

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 January 2023) go to:
<https://spiritualityandhealth.duke.edu/index.php/publications/crossroads/>

LATEST RESEARCH

U.S. Religious Leaders' Views on the Causes and Treatment of Depression

Investigators from the Duke University Global Health Institute in Durham, North Carolina, analyzed cross-sectional data from the National Survey of Religious Leaders, a nationally representative survey of 890 leaders of US religious congregations conducted between February 2019 and June 2020 (70% response rate). The purpose was to examine the views of religious leaders concerning the causes and treatment of depression. **Results:** With regard to causes of depression, 93% of faith leaders indicated stressful circumstances, 82% endorsed traumatic experiences, and 66% indicated lack of social support. In addition, 79% indicated a chemical imbalance as the cause for depression and 59% indicated a genetic cause. Only 29% endorsed a lack of faith and 16% attributed depression to demon. Most (90%) indicated they would encourage someone with depressive symptoms to see a mental health professional, 87% to take medication, and 84% to address symptoms with religious activity. Only 8% indicated a religious cause without also endorsing a chemical imbalance, and only 20% indicated a religious cause without also indicating a genetic etiology. Only 10-11% said they would encourage someone with depression to engage in religious treatment without seeing a mental health professional or taking prescribed medication. Researchers concluded: "In this cross-sectional survey, the vast majority of clergy embraced a medical understanding of depression's etiology and treatment."
Citation: Holleman, A., & Chaves, M. (2023). US religious leaders' views on the etiology and treatment of depression. *JAMA Psychiatry*, EPUB ahead of press

Comment: The findings here are very encouraging, and suggest that most clergy are open to collaborating with mental health professionals in the treatment of depression. Hopefully, mental health professionals feel the same way towards clergy (although that has not yet been established, given the way religion has been viewed by mental health professionals in the past). Attitudes are changing though.

Impact of Religious Families and Religious Education on Russian Young Boys' Attitudes

Researchers at Kemerovo State University in Kemerovo, Russia, analyzed data from a convenience sample of 340 primary school boys (average age 10.4 years) from urban families living in the cities of Kemerovo, Novosibirsk, Tomsk, and Krasnoyarsk. Boys were from three groups: boys studying in Russian Orthodox [religious] primary schools and from Orthodox [religious] families (n=120, which we will designate RR); boys studying in secular schools [non-religious] and from non-religious families (n=120, designated NRNR); and boys studying in secular schools [non-religious] from Orthodox [religious] families (n=100, designated NRR). The eleven (11) attitudes that were assessed: masculine gender attitudes, father's masculine appraisal, attitudes toward ethical standards, and attitudes towards education, family, life itself, one's body and physical health, personal responsibility, one's mind, other people, and work (all measured using standard quantitative scales). Only bivariate analyses were conducted.

Results: When comparing attitudes between NRNR boys and RR boys, RR boys had significantly more positive responses to all 11 attitudes that were assessed ($p < 0.05$). When comparing attitudes between NRNR boys and NRR boys, NRR boys had significantly more positive responses to all 11 attitudes assessed ($p < 0.05$). When comparing attitudes between NRR boys and RR boys, RR boys had significantly more positive responses to all 11 attitudes assessed ($p = 0.05$ or $p < 0.05$). Researchers concluded: "So, we can conclude that positive attitudes toward both physical and mental health are more likely to be formed within religious families. Beyond that, children from religious families experiencing religious education scored higher in their attitudes toward mental and physical health than children from religious families experiencing secular education. We can interpret this as an indication that a religious educational environment strengthens positive attitudes toward both physical and mental health."

Citation: Borisenkoa, J. V., & Evseenkovaa, E. V. (2022). Differences in attitudes toward mental health among boys from religious and non-religious families experiencing religious and secular education. *Psychology in Russia. State of the Art*, 15(1), http://psychologyinrussia.com/volumes/pdf/2022_1/Psychology_1_2022_51-65_Borisenko.pdf.

Comment: There are very few studies on religion and health coming out of Russia, especially those examining the impact that growing up in a religious family and attending religious schools has on attitudes relevant to mental health and well-being. This remarkable study, though cross-sectional and only involving bivariate analyses, suggests that religious upbringing and education in young Russian boys may affect attitudes that foster better mental, social, and possibly even physical health.

Are Religious-based Interventions Effective in Reducing Depression?

