

CROSSROADS...

Exploring research on religion, spirituality and health

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

All e-newsletters are archived on our website. To view previous editions (July 2007 through February 2018) go to:
<http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

LATEST RESEARCH

Religious Practice and Depression in Jewish Patients with Mood Disorder

Researchers from the Graduate School of Social Work at Touro College, Center for Anxiety (New York, NY), and Harvard's McLean Hospital in Belmont, MA, examined the longitudinal relationship between religiosity and depression in 160 Jewish patients meeting DSM criteria for mood disorder using the MINI Neuropsychiatric Inventory. Participants (138 with major depression, 18 with bipolar disorder, and 4 with dysthymia) were assessed every 6 months for three years (six waves). Intrinsic religiosity was assessed using the 3-item subscale of the Duke Religion Index, and religious practices were assessed using a 3-item measure that asked about frequency of prayer or talking to God, attending religious services, and reading religious literature or attending religious sermons or lectures. Depression was assessed with the 7-item subscale of the Hospital Anxiety and Depression Scale (HADS). Data were analyzed using multilevel autoregressive growth modeling. **Results:** Average age of participants was 37.9 years (range 18 to 75), and the majority were Orthodox in affiliation (60%). After controlling for average depression scores and depression on previous waves, past religious practice predicted greater depression among those low in intrinsic religiosity. In contrast, among those scoring high on intrinsic religiosity, past practice predicted significantly lower future depression. Effects were similar across gender and religious affiliation (Orthodox vs. non-Orthodox). Effects were significantly larger in those with bipolar disorder. Researchers concluded that: "These findings suggest that religious practice can have both protective and harmful effects, depending on internal values." *Citation:* Pirutinsky, S., & Rosmarin, D. H. (2018). Protective and harmful effects of religious practice on depression among Jewish individuals with mood disorders. *Clinical Psychological Science*, E-pub ahead of press

Comment: This is one of the few longitudinal studies examining the interaction between personal religiosity (intrinsic religiosity) and religious practices on the trajectory of depressive symptoms over time among persons with mood disorders. The findings are

consistent with other research showing that the beneficial effects of prayer are influenced by the strength of one's relationship with God.

Emotional Regulation and Well-Being in Jews and Christians

Researchers analyzed data on 288 Israeli Jews (mean age 29) and 277 American Christians (mean age 35), both surveyed using online methods of data collection. The purpose was to determine whether emotional regulation is related to religiosity in the same way in both of these religious groups. Religiosity in the Jewish sample was assessed using a 9-item scale assessing religious beliefs (e.g., belief in God) and practices (e.g., attendance at synagogue services). Emotional regulation (reappraisal and suppression), positive and negative affect, and life satisfaction were assessed with standard measures of these constructs (ERQ, SPANE, and SWLS, respectively). Structural equation modeling was used to analyze the data. **Results** indicated that greater religiosity was related to greater life satisfaction via greater positive affect, mediated by greater *reappraisal* frequency (not through *expressive suppression*) in this Jewish sample. In the Christian sample, religiosity was measured with a 6-item scale (similar to that in the Jewish study), again assessing religious belief and behavior. A different but similar measure of positive and negative affect was used, and measures of reappraisal, suppression frequency, and life satisfaction were the same as in the Jewish sample. **Results** indicated that, as in the Jewish sample, religiosity was directly related to greater positive affect, and was indirectly related to both positive and negative affect through reappraisal frequency, and through these pathways was related to greater life satisfaction. In addition, religiosity was inversely related to expressive suppression (unlike in Jewish sample), which was in turn was inversely related to greater positive affect (and in this way religiosity was also related to greater life satisfaction) in the Christian sample. Researchers concluded: "In the present work, we tested a novel mechanism to account for the relationship between religiosity and well-being, namely, more effective emotion regulation... These findings provide a first step in understanding the contribution of affective emotion regulation in life satisfaction among religious adherents."

