

CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health

Volume 8

Issue 3

Sept 2018

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 August 2018) go to: <http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

LATEST RESEARCH

Does Religious Involvement Increase Pregnancy Rate among Infertile Women?

Researchers at the Fertility Medical Group in Sao Paulo, Brazil, surveyed 877 patients to determine predictors of pregnancy outcome from Intra-Cytoplasmic Sperm Injection (ICSI) among infertile women. Outcomes included number of retrieved oocytes, number and rate of high-quality embryos, cycle cancellation, and pregnancy success. Religion/spirituality was assessed before the beginning of treatment, and included questions about religious attendance, contact with a religious leader, frequency of prayer, praying to get pregnant from the treatment, effects of the infertility diagnosis on their religious faith, and effects of religious faith on decision to undergo infertility treatment. **Results:** Participants were 54% Catholic, 13% Evangelical Protestant, and 11% Spiritists, 4% other religion, and 9% no religion. Fertilization rate was significantly higher among Evangelical Protestants and Spiritists compared to Catholics and those with no religion. Similar findings were reported for high-quality embryo number and pregnancy rate. Pregnancy rate was significantly higher among those who prayed to get pregnant from the treatment (31.4% versus 5.5%, $p=0.04$). Those who reported their religious faith was affected by their infertility diagnosis experienced a decreased number of high-quality embryos; the same finding was present in those who indicated their religiousness had negatively affected their decision to undergo infertility treatment. However, the high-quality embryo rate was increased among patients who said their faith contributed to their decision to pursue infertility treatment. Cycle cancellation rate was negatively correlated with frequency of attending religious services, whereas frequency of prayers was positively correlated with response to controlled ovarian stimulation in terms of number of follicles and number of retrieved oocytes. Researchers said: "In conclusion, the results presented in this study suggest a relationship between a patient's religion, spirituality and faith on ART [assisted reproduction technique] outcomes."

Citation: Braga, D. P. D. A. F., Melamed, R. M. M., Setti, A. S., Zanetti, B. F., Figueira, R. D. C. S., Iaconelli Jr, A., & Borges Jr, E. (2018). Role of religion, spirituality, and faith in assisted reproduction. *Journal of Psychosomatic Obstetrics & Gynecology*, EPUB ahead of press

Comment: The findings of this study are fascinating. Researchers hypothesized that the psychological benefits of spiritual/religious faith in terms of coping and relieving stress may have had a positive effect on these infertility treatment outcomes.

Spirituality vs. Religion and the Risk of Depression

Jeffrey Vittengl from the department of psychology at Truman State University in Kirksville, Missouri, analyzed three waves of data collected in the Midlife Development in the United States (MIDUS) Survey, a national random sample of US adults (Wave I, 1994, $n=7,108$; Wave II, 2004, $n=4,963$; Wave III, 2014, $n=3,294$). The purpose was to examine the longitudinal relationship between spirituality, religiosity, and depression. Spirituality was assessed by two questions: "How spiritual are you?" and "How important is spirituality in your life?" Religiosity was assessed likewise by two questions: "How religious are you?" and "How important is religion in your life?" Depression was assessed by the Composite International Interview Short Form, which produces a scale of depressive symptoms ranging from 0 to 7 where scores higher than 4 are defined as major depressive disorder (MDD) (depression was analyzed as both a continuous variable of symptoms from 0 to 7 and as dichotomized into MDD present vs. absent). Spirituality, religiosity and depression were assessed at all three waves. **Results:** In regression models that controlled for depression in the previous survey wave (and other risk factors), those who indicated they were spiritual but not religious were at significantly greater risk of depressive symptoms ($B=0.11$, $SE=0.03$, $p<0.001$); similarly, those whose spirituality score was greater than their religiosity score (i.e., 27% of the sample) were also at significantly greater risk of MDD ($B=0.29$, $SE=0.09$, $p<0.001$; the odds of developing MDD were 34% greater in that group). The researcher concluded "If replicated, the relative balance of spirituality and religiosity may inform depression assessment and prevention efforts."

