

# CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health

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This newsletter provides updates on research, news and events related to spirituality and health, including educational resources and funding opportunities. **Please forward to colleagues or students who might benefit.** Our goal is to create a community of researchers, clinicians, clergy, and laypersons interested in spirituality and health and keep them informed and updated. An EVENTS CALENDAR concludes the newsletter and describes spirituality and health related presentations happening at Duke and around the world. This is your newsletter and we depend on you to let us know about research, news, and events in this area.

All e-newsletters are archived on our website. To view previous editions (July 2007 through August 2019) go to: <http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

## LATEST RESEARCH

### Systematic Review of Prospective Studies on Religion, Spirituality and Depression

Researchers from the Netherlands and U.S. reviewed 152 prospective studies (through 2017) examining the effects of religiosity/spirituality (R/S) on depression outcomes over time. All studies assessed depression two occasions or more and controlled for baseline depression. Studies examining the effects of "religious struggle" on depression were examined separately. **Results** indicated that 49% of studies reported at least one significant association between R/S and better depression outcomes, compared to 10% that reported worse outcomes or mixed results and 41% that found no significant association. The overall effect size (Cohen's d) was relatively small ( $d=-0.18$  including all studies). Religious struggle predicted worse depression outcomes in 59% of studies with an effect size of  $d=0.30$  (small to moderate). R/S was significantly more protective in studies that examined psychiatric patients ( $d=-0.37$ ), in community-dwelling adults age 60 or over ( $d=-0.24$ ), and in studies whose quality was judged as excellent ( $d=-0.29$ ). Effects were smallest in those with medical illness ( $d=-0.10$ ). Studies that adjusted for a larger number of possible confounders were more likely to find R/S predicting less depression. The researchers concluded: "In about half of studies, R/S predicted a significant but modest decrease in depression over time. Further inquiry into bi-directional associations between religious struggle and (clinical) depression over time seems warranted."

*Citation:* Braam, A. W., & Koenig, H. G. (2019). Religion, spirituality and depression in prospective studies: a systematic review. *Journal of Affective Disorders* 257: 428-438.

*Comment:* This is the first systematic review of prospective studies examining the effects of R/S on depressive disorder or depressive symptoms over time.

### Self-Reported Sources of Recovery from Substance Abuse in the U.S.

Investigators from the Recovery Research Institute at Massachusetts General Hospital and Harvard Medical School analyzed data from the National Recovery Survey, a nationally representative sample of 39,809 persons ages 18 or older in the US. The focus of the study was the recovery pathway choice for those who indicated they "used to have a problem with drugs or alcohol, but no longer do" (9.1% of participants). **Results:** The following are the recovery pathways reported: formal professionally assisted recovery programs (27.6%), medication to combat relapse or craving medication use (8.6%), recovery support services (21.8%, of which the most common was faith-based services which at 9.2% made up nearly half), and mutual-help groups (45.1%). Mutual self-help groups, clearly the most common recovery path, consisted of Alcoholics Anonymous (34.6%), Narcotics Anonymous (17.5%), Cocaine Anonymous (2.3%), Celebrate Recovery (a 12-step Christian program, 2.2%), Crystal Meth Anonymous (0.8%), Marijuana Anonymous (0.9%), and all others (6.5%) (see p 166, Table 2). Thus, more than 50% of responses to "used to have a problem with drugs or alcohol, but no longer do" involved 12-step or faith-based programs.

Researchers concluded: "Improved understanding of this large population of individuals and how they have been successful could inform and enhance our broad public health as well as clinical, research, and policy efforts in addressing endemic concerns related to AOD [alcohol and other drug] problem resolution."

*Citation:* Kelly, J. F., Bergman, B., Hoepfner, B. B., Vilsaint, C., & White, W. L. (2017). Prevalence and pathways of recovery from drug and alcohol problems in the United States population: Implications for practice, research, and policy. *Drug and Alcohol Dependence*, 181, 162-169.