Citation: Vishkin, A., Bloom, P. B. N., & Tamir, M. (2018). Always look on the bright side of life: Religiosity, emotion regulation and well-being in a Jewish and Christian sample. *Journal of Happiness Studies*, E-pub ahead of press

Comment: Religiosity was related to greater life satisfaction through better emotional regulation in both Jews and Christians, although the mechanism of this effect differed slightly between the two groups. Of course, the cross-sectional nature of these findings limit causal inferences.

Religious Attendance and Mental Health in Mexican Populations

Investigators analyzed cross-sectional data on 868 Latinos of Mexican origin from the National Latino and Asian American Study (NLAAS; a nationally representative sample). The purpose was to examine the relationship between religious attendance and lifetime

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rates of substance use disorder, depressive disorder, and anxiety disorder. Participants were age 18 or older and were either Mexican immigrants (n=487) or US-born Mexican Americans (n=370). Average age was 36.5 years (range 18 to 88). Religious attendance was assessed with the question: "How often do you usually attend religious services?" Responses range from more than once per week (1) to never (5). Mood disorders were identified using the Composite International Diagnostic Interview (CIDI), which determined lifetime prevalence rates for depressive disorder (dysthymia or major depressive episode), any anxiety disorder (agoraphobia, social phobia, generalized anxiety disorder, posttraumatic stress disorder, panic disorder), or substance use disorder (drug abuse, drug dependence, alcohol abuse, alcohol dependence). Path modeling was used to analyze the data, assessing direct and indirect effects. **Results:** Path models demonstrated that religious attendance was inversely related to lifetime prevalence of depressive disorder ($B=-0.11$, $p=0.01$), anxiety disorder ($B=-0.09$, $p=0.04$), and substance use disorder ($B=-0.16$, $p<0.001$), all direct effects. Higher rates of mental disorder (specifically, substance use disorder) among U.S. born Mexican Americans was at least partly due to lower rates of religious attendance compared to Mexican immigrants. Researchers concluded: "Given the extensive literature demonstrating that Latinos underutilize mental health services, interventions that are more sensitive to salient cultural issues and client values could help the mental health care disparities that affect this population."

Citation: Moreno, O., & Cardemil, E. (2018). The role of religious attendance on mental health among Mexican populations: A contribution toward the discussion of the immigrant health paradox. *American Journal of Orthopsychiatry* 88(1), 10-15.

Comment: The authors note that the NLAAS is "one of the most comprehensive studies of Latinos and Asian Americans ever conducted using up-to-date scientific strategies in the design, sampling procedures, mental health assessments, and analytic techniques." The quality of these data, then, underscore the significance of the findings and point to future research needs, particularly longitudinal studies on religious attendance and mental health outcomes in this population.

Connection to the Transcendent and Health Status among Youth in England, Scotland, and Canada

Investigators analyzed data from a cross-sectional survey of a representative sample of 26,701 youth ages 11-15 in England, Scotland and Canada. Perceived importance of spiritual health was assessed in terms of connections with self, others, nature, and the transcendent. [Given that only *connection to the transcendent* is distinctively relevant to "spiritual health", I only report here the findings in that regard]. Importance of connection to the transcendent (CTT) was measured by two questions (exact questions not given); responses ranged 1-5 from "not at all important" to "very important." General health status was assessed by a single question asking about self-rated health that ranged from "excellent" (1) to "poor" (4). Analyses were stratified by gender, and primary outcome was reporting overall health as "excellent". **Results:** Among boys in Canada, a significant association was found between greater CTT and excellent health status, although no association was found among boys in England or Scotland in this regard. Among girls, a significant association between CTT and excellent health was found in all three countries. Researchers concluded: "Spiritual health appears to operate as a protective health asset during adolescence and is significantly shaped by external relationships and connections."

Citation: Brooks, F., Michaelson, V., King, N., Inchley, J., & Pickett, W. (2018). Spirituality as a protective health asset for young people: An international comparative analysis from three countries. *International Journal of Public Health*, E-pub ahead of press

Comment: Spiritual health here was defined here broadly as connections between self, others, nature, and the transcendent. Connection with the transcendent (of particular interest here) was significantly related to better perceived health among girls in England, Scotland, and Canada, whereas this was not true for boys in England and Scotland. The latter finding in boys follows the general pattern of weaker relationships between religiosity and well-being in Europe compared to North America, although the finding in girls tends to buck this trend.