Citation: Vittengl, J. R. (2018). A lonely search? Risk for depression when spirituality exceeds religiosity. *Journal of Nervous and Mental Disease*, 206(5), 386-389.

Comment: This is another longitudinal study that carefully analyzed the risk of developing depression over time (controlling for baseline depression) in a large random sample of middle age US adults, concluding that those who were primarily spiritual (rather than religious) were at increased risk. This study replicates the findings from two other large longitudinal studies conducted in Great Britain [Leurent B et al (2013). Spiritual and religious beliefs as risk factors for the onset of major depression: An international cohort study. *Psychological Medicine*, 43(10):2109-2120; King et al (2013). Religion, spirituality and mental health: results from a national study of English households. *British Journal of Psychiatry* 202(1):68-73]. Thus, in terms of developing depression, being spiritual but not religious significantly increases that risk.

EXPLORE...in this issue

1-4 LATEST RESEARCH

4-5 NEWS, EVENTS & RESOURCES

5-6 TRAINING, FUNDING Opportunities, and CALENDAR

Religion, Spirituality, and Health-Risk Behaviors in Czech Adolescents

Researchers at the Olomouc University Social Health Institute in Olomouc, Czech Republic, analyzed data from a nationally representative sample of 4,889 Czech adolescents ages 13-15 collected between April and June 2014. Religious attendance was assessed by the question: "How often do you go to church or to religious sessions?" Responses were dichotomized into weekly attendance or more frequent vs. less than weekly. Spirituality was assessed by a 7-item Spiritual Well-Being Scale developed by the study authors. This was a modification of the Paloutzian & Ellison's SWBS, developed specifically for Czech adolescents, and assessed both religious well-being and existential well-being. Health behaviors assessed included tobacco use, alcohol use, cannabis use, other illicit drug use, and early sexual intercourse. Controlled for in analyses were age, gender, and socioeconomic status. **Results:** Weekly or more frequent religious attendance was present in 7% of adolescents. Multivariate analyses revealed that religious attendance was associated with about a 40% reduction in likelihood of smoking cigarettes, although the associations with drinking, cannabis use, lifetime drug use, and early sexual intercourse did not reach statistical significance. Spirituality, in turn, was associated with a 16% lower likelihood of cigarette smoking and 9% reduction in weekly use of alcohol, but was not associated with cannabis use, lifetime drug use, or early sexual intercourse. However, the combination of high spirituality and high religious attendance (interaction) was associated with a 40% reduction in likelihood of cigarette smoking, 30% reduction in likelihood of alcohol use, more than 50% reduction in likelihood of cannabis use, more than 50% reduction in likelihood of other drug use, and 30% lower likelihood of early sexual intercourse (all statistically significant). Researchers concluded: "Our findings suggest that high spirituality only protects adolescents from HRB [health-risk behavior] if combined with RA [religious attendance]." *Citation:* Malinakova, K., Kopcakova, J., Geckova, A. M., van Dijk, J. P., Furstova, J., Kalman, M., ... & Reijneveld, S. A. (2018). "I am spiritual, but not religious": Does one without the other protect against adolescent health-risk behaviour? *International Journal of Public Health*, EPUB ahead of press. *Comment:* This is one of the largest studies to date examining the relationship between religion/spirituality and health behaviors in a nationally representative sample of Czech adolescents. The only study weakness is that the 7-item measure of spirituality used in this study includes three mental health indicators (existential well-being): "I feel good about my future"; "I feel very fulfilled and satisfied with my life"; and "I believe there is some real purpose for my life." It is not surprising, then, that adolescents who respond positively to these three questions are also less likely to engage in risky health behaviors. However, the overall finding that a combination of religious and spiritual beliefs/behaviors is associated with less health-risk behaviors makes sense and represents a significant contribution to the literature (especially since religious involvement in the Czech Republic is one of the lowest of any European country; it is the 5th least religious country in the world; https://en.wikipedia.org/wiki/Importance_of_religion_by_country).

