

# 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 July 2020) go to: <http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

## LATEST RESEARCH

### Brief 10-Item Measure of Moral Injury in Healthcare Professionals: The MISS-HP

The first psychometrically validated measure of moral injury (MI) in physicians and other healthcare professionals (HPs) for use during the COVID-19 pandemic has been published and is now available to clinicians and researchers. Experiences in clinical practice that force HPs to transgress their moral values have become frequent during this COVID-19 pandemic among clinicians on the front lines, who have to make decisions about who to treat and who not to treat as hospitals and ICUs are filling up and reaching their limits. HP burnout, a closely related concept, has been present long before the current pandemic.

Researchers at Duke University in Durham, North Carolina, developed and tested the psychometric properties of a brief 10-item measure that assesses the symptoms of MI in HPs. The present study was conducted in 181 HPs at Duke University Medical Center (71% physicians, 10% nurses, 19% others). The 10-item MISS-HP has a median score of 50 and a range from 0 to 100, and assesses both psychological and religious symptoms of moral injury. In addition to the MISS-HP, also administered was a second MI symptoms scale (the 17-item EMIS-HP), adapted from a standard measure of MI in veterans and active duty military. Also administered was the Maslach's 22-item burnout inventory, along with measures of religiosity (BIAC), depression (PHQ-9), and anxiety symptoms (GAD-7). **Results:** Internal reliability of the MISS-HP was acceptable at 0.75. Principal components analysis in the first half of the sample identified three factors explaining 56.8% of the variance; these factors were replicated by confirmatory factor analysis in the second half of the sample. Discriminant validity was demonstrated by modest correlations with religiosity, depression, and anxiety symptoms. Convergent validity was evident by strong correlations with clinician burnout ( $r=0.57$ ) and with the EMIS-HP ( $r=0.65$ ). At a cutoff score of 36, the MISS-HP-SF has a sensitivity of 84% and specificity of 93% for identify moral injury symptoms that cause moderate to severe problems with family, social, and occupational functioning. Researchers concluded: "The MISS-HP is a reliable and valid

measure of moral injury symptoms and health professionals that can be used in clinical practice to screen for MI and monitor response to treatment, as well as when conducting research that evaluates interventions to treat MI in HPs."

*Citation:* Mantri, S., Lawson, J.M., Wang, Z., Koenig, H.G. (2020). Moral injury in healthcare professionals: The Moral Injury Symptom Scale-HP. *Journal of Religion and Health*, EPUB ahead of press: <http://link.springer.com/article/10.1007/s10943-020-01065-w> or <https://rdcu.be/b5GKt> (free download).

*Comment:* The Chinese version of the MISS-HP has also been psychometrically tested in over 3000 physicians in China during the heart of the COVID-19 pandemic, and found to be a reliable and valid measure [Wang, Z., Koenig, H. G., Tong, Y., Wen, J., Sui, M., Liu, H., & Liu, G. (2020). Psychometric properties of the Moral Injury Symptoms Scale among Chinese health professionals during the COVID-19 pandemic. *Research Square* (prepublication prior to peer review: <https://doi.org/10.21203/rs.3.rs-32815/v1>).

### Is Continued Research on Religion and Mental Health Worthwhile?

Researchers at the Center for Psycho-Oncology, Bilthoven, The Netherlands, and the department of health psychology at the University Medical Center Groningen, Groningen, The Netherlands, conducted a meta-analysis involving 48 longitudinal studies involving 59 samples examining the effects of religiosity on psychological distress and well-being. **Results:** The overall effect size was  $r=0.08$  (95% CI=0.06 to 0.10). Among eight religious predictors that were identified, only participation in public religious activities and importance of religion were significantly related to mental health ( $r=0.08$ , 95% CI = 0.04-0.11) and  $r=0.09$  (95% CI = 0.05-0.12), respectively. The authors concluded that the major finding of the meta-analysis was "a small, though significant association between R/S and mental health." They suggest their findings "raise the question whether further research into the contribution of R/S to mental health (well-being, depression, anxiety, distress, life satisfaction, quality of life) is worthwhile."

*Citation:* Garssen, B., Visser, A., & Pool, G. (2020). Does spirituality or religion positively affect mental health? Meta-analysis of longitudinal studies. *International Journal for the Psychology of Religion*, EPUB ahead of press (<https://doi.org/10.1080/10508619.2020.1729570>).

