

CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health

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This newsletter provides updates on research, news and events related to spirituality and health, including educational resources and funding opportunities. **Please forward to colleagues or students who might benefit.** Our goal is to create a community of researchers, clinicians, clergy, and laypersons interested in spirituality and health and keep them informed and updated. An EVENTS CALENDAR concludes the newsletter and describes spirituality and health related presentations happening at Duke and around the world. This is your newsletter and **we depend on you to let us know about research, news, and events in this area.**

All e-newsletters are archived on our website. To view previous issues (July 2007 through February 2023) go to: <https://spiritualityandhealth.duke.edu/index.php/publications/crossroads/>

LATEST RESEARCH

Decline of Religious Involvement and “Deaths of Despair” in the United States

Economists from Wesley College, Ohio State University, and University of Notre Dame analyzed data on mortality from the CDC’s Multiple Causes of Death files from 1969 to 2016, along with data on religious involvement from the U.S. General Social Survey (GSS) conducted biennially since 1973. Deaths of despair were defined as deaths from nondrug suicides, liver cirrhosis, and drug poisonings. Data on religious involvement available from the GSS included (1) frequency of attendance at religious services (0-8, never to more than weekly, where weekly attendance or more was considered high religiosity) and (2) strength of religious affiliation (0-3, from no religion to strong affiliation, where strong religious affiliation was considered high religiosity).

The authors also examined a “policy-based shock” to religiosity that came immediately before a decline in religious practice in the U.S. “Blue laws” regulate commerce at certain times of the week, often Sunday mornings, and are strongly related to religious practice affecting the incentive to attend religious services (unrelated to other drivers of religiosity). After a Supreme Court decision provided a test by which these laws could be found unconstitutional, many blue laws were repealed, thereby affecting religious practices.

Regression models were used to analyze the weighted data, including tests of robustness and heterogeneity. **Results:** Blue law repeals by states led to an increase in measures of low religiosity, particularly among white Americans ages 45-64. An increase in mortality from deaths of despair followed immediately after the declining religious involvement. Researchers concluded: “We show that these ‘deaths of despair’ began to increase relative to trend in the early 1990s, that this increase was preceded by a decline in religious participation, and that both trends were driven by middle-aged white Americans.”

Citation: Giles, T., Hungerman, D. M., & Oostrom, T. (2023). Opiates of the masses? Deaths of despair and the decline of American religion. Working paper 30840, pp. 1-63. [National](https://www.nber.org/papers/w30840)

Bureau of Economic Research. Available from <http://www.nber.org/papers/w30840>.

Comment: Weekly religious attendance in the U.S. has decreased from 34% in 1992 to 20% in 2022, which is a more than 40% drop over the past 30 years

(<https://news.gallup.com/poll/1690/religion.aspx>). The report above is now the second large study to find an association between the decline in attendance at religious services in the U.S. corresponding with an increase in “deaths of despair.” [Chen, Y., Koh, H. K., Kawachi, I., Botticelli, M., & VanderWeele, T. J. (2020). Religious service attendance and deaths related to drugs, alcohol, and suicide among US health care professionals. *JAMA Psychiatry*, 77(7), 737-744]

Reliance on God, Financial Strain, and Psychological Distress in the U.S. during COVID-19

