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 issues (July 2007 through May 2022) go to: http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads

LATEST RESEARCH

Spiritual Readiness in the U.S. Military

Recent events across all branches of the U.S. military indicate that the biopsychosocial aspects of readiness for combat operations may have fallen behind because of in excessive focus by military leaders on military readiness (deployment of the latest munitions, platforms and technology in warfare). This article examines the role that "spiritual readiness" plays in overall warfighter readiness. Spiritual readiness appears to be related to all other aspects of warrior readiness, i.e., psychological, social, behavioral, and physical. However, the spiritual aspects of readiness appears to have been largely ignored in recent years. In this article, Dr. Koenig examines recent concerns over warfighter readiness, mental health problems among members of the U.S. military (including suicide), definitions and determinants of spiritual readiness, the impact of spiritual readiness on human flourishing and warfighter readiness, research on the effects of religious/spiritual involvement on human flourishing, and those responsible for building and sustaining SR in the military. The author concludes: "Military chaplains, mental health professionals, and medical providers all play important roles in building and sustaining the spiritual readiness of those in the US military, thereby ensuring that these individuals perform in a way that maximizes their success during combat operations."
Citation: Koenig, H. G. (2022). "Spiritual readiness" in the U.S. military: A neglected component of warrior readiness. Journal of Religion and Health, EPUB ahead of press (PDF available without cost at https://rdcu.be/cMsLV)
Comment: This article provides a background on reasons why military leaders should pay close attention to the spiritual readiness of their personnel during these uncertain and dangerous times. Past military leaders and commanders have long known that the key to winning wars and maintaining the peace is the strength of spirit that enables the warfighter to accomplish their missions with honor.

Religiosity and Job Performance among Military Officers in Sri Lanka

Investigators (led by a senior naval officer, i.e., a commodore in the Sri Lankan Navy) examined the relationship between religiosity and job performance, hypothesizing that if a relationship existed, employee engagement might serve to explain this relationship. The sample (70% Buddhist) consisted of 108 male officers in the Sri Lankan Navy. Religiosity was assessed by a 7-item scale: 2 questions that measured piety ("I believe in what the founder of my religion preached"; "I have very positive feeling and respect for religion and religious personages [monks, priests, side whose, etc.]"), 2 questions measuring practice ("I practice what the founder of my religion preached"; "I am more concerned about practicing what the religious books prescribe and engage in"), and 3 questions measuring participation ("I very often go to religious places to worship/pray"; "I participate in religious ceremonies because I know their religious significance"; and, "I participate in social activities which have a religious significance [e.g., pirith chanting ceremonies, church feasts, religious processions, etc.]"). Job performance was assessed by a 6-item scale that measured task performance, citizenship behavior, and counterproductive performance. Employee engagement was measured by a 12-item scale with 3 questions measuring cognitive involvement, 3 questions measuring emotional involvement, and 6 questions measuring behavioral involvement. SMART-PLS software was used to analyze the data. **Results**: Religiosity was found to have an indirect effect on job performance through employee engagement ($b=0.338$, $p<0.01$). The researchers concluded: "We found that religiosity had… a significant effect on job performance, mediated by employee engagement. Specifically, the mediated relationship consisted of religiosity increasing employee engagement, which in turn, improves job performance."
Citation: Abraham, R., & Dissanayake, H. (2022). Religiosity as a predictor of job performance among Sri Lankan military officers: The mediating role of employee engagement. Journal of Applied Business and Economics (JABE) 22(1), 36-53
Comment: This is one of the few studies, if not the only one, examining the relationship between religiosity and job performance in the military. Thus, it is worth knowing about, and perhaps replicating in the US military.

Does Religious Involvement Really Decline during Young Adulthood?

Do people from adolescence to young adulthood really become less religious with age? Might secularization trends mask an age-related increase in religiosity across the lifespan? Those are the questions that researchers in the department of psychology at the University of Zürich, Switzerland, seek to answer in this study.

Investigators analyzed longitudinal data on a nationally representative sample of more than 14,000 Dutch participants aged 16 to 101 years. Participants were tracked over more than 10 years of annual assessments (2008 through 2019). This was a secular sample with the majority (53%) indicating no religious

affiliation, 42% indicating affiliation with Christian faith tradition, 2.2% Muslim, and 1% with other religions. Religiosity was assessed at each of the 11 annual waves of data collection utilizing three questions: (1) "Aside from special occasions such as weddings and funerals, how often do you attend religious gatherings nowadays?"; (2) "Aside from when you attend religious gatherings, how often do you pray?"; and (3) belief in God ("no belief in God" =0, "no doubts about belief that God exists" =5). "Time" here was the primary measure of secularization, whereas "age" was the primary measure of individual development. Moderators included gender, educational attainment, religious background, and both subjective health and functional health, which were assessed as time-varying moderators. Mixed growth curve models were used to separate the effects of development (age) and secularization (time) on change in the three indicators of religiosity. **Results**: The findings indicated similar lifespan trajectories for the three religiosity measures with age-graded increases over the course of adulthood from youth to old age, with peak levels at around 80 years. Significant linear effects were found. This means that religious beliefs and behaviors increased each year across the adult lifespan, with an overall effect size (Cohen's d) in the moderate range (0.36-0.57). There was also a small but significant quadratic age affect in that most of the age-rated changes occurred between ages 55 and 80 years. Women expressed stronger belief in God, attended religious services more often and prayed more frequently than did men. The only effect modifier was education. College educated participants experienced less pronounced increases in belief in God over the course of the lifespan, with similar moderating effects on changes in prayer. Researchers concluded: "Controlling for secularization, we found no evidence for age-graded declines in religiosity among young adults but [rather] lifelong increases in religiosity. These increases were most pronounced during middle to late adulthood, consistent with theories that emphasize the self-transcendent focus of this life stage."
Citation: Bleidorn, W., Lenhausen, M. R., Schwaba, T., Gebauer, J. E., & Hopwood, C. J. (2022). Secularization trends obscure developmental changes in religiosity. Social Psychological and Personality Science, EPUB ahead of press.
Comment: The large sample size and sophisticated handling of more than 10 years of longitudinal data increase the credibility of these findings. Apparently, when secularization trends are taken into account, religiosity does not decline but instead progressively increases across the lifespan, including from adolescence into young adulthood. If this is true for the secular European country of Denmark, one wonders whether this might also be true for the United States.