*Comment:* There are some major problems with this review, and as a result, the results are quite controversial. Read the 10,000 word commentary responding to this meta-analysis by Koenig et al. (<https://doi.org/10.1080/10508619.2020.1766868>). Note that an effect size  $r=0.08$  translates into an odds ratio (OR) of 1.39, meaning that those who are more religious are nearly 40% less likely to experience distress or more likely to experience psychological well-being.

### Chen and VanderWeele's Response to Ransome Editorial in Am J Epidemiology

In the last issue of Crossroads (July) we summarized an AJE editorial by Yale professor Yusuf Ransome on the role of religiosity and spirituality in public health, particularly as it relates to the changing U.S. religious landscape (people becoming less

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religious, more spiritual). This editorial was in part a response to Chen and VanderWeele's report on "Associations of religious upbringing with subsequent health and well-being from adolescence to young adulthood: an outcome-wide analysis" (*Am J Epidemiology*, 2018; 187(11), 2355-2364). The latest issue of *AJE* includes a response by Chen & VanderWeele to the Ransome editorial. They note that being 'spiritual but not religious' may not have health affects as strong as being 'religious' because of the importance of the social dimension of religious practice. They also underscore the fact that spirituality is a nebulous concept whose definition and measurement often overlap with positive mental health (peacefulness, having meaning and purpose in life), making findings from research examining spirituality and mental health tautological and difficult to interpret. They round out their response by making suggestions on where the field of religion and health should be headed by providing ideas for future research.

*Citation:* Chen, Y., & VanderWeele, T. J. (2020). Chen and VanderWeele Respond to "Religion, Spirituality, and Health." *American Journal of Epidemiology*, EPUB ahead of press (<https://doi.org/10.1093/aje/kwaa021>).

*Comment:* The editorial by Ransome and this response by Chen & VanderWeele (Harvard's T.H. Chan School of Public Health) is well worth reading by anyone interested in research on religion, spirituality and health.

## Religiosity and Compliance with HIV Prevention Activities

Researchers at Baylor University, Yale School of Public Health, and other universities in and outside of the US conducted a literature review of studies examining the effects of religion, faith, and spirituality on HIV prevention activities between 2000 and 2020. A total of 29 reports were reviewed, 41% coming from Africa and 48% from the U.S. HIV prevention activities included condom use, HIV and STI (sexually transmitted infection) testing, number of sexual partners, injection drug use treatment, medical male circumcision, and oral pre-exposure prophylaxis. Religiosity was assessed by a wide range of measures examining religious involvement, spirituality, and faith (RSF). **Results:** Of the 29 studies, 14 (48%) reported a positive or protective effect of greater religiosity/spirituality on one or more HIV prevention activities; three (12%) reported negative associations; eight studies (27%) reported mixed effects (both positive and negative associations from same study); and four studies (14%) found no association. Positive or protective effects were especially present between HIV testing and frequency of religious attendance. Researchers concluded: "More than half of the studies in this review reported a positive/protective association between RSF and HIV prevention activities, with condom use being the most frequently studied, and all having some protective association with HIV testing behaviors."

*Citation:* Vigliotti, V., Taggart, T., Walker, M., Kusmastuti, S., & Ransome, Y. (2020). Religion, faith, and spirituality influences on HIV prevention activities: A scoping review. *PloS One*, 15(6), e0234720.

*Comment:* Religion has often been viewed as a barrier to effective HIV prevention. The findings from this systematic review help to dispel this notion, since the opposite appears to be true in many cases. Note, however, that this was not a meta-analysis (but rather used the "vote-counting" method) and did not distinguish between prospective and cross-sectional studies.

## COVID-19 Infection Rates among Israeli Jews Compared to Israeli Arabs

Investigators at the Israeli Center for Disease Control, Ministry of Health, Israel, and Gertner Institute for Epidemiology and Health Policy Research, Ramat Gan, Israel, reported the results of a nationwide study of COVID-19 testing, cases, and deaths in Israel that compared socioeconomic and religious/ethnic differences

between the Jewish and Arab communities. Tests were performed on 331,594 individuals (4.3% of the total population of Israel) between March 31 and May 1, 2020 in 174 localities across Israel. The proportion of confirmed cases among those tested was 4.96 times higher in the Jewish compared to the Arab population (538 per 100,000 vs. 78 per 100,000). These effects were present at all levels of socioeconomic category. Researchers were surprised at this finding given that the Israeli Arab population has a significantly lower household net income, are less educated, and have more household family members (4.9 vs. 3.4 for Jewish families) compared to the Jewish population. Arab males also have a higher prevalence of smoking-related chronic lower respiratory disease, and both male and female Arab Israelis have higher rates of diabetes, hypertension, and cardiovascular disease compared with Jewish Israelis. All of these factors should make the Israeli Arab population more susceptible to infection by the coronavirus, not less susceptible as found here.

