

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

LATEST RESEARCH

Spiritual Struggles and Suicide Risk in U.S. Veterans

Investigators at the University of South Alabama analyzed data from 303 U.S. Veterans who were assessed at baseline and 6 months later. The average age of participants was 35.5 years; 68% were White; 24% were Methodist, 18% Baptist, 17% Catholic, 13% non-Christian, and 23% agnostic/atheist; and 39% considered themselves both spiritual and religious, 7% religious, 34% spiritual but not religious, and 20% neither. Military branches of participants included Army, Marine Corps, Navy, Air Force, and Coast Guard. At both time points PTSD severity was assessed with the PCL-5; depression by the PHQ-8; suicide behavior by the Suicidal Behavior Questionnaire (SBQ-R); and *spiritual struggles* by the Religious and Spiritual Struggles Scale (RSSS). The data were analyzed using two-wave cross-lagged structural equation panel modeling. **Results:** In total, 32% reported at least one type of spiritual struggle at baseline (divine 9.2%, moral 12.5%, ultimate meaning 16.5%, interpersonal 21.8%, doubting 11.9%). Nearly 1 of 5 (19%) scored in the risk range for suicidal behavior at Time 1 (baseline). Cross-lagged analyses revealed that spiritual struggles predicted suicidal risk. With depression and PTSD symptoms in the model, spiritual struggles involving "ultimate meaning" at Time 1 uniquely predicted the likelihood that Veterans at the Time 2 assessment said they might make a suicide attempt in future. Researchers concluded: "Findings highlight the prognostic value of spiritually integrated models for assessing suicide risk in military veterans that account for mental health conditions along with possible expressions of suffering in the spiritual domain." *Citation:* Currier, J. M., McDermott, R. C., McCormick, W. H., Churchwell, M.C., & Milkeris, L. (2018). Exploring cross-lagged associations between spiritual struggles and risk for suicidal behavior in a community sample of military veterans. *Journal of Affective Disorders* 230, 93-100

Comment: This is a carefully analyzed prospective study indicating that spiritual struggles regarding the meaning of life increase the risk that US Veterans report they might make a future suicide attempt. Spiritual struggles are considered a significant component

of "moral injury," both in the way that we currently understand that syndrome and how it is measured.

Healing of Chronic Gastroparesis by Proximal Intercessory Prayer

In an extraordinary report, researchers in the department of psychological and brain sciences at Indiana University (Bloomington) reported a case of lasting recovery from severe, refractory, lifelong gastroparesis in response to proximal intercessory prayer (PIP). The case was a 23-year-old white American male with a history of idiopathic gastroparesis since one week of age, when he developed intermittent cramping and projectile vomiting. During the first 16 years of life, he was completely dependent on jejunostomy feeding and drinking via a g-tube (inserted at one week of age, and then converted to feeding jejunostomy tube at 11 months of age). At age 16, he underwent proximal intercessory prayer at a church (direct-contact prayer lasting less than 15 minutes). This direct-contact prayer involved the intercessor placing his/her hands on the recipient and praying, while keeping their eyes open to observe the results. **Results:** During the prayer, the teen experienced an electric shock starting from his shoulder and going through his stomach. Immediately afterwards he was able to tolerate oral feedings. The tubes were removed four months later and he required no further treatment since symptoms had resolved. This persisted over the next seven years (end of follow-up) when he remained free from all symptoms, prompting this current report. Researchers concluded: "This article investigates a case of PIP as an alternative intervention for resolving severe idiopathic gastroparesis when maximal medical management is not effective."

Citation: Romez, C., Zaritzky, D., & Brown, J. (2019). Case Report of gastroparesis healing: 16 years of a chronic syndrome resolved after proximal intercessory prayer. *Complementary Therapies in Medicine* 43: 289-294.

Comment: Remarkable. Not much more to say.

Physicians Addressing Patients' Spiritual Concerns at the End-Of-Life: Part I

Researchers at the University of Chicago and other universities analyzed data from a survey of a national sample of 1,156 US physicians to determine attitudes toward addressing patients' spiritual concerns at the end-of-life and physicians' willingness -- if asked by patients -- to engage in prayer. The average age of physician participants was 46; 65% were male; 66% were white non-Hispanic; were 60% family medicine or internal medicine; and 57% were Christian, 10% Jewish, 10% Muslim, 7% Hindu, and 12% none. Religion was "very important" or "most important" to 41% of physicians responding. **Results:** Two-thirds (65%) indicated that "For doctors, addressing patients' spiritual concerns at the end-of-life is essential to good practice"; and 81% indicated that it was appropriate for the doctor to encourage patients to "talk with the chaplain or pastoral care provider" usually/always. More than half (55%) said that they would "join the family and patient in praying," if asked; 62% indicated that they had not actually prayed with patients or family members within the past 12 months; 18% indicated they had prayed with one or two patients; and 21%

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indicated they had prayed with three or more patients. Jewish physicians were least likely to encourage patients to talk to a chaplain (OR=0.41, 95% CI=0.20-0.82, compared to those with no religious affiliation), whereas Catholic physicians were most likely (OR=1.96, 95% CI=1.10-3.47, compared to those with no religious affiliation). In general, more religious physicians were more likely to believe that spiritual care was essential to good medical practice.

