

CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health

Volume 12

Issue 7

Jan 2023

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

LATEST RESEARCH

Religiosity and Quality of Life in Older Christian Women in Ireland

Researchers at the Trinity College Dublin and Mercer's Institute for Successful Aging, St. James Hospital, Dublin, Ireland, analyzed data involving a nationally representative sample of 2,112 Christian women aged 57 or older at baseline in 2009-2010 (Irish Longitudinal Study on Aging). For the quantitative part of this study, data from the first five waves of this longitudinal study collected between 2009 and 2018 were used in analyses. For the qualitative part of the study, semi structured interviews were conducted with 11 Christian women aged 65 or over in 2018. Three religious variables were assessed at baseline in 2009-2010: frequency of religious attendance (51% attending weekly), importance of religion in life (62% indicating religion was very important), and comfort and strength reported from religion (86% indicating yes). Data on QOL was assessed using the 12-item Control, Autonomy, Self-actualization and Pleasures Scale (CASP), which was assessed at all 5 waves of data collection. Linear mixed effects models were used to examine predictors of trajectories of change in QOL over time, adjusting for the covariates age, education, marital status, homeownership, social network and social participation, health, physical functioning (both ADLs and IADLs), mental health, fear of falling, chronic pain, and incontinence. **Results:** All three indicators of religious involvement predicted significantly higher quality of life over time, after adjustment for covariates. Qualitative interviews indicated that all 11 women interviewed mentioned some way in which they felt religion was associated with spiritual and mental well-being, and 8 out of 11 mentioned ways in which religious practice or belief help them or others to cope with adverse life circumstances, including physical health crises, death or illness of loved ones, and mental health difficulties. However, the majority of women also noted that religious practices were a point of contention with younger generations, and several women noted that the declining role of the church in Irish society caused them distress. Researchers concluded: "The quantitative data showed an association between lower religiosity and lower QOL. Qualitative data supported an

effect of religious involvement on QOL though certain aspects of being religious in Ireland were accompanied by distress."

Citation: Orr, J., Kenny, R. A., & McGarrigle, C. A. (2022).

Religiosity and quality of life in older Christian women in Ireland: A mixed methods analysis. Journal of Religion and Health, EPUB ahead of press.

Comment: This is a large prospective mixed-methods study conducted over nearly 10 years, utilizing sophisticated data analytic techniques (growth curve models) and controlling for more than a dozen demographic, psychological, social, and health characteristics. The results provide evidence that religious involvement among Christian older women in Ireland may positively impact quality of life.

Spirituality/Religiosity and Resilience

Investigators were private practice physicians and faculty at the Federal University of Juiz de Fora in Brazil. The purpose of this report was to conduct a systematic review and meta-analysis of observational studies examining the relationship between spirituality/religiosity and psychological resilience. Of a total of 2,468 articles identified, 34 high quality observational studies were included in this review following PRISMA guidelines. **Results:** A moderate positive correlation was found between S/R and resilience ($r=0.40$, 95% CI = 0.32-0.48, $p<0.01$). Effects were stronger in the Middle East, Europe, and Oceania; in healthy individuals compared to those who were stressed by disease; and in those ages 40-60 years old. A random effects model including 7,557 participants found that only 1 of 34 studies reported a significant negative correlation between spirituality/religiosity and psychological resiliency. Researchers concluded: "A moderate positive correlation was found between S/R and resilience."

Citation: Schwalm, F. D., Zandavalli, R. B., de Castro Filho, E. D., & Lucchetti, G. (2022). Is there a relationship between spirituality/religiosity and resilience? A systematic review and meta-analysis of observational studies. Journal of Health Psychology, 27(5), 1218-1232.

Comment: The topic of resilience is an important one for many reasons. Resilience involves the ability to bounce back from traumatic, painful, and distressing life experiences. These experiences are common to all, but it is the resilient person who is capable of moving beyond the pain and, in fact, growing psychologically and spiritually as a result. S/R enables people to do that, at least according to this systematic review of the scientific literature.