*Citation:* Saban, M., Shachar, T., Miron, O., & Wilf-Miron, R. (2020). Effect of socioeconomic and ethnic characteristics on COVID-19 infection: The case of the Ultra-Orthodox and the Arab communities in Israel. *Social Sciences Research Network* (SSRN). Pre-print available at: [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=3605101](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3605101).

*Comment:* What is not clear from these findings is the role that religiosity may have played in the greater susceptibility to infection experienced by Jewish Israelis. As of 2008-2009, 67% of Jewish Israelis defined themselves as either "non-religious-traditionalists" or "secular" Jews, whereas Arab Israelis were 82.7% Muslim. Several reasons are provided in the article to help explain the difference in infection rates (other than religiosity between groups).

## Religiosity and Mental Health in Muslims

Ahmed Ibrahim and Rob Whitley from the department of psychiatry at McGill University in Canada reviewed research on religion and mental health in general, the role of public and private religiosity, and the negative aspects of religiosity. In the rest of the article, they focus on Islam and mental health, including a discussion of Islamic beliefs that may affect mental health. They also address clinical applications as they apply to a minority religion such as Islam in Canada, in the USA, and in the UK, emphasizing the need for cooperation between clinicians and Muslim clergy.

*Citation:* Ibrahim, A., & Whitley, R. (2020). Religion and mental health: a narrative review with a focus on Muslims in English-speaking countries. *BJPsych Bulletin* (a British Journal of Psychiatry Publication), EPUB ahead of press (<https://doi.org/10.1192/bjb.2020.34>).

*Comment:* This brief review of the literature provides a concise summary of what is known about the relationship between Islam and mental health, and makes suggestions on how to integrate religiosity into the care of Muslim patients.

## Muslim Mental Health Professionals Navigating Ethical Dilemmas in Practice

Mental health professionals at the Hamad Medical Corporation in Doha, Qatar, and Ibn Haldun University in Istanbul, Turkey, discuss here the ethical dilemmas that religious Muslim mental health practitioners face when treating patients in situations where professional ethics and Islamic values come into conflict. This may occur when Muslim mental health professionals are treating patients where issues may come up involving abortion, sexual orientation, gender identity, consensual extramarital affairs, substance and alcohol use, and adherence to basic Islamic practices and beliefs. Conflicts in this area have given rise to serious legal consequences in some cases, which are described in this paper. Such ethical dilemmas are particularly common for Muslim mental health professionals working in the United States and Western countries (such as those in Europe) that have their own professional code of ethics that is grounded in secularism.

The present paper examines the origins of such ethical conflicts and provides suggestions conflict resolution that may lead to reconciliation between Islamic religious values in clinical situations that may oppose those values.

*Citation:* Elzamzamy, K., & Keshavarzi, H. (2019). Navigating ethical dilemmas in mental health practice between professional ethics and Islamic values. *Journal of Islamic Faith and Practice*, 2(1), 40-71.

*Comment:* This is a well-written, solidly grounded paper that helps to negotiate a very sensitive area that can interfere with the ability of Muslim mental health professionals to provide the best care to patients, care that also honors their personal religious beliefs and values. Many of these ethical dilemmas are similar to those faced by conservative Christian and Orthodox Jewish mental health professionals.