*Comment:* Although a slightly dated study, this should be a wakeup call for those in the substance use disorders field. When than random sample of Americans was asked what really helped them to recover from alcohol or drug addiction, the majority reported 12-step faith-based programs, while only a minority indicated professional recovery or medication-assisted programs. Interested readers are encouraged to obtain a copy of *Alcoholics Anonymous*, 4<sup>th</sup> ed, 2001 (\$1.99 used), and go to pages 59-60 to see exactly what the content of the 12 steps are. The answer is that 8 of the 12 steps are distinctly religious in nature and involve prayer, confession, and surrender to God (as "we understood Him") or to a "Power greater than ourselves."

### Impact of Faith-Based Treatment Programs on Recovery from Substance Abuse

Researchers in this study examined the types of faith-based substance abuse treatment facilities, recovery programs, and support groups in the U.S., analyzing data identified from the Substance Abuse and Health Administration (SAMHSA) database and reviewing research published prior to 2010 on the relationship between religiosity/spirituality, alcohol and drug use. **Results:** The study found that 73% of behavioral health substance abuse treatment programs in U.S. include a 12-Step Program option

EXPLORE...in this issue

1-4 LATEST RESEARCH

4-6 NEWS, EVENTS & RESOURCES

6-7 TRAINING, FUNDING Opportunities, and CALENDAR

(emphasizing reliance on God or a Higher Power). Out of a total of 344,894 religious congregations in the US, 129,680 have substance abuse recovery support programs, particularly 12-step programs. The authors calculated that these faith-based substance abuse recovery support programs contribute up to \$316.6 billion annually in savings to the U.S. economy. Researchers concluded: "...more than 84% of scientific studies show that faith is a positive factor in addiction prevention or recovery and a risk in less than 2% of studies reviewed... we also conclude that the decline in religious affiliation in the US is not only a concern for religious organizations but constitutes a national health concern."

*Citation:* Grim, B.J. & Grim, M.E. (2019). Belief, behavior and belonging: how faith is indispensable in preventing and recovering from substance abuse. *Journal of Religion and Health*, E-pub ahead of press (<https://doi.org/10.1007/s10943-019-00876-w>)

*Comment:* This is one of the most comprehensive reviews of the literature and recent analysis of the SAMHSA database to determine the prevalence of faith-based substance abuse recovery programs and the cost savings they provide.

### Spiritual/Religious Interventions for Substance Use Problems: A Meta-Analysis

Researchers in the school of social work at the University of Texas at Austin conducted a systematic review and meta-analysis of randomized controlled trials (between 1990 and 2018) examining the efficacy of spiritual/religious (S/R) interventions for the treatment of substance use problems. Since interventions had to be S/R, excluded from the review were intervention studies designed to increase 12-step fellowship participation through referral and those using mindfulness-based interventions. Outcomes of particular interest were substance use frequency and abstinence rate, S/R outcomes (spiritual well-being, daily spiritual experiences, religious practice, spiritual coping), psychological outcomes (depression, anxiety, self-efficacy), and social outcomes (employment, relationship status). **Results:** A total of 20 studies involving 3,700 participants were identified. S/R interventions included 12-step interventions in 16 of the 20 studies (e.g., 12-step facilitation [TSF], prayer, Rights of Passage, etc.). Eleven of the 16 examined TSF. TSF was developed to promote active participation in AA fellowship activities and is implemented by professional counselors as 12-15 sessions of individual counseling based on behavioral, spiritual, and cognitive principles at the core of 12-step fellowships. The four non-12-step S/R interventions tested CBT with religious components, Islamic spiritual therapy (which was religious in nature), Spiritual Direction, and one study that involved double-blinded intercessory prayer. With regard to comparison groups, 4 studies compared S/R interventions to inactive controls, 14 used active controls, and 2 studies use both inactive and active controls. The effect size (Cohen's *d*) in studies using inactive controls (i.e., no treatment) was moderate in size but not statistically significant due to low power (overall  $d=.54$ , 95% CI $=-.32$  to  $1.39$ ;  $d=.26$ , 95% CI $=.13$  to  $.65$ , for substance use outcomes; and  $d=.79$ , 95% CI $=-1.18$  to  $2.75$ , for psychosocial-spiritual outcomes). For the 16 studies that used active controls (i.e., other proven interventions) the effect size was statistically significant but smaller (overall  $d=.18$ , 95% CI  $.001$  to  $3.58$ ;  $d=.21$ , 95% CI $=.019$  to  $.39$ , for substance use outcomes; and  $d=.14$ , 95% CI $=-.10$  to  $.39$ , for psychosocial-spiritual outcomes). Since the studies comparing S/R interventions to active controls were only 12-step programs, this ES could not be generalized to non-12-step interventions. Researchers concluded: "We found evidence of S/R interventions' efficacy in helping people with substance use problems."