Citation: Smyre, C. L., Tak, H. J., Dang, A. P., Curlin, F. A., & Yoon, J. D. (2018). Physicians' opinions on engaging patients' religious and spiritual concerns: a national survey. *Journal of Pain and Symptom Management*, 55(3), 897-905.

Comment: While the majority of physicians agreed that spiritual care is essential to good medical practice for patients at the end of life, note that 35% (over one third) weren't so sure about that. Likewise, 45% of physicians said that they would **not** join the family and patient in prayer, even if asked to do so. Given the 62% response rate to the survey, it is likely that this is a "best case scenario" since physicians not interested in the topic probably didn't respond.

Physicians Addressing Patients' Spiritual Concerns at the End-Of-Life: Part II

Researchers from the University of Chicago and other universities analyzed data from the national sample of US physicians described above, this time seeking to examine physician perceptions of the psychological impact of patient prayer and beliefs at the end-of-life. Again, 1,156 physicians were surveyed from various specialties. **Results:** 85% indicated that patients' prayer at the end-of-life has a positive psychological impact; 51% indicated that the patient's belief in "divine judgment" had a positive psychological impact; and 17% indicated that patients' expectation of a "miraculous healing" had a positive psychological impact. With regard to discussing death with patients towards the end of life, only 52% said they felt very comfortable doing so (38% said somewhat comfortable and 10% said not comfortable). Hindu physicians were most likely to indicate a high comfort level talking with patients about death (OR=3.00, 95% CI=1.28-7.02, compared to those with no religious affiliation). Physicians who who indicated they were "spiritual but not religious" were less likely to feel very comfortable in talking to patients about death (OR=0.66, 95% CI=0.48-0.91); likewise, physicians who believed that patients' expectation of a miraculous healing had positive psychological benefits were also less likely to report feeling very comfortable talking with patients about death (OR=0.65, 95% CI=0.45-0.93). Researchers concluded: "Formal training in spiritual care may significantly improve the number of religion/spirituality conversations with patients at the end of life and help doctors understand and engage patients' religious practices and beliefs."

Citation: Thompson, K., Tak, H. J., El-Din, M., Madani, S., Brauer, S. G., & Yoon, J. D. (2019). Physicians' religious characteristics and their perceptions of the psychological impact of patient prayer and beliefs at the end of life: a national survey. *American Journal of Hospice and Palliative Medicine* 36(2), 116-122.

Comment: Only a bare majority (52%) of US physicians felt very comfortable discussing death with patients, whereas many physicians felt *less than* very comfortable when confronted with this task. Most physicians (over 80%) did not think that patients praying for miraculous physical healing was in their best interests. However, physicians for whom religion was the "most important" were more likely to believe that that patients' belief in miraculous healing was something psychologically beneficial. Miracles that happen at the end-of-life in response to prayer may not always involve physical healing.

Use of Prayer during Life-Threatening Illness in Older Black Americans

Jill Hamilton and colleagues at Emory University School of Nursing conducted qualitative interviews with 58 African-Americans (age 50 or older; average age 67) residing in the southeastern US (69% women, 55% married, 28% college-educated, 72% affiliated with Baptist churches, and 67% living in rural areas). Participants were required to have experienced a life-threatening illness and to have used prayer to cope with it. The most common illnesses were cancer (43%), chronic illness (nonspecific), heart disease, trauma/accident, and stroke/neurological disease. This study employed a qualitative descriptive design using 15-60 minute open-ended semi-structured interviews, criterion sampling, and qualitative content analysis. Participants responded to three open-ended questions: (1) "Can you recall a time in your life that was particularly stressful for you?"; (2) "Tell me about a religious song, Scripture, or prayer that helped you during that time?"; and (3) "Tell me how that song, Scripture and/or prayer helped you during that time." **Results:** Analyses revealed five categories of responses: prayers for strength (47%), prayers for protection (7%), prayers for healing (16%), prayers for gratitude (9%), and prayers of connectedness to God (74%), self (47%), and others (19%). Researchers concluded: "Through prayer, participants in this study petition for strength to endure, healing, and protection but perceived prayer as a source of connectedness to God, self and others during their life-threatening illnesses and events."

Citation: Hamilton, J. B., Kweon, L., Rock, L. B., & Moore, A. D. (2019). The use of prayer during life-threatening illness: a connectedness to God, inter-self, and others. *Journal of Religion and Health*, E-pub ahead of press

Comment: This is an important study providing in-depth information on how the most religious demographic in the US (older African-Americans in the South) use prayer to cope with life-threatening illness. We have a lot to learn from these experienced warriors.

