

CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health

Volume 7

Issue 4

October 2017

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 September 2017) go to: <http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

LATEST RESEARCH

Religious Attendance, Allostatic Load, and Mortality

Researchers at Vanderbilt University and several other academic institutions analyzed mortality data from 5,449 middle age adults (ages 40-65) participating in the NHANES III Study (1988-1994) to examine the relationship between religious attendance, allostatic load, and mortality. Participant information was linked to the National Death Index through 2006 providing an 18-year follow-up. Religious attendance was reported by frequency of attending services in the past 12 months ("How often do you attend church or religious services (per year)?"); responses ranged from 0 to 1095 (i.e., from not at all to three times per day). Covariates included physical activity, smoking status, alcohol use, diet, socioeconomic status, health insurance status, income, self-rated health, and social support, all of which were controlled for in Cox proportional hazards models. Allostatic load was assessed by 10 clinical/biological markers: systolic blood pressure, diastolic blood pressure, total cholesterol/high density lipoprotein (HDL) ratio, homocysteine, albumin, C-reactive protein, waist-hip ratio, and glycosylated hemoglobin. Allostatic load was categorized into low (0-1 clinical biomarkers present), medium (2-3), and high (4 or more). **Results:** Two-thirds of participants (64%) attended religious services at least once/year, and mean age of participants at baseline was 51 years. Non-church goers had significantly higher rates of high-risk allostatic load than church-goers (OR=1.38, 95% CI 1.11-1.71). After adjusting for all covariates (including allostatic load), those attending religious services more than weekly were 55% less likely to die compared to non-attendees during the 18-year follow-up (HR=0.45, 95% CI=0.24-0.85).

Citation: Bruce, M. A., Martins, D., Duru, K., Beech, B. M., Sims, M., Harawa, N., ... & Norris, K. C. (2017). Church attendance, allostatic load and mortality in middle aged adults. *PLoS one* 12(5): e0177618.

Comment: One more study showing that frequent religious attendance predicts greater longevity. Allostatic load also appears to be lower in frequent attendees compared to non-church goers. However, controlling for allostatic load had little effect on the

relationship between attendance and mortality, suggesting that this is not the mechanism underlying the attendance-longevity relationship.

Attending Church Does Not Benefit the Religiously Unaffiliated (Not So Fast)

Researchers in Department of Psychology at the University of Newfoundland, Canada, analyzed data from the 2008 Canadian General Social Survey, which included 3,620 respondents (2,786 Christians, 834 religiously unaffiliated). The objective was to examine the effects of attending religious services on self-rated health, happiness, and life-satisfaction (each assessed with a single question). Religiosity was assessed by three questions asking about frequency of church attendance, frequency of prayer/meditation, and self-rated religiosity. Also assessed was social support using a 12-item measure. All analyses were controlled for gender, age, education, household income, and race. **Results:** With regard to happiness, religious attendance and self-rated religiosity (but not prayer/meditation) were significantly and positively related to greater happiness in the overall sample; religious affiliation (unaffiliated vs. affiliated) was not a significant predictor and religious affiliation did not moderate the relationship between any of the three religious variables and happiness. With regard to self-rated health (SRH), only self-rated religiosity was significantly and positively related to better SRH (there was no association between other religious variables or religious affiliation and SRH). However, the interaction term between religious attendance and affiliation status was significant and positive, indicating that those who were religiously unaffiliated indicated worse self-rated health (an association that persisted after controlling for social support and mastery). With regard to satisfaction with life (SWL), religious attendance and self-rated religiosity were both significantly and positively related to greater SWL, while prayer/meditation was related to worse SWL (religious affiliation was unrelated to SWL). In addition, the interaction term between religious attendance and affiliation status was again positive and significant, indicating that the religiously unaffiliated who attended religious services more often were less likely to report being satisfied with life (an association that again persisted after controlling for social support and mastery; however, importantly, the analysis did not control self-rated health [typically a strong predictor of SWL]). Researchers concluded that researchers should "stop over-generalizing the positive relationship between Religious/Spiritual variables and health" to those who are not religiously affiliated.

Citation: Speed, D., & Fowler, K. (2017). Good for all? Hardly! Attending church does not benefit religiously unaffiliated. *Journal of Religion and Health*, 56(3), 986-1002.

Comment: The authors prematurely conclude from cross-sectional analyses that the benefits of R/S on health cannot be generalized to the religiously unaffiliated. However, both significant interactions identified above could be due to the fact that religiously unaffiliated only attend religious services when they are physically ill or otherwise stressed (i.e., as a coping response) compared to religiously affiliated who attend services whether they are sick or not.