Spirituality, Social Support and Flexibility among Older Adults in France

Investigators in the Department of Psychology at the University of France in Tours conducted a 5-year longitudinal study examining the trajectory of spirituality among older adults and correlations with social support and psychological flexibility. Only the abstract of the study was readily available, so details are limited.

Participants were 567 older adults (mean age 75.9 years). Multilevel growth curve analysis was used to assess changes in spirituality, satisfaction with social support, and psychological flexibility. **Results:** Spirituality [not sure how it was measured] remained stable over the five years of follow-up. Those who reported high levels of social support and flexibility also scored high on spirituality. The slope of change in spirituality increased at times when social support and flexibility were also high. Researchers concluded: "The results of the present study help to improve the understanding of the potential benefit of encouraging the spiritual aspects of life."

Citation: Bailly, N., Martinet, G., Ferrand, C., Agli, O., Giraudeau, C., Gana, K., & Roussiau, N. (2018). Spirituality, social support, and flexibility among older adults: a five-year longitudinal study. *International Psychogeriatrics*, E-pub ahead of press

Comment: Although it is difficult to judge this study based on the information provided, especially since lack of access to the full article did not allow determination of how spirituality was defined and measured, this is one of the few longitudinal studies on this topic conducted among older adults in France (one of the most secular countries in Europe).

Religiosity and Optimism in India

Investigators from the Department of Psychology at SMS Medical College in Rajasthan, India, compared optimism in a convenience sample of 60 people identified from colleges and financial institutions in India (all participants were over age 20 and from a range of economic strata). Optimism was assessed with the 10-item Life Orientation Test, the standard measure used for evaluating optimism. Religiosity was assessed with the Attitude Towards Religion Scale. A simple correlation was calculated.

Results: Religiosity was significantly and positively correlated with optimism in this sample. Researchers concluded: "Thus it can be concluded with the obtained results that the optimism level is high in those who score high in religiosity and there is considerable difference between the optimism level of religious and non-religious people."

Citation: Jain, J., & Shukla, S. (2018). The effect of religiosity on the optimism level. *Indian Journal of Health and Wellbeing* 9(1), 25-28.

Comment: Admittedly, this is a very simple study. The presentation of the methods, results, and discussion are not optimal. However, given that only rarely has research been reported from India (or in Hindus) that has examined the association between religiosity and optimism, this study is worth noting.

Religiosity and the Relationship between Psychological Stress and Dietary Fat Intake in Young Adult Blacks

In an online survey involving 251 Black Americans ages 18–25 years, the moderating effects of religiosity on the relationship between stress level and dietary fat intake (DFI) was examined. Religiosity (3-item intrinsic religiosity subscale of the Duke Religion Index) was assessed, along with standard measures of daily fat intake (Block Dietary Fat Screener) and perceived stress (Perceived Stress Scale). **Results:** DFI level was high among participants, as was religiosity in this sample (average score 12.2 on scale from 3 to 15). While overall religiosity was unrelated to DFI, the relationship between perceived stress and DFI was significantly **stronger** in those with high religiosity, compared to that in those with low religiosity where the association was relatively weak. Researchers explained that religion can be a source of stress (internal conflict from high expectations of self) and that high-fat foods play an important role in religious settings (where Black youth may attempt to manage their stress and are then exposed to high fat foods that may increase their DFI).

Citation: Horton, S. E., Timmerman, G. M., & Brown, A. (2018). Factors influencing dietary fat intake among Black emerging adults. *Journal of American College Health*, 1-10.

Comment: A fascinating study that underscores the importance of providing health education on healthy foods and attention to dietary intake in Black faith-based settings. Further research, particularly longitudinal studies, is needed to replicate these results.