### **Nonsuicidal Self-Injury and Religiosity**

Psychologist Allison Haney at Purdue University conducted a meta-analysis involving 15 samples from 10 published studies (total  $n = 24,767$ ) to identify the relationship between religiosity and self-harm in the context of nonsuicidal self-injury. Self-harm injuries result in 500,000 ER visits per year and cost over \$10 billion in direct and indirect costs. In this article Haney examine the moderating effects of gender, age, location, publication status, and the particular measure of religiosity used to help explain the heterogeneity in findings. Both published and unpublished sources of data were included. **Results:** The average effect size across all studies was  $r = -0.101$  (95% CI = -0.059 to -0.142,  $p < 0.001$ ), indicating a small but consistent inverse relationship between religiosity and nonsuicidal self-injury. All studies except one reported an inverse relationship. The one study reporting a positive relationship between religiosity and nonsuicidal self-injury involved a small sample of 33 participants and was unpublished. Despite considerable heterogeneity in results, none of the characteristics above (gender, age, etc.) moderated the effect. The researcher concluded: "Results from the meta-analysis show a small but significant negative correlation between NSSI and religiosity."

*Citation:* Haney, A. M. (2020). Nonsuicidal self-injury and religiosity: A meta-analytic investigation. *American Journal of Orthopsychiatry*, 90(1), 78-89.

*Comment:* A "small effect" ( $r = -0.101$ ) translates to an odds ratio (OR) of 0.69, indicating a 31% average reduction in likelihood of nonsuicidal self-injury among those who are more religious. From a clinical standpoint, a nearly one-third reduction in risk of nonsuicidal self-injury is hardly a small effect. Unfortunately, this meta-analysis included a combination of cross-sectional and prospective studies, without examining whether study design may have been an effect modifier.

### **Religiosity and Youth Alcohol Use**

Researchers at the University of Arkansas, Texas A&M, and other U.S. universities conducted a meta-analysis of 16 studies on religiosity and alcohol use in youth (adolescents or young adults) published between 2008 and 2018. Sample sizes ranged from 83 to 14,297. There were a total of 61 effects ( $k$ ) reported in the 16 studies. Overall, the effect size ( $Z$ ) was  $-0.21$  (95% CI =  $-0.24$  to  $-0.18$ ,  $p < 0.001$ ). The range of effect sizes was from  $-0.04$  to  $-0.51$  (all were negative in valence, indicating less alcohol use among the more religious). The largest effects were for frequency of religious attendance, religious coping, daily spiritual experiences, and religious commitment ( $Z = -0.26$  for each of these). Researchers concluded: "This meta-analysis highlights the protective effects of youth religiosity on their alcohol use."

*Citation:* Russell, A. M., Yu, B., Thompson, C. G., Sussman, S. Y., & Barry, A. E. (2020). Assessing the relationship between youth religiosity and their alcohol use: A meta-analysis from 2008-2018. *Addictive Behaviors*, 106361.

*Comment:* These findings indicate a small but consistent inverse relationship between religiosity and alcohol use among young persons. The fact that none of the 61 effect sizes were in the positive direction is notable. Unfortunately, this meta-analysis also included a combination of cross-sectional and prospective studies, without examining whether study design was an effect modifier.

### **Religiosity Buffers Negative Effects of Police Abuse on Black Adolescents**

Investigators from the school of social work and school of public health at Washington University in St. Louis analyzed cross-sectional data from the National Survey of American Life-Adolescent Supplement, a nationally representative survey of 1,170 African-American (71%) and Caribbean (29%) adolescents ages 13-17. The purpose was to examine whether religiosity might buffer the negative effects of police abuse on mental health. Police abuse was assessed by a single question: "Have you ever been abused by the police?" (26% answering affirmatively). Depressive symptoms were assessed by the 12-item CES-D, and perceived stress was assessed by the 10-item Perceived Stress Scale. Racial identity beliefs were assessed by the 4-item public regard subscale of the Multidimensional Inventory of Black Identities Scale. Religiosity was measured by the average score of the sum of 2 questions: "How important is religion in your life?" and "How important is prayer when you deal with stressful situations?" Multiple regression analyses were used to analyze the data controlling for age, ethnicity, and income. The interaction between religiosity and police abuse was also examined. **Results:** Religiosity was inversely related to depressive symptoms ( $B = -0.01$ ,  $SE = 0.002$ ,  $p < 0.001$ ), and police abuse was inversely related to 'public regard racial identity beliefs' ( $B = -0.305$ ,  $SE = 0.135$ ,  $p = 0.024$ ). No association was found between police abuse and depressive symptoms or perceived stress. The interactions between religiosity and police abuse in predicting depressive symptoms, public regard racial identity, or perceived stress were not significant, indicating no buffering effect for religiosity on perceptions of police abuse on mental health outcomes. Researchers concluded: "... our findings not only highlight the nuanced effects police abuse has on public regard [racial identity beliefs] but also lay the groundwork for potential intervention points, namely the use of religiosity and approaches to enhancing racial identity, as ways to improve overall mental health for minority youth exposed to police abuse."