Researchers from the University of Lisbon in Portugal, University of Geneva in Switzerland, and other institutions in these countries, conducted a systematic review and meta-analysis of experimental studies examining the effects of religious-based interventions on depression. Experimental studies published between 2015 and

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2021 in peer-reviewed journals were eligible for inclusion. A total of 208 potentially relevant articles were identified, of which only 8 articles met inclusion criteria for the qualitative analysis and 7 studies for the quantitative meta-analysis. **Results:** Seven (7) out of 8 studies indicated that religious-based interventions reduced depression in persons with chronic medical illness, pregnant women, hemodialysis patients, elderly nursing home residents, individuals with major depressive disorder or dysthymia, and coronary artery bypass graft surgery patients. In the formal meta-analysis involving seven studies, the pooled depression score difference in values between baseline and follow-up from the random-effects model was 2.53 (95% CI = 1.19-3.87), in favor of religious-based interventions. Researchers concluded: "Religious-based interventions provide superior effects than standard/other usual therapies for treating depression. This review and meta-analysis strongly suggest the patient's faith and religious beliefs should be considered when diagnosing and treating depression." *Citation:* Marques, A., Ihle, A., Souza, A., Peralta, M., & de Matos, M. G. (2022). Religious-based interventions for depression: A systematic review and meta-analysis of experimental studies. *Journal of Affective Disorders*, 309, 289-296.

Comment: This is yet another meta-analysis that shows the benefits of religious-integrated interventions for the treatment of depression in mental health care [see also Captari et al. (2018). Integrating clients' religion and spirituality within psychotherapy: A comprehensive meta-analysis. *Journal of Clinical Psychology*, 74(11), 1938-1951]

Religious/Spiritual Struggles and Psychological Distress in Adults with Chronic Health Conditions: Chicken or Egg?

Investigators from the Human Flourishing Program at Harvard University and other academic institutions in the US analyzed data on a sample of 1,036 persons with at least one chronic health condition. Participants completed an online survey in September 2019 (Time 1), December 2019 (Time 2), and February 2020 (Time 3). The aim was to test three models of the relationship between religious/spiritual struggles and psychological distress among persons with chronic health problems using cross-lagged panel analysis. The three models tested were (1) psychological distress leads to R/S struggles; (2) R/S struggles lead to psychological distress; and (3) a more complex association involving reciprocal effects. Religious/spiritual struggles (7-item negative RCOPE), psychological distress (PHQ-9 and GAD-7), and a range of covariates (age, gender, race, sexual orientation, religious status, marital status, educational attainment, household income, people and household, geographic region, number of chronic health conditions, and lifetime trauma) were assessed at all three time points. **Results:** In cross-lagged analyses, the largest effect was for Time 1 psychological distress leading to increased R/S struggles at Time 2 ($\beta = 0.18, p < 0.001$), and Time 2 psychological distress leading to increased R/S struggles at Time 3 ($\beta = 0.10, p = 0.043$). Conversely, R/S struggles also to some degree predicted increases in psychological distress. R/S struggles at Time 1 led to increased psychological distress at Time 2 ($\beta = 0.09, p = 0.004$), and R/S struggles at Time 2 led to increased psychological distress at Time 3 ($\beta = 0.07, p = 0.034$). Researchers concluded: "Taken together, the findings of this study align with the complex model in which R/struggles and psychological distress worsen each other, leading to a downward spiral spiritual and psychological turmoil" (i.e., bidirectional effects between psychological distress and R/S struggles).

Citation: Cowden, R. G., Pargament, K. I., Chen, Z. J., Davis, E. B., Lemke, A. W., Glowiak, K. J., ... & Worthington Jr, E. L. (2022). Religious/spiritual struggles and psychological distress: A test of three models in a longitudinal study of adults with chronic health conditions. *Journal of Clinical Psychology*, 78(4), 544-558.

Comment: It has long been debated whether R/S struggles cause psychological distress or whether psychological distress causes R/S struggles. This is an important distinction to make because it will determine where to direct interventions. Based on the size of the coefficients (effects sizes) found in this study, it appears that the largest effect is from psychological distress leading to R/S struggles. However, the opposite is also true (R/S struggles leading to psychological distress), and while weaker, this suggests the presence of bidirectional effects. Thus, it appears that if interventions are targeted on psychological distress (i.e., antidepressants, secular psychotherapy), then this will reduce R/S struggles. Similarly, if interventions are targeted on R/S struggles (religiously-integrated and pastoral care), this will also reduce psychological distress. Thus, both psychological distress and R/S struggles need to be targeted with interventions provided by both secular mental health care professionals (for the former) and religious professionals (for the latter), emphasizing the need for interdisciplinary cooperation when caring for individuals with chronic health problems.

Religiosity, Cigarette Smoking, and E-cigarette Use in the U.S.