Religiosity, Gratitude, and Well-Being in Undergraduate Students Raised by a Grandparent

Researchers from Mississippi State University analyzed cross-sectional data obtained from a nationwide sample of 278 participants from the US using the Amazon Mechanical Turk marketplace (sample 1); all participants were former custodial grandchildren, i.e., had been raised by their grandparents for at least six consecutive months during childhood. In addition, 457 undergraduate students were surveyed through the Sona Systems research pool of a large public, southeastern American university's psychology department (sample 2). The purpose was to examine the mediating effect of gratitude on the relationship between religiosity and well-being. Religiosity was assessed by a 25-item version of the SMART: SF (Stearns & McKinney) that assesses private religiosity, religious coping, social religiosity, religious conviction, and religious conservatism. Gratitude was assessed by the 6-item Gratitude Questionnaire, and also by a 16-item Transpersonal Gratitude Scale (which measures four factors: expression of gratitude, valuable gratitude, transcendent gratitude, & spiritual connection gratitude). The primary outcomes in this study were depression (assessed by the 20-item CESD-R) and life satisfaction (assessed by the 5-item Satisfaction with Life Scale). The Hayes' PROCESS module of SPSS was used to test the hypothesis that gratitude mediated the relationship between religiosity and depression/life satisfaction. **Results**: In sample 1 (national sample), religiosity was inversely related to depressive symptoms ($b=-0.07$, $p=0.008$) and was significantly correlated with gratitude ($b=0.04$, $p<0.001$); when controlling for gratitude, religiosity was no longer a predictor of depression (although religiosity had a significant indirect effect on depression). Similar relationships were found with life satisfaction as the dependent variable. In sample 2, religiosity was not a significant correlate of depressive symptoms but was a significant predictor of gratitude (and there was also a significant indirect of religiosity on depression, as in sample 1). Religiosity was a significant predictor of life satisfaction ($b=0.06$, $p<0.001$) in sample 2, and was a significant predictor of gratitude ($b=0.07$, $p<0.001$), and the relationship between religiosity and life satisfaction (unlike in sample 1) remained significant after controlling for gratitude ($b=0.03$, $p<0.001$). Researchers concluded: "These results indicate that gratitude may be an important factor in understanding the relation between religiosity and depressive symptoms and life satisfaction."
Citation: Lantz, E. D., Stearns, M., McKay, I., & Nadorff, D. K. (2022). The mediating effect of gratitude on the relation between religiosity and well-being in samples of undergraduate students and adults formerly raised by grandparent caregivers. Journal of Happiness Studies, *23*(3), 969-984.
Comment: Although these are cross-sectional analyses and the samples are relatively small, the findings among these undergraduate students raised by a grandparent largely replicate the results reported in other younger populations.

Religiosity, Anxiety, Depression, and Health Services Utilization in African-American Male College Students

Investigators in the department of preventative medicine at Northwestern University (Chicago) analyzed cross-sectional data obtained from a campus-wide survey of a large public university involving 681 male African-American students. Mental health symptoms were assessed with the Hopkins Symptom Checklist-90, using abbreviated scales from this measure: 4 questions on anxiety and 4 questions on depressive symptoms. Campus health service utilization was also assessed by a single question asking whether the university counseling services had been used since college enrollment. Risk factors that were assessed included stressful life events in the past 12 months, financial status, education of students' parents, and financial status of parents impacting the student's mental health. Protective factors included a 3-item social support scale and a 2-item religiosity measure. Religiosity was assessed by importance of religious/spiritual beliefs in daily life and frequency of seeking spiritual comfort. Other covariates included alcohol consumption in the past 30 days, cannabis use in the past 12 months, and academic achievement (GPA). Multiple linear regression was used to analyze the data; analyses were stratified by whether participants were in their first year or their second year of college. **Results**: With regard to anxiety symptoms in first-year students, religiosity was inversely related ($b=-0.23$, $p=0.01$; Model 2) although this effect was apparently explained by GPA (Model 3); religiosity was not associated with anxiety symptoms in second-year students in any model. Concerning depressive symptoms, religiosity was inversely related ($b=-0.36$, $p=0.017$; Model 3) in first-year students, although again, no association was found in second-year students. Religiosity was also associated with significantly lower levels of health services use (-0.478, $p<0.05$, in first-year students and a similar trend was found in second-year students ($b=-2.96$, $p=0.069$)). Researchers concluded: "As religiosity was associated

with lower levels of symptoms and utilization, it may be beneficial to assess this in future work."
Citation: Williams, K. D., Adkins, A. E., Kuo, S. I., LaRose, J. G., Utsey, S. O., Guidry, J. P., ... & Carlyle, K. E. (2022). Risk, protective, and associated factors of anxiety and depressive symptoms and campus health services utilization among Black men on a college campus. Journal of Racial and Ethnic Health Disparities, *9*(2), 505-518.
Comment: Although a cross-sectional study, the findings suggest that importance of religious/spiritual beliefs in daily life and seeking spiritual comfort are associated with significantly fewer depressive and anxiety symptoms and lower utilization of counseling services (particularly in first-year students, when college stress levels are probably the highest).