*Citation:* Jackson, A. N., Butler-Barnes, S. T., Stafford, J. D., Robinson, H., & Allen, P. C. (2020). "Can I Live": Black American Adolescent Boys' Reports of Police Abuse and the Role of Religiosity on Mental Health. *International Journal of Environmental Research and Public Health*, 17(12), 4330.

*Comment:* An important and timely topic on which more research is needed, particularly prospective cohort studies.

### **Importance of Religiosity to African-American Older Adults with Dementia**

Investigators in the college of nursing at Georgia State University conducted a qualitative descriptive study involving semi-structured interviews with 22 family caregivers and 15 older adults with dementia. The purpose of this study was to explore the importance of religiosity to the mental health of older African-Americans with dementia. Inductive content analysis was used to identify themes based on reviews of transcripts of participant interviews and field notes. **Results:** Three major themes emerged from the data: (1) engagement in organized religious activities with members of their congregation, who were often lifelong friends and extended family members; (2) promotion of faith and spiritual connectedness (stimulation of intrinsic spiritual relationships leading to faith and a stronger spiritual connection with God); and (3) maintenance of religious practices such as praying, singing, and worship to

promote spiritual well-being and emotional health. Participant quotes are provided to illustrate the major themes above. Researchers concluded: "It is imperative for family caregivers to understand the important contributions of religious activities and beliefs to the well-being of their family member. This information might be of use for faith communities, policymakers, and healthcare providers in the provision of optimal person-centered care and the promotion of quality of life for persons living with dementia."

*Citation:* Epps, F., & Williams, I. C. (2020). The importance of religiosity to the well-being of African American older adults living with dementia. *Journal of Applied Gerontology*, 39(5), 509-518.

*Comment:* This article beautifully describes how important religious beliefs and practices are to older African-Americans with dementia, based on both self-report and report by their caregivers. The qualitative, in-depth nature of this study puts a human face on research findings, one that is often lost in large quantitative studies.

### Effects of a Chaplain-Led Spiritually Focused Life Review in Patients with Advanced Illness

Researchers in the department of psychiatry and chaplain services at the Mayo Clinic in Rochester, MN, examined the effects of a chaplain-led spiritually-focused life review interview and development of a Spiritual Legacy Document (SLD) designed to impact the spiritual well-being and quality of life in those with advanced medical illness (brain tumor or other neurological illness, advanced cancer, or those with advanced cardiac, pulmonary, or renal failure). The intervention involved providing patients with an opportunity to discuss important aspects of their spirituality and prepare a personal SLD "as a tangible record of his/her spiritual journey." Interviews were digitally recorded, transcribed, and verified with participants who were given an opportunity to make adaptations. The spiritually-focused life review was conducted with a board-certified chaplain. Outcome measures included the FACIT-Sp (assessing meaning, peace, and faith), positive religious coping, and linear analog scales assessing spiritual well-being (SWB), quality of life (QOL), and emotional well-being (EWB). Positive spiritual/religious coping (SC) was also assessed. **Results:** Baseline and follow-up assessments were conducted to determine changes in this single group experimental study. SWB, QOL, EWB, and SC all significantly increased during the study. The effects were small to moderate in size (approximately  $d=0.25$ ). Researchers concluded: "The results suggest that the primary participants who completed the study benefited by significantly increasing their QOL, FWB, EWB, and SC."

*Citation:* Piderman, K. M., Radecki Breitkopf, C., Jenkins, S. M., Ingram, C., Sytsma, T. T., Lapid, M. I., ... & Jatoi, A. (2020). Hearing and heeding the voices of those with advanced illnesses. *Journal of Palliative Care*, EPUB ahead of press (<https://doi.org/10.1177/0825859720928623>).

*Comment:* The intervention described in this paper is quite novel, and also appears to be quite effective in improving both spiritual and mental health outcomes in patients with serious, advanced medical illness. This intervention needs further testing in a randomized controlled trial, and once shown to be efficacious, has the potential to be widely adopted by chaplains everywhere.