*Citation:* Hai, A. H., Franklin, C., Park, S., DiNitto, D. M., & Aurelio, N. (2019). The efficacy of spiritual/religious interventions for substance use problems: A systematic review and meta-analysis

of randomized controlled trials. *Drug and Alcohol Dependence* 202, 134-148.

*Comment:* The findings indicate that the efficacy of faith-based 12-step programs for those with substance use problems, especially for substance use outcomes, exceeds that compared to other active interventions. The additional benefit is small but significant (and consistent with self-reports from the Kelly et al study above). Although not examined here, it would be interesting to determine whether baseline religiosity moderates the efficacy of these S/R interventions. One might expect that S/R interventions would work better in those who are more religious, compared to those who are not.

### Moderating Effect of Religion on the Relationship between Negative Life Events and Depression

Investigators from the department of psychology at the University of Zürich, Switzerland, and investigators from universities in Dublin, Ireland, analyzed data from a survey of 348 psychiatric outpatients with a depressive episode or adjustment disorder (T1), of whom 132 were followed up at 6 months (T2). Assessed were negative life events (NLE from the 12-item List of Threatening Experiences scale), depressive symptoms (Beck Depression Inventory-II), social support (3-item Oslo Support Scale), and religiousness (Duke University Religion Index; DUREL). The DUREL measures organizational (ORA), non-organizational (NORA), and intrinsic religiosity (IR). Controlled for in analyses were age, gender, social support, and baseline T1 depressive symptoms. Hierarchical regression modeling was used to analyze the relationships and moderating effect of religiosity. **Results:** In the baseline sample, religiosity moderated the cross-sectional relationship between NLEs and depressive symptoms (interaction ORA x NLE,  $b=-0.19$ ,  $p=0.001$ ; NORA x NLE,  $b=-0.10$ ,  $p=0.08$ ; and IR x NLE,  $b=-0.11$ ,  $p=0.04$ ). In the longitudinal analysis, NORA ( $b=-0.23$ ,  $p<0.01$ ) and IR ( $b=-0.15$ ,  $p=0.03$ ), but not ORA ( $b=-0.10$ ,  $p=0.17$ ), moderated the relationship between NLEs and depressive symptoms. Interestingly, there was no indication that social support moderated the effects of NLEs on depressive symptoms. Researchers concluded: "This study demonstrated that various dimensions of religiousness buffer the impact of life events on outcome."

*Citation:* Lorenz, L., Doherty, A., & Casey, P. (2019). The role of religion in buffering the impact of stressful life events on depressive symptoms in patients with depressive episodes or adjustment disorder. *International Journal of Environmental Research and Public Health*, 16(7), 1238.

*Comment:* Although only about one-third of participants (38%) were included in the longitudinal analysis, researchers correctly controlled for baseline depressive symptoms (T1) when predicting T2 depressive symptoms on follow-up. The study is also interesting because it was conducted in Ireland, a country that has become increasingly secular during the recent past, and because few longitudinal studies of this type have been reported from Ireland. Lack of a moderating effect of social support on the relationship between NLEs and depressive symptoms also suggests that the effects of religiosity are not just due to social support.