Spirituality/Religiosity and Health in Patients with COPD in Brazil

Researchers on the faculty of physiotherapy at the Federal University of Juiz de Fora, Brazil, surveyed 72 patients with stable COPD (chronic obstructive pulmonary disease). Participants were 58% male with an average age of 68 years and FEV1 of 49.2% (relatively low). Religiosity was assessed with the 5-item Duke Religion Index (DUREL); spirituality was measured by the FACIT-SP (generic meaning/purpose, peace, faith). S/R coping was assessed with the 14-item Brief RCOPE. Outcomes included physical health status (ability to perform activities of daily living),

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dyspnea, quality of life, depression, and anxiety. Hierarchical multivariate linear regression was used to control for demographic factors. **Results:** Bivariate analyses indicated a significant inverse correlation between the 3-item intrinsic religiosity subscale of the DUREL and depressive symptoms (Spearman correlation = -0.33, $p < 0.01$). Not surprisingly, meaning in life and peacefulness were associated with a number of positive psychological states and were inversely related to shortness of breath (dyspnea). Negative religious coping was also associated with worse psychological outcome, quality of life, and dyspnea. Multivariate analyses largely confirmed these associations. Researchers concluded "Understanding how religiosity and spirituality are associated with physical and psychological features in patients with COPD may contribute to the long-term management of this patient population." *Citation:* Mendes, N. S., Malaguti, C., dos Anjos Sena, L., Lucchetti, G., de Jesus, L. A. S., Vitorino, L. M., ... & Oliveira, C. C. (2022). Spirituality and religiosity are associated with physical and psychological status in patients with chronic obstructive pulmonary disease. *Journal of Clinical Nursing*, 31(5-6), 669-678. *Comment:* Use of the FACIT-Sp to measure spirituality in this study was problematic, since it is heavily confounded by the indicators of mental health. Not surprisingly, having meaning and peace in life was associated with better mental health and lower levels of dyspnea. The most significant interpretable finding in this study was the inverse association between intrinsic religiosity and depressive symptoms.

Religiosity and Well-Being among Older People in Chile

Researchers from the institute of sociology at the Pontificia Universidad Católica de Chile in Santiago, Chile, conducted face-to-face interviews with a national random sample of adults aged 60 or over (without cognitive impairment) in Chile between November 2019 and January 2020 (Fifth National Survey of Quality of Life in Old Age 2019). A total of 2,132 participants completed the survey out of 2,573 older adults invited to participate (86% response rate for this cross-sectional study). Participants were 67% women with a mean age of 72 years. Religiosity, the primary independent variable, was assessed by the 5-item Duke Religion Index (DUREL), which assesses organizational religious activity (ORA), private religious activity (NORA), and intrinsic religiosity (IR). Dependent variables were depressive symptoms assessed by the PHQ-9; anxiety symptoms assessed by the 5-item General Anxiety Inventory-Short Form; and loneliness by the 3-item UCLA Loneliness Scale. Mediator variables included social network (assessed by the 6-item Lubben Social Network Scale) and resilience (assessed by the 4-item Brief Resilient Coping Scale). Structural equation modeling (SEM) was used to examine the data. **Results:** SEM revealed a total effect of intrinsic religiosity (IR) on lower depressive symptoms ($b = -0.04$, $p < 0.001$), lower anxiety symptoms ($b = -0.04$, $p < 0.001$), and less loneliness ($b = -0.05$, $p < 0.001$). ORA was also inversely related to anxiety symptoms ($b = -0.02$, $p = 0.04$). NORA was not related to any of the psychological outcomes. Greater support from family and friends and greater resilience were mediators of many of these effects. Researchers concluded: "This study demonstrated that religiosity is a psychosocial resource that contributes to mental health and well-being." *Citation:* Fernández, M. B., & Rosell, J. (2022). An analysis of the relationship between religiosity and psychological well-being in Chilean older people using structural equation modeling. *Journal of Religion and Health*, 61(2), 1585-1604. *Comment:* This is one of the few studies that have examined the relationship between different aspects of religiosity and mental health (depression, anxiety, loneliness) among older adults in Chile. Unfortunately, the description of results in the abstract, text, and tables often conflicted with one another.