Researchers from the department of sociology at Baylor University and the University of Texas at San Antonio analyzed data on a nationally representative sample of 1,704 US adults surveyed in 2021 during the COVID-19 pandemic. Psychological distress was assessed using the K6 (Kessler et al., 2002). Financial strain during the pandemic was assessed using a 3-item scale. Changes in religiosity during the pandemic were assessed by two questions: (1) increased reliance on God (“During the coronavirus pandemic, have you needed the strength and guidance of God or another higher power in your life more often, less often, or about the same frequency as before the pandemic?”) and (2) increased importance of religion (“Has the importance of religion in your life changed during the coronavirus pandemic? Has it become more important, less important, or state about the same as before the pandemic?”). Responses to each question above were dichotomized into 1 (needed the strength and guidance of God more often [28.9%]; religion has become more important [17.8%]) or 0 (needed the strength and guidance of God about the same or less; religion is about the same or less important). Variables controlled in regression models included age, race, gender, marital status, education, household income, employment status, number of children, region of residence, and religious affiliation. **Results:** Financial strain was significantly and positively related to psychological distress ($b = 0.38, p < 0.001$). More reliance on God during the pandemic was related to less psychological distress ($b = -0.27$), as was increased importance of religion ($b = -0.11, p < 0.05$). A significant interaction was found between more reliance on God and financial strain in predicting psychological distress ($b = -0.08, p < 0.05$), such that at higher levels of increased reliance on God, the relationship between financial strain and psychological distress was significantly weaker. The interaction between increased importance of religion and financial strain in predicting psychological distress was not significant once increased reliance on God was controlled for. Researchers concluded: “Though it may be challenging to maintain, or increase, religious/spiritual beliefs in the face of adversity, that there were observed benefits to well-being for doing so could serve as insightful guidance for both religious leaders and R/S individuals.”

Citation: Upenieks, L., & Ellison, C. G. (2023). Changes in religiosity and reliance on God during the COVID-19 pandemic: A

EXPLORE...in this issue

1-5 LATEST RESEARCH

5-8 NEWS, EVENTS & RESOURCES

8-9 TRAINING, FUNDING Opportunities, and CALENDAR

protective role under conditions of financial strain? [Review of Religious Research](#), EPUB ahead of press.

Comment. The large random sample and carefully controlled analyses help to provide credibility to the findings reported here. The role that religiosity plays in buffering the negative effects of financial strain on psychological well-being has been well documented in previous studies.

Does the Association between Religiosity/Spirituality and Self Rated Health in India Depend on Religious Affiliation?

Investigators from the departments of geography and migration/urban studies at Malda College in Malda, India, and the International Institute for Population Sciences in Mumbai, India, analyzed data collected on a random sample of 64,655 Indian adults aged 45 and over participating in the Longitudinal Ageing Study in India (LASI), Wave 1 (2017-2018). The predictor variables included frequency of religious prayer (regular, infrequent, sporadic, or never), attendance in religious places (regular, infrequent, sporadic, or never), and meditation (termed "spirituality") (regular, infrequent, or never). Other covariates included age, sex, marital status, socioeconomic factors (education, wealth status), religious affiliation, social group, residence, life satisfaction, chronic diseases, activities of daily living, and social group (caste). Multivariable binary logistic regression was used to examine the relationship between religious involvement and self-rated health (SRH). **Results:** Participants were 73.4% Hindu, 11.9% Muslim, 9.9% Christian, and 4.8% other. Religious prayer was regular in 76.0-88.2% depending on religious affiliation; attendance at religious services was regular in 19.9%-32.0% depending on religious affiliation; and meditation (spirituality) was regular in 9.4%-35.5% depending on religious affiliation. Regular religious prayer was associated with significantly better SRH in Hindus, Muslims, and Christians (but not in "Other" affiliations); regular religious attendance was also associated with significantly better SRH, and this was true for all groups. Regular meditation (spirituality) was associated with significantly better SRH but only in Hindus; among those indicating "Other" religious affiliation, regular meditation was actually associated with **worse** SRH. Researchers concluded: "In the present study, religious attendance was a significant predictor of SRH among Christians, Muslims, and Hindus."

Citation: Roy, A., Saha, J., Rahaman, M., Kapasia, N., & Chouhan, P. (2023). Does the association between religiosity, spirituality and self-rated health change with religious affiliations? Evidence from an Indian large-scale survey. [Journal of Religion, Spirituality & Aging](#), EPUB ahead of press.

Comment. The large random sample of the Indian population and careful control for covariates in logistic regression analyses helps to establish the credibility of the findings. Interestingly, regular meditation (termed spirituality) was practiced by only 11.4% of Hindus, the group who made up most of participants in the study; 85.7% never meditated!