Religion and Compliance with Water Intake in Muslim Patients with Kidney Stones

Investigators from the Institute of Kidney Diseases at the Hayatabad Medical Complex in Peshawar, Pakistan, divided 180 patients with kidney stones into two groups (A and B) consisting of 90 each. Both groups were instructed to increase water intake according to standard guidelines. One group of patients (A) was determined to be “spiritually motivated” based on responses to the FICA (Puchalski) and was instructed that increasing water intake is mentioned in contemporary Islamic medicine based on the Sunna of Tib e Nabvi and Tib e Ayema. Group B received no such religious instruction and was not “spiritually motivated”. Participants were followed up for 18 months, with the amount and timing of water intake retrospectively gathered from participants at the end of 6 and 12 months. **Results:** Among those in Group A, 72.2% complied with water intake recommendations, compared to 46% of those in Group B ($p<0.001$). Also, recurrent stones during follow-up were present in 23 patients in Group A vs. 37 patients in Group B (reported to be significantly lower). Rate of surgical intervention in Groups A and B, however, was not different (78% vs. 81%). Researchers concluded: “The spiritually motivated patients had significantly better compliance for water intake and reduced rate of recurrence versus non--motivated individuals [with] urolithiasis.”

Citation: Ali, L., Ali, S., Hussain, S. A., Haider, F., & Ali, S. (2018). Role of spiritual sentiments in improving the compliance of water intake in patients with urolithiasis. *Journal of Religion and Health*, 57(1), 26-32.

Comment: Fascinating results, although the presentation of results and details of the study were poor. This study deserves replication in other settings (with better methodology and more details included in the presentation of results).

The Muslim Patient Spiritual History

Researchers at the Spiritual Health Research Center, Iran University of Medical Sciences (Tehran), sought to establish a framework for health professionals conducting a spiritual history that is based on Islamic culture. First, a panel was convened

consisting of experts (two psychiatrists, one educational science expert, one philosopher, and two psychologists), two patients, and a community medicine specialist to come up with a definition for spirituality. Second, a comprehensive literature review was conducted to identify tools available for taking a spiritual history (SPIRIT, FICA, BELIEF, HOPE). Third, the Delphi method was used by 11 health professionals to identify and refine questions in two phases to come up with questions for the spiritual history.

Results: Spirituality was defined as “the beliefs and behaviors, which describe the belonging and connectedness to God, who is the Lord of the world.” Out of 84 questions, 33 were chosen during the first round of the Delphi method, and these were ultimately reduced down to 16 questions during the second round by consensus. These questions were divided into two categories: the first category consisted of 9 questions that concern religious beliefs, ethics, values, behaviors and experiences, whereas the second category consisted of 7 questions that assessed the spiritual needs of medical patients. No research was presented on the application of the 16-question spiritual history. Researchers concluded: “taking [a] spiritual history can facilitate the establishment of a more intimate relationship between the patient and therapist. It is hoped that the utilization of this Islamic model can improve the patient’s quality of life.”

Citation: Memaryan, N., Rasouli, M., Ghaempanah, Z., Mehrabi, M., & Areas, O. (2017). An Islamic model for taking patients’ spiritual history. *Bioethics and Health Law Journal* 1(3), 35-40.

Comment: This is one of the first clinically-oriented spiritual histories (if not THE first) adapted specifically for Muslim patients. The 16 questions are firmly rooted in the religious beliefs and needs of patients being seen in medical or psychological settings.

Attitudes toward Religion/Spirituality in Parents of Pediatric ICU Patients

Researchers from the Division of Pediatric Critical Care Medicine at the University of Michigan surveyed 162 parents of pediatric ICU patients hospitalized for more than 48 hours, examining attitudes toward physician inquiry into their belief system. A survey was sent via the mail to 764 household, of which 162 returned completed questionnaires (22% response rate). **Results:** Participants were 82% Christian, and 70% described themselves as moderate to very spiritual and 58% as moderate to very religious. Nearly half of participants (49%) indicated that their religious beliefs influenced the decisions they make about their child’s medical care (62% of those who identified themselves as moderate to very spiritual or religious). When asked “I would like my child’s physician to ask about my spiritual/religious views,” 34% agreed, 30% were not sure, and 36% disagreed; agreement increased to 48% if the child’s condition was very serious, although 32% continued to disagree. Nearly two-thirds (61%) agreed with the statement “I am more likely to disclose my spiritual/religious views to my physician if asked about it first.” Approximately half (46%) agreed that “Sharing my religious/spiritual views with my child’s physician will provide common ground in making medical decisions for my child.” Only 16% indicated that they “would not like it if my child’s physician asked about my spiritual/religious views.” Researchers concluded: “Given that improved understanding of parental spiritual and religious beliefs may be important in the decision-making process, incorporation of the expertise of professional spiritual care providers may provide the optimal context for enhanced parent-physician collaboration in the care of the critically ill child.”