### Moderating Effect of Religiosity on the Relationship between PTSD Symptoms and Physical Pain in Current and Former US Military

Researchers at Veterans Affairs hospitals and academic medical centers in the U.S. collaborated in this multisite study to examine the impact of religiosity on the relationship between pain and PTSD symptom severity. Participants were a convenience sample of 585 veterans and active-duty military from across the U.S. Standard measures of religiosity (10-item BIAC), PTSD symptoms (PCL-5), and depression/anxiety (HADS) were administered, along

with a measure of physical pain that had participants rate their pain on a visual analog scale ranging from 0 (no pain) to 10 (worst possible pain imaginable). Bivariate and multivariate relationships were examined, along with the moderating effects of religiosity. **Results:** As expected, PTSD symptom severity were significantly related to pain level ( $r=0.44$ ). However, this relationship was only slightly weaker among the highly religious ( $r=0.34$ ) compared to the non-highly religious ( $r=0.48$ ). In multivariate analyses, the interaction between religiosity and PTSD on pain was not significant, although stratified analyses indicated that the effects of PTSD on pain was somewhat weaker in the highly religious ( $B=0.03$ ,  $SE=0.01$ ,  $t=2.28$ ,  $p=0.02$ ) compared to those who were not ( $B=0.06$ ,  $SE=0.01$ ,  $t=6.55$ ,  $p<0.0001$ ). Likewise, effects of pain on PTSD symptoms appeared weaker in the highly religious ( $B=0.67$ ,  $SE=0.37$ ,  $t=1.80$ ,  $p=0.07$ ) compared to those who were less religious ( $B=1.32$ ,  $SE=0.25$ ,  $t=5.34$ ,  $p<0.0001$ ). Researchers concluded: "This study provides only minimal evidence that high religious involvement may buffer the effects of PTSD symptoms on pain and vice-versa."

*Citation:* Lea C, Oliver JP, Smothers Z, Boucher NA, Youssef NA, Ames, Haynes, Volk F, Teng E, Koenig HG (2019). The moderating effect of religious involvement on the relationship between PTSD symptoms and physical pain in U.S. Veterans and Active Duty Military. *Military Behavioral Health* 7 (3), 327-335  
*Comment:* This study found that religiosity had a weak impact on the relationship between PTSD and pain. However, for those experiencing chronic pain, any impact at all means something.

### Personality, Religiousness and Spirituality

Researchers from Saint Louis University and UNC analyzed data on 1,037 U.S. adults (average age 36) completing an online survey to examine the relationship between personality traits assessed by the 5-factor model and religiosity/spirituality. Participants were asked to self-categorize themselves as either "both spiritual and religious" (B), "neither spiritual nor religious" (N), "religious only" (R), or "spiritual only" (S). Participants also completed the 5-item DUREL (as a measure of "religiosity") and 24-item Spiritual Transcendence Scale (STS) (as a measure of "spirituality"; Piedmont). The 120-item IPIP-NEO-120 (a shortened version of the 300-item IPIP-NEO) assesses the personality traits of Extraversion, Neuroticism, Conscientiousness, Openness (imaginative, curious, open-minded, liberal), and Agreeableness. Analyses were stratified by gender. **Results:** Overall, spirituality (based on the STS) was positively correlated with Openness ( $r=0.17$ ,  $p<0.001$ ), whereas religiosity (based on the DUREL) was negatively correlated with openness ( $r=-0.15$ ,  $p<0.001$ ). Both spirituality and religiosity were significantly ( $p<0.001$ ) and positively correlated with conscientiousness, extraversion, and agreeableness, and were inversely related to neuroticism. Correlations were similar in both men and women, although the inverse relationships with neuroticism was stronger in women, and the inverse relationship between religiosity and openness was nonsignificant in men ( $r=-0.02$ ). With regard to self-categorizations of spirituality/religiosity, among men, those who were "S only" reported higher levels of Openness, while those who were "R only" reported the lower levels. Men who indicated they were both religious and spiritual (B) scored highest on Extraversion. Among women, those who were "R only" scored the lowest on Openness, Agreeableness, and Neuroticism, and the highest on Extraversion. Women who were "S only" scored highest on Openness, while those who were neither spiritual nor religious (N) scored highest on Neuroticism. Women who indicated they were both spiritual and religious (B) scored highest on Agreeableness. Regression models controlling for age and the five personality traits revealed that men scoring highest on religiosity (DUREL) were significantly more Extroverted and Agreeable, while women scoring highest on religiosity were significantly more Extroverted and Agreeable, and less Neurotic, but also less Open. Researchers concluded: "the

findings of this study highlight how integral one's spiritual and religious beliefs are to one's identity."