Impact of Religion on Family Functioning in the Low-Income African-Americans

Researchers in the department of social work at Lehman College, Bronx, New York, surveyed 115 low-income African-American mother-adolescent dyads (age of adolescents was 14-18 years). The majority of participants had a family income of less than \$15,000 per year (52%); 72% of mothers had only a high school education or less; 72% of mothers were unemployed; and 18% of mothers were married (56% never married). The purpose was to examine whether social religious support (from clergy and congregation) and support from God were related to family functioning and adolescent problem behaviors. Religious support was assessed in mothers by the Religious Support Scale (Fiala et al, 2002) that measures support from congregation, support from God, and support from religious leaders. Household routines were assessed with the Family Routines Inventory, which assesses the degree to which caregivers and adolescents independently perceived household life as being predictable and organized (subscale 1), and the extent to which they viewed these routines as important (subscale 2). Parenting behaviors were assessed with the brief Children's Reports of Parental Behavior Inventory, which was completed by both mothers and adolescents. Finally, adolescent problem behavior was assessed with the Gold and Reimer Checklist (1975), which assesses 15 delinquent behaviors, such as drug and alcohol use and stealing and cheating. Hierarchical regression analyses were conducted to examine relationships between measures of religious support and adolescent reported psychological control (APC), adolescent reported behavioral control (ABC), mother-reported household routine (CHR), adolescent reported household routine (AHR), and adolescent problem behavior (APB), controlling for adolescent and

mother age, mother's marital status, mother's education, mother's income, and adolescent gender. **Results:** Social religious support was positively associated to CHR (mother-reported household routine) ($B=0.25$, $p<0.01$) and *positively* related to APB (adolescent problem behavior) ($B=0.10$, $p<0.05$); no other associations were significant. Support from God was positively related to CHR ($B=0.23$, $p<0.01$); no other associations were significant. Researchers concluded: "These results highlight the important roles relationships with God and other church members may play in supporting the lives of low-income African-American parents and their children."

Citation: Sisselman-Borgia, A., Budescu, M., & Taylor, R. D. (2018). The impact of religion on family functioning in low-income African-American families with adolescents. *Journal of Black Psychology* 44 (3), 247-272

Comment: The sample here (Black adolescents in particular) is an extremely important demographic that has a history of repression, racial bias, and discrimination, with consequent high rates of crime, violence, drug use, and difficulty achieving positive life goals. However, the findings here were not particularly impressive in terms of the benefits of religious support, particularly with regard to adolescent problem behaviors (which were actually positively related to support from clergy and members of the congregation). Given the cross-sectional nature of these findings, however, it may be that adolescent problem behavior led to an increase in mothers' support from clergy and from other members of the congregation.

Religious Community Partnerships to Optimize the Psychiatric Care of African-Americans

Investigators explored the use of religious community partners and non-psychiatry faculty to help educate psychiatry residents about how to improve the quality of mental health care for religious African-Americans. A total of 51 psychiatry residents at the Western Psychiatric Institute and Clinic (Pittsburgh) participated in a required 4-hour workshop that consisted of didactic sessions, small-group case-based discussions, and panel discussion with the purpose of (1) improving attitudes toward the role of religion in the mental health care of African-American Christians, (2) increasing the comfort of residents when talking with patients about spirituality/religion, and (3) increasing residents' willingness to include clergy in a team approach to treatment. Workshop facilitators included a medical professional and a faith-based counselor or clergy person. The cases discussed were developed based on experiences of medical professionals and clergy caring for African-American patients with mental health problems.

Workshop participants were assessed before and afterward to measure change in their attitude and comfort when addressing religious issues with patients. **Results:** The willingness of residents to discuss religion/spirituality with patients significantly increased, as did their willingness to collaborate with clergy patients and their perceived impact that religion has in the psychiatric care of African-Americans. The researchers concluded "Findings suggest that collaboration between academic and community-based clergy, physicians, and other mental health providers may be a feasible method of improving psychiatric trainees comfort in addressing religion and psychiatric care to ultimately provide more culturally competent care."

Citation: Kelley, F. R., Haas, G. L., Felber, E., Travis, M. J., & Davis, E. M. (2019). Religious community partnerships: A novel approach to teaching psychiatry residents about religious and cultural factors in the mental health care of African-Americans. *Academic Psychiatry*, E-pub ahead of press.

Comment: African-Americans are the most religious of all ethnic groups in the United States. Religious beliefs and practices, along with support from clergy, have been the "de facto" mental health care system for African-Americans during the past several centuries up to the present. Bringing together African-American church leaders and mental health professionals to help address

the needs of African-Americans with severe mental illness makes perfect sense. What is surprising is that it has taken so long for academicians to recognize this.