Investigators in the departments of sociology at the University of Texas in San Antonio, Chapman University, Baylor University, and Florida State University, analyzed cross-sectional data from the 2021 Crime, Health, and Politics Survey (conducted online), which collected data on a national probability sample of 1,771 persons aged 18 or over in the US. Traditional cigarette and E-cigarette smoking were each assessed with single items, whereas smoking abstinence and cessation were assessed by 3 items. Responses to these items were used to create six outcomes: (1) abstinence from traditional and E-cigarettes (*never smoked regularly vs. regular or former smoker*), (2) abstinence from traditional cigarettes, (3) abstinence from E-cigarettes, (4) cessation from traditional and E-cigarettes (*smoked less during the COVID-19 pandemic vs. no change in behavior or more cigarette use during pandemic*), (5) cessation from traditional cigarettes, and (6) cessation from E-cigarettes. Religious variables were (a) religious affiliation, (b) religiosity (combined measure of frequency of religious attendance, time spent in private religious activities such as prayer or Scripture study, and importance of religiosity), (c) a question on biblical literalism, (d) a 4-item measure of religious/spiritual struggles, and (e) a 3-item measure of sense of divine control. Weighted binary logistic regression was used to control for age, gender, race/ethnicity, nativity status, education, employment, household income, financial strain, marital status, presence of children, urbanicity, and region. **Results:** With regard to abstinence from both traditional and E-cigarettes, of all religious variables, only religiosity was positively related (OR=1.33, 95% CI=1.07-1.66, $p < 0.01$); with regard to abstinence from traditional cigarettes, again, only religiosity was positively related (OR=1.29, 95% CI=1.04-1.62, $p < 0.05$); with regard to abstinence from E-cigarette use, no relationship was found with any religious variables. With regard to smoking cessation from both traditional and E-cigarette use, compared to those with no religious affiliation, conservative Protestants, Catholics, other Christians, and other religions were all positively associated reduced cigarette use. In addition, religiosity was associated with a greater likelihood of smoking cessation from all products, as was sense of divine control. Finally, biblical literalists were more likely to reduce their use of E-cigarette. Researchers concluded: "Finally, while we have no clinical expertise as social scientists, there may be some practical benefits associated with providing an option for the delivery of tobacco cessation services in cooperation with faith-based organizations for clients who prefer the integration of spiritual or religious elements into such interventions."

Citation: Hill, T. D., Bostean, G., Upenieks, L., Bartkowski, J. P., Ellison, C. G., & Burdette, A. M. (2022). (Un) holy smokes?

Religion and traditional and E-cigarette use in the United States. Journal of Religion and Health, EPUB ahead of press.

Comment: Although this study was cross-sectional and therefore unable to make causal inferences, the carefully done statistical analyses in this random sample of US adults is exemplary. The findings suggest that religiosity (in particular) is associated with abstinence and/or cessation of tobacco use, contributing to the health benefits of religious involvement.

Is Religious Involvement Associated with Better Sleep in African-Americans?

Investigators at Case Western Reserve University in Cleveland, Ohio, and other universities in Canada and the US, analyzed data on a nationally representative sample of African Americans aged 55 or older ($n=459$) obtained from the National Survey of American Life-Reinterview (conducted in 2001-2003). Religious involvement was assessed by non-organizational religious activities (reading religious books, watching religious television, listening to religious radio, and praying), organizational religious activities (whether attended religious services and how frequent), and subjective religious involvement (self-rated religiosity). Sleep quality was assessed by two items: a single item from the CES-D asking about how often their sleep was restless during the past week (rated 0-3) and a question about satisfaction with the quality of sleep (rated 1-4). Covariates controlled in analyses included sociodemographic, health, and health behavior factors associated with sleep and religious involvement (age, education, family income, gender, marital status, region, chronic physical health conditions, body mass index, physical activity, depressive symptoms). Multiple linear regression was used to examine the effects of religious involvement on sleep satisfaction, controlling for the covariates above. **Results:** Regression analyses indicated that gender (women), family income (higher), chronic health conditions (more), and depressive symptoms (more) were associated with worse sleep satisfaction. With regard to sleep restlessness, only depressive symptoms (among the covariates) was positively associated. With regard to religious involvement, watching religious television was positively associated with more restless sleep ($B=0.08$, $SE=0.03$, $p<0.05$). Attending religious services (daily or weekly vs. never), in contrast, was associated with greater sleep satisfaction ($B=0.75$, $SE=0.26$, $p<0.01$, and $B=0.67$, $SE=0.29$, $p<0.05$, respectively). Subjective religiosity, however, was associated with worse sleep satisfaction ($B=-0.20$, $SE=0.07$, $p<0.05$). Investigators concluded: "The findings demonstrate the importance of examining a variety of religious involvement domains, which could point to different explanatory pathways between religious involvement and sleep."