Moderating Effect of Religion/Spirituality on Exposure to Community Violence in Latino Adolescents

Investigators from the department of psychology at the University of Maryland surveyed 223 Latino adolescents living in poor, urban neighborhoods (Northeastern US) to determine if spirituality, religious involvement, and religious importance at home moderated the relationship between community violence exposure and psychological well-being. Mean age of participants was 15 years and 61% were female. Community violence was measured using a standard 20-item scale. Spirituality was assessed using a

5-item measure from the Brief Multidimensional Measurement of Religiousness/Spirituality that assessed spiritual beliefs and experiences (e.g., "Do you believe in a spiritual power?"; "Do you feel close to God?"; etc.). Adolescent religious involvement was assessed with a two-item index asked about how often they attended religious services and how often they participated in other religious activities apart from religious services. Religious importance at home was assessed by a two-item index that examined how important religion is at home (direct question) and how important it is for parents to send children to religious services. Depressive symptoms were assessed with the 26-item Children's Depression Inventory. PTSD symptoms were assessed with the 32-item Child Posttraumatic Stress Reaction Index.

Results: Between two-thirds and three-quarters of participants indicated being hit, slapped, or punched by someone; seeing someone carry a gun or knife; seeing someone selling drugs; hearing gunfire outside their home; or seeing someone threatened with physical harm. Community violence (personal victimization and witnessing violence) were associated with greater depression and higher PTSD symptoms in those at low and average level of spirituality, but not in those with high levels of spirituality. Similarly, witnessing violence was associated with higher PTSD symptoms at low average levels of religious importance at home, but not at high levels. Likewise, witnessing violence was associated with higher depressive symptoms at low or average levels of religious involvement, but not at high levels. Researchers concluded that different aspects of adolescent personal religiosity/spirituality and religiosity at home may serve to protect Latino youth from the negative effects of community violence exposure.

Citation: Jocson, R. M., Alers-Rojas, F., Ceballos, R., & Arkin, M. (2018). Religion and spirituality: Benefits for Latino adolescents exposed to community violence. *Youth & Society*, EPUB ahead of press

Comment: A small but important study of an often neglected population in terms of the role that religion/spirituality plays, both their own and that of their parents, in buffering the effects of community violence on the mental health of inner-city Latino youth.

Church Support and Depression in African-Americans

Researchers at the University of Michigan and Case Western Reserve University analyzed data on 2,991 African-Americans (AAs) participating in the National Survey of American Life, examining the relationship between church and family support networks and depressive symptoms in this representative U.S. national sample of AAs. Only participants who attended religious services at least a few times a year were included in the analysis, since church support network questions were only asked in this group. Church support measures included frequency of contact with church members through in-person contact, telephone, or written communication; emotional support from church members assessed by a three-item index; and negative interaction with church members assessed by a three-item index. Also assessed using similar measures was extended family support networks. Depressive symptoms were assessed with the 12-item version of the CES-D. Controlled for in regression analyses were age, gender, marital status, education, family income, physical health, and frequency of religious attendance. **Results:** Bivariate analyses indicated that frequency of religious attendance was inversely related to depressive symptoms ($p < 0.01$). Multivariate analyses revealed that depressive symptoms were less common among those who had frequent contact with church members ($p < 0.01$), although negative interactions with church members was associated with more depressive symptoms ($p < 0.001$). Emotional support from church members was unrelated to depression, but only after controlling for frequency of contact with church members and frequency of religious attendance. Researchers concluded: "This study underscores the important contributions of church

relationships to depressive symptoms among African-Americans across the adult lifespan, and confirms that these associations are independent of family relationship factors and religious service attendance.”

Citation: Chatters, L. M., Nguyen, A. W., Taylor, R. J., & Hope, M. O. (2018). Church and family support networks and depressive symptoms among African Americans: Findings from the National Survey of American Life. *Journal of Community Psychology*, 46(4), 403-417.

Comment: This study provides further evidence of a link between religious involvement and depressive symptoms in African-Americans, this time focused on interactions with church members. The cross-sectional design, though, makes it difficult to determine if it was church members interactions that helped prevent the development of depressive symptoms or if depressive symptoms may have reduced the frequency and quality of those interactions, or both.