### Benefits of Interactions between Nurses and Clergy

Researchers in the division of health services research, department of medicine, Center for Health Innovations and Outcome Research at Northwell Health in Manhasset, New York, conducted a cross-sectional survey of 51 nursing staff to examine the effects of frequency of interactions between chaplains and nurses on (1) nurses' perceived stress, (2) nurses' compassion fatigue, (3) nurses' perceptions of the importance of hospital chaplaincy, and (4) nurses' feelings about the helpfulness of

chaplains. Participants were nursing staff who had a chaplain available on daily rounds at an academic, tertiary care hospital in the New York City metropolitan area. The purpose was to determine whether more interaction with the chaplain was associated with decreased compassion fatigue in nurses (job burnout and secondary trauma), decreased perceived stress, and increased job satisfaction, as well as positive feelings about the importance of hospital chaplaincy and the helpfulness of chaplains. Standard measures were used to assess perceived stress (Perceived Stress Scale; Cohen, 1988) and compassion fatigue (Compassion Fatigue Scale; Adams et al., 2006). Correlational analyses alone were performed. **Results:** Frequency of chaplain interactions was inversely related to nurses' perceived stress ( $r=-0.27$ ,  $p=0.05$ ); importance of having a chaplain in the hospital was positively related to nurses' reports of secondary trauma ( $r=0.30$ ,  $p=0.03$ ); and nurse religiosity was positively related to feelings about the importance of having a chaplain ( $r=0.30$ ,  $p=0.03$ ) and the helpfulness of the chaplain ( $r=0.032$ ,  $p=0.02$ ). There were also positive relationships between nurse spirituality and average length of conversations with chaplains, importance of having a chaplain, and helpfulness of chaplains. Researchers concluded that: "Interaction with chaplains is associated with decreased employee perceived stress for nursing staff who provide care for severely ill patients."

*Citation:* Liberman, T., Kozikowski, A., Carney, M., Kline, M., Axelrud, A., Ofer, A., ... & Pekmezaris, R. (2020). Knowledge, attitudes, and interactions with chaplains and nursing staff outcomes: A survey study. *Journal of Religion and Health*, EPUB ahead of press (<https://doi.org/10.1007/s10943-020-01037-0>).

*Comment:* A small but important cross-sectional study examining how interactions with chaplains affect nurses' mental health and job satisfaction.

## NEWS

### Brief Survey of Clinicians with Direct Patient Care Responsibilities

COVID-19 has changed the way we interact with our patients and each other. We are looking to understand the impact of the pandemic on health care worker **burnout, moral injury, fears, and hopes** (physicians, nurses, other healthcare providers with direct patient care). This is a worldwide survey -- feel free to post this information on your social media sites and pass on to colleagues. **If you have direct patient care responsibilities**, click the link below to fill out a brief (5-10 min) survey about your experiences; your responses will be de-identified prior to analysis. This study has been approved by the Institutional Review Board at Duke University Health System [Protocol 00105516]. To take the survey, go to:

[https://duke.qualtrics.com/jfe/form/SV\\_b2T9YDeI4JuxVQN](https://duke.qualtrics.com/jfe/form/SV_b2T9YDeI4JuxVQN).

Please also pass on to colleagues.

### 2020-2021 David B Larson Fellowship

The John W. Kluge Center invites applications for a postdoctoral fellowship in the field of spirituality and health to be held at the US Library of Congress. This fellowship presents an opportunity for a period of 6-12 months of concentrated use of the collections of the Library of Congress through full-time on-site residency in the Library's John W. Kluge Center in Washington DC. The stipend is \$5000/month for the 6-12 month period. The JWK Center is located in the Thomas Jefferson Building of the Library and furnishes attractive work and discussion space for scholars, with access to the Library's specialized staff and to the intellectual

community of Washington DC. The application deadline is **August 31, 2020**. For more information go to:

<https://www.loc.gov/programs/john-w-kluge-center/chairs-fellowships/fellowships/larson-fellowship-in-health-and-spirituality/?loclr=eanfkw>.

## SPECIAL EVENTS

### 7<sup>th</sup> European Conference on Religion, Spirituality and Health (Lisbon, Portugal)

[has been **rescheduled** to May 27-29, 2021)

The 2021 European Conference will focus on "Aging, Health and Spirituality" and will be held at the Catholic University of Portugal in Lisbon, one of the most beautiful cities in Europe.