Citation: Nguyen, A. W., Taylor, H. O., Lincoln, K. D., Wang, F., Hamler, T., & Mitchell, U. A. (2022). Religious involvement and sleep among older African Americans. Journal of Aging and Health, 34(3), 413-423.

Comment: Of course, given the cross-sectional nature of these analyses, direction of causation is again not possible. For example, worse sleep satisfaction could lead to less religious attendance (too tired to go to church), or lead to greater subjective religiosity (to cope with the sleep problem). Longitudinal studies are needed in order to help sort out direction of effects here.

Religiosity, Social Support, and Mental Health in Poland and Ukraine during COVID-19

Investigators in departments of sociology at the Pedagogical University of Kraków, Poland, and the Taras Shevchenko National University of Kyiv, analyzed data collected in August 2021 from 1,000 students (ages 10-19, average age 14.7) in Poland and 1,022 students in the Ukraine (ages 10-18, average age 13.5). Subjective religiosity was assessed by a single item with the response options: 1 (nonbeliever; 10% in Poland and 8% in

Ukraine), 2 (undecided; 22% in Poland and 13% in Ukraine), 3 (believer; 67% in Poland and 74% in Ukraine), and 4 (deeply religious; 2% in Poland and 4% in Ukraine). Social support was assessed by a standard 18-item scale; depression by the PHQ-9; anxiety by the GAD-7; and satisfaction with life with the 5 item SWLS scale. Regression analyses were used to analyze the data, controlling for age, gender, financial status, place of residence, social status, wealth level, student support, teacher support, parental support, and trust (assessed by a 9-item scale). **Results:** Regression analyses indicated no association between religiosity and depression in Poland or the Ukraine; no association between religiosity and anxiety in Poland or the Ukraine; and no association between religiosity and satisfaction with life in Poland or the Ukraine. The main risk factors for high depression, high anxiety, and low life satisfaction, were poor parental support and poor student support.

Citation: Długosz, P., Liszka, D., & Yuzva, L. (2022). The link between subjective religiosity, social support, and mental health among young students in Eastern Europe during the COVID-19 pandemic: A cross-sectional study of Poland and Ukraine. International Journal of Environmental Research and Public Health, 19(11), 6446.

Comment: Conducted prior to the February 2022 invasion of the Ukraine by Russia, this study found no relationship between religiosity (assessed relatively superficially with only one question) and depression, anxiety, or life satisfaction in these students ages 13-15 years living in Poland and the Ukraine.

Positive and Negative Effects of Religious Institutions during Early COVID 19

Investigators from Queens University in Kingston, Ontario, Canada, conducted a systematic review of quantitative studies on the impact (both positive and negative) that religious communities played during the early stage of COVID-19. A total of 58 articles met inclusion criteria published between December 1, 2019, and June/July 2020. **Results:** Out of 64 observations from 54 articles, 28.1% described the detrimental role that religion played in outbreaks of COVID-19, including religious gatherings that served to transmit the virus and spread of misinformation/mistrust toward science and public health guidelines. However, 71.9% found that religious communities contributed to mitigating the infection and adapting safe approaches to organize religious practices. Researchers concluded: "There is no doubt that several religious gatherings and practices have accelerated the transmission of the COVID-19 virus and endangered people around the world. Having said that, religion has played an important role in mitigating the infection and its impacts as well as helping people to cope with trauma during COVID-19 crisis."

Citation: Lee, M., Lim, H., Xavier, M. S., & Lee, E. Y. (2022). "A Divine Infection": A systematic review on the roles of religious communities during the early stage of COVID-19. Journal of Religion and Health, 61(1), 866-919.

Comment: Although this systematic review does not cover issues related to the impact that religious communities have had on vaccination rates, it does cover studies conducted during the early stage of the pandemic when limitations to public gatherings and lockdowns were taking place. In general, it appears that the impact of religious communities during this period was generally positive, not negative as so many have claimed.