EXPLORE...in this issue

1-5 LATEST RESEARCH

5-6 NEWS, EVENTS & RESOURCES

6-7 Prizes, FUNDING Opportunities & CALENDAR

Age, Religious/Spiritual Struggles, and Physical Health

In a representative national sample of 3,010 persons age 18 or older in the U.S., Neal Krause and colleagues examined the association between religious/spiritual struggles (RSS) and age, and the relationship between spiritual struggles and health by increasing age. Atheists were excluded from the sample as well as those not experiencing a major stressor within past 18 months (RSS not administered) reducing the sample size to 2,125 to 2,147 participants. RSS was assessed using a 15-item shortened version of the Religious and Spiritual Struggles Scale (Exline et al., 2014). Physical health was measured by self-rated health (2 items), symptoms of physical illness (index of symptoms in past 6 months), chronic conditions (13 listed), and functional disability (14-item scale). Controlled for in all analyses were frequency of church attendance and private prayer, along with age, sex, education, and marital status. OLS regression was used to analyze the data and control for covariates. **Results:** Regression models indicated that younger adults experienced significantly more RSS (religious/spiritual struggles) than did either middle-aged or older adults ($p < 0.001$ for both). Furthermore, an inverse relationship was found between RSS and physical health ($B = -0.15$, $p < 0.001$); this relationship increased in strength with increasing age from $B = -0.043$, $p = \text{not significant}$, in 30 year olds, to $B = -0.114$, $p < 0.001$ among 40 year olds, to $B = -0.398$, $p < 0.001$, in those older than age 40.

Citation: Krause, N., Pargament, K. I., Hill, P. C., Wong, S., & Ironson, G. (2017). Exploring the relationships among age, spiritual struggles, and health. *Journal of Religion, Spirituality & Aging*, E-pub ahead of press.

Comment: While cross-sectional, this important study documents a greater prevalence of religious/spiritual struggles (RSS) at younger ages, and an increase in the strength of the inverse relationship between RSS and physical health with increasing age.

Religious Coping, Posttraumatic Stress, and Perceived Growth in OEF/OIF/OND Veterans

Crystal Park and colleagues at the University of Connecticut and Yale University School of Medicine analyzed cross-sectional data collected from 630 participants in Wave I of the Survey of Experiences of Returning Veterans (SERV) study (veterans from Iraq and Afghanistan). Trained interviewers collected data during 60-80 min phone interviews. Average age of participants was 35.7 (range 22 to 66 years); 63% were white Caucasian; 34% had high and 35% had moderate combat exposure. Participants who indicated "I don't believe in God" were excluded from the sample. Religious coping was assessed with 3-item positive and 2-item negative religious coping scales from the BMMRS (Fetzer). Combat exposure was assessed using a 17-item subscale of the Deployment Risk and Resilience Inventory (King et al., 2006). PTSD symptoms were assessed using the 17-item PTSD checklist (PCL) and posttraumatic growth by the 21-item PTGI (Tedeschi & Calhoun, 1996). Covariates controlled in analyses were age, education, household income, marital status, gender, and race.

Results: In uncontrolled analyses, positive religious coping (PRC) was related to greater post-traumatic growth (PTG) ($r = 0.29$, $p < 0.001$), but was unrelated to PTSD symptoms; PTG, however, was inversely related to PTSD symptoms ($r = -0.15$, $p < 0.001$), increasing the possibility that PRC had an indirect effect on PTSD symptoms through PTG. Negative religious coping (NRC) was inversely related to PTG ($r = -0.15$, $p < 0.001$) and was positively related to PTSD symptoms ($r = 0.40$, $p < 0.001$). Regression analyses controlling for covariates revealed that PRC remained significantly and positively related to PTG, but there was no direct relationship to PTSD. NRC remained positively correlated with PTSD and negatively correlated with PTG. The moderating effect of religious coping on the relationship between combat exposure

and PTSD symptoms was then examined. Results indicated that those with high combat exposure and high PRC had the *highest level* of PTSD symptoms. Researchers concluded that NRC is associated with more PTSD symptoms, while PRC is associated with greater PTG as well as more PTSD symptoms in those with high combat exposure.

Citation: Park, C. L., Smith, P. H., Lee, S. Y., Mazure, C. M., McKee, S. A., & Hoff, R. (2017). Positive and negative religious/spiritual coping and combat exposure as predictors of posttraumatic stress and perceived growth in Iraq and Afghanistan veterans. *Psychology of Religion and Spirituality*, 9(1), 13-20.

