

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 November 2022) go to:
<https://spiritualityandhealth.duke.edu/index.php/publications/crossroads/>

LATEST RESEARCH

“Spiritual But Not Religious” Identity and Health among Young U.S. Adults

Researchers in the departments of sociology at Baylor University and the University of Texas analyzed 2-year longitudinal data on 2,238 young adults ages 16-21 participating in Waves II (2005-2006) and III (2007-2008) of the National Study of Youth and Religion. The goal was to determine whether within-person changes in “Spiritual but Not Religious” (SBNR) self-rated identity over 2 years were associated with health and mental health. SBNR was assessed at Waves II and III by the question, “Some people say that they are ‘spiritual but not religious.’ How true or not would you say that is of you?” Respondents indicating “very true” or “somewhat true” were coded as SBNR positive, whereas those indicating “not true” were coded as SBNR negative. Four categories were created based on SBNR identity at Waves I and II: (1) consistently religious (SBNR negative at both waves; n=560), (2) those who went from SBNR positive to negative (n=336), (3) those who went from SBNR negative to positive (n=492), and (4) those who were SBNR positive at both waves (n=850). Primary outcomes at Waves II and III were (1) *depression* assessed by a single question, “How often do you feel sad or depressed?” rated 1-5 from never to always, and (2) self-rated *physical health* also assessed by a single question, “Overall, would you say your health is...?” rated 1-5 from poor to excellent. Analyses were controlled for gender, age, race, education, religious affiliation, parental education, and parental divorce employing ordinary least squares regression and ordinal logistic regression models, using a lagged dependent variable approach. Mediating variables included frequency of religious attendance, closeness to God, religious doubt, and life meaningfulness, each assessed by single items. **Results:** With regard to depressive symptoms (mental health), compared to those who were consistently religious (category 1), those who were consistently SBNR (category 4) were significantly more likely to report depression ($b = 0.08$, $SE = 0.04$, $p < 0.05$). This association was mediated by religious attendance and closeness to God. With regard to self-rated physical health, compared to those who were consistently religious, the consistently SBNR were

significantly less likely to report good, very good, or excellent health ($OR = 0.64$, $95\% CI = 0.52-0.78$, $p < 0.001$). None of the hypothesized mediating variables explained this effect. Note that baseline mental and physical health outcomes were both controlled for in these analyses. Researchers concluded: “Results suggest that consistently identifying as SBNR was associated with worse physical and mental health relative to youth that were consistently religious.”

Citation: Upenieks, L., & Ford-Robertson, J. (2022). Changes in spiritual but not religious identity and well-being in emerging adulthood in the United States: Pathways to health sameness? *Journal of Religion and Health*, 61, 4635-4673.

Comment: This is one more well-done study (this time longitudinal) showing that persons who identify as SBNR have worse mental and physical health compared to those who describe themselves as both religious and spiritual (see background review in the present article).

Dignity, Attachment to God, and Mental Health in the U.S.

Laura Upenieks from the department of sociology at Baylor University analyzed data on a nationally representative sample of 1,375 adults participating in the 2017 Baylor Religion Survey. Independent variables (primary predictors) in this cross-sectional survey were perceived dignity and attachment to God. Perceived dignity was assessed by a 5-item scale, which was also strongly associated with mastery ($r = 0.36$). Attachment to God was assessed by a standard 6-item scale developed by Rowatt and Kirkpatrick, such that higher scores indicated a secure attachment to God. The mental health dependent variables (primary outcomes) were depression (assessed by 8-item CES-D) and anxiety (5-item scale). Structural and demographic covariates included education, income, age, race, employment status, gender, marital status, number of children, religious affiliation, prayer frequency, and frequency of religious attendance. Multivariate ordinary least squares regression was used to analyze the data. **Results:** With regard to depressive symptoms, attachment to God was significantly and negatively correlated ($b = -0.01$, $SE = 0.003$, $p < 0.01$), an association that was independent of all covariates and dignity scores. Likewise, attachment to God was significantly and inversely related to anxiety symptoms ($b = -0.01$, $SE = 0.004$, $p < 0.01$), again independent of all covariates and dignity scores. A significant interaction between dignity and attachment to God scores was found for both depression and anxiety, such that the relationship between lower perceptions of dignity and depression/anxiety was weaker for those with a stronger attachment to God. The researchers concluded: “Taken together, a secure attachment to God could lead believers to confront challenges and problems, including one’s dignity being undermined, with confidence and security.”