Religious/Spiritual Struggles and Depression during COVID-19 Lockdowns in Columbia and South Africa

Researchers from Boston University, Harvard University, and other academic institutions in the US and abroad analyzed data from two studies (Study 1: Colombians, $n=1,172$; and Study 2: South Africans, $n=451$) to examine the relationship between R/S struggles and depression during the COVID-19 lockdowns. In

particular, the impact of religious coping and hope were examined as moderators of this association. R/S struggles was assessed by the 7-item negative RCOPE, positive religious coping by the 7-item positive RCOPE, depression by a 6-item subscale of the Brief Symptom Inventory, and hope by the Hope State scale. Hierarchical regression analyses were used to analyze the data, controlling for anxiety, age, education, marital status, and religious status in Study 1, and in addition to these covariates, also controlling for subjective health complaints and sleep quality in Study 2. Two-way and three-way interactions with R/S struggles, state hope, and gender in their effects on depression were also examined. **Results:** Both studies found a positive relationship between R/S struggles and depression. In Study 1 (Colombians), there was a two-way interaction between R/S struggles and positive religious coping such that the relationship between R/S struggles and depression was lower when positive religious coping was higher (found in both genders). In Study 2 (South Africans), a three way interaction was found between R/S struggles, state hope, and gender, such that R/S struggles were associated with higher levels of depression when hope was low in women and, surprisingly, when hope was high in men. Researchers concluded: "Overall, the findings suggest that positive religious coping (across both genders) and state hope (for women) may support the mental health of people living in the Global South who experience R/S struggles during the COVID-19 pandemic."

Citation: Captari, L. E., Cowden, R. G., Sandage, S. J., Davis, E. B., Bechara, A. O., Joynt, S., & Counted, V. (2022). Religious/spiritual struggles and depression during COVID-19 pandemic lockdowns in the global south: Evidence of moderation by positive religious coping and hope. *Psychology of Religion and Spirituality*, 14 (3), 325-337

Comment: This is a well-done analysis examining the relationships between religious coping (both negative and positive RC), depression, and hope in men and women residing in Columbia and South Africa. Again, the cross-sectional nature of this study prevents causal inferences, suggesting the need for future longitudinal studies, as the authors admit.

Religious Involvement and Cancer Screening

Investigators from the department of health economics and health services research at the University Medical Center Hamburg-Eppendorf, Hamburg, Germany, conducted a systematic review of studies examining the relationship between religious involvement and cancer screenings. **Results:** A total of 27 studies met inclusion criteria, 16 from the United States. With regard to religious denomination there were 53 combinations between different Christian denominations and utilization of different cancer screenings, of which 16 indicated a positive relationship, 6 a negative relationship, and the remaining 31 a non-significant relationship. Compared to other religions or non-religious individuals, Protestant Christians and Jews were more likely to utilize cancer screenings. With regard to importance of religion in life, most studies did not identify a significant relationship. However, for studies examining religious attendance, the findings were different. Eight of 12 studies found a positive association between attending religious services and participating in a cancer screening activity, and there were no studies that reported a negative relationship. Researchers concluded: "Overall, the findings of the studies included in this review point towards a positive association between religious attendance and cancer screening utilization. Regarding religious denomination or religiosity, the evidence is quite unclear."

Citation: Kretzler, B., König, H. H., Brandt, L., Weiss, H. R., & Hajek, A. (2022). Religious denomination, religiosity, religious attendance, and cancer prevention. A systematic review. *Risk Management and Healthcare Policy*, 15, 45.

Comment: Active involvement in a religious community appears to be an important factor enhancing the likelihood of cancer screening, at least in the studies reviewed here.

The Role of Chaplains in the ICU

The authors review the literature from 2002 to 2022 on the role of chaplains in the ICU, focusing on end-of-life circumstances and support of families. A case is used to illustrate the dynamics that chaplains often find themselves in when ministering to patients and families in the ICU. After presenting the case, the authors describe the spiritual context of the ICU. Next, they describe the chaplain's role as a member of the multidisciplinary ICU team. This is followed by a discussion of spiritual/religious functionality and coping. Next, the authors examine spiritual/religious struggles and distress, and discuss various methods of screening for spiritual distress. They also emphasize that the ICU stay can be an opportunity for posttraumatic growth, emerging out of the trauma experienced in the ICU. They go on to describe extraordinary spiritual experiences, and discuss how clinicians can support the patient's spiritual/religious coping. They end by discussing how chaplains can support patients and families in this setting, including ways to offer support, manage awkwardness, and respond to prayer requests. The authors concluded: "Chaplains often hear patients claim that their spirituality/religion was pivotal to having 'made it' through critical illness. Such statements do not diminish the perceived efficacy of medical science but rather suggest how patients may view their ICU experience in wide perspective, with survival entwined with a larger understanding of life."

Citation: Ehman, J. W., & Edgar, J. R. (2022). Spirituality and chaplaincy supporting ICU survivorship: A practical overview and strategy for clinicians. *Journal of Religion and Health*, 1-18. <https://doi.org/10.1007/s10943-022-01730-2>

Comment: A very well done article that chaplains will find useful when caring for patients and families in the ICU.