Citation: Arutyunyan, T., Odetola, F., Swieringa, R., & Niedner, M. (2018). Religion and spiritual care in pediatric intensive care unit: Parental attitudes regarding physician spiritual and religious inquiry. *American Journal of Hospice and Palliative Medicine*, 35(1), 28-33.

Comment: Although many parents were open to discussing their religious/spiritual beliefs with physicians, especially if their child

were seriously ill, a surprising number of parents appeared resistant to discuss this area with their physicians. Thus, the message here to physicians is to proceed cautiously and gently when bringing up the topic of religion/spirituality to parents with seriously ill children (at least if you are in Ann Arbor, Michigan).

Marginalization of Chaplains

Jeffrey Cohen from the School of Medicine at the University of Notre Dame Australia examines the issues that chaplains must currently confront. He reviews major changes in chaplaincy that occurred during the 20th century (the training and professionalization of chaplaincy, and the ordination of women), how healthcare institutions currently view chaplains (low on their priorities, not sure what chaplains do), changes in the definition of "spirituality," and the results of two qualitative studies examining how palliative care patients view chaplains and attitudes of senior hospital managers towards the role of spirituality in the healthcare system. Cohen concludes by emphasizing that the evidence based must "be expanded to make chaplaincy/spiritual care more relevant over the next few years."

Citation: Cohen, J. (2018). How is chaplaincy marginalized — by our faith communities and by our institutions and can we change it? *Religions*, 9(1), 24.

Comment: This article, based in part on qualitative research, reviews some of the issues faced by chaplains today and underscores the need to develop an evidence-base in chaplaincy to document its contributions to patient care (as required by all other professional healthcare disciplines).

Attitudes of U.S. Clergy toward Controversial End-of-Life Practices

Dana Farber Cancer Center researchers (Harvard) surveyed a nationally representative sample of 1005 U.S. clergy (60% response rate) asking about their views concerning controversial end-of-life ethical issues: allowing patients to die, physician aid in dying (PAD), and physician-assisted suicide (PAS). **Results:** Participants were 96% Christian (although included Buddhist, Jewish, Muslim, and other clergy from different faith traditions), average age was 54.3 years, and 83% were male. Most (80%) clergy agreed that there were circumstances in which terminally ill patients should be allowed to die. However, only a relatively small proportion indicated that PAD/PAS was morally (28%) or legally (22%) acceptable for terminally ill patients. Interestingly, *greater* end-of-life medical knowledge predicted moral disapproval of PAD/PAS (adjusted OR=1.51, 95% CI=1.04-2.19). Furthermore, those reporting distrust in health care were *less likely* to oppose legalization of PAD/PAS (OR=0.93, 95% CI=0.87-0.99). Disapproval of PAD/PAS was predicted by belief that "life's value is not tied to the patient's quality of life" and "only God numbers our days." Researchers concluded: "Respectful discussion in public discourse should consider rather than ignore underlying religious reasons for informing end-of-life controversies."

Citation: Balboni, M. J., Sullivan, A., Smith, P. T., Zaidi, D., Mitchell, C., Tulskey, J. A., ... & Balboni, T. A. (2018). The views of clergy regarding ethical controversies in care at the end of life. *Journal of Pain and Symptom Management*, 55(1), 65-74.