Citation: Upenieks, L. (2022). Perceptions of dignity, attachment to god, and mental health in a national US sample. *Journal of Religion and Health*, 61, 3615-3636.

Comment: Attachment to God is increasingly being reported to be a strong modifier of the relationship between stressors/negative life events and mental health problems. This study, which carefully

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analyzed data involving a nationally representative US sample, adds to that literature base.

U.S. Federal Investment in Religiousness/Spirituality and Health Research

Crystal Park and colleagues in the department psychological sciences at the University of Connecticut conducted a systematic review on federal funding for R/S research. This was done by reviewing information provided by the Federal RePORTER. The review was conducted from the earliest date up through the end of 2018. **Results:** The findings were that federal grants accounted for over \$214 million in research expenditures for R/S research, most of which was funded by NIH. Most funded research involved community-based observational studies. The proportion of studies on racial/ethnic minorities (47%) reflected the view that R/S was most relevant to minority groups in the U.S. Less than half of funded studies emphasized religion as a central focus, and R/S-focused studies were less common than non-R/S-focused studies. The review also indicated that overall funding levels appeared to be declining in recent years. Researchers concluded: "Overall, the present review suggests that U.S. federal funding for research on R/S and health is substantial, but most of this has only peripherally considered R/S and has yielded modest return on investment. Promising future directions include a continued focus on racial and ethnic minority populations as well as emerging areas such as religious gratitude and compassion along with well-designed intervention trials."

Citation: Park, C. L., George, J. R., Awao, S., Carney, L. M., Batt, S., & Salsman, J. M. (2022). US federal investment in religiousness/spirituality and health research: A systematic review. *Religions*, 13(8), 725.

Comment: Federal funding for R/S research is critical for this field to develop. The John Templeton Foundation cannot be the only source of funding in this area, and researchers cannot continue doing studies without funding support. It is also surprising that there appears to be a decline in federal research funding more recently in this area, despite the large volume of research showing the importance and relevance of R/S to health and well-being, including major public health implications. Hopefully, the newly formed special interest group on religion, spirituality and health at the NIH will help to rectify this funding problem (<https://oir.nih.gov/sigs/religion-spirituality-health-scientific-interest-group>).

Neuroscience of Spirituality/Religion and Mental Health

Investigators in the spirituality & mental health program at McLean Hospital and department of psychiatry at Harvard University conducted a systematic review and synthesis of the neurobiological correlates of S/R in an effort to identify biological mechanisms that may underlie this relationship. Included in this review were neuroimaging studies (MRI, fMRI, DTI, PET) and electrophysiology studies (EEG). Studies focusing on secular mindfulness or mindfulness without other aspects of spiritual life were excluded. All studies were identified up through mid-February 2021. **Results:** A total of 18 studies were identified, with the number of participants ranging from 14 to 127. Studies largely focused on depression, although a few studies examined alcohol/substance use (n=3), anxiety (n=2), and psychosis (n=1). The investigators also discussed the weaknesses and limitations of this research, although they appropriately did so in the context of the relatively limited funding support. The researchers concluded: "Because neurobiology research requires significant funding, there is a need for governmental agencies across the globe to recognize funding disparities in this area, in order to address the current limitations and gaps... further neuroimaging research is needed to examine relationships between S/R and

depression, alcohol/substance use, anxiety, and psychosis using experimental research designs and multidimensional measurements of S/R."

Citation: Rosmarin, D. H., Kaufman, C. C., Ford, S. F., Keshava, P., Drury, M., Minns, S., ... & Sacchet, M. D. (2022). The neuroscience of spirituality, religion, and mental health: A systematic review and synthesis. *Journal of Psychiatric Research*, Epub ahead of press

Comment: Doing high-quality research on the neurobiology of spirituality/religion without research funding support is virtually impossible (as reflected in the review of federally funded research by Park and colleagues above). The weaknesses in neuroscience and R/S studies described in this review clearly reflect this issue.