Religiosity and Intelligence

Researchers from the department of developmental and educational psychology at the University of Vienna, Austria, conducted a meta-analysis of studies examining the relationship between religiosity and intelligence. Intelligence was measured by psychometric intelligence tests and performance measures such as grade-point average (GPA). A total of 89 studies from around the world with 105 effect sizes (k) involving 201,457 participants were included in the meta-analysis. **Results:** Overall, random-effects models demonstrated a small negative association between intelligence and religiosity ($r=-0.14$, 95% CI= -0.17 to -0.12). Effects were stronger for psychometric intelligent tests ($r=-0.154$, $k=93$) than for performance measures such as GPA ($r=-0.011$, i.e., negligible, $k=8$), and were especially strong for religious belief ($r=-0.167$, $k=67$) compared to religious behavior ($r=-0.09$, $k=11$). Researchers concluded: "Out of 192 reasonable specifications all 135 (70.4%) significant summary effects were negative. In all, our results show small but robust negative associations between religiosity and intelligence that are differentiated in strength but generalize in terms of direction over moderating variable."

Citation: Dürlinger, F., & Pietschnig, J. (2022). Meta-analyzing intelligence and religiosity associations: Evidence from the multiverse. *Plos One*, 17(2), e0262699.

Comment: Note the discrepancy between the findings from intelligence testing and those from performance measures (e.g., GPA), suggesting that those who are more religious perform better with whatever intelligence they have compared to less religious persons. More recent research also suggests that religious involvement increases the likelihood of high academic performance [see Horwitz, I. M. (2022). *God, Grades, and*

Graduation: Religion's Surprising Impact on Academic Success. New York, NY: Oxford University Press].

Religiosity and Lower Risk of Parkinson's Disease: True or False?

A recent study by Otaiku (*Journal of Religion and Health*, <https://doi.org/10.1007/s10943-022-01603-8>, 2022), stirred considerable controversy prompting the writing of a rejoinder by Paal et al. (*Journal of Religion and Health*, <https://doi.org/10.1007/s10943-022-01603-8>, 2022) that critiqued and challenged the findings. The findings were quite remarkable (reviewed in an earlier issue of Crossroads). In this prospective study, which involved two large data sets from the United States and England, those indicating that religion was not at all important in their lives were nearly 10 times more likely to develop Parkinson's disease than did those indicating religion was very important (OR = 9.99, 95% CI = 3.28-30.36, $p < 0.001$); furthermore, there was a significant "p for trend," arguing for a causal relationship. Understandably, the Parkinson's disease community in England was quite distressed by this finding, prompting the rejoinder by Paal et al. In the current commentary on that rejoinder, Koenig addresses each of the five concerns about the study that Paal et al. put forth, and ends by indicating: "While agreeing that more research needs to be undertaken, this commentary concludes that Otaiku's research findings are well-founded, suggesting that greater religiosity may lower the risk of PD."

Citation: Koenig, H. G. (2023). A Response to the Paal et al. Rejoinder: Religiosity and Risk of Parkinson's Disease in England and the USA. *Journal of Religion and Health*, forthcoming, to download PDF at no cost, go to <https://rdcu.be/c2VxR>.

Comment: The original Otaiku study, the Paal et al. rejoinder, and the Koenig commentary in response to the rejoinder, are well worth reading.

NEWS

Book Announcement

Moral Injury: A Handbook for Military Chaplains (Amazon Kindle, 2023, 344 pages)

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 either 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. Posttraumatic stress disorder (PTSD) and MI are two distinct conditions, both of which need treatment. Failure to recognize this may result in protracted and unsuccessful treatments for PTSD. This book provides preliminary criteria for MI as a disorder for future inclusion in DSM and ICD diagnostic classification systems. 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 available on Amazon Kindle for \$0.99 and the paperback for \$8.42 (printing costs only) at: <https://www.amazon.com/dp/B0BRJK1PVB>. The Handbook also serves as a syllabus for a 3-day course on MI for

chaplains; for further information, contact harold.koenig@duke.edu.

Journal of Religion and Health Articles of the Year 2022

Chesnut, R. P., Richardson, C. B., Morgan, N. R., Bleser, J. A., Mccarthy, K. J., & Perkins, D. F. (2022). The Moral Injury Symptoms Scale—Military Version—Short Form: Further scale validation in a US Veteran sample. *Journal of Religion and Health*, 61(4), 3384-3401. <https://doi.org/10.1007/s10943-022-01606-5>. *This article provides further evidence for the reliability and validity of the 10-item MISS-M-SF scale for use in identifying MI in military Veterans.*

Fleming, W.H. (2022). The Moral Injury Experience Wheel: An instrument for identifying moral emotions and conceptualizing the mechanisms of moral injury. *Journal of Religion and Health [Online First]* <https://doi.org/10.1007/s10943-022-01676-5>.