Religious Attendance and Young Adult Substance Use

Researchers in the school of social work at Arizona State University analyzed data from Waves I and IV of the National Longitudinal Study of Adolescent to Adult Health (Add Health), which tracked 14,800 adolescents in the 7th to 12th grade (T1) until they were 24 to 32 years old (T2). Dependent variables were assessed at Wave IV and included use of cocaine, crystal methamphetamine, other types of illicit drugs (such as LSD, PCP, ecstasy, heroin, etc.), and marijuana; lifetime use of substances was assessed, except for marijuana, which was also assessed for the past 30 days and the past 24 hours. Independent variables included religious service attendance at Wave I (T1) and IV (T2); based on those responses, four categories of participation were created: (1) never regularly attend (once per week or more) (54%), (2) childhood regular attendance only (27%), (3) adult regular attendance only (7%), and (4) consistent regular attendance at both waves (11%). Covariates included gender, age, race/ethnicity, childhood general health status, having children of their own, education, parental frequency of prayer, parental health status, mother's education, family structure, household income, and number of persons living in same household. Logistic regression models were used to analyze the data. **Results**: Compared to young adults who never regularly attended religious services, consistent attenders were 67% less likely to ever have used cocaine, 63% less likely to have ever used methamphetamine, 81% less likely to have used other illicit drugs, 70% less likely to have ever used marijuana, 76% less likely to have used marijuana in the past month and 78% less likely to have used marijuana in the past 24 hours (p values all <0.00). Researchers concluded: "… The protective effects were largest for the consistent attendance group (attenders at T1 and T2), followed by the adult attendance group (nonattenders at T1, attenders at T2), and then the childhood attendance group (attenders at T1, nonattenders at T2)."
Citation: Wu, S., Hodge, D. R., Wu, Q., Marsiglia, F. F., & Chen, W. (2022). A longitudinal examination of the relationship between religious service attendance and young adult substance use. Social Work Research, EPUB ahead of press
Comment: Given the large representative sample of US adolescents, and the longitudinal data analysis that extended over more than 10 years, these findings are notable. There appears to be little doubt that regular religious attendance protects young adults in the US from illegal substance use (and likely from substance use disorders as well).

Religiosity and Smoking Cessation in Indonesia

Cigarette smoking is known to contribute to the development of hypertension, stroke, coronary heart disease, lung cancer, more than half of all other cancers, and chronic lung disease. Smoking is not good for your health.

Researchers at the department of public health, University of Negeri Malang, and department of epidemiology and biostatistics at the University of Airlangga, Indonesia, analyzed cross-sectional data on a representative national sample of 10,481 Indonesians who had ever or currently smoke (the Indonesian Family Life Survey, 2014; 95% of participants were male). The purpose of the study was to examine the relationship between religiosity and smoking cessation. Religiosity was assessed by a single question: "How religious are you?" with responses ranging from very religious to not religious. Smoking cessation was assessed by whether respondents still smoked or had totally quit smoking. Covariates controlled for in multiple logistic regression analyses were age, gender, marital status, education, working status, ethnicity, level of smoking (4,348 [41.5%] light smoker; 4,860 [46.4%] moderate smoker; 1,152 [11.0%] heavy smoker), and religious affiliation (Islam [90%], Catholic [1%], Protestant [4%], Hindu [4%], Buddha [0.1%], and Konghucu [0%]). **Results**: Compared to those who were not religious, those who were very religious were almost twice as likely to have stopped smoking (adjusted OR = 1.99, 95% CI = 1.31-3.02, p<0.001). Researchers concluded: "Increasing religious adherence can lead people to adopt better behaviors, including quitting smoking. Using a religious approach in promoting the dangers of smoking could be an effective way."
Citation: Tama, T. D., Astutik, E., & Ulfah, N. H. (2022). The relationship between religiosity and smoking cessation: An analysis of Indonesian Family Health Survey 2014. Age, *9999*(482), 95-4.
Comment: Although this was a cross-sectional study, and therefore causal inference cannot be determined, the findings from this large nationally representative sample, with careful control for confounders, are notable.

Religion and Health in Macau

Macau is a special administrative region of southern China; it is a small narrow peninsula projecting from the mainland province of Guangdong. Macau is known for being the most densely populated region in the world, and because of its many casinos, is known as the "Las Vegas of the East."