Religious Coping, Depression, Anxiety and Stress among Arabs during COVID-19

Investigators from the department of psychology at Agri Ibrahim Cecen University in Merkez, Turkey, and several other universities in Turkey and the United Kingdom, surveyed a convenience sample of 259 Arab speaking adults drawn from the general public in Saudi Arabia. The average age of participants was 33 years, and 3% had contracted COVID-19 themselves. Data were collected online using Google forms. The purpose was to examine the relationship between religious coping, fear of COVID-19, depression, anxiety, and stress. Religious coping was assessed with the 14-item Brief RCOPE, which assesses positive religious coping (PRC) and negative religious coping (NRC). Fear of COVID-19 was measured by a validated 7-item scale, and depression, anxiety and stress were assessed by the DASS-21 scale. Hierarchical multiple regression analyses were used to examine the independent effects of PRC and NRC on fear, depression, anxiety, and stress. **Results:** Bivariate analyses revealed that PRC was unrelated to fear of COVID-19 and anxiety, but was inversely related to stress ($r = -0.14$, $p < 0.05$) and to depression ($r = -0.13$, $p < 0.05$). As expected, NRC was positively associated with all negative mental health outcomes. Multivariate analyses confirmed the inverse associations between PRC and stress level ($B = -0.21$, $SE = 0.06$, $p < 0.01$) and depression ($B = -0.15$, $SE = 0.05$, $p < 0.05$), independent of other variables including fear of COVID-19. Researchers concluded: "Fear of COVID-19 and negative religious coping may be detrimental to mental health while positive religious coping may reduce depression and stress." *Citation:* Yıldırım, M., Arslan, G., & Alkahtani, A. M. (2022). Do fear of COVID-19 and religious coping predict depression, anxiety, and stress among the Arab population during health crisis? *Death Studies*, 46(9), 2070-2076. *Comment:* This is one of the few studies examining the relationship between religious coping and mental health during the COVID-19 pandemic in Saudi Arabia. Unfortunately, the dates when the study was conducted were not provided, though it appears that it was conducted somewhere between 2020 and 2021.

Religiosity and Death Attitudes among Older Asian and Pacific Islander Americans

Investigators in the department of psychology at the University of Hawaii at Manoa, Honolulu, conducted a cross-sectional survey of a convenience sample of 69 nursing home residents from across Hawaii, examining the relationship between religiosity, spirituality, death attitudes, and psychosocial health. Inclusion criteria were age 65 or older (average age 80), at least one chronic disease, and living in a nursing home; 80% were of Japanese, Pacific Islander, Chinese, or Filipino ethnicity. Participants ranged in religious affiliation from Catholic (33%) to Protestant/other Christian (25%) to Buddhist (22%) to others/unspecified (20%). Spirituality was assessed by two subscales (life scheme and self-efficacy) of the Spiritual Index of Well-Being (Frey et al), whereas intrinsic religiosity was assessed by a two-item index which asked about strength of religious/spiritual beliefs and closeness to God/higher force. Death attitudes were assessed by two subscales of the Death Attitude Profile-Revised, which measure fear of death and approach to death acceptance. Bivariate correlations and stepwise regression for death attitudes (fear of death and death approach acceptance) were conducted. **Results:** Spirituality (life scheme) was inversely related to fear of death, controlling for marital status ($b = -0.47$, $p < 0.001$). Intrinsic religiosity (strength of belief) was positively related to death approach acceptance, controlling for marital status and religious affiliation ($b = 0.43$, $p < 0.001$). Buddhists were significantly less likely to accept death than Catholics ($b = -0.23$, $p < 0.05$). Researchers concluded: "Ethnicity and religious/spiritual affiliation had significant effects on

study outcomes, even between minority subgroups. These findings highlight the importance of exploring the differential impact of religious/spiritual and cultural factors on death attitudes among older minorities.”

Citation: Kwak, J. J. (2022). Death attitudes among older Asian and Pacific Islander Americans: The role of religiosity, spirituality, and psychosocial health factors. *Death Studies*, 46(3), 648-657.
Comment: The cross-sectional nature of this study and small sample size, as well as the use of a measure of spirituality highly confounded by indicators of mental health (Spiritual Index of Well-Being), are limitations of the study’s design and the findings. However, the primary unconfounded and interpretable finding was that strength of religious/spiritual belief and closeness to God/higher force were associated with greater death approach acceptance (although unrelated to fear of death).

Religiosity, Pain, and QOL in Patients with Multiple Sclerosis

Investigators in the department of advanced medical and surgical sciences at the University of Campania Luigi Vanvitelli in Naples, Italy, surveyed 90 patients with stable multiple sclerosis (MS) (achieving a remarkable 98% response rate). The purpose was to examine the cross-sectional relationships between religiosity, pain, quality of life (QOL), and disability. Religiosity was assessed with a 5-item religious attitudes scale (faith, religious practices, religious tolerance; Laudadio & D’Alessio, 2010). Pain was measured by a single item Visual Analog Scale (VAS) ranging from 0 (no pain) to 100 (worst imaginable pain). In addition, the McGill questionnaire was used to assess the quality and quantity of pain. QOL was measured by the SF-36, which assesses physical functioning, role limitations due to health problems, physical pain, general health, vitality, social functioning, role limitations, and mental health. Bivariate correlations were examined, but no multivariate analyses were performed (no control for confounders or covariates).