Religiosity and Health Behavior in Denmark

Investigators in the department of public health at the University of Southern Denmark analyzed data from the population-based Early Detection and Prevention study, which included 1,413 patients ages 29 to 60 years affiliated with general practitioners across Denmark (out of a total of 6,347 patients approached in these practices). Outcomes were self-reported diet (consumption of fish, fruit, and vegetables) and level of physical activity in the past 12 months. Information on prayer/meditation practice and attendance at church or mosque was also assessed with single item measures; these were combined into an exposure variable with scores of 0 (no religiosity, closed towards both prayer/meditation practice in church/mosque attendance; n=453), 1 (public religiosity-church only, closed towards prayer/meditation practice), 2 (private religiosity-prayer only, but close to church/mosque attendance), and 3 (public religiosity-church and prayer, open towards both prayer/meditation and church/mosque attendance; n= 446). The 6-item Lubben Social Network Scale, the primary mediating variable, assessed social interactions with relatives and friends. Covariates included gender, age, level of education, cohabitation status, country of origin, and employment status. Regression models were used to examine relationships between religiosity and health behavior outcomes, independent of other covariates, and to examine the mediating effects of social network strength. **Results:** Those in the public religiosity-church and prayer category were significantly more likely to eat a healthy diet than those in the no religiosity category (OR = 2.02, 95% CI = 1.41-2.86), independent of control variables. No significant mediating effect of social networks was found. Those in the public religiosity-church and prayer category were also slightly more likely to engage in physical activity compared to those in the no religiosity category (OR = 1.51, 95% CI = 0.98-2.27); again, there was no significant mediating effect for social networks. Researchers concluded: "Our results suggest that religiosity is linked to health behavior; however, this association is not mediated by social networks."

Citation: Svensson, N. H., Larrabee Sonderlund, A., Wehberg, S., Hvidt, N. C., Søndergaard, J., & Thilsing, T. (2022). The association between individualised religiosity and health behaviour in Denmark: Are social networks a mediating factor? *Journal of Religion and Health*, 61, 4738-4757.

Comment: Although the description of statistics and findings is a bit vague (with some conflict between findings reported in the text and in the tables), this study shows that health behaviors in secular Denmark are greater among those engaged in both religious community (church/mosque) and private prayer activity, as studies in the U.S. have found.

Is Religious Involvement Related to Mental Health among Adolescents in Sweden?

Olov Aronson from the faculty of humanities and social sciences at Orebro University in Orebro, Sweden, analyzed three waves of longitudinal data on 4,366 adolescents (average age 14-16 years) in Sweden collected during the Children of Immigrants Longitudinal

Survey in Four European Countries (CILSFEC) study. Adolescent natives and adolescent immigrants were compared. At Wave 1 religiosity was assessed by three questions: "How important is religion to you?" (0-3); "How often do you pray?" (0-5); and "How often do you visit a religious meeting place?" (0-4). These three items were summed (after weighting) to create an overall religiosity score. Mental health problems were assessed as a five-item scale that asked about worrying, anger, anxiety, depression, and feelings of worthlessness, with higher scores indicating more mental health problems. Participants were divided into categories of first-generation immigrants (n=560), second-generation immigrants (n=1347), and Swedish natives (n=2459). Time-dependent regression analyses were conducted using latent growth curve models. **Results:** Among adolescent Swedish natives, greater religiosity was associated with more mental health problems initially ($\beta=0.04$, $p<0.05$), although developmental trajectories overlapped with the other trajectories as adolescents approached 16 years of age. Among first-generation immigrant adolescents, religiosity was initially inversely related to mental health problems ($\beta=-0.14$, $p<0.01$); the same was true for second-generation immigrants ($\beta=-0.15$, $p<0.001$). Religiosity did not significantly predict any slopes in any models, indicating that it did not contribute to increasing or decreasing mental health problems over time. However, there was a trend in favor of this effect for both first and second generation immigrants suggesting that those with mean religiosity levels consistently experienced less mental health problems than those with zero religiosity from ages 14 to 16. Researchers concluded: "To prevent mental health problems among adolescents, the findings of the current study suggest that it may be necessary to develop specific prevention strategies for specific adolescent populations. Also, early interventions to facilitate religiosity among adolescent immigrants may have lasting, preventive effects on their mental health problems." *Citation:* Aronson, O. (2022). Differential effects of religiosity on the mental health problems of adolescent natives and immigrants in Sweden: A three-wave longitudinal study. [Mental Health & Prevention](#), 27, 200242.

Comment: These longitudinal findings from a large sample of adolescents in secular Sweden suggest that religious involvement may be particularly important in preserving the mental health of first and second generation immigrant adolescents.