Researchers in the department of sociology at the University of Macau analyzed data from the Macau Social Survey, which is a population-based sample of 3,502 individuals ages 16 years and older from 2,601 households. Religiosity was assessed by frequency of attendance at religious services (average 1.06 on a scale from 0 to 7); importance of religion to the respondent (average 2.15 on a scale from 1 to 5); and the respondent's belief in God (average 3.09 on a scale from 1 to 6). Religious affiliation was also assessed: no religion (68.4%), Buddhism (15.5%), Catholicism (6.5%), Protestantism (4.7%), other (3.9%), Taoism (0.7%), Mazuism (0.2%), and Islam (0.2%). Participants were 52% female, average age 44 years, 44% completed less than a middle school education, and 52% were born in Macau. Health outcomes included altruism (assessed by social contribution, helping others, caring for nature), prejudice (based on a social distance scale), life satisfaction by a 5-item scale (primary dependent variable), and self-rated general health (primary dependent variable). Controlled for in analyses were age, gender, birthplace, and education. Structural equation modeling were used to analyze the data. **Results**: Religiosity was indirectly and positively related to life satisfaction through the mediator effects of altruism and prejudice. In other words, because religiosity was positively related to altruism (b=0.126, p<0.001) and negatively related to prejudice (-0.089, p<0.001), which were both related to life satisfaction in the expected directions, the total association between religiosity and life satisfaction was significant (b= 0.083, p<0.001). Religiosity was also directly and positively related to overall health (b=0.181, p<0.001), with the total effect through altruism and prejudice even larger (b=0.225, p<0.001). Researchers concluded: "In sum, our study showed that even in the shadow of glittering casinos, religion is positively related to health."

Citation: Chen, Y., Lu, J., Guan, C., Zhang, S., & Li, S. D. (2022). In the shadow of the casinos: The relationship between religion and health in Macau. International Journal of Environmental Research and Public Health, *19*(9), 5605.
Comment: These findings are quite remarkable, given the secular nature of this region, which is part of communist China and more than two thirds of participants had no religious affiliation.

Impact of Religious/Spiritual Struggles on Depression and Posttraumatic Growth in South Africans

Investigators from the department of sociology in the school of social sciences at Nanyang Technological University in Singapore and departments of psychology at universities in the US analyzed data from a 6-month longitudinal study of 274 South Africans. The purpose was to examine the effects of negative religious coping (religious/spiritual [R/S] struggles) following an "interpersonal transgression" on future depressive symptoms and posttraumatic growth six months later. Wave I took place in December 2019-2020, and Wave II took place in June-September 2020. Participants were aged 18 to 74 (average 45 years), and were 57% white, 52% married, 60% having a bachelor's degree, and 96% affiliated with a religious tradition. R/S struggles were assessed at Wave I by the 7-item negative religious coping subscale of the Brief RCOPE; positive religious coping (PRC) was measured by the 7-item positive religious coping subscale of the Brief RCOPE. Depression was measured at Wave I and II by the 18-item Brief Symptom Inventory. Posttraumatic growth was measured at Wave I and II by the 21-item Posttraumatic Growth Inventory. Covariates controlled for in models were age, gender, race, education level, financial and material stability, self-rated physical health, marital status, and religious status (nonreligious vs. religious). Also assessed and controlled for was transgression-related characteristics including severity, relationship closeness to the perpetrator, and whether transgressor apologized or not. Importantly, Wave I values for the outcomes (depression and posttraumatic growth) were controlled for in hierarchical regression models. **Results**: R/S struggles were positively correlated with depression at Wave II following the control of covariates (b= 0.15, p<0.01); no relationship was found with PRC, nor was the interaction between R/S struggles and PRC significant. R/S struggles were also positively related to posttraumatic growth (b= 0.13, p<0.01), although PRC was again not related to posttraumatic growth. However, a significant interaction was found between R/S struggles and PRC on posttraumatic growth (b=-0.12, p<0.01), such that R/S struggles had a stronger positive relationship with posttraumatic growth six month later among those with lower levels of PRC. Researchers explained the latter finding: "We speculate that some positive R/S coping strategies, such as active R/S surrender to God, might lead people to avoid or bypass the uncomfortable process of working through R/S struggles, which may interfere with growth-promoting opportunities that come from confronting R/S struggles."
Citation: Jung, J. H., Pargament, K. I., Joynt, S., De Kock, J. H., & Cowden, R. G. (2022). The pain and gain of religious/spiritual struggles: A longitudinal study of South African adults. Mental Health, Religion & Culture, EPUB ahead of press.
Comment: This is one of the few longitudinal studies that examined the relationship between R/S struggles and mental health outcomes among South Africans. The analyses were extensively controlled and appropriately conducted, enhancing the credibility of the findings.