Results: With regard to the VAS, no aspect of religious practice or attitude was associated with pain severity. On the McGill questionnaire, religious practices were *positively* associated with sensory, affective, and evaluative aspects of pain, and with the overall pain score; likewise, religious faith was positively associated with the evaluative component of pain. With regard to QOL measured by the SF-36, religious practices were inversely associated with physical functioning, absence of role limitations, general health, and physical pain; likewise, religious faith was inversely related to physical functioning, absence of role limitations, and physical pain. In contrast, religious tolerance was positively associated with physical functioning. Researchers concluded: “More disabled MS patients, with worse quality of life, also due to physical pain, find a source of comfort in faith and religious practices. Pain is not relieved by prayer; therefore, we guess that in MS the poor beneficial effect of religiosity and practice on pain perception may be linked to a structural/functional damage of neural circuits involved in reducing pain during prayer.”

Citation: Sparaco, M., Miele, G., Abbadessa, G., Ippolito, D., Trojsi, F., Lavorgna, L., & Bonavita, S. (2022). Pain, quality of life, and religiosity in people with multiple sclerosis. *Neurological Sciences*, 43(5), 3247-3254.

Comment: This is one of the few studies on the relationship between religious involvement and severity of chronic pain in patients with MS. The authors acknowledge that it is very likely that pain was the motivating factor in turning to religious involvement, but the statement that “poor beneficial effect of religiosity and practice on pain perception” suggests that religion had no impact on pain perception, which is impossible to determine in an uncontrolled cross-sectional study. Pain may have been more severe in those turning to religion for comfort, artificially creating a positive relationship between religion and pain, and perhaps even masking the positive effect that religiosity may have had on the pain.

Religious Coping, Hope, and Well-Being during COVID-19 in Columbia and South Africa

Researchers at universities in Australia, the US, Columbia, and South Africa conducted two studies to identify the relationship between religious coping (RC), hope, and well-being among individuals living in vulnerable contexts. The first study involved 1,172 adults (average age 22 years) in Columbia, South America, and the second study included 451 adults in South Africa (average age 33.5 years). In the first study (Columbia, May 12-25, 2020), religious coping was assessed by the 14-item Brief RCOPE (which assesses positive religious coping [PRC] and negative religious coping [NRC]); well-being was assessed by the 10-item Human Flourishing Index (VanderWeele); and trait hope by the 12-item Adult Dispositional Hope Scale. Regression analyses examined the relationships between predictors (PRC and NRC) and dependent variable (well-being), controlling for age, gender, education, marital status, and religious status (affiliation), while also examining interactions between hope and religious coping in their effects on well-being. **Results:** When controlling for trait hope, PRC was positively related to well-being ($b = 0.52$, 95% CI = 0.37-0.67, $p < 0.001$), whereas NRC was inversely related to it ($b = -0.53$, 95% CI = -0.65 to -0.41, $p < 0.001$). There was also a significant interaction between trait hope and PRC ($b = -0.06$, 95% CI = -0.09 to -0.03, $p < 0.001$), such that when hope levels were low, PRC was more strongly associated with well-being, compared to when hope levels were high; no interaction was found between hope and NRC. Researchers concluded: “Whereas well-being was highest when trait hope levels were high (regardless of positive religious coping levels), when reported hope was low, well-being tended to be higher when participants engaged in more adaptive religious coping responses (e.g., seeking connection with God).” In the second study (South Africa, April 3-30, 2020), the measures were similar, although hope was assessed by the 6-item Adult State Hope Scale. Covariates in regression models included age, gender, race, education, marital status, religious status, subjective health complaints, and sleep quality. **Results:** Again, PRC was positively related to greater well-being ($b = 0.64$, 95% CI = 0.36-0.93, $p < 0.001$), whereas NRC was related to significantly lower well-being ($b = -0.34$, 95% CI = -0.56 to -0.13, $p < 0.01$). This time, there was no interaction with PRC, but there was a significant interaction between state hope and NRC ($b = 0.03$, 95% CI = 0.00-0.05, $p < 0.05$), such that when hope was low, well-being tended to be higher when NRC was low. Overall, researchers concluded: “Whilst well-being was highest when levels of hope were high (irrespective of positive or negative religious coping levels), when reported hope was low, well-being tended to be higher when positive religious coping was high (Study 1) and negative religious coping was low (Study 2).”