Religion/Spirituality and Mental Health in Canadian Adults

Researchers at St. Paul University and University of Ottawa in Ottawa, Canada, analyzed data on 18,200-20,019 adults aged 25 and over participating in the 2012 Canadian Community Health Survey-Mental Health. The purpose was to examine the relationship between R/S and mental health across the lifespan (in this cross-sectional study). Mental health was assessed in terms of (a) psychological distress and (b) positive mental health. Religion/spirituality (R/S) was measured by a single question: "To what extent do your religious or spiritual beliefs give you the strength to face everyday difficulties?" with response options ranging from "not at all" (1) to "a lot" (4). Psychological distress was assessed using the 6-item Kessler Psychological Distress Scale (K6), whereas positive mental health was measured by the 14-item Mental Health Continuum-Short Form (MHC-SF; which assesses emotional well-being and positive functioning). Covariates controlled for in multivariate analyses included age, sex, household income, education, marital/relationship status, race/ethnicity, pain preventing daily activities, close relationships, and lifetime prevalence of major depression and alcohol dependence. **Results:** R/S increased with increasing age, i.e., from 25.9% indicating "a lot" at ages 25-44 to 46.2% indicating a lot at ages 65 or older. Overall, those who indicated "a lot" were significantly more likely to report positive mental health than those indicating "not a lot" ($b= 3.72$, $SE = 0.31$, $p<0.001$). There was also

an interaction between R/S and age, such that those indicating "a lot" who were 65 years or older were more likely to report positive mental health compared to those ages 25-44 years indicating a lot ($b= 1.80$, $SE = 0.57$, $p=0.002$). Likewise, those age 65 or older indicating "some" (with regard to R/S) were more likely to report positive mental health than were those ages 25-44 who indicated "some" ($b= 1.96$, $SE = 0.62$, $p=0.002$). With regard to psychological distress, there was no association with R/S. Researchers concluded: "Although R/S was associated with positive mental health among all participants, there was a stronger relationship between R/S and positive mental health for older adults. No statistically significant relationship between R/S and psychological distress was observed."

Citation: Manoiu, R., Hammond, N. G., Yamin, S., & Stinchcombe, A. (2022). Religion/spirituality, mental health, and the lifespan: Findings from a representative sample of Canadian adults. [Canadian Journal on Aging](#), EPUB ahead of press.

Comment: The finding that R/S is associated with positive mental health, but not psychological distress, is often reported. The relationship between R/S and positive emotions seems to be stronger than the inverse relationship between R/S and negative emotions. Of course, given the cross-sectional nature of these findings, direction of causation cannot be determined.

Is Religiosity Related to Well-Being among Muslims in the Western Countries?

Researchers in the school of social work at the University of Windsor, Ontario, Canada, conducted a meta-analytic review of 21 studies conducted in the West (USA, Canada, Australia, New Zealand, any European country) involving an aggregate sample of 7,145 Muslims. **Results** indicated a significant relationship between religiosity and well-being ($r=0.20$, $p<0.05$); two-thirds of religious Muslims scored higher on measures of subjective well-being (and lower on measures of mental illness) than did non-religious Muslims. The effect in Muslim women was greater than in Muslim men ($r= 0.26$ vs. $r=0.14$, respectively). Researchers concluded, "As hypothesized, Islamic religiosity seems to provide substantial mental health protections, bolstering subjective well-being among Muslims in the West and these protections seem much greater among Muslim women than men."

Citation: Ghannam, S., & Gorey, K. M. (2022). Islamic religiosity and subjective well-being in the west: meta-analytic evidence of protections across diverse Muslim diasporas. [Journal of Religion & Spirituality in Social Work: Social Thought](#), EPUB ahead of press.

Comment: This is one of the first meta-analyses to examine the relationship between religiosity and psychological well-being among Muslims in Western countries.

Religious Well-Being and Psychological Health among U.S. Military Personnel Engaged in Remote Combat

Researchers in the departments of psychology at George Fox University and Westmont College, along with those at the aerospace medicine department at the U.S. Air Force School of Aerospace Medicine, surveyed 354 Air Force personnel involved in remotely piloted aircraft (RPA). Spiritual well-being (the primary predictor) was assessed by the 20-item spiritual well-being scale (SWBS), which measures "religious well-being" (RWB) and "existential well-being" (EWB) with 10 items each. Unit social support (a predictor/mediator) was also assessed by a 12-item subscale of the Deployment Risk and Resilience Inventory. Participants also completed the 15-item Work Role Strain Scale (a predictor/mediator). Outcome measures were the Maslach Burnout Inventory, Outcome Questionnaire-45.2, PTSD checklist-5, and single item on job satisfaction. Using cluster analysis based on scores on the latter four scales, participants were categorized into "psychologically healthy" participants (73.4%) and "distressed"