Religion and Tobacco Use in Sub-Saharan Africa

Investigators from the Lady Davis Institute for Medical Research (a teaching hospital in Montréal, Canada, affiliated with McGill University) analyzed data involving a random population-based sample of 47,246 adults aged 15 years and above living in seven countries in sub-Saharan Africa (Cameroon, Ethiopia, Kenya, Nigeria, Senegal, Tanzania, and Uganda). Response rates range from 86.6% to 94.1%. Participants were asked if they used any tobacco product daily or less than daily (yes) or did not use a tobacco product (no). Religious affiliation was the only religious variable; Muslim (33.6%), Christian (64.3%), traditional/other (1.0%), and none (1.1%). Correlates included sex, age, rural/urban residents, education, religious affiliation, marital status,

employment status, household wealth, and knowledge of potential health harms from tobacco use. Logistic regression analyses were used to examine predictors of tobacco use. **Results:** Logistic regression analyses conducted for the overall sample found that those with no religious affiliation were 15.5 times more likely to use a tobacco product compared to those with a Muslim religious affiliation (adjusted OR = 15.5, 95% CI = 4.8-50.3). Researchers concluded "We found five times greater odds of smoking and 16 times higher odds of SLT (smokeless tobacco) among irreligious adults, compared to Muslims."

Citation: Ogbodo, S. C., & Onyekwum, C. A. (2023). Social determinants of health, religiosity and tobacco use in Sub-Saharan Africa: Evidence from the Global Adult Tobacco Survey in seven countries. [Research Square](#), available at <https://www.researchsquare.com/article/rs-2395421/latest.pdf>.

Comment. Religious beliefs, particularly among Muslims, may help to deter the use of tobacco among adults age 15 or older in sub-Saharan Africa. The large random sample, high response rate, and careful control for other covariates support the credibility of the findings.

Religious/Spiritual Interventions for Patients with Breast Cancer in Iran

Investigators from the department of psychology at the University of Rey Juan Carlos in Madrid, Spain, and other universities in Iran and the United States, conducted a review and then semi-structured interviews and focus groups to identify components of religious/spiritual interventions most effective among breast cancer patients in Iran. Participants included therapists, healthcare providers, experienced clinicians, and religious, theological, psychological, and psychiatric specialists who had conducted research in the field of religion/spirituality and health. **Results:** A total of 15 experts were interviewed. Based on these interviews, a model was developed to describe the elements of R/S interventions shown helpful in patients with breast cancer. Effective components of interventions included asking questions regarding the religious/spiritual causes of illness; distinguishing divine justice from simply getting sick; the patient's attitude toward God and its effects on their illness; identifying weakened religious/spiritual beliefs and replacing them with stronger beliefs; and using daily spiritual practices to increase communication with God. The researchers conclude: "Spiritual care providers can use this model to provide religious/spiritual care services to Iranian Muslim women with breast cancer."

Citation: Ghaempanah, Z., Aghababaei, N., Lueke, N. A., Rafieinia, P., Sabahi, P., Makvand Hosseini, S., ... & Furlong, L. V. (2023). A working model for religious/spiritual intervention of patients with breast cancer in Iran: From the viewpoints of experts. [Pastoral Psychology](#), EPUB ahead of press.

Comment. Although this article focuses on Iranian Muslim women with breast cancer, many of the elements of the model described here could be applicable as well to women with breast cancer from other faith traditions and regions of the world.