Religion, Spirituality and Exposure to Community Violence in Latino Adolescents

Investigators in the department of psychology at the University of Michigan analyzed data from a sample of 223 Latino adolescents living in poor, urban neighborhoods to examine the buffering effects that religious/spiritual involvement may have on the relationship between community violence, depressive symptoms, and PTSD symptoms. Participants were 9th grade students (mean age 14.5 years), 60% of whom were Dominican Americans and 17% Puerto Rican Americans (two largest groups). The majority (77%) were born in the United States, and identified themselves as Catholic (65%). Most of these adolescents were involved in religious activities such as attending religious services (85%) and taking part in other kinds of religious activities (71%). Community violence exposure was assessed by the Survey of Exposure to Community Violence, which consists of a 10-item personal victimization subscale and a 10-item witnessing violence subscale. Spirituality was assessed with a 5-item spiritual beliefs and experiences subscale of the BMMRS (Fetzer); 4 of those 5 questions were taken from the Daily Spiritual Experiences Scale (Underwood), which largely assesses religious experiences. Religious importance at home was assessed by a 2-item scale asking about how important religion is in the adolescent's home and how important it is for the adolescent's parents to send them to religious services. Finally, religious involvement was assessed by a 2-item scale that asked about how often adolescents attended religious services and how often they participated in other religious activities apart from religious services. Depressive symptoms were assessed by the 26-item Children's Depression Inventory and PTSD symptoms by the Child Posttraumatic Stress Reaction Index. Controlled for in analyses were age, whether adolescent attended a parochial school, ethnicity, and perception of material needs. **Results:** Being a victim of community violence or witnessing community violence was common among participants, present in 70% or more. Hierarchical regression analyses revealed that personal victimization and witnessing violence were associated with greater depressive symptoms and greater PTSD symptoms at lower levels of spirituality, but not at high levels (indicating a buffering effect). With regard to religious importance at home, witnessing violence was associated with higher PTSD symptoms at low and average levels of religious importance, but not at high levels (indicating a buffering effect); no effect was found for depressive symptoms. Finally, with regard to religious involvement, witnessing violence was associated with higher depressive symptoms at low and average levels of religious activity, but not at high levels (again, indicating a buffering effect); no effect was found for PTSD symptoms. Researchers concluded: "In summary, our findings suggest that different dimensions of religiosity may serve to protect Latino youth from the negative effects of community violence exposure."

Citation: Jocsion, R. M., Alers-Rojas, F., Ceballos, R., & Arkin, M. (2019). Religion and spirituality: Benefits for Latino adolescents exposed to community violence. *Youth & Society*, E-pub ahead of press (<https://doi.org/10.1177/0044118X18772714>).

Comment: Hispanic teens in the inner-city (particularly the northeastern US) are at high risk for being victims of community violence or witnessing it in their neighborhood, particularly those who join gangs. These results suggest that religious involvement (and particularly spiritual experiences) can make a real difference. Of course, these findings need to be replicated in prospective studies.

Religious Intervention for Depressive Symptoms in Nursing Home Patients in Indonesia

Investigators from the college of public health sciences, Chulalongkorn University, Bangkok, Thailand, and Mayjend HM Ryacudu General Hospital in Kotabumi, North Lampung, Indonesia, conducted a religious intervention aimed at reducing depressive symptoms and increasing quality of life (QOL) in 60 elderly Muslim nursing home residents with mild to moderate depression institutionalized at three Indonesian homes. In this quasi-experimental study, participants (age 60 or over who had been living in a nursing home for at least one month) were purposively assigned to either the religious intervention group or a control group (treatment as usual). The intervention consisted of a combination of 36 sessions of listening to verses recited from the Qur'an and 3 sessions of attending a 50-60 minute sermon by a Muslim religious leader/preacher. The verses from the Qur'an were randomly chosen (out of 6,236 verses) to be recited at each session, which lasted 20-25 minutes per session (via MP3 player) and occurred three times per week. The sermon, conducted by a recognized Muslim religious leader and licensed psychiatric nurse, was conducted monthly and focused on depression and QOL from an Islamic perspective. All 60 participants completed the trial and follow-up assessments. Depressive symptoms were assessed at baseline, 4 weeks, 8 weeks and 12 weeks with the 15-item Geriatric Depression Scale, and QOL was measured using the World Health Organization Quality of Life scale (WHOQOL-BREF). **Results:** No significant differences were found between intervention and control groups at baseline in terms of age, gender, marital status, education, social support, type of support, physical illness, reason for living in nursing home, length of stay, or perceived adequacy of care. By the week 12 assessment, the between-group comparison indicated that there was a significant difference between those in the religious intervention group compared to the control group on depression (4.3 vs. 6.6 on GDS, respectively, $p<0.001$) and on QOL (58.9 vs. 51.3 on WHOQOL-BREF, respectively, $p<0.001$). Researchers concluded: "It can be concluded that religious-based intervention has a greater impact on relieving depressive symptoms and increasing the QOL among elderly NH residents."