Religiosity and Coping with COVID-19 in Egypt

Researchers from the Center for Cumulative Trauma Studies and Georgia State University administered an online cross-sectional survey to a convenience sample of 831 participants from Egypt (a subsample of a similar survey involving 2,732 participants in 11 Arab countries). The 17-item COVID-19 Cumulative Stressors Scale (developed by the authors) was used to assess COVID-19 stress. This scale, the primary dependent variable or outcome, consisted of three subscales: economic stressors, fears, and lockdown stressors. In addition, a six-item scale called the Will to Exist, Live, and Survive (WTELS) scale was administered to assess this model of coping with stress (developed by the authors). The 10-item Connor-Davidson Resilience Scale was used to assess psychological resiliency, and a 12-item Social Support Survey and a 21-item Posttraumatic Growth Inventory was also administered. Finally, a 4-item Interfaith Spirituality Scale (SFS) and a 5-item Religiosity Scale (RS) (both developed by the authors) was also administered. The SFS measured asceticism, close relationship with the creator, divine love, and meditation, whereas the RS measured religious community activity, reading scriptures, and contributing to charities. Hierarchical multiple regression was used to analyze the data, along with path analysis to examine the direct and indirect effects of the WTELS model, interfaith spirituality, and religiosity on COVID-19 stressor subscales, while controlling for social support, posttraumatic growth, and psychological resiliency. Demographic variables included gender, age, marital status, yearly income, and education, which also appear to be controlled for as exogenous variables in the path analyses. **Results**: When both direct and indirect effects were combined (total effects), religiosity was positively related to resilience (b=0.02, p<0.05) and social support (b=0.09, p<0.01), and was negatively related to COVID-19 fears (b=-0.13, p<0.05), COVID-19 lockdown stressors (b=-0.05, p<0.01), and COVID-19 grief (b=-0.06, p<0.01). Similar but weaker associations were found with interfaith spirituality. The authors concluded: "Religiosity predicted higher spirituality, social support, and resilience, and lower COVID-19 grief stressors."
Citation: Kira, I. A., Shuwiekh, H. A., Ahmed, S. A. E., Ebada, E. E., Tantawy, S. F., Waheep, N. N., & Ashby, J. S. (2022). Coping with COVID-19 Prolonged and Cumulative Stressors: the Case Example of Egypt. International Journal of Mental Health and Addiction, EPUB ahead of press.
Comment: In this largely Muslim sample (96%), both religiosity and spirituality (especially religiosity) were associated with better coping with all dimensions of COVID-19 stressors in this country, which had the highest COVID-19 infection and hospitalization rates among all 11 Arab countries studied.

Country Level Religiosity and Vaccine Confidence

Researchers in the Center for Cultural Evolution at Stockholm University, Sweden, analyzed publicly data from 147 countries. Vaccine confidence was assessed by the percentages in each country that strongly agreed with the statement "I think vaccines are safe", "I think vaccines are important for children to have", and "I think vaccines are effective." These were assessed for in both 2015 and 2019, and averaged. Country-level religiosity was assessed by the Gallup World Poll using the question "Is religion important in your daily life?" Controlled for in analyses were country-level measures of life expectancy at birth (health), education level obtained, and standard of living (gross national income per capita). **Results**: Bivariate analyses indicated that religiosity was strongly and positively associated with every dimension of vaccine confidence (safety, importance, and effectiveness). After controlling for confounders, religiosity remained strongly and positively associated with vaccine safety, vaccine importance, and vaccine effectiveness. Researchers concluded: "… we find that a country measure of religiosity is strongly positively correlated with country measures of confidence in the safety, importance, and effectiveness of vaccines, and these associations are robust to controlling for measures of human development (education, economic development, and health)."

Citation: Eriksson, K., & Vartanova, I. (2022). Vaccine confidence is higher in more religious countries. Human Vaccines & Immunotherapeutics, *18*(1), 1-3.
Comment: Note that this research was conducted prior to the COVID-19 pandemic, and is also country-level data which may be difficult to generalize to individual-level data. Nevertheless, the findings here go against the notion that religiosity is a barrier to understanding the value of vaccines.

Religious Involvement, Work-Related Stress and Insomnia in Older Black Workers

Researchers at Duke University's Center for Aging analyzed data from the US Health and Retirement Study, which is a national representative sample of the US population over age 50, with an over-sample of Black and Hispanic households. The current study used pooled data from waves 2014 and 2016, limiting the sample to older Black workers aged 51 years and over (n= 924). The primary dependent variable, insomnia, was assessed by a 4-item scale assessing trouble falling asleep, waking too early and not being able to full back to sleep, trouble waking during the night, and feeling rested in the morning. Work-related stress was assessed by three questions: "Right now, would you like to leave work altogether, but plan to keep working because (1) you need the money (1 = yes) and (2) you need health insurance (1 = yes)?" These were the two questions assessing 'job lock' financial and 'job lock' health insurance. The third question asked respondents whether their job involved a lot of stress ('job stress'). Psychosocial resources assessed in this study included mastery, social support, and religious involvement. Religious involvement was assessed by frequency of attendance at religious services, frequency of prayer, and religiosity. The latter (religiosity) was assessed by a 4-item index: (1) "I believe in a God who watches over me," (2) "The events in my life unfold according to a divine or greater plan," (3) "I try hard to carry my religious beliefs over into all my other dealings in life," and (4) "I find strength and comfort in my religion." Control variables included gender, marital status, age, income, education, labor force status, and chronic conditions. Ordinary least squares regression models were used to analyze the data. **Results**: A significant relationship was found between job lock (financial) and insomnia symptoms, as well as between job stress and insomnia symptoms. No significant relationship was found between any of the three religious variables and insomnia; however, there was a significant interaction between job lock (financial) and religious attendance ($b=-0.228$, $p<0.05$), such that those who attended religious services more often were protected from the negative effects of job lock financial on insomnia symptoms. However, there was also a significant interaction between job stress and religiosity ($b=0.304$, $p<0.05$), such that the relationship between job stress and insomnia symptoms was significantly greater among those who were more religious. Researchers explained the latter finding: "… perhaps when faced with persistent job stress, older Black workers, with a high degree of religiosity, may begin to have religious doubts about why they are continuing to work under stressful conditions and lacking finances if 'God is in control.'"
Citation: Frazier, C., & Brown, T. H. (2022). Work-related stress, psychosocial resources, and insomnia symptoms among older Black workers. Journal of Aging and Health, EPUB ahead of press.
Comment: The authors' explanation for exacerbating effects of religiosity on the relationship between job stress and insomnia is less than satisfying. Bear in mind that these are cross-sectional analyses. It could be that those who are having high levels of job stress and insomnia symptoms may be turning to religion as a way of coping with the problem. This would make more sense, given the important role that religion plays more generally in helping Black Americans cope with struggles they are facing.

