality based on scores above vs. below the 75<sup>th</sup> percentile on the WHOQOL-SPRB scale. **Results:** Suicide attempters (mean age 36.5 years) were 46% Catholic, 9% Muslim, 3% Jewish, 3% Buddhist, 6% agnostics, and 33% atheists; 47% said they believed in a “higher power”; 35% indicated current religious practices; and 30% scored in the “high” range of spirituality. Half of the patients could not give a definition for spirituality (⊖). Compared with the general population, suicide attempters scored significantly lower on all 8 dimensions of spirituality on the WHOQOL-SPRB scale (most significant at  $p<0.0001$ ). Compared to those with “low” spirituality, suicide attempters with “high” spirituality scored significantly lower on depressive symptoms measured by the Beck Depression Inventory ( $p<0.0001$ ); however, they had more adverse life events, higher unemployment, more alcohol dependency, and were more likely to be diagnosed with personality disorder. Over an 18-month follow-up, 26% of attempters repeated an attempt at suicide; those individuals were more likely to score low on spirituality at baseline (primarily low meaning in life). Researchers concluded that “supporting religious beliefs that patients find useful in coping with stress and reducing anger could be a useful tool in a therapeutic process that targets suicide prevention.”

*Citation:* Mandhouj O, Perroud N, Hasler R, Younes N, Hugulet P (2016). Characteristics of spirituality and religion among suicide attempters. Journal of Nervous and Mental Disease, E-pub ahead of press

*Comment:* As is so common in spirituality and health research, the measure of spirituality used here (WHOQOL-SPRB) is highly confounded with indicators of positive emotions, making interpretation of the findings difficult. All we can say is that those who attempted and re-attempted suicide had fewer positive emotions, which should not be too surprising!

### **Culturally Distinctive Spirituality and Health among Romani Gypsies in Southern Spain**

Researchers from the University of Malaga and University of Granada examined the relationship between spiritual beliefs, health, and fear of death in 150 members of a Romani minority group living in southern Spain. Mean age of participants was 42 years, 96% were Romani Gypsies, 54% were women, and 83% were Catholic or Protestant Christians. Spirituality (distinctive in this cultural group) was assessed using the 18-item Expressions of Spirituality Inventory that measures (1) experiential/phenomenological spiritual experiences, (2) existential well-being (meaning and purpose in life), and (3) paranormal beliefs (psychokinesis, beliefs in spirits, ghosts, superstition, witchcraft). The 38-item Nottingham Health Profile was used to measure six dimensions of the outcome, overall health (physical mobility, pain, sleep, energy, social isolation, emotional reactions). Demographics controlled for in regression analyses were gender and age. **Results:** The existential/phenomenological spiritual dimension was related to worse health ( $B=6.0$ ,  $p<0.001$ ), whereas the paranormal dimension was related to better health ( $B=-2.52$ ,  $p<0.05$ ). Researchers concluded that "paranormal beliefs protect against disease... within the context of Romani culture and religion."

*Citation:* Restrepo-Madero E, Trianes-Torres MV, Munoz-Garcia A, Alarcon R (2016). Cultural and religious/spiritual beliefs and the impact on health that fear to death has on gender and age, among a Romani minority group from southern Spain. Journal of Immigrant and Minority Health, March 21, E-pub ahead of print

*Comment:* An important and interesting study in a culturally distinctive group of Spanish gypsies. The most surprising finding was that paranormal spiritual beliefs were associated with better overall health in this population (although the association is relatively weak). The much stronger negative relationship between the existential/phenomenological dimension of spirituality and health was also notable.

### **Psychometric Properties of the Farsi Version of the Belief into Action Scale**

Researchers at the School of Medicine and the Neuroscience Institute at Tehran University of Medical Sciences (Iran) examined the psychometric properties of the 10-item Belief into Action (BIAC) scale in 195 healthy volunteers (mean age 23.9 years), all Shia Muslims and fluent in Farsi. Ten percent of the sample were readministered the scale after a 2-3 week interval (test-retest reliability). Other measures included the 10-item Perceived Stress Scale (Cohen), 12-item Social Support Questionnaire, 10-item intrinsic religiosity scale (Hoge), and 20-item CES-D. **Results:** Cronbach's alpha of the Farsi BIAC was 0.85 (with values  $>0.70$  considered acceptable). Intra-class correlation (ICC) for test-retest reliability was 0.94 (with values  $>0.80$  considered acceptable). Factor analysis revealed a 2-factor solution that explained 59% of the variance (47% explained by factor 1). The two factors were highly correlated ( $r=0.54$ ). Convergent validity was demonstrated by a strong correlation with the Hoge IR scale ( $r=0.43$ ,  $p<0.001$ ). Discriminant validity was indicated by non-significant correlations with the social support subscales, and weak correlations with

perceived stress ( $r=-0.25$ ) and depression ( $r=-0.28$ ). Investigators concluded that the Farsi BIAC "is a reliable and valid measure of religious commitment and can be used in studies of Farsi-language Muslim populations."