Citation: Counted, V., Pargament, K. I., Bechara, A. O., Joynt, S., & Cowden, R. G. (2022). Hope and well-being in vulnerable contexts during the COVID-19 pandemic: Does religious coping matter? *Journal of Positive Psychology*, 17(1), 70-81.

Comment: These were well-done cross-sectional studies, with relatively large samples and good controls, involving vulnerable populations in Columbia and South Africa. The results indicated consistent positive associations between PRC and well-being, significant negative associations between NRC and well-being, and some interesting interactions between hope, PRC and NRC in effects on well-being.

Meaning, Political Orientation, Religiosity, and Emotions/Behaviors during COVID-19

Investigators from the departments of psychiatry at the University of California, San Francisco, and University of Southern California in Los Angeles, analyzed cross-sectional data on a nationally representative sample of 7,220 U.S. adults (Understanding America Study, an Internet-based panel study). Measures were

completed at different time points: meaning in life (December 2019-February 2020); religiosity (June 2015-January 2016 or February 2016-March 2020); and negative emotions and healthy preventative actions at three points in time (mid/late March 2020, early/mid-April 2020, and late April/early May 2020). *Presence of meaning in life* was assessed by a single question: "My life has a clear sense of purpose or meaning." *Searching for meaning in life* was assessed by the question "I am searching for purpose or meaning in my life." Response options for both questions ranged from 1 (absolutely untrue) to 7 (absolutely true). Political orientation was measured with a single item: "Regardless of your political registration or affiliation, where would you place yourself on the political spectrum from extremely liberal to extremely conservative?" Response options range from 1 (extremely liberal) to 9 (extremely conservative). Religiosity was assessed with a 2-item measure: "How important is religion in your life?" (response options ranging from 1=the most important thing, 5=not at all important) and "How often do you attend religious services besides weddings and funerals?" (response options ranging from 1=daily to 6= never) (items were reverse scored and combined so that higher scores indicated greater religiosity). Negative feelings/emotions were assessed by asking how often participants were bothered by the following problems over the past 2 weeks: feeling nervous, anxious, or on edge; not being able to stop or control worrying; feeling down, depressed or hopeless; and little interest or pleasure in doing things (responses were on a four point scale ranging from 1="not at all" to 4="nearly every day"). Participants were also asked about 15 behaviors that could influence their health including: including 10 *preventative health behaviors* such as washing hands with soap, wearing a mask, canceling or postponing air travel for work or pleasure, avoiding public spaces, gatherings, or crowds, and performance of 5 behaviors considered risky (*risky health behaviors*), including hosting friends, attending large gatherings, and coming into close contact with someone they do not live with. Regression analyses controlled for age, gender, income, education, race/ethnicity, and living with a partner. **Results:** Greater religiosity was inversely related to negative feelings/emotions ($b=-0.06$, $p<0.001$), was positively related to preventative health behaviors ($b=0.01$, $p<0.001$), and was positively related to risky health behaviors ($b=0.01$, $p<0.001$). Political conservatism was inversely related to negative feelings/emotions, inversely related to preventative health behaviors, and positively related to risky health behaviors. The presence of meaning was similarly associated with less negative affect, more preventative health behaviors, and fewer risky health behaviors, while the search for meaning (in contrast) was positively associated with negative feelings/emotions, fewer preventative health behaviors, and more risky health behaviors. Researchers concluded: "Conservatism and religiosity predicted less negative affect; conservatives (but not the highly religious) were less likely to engage in preventative actions such as wearing facemasks and social distancing."

Citation: Newman, D. B., Schneider, S., & Stone, A. A. (2022). Contrasting effects of finding meaning and searching for meaning, and political orientation and religiosity, on feelings and behaviors during the COVID-19 pandemic. *Personality and Social Psychology Bulletin*, 48(6), 923-936.

Comment: Although the study design appears quite complex in terms of timing of assessments, making it difficult to determine causal relationships here, the findings are interesting and make sense. The large nationally representative sample and careful control for covariates contribute to the reliability of these findings.