Spirituality and Coping with Bereavement in Caregivers of Cancer Patients

Researchers in the department of psychology at the University of Miami analyzed data from a 3-year prospective study of cancer caregivers to determine whether bereavement-specific distress and general distress after the death of a loved one with cancer patient is predicted by “spiritual well-being” assessed prior to the death. Participants were family caregivers who were part of the American Cancer Society’s National Quality-of-Life Survey for Caregivers study. Caregivers completed surveys at baseline (T1; approximately two years after diagnosis of cancer; n=1,635) and 3-years later if they were bereaved (T2; approximately five years after diagnosis; n=179, of whom 128 had complete data). At T1, spirituality was assessed by the 12-item Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being Scale (FACIT-Sp) that consists of three dimensions: meaning, peace, and faith. At T2, the 22-item Impact of Events Scale-Revised (IES-R; bereavement-specific distress, including avoidance, intrusive thoughts, and hyperarousal) and 30-item Profile of Mood States (general distress, primarily mood disturbance) were administered. Regression analyses controlled for age, gender, education, income, spouse caregiver, and time since death. **Results:** Analyses indicated that the “peace” and “faith” subscales of the FACIT-Sp predicted lower (T2) intrusive thoughts (B=-0.19, p<0.05, and -0.12, p<0.05, respectively) and less hyperarousal (B=-2.24, p<0.05, and B=-1.81, p<0.09, respectively). There was also a trend for the peace and faith subscales to predict less general distress/mood disturbance, although this did not reach statistical significance (B=-0.77, p<0.09, and B=-0.54, p<0.09, respectively). Researchers concluded that: “Findings highlight the importance of preloss sense of peace as a predictor of psychological distress during bereavement. Programs and interventions might be designed to help caregivers find inner peace while caregiving, in an effort to augment their resiliency against psychological distress when facing the loss of the patient.”

Citation: Ting, A., Lucette, A., Carver, C. S., Cannady, R. S., & Kim, Y. (2018). Pre-loss spirituality predicts post-loss distress of bereaved cancer caregivers. *Annals of Behavioral Medicine*, EPUB ahead of press

Comment: Based on comments in prior newsletters, readers should be aware by now that this writer is not a fan of the FACIT-Sp. The finding that good mental health prior to bereavement (i.e., a sense of deep inner peace) predicts good mental health after bereavement is not a particularly earthshaking. Although the 4-item faith subscale of the FACIT-Sp is pretty weak and non-descript (e.g., “I know whatever happens with my illness, things will be okay”), that subscale is a bit closer to religious faith than the “peace” or “meaning” subscales. Therefore, the fact that pre-bereavement “faith” predicts less intrusive thoughts and tends to predict less hyperarousal and general emotional distress post-

bereavement -- is of some interest. Unfortunately, baseline mental health outcomes were not controlled in these analyses, making the associations largely cross-sectional (i.e., these associations could have been present prior to bereavement as well, making them non-predictive).

Does Religious Belief Help Nursing Home Staff Cope with Death of Patients?

Investigators on the Faculty of Medical and Health Sciences at the University of Auckland, New Zealand, surveyed 113 staff in residential aged care centers (nursing homes) to explore the relationship between religious/spiritual beliefs and their ability to cope with the death of residents. In this qualitative mixed-methods study that used a concurrent triangulation design, researchers identified staff (registered nurses [52%], licensed practical nurses, and nursing assistants [20 to %]) at 50 facilities where resident deaths had been reported during the 3-year period prior to the study. Participants were asked about the influence of religious/spiritual beliefs on their attitude towards death, rated as strong, minor, or none. In addition a 10-item measure was used to assess danger signs of *burnout*. In addition, semi-structured interviews were conducted with staff members to assess the influence of religious/spiritual belief on their ability to cope with residents’ deaths. **Results:** The majority of participants were Christian (64%), while a significant minority (26%) indicated no religion. The majority (51%) reported that religious/spiritual beliefs had a strong influence on their attitudes toward death and dying, 23% indicated a minor influence, and 26% indicated no influence. Participants who indicated that religious/spiritual beliefs had only a minor influence on their ability to cope with death of residents experienced significantly higher mean burnout scores compared to those who reported a strong influence; no difference was found between those indicating minor influence and those indicating no influence. Participants who reported no religious affiliation also scored significantly higher on mean burnout scores compared to those who indicated a religious affiliation. Qualitative analyses explored details with regard to how religious beliefs and experiences had a strong, minor, or no influence on ability to cope. Researchers concluded: “Given the potential benefits associated with religious/spiritual beliefs, RAC [residential aged care] facility management would be well advised to foster a workplace culture that supports and encourages spiritual/religious expression among facility staff. Greater understanding of the role of religious/spiritual beliefs in helping staff to make sense of the end-of-life experience can provide the basis for the development of staff supports enabling both improved staff well-being and resident end-of-life care.”