*Citation:* Hafizi S, Tabatabaei D, Memari AH, Saghadzadeh A, Koenig HG (2016). Belief into action scale: Psychometric properties of the Farsi version. Mental Health, Religion & Culture, E-pub ahead of press

*Comment:* This study adds to the existing research showing the strong psychometric properties of the BIAC across religious groups and geographical regions (United States, China, etc.).

## **SPECIAL EVENTS**

### **Research Workshop on Spirituality & Health in Gdansk, Poland**

(May 8-11, 2016)

A 4-day research workshop with Dr. Harold Koenig will be held just prior to the 5th biannual European Conference on Religion, Spirituality and Health (see below). This workshop is designed for graduate students and young faculty pursuing a research career or wanting to know more about research in this area. Individual mentorship on research projects and academic career development will be provided. This workshop mirrors the 5-day research workshop held in August each year at Duke University. For more information, contact Dr. Rene Hefti ([rene.hefti@klinik-sgm.ch](mailto:rene.hefti@klinik-sgm.ch)); registration is still open.

### **5<sup>th</sup> European Conference on Religion, Spirituality and Health**

(Gdansk, Poland, May 12-14, 2016)

The conference will focus on the integration of religion and spirituality into health care and its implications for patients in Europe. The Gdansk Lecture will be held by Prof. Dr. Halina Grzymała-Moszczyńska (Poland). Symposia are invited to allow research groups to present their research projects. Keynote speakers include: Julie Exline (Case Western Reserve University), Simon Dein (University College London), Michael B. King (University College London), Kevin Ladd (Indiana University), Vasileios Themos (University Ecclesiastical Academy of Athens), Stephanie Monod (University of Lausanne), Ulrich Kortner (University of Vienna), and others. For more info, go to: <http://www.ecrsh.edu>.

### **Emerging Tools for Innovative Providers 2016**

(Pasadena, California, July 25-29, 2016)

This 5-day seminar at *Fuller Theological Seminary* (about 25 minutes from Hollywood) has become the premier event in the U.S. that focuses on integrating spirituality into patient care. During the seminar, participants from different backgrounds develop a broad vision of the role that spirituality plays as a health or mental health determinant and develop specific applications that they can implement into their own practice, discipline, and workplace. To achieve this goal, teams will form on Monday, continue to work in mentored settings at designated times throughout the week, and then report back their accomplishments on Friday. Explore how the significant accumulation of spirituality and health research over the last 25+ years translates into useful applications for healthcare and other human services providers. Participants will work with leaders in the field to integrate findings from spirituality and health research into clinical practice, including medical practice, nursing, chaplaincy, psychology, sociology, and education. Faculty this year include Everett Worthington, Elizabeth Johnston-Taylor, Alexis Abernethy, Sheryl Tyson, Lee Berk, Kenneth Wang, Douglas Nies, Bruce Nelson, and others. For more information, go to website: <http://www.etip2016.com/>

## Health and Human Flourishing in Lithuania

(LLC International University, Klaipeda, Lithuania, March 23-25, 2017)

This conference brings together scholars from Lithuania, North America, across Europe and beyond, to present research, promote conversation, generate new questions and rigorously reflect on the complex issues surrounding health and human flourishing. Conference conveners invite papers from multiple disciplines: perspectives that define/explore, measure/assess, and the grass/treat issues of health and human flourishing (abstract deadline is 9/1/16). They also welcome interdisciplinary and interprofessional scholarship. Questions being asked are: How do you know if you are flourishing or just getting by? How do we determine the standard for happiness, welfare, health, and well-being across the different strata of modern life? Who decides what constitutes human flourishing, and in what contexts? How can various disciplines and professions work together to promote health and human flourishing in an increasingly complex world? Conference conveners define health as physical, mental, environmental, aesthetic, linguistic, economic, spiritual, religious, social, and political. Conference fee is 50 Euro. For more information go to <https://www.lcc.lt/academic-conference/>.