Religiosity and Health Behaviors in Specific Religious Contexts

Investigators in the school of nursing at Jagiellonian University Medical College in Kraków, Poland, conducted a cross-sectional study involving 296 participants: 118 Seventh-day Adventists, 134

Catholics, 14 Jews, and 31 Muslims, all residing in Poland. The purpose was to examine the relationship between level of religious commitment and health behaviors in each of these religious traditions. No description of the measure that assessed level of religious commitment was provided in this paper (investigators cited another paper that included this information); analyses compared those with "high level of religious commitment" to those with "low level of religious commitment." Health behaviors were assessed by the Health Behavior Inventory, and included good eating habits, preventative behaviors, positive mental attitude, and health practices (not further described). In addition, nutrition behaviors included number of meals, regularity of meals, and presence of snacking (not further described). Potentially addictive behaviors were also examined, including cigarette smoking and use of alcohol (not further described). Physical activity was also assessed as high, sufficient, or insufficient. Perceived stress was measured using the 10-item Perceived Stress Scale (Cohen). Finally, homocysteine, cholesterol, glucose, HDL, triglycerides, C-reactive protein, blood pressure, and weight were assessed based on blood work. Only percentages were presented, along with some bivariate associations. **Results:** Catholics were least likely (75%) to report a high level of religious commitment compared to SDA, Jews, and Muslims (100% for all others). SDAs reported the best health behaviors overall, especially with regard to eating habits and physical activity; they were also less likely to consume alcohol or smoke cigarettes; and reported low to average stress levels. SDAs were also more likely to have optimal homocysteine, triglyceride, and CRP levels. Cholesterol levels were better among Jews and glucose levels were better among Muslims. HDL levels were highest among Catholics. Homocysteine, glucose, and triglyceride levels were lowest among Jews; cholesterol and CRP were lowest among Catholics; and HDL levels were lowest among Muslims. Catholics were more likely to have better blood pressure, whereas Jews were more likely to have hypertension. Catholics were more likely to be underweight whereas SDAs were more likely to be overweight. Researchers concluded: "The results suggest that public health professionals and nurses should develop culturally specific educational interventions, especially among Catholics."

Citation: Majda, A., Bodys-Cupak, I., Kamińska, A., Suder, M., & Gródek-Szostak, Z. (2022). Religiously conditioned health behaviors within selected religious traditions. *International Journal of Environmental Research and Public Health*, 19(1), 454.

Comment: The main idea behind this study was a good one (examining health behaviors in specific religious groups). However, the analysis of the data and report of results here was poor and difficult to decipher. Other problems were the cross-sectional nature of the design, the multiple statistical comparisons without correction of p values, and the small sample size in religious subgroups (except for SDAs and Catholics), providing low power for comparisons.

Religious Attendance and Mental Health in Great Britain

Investigators from the research department of behavioral science and health at the University College London, UK, analyzed longitudinal data on 2,125 individuals participating in the Medical Research Council National Survey of Health and Development (1946 British Birth Cohort Study). Included were participants who provided data at age 68-69. Religious attendance on a scale from 0 (never) to 3 (weekly) was assessed at ages 43, 60-64, and 68-69. Mental health was measured using the 28-item General Health Questionnaire (GHQ) at ages 53, 60-64, and 68-69. Cross-lagged analyses were used to assess reciprocal associations between religious attendance and mental health, adjusting for age and education in regression models. **Results:** No association was found at any point between frequency of religious attendance and mental health on the GHQ. GHQ scores at age 53, however, were

significantly associated with religious attendance at age 60-64 ($b=0.037$, $SE=0.01$, $p<0.05$), and GHQ scores at age 60-64 were also significantly associated with religious attendance at age 68-69 ($b=0.031$, $SE=0.01$, $p<0.05$). Researchers concluded: "We found that religious attendance and mental health both track in mid-life and that poor mental health is associated with more frequent religious attendance, but religious attendance was not associated with subsequent mental health."

Citation: Kaushal, A., Stafford, M., Cadar, D., & Richards, M. (2022). Bi-directional associations between religious attendance and mental health: findings from a British birth cohort study. *Journal of Epidemiology and Community Health*, 76(2), 190-195.

Comment: Given that individuals within a secular society (UK) often do not turn to religious practice until the last resort, i.e., when they are undergoing mental or emotional distress (as a way to cope with the distress), these findings are not surprising. The dynamic of turning to religious involvement in order to cope with distress, however, may easily mask any beneficial effects that religious involvement may have on relieving that distress -- even in longitudinal studies.

Rejection of Chaplain Services: When and Why?