Citation: Frey, R., Balmer, D., Robinson, J., Slark, J., McLeod, H., Gott, M., & Boyd, M. (2018). “To a better place”: The role of religious belief for staff in residential aged care in coping with resident deaths. *European Journal of Integrative Medicine*, 19, 89-99.

Comment: This is one of the few studies examining how religious/spiritual beliefs help nursing home staff deal with the repeated death of patients whom they often grow quite emotionally close to. The fact that this study was conducted in New Zealand is also relevant (the 14th least religious country in the world; https://en.wikipedia.org/wiki/Importance_of_religion_by_country).

Spirituality and Religiosity in Pharmacy Students

Researchers at the University of Maryland and other U.S. university schools of pharmacy conducted an online survey of final year pharmacy students at four universities (two private, two public) examining the religiosity/spirituality of students and impact on performance in pharmacy school and future practice. A total of 141 (46% response rate) students responded to the survey (68% Christian, 11% non-Christian, 21% agnostic/atheist). Religiosity was assessed with the 5-item Duke University Religion Index that

assesses organizational, non-organizational, and intrinsic religiosity. Spirituality was assessed with a single item: "How spiritual do you consider yourself to be?" Also assessed were academic performance, belief about patient medication adherence, dispensing and counseling practices, and comfort in conducting a spiritual assessment and prayer. **Results:** Approximately 60% of students agreed spirituality positively impacted their emotional/mental well-being while in pharmacy school and 50% agreed that their pharmacy school supported their spiritual/religious (S/R) beliefs. Most students agreed that S/R beliefs can impact overall health (88%) and patient medication adherence (76%). Less than half (49%) said that they would work for a pharmacy that does not allow a pharmacist the "right to refuse to dispense" certain medications. Only a small percentage (12%) were familiar with how to conduct a spiritual assessment and only 19% felt that it was important to do so. Nearly one-third (31%) indicated that they had encountered a situation as pharmacy student where a patient had asked them or other pharmacy staff to pray. More than half of students (57%) said they would pray with patients when requested, whereas 12% indicated they would routinely offer to pray with patients in their own practice. S/R was not related to academic performance as measured by GPA. Researchers concluded "Pharmacy schools should find ways to acknowledge and support R/S for pharmacy students and for promoting holistic patient well-being."

Citation: Purnell, M. C., Johnson, M. S., Jones, R., Calloway, E. B., Hammond, D. A., Hall, L. A., & Spadaro, D. C. (2018). Spirituality and religiosity of pharmacy students. *American Journal of Pharmaceutical Education*, EPUB ahead of press

Comment: This is the second study that we are aware of that has examined the attitudes of pharmacy students toward religion/spirituality, this time surveying pharmacy students in their last year of training (see Crossroads December 2017 issue for a survey of 1st-year pharmacy students' attitudes in this regard). Only 1 in 5 students indicated it was important to conduct a spiritual assessment as part of routine pharmacy practice, and most did not know how to do so. What is surprising is that nearly one-third indicated they had encountered a situation where a patient had asked them or a colleague to pray with them.