## OTHER CONFERENCES

### 4<sup>th</sup> International Conference of the British Association for the Study of Spirituality (BASS)

(Manchester, UK, May 23-26, 2016)

See website: [www.bassspirituality.org.uk](http://www.bassspirituality.org.uk). For any enquiries, contact Prof. Emeritus Margaret Holloway ([m.l.holloway@hull.ac.uk](mailto:m.l.holloway@hull.ac.uk)).

### 4<sup>th</sup> Annual Disaster Ministry Conference

(Wheaton College, Wheaton, IL, June 7-10, 2016)

See website: <http://www.disasterministryconference.com/#story-1>.

### 2<sup>nd</sup> International Conference in Spirituality in Healthcare

(Dublin, Ireland, June 23, 2016)

Contact Professor Fiona Timmins ([timminsf@tcd.ie](mailto:timminsf@tcd.ie)).

### Duke University Spirituality & Health Research Workshop

(Durham, North Carolina, August 15-19, 2016)

See website: <http://www.spiritualityhealthworkshops.org/>.

## RESOURCES

### Religious NGO's in International Relations (Routledge, 2016)

From the publisher: "This book focuses on the construction of the human rights discourse inside two religiously affiliated organizations: The Commissions of the Churches on International Affairs (CCIA) and Pax Romana (IMCS / ICMICA). These organizations have been formally accredited as NGOs by the UN, label themselves as religious, and look back upon a long and intense cooperation with the UN. Lehmann presents material from the archives of those two organizations that have so far rarely been used for academic analysis. In doing so, as well as documenting the encounters between those organizations and the UN, and looking at the Protestant and Catholic spectrum, the book provides new insights into the very construction of the notions of 'the religious' and the 'secular' inside those organizations. This work will be of great interest to all students of religion and

international relations, and will also be of interest to those studying related subjects such as global institutions, comparative politics and international politics." Available for \$145.00 at: <https://www.routledge.com/products/9781138856356>.

### Spirituality, Religion, and Faith in Psychotherapy: Evidence-Based Expressive Methods for Mind, Brain, and Body (Lyceum Books, 2014)

From the publisher: "Helen Land uses current research in interpersonal neurobiology to show readers how to integrate religious spiritual and faith content into psychotherapy through the use of evidence-based expressive practices. Using an approach appropriate for both theistic and atheistic clients this book will be an invaluable resource for addressing the holistic health of individuals dealing with trauma bereavement incarceration and addiction as well as counseling for returning veterans. Features: a highly-inclusive client-centered assessment model that considers religion spirituality and faith alongside psychological social and biological factors and can be used across theoretical orientations; in-depth discussion of interpersonal neurobiology based on current research into mind-brain-body connections; clear distinctions made between spirituality religion and faith and a discussion of how each functions within the life of the client and as an aspect of treatment; seven expressive treatment methods presented in detail including background underlying theories spiritual and religious relevance instructions for implementation case studies and research findings of each; case studies of clients from diverse cultural and religious backgrounds that include commentary and analysis." Available for \$64.95 at:

<http://lyceumbooks.com/SpiritReligFaithPsychoSpiritRel.htm>.

### You Are My Beloved, Really?

(printed by CreateSpace, April 2016)

From the publisher: "How does God feel about us? Are we his beloved, as some claim? Or is this just fantasy and wishful thinking? The author, a physician and medical researcher, examines the evidence for God's love from Christian, Jewish, Muslim, Buddhist and Hindu perspectives based largely on the sacred scriptures from these traditions. Not a theologian, the author draws from his 30 years in clinical practice, his research background, and his personal life in taking a practical approach to the subject. Those of any age with an open mind -- especially if going through hard times -- will find this book enlightening, inspiring, and possibly healing. Written for Christians, non-Christians, those who are religious, those who are spiritual, and those who are neither." Dedicated to Veterans and active duty Service Members. Paperback available for \$7.40 at: <http://www.amazon.com/gp/product/1530613094>; Kindle version will also soon be available.

### CME/CE Videos (CSTH, July 2015)

Due to the generous support of the Templeton Foundation and Adventist Health System, 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" medical care that includes the identifying and addressing of spiritual needs. No other resource like this currently exists. Go to:

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

## Health and Well-being in Islamic Societies

(Springer International, 2014)

What exactly do Muslims believe? How do these teachings line up with Christian beliefs? While differences and similarities between Christian and Muslim beliefs and practices are examined, the core of the book focuses on research exploring religiosity and health in Muslim populations. Available for \$53.22 at:

<http://www.amazon.com/Health-Well-Being-Islamic-Societies-Applications/dp/331905872X>

## Spirituality in Patient Care, 3rd Ed

(Templeton Press, 2013)

The 3rd edition provides the latest information on how health professionals can integrate spirituality into patient care. Chapters target physicians, nurses, chaplains and pastoral counselors, mental health professionals, social workers, and OT/PT. Available for \$21.23 (used) at: <http://www.amazon.com/Spirituality-Patient-Care-When-What/dp/1599474255/>.