participants (26.6%). Spiritual well-being, unit social support, and work role strain were examined as predictors of psychologically healthy versus distressed crewmembers, controlling for age, gender, role overload, and leader cohesion. **Results:** In bivariate uncontrolled analyses, religious well-being (RWB) was significantly higher among psychologically healthy crewmembers compared to distressed crewmembers (average score 49.0 vs. 43.3, $p < 0.001$). Once existential well-being (EWB) was controlled for in regression models, religious well-being was no longer a significant correlate of group membership (i.e., healthy vs. distressed).

Citation: Bufford, R. K., Frise, A., Paloutzian, R. F., Mulhearn, T. J., Scheuneman, N., Chappelle, W., ... & Prince, L. (2022). Psychological and spiritual factors affecting well-being among military personnel engaged in remote combat. Psychological Trauma: Theory, Research, Practice, and Policy, EPUB ahead of press.

Comment: These findings suggest that the effects of RWB on psychological health are mediated through EWB. This is one of the first studies to examine the relationship between religiosity/spirituality and psychological health among remotely piloted aircraft crewmembers.

Does Perceived “Support from God” Mediate the Relationship between Religiosity and Psychological Distress?

Researchers from psychology departments at the University of Derby and the University of Oxford conducted a cross-sectional survey of 253 Evangelical Christians recruited through online faith groups from across the United Kingdom. Religiosity was assessed by the 10-item Religious Commitment Inventory (Worthington). Psychological distress was measured using the 4-item Patient Health Questionnaire for Anxiety and Depression (Kroenke et al), which assesses symptoms over the past two weeks. Support from God was measured by the 7-item God Support Subscale of the Religious Support Scale (Fiala et al). Linear regression analyses were used to examine the mediating role of God support on the relationship between religiosity and psychological distress.

Results: Bivariate analyses indicated that psychological distress was inversely related to religious commitment ($r = -0.18$, $p < 0.01$), whereas support from God was positively related to religiosity ($r < 0.05$) and was inversely related to psychological distress ($r = -0.21$, $p < 0.001$). Regression analyses indicated that adding God support to the model significantly reduced the negative relationship between religiosity and distress ($B = -0.66$ to $B = -0.55$), although the effect remained significant, indicating only partial mediation. Researchers concluded: “Evangelical religiosity may be related to health benefits through adherents’ sense of support from God, corroborating a divine attachment theory of religion. We argue that God support should be considered as one of the theoretical mechanisms through which religions may be associated with better psychological health.”

Citation: EM Lloyd, C., & Reid, G. (2022). Perceived God support as a mediator of the relationship between religiosity and psychological distress. Mental Health, Religion & Culture, EPUB ahead of press.

Comment: Considerable recent research in psychology suggests that “attachment to God” is an important mediator of the religion-mental health relationship. However, to our knowledge, this is the first study to show such mediation in a European sample (i.e., UK).

Prayer and Neuropsychiatric Symptoms in Patients with Dementia

Researchers in the school of nursing at the University of Pennsylvania and other U.S.-based universities analyzed data from the Aging, Demographics and Memory Sub-study (ADAMS) 2001-2009 of the Health and Retirement Study (HRS). The sample consisted of 40 older adults ages 70 to 100 years with a formal

diagnosis of dementia (74% white, 73% female). Dementia diagnoses were made by a consensus panel of clinical experts. A structured caregiver interview using the Neuropsychiatric Inventory (NPI) assessed aberrant motor behaviors, apathy, agitation/aggression, anxiety, delusions, depression, disinhibition, elation, hallucinations, and irritability. Sleep disturbances were also assessed using a 3-item measure. Cognitive and functional performance were assessed by the Clinical Dementia Rating (CDR) scale. Finally, private spiritual practice was assessed in HRS (in the year 2000) as frequency of prayer: “Do you ever pray privately in places other than at church or synagogue?” For those responding yes, frequency of prayer was assessed by the question “How often do you pray privately?” In HRS waves 2006 and 2008, the question on prayer was: “How often do you pray privately in places other than at church or synagogue?” Spearman’s rho correlation was used to analyze the data after weighting. Given the small sample size, analyses were not controlled for potential confounders. **Results:** Frequency of private prayer was significantly associated with total NPS score (-0.358 , $p < 0.01$), cognitive ratings on the CDR scale ($r = -0.383$, $p < 0.01$), and sleep disturbances ($r = -0.147$, $p < 0.01$). Researchers explained the results as follows: “Findings could be due to use of cognitive processes used in prayer during supplication, requesting aid, and through communication with the divine, reducing loneliness.”