Citation: Pramesona, B. A., & Taneepanichskul, S. (2018). The effect of religious intervention on depressive symptoms and quality of life among Indonesian elderly in nursing homes: A quasi-experimental study. *Clinical Interventions in Aging*, 13, 473-483
Comment: The biggest weaknesses of this study were the non-random assignment of participants to the religious intervention, the non-blinding of the researcher assessing treatment outcomes (although depression and QOL were both assessed by completion of self-reported scales), and lack of an attention control group (rather than treatment as usual, which resulted in participants in the control group not having as much contact with researchers as those in the religious intervention group). Nevertheless, the findings are noteworthy in this sample of depressed older adults confined to nursing homes in resource-poor Indonesia.

The Effect of the Hajj (pilgrimage to Mecca) on Treatment Compliance

Researchers from department of internal diseases, Cumhuriyet University in Sivas, Turkey, followed 168 individuals with chronic disease over a period of 3 months examining the effect of going on the Hajj pilgrimage on compliance with medications, diet, and exercise. The average age of participants was 63 years; 65% were female; 82% were married; and more than half were either illiterate or had only an elementary school education. Participants were interviewed in the first week before Hajj, the first week after participants returned from Hajj, and 3 months later (100% response rate on follow-up at both times). Inclusion criteria were taking medication for at least six months for a chronic disease

(42% hypertension, 28% diabetes, 13% heart failure, 7% COPD/asthma). Religiosity was assessed by the Religiousness Inclination Scale, which measures intrinsic religiosity and is based on a version of the Allport-Ross intrinsic religiosity scale. The outcome (compliance with treatment) was assessed by 10 questions asking about frequency of drug use, compliance with suggested diet for disease, and compliance with suggested exercise for disease. Only bivariate correlations were examined. **Results:** Prior to leaving on the Hajj, compliance with medication was 93%; following return from Hajj, compliance was 86%, i.e., 7% ($n=11$) had stopped their medication ($p<0.05$): 5 participants because of lack of complaints, 3 because they no longer believed in the benefits of the drug, 2 because of forgetfulness, and 1 because they thought that nonmedical treatment was sufficient. However, 3 months later, the majority (7 of 11 who had stopped) had returned to taking their medication. Also, compliance with suggested diet for disease management decreased from 35% before to 21% after the Hajj ($p<0.05$), although increased back up to 41% three months later. Finally compliance with suggested exercise for disease management decreased from 18% before the Hajj to 13% after the Hajj and continued to decline by 3 months later to 10% ($p<0.001$). Intrinsic religiosity did not change across the three interview times, nor did it have an effect on disease-related complaints or coping with the disease after completing the Hajj. However, 70% subjectively reported that the Hajj pilgrimage positively affected both their disease status and their coping ability. Researchers concluded: "Hajj pilgrimage was found to negatively affect treatment compliance in the short-term in individuals with chronic disease, while there were no changes in long-term treatment compliance."

Citation: Yilmaz, F. T., Sabanciogullari, S., & Karabey, G. (2019). The effect of hajj pilgrimage on treatment compliance in individuals with chronic diseases. *Journal of Religion and Health*, 58(2), 599-611.

Comment: The findings from this study suggest that at least among Muslims with chronic disease in Turkey (and likely elsewhere), individuals who go on Hajj should check-in with their doctor both before they leave and after they return.

Religiosity, Self-Esteem, and OCD Severity among Patients with OCD in Pakistan

Investigators from the department of psychology at the University of Wurzburg, Germany, and University of Punjab, Lahore, Pakistan, surveyed 200 outpatients with obsessive-compulsive disorder (OCD) in Pakistan, examining the relationship between religiosity, OCD symptom severity, and self-esteem. The severity of OCD symptoms was assessed with the 25-item Clark-Beck Obsessive-Compulsive Inventory; religiosity was assessed with the 19-religious activity scale (which measures the frequency of praying, fasting, reciting the Holy Qur'an, almsgiving, attending religious ceremonies); and self-esteem was assessed with the 10-item Rosenberg Self-Esteem Scale. Only bivariate correlations were examined; no multivariate analyses were conducted except to examine mediation. **Results:** The average age of participants was 30 years; average level of education was 3.9 years (less than 5th-grade), and average monthly income was \$85.06 (yes, per month). The mean duration of OCD was 5.8 years and the mean duration of treatment was 4.1 years. OCD was significantly related to lower self-esteem ($r=-0.20$, $p=.002$). Religiosity, in turn, was inversely related to OCD symptoms ($r=-0.20$, $p=.002$) and was positively related to self-esteem ($r=0.18$, $p=.005$). Even after controlling for religiosity, the relationship between OCD and self-esteem remain significant ($b=-.13$, $p<0.01$). Researchers concluded that religiosity did not mediate the negative relationship between OCD and self-esteem; however, religiosity was related to fewer OCD symptoms and greater self-esteem.