Investigators in the bioethics program at Columbia University in New York City conducted qualitative interviews with 21 board-certified chaplains, inquiring about the challenges that they faced when working with patients and families. Chaplains from across the U.S. were recruited through the listservs of the Association of Professional Chaplains and through word-of-mouth. Qualitative interviews ($n=33$) were conducted by telephone until saturation was reached. Grounded theory was used to analyze similarities and differences in order to identify hypotheses concerning the responses. **Results:** Six broad types of reasons for patients and families rejecting chaplains were determined: (1) not wanting to discuss the situation due to conflicting feelings (anger or frustration by family members at the patient, the cosmos, or God); (2) wanting to minimize the extent of the disease and resist efforts to see the disease as severe as it was; (3) wanting a chaplain of their own faith; (4) wanting a chaplain of a particular gender or other characteristic; (5) being atheist or wary of religion; and (6) misunderstanding about what chaplains do. Chaplains' reactions to rejection ranged from feeling transitory hurt, to respecting patients autonomy and leaving, to exploring reasons for the rejection, to revisiting later and often then making helpful connections. Researchers concluded: "These data have important implications for future practice, education and research regarding chaplains and other providers—suggesting, for example, how patients' families and the public might benefit from increased understanding about the field."

Citation: Klitzman, R., Di Sapia Natarelli, G., Garbuzova, E., Sinnappan, S., & Al-Hashimi, J. (2022). When and why patients and families reject chaplains: challenges, strategies and solutions. *Journal of Health Care Chaplaincy*, EPUB ahead of press.

Comment: This is an important qualitative study that all chaplains and other healthcare providers can learn from in order to improve pastoral care services in the hospital.

NEWS

Editorial Board Members Needed

Editorial Board members are needed to review submissions to 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/ham/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 comorbidities; 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 (which include religion). 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 journal submissions per year. Editorial Board members will have their name and affiliation displayed prominently on the Journal website and on the print Journal acknowledging their role, and they are encouraged to submit high-quality manuscripts to the Journal as well. An academic university affiliation and publishing/research experience is required for membership on the Editorial Board.

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, January 31, 2023, occurring at 12:00-1:00 EST, and will be delivered by **Donna Ames, MD, Professor Psychiatry, UCLA**. The title of her presentation is **Spirituality, Recovery, and Resilience**. 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/seminar/s/>. 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

Academic Books and Inspirational Works

Moral Injury: A Handbook for Military Chaplains (Amazon Kindle, 2023)

Moral Injury (MI) is a term used to describe a constellation of persistent symptoms that result from transgressing moral and ethical boundaries. This is a condition that often occurs in the setting of severe trauma, affecting the perpetrator, the observer, the victim, or all three. MI involves painful and often disabling emotions that are manifested by psychological, spiritual, and religious symptoms. There is some overlap in symptoms with posttraumatic stress disorder (PTSD), which MI often occurs alongside of -- yet there is growing evidence that these two conditions are distinct, both of which need treatment. Failure to recognize this may result in protracted and unsuccessful treatments for PTSD.

During combat operations Service Members may be involved in killing other human beings, committing violence to others (including de-humanizing or plundering the enemy), witnessing moral transgressions by others (especially by leaders), being placed in morally compromising positions, being the victim or perpetrator of rape or torture, or exposure to severe trauma of other types. These behaviors are often followed either immediately or sometime afterwards by distressing emotions such as guilt,

shame, loss of meaning, difficulty trusting, spiritual struggles, and loss of religious faith, symptoms that may lead to or worsen other mental disorders including depression, anxiety, PTSD, substance use disorders, and family/relationship problems. As a result, MI is recognized as one of the five stress outcomes noted in the *Consensus Recommendation for Common Data Elements for Operational Stress Research and Surveillance* report by the U.S. Armed Forces and Veterans Administration (VA) experts. "Case identification" of MI was one of seven core components of the mental health intervention spectrum noted in that report.

We believe that military chaplains are those best suited to address MI among active-duty Service Members, in terms of prevention, identification, and treatment. In this book, we provide information for military chaplains about the diagnosis, prevention, and treatment of MI that will be particularly helpful in preparing them for this critical responsibility. We believe that the readiness of our warriors for combat operations is dependent on the role that military chaplains play in this regard. *MORAL INJURY: A HANDBOOK FOR MILITARY CHAPLAINS*, extensively referenced and scientifically grounded on the latest research, is designed to equip chaplains with the knowledge and tools that they will need to accomplish this mission. The book is forthcoming in early January 2023 on Amazon as a paperback for <\$10 and on Kindle for \$0.99.