*Citation:* Lacey, J. W., Evans, L. N., Merz, Z. C., & Handal, P. J. (2019). Five-factor model personality traits and self-classified religiousness and spirituality. *Journal of Religion and Health*, E-pub ahead of press.

*Comment:* Both self-categorizations of spirituality/religion and scores on spiritual/religious measures indicated a similar pattern of results. Results were opposite for spirituality and religiousness with regard to Openness, but otherwise generally the same for other personality traits. Those who were more spiritual/religious on religious measures are more Extroverted, Agreeable, and Conscientious and less Neurotic. Those who were spiritual but not religious were more Open, while those who consider themselves both religious and spiritual were more Extroverted (men) and Agreeable (women).

### Religion, Spirituality and Health Behaviors in Women with Breast Cancer

Crystal Park and colleagues from the department of psychology at the University of Connecticut surveyed 172 women with breast cancer, assessing the relationship between core dimensions of religiousness/spirituality (R/S) and health behaviors relevant to breast cancer. The four core dimensions of R/S assessed were beliefs, behaviors, identity, and coping based on questions selected from several measures of religiosity and spirituality: 2 items on religious beliefs from the Religiosity Scale (Rohrbaugh & Jessor, 1975), 2 items on religious behavior from the Fetzer BMMRS (prayer and attendance), 2 items on R/S identity (self-rated religiousness and spirituality), and 2 items on religious coping from the Brief COPE scale. The three health behaviors assessed were fruit/vegetable consumption (FV), physical activity (PA), and body mass index (BMI). Bivariate and multivariate analyses controlling for demographics were performed separately for each of the four core dimensions of R/S. **Results:** Bivariate correlations revealed that frequency of prayer was positively associated with BMI ( $r=0.19$ ,  $p<0.05$ ), as was self-rated religiosity ( $r=0.16$ ,  $p<0.05$ ), self-rated spirituality ( $r=0.19$ ,  $p<0.05$ ), and belief in an afterlife ( $r=0.18$ ,  $p<0.05$ ). Fruit and vegetable consumption (FV) was positively related to self-rated spirituality ( $r=0.20$ ,  $p<0.01$ ) and religious coping ( $r=0.15$ ,  $p<0.05$ ). Physical activity level was not related to any R/S variable. Multivariate analyses controlling for age, income, education, and minority status, revealed a positive relationship between FV and self-ratings of spirituality ( $b=0.20$ ,  $p<0.01$ ) and religious coping ( $b=0.21$ ,  $p<0.01$ ); an inverse relationship between physical activity and frequency of religious attendance ( $b=-0.25$ ,  $p<0.01$ ), but positive relationship with frequency of prayer ( $b=0.17$ ,  $p<0.05$ ); and a positive relationship between BMI and belief in afterlife ( $b=0.29$ ,  $p<0.01$ ) and frequency of private prayer ( $b=0.21$ ,  $p<0.05$ ). Researchers concluded: "R/S as complex but meaningful associations with help behaviors in breast cancer survivors."

*Citation:* Park, C. L., Waddington, E., & Abraham, R. (2018). Different dimensions of religiousness/spirituality are associated with health behaviors in breast cancer survivors. *Psycho-oncology*, 27(10), 2466-2472.

*Comment:* In general, R/S was positively related to fruit and vegetable intake (good), largely unrelated to physical activity, and positively related to BMI (bad). The relationship with physical activity (PA) was an interesting one. Frequency of private prayer was in bivariate analyses related to significantly **less PA**, but in the regression model that controlled for demographics and frequency of religious attendance, it reversed signs to become related to **more PA**; in contrast, frequency of religious attendance, with prayer in the model, became significantly related to less PA. Given the potential for multiple colinearity between prayer and attendance ( $r=0.47$ ), this is one reason why it is important to examine

these two indicators of religious behavior in separate regression models.