Miracles in the Netherlands

Researchers from the department of ethics, law and humanities at the Amsterdam University Medical Center and at other universities within the Netherlands conducted a retrospective case study involving "prayer healing" reports that took place between 2015 and 2020. Those eligible for inclusion were individuals in the Netherlands or neighboring countries who claimed that they had been healed through prayer. Reports came from articles in newspapers, other media, the research team's medical practices and their vicinities, prayer healers, and medical colleagues. Once consent was obtained, "medical data from before and after the prayer(s) was collected." Criteria included: (1) likelihood of medical remarkability based on a set of criteria (e.g., a healing that is surprising and unexpected in light of current clinical and medical

knowledge with a remarkable temporal relationship to prayer); (2) a well diagnosed serious disease with changes documented before and after the prayer/s; (3) having complete medical data; and (4) duration of healing to assess degree of recovery (preferably five years). In-depth interviews were conducted by a senior researcher, and this information was provided to an independent medical team that consisted of five medical specialists in internal medicine, hematology-oncology, surgery, psychiatry, and neurosurgery. Also assessed was level of patient expectancy (none, low, moderate, high). Healing reports were obtained in 2016 and 2017 and follow-up studies were conducted by the same senior researcher in 2019 and 2021. **Results:** A total of 83 reports were evaluated, with 27 (28 healings) selected for evaluation by the medical assessment team, 14 of whom underwent in-depth interviews. Of those 11 cases were considered to be medically remarkable (none, however, were evaluated as medically unexplained). All participants interpreted their healing as an act of God. Among the total group of 28 healings, the duration of illness had lasted from 4 to 40 years (average 4 years). After prayer, the duration of healing lasted from 1 to 33 years (average 12 years). Two relapses occurred among the 28 healings, one involving leukemia and the other Parkinson's disease. The expectation of healing was absent or low in the majority of cases, where healing often came as a surprise. Researchers concluded: "Our findings on remarkable healings do not fit well in the traditional biomedical conceptual framework. All healings exhibited important non-medical aspects, whether or not they were assessed as medically remarkable."

Citation: Kruijthoff, D. J., Bendien, E., van der Kooij, C., Glas, G., & Abma, T. A. (2022). Can you be cured if the doctor disagrees? A case study of 27 prayer healing reports evaluated by a medical assessment team in the Netherlands. [Explore](#), EPUB ahead of press.

Comment: The Netherlands is among the least religious countries in the world, with more than 50% indicating no religious affiliation and 82% indicating that they never or almost never visit a church. Nevertheless, "miracles" apparently occur here too, especially in response to prayer. Often, though, the miracle is in the eye of the beholder.

Transcendent Experience: A Promising Frontier for Religion and Health Research

Jeff Levin at Baylor University Institute for Studies of Religion and Medical Humanities Program in this article advocates for a renewed research focus on the experiential aspects of religious and spiritual expression. Dr. Levin maintains that while religious attitudes, beliefs, and identity have been examined, less attention has been paid to subjective experiences such as feelings of transcendence or unifying connection with the divine. The article begins with a discussion of mystical experiences across various religious traditions. Levin then discusses how one might study such as subject, emphasizing that quantitative researchers have continued to distance themselves from the more holistic expression of how religion manifests in people's lives and their health. He indicates that there has been little empirical research that has focused on the seemingly ineffable experiences that religious believers experience (which he reviews) and that could impact health and well-being. Levin then describes an agenda for research, including psychometric issues, demographic issues, epidemiological issues, and issues related to healing. The author concludes: "This paper suggests that although researching the domain of such seemingly ineffable experiences may present certain conceptual and methodological challenges, these would be worth facing in order to gain deeper insight into the human spiritual dimension and into connections among body, mind, and spirit."

Citation: Levin, J. (2023). Nothingness, oneness, and infinity: Transcendent experience as a promising frontier for religion and

health research. [Journal of Religion and Health](#), EPUB ahead of press.

Comment: A fascinating article by one of the founders of the religion and health field and a brilliant scholar who articulately writes about topics like this one that are sometimes challenging to the quantitative researcher.