Faith and Medicine from Two Perspectives

Jeff Levin describes two perspectives on the relationship between religious faith and medicine in this commentary: (1) faith as problematic for medicine and (2) medicine as problematic for faith. He argues that the field of religion and health/medicine is disheveled because of imprecision and lack of careful attention to conceptual and theoretical concerns. The situation could be clarified by recognizing that there are two distinct literatures based on each of the perspectives above. Levin makes recommendations on how to better integrate these two perspectives in order to help to unify discussions on faith and medicine/health. The article begins with a historical review of progress in the field of religion and health, and then goes on to clarify the terms 'faith' and 'medicine.' He then delves into a discussion of the "faith is problematic for medicine" perspective (viewed from the health professional's perspective), and then discusses the "medicine as problematic for faith" perspective (viewed from the religious professional's perspective). Levin emphasizes faith and medicine as competing lenses for viewing human well-being. He concludes by making suggestions on how to move forward from here.

Citation: Levin, J. (2018). The discourse on faith and medicine: a tale of two literatures. *Theoretical Medicine and Bioethics*, EPUB ahead of press

Comment: As usual, this is an articulate and insightful commentary by Jeff Levin, one of the original founders of the field of religion and health.

NEWS

Here is a first. It is important because it reflects the growing mainstreaming of religion/spirituality into healthcare. The American Medical Association's *Journal of Ethics* devoted their entire July issue to Religion and Spirituality in Healthcare Practice (Vol 20, No 7: 607-674) with a series of articles on this topic. The special issue begins with an article by the editor titled "Influences of Religion and Spirituality in Medicine." This is followed by three ethics cases (responding to patients who say God wants them to suffer; how to respond to patients wanting their physician to pray with them; what to do when faith-based institutional values conflict with the clinician's), a podcast (communicating about values in clinical settings), and articles in the areas of medical education (fostering discussions of morally and spiritually charged topics), public policy (partnering with ethnic minority-serving religious organizations), medicine in society (treating physicians as healers), the art of medicine (healing body and spirit), and personal narrative (the chaplain's role as a mediator in critical clinical decisions). The entire issue can be downloaded for free from: <https://journalofethics.ama-assn.org/issue/religion-and-spirituality-health-care-practice>.

SPECIAL EVENTS

Practice & Presence: A Gathering for Christians in Healthcare

(Duke Divinity School, Durham, North Carolina, Sept 7-9, 2018)

From the sponsors of this event: "At its core, medicine is a practice of attending to those who suffer. Christians know that 'those who suffer' are the neighbors we are called to love, even those in whom Jesus visits us (Mt. 25:34-36). Who is equal to such a task? What does it look like when done well? What practices strengthen us for this sacred work? Join us in September as we wrestle with these questions, seeking to receive from God gifts that will renew us in our vocations as healthcare practitioners. Over the course of the three days, we explore and re-imagine the connections of vocation and faith, and tune our hearts and minds to find God present in all aspects of our work. Please consider joining us for this opportunity to grow in friendship and fellowship with one another in the context of shared meals, conversation, prayer and worship." More information: <https://tmc.divinity.duke.edu/programs/practice-and-presence/>.

RESOURCES

Religion and the Social Sciences: Basic and Applied Research Perspectives

(Templeton Press, 2018)

Researchers across the social sciences have made important contributions to the study of religion's influences on vital dimensions of our lives, communities, and institutions. To bring attention to this work, Jeff Levin assembled a panel of preeminent social scientists and gave them a single directive: write the ultimate statement on religion from within their respective discipline or field. The result is a "state-of-the-science" compendium—a first of its kind for the study of religion. *Religion and the Social Sciences: Basic and Applied Research Perspectives* details the impacts of religion across nine basic and applied areas of social science: psychology, political science, economics, history, family studies, criminology, gerontology, education, and epidemiology. This book is ideal for both new and established scholars seeking a comprehensive review as well as promising ideas for their own research. Available for \$34.95 at

<https://www.amazon.com/Religion-Social-Sciences-Research-Perspectives/dp/1599474719/>

Hope & Healing for Those with PTSD: Psychological, Medical, and Spiritual Treatments

(Amazon: CreateSpace Publishing Platform, July 2018)