Christian Mindfulness: Integrating Spirituality into Primary Care

Zach Cooper from the behavioral health department of Christ Community Health Services in Augusta, Georgia, builds on existing models that seek to integrate psychosocial and spiritual determinants of health care into primary care settings. The purpose, as described, is to: summarize efforts to integrate spirituality into primary care; summarize integrated care efforts and models that encourage psychosocial-spiritual integration; describe and discuss Christian mindfulness as an intervention to address spirituality in primary care as part of an integrated care model; and operationalize Christian mindfulness into an integrated primary care behavioral health model. Benefits of doing so are also described, including (1) increasing awareness of physiological experiences, (2) increasing awareness of affective states, (3) providing a sense of peace and relaxation, (4) increasing the connection with God, (5), increasing the connection between emotional, physical, and spiritual states, and (6) shifting one's awareness in a way that influences emotional, physical, and spiritual aspects of health. He ends the paper by discussing future research on Christian mindfulness as a promising spiritual intervention for supporting individuals from this faith tradition. Future research might involve studies of behavioral health provider's willingness and ability to implement Christian mindfulness within primary care settings; randomized controlled trials that examine the efficacy of the intervention; exploration of the ways that whole person care provided through integrated care teams enhance the skill sets of all team members; and explore the increased use of chaplains as consultants to primary care providers as part of an integrated model.
Citation: Cooper, Z. (2022). Spirituality in primary care settings: Addressing the whole person through Christian mindfulness. Religions, *13*(4), 346.
Comment: Given that mindfulness meditation as currently used today is firmly rooted in the core teachings of Buddhism (seventh step on the Eightfold Path), which patients are almost never told about, in this era of cultural sensitivity and person-centered practice, mindfulness meditation can easily be adapted for each of the major faith traditions (including Jewish mindfulness, Muslim mindfulness, Hindu mindfulness, and Christian mindfulness). When mindfulness practice takes advantage of a person's deeply held religious beliefs, the results have been shown to be significantly better (based on at least one randomized controlled trial).

Spiritual Harm and Abuse Scale

As the authors note, religious or spiritual abuse can harm religious faith and adversely affect the ability to rely on that faith to cope with challenges in life, leading to a wide range of negative mental and physical health outcomes across the lifespan. In this paper, the researchers review 66 survey prompts from existing quantitative and qualitative studies on spiritual abuse to come up with a 27-item scale. They then administered the scale to 3,222 subjects, conducting an exploratory factor analysis to come up with six major factors: (1) maintaining the system, (2) internal distress, (3) embracing violence, (4) controlling leadership, (5) harmful God-image, and (6) gender discrimination. They suggest that the scale can be used in clinical settings to identify patients who have experienced spiritual abuse. Unfortunately, only the abstract of the study is available.
Citation: Koch, D., & Edstrom, L. (2022). Development of the spiritual harm and abuse scale. Journal for the Scientific Study of Religion, EPUB ahead of press
Comment: This scale may be an important one to use when examining the relationship between adverse childhood experiences (ACEs) and moral injury, so readers should be aware of it. This may also turn out to be an important screening scale for use by healthcare professionals.

NEWS

Duke University's Monthly Spirituality and Health Webinar via Zoom

Our Center's monthly spirituality and health research seminars are now being held by Zoom, and should be assessable to participants wherever they live in the world that supports a Zoom platform. All persons who receive our E-newsletter will be sent a link to join the seminar approximately one week before the seminar is held. When you receive this link, please save the link and forward it to your colleagues and students. This month's seminar on June 21, 2022, occuring at 12:00-1:00 EST, will be delivered by **Stephen G. Post, Ph.D.,** Director, Center for Medical Humanities, Compassionate Care and Bioethics, and Professor of Family, Population and Preventive Medicine at Stony Brook University**.** The title of his presentation is **Dignity for Deeply Forgetful People: How Caregivers Can Meet the Challenges of Alzheimer's Disease**. The PDFs of the Power Point slides for download and full video recordings of most past webinars since July 2020 are available at https://spiritualityandhealth.duke.edu/index.php/education/seminars/. All those who receive this e-newsletter will receive a Zoom link approximately 1 week before the Webinar.

New Australian Chaplaincy Training Manual for Addressing Veteran Moral Injury

Hodgson, T.J. & Carey, L.B. (2022). *Pastoral Narrative Disclosure Manual: An Intervention Strategy for Chaplaincy to Address Moral Injury.* Directorate of Spiritual Health and Wellbeing, Joint Health Command, Australian Defence Force. ISBN: 978-0-6454963-0-7 The Pastoral Narrative Disclosure (PND) Manual for Moral Injury (MI) is based upon the collective experience of 40 years of chaplaincy spiritual care and research by military Chaplain (SQNLDR) Dr. Timothy Hodgson, Ph.D., RAAF (Hon. Research Fellow, Queensland University) and Chaplain (WGCDR) Associate Professor Lindsay Carey, MAppSc, Ph.D. (La Trobe University & The University of Notre Dame). The PND-MI Training Manual is for military chaplains and provides a systematic educational and pastoral rehabilitation strategy to address MI. The Australian PND-MI training involves three parts: (i) Introductory level: 'MI and the Role of Chaplains', (ii) Intermediate Level: 'Pastoral Narrative Disclosure and the Role of Chaplains' and (iii) the Advance Level: 'PND-MI Chaplaincy Assessment'. The manual is to be utilized by fully qualified Chaplains/Spiritual Care Practitioners who have passed the PND-MI Assessment. Currently, as the PND-MI manual (2022 edition) is still undergoing pilot testing across Navy, Army and Air Force Chaplaincy, it is only available to Australian Defence Force Military Chaplains. Nevertheless, the PND-MI Manual looks to make a valuable contribution for the care of military personnel and their families experiencing moral injury, and even seems sufficiently extensive to be utilized beyond the military context. For some background reading to this manual, refer to the link below: Carey, L. B., & Hodgson, T. J. (2018). Chaplaincy, spiritual care and moral injury: Considerations regarding screening and treatment. *Frontiers in Psychiatry*, 9 (619), 1-10: https://doi.org/10.3389/fpsyt.2018.00619