Citation: Ghafoor, H., Schulz, S. M., & Mohsin, H. (2018). Does religiosity ameliorate the negative impact of obsessive-compulsive

disorder on self-esteem? *Mental Health, Religion & Culture* 21(2), 171-179.

Comment: This is one of the few studies using a relatively sophisticated measure of religiosity and correlating it with severity of OCD symptoms and self-esteem among those with obsessive-compulsive disorder in a largely Muslim population in South Asia. In Western populations, there is often a positive correlation between religiosity and OCD symptoms, particularly the component known as "scrupulosity." Sigmund Freud wrote a book titled "Obsessive Acts and Religious Practices" (1907) where he compared the practices of the religious person (such as prayer) with the repeated acts of the person with OCD. Apparently, Freud was not familiar with the religious practices of Muslims in Pakistan, since it appears that religiosity in the present study was actually inversely related to OCD symptoms, not positively, and was related to greater self-esteem. Bear in mind this was a relatively uneducated and poor population (income of \$85/month, compared to an average monthly income of \$137/month in Pakistan more generally).

Stressful Experiences, Religion, Spirituality and Mental Health of Adolescents in Iceland

Investigators at Reykjavik University, Iceland, and several universities in the US, analyzed data from a random national sample of 7,365 adolescents (84% response rate). The mean age of participants was 15.5 years; 51% were female; and 72% were affiliated with the Icelandic State Lutheran Church. "Spirituality" was assessed by agreement to six statements that assessed religiosity: "I believe in God," "religion is very important to me," "I regularly pray to God," "I regularly read scripture," "I could seek support from God if needed," and "I have sought support from God" (rated each on a 1-4 scale); responses were summed to create a scale ranging from 6 to 24 (average score was 12.7, SD=4.7, in this sample). Religious participation was assessed with two questions: "I regularly attend religious services" and "I regularly take part in other religious events" (also rated on a scale of 1-4); responses were likewise summed to create a scale ranging from 2 to 8 (average score 2.95, SD=1.44). Participants were also asked how religious their mother, father, best friends, and acquaintances (parent and peer religion, i.e., PPR) were on a scale from 1-4, again summed to create a scale ranging from 4 to 16 (average score 10.9, SD=3.6). Outcomes and covariates assessed were anger, depressed mood, family violence/conflict, sexual abuse, social support, economic deprivation, and demographics (age, gender, family structure) using standard measures of these constructs. Hierarchical linear regression was used to examine the relationship between religiosity/spirituality, depressed mood and anger, controlling for demographics, social support, demographic characteristics, and stressful life experiences (sexual abuse and family violence/conflict). Interactions between stressful life events and religious/spiritual variables were also examined. **Results:** Bivariate analyses revealed that religious participation, spirituality, and PPR were inversely related to depression ($r=-0.03$, $p<0.05$; $r=-0.08$, $p<0.001$; and $r=-0.07$, $p<0.001$, respectively), anger ($r=-0.04$, $p<0.001$); $r=-0.10$, $p<0.001$; and $r=-0.09$, $p<0.001$, respectively); they were unrelated to anxiety or tended to be positively related ($r=-0.01$, $p=ns$; $r=0.02$, $r=ns$; and $r=0.03$, $0.05>p<0.10$, respectively); positively and negative related to sexual abuse ($r=+0.03$, $p<0.05$; $r=-0.05$, $p<0.001$; and $r=-0.06$, $p<0.001$, respectively); and unrelated or inversely related to family violence/conflict ($r=0.00$, $p=ns$; $r=-0.05$, $p<0.05$; and $r=-0.03$, $p<0.001$, respectively). Multivariate analyses revealed that depression continued to be weakly inversely related to spirituality ($B=-0.04$, $0.05<p<0.10$) but not religious participation or PPR; no interactions were significant. With regard to anger, the inverse relationship persisted between spirituality and PPR ($B=-0.03$, $p<0.05$, for both), and there was a significant interaction between spirituality and sexual abuse ($B=-$

0.13 , $p<0.05$) such that the inverse relationship between spirituality and anger was stronger in those who had experienced sexual abuse ($B=-0.15$, $p<0.001$) than in those who had not ($B=-0.06$, $p<0.001$). Researchers concluded: "... spirituality may be even more beneficial among sexual abuse survivors, as a protective factor against anger."

Citation: Sigurvinsdottir, R., Asgeirsdottir, B. B., Ullman, S. E., & Sigfusdottir, I. D. (2019). The impact of sexual abuse, family violence/conflict, spirituality, and religion on anger and depressed mood among adolescents. *Journal of Interpersonal Violence*, E-pub ahead of press (<https://doi.org/10.1177/0886260517734860>)

Comment: Although cross-sectional in design, this is an important study because of the large national random sample involved, high response rate including almost all adolescents in the country of Iceland in the age range targeted (9th and 10th grades), and because of the location (Iceland), where 43% of the population considers themselves non-religious. Spirituality (assessed largely by belief in God and quality of relationship with God) also appears to be helpful to traumatized adolescents even in this fairly secular country.