## Religiosity, Spirituality and Quality of Life in Dialysis Patients: Systematic Review

Investigators from several universities in Romania conducted a systematic review of research examining the relationship between religiosity/spirituality (R/S) and quality of life in patients with end-stage renal disease receiving renal dialysis. A total of 50 papers involving 9,265 participants were identified that utilized 24 measures of R/S. Quality of life (QOL) was categorized into 10 classes: depression/anxiety/distress, physical health, mental health, treatment adherence, resilience/coping, hope/optimism, well-being, perception of burden of illness, social functioning, and risk of suicide. **Results:** All studies were cross-sectional except one randomized controlled trial. The average number of participants per study was 185. Given the many different R/S measures and many different QOL outcomes, an average effect size (d) could not be calculated. However, the following two sentences describe the findings: "Almost all of the studies showed that dialysis patients who include religiosity and/or spirituality in their life reported a positive effect on their QOL parameters (lower depression rates, lower suicide rates, higher well-being). Moreover, in one study patients with higher spirituality scores had an increased survival rate." From these findings, the researchers concluded: "We suggest that nephrology guidelines on palliative care and/or elderly should include specific recommendations on R/S support and opportunities for integrated specific therapies." *Citation:* Burlacu, A., Artene, B., Nistor, I., Buju, S., Jugrin, D., Mavrichi, I., & Covic, A. (2019). Religiosity, spirituality and quality of life of dialysis patients: a systematic review. *International Urology and Nephrology*, 51(5), 839-850.

*Comment:* Although not a particularly sophisticated systematic review, the authors do identify 50 quantitative studies on this topic (out of 311 studies) published between January 1980 and December 2018 and review the findings, which is the most recent review to date on religiosity/spirituality and mental health outcomes in dialysis patients.

## Training Program on Religious/Spiritual Competencies for Mental Health Providers

Michelle Pearce, Ken Pargament, Holly Oxhandler, and colleagues describe a novel training program for mental health professionals to increase competency in the delivery of spiritually- and religiously-integrated psychotherapy interventions. This training program, supported by a grant from the John Templeton Foundation and titled "Spiritual Competency Training in Mental Health," is a 7-hour online program consisting of 8 modules: introduction and orientation; understanding spirituality; guiding principles for spiritually integrated mental health care; distinguishing between helpful and harmful types of spirituality; assessing spirituality in mental health care; assessing and mobilizing spiritual resources; assessing and addressing spiritual problems; and a concluding module focusing on next steps. These modules address spiritual competencies in 16 areas that cover attitudes, knowledge, and skills necessary for mental health professionals when providing integrated treatments. This article describes each of the eight modules in detail, as well as the 16 spiritual competencies. The long-term plan is to disseminate the program widely, making it assessable to licensed providers and trainees. Those interested in participating in this program are encouraged to contact the first author ([Michelle.Pearce@umaryland.edu](mailto:Michelle.Pearce@umaryland.edu)).

*Citation:* Pearce, M. J., Pargament, K. I., Oxhandler, H. K., Vieten, C., & Wong, S. (2019). A novel training program for mental health providers in religious and spiritual competencies. *Spirituality in Clinical Practice*, 6(2), 73-82.

*Comment:* Given increasing research demonstrating the efficacy of spiritually- and religiously-integrated psychotherapies for a range of mental disorders, and the increasing application of these psychotherapies in clinical practice, it is necessary to establish standards of competency for those delivering such therapies. The program, developed by the leaders in religiously-integrated and spiritually-integrated therapies, is the most sophisticated and well-developed attempt to do so thus far.

## NEWS

### New Editor-in-Chiefs of Religions

Prof. Dr. med. Arndt Büssing at the Institute for Integrative Medicine, Witten/Herdecke University, Germany, and Prof. Dr. theol. Klaus Baumann, Lic. psych. at the University of Freiberg, Germany, recently became Co-Editors-in-Chief of the open access academic journal *Religions*. Congratulations to our colleagues.

### Role of the Faith-Based Community in Improving Services and Delivery of Care for People with Serious Mental Illness

On July 24-25, 2019, a meeting was held at the Substance Abuse and Mental Health Services Administration (SAMHSA) in collaboration with the Administration's Center for Faith and Opportunity Initiatives. The purpose was to examine how to engage the U.S. faith-based community in efforts to improve services and delivery of care to people with serious mental illness. Those attending the meeting included Ken Pargament, David Rosmarin, Rachel Yehuda, Edward Canda, Dost Ongur, Holly Oxhandler, Tim Sisemore, David Eckert, Sidney Hankerson, and other leaders in the religion and mental healthcare fields. Much was accomplished in terms of learning how to engage faith communities to support and include those with severe mental illness, as well as how to address barriers in doing so.