SPECIAL EVENTS

8th European Conference on Religion, Spirituality and Health

(Amsterdam, The Netherlands, June 2-4, 2022)
The European conference is organized in cooperation with the Free University of Amsterdam and an academic local committee. The conference will be held as a hybrid event combining in-person and online participation. The main focus is on mental health care, integrating religious, spiritual and existential aspects. European and international keynote speakers from a wide variety of disciplines will contribute to the topic. Invited symposia and abstracts allow researchers to present and discuss their research projects and findings. The social and online interactive program promote exchange and networking among researchers, health professionals, and other experts from many disciplines and nations. Examples of speakers include psychiatrist Rania Awaad from Stanford University presenting on suicide prevention in Muslims; Professor Christopher Cook from the department of theology at Durham University (UK) discussing theological perspectives on mental health and suffering; psychologist David Rosmarin from Harvard Medical School examining religious interventions for anxiety disorders in the Jewish tradition; psychologist Robert Emmons from the University of California speaking on gratitude and mental health; Professor Hanneke Schaap-Jonker from the Free University of Amsterdam speaking on how clinical psychology of religion can support mental health care; and numerous other European speakers. For more information go to https://ecrsh.eu/ecrsh-2022.

Online Spirituality and Health Research Workshop

The European Conference in Amsterdam above will be preceded by an online **2-day Research Workshop on Religion, Spirituality and Health** (May 31-June 1). For those who cannot come to the United States to attend our 5-day research workshop (below), this workshop will be shorter, but similar; for more information go to https://ecrsh.eu/research-workshop. Because the workshop will be held online, it will be assessable to a worldwide audience. Contact Dr. René Hefti (rene.hefti@rish.ch) for more information.

18th Annual Duke University Summer Research Workshop

(Durham, North Carolina, August 15-19, 2022)
Register now to attend this one-of-a-kind 5-day training session on how to design research, obtain fundng support for it, carry it out, analyze and eventually 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 curriulum 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. 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 the workshop, and the workshop in 2022 is no different. Partial tuition reduction scholarships are available, as are $3600 scholarships (two cover travel, lodging, food, tuition) for academic faculty or promising students from underdeveloped countries (see below). For more information, go to:
https://spiritualityandhealth.duke.edu/index.php/5-day-summer-research-course/.

RESOURCES

Books

The Courage to Suffer: A New Clinical Framework for Life's Greatest Crises

(Templeton Foundation Press, 2020)
From the publisher, "Suffering is an inescapable part of life. Some suffering is so profound, so violating, or so dogged that it fundamentally changes people in indelible ways. Many existing therapeutic approaches, from a medical model, treat suffering as mental illness and seek a curative solution. However, such approaches often fail to examine the deep questions that suffering elicits (e.g., existential themes of death, isolation, freedom, identity, and meaninglessness) and the far-reaching ways in which suffering affects the lived experience of each individual. In The Courage to Suffer, Daryl and Sara Van Tongeren introduce a new therapeutic framework that helps people flourish in the midst of suffering by cultivating meaning. Drawing from scientific research, clinical examples, existential and positive psychology, and their own personal stories of loss and sorrow, Daryl and Sara's integrative model blends the rich depth of existential clinical approaches with the growth focus of strengths-based approaches. Through cutting edge-research and clinical case examples, they detail five "phases of suffering" and how to work with a client's existential concerns at each phase to develop meaning. They also discuss how current research suggests to build a flourishing life, especially for those who have endured, and are enduring, suffering. Daryl and Sara show how those afflicted with suffering, while acknowledging the reality of their pain, can still choose to live with hope." Available for $16.86 (paperback) from https://www.amazon.com/Courage-Suffer-Clinical-Framework-Spirituality/dp/1599475243/.

Religion and Recovery from PTSD

(Jessica Kingsley, 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. 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." 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 $69.96 (paperback, used) 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 Publishng 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/

You are My Beloved. Really?

(Amazon: CreateSpace Publishng Platform, 2016)
From the author: "Simple and easy to read, intended for Christians and non-Christians, those who are religious or spiritual or neither, and is especially written for those experiencing trauma in life (everyone). The 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. Available for $8.78 from https://www.amazon.com/You-are-My-Beloved-Really/dp/1530747902/.

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

(Templeton Press, 2011)
This book summarizes and expands the content presented in the Duke University's Annual Summer Research Workshop on Spirituality and Health. Available for $29.15 (used) at: http://www.amazon.com/Spirituality-Health-Research-Measurements-Statistics/dp/1599473496/

Other Resources

CME/CE Videos (Integrating Spirituality into Patient Care)

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

DukeHealth

In support of improving patient In support of improving patient care, the Duke University Health System Department of Clinical Education and Professional Development is accredited by the American Nurses Credentialing Center (ANCC), the Accreditation Council for Pharmacy Education (ACPE), and the Accreditation Council for Continuing Medical Education (ACCME), to provide continuing education for the health care team.

JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

Category 1: Duke University Health System Department of Clinical Education and Professional Development designates this CME activity for a maximum of 3.75 *AMA PRA Category 1 Credit(s)*™. Physicians should claim only credit commensurate with the extent of their participation in the activity.
Nurse CE: Duke University Health System Department of Clinical Education and Professional Development designates this activity for up to 3.75 credit hours for nurses. Nurses should claim only credit commensurate with the extent of their participation in this activity.

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 nine $3,600 scholarships to attend the university's 5-day Workshop on conducting research on religion, spirituality, and health. Applications are now being sought for the 2022 workshop to be held August 15-19. 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 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 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 whom we are unable to provide scholarships to in 2022-2023 and the years ahead. A donation of $3,600 to our Center will sponsor a university faculty member from a disadvantaged region of the world to attend the workshop in 2022 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.

Theology, Medicine, and Culture Initiative

The Theology, Medicine, and Culture Initiative at Duke Divinity School invites you to consider both residential and hybrid opportunities for theological study and spiritual formation:
Theology, Medicine, and Culture Fellowship
Combining deep formation in Christian thought with practical spiritual disciplines, mentorship, seminars, retreats, and partnership with health-related ministries, the Fellowship equips participants for a lifetime of wise and faithful healing work. The Fellowship is open to current and future students and practitioners in any of the health professions, as well as to others whose vocations involve full-time work in health-related contexts. Scholarships are available for both one and two-year tracks.
Flexible Hybrid Certificate in Theology and Health Care (hybrid CTHC)
This program invites both practicing and future clinicians to be formed intellectually, relationally, and spiritually for excellent and faithful healing work. In the flexible hybrid format, students come together for two separate weeks in person at Duke University and then join for eight months of online learning designed for working clinicians—studying together the difference that Christian faith makes for health care. For more information on both these programs, go to: https://tmc.divinity.duke.edu/

Integrating Spiritual Competency Training in Mental Health into Graduate Courses

Research has shown the relevance of spirituality and religion for effective and client-centered mental health care. However, few graduate students receive training in how to conceptualize or address clients' spirituality in their clinical practice. To address this need for training, we are inviting faculty from graduate programs in Counseling, Marital and Family Therapy, Clinical/Counseling Psychology, and Social Work to teach and evaluate standardized spiritual competency content that will be integrated into one of their *required* clinical courses.

COURSE CONTENT: The standardized course content will replace 15% of your current course's content and will include in-class discussions, a role-play activity, and an empirically supported Spiritual Competency Training in Mental Health (SCT-MH) online training program. You will learn how to integrate and teach the course material with the help of a detailed teaching manual and course materials, a virtual live orientation session, and consultation calls. You will teach the rest of your current course as you typically do. You do not need any prior training in religion/spirituality and mental health to participate.

COMPENSATION: You will be paid a stipend of $30,000 to be trained in SCT-MH, teach the course, and facilitate collection of evaluation data. Your department/program will also receive $10,000 to integrate the SCT-MH program into your graduate program's coursework.

TO APPLY**:** See our website for more details regarding this exciting opportunity and to submit an application. Please forward this email to your colleagues who may be interested. One application per university/program. Applications are due by July 1, 2022.

FUNDING OPPORTUNITIES

Templeton Foundation Online Funding Inquiry

The next deadline for Small Grant requests ($234,800 or less) and Large Grant requests (more than $234,800) is **August 19, 2022**. The Foundation will communicate their decision (rejection or invitation to submit a full proposal) for all OFIs by October 14, 2022. Therefore, researchers need to think "long-term," perhaps collecting pilot data in the meantime, with or without funding support. 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 (i***ncreasing 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.

2022 CSTH CALENDAR OF EVENTS…

June

6/14 2022 Liberty, Legacy, Leadership Conference for Chaplaincy staff in Higher Education
10:00-11:00A EST via Zoom)
Sheffield, England
Title: **The relevance of spirituality to good mental health**
Speaker: Harold G. Koenig, M.D., and others
Contact: Jeremy Clines (j.clines@sheffield.ac.uk)

6/16 College of Medicine and Philippine General Hospital of the University of the Philippines
8:00-9:00P EST (online)
Title: **Religion, spirituality, and mental health: Their relationship and importance in psychotherapy**
Speaker: Harold G. Koenig, M.D.
Contact: Dr. Constantine Della (cddella@up.edu.ph)

6/21 Spirituality and Health Research Seminar
12:00 -1:00 EST (online by Zoom)
Title: **Dignity for Deeply Forgetful People: How Caregivers Can Meet the Challenges of Alzheimer's Disease**
Speaker: **Stephen G. Post, Ph.D.**
Director, Center for Medical Humanities, Compassionate Care and Bioethics, and Professor of Family, Population and Preventive Medicine at Stony Brook University
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

5/31-6/1 Spirituality and Health Research Workshop
(online)
European Conference on Religion, Spirituality and Health
Amsterdam
Title**: Numerous presentations**
Speakers: Harold G. Koenig, M.D., and others
Contact: Rene Hefti (rene.hefti@rish.ch)

PLEASE Partner with us to help the work to continue…

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