Citation: Britt, K. C., Richards, K. C., Acton, G., Hamilton, J., & Radhakrishnan, K. (2022). Older Adults with dementia: Association of prayer with neuropsychiatric symptoms, cognitive function, and sleep disturbances. Religions, 13(10), 973.

Comment: Given the small sample size, these significant results are surprising. However, they are consistent with other research (some of it longitudinal) showing better cognitive functioning among persons with dementia engaged in religious activities.

Confucianism and Health

Researchers in the department of nursing at the University of Seville, in Seville, Spain, conduct a scoping review of the influence that Confucianism has on health behaviors, health outcomes, and medical decisions. Five electronic databases were searched in early 2021 (PubMed, Scopus, PsychInfo, Web of Science, and CINAHL). Included were cross-sectional, case-controlled, longitudinal cohort, descriptive, ecological or intervention studies, and natural experiments. **Results:** A total of 40 studies out of 833 publications were included (13 qualitative, 13 quantitative, 9 narrative reviews, 4 essays, and 1 systematic review). The focus of these studies was: (1) Confucian values, virtues and beliefs related to health; (2) family as a focus of medical decision-making; (3) provision of healthcare and health behaviors; (4) dignity, death and body donation; and (5) mental health. Researchers concluded: “Based on our findings, family is the central aspect of Confucianism and it appears to affect many dimensions of life, including the participation in medical decisions, taking care of relatives, ethical dilemmas (e.g., organ donation and end-of-life issues) and mental health problems... Understanding these values could help health managers and health professionals to deal with the growing contingent of patients with different views and cultures.”

Citation: Badanta, B., González-Cano-Caballero, M., Suárez-Reina, P., Lucchetti, G., & de Diego-Cordero, R. (2022). How does Confucianism influence health behaviors, health outcomes and medical decisions? A scoping review. Journal of Religion and Health, 61, 2679-2725.

Comment: To our knowledge, this is one of the first systematic reviews examining the effects of Confucianism on health. Given the dominant influence that Confucianism -- as a philosophical system -- has on almost all Eastern societies (China, Southeast Asia, Korea, etc.), healthcare professionals need to be aware of these influences.

NEWS

Editorial Board Members Needed

Beginning January 1, 2023, Dr. Harold Koenig will take over the position of Editor-in-Chief of the *International Journal of Psychiatry in Medicine* (IJPM). IJPM is a peer-reviewed secular academic journal published by Sage, a major U.S. academic publisher (<https://us.sagepub.com/en-us/nam/home>). The 5-year Thomson-Reuter (Clarivate) impact factor for IJPM is 1.435. The journal publishes academic research articles and commentaries related to “psychobiological, psychological, social, familial, religious, and cultural factors in the development and treatment of illness; the relationship of biomarkers to psychiatric symptoms and syndromes in primary care; research on dealing with the challenges of managing psychiatric syndromes in the setting of multiple medical co-morbidities; the impact of financial and technological changes in clinical practice on the broad scope of psychiatry health care; the significance and meaning of disease to the emotional and psychological state of individuals, and medical education research that helps prepare future practitioners to address these issues” (<https://journals.sagepub.com/description/IJP>). Note that religion and health is not the focus of the Journal, but rather the topics described above. The journal receives approximately 250-300 submissions per year, of which it rejects approximately 200 (85% rejection rate). If you are interested in serving as an Editorial Board member for the journal, contact Dr. Koenig at harold.koenig@duke.edu. The only requirement is to review 2-3 submissions per year. Editorial Board members will have their name and affiliation displayed prominently on the Journal website acknowledging their role. An academic university affiliation and publishing/research experience is required.

Congratulations to Lindsay B. Carey, MAppSc, Ph.D.