Desire for Chaplain Services in Outpatient Primary Care

Researchers from the department of chaplain services and the division of general internal medicine at Duke University Medical Center report on the results from a series of surveys conducted at a primary care clinic in Durham, North Carolina, to assess patients' perception of chaplain services, understand chaplain roles, and explore the desire for chaplain services in various hypothetical scenarios. Patients were assessed for their level of religiosity using the 5-item Duke University Religion Index (DUREL). A total of 272 patients completed an electronic survey between 2019 and 2022 (with a 50% response rate). Participants were 65.4% Protestant/Christian, 15.0% Catholic, 4.6% Orthodox, 3.6% Jewish, and 9.0% unaffiliated; 33.5% attended religious services at least weekly or more often; and 39.1% engaged in private religious activities daily or more often. The majority of participants (56%) were over age 55 years. Between 7 and 18 different hypothetical scenarios were presented to patients where they might desire chaplain services. **Results:** The most frequent chaplain services desired by patients were "to provide a listening ear" (78.1%), "to pray with me" (75.4%), "to help when I am grieving a loss" (73.0%), "to help me make sense of suffering (68.0%), "to help me if I were near dying" (66.4%), "to help with a mental health concern" or "help with conflict between me and another person" (both 54.3%), and "help me make a physical health decision" (36.7%). Patients who spent more time in private religious activities (based on the DUREL) were significantly more likely to request chaplain health across the hypothetical care scenarios. The researchers concluded: "chaplain interventions are most desired among this patient population in relation to patient self-reported religiosity... We were surprised to find that the majority of our patients – regardless of their own level of religiosity – express desire for support from an outpatient healthcare chaplain when they need a listening ear, or grieving a loss, or are seeking prayer."

Citation: Henderson, K. K., Oliver, J. P., & Hemming, P. (2023). Patient Religiosity and Desire for Chaplain Services in an Outpatient Primary Care Clinic. [Journal of Pastoral Care & Counseling](#), EPUB ahead of press.

Comment: Chaplains are most of the time only readily available in inpatient hospital settings. However, many outpatients – at least in this primary care clinic – desired help from a healthcare chaplain, whether they were religious or not. This should prompt primary care clinics to make chaplains available to help patients cared for in these settings, as well as in the hospital.

Why People Become Healthcare Chaplains

Researchers from the department of psychiatry at Columbia University in New York City conducted semi-structured 1-hour qualitative telephone interviews with 23 chaplains recruited from the Association of Professional Chaplains listserv. The purpose was to determine how and why chaplains enter the field of healthcare chaplaincy. **Results:** The findings indicated that personal experiences, often traumatic experiences involving family or friends, frequently influenced the decision to enter the field. Chaplains often went into chaplaincy after other jobs (such as pastoral, business, or healthcare) that were less fulfilling. Typically, a sense of personal "calling" caused them to enter chaplaincy, and consequently was related to the degree to which this work was rewarding and sustaining. Challenges to entering chaplaincy were also addressed. These included prejudices and false assumptions about what chaplains do, and in some cases, being a member of a

particular religion that did not have a school of theology that could endorse them (Muslims). Researchers concluded: "These data illuminate how personal experiences can lead chaplains to enter the field and to bring particular experiences and sensitivities to their work, enhancing their empathy and strengthening their commitment to patients in the field."

Citation: Klitzman, R., Sinnappan, S., Garbuzova, E., Al-Hashimi, J., & Di Sapia Natarelli, G. (2022). Becoming chaplains: How and why chaplains enter the field, factors involved and implications. *Journal of Health Care Chaplaincy*, EPUB ahead of press.

Comment: For anyone considering healthcare chaplaincy, this would be a good article to read beforehand.

Scope and Boundaries of Chaplains' Relationships with Patients

Researchers from the department of psychiatry at Columbia University in New York City conducted 1 hour qualitative telephone interviews with 23 board-certified chaplains involved in the Association of Professional Chaplains (same sample as above).