Comment: Contrary to expectations, veterans with greater PRC and combat exposure had more PTSD symptoms. Again, given these cross-sectional findings, direction of causality is unknown. Thus, positive religious coping may either worsen PTSD symptoms in those with high combat exposure, or alternatively and more likely, PTSD symptoms resulting from high combat exposure may cause veterans to turn to positive forms of religious coping to deal with their symptoms.

Spiritually-Infused Cognitive Behavioral Therapy for the Seriously Mentally Ill

Investigators at the psychology and social work divisions of Loyal Marymount University and University of Southern California developed and pilot tested a 10-session group intervention (60-90 minutes) to assist the recovery of persons with severe mental illness (SMI). The cognitive behavioral intervention was developed in five stages (observation and partnering, creation of an initial treatment manual, testing the intervention with patients, refining the manual, and pilot testing the complete intervention for feasibility). The 10 sessions that make up the Spiritual Strategies for Psychosocial Recovery (SSPR) intervention are described and include education about spiritual coping, identifying individual spiritual beliefs, spiritual recovery goal planning, cognitive-behavioral techniques, mindfulness meditation, spiritual coping skills, speaking to others about spirituality, and seeking spiritual support from others. During an 11-week trial, 37 participants went through the program (average group size=7, with a range from 5 to 12). **Results:** Manual-based group SSPR was found to be accepted and valued by participants, did not precipitate any additional psychiatric problems, and provided participants with spiritually-based coping tools for dealing with psychosocial stressors. Quantitative outcomes were not reported.

Citation: Subica, A. M., & Yamada, A. M. (2017). Development of a spirituality infused cognitive behavioral intervention for individuals with serious mental illnesses. *Psychiatric Rehabilitation Journal*, Epub ahead of press

Comment: This is one of the few manualized group spiritually-integrated interventions for the treatment of severe mental illness. The approach focuses on Buddhist mindfulness meditation and sounds like an Eastern spiritual approach, but could also be used in those from Western monotheistic traditions. The next step is to compare SSPR with a secular intervention targeted at recovery in those with SMI.

Attachment to God and Psychological Health

Researchers from the department of psychology at Biola University tested a theoretical model hypothesizing that a stable Attachment to God (ATG, i.e., having a strong positive relationship with God) leads to greater spiritual development, and both greater spiritual development (Realized Christian Spirituality, RCS) and greater ATG leads to greater psychological health. They test this model using cross-sectional data gathered from 433 undergraduate and graduate students (mean age 29.7 years, >90% Christian) attending three evangelical Christian colleges and seminaries in the western and southern U.S. ATG and RCS were assessed using the Spiritual Transformation Inventory 2.0 (Hall, 2015). Psychological health was assessed by the (1) Positive and

Negative Affect Schedule, (2) Scales of Psychological Well-being, and (3) Satisfaction with Life Scale. Structural equation modeling was used to assess relationships between latent constructs in the model. **Results:** ATG was positively associated with RCS ($p < 0.001$, as hypothesized) and both ATG and RCS were positively and significantly associated with psychological health ($p < 0.001$ and $p < 0.01$, respectively). These relationships (especially for ATG and psychological health) were stronger in those with low transformational suffering, low spiritual engagement, low Christ-centeredness, and high spiritual openness. Investigators concluded that "The present study confirmed our model and hypotheses that attachment predicted both spiritual and psychological outcomes and that spiritual outcomes predicted psychological outcomes."

Citation: Augustyn, B. D., Hall, T. W., Wang, D. C., & Hill, P. C. (2017). Relational spirituality: An attachment-based model of spiritual development and psychological well-being. *Psychology of Religion and Spirituality*, 9(2), 197-208.

Comment: Although this was a cross-sectional analysis conducted in a convenience sample of college students, it represents one more study showing that a stable attachment to God is related to greater spiritual development and better psychological health.