The *Australian Research Magazine* has recognized Assoc. Prof. Lindsay Carey (La Trobe University [Melbourne] and the University of Notre Dame [Sydney]) as the 'National Field Leader' 2022 in the Discipline of Humanities for his research into religion and its connection with health and well-being. Dr. Carey is also now ranked in the top 250 researchers across Australia. He is particularly recognized as one of the leading Australian researchers into moral injury experienced by military Veterans and, in 2019, was a co-winner of the prestigious Sir Edward Weary Dunlop Award for innovative research into moral injury and Veteran health. He was previously recognized as an Australian Field Research Leader in 2018 and 2019 and now also 2022. Dr. Carey also has a strong interest in palliative and pastoral/spiritual care, chaplaincy and bioethics. For more information, go to: <https://todaypaper.theaustralian.com.au/html5/reader/production/default.aspx?pubname=&edid=d8d9525f-7534-4979-bca7-c61c3bdef875>

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 is on Tuesday, December 20, 2022, occurring at 12:00-1:00 EST, and will be delivered by **Joseph Currier, Ph.D., Professor of Psychology, University of Southern Alabama, in Mobile, Alabama**. The title of his presentation is **Bringing Spiritual and Religious Competencies into Mental Health Care**. 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.

SPECIAL EVENTS

21st David B. Larson Memorial Lecture

(Durham, North Carolina, March 9, 2023, 5:30-6:30P EST, Duke Hospital North, onsite only)

The speaker for the 2023 Larson lecture is Aasim I. Padela, MD, MSc, FACEP. Dr. Padela is Professor of Emergency Medicine, Bioethics and the Medical Humanities at MCW. In addition to being Vice Chair for Research and Scholarship in the Department of Emergency Medicine, he co-leads the Community Engagement Core for the Comprehensive Injury Center, serves on the Council of Faith for the Clinical and Translational Science Institute at MCW, and holds a faculty appointment in the Center for Bioethics and Medical Humanities in the Institute for Health and Equity. Dr. Padela is an internationally renowned clinician-researcher with scholarly foci at the intersections of healthcare, bioethics, and religion. In addition to maintaining an active clinical, research, and bioethics practice at MCW, he provides public health and bioethics consultation to international organizations, legislative bodies, and in court. Dr. Padela holds an MD with Honors in Research from Weill Cornell Medical College, completed residency in Emergency Medicine with Research Distinction at the University of Rochester, and received an MSc in Healthcare Research from the University of Michigan. He also completed a clinical medical ethics fellowship at the MacLean Center for Clinical Medical Ethics at the University of Chicago, and a research fellowship at the University of Michigan. Prior to that, he received a Bachelor of Science with Highest Distinction in Biomedical Engineering, and a Bachelor of Arts degree with Magna Cum Laude in Classical Arabic and Literature from the University of Rochester. His other notable scholarly training includes visiting fellowships at the Oxford Centre for Islamic Studies and the International Institute for Islamic Thought, research career development as a Robert Wood Johnson Foundation Clinical Scholar and as a John Templeton Foundation Faculty Scholar, and leadership development as a Health Equity Leadership Institute Fellow, a Warner-Reynolds Leadership Fellow, and a Society of Behavioral Medicine Mid-Career Leadership Fellow. For more information go to: <https://spiritualityandhealth.duke.edu/index.php/scholars/david-b-larson/>. All are invited to attend, and no registration is required.

Religion and Medicine Conference

(Columbus, Ohio, March 12-14, 2023)

The conference theme this year is “At the Limits of Medicine: Caring for Body and Soul.” The theme of this year's conference is an invitation to consider the boundaries of medicine—beyond what can be done to what ought to be done—by following the central theme of how medicine seeks to care for souls. As always, the conference organizers welcome a range of interests from practical, clinical presentations to theological and philosophical reflections and more. The 2023 Conference on Medicine and Religion invites clinicians, scholars, clergy, students and others to take up these and other questions related to the intersection of medicine and religion. We encourage participants to address these questions and issues in light of religious traditions and practices, particularly, though not exclusively, those of Judaism, Christianity and Islam. The conference is a forum for exchanging ideas from an array of disciplinary perspectives, from accounts of clinical practices to empirical research to scholarship in the humanities. For more information go to: <http://www.medicineandreligion.com/>.

RESOURCES

Books

Addressing Moral Injury in Clinical Practice

(American Psychological Association, 2021)

From the publisher: "Many service members transitioning to civilian life struggle with mental health issues. For some, these mental health issues revolve around moral injury—acts or experiences that contradict the individual's fundamental beliefs about the world, or how it ought to be. The book's expert contributors are researchers and clinicians who are leading efforts to define and assess moral injury, identify its potential mechanisms and outcomes, and develop and disseminate treatments to promote recovery and healing from morally injurious events. Through the use of case examples, authors discuss promising theoretical models for conceptualizing moral injury, prominent conceptual and clinical concerns for addressing such injuries in clinical practice, and existing and novel intervention approaches." Available for \$49.99 (paperback) from <https://www.amazon.com/Addressing-Moral-Injury-Clinical-Practice/dp/1433832690/>.