Yeatts, P.E., Abbott, D.M. & Mollen, D. (2022). Development and evaluation of the Atheist Identity Concealment Scale (AICS). *Journal of Religion and Health*, 61, 3525–3541. <https://doi.org/10.1007/s10943-021-01465-6>.

Religious and Spiritual Beliefs in Healthcare

In a national poll on health and aging conducted by the University of Michigan (December 2022 report), this survey indicated that 84% of Americans ages 50-80 have religious and/or spiritual beliefs that are somewhat or very important to them. Among these individuals, approximately 20% said that their beliefs influenced their health care decisions and 70% said they felt comfortable discussing their beliefs with healthcare providers. However, 77% of responders indicated that healthcare providers should keep their own personal beliefs separate from their practice of care. Conclusions: "The poll's findings signal that it is important for healthcare providers to recognize the significance that religious and spiritual beliefs have in the lives of many patients, including the impact of such beliefs on patients' healthcare decision-making, and the role that religion and spirituality may have in coping with healthcare challenges." For more information and to obtain a PDF of the entire report, go to:

https://deepblue.lib.umich.edu/bitstream/handle/2027.42/175261/0/288_NPHA-Beliefs-report-FINAL-12092022%20%281%29.pdf?sequence=4&isAllowed=y

Virtual Seminar

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, February 28, 2023, occurring at 12:00-1:00 EST, and will be delivered by **David Rosmarin, PhD, Assistant Professor in the Department of Psychiatry at Harvard Medical School**, Director of the McLean Hospital Spirituality and Mental Health Program, and Director of the Center for Anxiety in New York. The title of his presentation is **Spiritual Psychotherapy for the Inpatient Residential Intensive Treatment (SPIRIT) Program**. 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

Books

Emergency Room Chaplain: Crisis Response and Clinical Care or First Responders in Combat Veterans (Mark Alan Robertson, USAF, 2022)

From the author: "Caregivers need clinical training, so they triage mental health problems in ways that promote posttraumatic growth. In this book, the concepts of moral injury, religious coping, and crisis intervention are discussed with the aim of equipping caregivers to engage mental health issues. A guiding light is personal pastoral experience as an emergency room chaplain. Emergency room (ER) chaplains, along with other first responders, treat trauma patients before these patients are physically safe or have been medically cleared. Therefore, this book discusses trauma treatment in crisis situations, such as military deployment and drug dependency. Also, it discusses medical emergencies that involve gunshot wounds, blast injuries, and cases of chronic victimization, such as emotional abuse, child maltreatment, domestic violence, and deliberate self-harm. Hospital chaplains and other first responders need an array of empirically supported trauma treatments. This book is a collection of case studies. Case study participants describe their "wild brain." Each clinical interview is "wild," because the conversations describe posttraumatic symptoms. This soldier said, "I had to kill the kid." Then he discussed how other kids, about the same age, had lobbed hand grenades at him, fired rifles, detonated landmines, or triggered booby-traps. In Vietnam, kids fought as combatants. Therefore, he had to kill the kid. "Having to kill the kid," or thinking that killing the kid in combat was necessary, exemplifies the distress and disorientation of moral injury. God's grace heals moral injury. God's grace heals PTSD. This is the empirical finding, which will be argued throughout this spiritual book." Available for \$34.99 (hardcover) or \$19.99 (Kindle) at <https://www.amazon.com/EMERGENCY-ROOM-CHAPLAIN-Response-Responders/dp/B0BMSP2M55/>.

Handbook of Positive Psychology, Religion, and Spirituality (Springer, Open Access, 2023)

From the publisher: "This handbook aims to bridge the gap between the fields of positive psychology and the psychology of religion and spirituality. It is the authoritative guide to the intersections among religion, spirituality, and positive psychology and includes the following sections: (1) historical and theoretical considerations, (2) methodological considerations, (3) cultural considerations, (4) developmental considerations, (5) empirical research on happiness and well-being in relation to religion and spirituality, (6) empirical research on character strengths and virtues in relation to religion and spirituality, (7) clinical and applied considerations, and (8) field unification and advancement. Leading positive psychologists and psychologists of religion/spirituality have coauthored the chapters, drawing on expertise from their respective fields. The handbook is useful for social and clinical scientists, practitioners in helping professions, practitioners in religious and spiritual fields, and students of psychology and religion/spirituality." Available for \$49.03 (paperback) from <https://www.amazon.com/Handbook-Positive-Psychology-Religion-Spirituality/dp/3031102738>