### Research Workshop on Religion, Spirituality and Health in Lisbon, Portugal

[has been **rescheduled** to May 23-26, 2021]

The 7<sup>th</sup> European Conference will also host a 4-day pre-conference spirituality and health research workshop on May 23-26 with Prof. Koenig from the U.S., along with Dr. Rene Hefti, Prof. Arndt Buessing, Prof. Niels Hvidt, Prof. Constantin Klein, and a number of other European presenters. For more information, go to: <http://ecrsh.eu/ecrsh-2020> or contact Dr. Rene Hefti at [info@rish.ch](mailto:info@rish.ch).

### 17<sup>th</sup> Annual Duke University Summer Research Workshop (Durham, North Carolina)

[has been **rescheduled** to August 9-13, 2021)

Register to attend this one-of-a-kind 5-day training session on how to design research, obtain funding support, carry out the research, analyze and publish the findings, with an emphasis on developing an academic career in the area of religion, spirituality and health.

**Pass this information on** to colleagues, junior faculty, graduate students, and anyone you think might be interested. The workshop compresses training material that was previously taught during our 2-year post-doctoral fellowship, so the curriculum is packed. Leading religion-health researchers from Duke, Yale and Emory serve as workshop faculty. Participants will have the option of a 30-minute one-on-one with Dr. Koenig or another faculty mentor of their choice, although these mentorship slots are limited, so early registration will be necessary to ensure that the mentor requested will be available. Nearly 900 academic researchers, clinical researchers, physicians, nurses, chaplains, community clergy, and students at every level in medicine, nursing, social work, chaplaincy, public health, psychology, counseling, sociology, theology, and rehabilitation (as well as interested members of the general public) have attended this workshop since 2004.

Participants from every faith tradition and region of the world have come to this workshop, and this year should be no different.

**Partial tuition reduction scholarships** are available. **Full tuition and travel scholarships for academic faculty** in underdeveloped countries of the world are also available (see end of newsletter). For more information, go to:

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

## RESOURCES

### Books

#### Christians Hearing Voices

(Jessica Kingsley publishers, 2020)

Psychiatrist and Christian theologian Christopher Cook's book, *Christians Hearing Voices*, presents and reflects upon a series of first-hand accounts of Christian experiences of spiritually significant voice hearing. In doing so, it provides a different perspective than previously published research, seeking to find meaning within a wide range of different experiences, many of which have been affirming and life-giving for the individuals concerned. It also explores examples of distressing voices and the ways in which these are handled within clinical services and church communities. The stories included within the book raise a variety of questions for clinical and pastoral care which are explored within the final two chapters. How can a priest, pastor or clinician most helpfully respond to someone who believes that God has spoken to them? Are traditional church practices (deliverance or exorcism) or traditional psychiatric treatments most appropriate for someone who hears demonic voices? How can family, other Christians, and helping professionals best respond in supportive but wise ways? The book explores possible responses with a view to affirming experience and finding meaning within spiritually significant voices whilst not avoiding the difficult questions. Available for \$34.95 at <https://www.amazon.com/Christians-Hearing-Voices-Affirming-Experience/dp/1785925245/>.

#### Education of a Hospice Doctor

(Parson's Porch Press, 2020)

From the publisher: "Most people who work in hospice have a story about exposure to this somewhat exotic discipline that brought them into the fold. Greg Phelps MD who attended last year's Duke's research and spirituality seminar is no different. When his mother died in hospice at one of the facilities where he served as Chief Medical Officer, he decided to return to school as a Hospice and Palliative Medicine Fellow to learn more about end of life care. This deeply personal and spiritual memoir is both about what he learns and how he copes returning to school at an age when many physicians are beginning to contemplate retirement." Available for \$21.95 at <https://www.amazon.com/Education-Hospice-Doctor-Gregory-Phelps/dp/195147242X/>.

#### Handbook of Spirituality, Religion, and Mental Health (Academic Press, 2020)

From the publisher: "The *Handbook of Religion and Mental Health, Second Edition*, identifies not only whether religion and spirituality influence mental health and vice versa, but also how and for whom. The contents have been re-organized to speak specifically to categories of disorders in the first part of the book and then more broadly to life satisfaction issues in the latter sections. This updated edition is now revised with new chapters and new contributors." Available for \$84.95 (paperback) at <https://www.amazon.com/Handbook-Religion-Mental-Health-Rosmarin/dp/0128167661>.