### Special Issue on Moral Injury in Veterans and Active Duty Military with PTSD

The academic journal *Frontiers in Psychiatry* (IF= 3.53, the 5th most cited open-access journal in psychiatry) has recently published a Special Issue on "moral injury" among veterans and active duty military with PTSD. This issue includes nine articles on the topic, beginning with a systematic review that examines the definition and measurement of moral injury. To access all nine articles without cost, go to: <https://www.frontiersin.org/research-topics/7377/screening-for-and-treatment-of-moral-injury-in-veteransactive-duty-military-with-ptsd>.

## SPECIAL EVENTS

### Live Webinar: "Spirituality/Religion & Cognitive Behavioral Therapy: What Clinicians Need to Know" with David Rosmarin

The date is September 19, 11:00A-12:30 EST: For more information and to register, go to: [https://www.abctcentral.org/eStore/index.cfm?mz=110&prid=460&s\\_category\\_id=8](https://www.abctcentral.org/eStore/index.cfm?mz=110&prid=460&s_category_id=8)

### 4<sup>th</sup> International Congress on Spirituality and Psychiatry

(organized by the World Psychiatric Association Section on Religion, Spirituality and Psychiatry) (Jerusalem, Israel, December 1-4, 2019)

Spirituality/religion (S/R) is relevant to most of human beings, 84% of the world's population reports a religious affiliation. Systematic reviews of the academic literature have identified literally thousands of empirical studies showing the relationship

(usually positive but also negative) between S/R and health. However, there has been world wide a huge gap between knowledge available about the impact of S/R on health and the translation of this knowledge to the actual clinical practice and public health policies. Given this, the World Psychiatric Association recently published a Position Statement on Spirituality and Religion in Psychiatry emphasizing the importance of integrating S/R in clinical practice, research and education in psychiatry. This congress will focus on practical implications, on how to sensibly and effectively integrate S/R into mental health care and public policies. For more information, go to [www.rsp2019.org](http://www.rsp2019.org).

### **7th European Conference on Religion, Spirituality and Health**

(Lisbon, Portugal, May 28-30, 2020)

The 2020 European Conference will focus on "Aging, Health and Spirituality." There will also be a 4-day pre-conference spirituality and health research workshop on May 24-27 with Dr. Harold G. Koenig from the U.S. and a number of presenters from Europe. For more information, go to: <http://ecrsh.eu/ecrsh-2020>.

## **RESOURCES**

### **Books**

#### **Transforming the Heart of Practice: An Organizational and Personal Approach to Physician Wellbeing**

(Springer, 2019)

From the publisher: "This unique, step-by-step guide offers a comprehensive exploration of burnout and physician wellbeing, a vital issue that steadily has become widely discussed in the professional and mainstream press. More than twenty chapter authors contribute to this multidimensional volume, including physicians, psychologists, researchers, healthcare administrators, chaplains, professional coaches, and counselors. Section one of the book establishes context, provides a brief overview of the phenomenon of physician burnout, establishes its validity, and makes a case for the reason it has emerged as a critical issue in American healthcare. Section two provides a rationale for healthcare institutions (hospitals, physician groups, medical associations) to make a commitment to physician wholeness, while section three then starts the process of delineating a step-by-step curriculum to address the dilemma, providing additional detail and personal experience direct from the frontlines of combatting burnout. Section four focuses on developing and sustaining a healthy professional culture that is aligned with the mission of the organization, and section five addresses the spiritual component of physician wholeness, Section six concludes the book with two personal essays that poignantly express the nature of two common experiences affecting physicians that require uncommon insight, patience, courage. Transforming the Heart of Practice is a major contribution to the literature and will serve as an invaluable resource for anyone concerned with addressing this crisis in American healthcare." Available for \$59.99 at <https://www.amazon.com/Transforming-Heart-Practice-Organizational-Physician-ebook/dp/B07VCSR3VC>.