The purpose was to examine how chaplains determine when to "end visits and interactions" with patients and family members. The semi-structured interview asked about the kind of work that chaplains were doing, the most rewarding experiences they had as a chaplain, the most difficult experiences (and how they cope with them), the biggest challenges faced as a chaplain, and in particular, challenges faced when ending relationships with patients and how they went about doing that. **Results:** Chaplains relied on both verbal and non-verbal cues to gauge how long to stay with each patient and family and how to negotiate each encounter. They indicated that there were few if any specific rules or guidelines on the exact length of visits, and so they made these decisions based on their perceptions of the relationship dynamics. Chaplains indicated that relationship boundaries were difficult to maintain, and especially when these relationships became close over extended periods of time interacting. Sometimes, chaplains stayed in touch with patients after discharge through social media. Chaplains indicated that they needed to maintain a balance between "hovering" versus "abandoning" patients and families. Researchers concluded: "These data, the first to explore chaplains' challenges in ending visits/relationships with patients/families, have critical implications for practice, education, and research."

Citation: Klitzman, R., Di Sapia Natarelli, G., Sinnappan, S., Garbuzova, E., & Al-Hashimi, J. (2023). Exiting patients' rooms and ending relationships: Questions and challenges faced by hospital chaplains. *Journal of Pastoral Care & Counseling*, EPUB ahead of press.

Comment: This is an important study for chaplains to read, given the insights provided on how chaplains handled their relationships with patients and families, particularly with regard to terminating relationships. The article also illustrates that such relationships don't necessarily have to end, if patient and chaplain wish them to continue after hospital discharge.

Guidelines for Integrating Religion/Spirituality into the Prevention and Treatment of Substance Use Disorders in Brazil

Psychiatrists from Brazil described practical guidelines on how to integrate religion/spirituality (R/S) into substance use prevention and treatment. The guidelines include: (1) conducting a spiritual history; (2) encouraging the use of positive R/S resources; (3) taking a bio-psycho-socio-spiritual approach; (4) partnering with R/S-based community resources (e.g., Alcoholics Anonymous and other mutual help groups); (5) developing a two-way partnership with R/S communities to (a) identify patients with substance use disorders and refer them to health services for treatment and (b) welcome and support patients being treated for these problems; (6) partner with religious communities to prevent and encourage

treatment of those with substance use problems among populations at greatest risk; and (7) include patients' R/S in treatment and recovery programs. These guidelines have been endorsed by the Brazilian Association of Christians in Science; Brazilian Evangelical Christian Alliance; Brazilian Spiritist Medical Association; and Sobriety Pastoral. The authors concluded that it is "essential that health professionals are encouraged to value and respect the R/S of patients, as well as that religious groups recognize that professional and technical interventions can make a valuable contribution to preventing and treating these disorders."

Citation: Pinto, A.R., & Moreira-Almeida, A. (2023). Guidelines for integrating spirituality into the prevention and treatment of alcohol and other substance use disorders. *Brazilian Journal of Psychiatry*, EPUB ahead of press (<https://cdn.publisher.gn1.link/bjp.org.br/pdf/bjp2984.pdf>).

Comment: The guidelines above seem quite reasonable and are supported by much research in this area.

Moral Injury in Healthcare Staff of Inpatient Psychiatric Hospitals

Researchers in the United Kingdom surveyed (online) 222 mental health care professionals (73% nurses) working in secure psychiatric hospital inpatient settings in the UK to assess the prevalence and correlates of moral injury (MI). Several scales were administered including a scale to assess exposure to violence (aggression towards others, self-harm, sexually inappropriate behavior that were experienced or witnessed) and a scale measuring involvement in restrictive practices (putting patients in physical restraints, placing in seclusion). MI was assessed by the 9-item Moral Injury Events Scale (MIES; Nash et al., 2013), which combines both morally injurious events and MI symptoms in a single scale. Hierarchical regression modeling was used to assess the predictive effects of restrictive practices and incidents of violence on MI score. **Results:** MI scores were highest for males, particularly those of a minority ethnicity and were lowest for females of a minority ethnicity, although there was no statistically significant difference across gendered ethnic groups. Exposure to aggression, exposure to self-harm, exposure to inappropriate sexual behavior, involvement in putting patients in restraints, and putting patients in seclusion were all positively associated with MI, but in white females only (n= 118). Regression analyses indicated that exposure to violence significantly predicted MI scores and also explained the effects of restrictive practices. Researchers concluded "The findings position restrictive practices and exposure to violence as potential sources of moral injury for white female healthcare professionals."