Spirituality/Religiousness and Unhealthy Alcohol Use in HIV+ Adults in Uganda

Unhealthy alcohol use has been described as "adding fuel to the fire" with regard to the HIV epidemic in Sub-Saharan Africa. Researchers at Mbarara University in Uganda (and other research universities) conducted a 12-month prospective study of 238 HIV+ adults (from a baseline sample of 447) examining the relationship between spirituality/religiousness (S/R) and unhealthy alcohol use. S/R was assessed using a 22-item short version of the Ironson-Woods Index that measured four domains: sense of peace, faith in God, religious behavior, and compassionate view. Multiple covariates were assessed including gender, age, education, employment, marital status, religious affiliation, depressive symptoms, CD4 count, physical functioning, HIV symptoms, and social support. Logistic regression models (GEE) examined the effects of overall S/R and individual domains on unhealthy alcohol use (assessed using the AUDIT-C by self-report and by a biomarker indicative of recent alcohol use, phosphatidylethanol). **Results:** Overall S/R and the domains of sense of peace, faith in God, and compassionate view of others did NOT significantly predict the development of unhealthy alcohol use over time. Only frequency of religious behaviors significantly and independently predicted lower levels of unhealthy alcohol use (adjusted OR=0.72, 95% CI=0.58-0.88). Researchers concluded: "Religious institutions, which facilitate expression of religious behavior, may be helpful in promoting and maintaining lower levels of alcohol use."

Citation: Adong, J., Lindan, C., Fatch, R., Emenyonu, N. I., Muyindike, W. R., Ngabirano, C., ... & Hahn, J. A. (2017). The relationship between spirituality/religiousness and unhealthy alcohol use among HIV-infected adults in Southwestern Uganda. *AIDS and Behavior*, E-pub ahead of press.

Comment: Religious behaviors only -- not sense of peace, belief in God or compassionate view of others -- were related to lower alcohol use in this population.

Religion, Alcohol and Tobacco Use in South African Undergraduates

Investigators at Northwest University (South Africa) and University of Ibadan (Nigeria) surveyed 847 undergraduate students attending three campuses of Northwest University in South Africa (59% response rate). Thirty-five percent of respondents were first-year students, 27% second-year students, and 35% in their third or fourth year; 88% were black African; 63% were Protestant and

24% Catholic; 55% had both parents at home; and 20% indicated their families were poorer than most. Religiosity was measured by the question "How religious do you consider yourself to be?" (with responses ranging from [1] not at all religious to [5] extremely religious); importance of religion by the question "How important is religion to your life/your family's life?" (same responses); religious attendance by "How often do you attend church/mosque/temple/synagogue services?" (with responses from [1] never to [5] fairly regularly); religious attendance by family (same responses); belief in God by a 4-item scale; and spirituality by a 22-item Spiritual Perspective Scale. Tobacco and alcohol use were assessed by two questions: "Do you engage in smoking cigarettes?" and "Do you engage in drinking alcohol?" (responses were [1] never, [2] occasional, [3] always). Multinomial logistic regression modeling was used to control for age, parent education, family structure, socioeconomic status, religious affiliation, parent church attendance and importance of religion; analyses were stratified by gender. **Results:** 71% of participants never smoked cigarettes and 32% said they never drank alcohol. With regard to cigarette smoking, among females (but not males), those who "never smoked" were more likely to attend church services than those who only "occasionally smoked" (OR=1.32, 95% CI=1.04-1.68). Among males, in contrast, those who never smoked cigarettes were less likely to rate themselves high on spirituality than those who only occasionally smoked (OR=0.60, 95% CI=0.38-0.96). With regard to alcohol use, among males, religious attendance was less common among those who "always used alcohol" compared to those who reported only "occasional drinking" (OR=0.79, 95% CI=0.61-1.03); likewise among females, religious attendance was less common in those who always used alcohol compared to those who only occasionally did (OR=0.77, 95% CI=0.60-0.99). Similarly, church attendance was more common among females who "never used alcohol" compared to those who only "occasionally used alcohol" (OR=1.21, 95% CI=1.02-1.44). However, self-rated religiosity was higher among women who always drink alcohol compared to those who only occasionally do so (OR=1.62, 95% CI=1.03-2.56). Researchers concluded that "On the whole, religious commitment continues to act as the protective factor against these two anti-social behaviours of the youth."

Citation: Amoateng, A. Y., Setlalentoa, B. M. P., & Udomboso, C. (2017). Does religion affect alcohol and tobacco use among students at North-West University, South Africa? *African Population Studies* 31(1):3212-3224.

Comment: This is one of the few studies examining cigarette smoking and alcohol use among undergraduates students in South Africa. Unfortunately, both the statistical analyses and the description of the findings are pretty confusing.