The Spirit of Global Health: the World Health Organization and the 'Spiritual Dimension' of Health, 1946-2021

(Oxford University Press, 2022)

From the publisher: "Since the beginning of the World Health Organization, many of its staff members, regional offices, member states, and directors-general have grappled with the question of what a 'spiritual dimension' of health looks like, and how it might enrich the health policies advocated by their organisations. Contrary to the wide-spread perception that 'spirituality' is primarily related to palliative care and has emerged relatively recently within the organisation, this study shows that its history is considerably longer and more complex, and has been closely connected to the WHO's ethical aspirations, its quest for more holistic and equitable healthcare, and its struggle with the colonial legacy of international health organisations. While such ideals and struggles silently motivated many of the key actors and policies - such as the provision of universal primary healthcare - which for decades have embodied the organisation's loftiest aspirations, the WHO's official relationship with 'spirituality' advanced in fits, leaps, and setbacks. At times creative and interdisciplinary, at others deeply political, this process was marked by cycles of institutional forgetting and remembering. Rather than as a triumph of religious lobbyists, this book argues, the 'spiritual dimension' of health may be better understood as a 'ghost' that has haunted - and continues to haunt - the WHO as it comes to terms with its mandate of advancing health as a state of 'complete well-being' available to all. Available for \$100.00 (hardcover) from <https://www.amazon.com/Spirit-Global-Health-Organization-Spiritual/dp/0192865501/>

Spiritual Readiness: Essentials for Military Leaders and Chaplains

(Amazon Kindle, 2022)

Spiritual readiness (SR) is the strength of spirit that enables the warfighter to accomplish the mission with honor. Maintaining SR is essential for members of the U.S. Armed Forces and their allies in order to keep the peace and, when necessary, win wars. SR influences all other aspects of warrior readiness – psychological, social, behavioral, and physical. Intended for military leaders, military chaplains, and VA chaplains, this book reviews concerns about warrior readiness, concerns underscored by widespread reports of mental health problems and lack of psychological, social, and behavioral fitness. The book discusses how to measure SR to establish a baseline and then track over time. Non-religious

and religious sources of SR are then examined from Eastern, Indic, and Abrahamic faiths. Human flourishing is defined and examined in relationship to warrior readiness. The relationship between SR and human flourishing is then explored, illustrated by a theoretical causal model. Systematic quantitative research is then reviewed that explores how religious involvement affects both (a) the pathways that lead to human flourishing and (b) human flourishing itself. The question of who is responsible for building and sustaining SR in the military is then addressed (government decision-makers, military leaders, behavioral health specialists, medical providers, and especially, military chaplains), followed by a series of chaplain interventions designed to prevent or treat emotional problems that diminish SR. The book concludes with a series of practical recommendations for military leaders to enhance SR among those under their command. The book is available on Amazon Kindle for \$0.99 and the paperback is \$7.22 (printing costs only). Go to <https://www.amazon.com/Spiritual-Readiness-Essentials-Military-Chaplains/dp/BOBBY2JLXB>.

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. 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 \$19.97 (used) 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 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/>

You are My Beloved. Really?

(Amazon: CreateSpace Publishing 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/>.



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.



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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 2023 workshop to be held August 14-18. These scholarships will cover the \$1200 tuition, up to \$1500 in international travel costs, \$500 in hotel expenses, and \$400 in living expenses. They are available only to academic faculty and highly promising 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 highly competitive and awarded to talented well-positioned faculty/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 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 2023 and the years ahead (this grant ends after the 2023 workshop). 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 2023 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/>

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 18, 2023**.

The Foundation will communicate their decision (rejection or invitation to submit a full proposal) for all OFIs by October 13, 2023. 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 (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>.

2022 CSTH CALENDAR OF EVENTS...

Dec

12/20 **Spirituality and Health Research Seminar**
12:00 -1:00 EST (online by Zoom)
Title: **Bringing Spiritual and Religious Competencies into Mental Health Care**
Speaker: Joseph Currier, Ph.D., Professor of Psychology, University of Southern Alabama, Mobile, Alabama
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

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

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