From the author: "This little book is for those who have been dealing with a condition called posttraumatic stress disorder (PTSD) and for members of their family. As a psychiatrist and mental health research scientist for more than 30 years, I've been struck by how many of those with PTSD are not being treated adequately for this disorder (and why more than 50% of persons with disorder continue to suffer with it despite treatment). For that reason, I've written this book to help inform those with PTSD about the disorder and the best available treatments today. I describe here what PTSD is, the causes for it, and protective factors. I also examine its relationship to moral injury, a separate condition that often accompanies PTSD and interferes with recovery. I then focus on the best evidenced-based treatments for PTSD today -- psychological, medical / pharmacological, and especially, religious or spiritual. If you are someone with PTSD or a family member, you will know a lot more about this disabling disorder and how to deal with it after reading this book." Available for \$5 at <https://www.amazon.com/dp/172445210X>.

Religion and Mental Health: Research and Clinical Applications

(Academic Press, 2018) (Elsevier)

From the publisher: "[This 384 page volume] summarizes the latest research on how religion may help people better cope or exacerbate their stress, covering its relationship to depression, anxiety, suicide, substance abuse, well-being, happiness, life satisfaction, optimism, generosity, gratitude and meaning and purpose in life. The book looks across religions and specific faiths, as well as to spirituality for those who don't ascribe to a specific religion. It integrates research findings with best practices for treating mental health disorders for religious clients, also covering religious beliefs and practices as part of therapy to treat depression and posttraumatic stress disorder. [In brief, this volume] summarizes research findings on the relationship of religion to mental health, investigates religion's positive and negative influence on coping, presents common findings across religions and specific faiths, identifies how these findings inform clinical practice interventions, and describes how to use religious practices and beliefs as part of therapy." Available for \$72 at <https://www.elsevier.com/books/religion-and-mental-health/koenig/978-0-12-811282-3>.

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/>

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>.

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/>

TRAINING OPPORTUNITIES

Certificate in Theology and Healthcare

The Duke University Divinity School is now accepting applications for a new graduate certificate, the Certificate in Theology and Health Care. This one-year residential program provides robust theological and practical engagement with contemporary practices in medicine and health care for those individuals with vocations in health-related fields (e.g., trainees or practitioners of medicine, nursing, and other health care professions). The Certificate aims to equip Christian health care practitioners with the training to embrace that calling and live into it with theological clarity and spiritual joy. This fully accredited course of study focuses on combining foundational courses in Christian theology, scripture, and church history with courses engaging the practical issues that health care practitioners encounter in contemporary culture. If you, or some you know, seek theological formation and further confidence engaging questions of suffering, illness, and the place of health care in a faithful life, go to the following website:

<https://tmc.divinity.duke.edu/programs/certificate-in-theology-and-health-care/>

FUNDING OPPORTUNITIES

Templeton Foundation Online Funding Inquiry

The John Templeton Foundation is now accepting new Online Funding Inquiries (OFIs; essentially letters of intent) through their funding portal. The next deadline for Small Grant requests (\$234,800 or less) and Large Grant requests (more than \$234,800) is **August 31, 2019**. The Foundation will communicate their decisions (rejections or invitations to submit a full proposal) for all OFIs by September 28, 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>

2018 CSTH CALENDAR OF EVENTS...

Sept

20-21 **Religion, Spirituality and Health: A Research Agenda for Loma Linda University**
Loma Linda University, Loma Linda, California
Speaker: Koenig and others
Contact: Lee Berk, Ph.D. (lberk@llu.edu)

26 **"Search For Meaning" Group Process Addressing Moral Wounding Related to Trauma**
Speaker: Clyde T. Angel, DMin., BCC, LPC, VHA-CM Chief, Chaplain Service
National Coordinator for the Warrior to Soul Mate Program
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

Oct

6 **Religion, Spirituality and Health**
Spiritist Medical Association (US) Conference
Florida International University, Miami, FL
Speaker: Moreira-Almeida, Koenig and others
Contact: Cicero Torres (cicero.torres@gmail.com)

31 **Spirituality and Health in Veterans with PTSD**
Speaker: Nathan Boucher, DrPH, PA-C
Senior Fellow, Center for Aging
Durham VA GRECC
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>