Religion/Spirituality and Coping with Chronic Kidney Disease in Thailand

In this small qualitative study of 20 patients receiving hemodialysis for at least 6 months, researchers from the department of nursing at Songkla University in Hatyai examined the role of religion/spirituality (R/S) in how these patients coped with their chronic kidney disease (CKD). Participants were 17 Buddhists and 3 Muslims (average age 54, range 23 to 77 years). Open ended questions were asked during face-to-face interviews. NVivo software was used to identify themes in the data. **Results:** R/S were important ways of coping for most participants, helping them to understand and accept their CKD. Most Buddhists believed that "bad karma" or "bad deeds" resulted in fate or destiny leading to their CKD. Muslim participants believed that their CKD was a "test from God" and emphasized the "will of God" in determining life and death (emphasizing that God was the only one who could bring about healing). R/S beliefs also helped participants to find meaning in their disease and to identify behaviors that might relieve it. For Buddhists, this included actions they believed could

affect their disease and its outcome such as “making merit” (to reduce bad deeds and increase good deeds), reading Dhama books (focused on Buddhist teachings), praying and chanting, and making a vow to Pran-Boon (spirit worship). Researchers concluded that “Religion and spirituality provide powerful coping strategies that can help Thai people with CKD overcome the associated distress and difficulties.”

Citation: Yodchai, K., Dunning, T., Savage, S., & Hutchinson, A. M. (2017). The role of religion and spirituality in coping with kidney disease and hemodialysis in Thailand. *Scandinavian Journal of Caring Sciences*, 31(2), 359-367.

Comment: A small but fascinating study examining how Buddhists (and Muslims) in an overwhelmingly Buddhist country (93% of the population) cope with chronic disease.

Religion, Spirituality and Death Anxiety in New Zealanders

Researchers from several schools of nursing in Australia and Canada surveyed a representative sample of 1001 adults living in the North Island of New Zealand (52% female, median age 40-49, 85% European), examining the association between death anxiety, religion, and spirituality. Importance of religion and spirituality in life were each measured by 5 response categories: very low, low, moderate, high, very high. Death anxiety was assessed by the Concerns about Dying scale (measuring concerns about death) and an 8-item subscale from the Collett-Lester Fear of Death Scale (measuring anxiety over the death of others). Analyses were not controlled for possible confounding factors. **Results:** No association was found between total death anxiety scores and importance of religion or importance of spirituality. However, authors note that “respondents stating religion as very important in their lives showed strongest agreement about being anxious when thinking about their own death, whereas those stating religion as being not being important stated they did not get anxious ($p=0.0005$). Conversely, participants stating that spirituality was very important in their lives stated they did not get anxious about dying ($p=0.0005$).” Researchers concluded that “our findings show that strong religious beliefs significantly predict higher levels of death anxiety compared to participants with strong spiritual beliefs.”

Citation: MacLeod, R., Wilson, D. M., Crandall, J., & Austin, P. (2017). Death anxiety among New Zealanders: The predictive roles of religion, spirituality, and family connection. *OMEGA- Journal of Death and Dying*, E-pub ahead of press.

Comment: This study is reviewed here because it illustrates how investigator bias can influence the interpretation of results. Note the following average levels of “anxiety over one’s own death” (rated on a scale from 1 to 5) across degrees of religious importance (Table 2): very high importance=2.5, high importance=3.0, moderate importance=2.8, low importance=2.9, very low importance=2.7. Now consider average levels of anxiety across degrees of spiritual importance: very high importance=2.5, high importance=2.9, moderate importance=2.8, low importance=2.9, very low importance=2.7. First, note that the anxiety levels across degrees of religious importance and spiritual importance of spirituality are almost identical in nature; second, note that those who indicated very high importance of religion had the lowest anxiety (2.5), the same as those indicating very high importance of spirituality (2.5). Amazing how investigator bias favoring spirituality (which is more “popular” than religion) can influence how results are interpreted. Even more surprising is that the editors and reviewers did not pick this up prior to publication (in a pretty good journal, now in its 37th year of publication).

Heart Failure Patients’ Preferences for Spiritual Support

Researchers from the Frank Netter School of Medicine (Quinnipiac University), North Haven, Connecticut and the Palliative Care Program, School of Nursing, UC San Francisco School of Medicine, surveyed a consecutive series of 104 patients with class II or III heart failure being seen at the UCSF outpatient clinic (51% response rate, average age 53, 66% men, 66% white European). Level of religiosity and spirituality was assessed using two items: to what extent do you consider yourself a religious/spiritual person? (with responses dichotomized into “not religious or spiritual” and “slightly to very religious/spiritual”). **Results:** 68% indicated they were slightly to very religious (32% not at all), and 85% indicated they were slightly to very spiritual (15% not at all). The majority of participants indicated that their nurse/doctor had not discussed their religion/spirituality with them (75%, $n=77$ out of 103) and most of those individuals (86%, $n=66$ out of 77) indicated that they did not want to talk to their doctor/nurse about their religious or spiritual beliefs and practices. Patients asked by their doctor/nurse about their religion/spirituality ($n=26$) were younger, although did not differ by gender or age. Researchers concluded “Only a minority of patients wanted to talk with their clinician about spirituality or religion.”