#### **Spirituality in Healthcare: Perspectives for Innovative Practice**

(Springer, 2019)

From the publisher: "This book provides a condensed but comprehensive up-to-date overview of spirituality and its application to health care. The need for healthcare workers to provide spiritual care or meet patients' spiritual needs is gaining

increasing importance in nursing and midwifery policy at local, national and international level. Internationally, there is a growing belief in spirituality as a valid dimension of care. The book highlights a range of examples and case studies facilitating the practical application of the recommendations discussed. In addition to presenting new psychological perspectives, various activities throughout will encourage readers to form their own opinion on the issues covered. The suggestions for further reading and useful websites will also help readers interested in exploring specific areas in more depth.

Combining contributions by authors from various disciplines, the book offers a valuable tool for qualified professional healthcare workers in practice, including nurses, social workers, doctors and chaplains. With its handy format, this practical pocket guide offers a faithful companion for practitioners." Available for \$66.37 at: <https://www.amazon.com/Spirituality-Healthcare-Perspectives-Innovative-Practice/dp/303004419X>

#### **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/>

### **Other Resources**

#### **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>.

#### **Taxonomy of Religious Interventions**

Researchers at Coventry University, England have begun an exciting new 2-year project, funded by the John Templeton Foundation, developing an internationally agreed classification defining, in their simplest form, religious components integrated into health interventions. This creates a foundational, shared language for researchers and practitioners to rigorously develop and evaluate religiously integrated health interventions. This addresses current challenges associated with replicating, implementing and synthesising findings associated with religious

health interventions. To find out more and get involved in shaping this taxonomy visit 'Religious Health Interventions in Behavioural Sciences' (RHIBS) website <http://rhibs.ac.uk> and subscribe to updates. Alternatively email [riya.patel@coventry.ac.uk](mailto:riya.patel@coventry.ac.uk) or [deborah.lycett@coventry.ac.uk](mailto:deborah.lycett@coventry.ac.uk)

## **TRAINING OPPORTUNITIES**

### **Research Scholarships on Religion, Spirituality and Health**

Thanks to support from the John Templeton Foundation, 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 in Africa, Central and South America (including Mexico), Eastern Europe and North Asia, and portions of the Middle East, Central and East Asia. The scholarships will be highly competitive and 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 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 those 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 in 2020 or 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, contact [Harold.Koenig@duke.edu](mailto: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 2020**. The Foundation will communicate their decision (rejection or invitation to submit a full proposal) for all OFIs by October 2020. JTF's current interests on the interface of religion, spirituality, and health include: (1) investigating the causal relationships between health, religion, and spirituality (determining direction of causation in associations reported; identifying the underlying causal mechanisms responsible), with a specific focus on longitudinal studies, and (2) engaging religious and spiritual resources in the practice of health care (increasing the religious and spiritual competencies of health care practitioners; testing the impact of religiously integrated therapies; and increasing the scientific literacy of health care chaplains). More information: <https://www.templeton.org/project/health-religion-spirituality>.

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

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

## 2019 CSTH CALENDAR OF EVENTS...

### September

- 25 **The Politics of Moral Injury**  
**Speaker:** Warren Kinghorn, M.D., Th.D.  
Associate Professor of Psychiatry, DUMC  
Associate Professor of Pastoral and Moral Theology,  
Duke Divinity School  
Center for Aging, 3rd floor, Duke South, 3:30-4:30  
**Contact:** Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))

### October

- 9-12 **American Association of Christian Counselors World Conference**  
**Speakers:** Many including Kinghorn, Koenig, others  
Location: Opryland Hotel, Nashville, TN  
Attendance: 7,000 expected  
**Contact:** <http://www.worldconference.net/>
- 30 **From Pain to Personal Transformation: Heal Yourself with Tapping and Dreaming**  
**Speaker:** Larry Burk, M.D., CEHP  
Consulting Associate in Radiology, Duke University Medical Center  
President, Healing Imager, PC, holistic radiologist and dream tapping coach  
Center for Aging, 3rd floor, Duke South, 3:30-4:30  
**Contact:** Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))