Unmet Spiritual Needs of Community-Dwelling Older Adults

Investigators examined the spiritual needs of 4,077 older adults (average age 82 years) living in sixty-five continuing care retirement communities/independent living facilities located in 24 states in the Northeast and Midwest U.S. Participants were 29% male, 71% white race, and 77% indicated that they were in good health. Only 1% had Alzheimer's disease and more than 91% had good cognitive functioning and were independent in all ADLs (95%) and IADLs (65%). Spiritual needs were assessed with a single question: "Do you feel your spiritual needs are being met?" (yes vs. no). Predictors included items from the Community Health Assessment and Wellness Survey; cognitive functioning was assessed with the Cognitive Performance Scale. Physical activities of daily living (ADLs: personal hygiene, locomotion, toilet use, eating) and instrumental activities of daily living (IADLs: meal preparation, housework, finances, medication management, shopping) were assessed in the usual manner. ADL and IADL impairment was defined as having impairment in one or more of the categories assessed (which is a low threshold for impairment). Also assessed were self-rated health, presence of pain, presence of strong and supportive relationships with family, satisfaction with life, feeling lonely, having friends for daily support, feeling valued, getting enough sleep, feeling satisfied with one's fitness level, interest and use of meditation, and having someone to talk to about death and dying. Logistic regression was used to examine predictors of whether or not participants felt their spiritual needs were being met, controlling for demographics and health problems. **Results:** 93.4% said that their spiritual needs were being met, i.e., only 6.6% indicated unmet spiritual needs. Predictors of spiritual needs being met included being satisfied with life, feeling valued, having strong supportive relationships with family, getting enough sleep, no pain, and having someone to talk to about death. Those who said they did not have someone to talk to about death and were not interested in doing so were significantly less likely to indicate their spiritual needs were met (adjusted OR=0.17, 95% CI=0.10-0.28, $p<0.001$). Researchers concluded: "The majority of community-dwelling older persons reported their spiritual needs were met."

Citation: Palmer, J. A., Howard, E. P., Bryan, M., & Mitchell, S. L. (2018). Physiological and psychosocial factors in spiritual needs attainment for community-dwelling older adults. *Archives of Gerontology and Geriatrics*, 76, 1-5.

Comment: The percentage of older adults whose spiritual needs "were not being met" was very low in this study (6.6%). **There are reasons for that.** First, these were financially well-off older adults (able to afford living in a continuing care retirement community or

independent housing). Second, these were healthy older adults (no significant cognitive impairment and very little disability; 95% had no ADL impairments). Third, more than half (54%) experienced no pain whatsoever (in general, 60% of community-dwelling older adults and up to 80% of elderly long-term care facility residents experience *substantial pain* in the US). The characteristics of this sample, then, may not reflect those of community-dwelling older adults in the US more generally and certainly do not reflect those of older adults in either acute or chronic institutional settings.

The Role of Religion/Spirituality in Osteopathic Medicine

The authors, from the AT Still Research Institute in Kirksville Missouri, and other osteopathic institutions in Italy, France, and London, described a biopsychosocial (BPS) model for musculoskeletal practice that includes religion/spirituality (R/S). Investigators note that 20% of people across Europe have persistent pain due largely to musculoskeletal (MSK) disorders such as low back pain and osteoarthritis. Osteopathic physicians (who regard the body as an integrated whole, rather than treating for specific symptoms only) often focus on treating musculoskeletal issues, whereas allopathic physicians are less likely to do so. The purpose of this article is to provide osteopathic physicians with definitions of R/S, describe how R/S attitudes may be linked to health status, and demonstrate how R/S issues can be discussed in simple ways in modern clinical practice. Emphasis is placed on identifying R/S dimensions in the patient's life which focus on (1) the meaning of health and illness, (2) the relationship of health to other human values, (3) attitudes toward those who are of advanced age, incurable, and weak, and (4) attitudes towards nature. They emphasize that spiritual care is important for patients of all faiths and no faith, thus describing an interfaith form of spiritual care where practitioner and patient may have different R/S worldviews, yet common goals with regard to health and wellness. Affective, behavioral, and cognitive the dimensions of R/S are stressed. The authors conclude: "The purpose of this commentary was to update the BPS model for MSK care by including religious/spiritual dimensions (at affective, behavioral, and cognitive) to optimize the therapeutic alliance."