Citation: Gordon, N. A., O’Riordan, D. L., Dracup, K. A., De Marco, T., & Pantilat, S. Z. (2017). Let us talk about it: Heart failure patients’ preferences toward discussions about prognosis, advance care planning, and spiritual support. *Journal of Palliative Medicine*, 20(1), 79-83.

Comment: These findings from San Francisco (West Coast, less religious) are consistent with a recent report from Europe (Paris, France) indicating a lack of interest by patients with regard to discussing religious/spiritual issues with healthcare providers (*Journal of Medical Ethics* 2016; 42:733-737). Both studies contrast with research from other areas of the U.S. indicating considerably more interest in discussing these issues.

Associations between Religiosity/Spirituality and Moral Foundations, Compassion and Generosity in U.S. Medical Students

Researchers in the department of psychology at Fuller Theological Seminary, Duke University, University of Chicago, and Loma Nazarene University conducted a 9-month prospective study of 492 students at 24 medical schools in the U.S. They examined the relationship between religious and spiritual importance (T1 only), moral foundations (T2 only), mindfulness (T1 and T2), empathic compassion (T1 and T2), and generosity (T1 and T2) using path modeling. Religiosity was assessed with the question: “How important would you say religion is in your own life?” Spirituality was assessed with the question: “To what extent do you consider yourself a spiritual person?” Moral foundation was assessed by a 15-item scale measuring care/harm, fairness/reciprocity, and purity/sanctity (Graham et al., 2008); mindfulness by a 15-item scale (Baer et al., 2006); empathic compassion by items taken from two existing scales (Spreng et al and Hojat et al); and generosity by a 10-item scale (Hill, 2009). **Results:** Importance of religion (T1) was significantly and positively correlated with mindfulness (T1 and T2), empathic compassion (T1), generosity (T1 and T2), and moral care/harm (T2). Similar associations were found with spirituality, and spirituality was strongly associated with importance of religion ($r=0.71$). The best fitting overall path model indicated that spirituality was positively associated with moral care/harm, empathic compassion, and generosity, and to change in empathic compassion and generosity during follow-up.

Citation: Shepherd, A. M., Schnitker, S. S., Leffel, G. M., Oakes Mueller, R. A., Curlin, F. A., Yoon, J. D., & Greenway, T. (2017). Developing the Good Physician: Spirituality affects the

development of virtues and moral intuitions in medical students. *Journal of Positive Psychology* E-pub ahead of press. *Comment:* This was a relatively large prospective study of medical students that found significant links between spirituality/religiosity and positive moral foundations, compassion, and generosity (and increases over time). These are the kinds of traits that make a good physician and many patients would want in their physician.

NEWS

Duke Summer Research Workshop

We had 42 participants in our week-long spirituality and health research workshop in August. To see bios and pictures of this year's participants, see our website at: <https://spiritualityandhealth.duke.edu/index.php/5-day-summer-research-course> (Course Graduates, 2017 Class). Register now and join in the fun for next year (Aug 13-17, 2018).

Faith-Hope-Life Initiative

This initiative is a public (federal government)-private partnership through the National Action Alliance for Suicide Prevention (NAASP) designed to address suicide from many perspectives. Some of the work includes the perspective of faith communities. In recognition of World Suicide Prevention Day (9/10), the second weekend in September (9/8-9/10), the NAASP invited faith communities across the nation to join together in a National Day of Prayer for Faith, Hope, & Life praying for those whose lives have been touched by suicide (<http://actionallianceforsuicideprevention.org/faithhopelife>). For more information about this initiative, go to: http://actionallianceforsuicideprevention.org/faithhopelife_V2.

SPECIAL EVENTS

6th European Conference on Religion, Spirituality and Health & the 5th International Conference of the British Association for the Study of Spirituality (Coventry, England, May 17-19, 2018)

These two European conferences are meeting jointly in 2018, making for a particularly attractive program in a beautiful area of England. The **final date for submitting Abstracts is Oct 31, 2017**. The main theme of the conference will be "Forgiveness in Health, Medicine and Social Sciences." The Coventry Lecture will be delivered by Everett Worthington on the dimensions of forgiveness. Keynote speakers include Anthony Bash (Durham University, England), Arndt Bussing (University of Witten/Herdecke, Germany), Robert Enright (University of Wisconsin-Madison), Deborah Lycett (Coventry University, England), and numerous other high quality speakers from Europe and around the world. For more information, go to: <http://www.ecrsh.eu/ecrsh-2018>.