Comment: Since clergy often help to form attitudes of patients and family members toward end-of-life decision-making, the results of this study are important. The results underscore the need for health professionals to know more about the beliefs of clergy in this regard and for clergy to know more about controversial medical issues that often arise at the end of life so that they can educate their congregations in this regard.

SPECIAL EVENTS

16th Annual David B. Larson Memorial Lecture

(Durham, North Carolina, March 1, 2018)

Welcome to the David B. Larson Lecture on Religion, Spirituality and Health. No reservations are required. The 16th annual lecture is being given by Warren Kinghorn, M.D., Th.D., Associate Professor of Psychiatry, Duke University Medical Center, and Associate Research Professor of Psychiatry and Pastoral and Moral Theology at Duke University Divinity School. The title is: *From Machines to Wayfarers: How Not to be a Dualist in Health Care*. The event will be held at Duke Hospital North, Room 2001, from 5:30-6:30P on Thursday, March 1, 2018. Mark your calendars now. For more information, go to: <http://www.spiritualityandhealth.duke.edu/index.php/scholars/david-b-larson>.

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).

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 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. Nearly 120 abstracts have been submitted for oral and poster presentations. For more information, go to: <http://www.ecrsh.eu/ecrsh-2018>.

4th International Spirituality in Healthcare Conference

(Dublin, Ireland, Trinity College, University of Dublin, June 20-21, 2018)

The theme of this year's conference is "Spirituality at a Crossroads" and features keynote speakers Dr. Lindsay Carey (Research Fellow, La Trobe University Palliative Care Unit, Australia) and Dr. Susan Crowther (Professor of Midwifery, Robert Gordon University, Scotland). Enjoy an enriching conference and come see beautiful Ireland during the summer! For more information go to <http://nursing-midwifery.tcd.ie/SRIG/4th-International-Spirituality-in-healthcare-conference.php>.

15th Annual Duke University Summer Research Workshop

(Durham, North Carolina, August 13-17, 2018)

Register **now** to attend this one-of-a-kind 5-day training session on how to design research, get it funded, carry it out, analyze it, publish it, and develop an academic career in the area of religion,

spirituality and health. The workshop compresses training material that was previously taught during our 2-year post-doctoral fellowship, so the curriculum is packed. Leading religion-health researchers from Duke, Yale and Emory serve as workshop faculty. If desired, participants will have the option of a 30-minute one-on-one with Dr. Koenig or another faculty mentor of their choice (early registration will ensure a mentorship spot, since these are limited). Nearly 800 academic researchers, clinical researchers, physicians, nurses, chaplains, community clergy, and students at every level in medicine, nursing, social work, chaplaincy, public health, psychology, counseling, sociology, theology, and rehabilitation specialty (as well as interested members of the general public) have attended this workshop since 2004. Participants from every faith tradition and region of the world usually come to this workshop, and this year should be no exception. Partial tuition scholarships are available. To learn how to register, go to:

<http://www.spiritualityandhealth.duke.edu/index.php/5-day-summer-research-course>.

RESOURCES

Ethical Considerations at the Intersection of Psychiatry and Religion

(Oxford University Press, 2018)

From the Publisher: "Psychiatry and religion/spirituality (R/S) share an interest in human flourishing, a concern with beliefs and values, and an appreciation for community. Yet historical tensions between science and religion continue to impede dialogue, leaving clinicians uncertain about how to approach ethical questions arising between them. When are religious practices such as scrupulosity disordered? What distinguishes healthy from unhealthy religion? How should a therapist approach a patient's existential, moral or spiritual distress? What should clinicians do with patients' R/S convictions about faith healing, same-sex relationships, or obligations to others? *Ethical Considerations at the Intersection of Psychiatry and Religion* aims to give mental health professionals a conceptual framework for understanding the role of R/S in ethical decision-making and serve as practical guidance for approaching challenging cases. Part I addresses general considerations, including the basis of therapeutic values in a pluralistic context, the nature of theological and psychiatric ethics, spiritual issues arising in diagnosis and treatment, unhealthy and harmful uses of religion, and practical implications of personal spirituality. Part II examines how these considerations apply in specific contexts: inpatient and outpatient, consultation-liaison, child and adolescent, geriatric, disability, forensic, community, international, addiction and disaster and emergency psychiatry, as well as in the work of religious professionals, ethics committees, psychiatric education, and research." Available for \$62.10 at <https://www.amazon.com/Ethical-Considerations-Intersection-Psychiatry-Religion/dp/0190681969>