## Religion and Recovery from PTSD

(Jessica Kingsley publishers, December 19, 2019)

From the publisher: "This volume focuses on the role that religion and spirituality can play in recovery from post-traumatic stress disorder (PTSD) and other forms of trauma, including moral injury. Religious texts, from the Bible to Buddhist scriptures, have always contained passages that focus on helping those who have experienced the trauma of war. Many religions have developed psychological, social, behavioral, and spiritual ways of coping and healing that can work in tandem with clinical treatments today in assisting recovery from PTSD and moral injury.

In this book the authors review and discuss systematic research into how religion helps people cope with severe trauma, including trauma caused by natural disasters, intentional interpersonal violence, or combat experiences during war. They delve into the impact that spirituality has in both the development of and recovery from PTSD. Beyond reviewing research, they also use case vignettes throughout to illustrate the very human story of recovery from PTSD, and how religious or spiritual beliefs can both help or hinder depending on circumstance. A vital work for any mental health or religious professionals who seek to help people dealing with severe trauma and loss." Available for \$29.95 at <https://www.amazon.com/Religion-Recovery-PTSD-Harold-Koenig/dp/1785928228/>.

## 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 \$67.38 (paperback) at <https://www.amazon.com/Religion-Mental-Health-Research-Applications-dp-0128112824/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 \$38.19 (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>.

## TRAINING OPPORTUNITIES

### Full Scholarships to Attend Research Training on Religion, Spirituality and Health

With support from the John Templeton Foundation, Duke University's Center for Spirituality, Theology and Health is offering eleven \$3,600 scholarships to attend the university's 5-day Workshop on conducting research on religion, spirituality, and health. The workshop will be held on **Aug 9-13, 2021** (rescheduled due to coronavirus). These scholarships will cover the \$1200 tuition, up to \$1500 in international travel costs, and up to \$900 in living expenses. They 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 (Russia and China), and portions of the Middle East, Central and East Asia. The scholarships will be competitive and awarded 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. If you want to know more about this program, contact [Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu) or go to our website for a description of the workshop:

<https://spiritualityandhealth.duke.edu/index.php/5-day-summer-research-course>. **Please let your academic colleagues in developing countries know about this unusual and time-limited opportunity.**

Unfortunately, but not surprisingly, the demand for such scholarships has far exceeded availability. Now that we are set up to evaluate potential scholarship recipients, we are hoping to identify individuals or foundations willing to support highly qualified third-world applicants we are unable to provide scholarships to in 2021-2023 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 2021 or future years. If you are interested in sponsoring one or more such applicants and want to know more about this program, or have ideas about other sources of support, please 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/>

### Christian Witness in a COVID-Shaped World

The world's been radically shaped by COVID-19, and it's difficult to know how to think—and what to do. Calvin University, Calvin Institute of Christian Worship, and Calvin Theological Seminary have put together a series of one credit, 3-week, summer online courses that welcome learners from different cultures, generations, and career experiences. These courses will energize your thinking

and give you a vision for action. There are over 20 courses with topics from public health to mental health, from politics to organizational decision making, from the role of sport to the challenge of technology and education, all with the unifying theme of "A Christian Witness in a COVID-Shaped World". The courses can be taken for university credit, continuing education credit or audited. Please go to the following website to find more information: <https://calvin.edu/academics/global-campus/christian-witness-during-covid/>

## 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 14, 2020**. The Foundation will communicate their decision (rejection or invitation to submit a full proposal) for all OFIs by October 9, 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>.

## 2020 CSTH CALENDAR OF EVENTS...

### August

**8/27 Spirituality & Health Research Seminar via Zoom**  
12:00-1:00 EST  
Speaker: Harold G. Koenig, M.D.  
Professor of Psychiatry & Behavioral Sciences  
Title: **Islam and Mental Health: Research and Clinical Applications**

### September

**9/29 Spirituality & Health Research Seminar via Zoom**  
12:00-1:00 EST  
Speaker: Kaitlyn C. Daly, BSN, RN  
Duke University School of Nursing  
Title: **The Perceived Relationships Between Food, Faith and Health in the Christian Tradition: A Qualitative Study**

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

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