6th European Conference on Religion, Spirituality and Health PRE-CONFERENCE Workshop

(Coventry, England, May 13-16, 2018)
Preceding the ECRSH18 will be 4-day Pre-Conference Research Workshop with Prof. Harold G. Koenig and other spirituality and health experts. The workshop is open to all interested in doing research on religion, spirituality and health (accepting participants of any educational level or degree, including theologians, chaplains, physicians, nurses, psychologists, pastoral counselors, public health specialists, epidemiologists, or other). To register for the workshop, go to: <http://www.ecrsh.eu/ecrsh-2018/registration> (early registration is strongly encouraged since spaces are limited).

Medicine and Ministry Conference

(Kanuga Conference Center, Hendersonville, NC, November 3-5, 2017)

From the sponsors: "The focus of Medicine and Ministry is the health of the whole person, mind, body, and spirit, an idea introduced in the 1940's by Swiss physician/theologian Paul Tournier. His whole-person healing principles are the criteria for our choice of speakers as we explore issues of physical and spiritual healing. The conference, while historically Christian, welcomes all persons, regardless of their chosen spiritual path. Tournier believed that it is futile to attempt to heal the body without addressing the emotional and spiritual dimensions of the person. In keeping with these thoughts, the attitude of the healer, whether physician, therapist or clergy, is vital to the process. The goal of this conference is to nurture these ideas among healing professionals, including spouses and partners, lay and professional." Scholarships to attend and childcare are available. For more information, go to: www.medicineandministry.org

10th Annual Muslim Mental Health Conference

(The United States Institute of Peace, Washington DC, March 15-17, 2018)

Sponsored by Michigan State University Department of Psychiatry in partnership with the Institute of Muslim Mental Health, and co-sponsored by the American Psychiatric Association's Division of Diversity and Health Equity, the theme of this year's conference is "Out of the Shackles: Pursuit of Civil Justice in the Face of Psychological Trauma." The deadline for Abstracts is October 1, 2017. The following is a description of the conference: "The number of hate crimes, bullying, and microaggressions American Muslims experience is drawing increasing attention. Scholarly research on the subject began long before the recent political rhetoric and even before 9/11. However, the mechanisms, scale, and impact of the treatment of American Muslims requires more rigorous study and better dissemination. Furthermore, the American Muslim experience is subject to American social and structural realities. The role of race, violence, policing, surveillance, educational policy, mental health care access and reform, immigration policy, and civil liberties in the U.S. all impact the American Muslim experience. Interventions, whether at a clinical, programmatic, or policy level have not been well described. This conference seeks scholars who will offer an analysis as well as intervention for American Muslims' challenges." For more information, go to: <http://www.psychiatry.msu.edu/about/news/10th-mmh-conference.html>. Submit abstracts to: MSUMMHConference@gmail.com.

RESOURCES

The Religion of Chiropractic: Populist Healing from the American Heartland

(University of North Carolina Press, 2017)

From the publisher: "Chiropractic is by far the most common form of alternative medicine in the United States today, but its fascinating origins stretch back to the battles between science and religion in the nineteenth century. At the center of the story are chiropractic's colorful founders, D. D. Palmer and his son, B. J. Palmer, of Davenport, Iowa, where in 1897 they established the Palmer College of Chiropractic. Holly Folk shows how the Palmers' system depicted chiropractic as a conduit for both material and spiritualized versions of a "vital principle," reflecting popular contemporary therapies and nineteenth-century metaphysical beliefs, including the idea that the spine was home to occult forces. The creation of chiropractic, and other Progressive-era versions of alternative medicine, happened at a time when the relationship between science and religion took on an urgent, increasingly

competitive tinge. Many remarkable people, including the Palmers, undertook highly personal reinterpretations of their physical and spiritual worlds. In this context, Folk reframes alternative medicine and spirituality as a type of populist intellectual culture in which ideologies about the body comprise a highly appealing form of cultural resistance.” Available for \$78.75 at <https://www.amazon.com/Religion-Chiropractic-Populist-American-Heartland/dp/1469632780>.

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/>

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>.

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>

Hindusim 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/>

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/>

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/>

You Are My Beloved. Really?