To Dwell in Your House: Vignettes and Spiritual Reflections on Caregiving at Home

(Resources Publications, 2017)

Authored by Rabbi Susan Freeman, *To Dwell in Your House* addresses the large population in need of more resources for the sacred work of caregiving. With current trends in healthcare, the objective is to keep patients out of hospitals, and to provide care at home. Going beyond clinical pointers for caregiving, this book offers encouragement and inspiration, with thirty original and compelling vignettes. While these stories arise out of a professional chaplain's actual spiritual care visits, the insights and wisdom are relevant to anyone who faces the struggles and joys of being in a caregiving relationship. Additionally, the book provides

contemplations to guide caregivers in their own personal growth, reflections to share with those patients who would benefit from spiritual reassurance, and theory upon which caregivers can build a solid foundation to support their efforts into the future. Available for \$20.00 (paperback) from <https://www.amazon.com/Dwell-Your-House-Susan-Freeman/dp/1532632452>

Predicting Religion: Christian, Secular, and Alternative Futures

(Routledge, 2017)

From the publisher: "Religion in the contemporary west is undergoing rapid change. In *Predicting Religion* twenty experts in the study of religion present their predictions about the future of religion in the 21st century - predictions based on careful analysis of the contemporary religious scene from traditional forms of Christianity to new spiritualities. The range of predictions is broad. A number predict further secularization - with religion in the west seen as being in a state of terminal decline. Others question this approach and suggest that we are witnessing not decline but transformation understood in different ways: a shift from theism to pantheism, from outer to inner authority, from God to self-as-god, and above all from religion to spirituality. This accessible book on the contemporary religious scene offers students and scholars of the sociology of religion and theology, as well as interested general readers, fresh insights into the future of religion and spirituality in the west. Published in association with the British Sociological Association Study of Religion group, in the Ashgate Religion and Theology in Interdisciplinary Perspective series." Available for \$39.87 (new) or \$18.40 (used) at <https://www.amazon.com/Predicting-Religion-Alternative-Interdisciplinary-Perspective/dp/0754630102>

2017 Religion and Mental Health Book Series

Protestant Christianity and Mental Health: Beliefs, Research and Applications

(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

(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

(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

(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/>

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 \$57.89 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 \$139.99 (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 \$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, 2018**. The Foundation will communicate their decisions (rejections or invitations to submit a full proposal) for all OFIs by September 28, 2018. 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...

March

- 1 **16th Annual David B. Larson Memorial Lecture**
From Machines to Wayfarers: How Not to be a Dualist in Health Care
Speaker: Warren Kinghorn, MD, Th.D.
Associate Research Professor of Psychiatry and
Pastoral and Moral Theology, Duke University Medical
Center and Duke Divinity School
Duke Hospital North, Room 2001, from 5:30-6:30P
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 28 **Funding and Other Sources of Support for
Research in Religion, Spirituality and Health**
Speaker: Congressman David R. Price, Ph.D.
North Carolina's 4th Congressional District
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

April

- 7 **Religion, Spirituality and Medicine**
Florida State University School of Medicine
Speaker: Harold G. Koenig, M.D.
Professor of Psychiatry, DUMC
Associate Professor of Medicine
Contact: Elena Reyes (elena.reyes@med.fsu.edu)
- 20 **Religion, Spirituality and Medicine**
Campbell University School of Medicine
Speaker: Harold G. Koenig, M.D.
Professor of Psychiatry, DUMC
Associate Professor of Medicine
Contact: Dr. Joseph Cacioppo
(cacioppo@campbell.edu)
- 25 **Treating Military Personnel with Moral Injury and PTSD**
Speaker: Keisha-Gaye O'Garro, DPsy
Assistant Professor of Psychiatry, DUMC
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

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

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