Spiritual Ends: Religion and the Heart of Dying in Japan (University Of California Press, 2023)

From the back cover: "What role does religion play at the end of life in Japan? *Spiritual Ends* draws on ethnographic fieldwork and interviews with hospice patients, chaplains, and medical workers to provide an intimate portrayal of how spiritual care is provided to

the dying in Japan. Timothy O. Benedict uses both local and cross-cultural perspectives to show how hospice caregivers in Japan are appropriating and reinterpreting global ideas about spirituality and the practice of spiritual care and relates these findings to a longer story of how Japanese religious groups have pursued vocational roles in medical institutions as a means to demonstrate a so-called 'healthy' role in society. By paying attention to how care for the kokoro (heart or mind) is key to the practice of spiritual care, this book enriches conventional understandings of religious identity in Japan while offering a valuable East Asian perspective to global conversations on the ways religion, spirituality, and medicine intersect at death." Available for \$34.95 (paperback) and free (ebook). <https://www.ucpress.edu/book/9780520388666/spiritual-ends>

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 AND JOB POSTINGS

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/>

Job Posting

The Theology, Medicine and Culture (TMC) Initiative at Duke Divinity School is hiring a full-time Program Coordinator to work on various TMC community events and administrative duties, as well as take on the task of coordinating the summer program *Reimagining Medicine* for The Purpose Project at Duke and The Kenan Institute for Ethics (working under the leadership of Dr. Warren Kinghorn). TMC is seeking someone with experience managing both programs and events, and someone who is detail-oriented and capable of managing multiple tasks along competing timelines. The ideal candidate will be passionate about engaging the world of health care at the intersections of theology, medical humanities, art, and ethics, and will be adept at interacting with a variety of stakeholder communities including undergraduate students, graduate students, faculty, and health care professionals. The job posting is listed here <https://careers.duke.edu/job/Durham-PROGRAM-COORDINATOR%2C-THEOLOGY%2C-MEDICINE-AND-CULTURE-INITIATIVE-DUKE-DIVINITY-SCHOOL-NC-27710/969626200/>.

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>.

SURVEY

Survey of LGBTTIQ* Community Members

As part of a university cooperation project, we would like to assess the experience of people who feel they belong to the LGBTTIQ* community. We would like to highlight your individual experience to learn and to be able to help changing attitudes and behaviors. The survey addresses your experience of acceptance and appreciation in your religious community or church community, life satisfaction

and psychological well-being, but also perception of phases of spiritual dryness as an expression of a spiritual crisis. We are well aware that this is often not a lived reality and that many people have been deeply hurt. Whether you see yourself as a believer or perhaps as non-religious: We would like to cordially invite you to take part in this anonymous survey, which takes about 15 minutes. There are no “right” or “wrong” answers; your personal views and experiences are important here. All data collected during the survey will be treated as strictly confidential and will only be processed anonymously. Confidentiality and data protection are fully respected. The survey is being conducted by Prof. Dr. Arndt Büssing, Professorship Quality of Life, Spirituality and Coping, Faculty of Health, University of Witten/Herdecke, Germany; Prof. Dr. Traugott Roser, Professorship Practical Theology, Protestant Theological faculty, University Münster, Germany; Prof. Dr. P. Thomas Dienberg OFMCap, IUNCTUS – Competence Center for Christian Spirituality Philosophical-Theological Academy, Münster, Germany; Klaus van Treek and Lorethy Starck, Institute for Holistic Wellbeing, Resilience and Spirituality; affiliated institute at the Friedensau Adventist University, Bremen, Germany. This is the link to the English language survey: <https://limesurvey.uni-wh.de/index.php/627949?lang=en>.

2023 CSTH CALENDAR OF EVENTS...

Feb

- 2/16 **Religion and Medicine**
8:00-9:00A EST (via Zoom)
Greece (<https://healthandreligion.gr/en/>)
Title: **Religion , Spirituality and Health**
Speaker: Harold G. Koenig, M.D.
Contact: Dr. Dimitrios A. Linos
(dimitrios_linos@hms.harvard.edu)
- 2/28 **Spirituality and Health Research Seminar**
12:00 -1:00 EST (online by Zoom)
Title: **Spiritual Psychotherapy for the Inpatient Residential Intensive Treatment (SPIRIT) Program**
Speaker: David Rosmarin, PhD, Assistant Professor in the Department of Psychiatry at Harvard Medical School
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>