## Handbook of Religion and Health (2nd Ed)

(Oxford University Press, 2012)

This Second Edition covers the latest original quantitative research on religion, spirituality and health (more than 3300 studies in 2010). Spirituality and health researchers, educators, health professionals, and religious professionals will find this resource invaluable. Available for \$132.51 (used) at:

<http://www.amazon.com/Handbook-Religion-Health-Harold-Koenig/dp/0195335953>

## Spirituality & Health Research: Methods, Measurement, Statistics, & Resources

(Templeton Press, 2011)

This book summarizes and expands the content presented in the Duke University's Summer Research Workshop on Spirituality and Health (see above), and is packed full of information helpful in performing and publishing research on this topic. Available for \$38.20 (used) at: <http://www.amazon.com/Spirituality-Health-Research-Measurements-Statistics/dp/1599473496/>

## FUNDING OPPORTUNITIES

### Templeton Foundation Online Funding Inquiry (OFI)

The John Templeton Foundation is now accepting new funding requests *at any time of the year* through their OFI form. The next deadline for "small grants" submission is February 29, 2016 [a small grant is considered less than \$217,400], with decision made by March 31. The next deadline for "large grants submission" (greater than \$217,400) is August 31, 2016. The three main areas in religion, spirituality and health that the Foundation funds are: (1) research on causal mechanisms (basic psychosocial, behavioral, and physiological pathways), (2) increasing competencies of health care professionals in working with religious patients (physicians, but also psychologists and experts in public health), and (3) research involving the development of religious-integrated interventions that lead to improved health. More information: <https://www.templeton.org/what-we-fund/grantmaking-calendar>.

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

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

## 2016 CSTH CALENDAR OF EVENTS...

### May

- 4 **Religion, Spirituality and Mental Health**  
Cherry Hospital Psychiatry Grand Rounds, Goldsboro  
Speaker: Koenig  
Contact: Thomas Jensen ([thomas.jensen@dhhs.nc.gov](mailto:thomas.jensen@dhhs.nc.gov))
- 8-11 **Spirituality and Health Research Workshop**  
Gdansk, Poland  
Speaker: Koenig and others  
Contact: Dr. Rene Hefti ([rene.hefti@klinik-sgm.ch](mailto:rene.hefti@klinik-sgm.ch))
- 12-14 **European Conference on Religion, Spirituality and Health**  
University of Gdansk  
Gdansk, Poland  
Speakers: Koenig and others  
Contact: Oliver Merz ([info@oliver-merz.ch](mailto:info@oliver-merz.ch))
- 19 **Personal Journey of Spirituality and Career**  
How Faith and Spirituality Influence Today's Innovative Leaders, sponsored by Johnson Service Corps Chapel of the Cross Episcopal Parish, Franklin Street, Chapel Hill, NC (6:00-9:00P)  
Speaker: Koenig and others  
Contact: Sarah Campbell ([Sarah@JohnsonServiceCorps.org](mailto:Sarah@JohnsonServiceCorps.org))
- 25 **Health and Wellness in North Carolina Churches**  
Speaker: Jennifer E. Copeland, Ph.D.  
Director, Executive Director NC Council of Churches Center for Aging, 3rd floor, Duke South, 3:30-4:30  
Contact: Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))

### June

- 2 **Religion, Spirituality and Health in Later Life**  
Osher Lifelong Learning Institute  
North Carolina State University (NCSU), 10:45-12:15  
Speaker: Koenig  
Contact: Nancy Huber ([nancy\\_huber@ncsu.edu](mailto:nancy_huber@ncsu.edu))
- 10 **Spirituality and Health: Research and Clinical Applications**  
William James College, Newton, MA, 9:00-12:30  
Speakers: Koenig and others  
Contact: Ricardo Bianco ([Ricardo\\_Bianco@williamjames.edu](mailto:Ricardo_Bianco@williamjames.edu))
- 29 **Secular vs. Religious Coping in Response to Trauma and Disaster**  
Speaker: Tony Pham, M.D.  
Resident in Psychiatry, Duke University Medical Center Center for Aging, 3rd floor, Duke South, 3:30-4:30  
Contact: Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))