Citation: Zegarra-Parodi, R., Draper-Rodi, J., & Cerritelli, F. (2019). Refining the biopsychosocial model for musculoskeletal practice by introducing religion and spirituality dimensions into the clinical scenario. *International Journal of Osteopathic Medicine*, E-pub ahead of press

Comment: Osteopathic physicians emphasize the biopsychosocial model of care, into which addressing R/S issues easily and naturally fits. This commentary describes how this might be accomplished in the practice of osteopathic medicine and the treatment of musculoskeletal issues.

NEWS

2019 Religion and Medicine Conference

The focus of the Religion and Medicine Conference, held at Duke University on March 29-31, was on chronic pain and suffering, and was a great success in terms of participation and interaction among participants. In the beautiful setting of the JB Duke Hotel, the conference was attended by over 310 participants from around the world. This year's conference was sponsored by the Albert Gnaegi Center for Health Care Ethics at Saint Louis University; Initiative on Health, Religion and Spirituality at Harvard University; Institute for Faith and Learning at Baylor University; Institute for Spirituality and Health at the Texas Medical Center; Loma Linda University; Notre Dame Center for Ethics and Culture; Ohio State University Center for Bioethics and Medical Humanities; Trent Center for Bioethics, Humanities, and History of Medicine at Duke

University; and the Initiative on Theology, Medicine, and Culture at Duke University.

SPECIAL EVENTS

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. **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. 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

(Jerusalem, Israel, December 1-4, 2019)
4th Global Meeting on Spirituality and Mental Health
This congress is organized by the World Psychiatric Association Section on Religion, Spirituality and Psychiatry. 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

Healthcare & Spirituality: Listening, Assessing, Caring (Routledge, 2019)

From the publisher: "Few areas in life have experienced the rapid pace of change that has been the experience of health care. It's an area where nothing feels "safe" and everything is threatened with reexamination and redefinition. Accompanying this situation is a

new appreciation for the human spirit and the gift of things spiritual, including the soul of the work place. Addressing this situation is a vital new book "Health Care and Spirituality: Listening, Assessing, Caring" an anthology of the human predicament, the health care professional's story and the health care work place. "Health Care and Spirituality" explores this area that is continually being introduced to new treatments, new challenges, new people, new regulations, new expectations, and new time limits." Available for \$40.00 at <https://www.amazon.com/gp/product/0895032503/>.

The Routledge Companion to Management and Workplace Spirituality (Routledge, 2019)

From the publisher: "[This book] provides readers with a broad, cutting-edge overview of the discipline of management spirituality and religion (MSR). Marques has gathered leading scholars from around the world who share their insights and research on important topics such as linking spirituality and religion, cultural influences on workplace spirituality, mindfulness, and managing spiritually averse people. The volume also covers each of the major religions from both East and West, as well as leadership and spirituality, and issues related to linking spirituality to ethics, sustainability, and corporate social responsibility. This volume will prove invaluable to any student or researcher looking for a comprehensive survey of the field of MSR. Available for \$222.70 at <https://www.amazon.com/Routledge-Management-Spirituality-Companions-Accounting/dp/1138499188/>.

Religion and Mental Health: Research and Clinical Applications

(Academic Press, 2018) (Elsevier)

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 \$69.95 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 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

Research Scholarships on Religion, Spirituality and Health

The Center for Spirituality, Theology and Health is offering twenty-seven \$3,000 scholarships to attend our 5-day Summer Research Workshop (see above) in the years 2020, 2021, and 2022. These scholarships will cover tuition, international travel, and living expenses. These scholarships are available only to academic faculty and graduate students living in third-world underdeveloped countries such as Africa, Mexico, Central and South America, Russia, Baltic countries, Eastern Europe, and portions of the Middle East, central and eastern Asia. The scholarships will be highly competitive and be awarded only to talented well-positioned faculty and graduate students with the potential to conduct research on religion, spirituality, and health, and serve as research leaders in their part of the world.

Since the demand for such scholarships will likely far exceed their availability, and we are now set up to evaluate potential scholarship recipients, we are hoping to identify individuals or foundations willing to support highly qualified third-world applicants for the 2019 workshop (and for applicants we are unable to provide scholarships to in 2020-2022 and the years ahead). A donation of \$3,500 to our Center will sponsor a faculty member or graduate student from a disadvantaged region of the world to attend the workshop either this year (2019) or in future years. If you are interested in sponsoring one or more such applicants and want to know more about this rigorously competitive 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 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>

2019 CSTH CALENDAR OF EVENTS...

May

29 **An exploration of spirituality and suffering among older African-American cancer patients as guided by Howard Thurman's theological and ethical perspectives**
Speaker: Jill Hamilton, RN, PhD
Professor, School of Nursing, Emory University
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

June

26 **Religion and Medicine**
Speaker: Farr Curlin, M.D.
Josiah C. Trent Professor of Medical Humanities
Co-Director of the Theology, Medicine and Culture
Initiative at Duke Divinity School
Rm 2001, Duke North Hospital, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

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

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