Christianity and Psychiatry

(Springer, 2021, 1st edition)

This multi-edited book, the third in a series by Springer Publishing, aims to help readers appreciate the many-faceted relationship between Christianity and mental health. It begins with chapters on historical antagonisms and church based mental health stigma, and moves to consider how Christians often experience hallucinations, trauma, childhood and mood disorders, addiction, disability, life threatening illness and moral injury, including ways that their faith can serve as a resource in their healing. A set of chapters then focuses on the state of integration of Christian faith into psychotherapy, treatment delivery, educational programming, clergy/clinician collaboration, and ethical, value-based practice. Finally, chapters by a patient who is also a mental health professional, a Jewish psychiatrist, a Muslim psychiatrist knowledgeable about Christianity and psychiatry in the Muslim majority world, and a Christian psychiatrist provide additional context, diversity and personal perspectives. Available for \$119.99 (paperback) or used for \$89.13 (paperback) from <https://www.amazon.com/Christianity-and-Psychiatry/dp/303080853X/>.

Spirituality and Psychiatry

(Cambridge University Press, 2022, 2nd edition)

From the publisher: "*Spirituality and Psychiatry* addresses the crucial but often overlooked relevance of spirituality to mental well-being and psychiatric care. This updated and expanded second edition explores the nature of spirituality, its relationship to religion, and the reasons for its importance in clinical practice. Contributors discuss the prevention and management of illness, and the maintenance of recovery. Different chapters focus on the subspecialties of psychiatry, including psychotherapy, child and adolescent psychiatry, intellectual disability, forensic psychiatry, substance misuse, and old age psychiatry. The book provides a critical review of the literature and a response to the questions posed by researchers, service users and clinicians, concerning the importance of spirituality in mental healthcare. With contributions from psychiatrists, psychologists, psychotherapists, nurses, mental healthcare chaplains and neuroscientists, and a patient perspective, this book is an invaluable clinical handbook for anyone interested in the place of spirituality in psychiatric practice." Available for \$49.99 (paperback) at

<https://www.amazon.com/Spirituality-Psychiatry-Christopher-C-Cook/dp/1911623303/>.

Writings To Address Spiritual Needs

Author Marja Bergen has released her collection of *Reflections on Scripture*, ready to freely download for personal or ministry use. The 230 writings were written over a period of nine years while supporting individuals with mental health challenges. Struggling with mental health issues herself gave her the understanding and compassion she needed to write for such an audience and for their supporters. Her great desire is to fill the hunger for God so many with such issues have. She writes with vulnerability, not hiding the pain, but always realizing the hope we have in God. The *Reflections on Scripture* can be downloaded free of charge from <https://marjabergen.com/devotionals>.

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/B0BBY2JLXB>.

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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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

The fellowship is a residential graduate program that provides in-depth Christian theological formation for those with vocations to health care – both those in training and those who are established in their practice. Some fellows study with TMC for one year, completing a Certificate in Theology and Health Care; others study with TMC for two years and receive a Master of Theological Studies (MTS). All Fellows receive a minimum of 50% tuition support, and there is a limited number of 75% to full tuition scholarships for those completing the MTS.

Flexible Hybrid Certificate in Theology and Health Care (hybrid CTHC)

The hybrid program offers robust and practical theological formation for clinicians seeking to inhabit contemporary medicine and health care faithfully and creatively. Through two residential weeks of study at Duke (one in August, one in January) and two semesters of online learning with TMC faculty, clinicians discover manifold ways that Christian faith matters for health care while remaining embedded in their local contexts. All hybrid CTHC students receive 25% tuition support from Duke Divinity School. 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>.

2023 CSTH CALENDAR OF EVENTS...

Jan

- 1/11 **Adult Education Class, Church of Reconciliation, Chapel Hill, North Carolina**
7:00-8:00 EST, in-person presentation only
Title: **Religion, Health, and Aging**
Speaker: Harold G. Koenig, MD, Professor of Psychiatry and Behavioral Sciences, Associate Professor of Medicine, Duke University Medical Center
Contact: John Peterson (njpeterson67@gmail.com)
- 1/23 **Cultural Competency for Behavioral Health Providers, Center for the Application of Substance Abuse Technologies, University of Nevada,**
12:00-3:00 EST (online by Zoom)
Title: **Religion, Spirituality and Mental Health: Research and Clinical Applications**
Speaker: Harold G. Koenig, MD, Professor of Psychiatry and Behavioral Sciences, Associate Professor of Medicine, Duke University Medical Center
Contact: Jeanyne Ward (jward@casat.org)
- 1/31 **Spirituality and Health Research Seminar**
12:00 -1:00 EST (online by Zoom)
Title: **Spirituality, Recovery, and Resilience**
Speaker: Donna Ames, M.D., Professor of Psychiatry, UCLA, Los Angeles, California
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

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