(Amazon: CreateSpace Platform, 2016)

How does God feel about us? This book examines the evidence for God's love from Christian, Jewish, Muslim, Buddhist and Hindu

perspectives based largely on the sacred scriptures from these traditions. Those of any age with an open mind -- especially if going through hard times -- will find this book enlightening, inspiring, and possibly transforming. Written for Christians, non-Christians, those who are religious, those who are spiritual, and those who are neither. Available for \$8.78: <https://www.amazon.com/You-are-My-Beloved-Really/dp/1530747902/>

CME/CE Videos (Integrating Spirituality into Patient Care)

Five professionally produced 45-minute videos on **why and how** to “integrate spirituality into patient care” are now available on our website (*for free*, unless CME/CE is desired). Videos are targeted at physicians, nurses, chaplains, and social workers in an effort to help them form **spiritual care teams** to provide “whole person” healthcare that includes the identifying and addressing of spiritual needs. Go to: <http://www.spiritualityandhealth.duke.edu/index.php/cme-videos>.

Health and Well-being in Islamic Societies

(Springer International, 2014)

The core of the book focuses on research exploring religiosity and health in Muslim populations. Available for \$61.75 at: <http://www.amazon.com/Health-Well-Being-Islamic-Societies-Applications/dp/331905872X>

Spirituality in Patient Care, 3rd Ed

(Templeton Press, 2013)

The 3rd edition provides the latest information on how health professionals can integrate spirituality into patient care. Available for \$14.15 (used) at: <http://www.amazon.com/Spirituality-Patient-Care-When-What/dp/1599474255/>.

Handbook of Religion and Health (2nd Ed)

(Oxford University Press, 2012)

This Second Edition covers the latest original quantitative research on religion, spirituality and health (more than 3,300 studies prior to 2010). Available for \$116.26 (used) at: <http://www.amazon.com/Handbook-Religion-Health-Harold-Koenig/dp/0195335953>

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

(Templeton Press, 2011)

This book summarizes and expands the content presented in the Duke University's Annual Summer Research Workshop on Spirituality and Health. Available for \$34.97 at: <https://www.templetonpress.org/books/spirituality-and-health-research>

PRIZES

Jean-Marc Fischer Prize

The Doctor Jean-Marc Fischer Foundation encourages reflection in the field of human, social and theological sciences by awarding the Jean-Marc Fischer Prize. Three prizes will be awarded in this third contest, which welcomes submissions in French and English from around the world.

This year's theme is *Care and Spirituality*. Any professional in the field of health (doctor, psychologist, nurse, chaplain, etc.) can submit a dossier on the theme "Care and Spirituality", as described below. The deadline for submission of applications is 31 October 2017. For more information, go to:

<http://fondationdocteurjmf.ch/wp-content/uploads/2017/06/Prix->

[J.M.-Fischer-2017-2018-Anglais.pdf](#). Application packages and questions should be sent by e-mail to: philippe.huguelet@hcuge.ch.

FUNDING OPPORTUNITIES

Templeton Foundation Online Funding Inquiry

The John Templeton Foundation is now accepting new funding requests through their Online Funding Inquiry (OFI) site. Small Grants are defined as requests for \$217,400 or less. The next OFI deadline for small grant requests is **August 31, 2018**, with decisions communicated no later than September 29, 2018. Large Grants are defined as requests for more than \$217,400. The deadline for OFIs related to large grant requests is **also August 31, 2018**. All decisions on large grant OFIs are communicated by September 29. The three main areas in religion, spirituality and health that the Foundation funds are: (1) research on causal mechanisms (basic psychosocial, behavioral, and physiological pathways), (2) increasing competencies of health care professionals in working with religious patients (physicians, but also psychologists and experts in public health), and (3) research involving the development of religious-integrated interventions that lead to improved health. More information:

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

2017 CSTH CALENDAR OF EVENTS...

October

- 25 **Energy Healers: Who They Are and What They Do**
Speaker: Jeff Levin, Ph.D., M.P.H.
University Professor of Epidemiology and Population Health
Professor of Medical Humanities
Director, Program on Religion and Population Health
Baylor University
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

November

- 29 **Research on Spirituality in the U.S. Military**
Speaker: Patrick Sweeney, Ph.D.
Director of Leadership, Character, and Business Ethics, Wake Forest University School of Business
Former Deputy and Acting Head of the Department of Behavioral Sciences and Leadership at U.S. Military Academy at West Point
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

© 2012 A publication of the Duke Center for Spirituality, Theology & Health. May be reproduced for noncommercial purposes.

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

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