Citation: Webb, E. L., Morris, D. J., Sadler, E., MacMillan, S., Trowell, S., & Legister, A. (2023). Predictors of moral injury in secure mental healthcare workers: Examining a role for violence and restrictive practices through an intersectional lens. *Journal of Forensic Psychology Research and Practice*, EPUB ahead of press.

Comment: This is a fascinating study in a population (healthcare staff of psychiatric inpatient hospitals) that has not been studied previously. Unfortunately, investigators used a measure of moral injury (MIES) designed for active-duty military, which combined both moral injurious events and symptoms, making it difficult to interpret the results. Had they used a validated measure of MI symptoms in healthcare professionals (e.g., the 10-item MISS-M-HP; Mantri et al., 2021), the results would have been more interpretable.

Further Validation of the MISS-M-SF in US Veterans

Researchers from the Military Family Readiness Center at Pennsylvania State University and the National Network of Public Health Institutes in Washington DC examined the psychometric properties of the 10-item MISS-M-SF, a quantitative measure of MI symptoms in veterans and active-duty military [Koenig, H. G.,

Ames, D., Youssef, N. A., Oliver, J. P., Volk, F., Teng, E. J., ... & Pearce, M. (2018). Screening for moral injury: the moral injury symptom scale—military version short form. *Military Medicine*, 183(11-12), e659-e665]. In this present study, the MISS-M-SF was administered during Wave 6 of The Veterans Metric Initiative (TVMI) to 3,650 post-9/11 U.S. Veterans who had at least one combat deployment (weighted n=31,986). Wave 6 of the survey was administered 30 to 33 months after service separation. Exploratory factor analysis (EFA) was conducted in 16,022 participants (weighted), while confirmatory factor analysis (CFA) was conducted in 15,964 participants (weighted). In addition to the MISS-M-SF, the PCL-5 as a measure of PTSD severity, the PHQ-4 as a measure of depression severity, and the 9-item Brief Warfare Exposure Scale as a measure of exposure to combat were also administered. MI was also assessed using the Moral Injury Events Scale (MIES) to determine convergent validity. **Results:** The combination of estimates from EFA and CFA indicated that the MISS-M-SF can be treated as a unidimensional construct in research and clinical practice, although there was some evidence for multidimensionality (depending on the wording of items). In addition, factor analysis results indicated that a 4-item measure (MISS-M-SF4) also fit the data well (items 1, 4, 8, and 9) and the correlation with the 10-item scale was high ($r=0.87$). Construct validity demonstrated that the MISS-M-SF was strongly correlated with other measures of mental health and more specifically with the MIES ($r=0.61-0.74$), but had only a weak association with combat exposure. The latter finding suggested that the MISS-M-SF could be meaningfully used with all current and former service members regardless of combat deployment status. The results also suggested that if the MISS-M-SF were to be used more broadly to other at-risk populations, items 2 and 7 would need to be modified; alternatively, the abbreviated MISS-M-SF4 (which does not contain those items) could be used for this purpose. The authors concluded: “It [this study] is the first study to comprehensively examine the MISS-M-SF’s factor structure and its relationship with another moral injury measure. These are both important psychometric advancements. The sample was drawn from a large, nationally representative sampling frame of recently transitioned veterans... The results of this study provide further support for the MISS-M-SF as a reliable and valid measure of moral injury symptoms.”

Citation: 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.

Comment: As the authors note, this study provides further evidence for the psychometric validity and reliability of the 10-item MISS-M-SF, and suggests that a 4-item measure derived from it (MISS-M-SF4) might be used in both clinical and research settings with similar results.

NEWS

Call for Papers

The *International Journal of Psychiatry in Medicine* is putting out a call for research papers on the topic of **moral injury**. Original research is preferred, although reviews will also be considered. The deadline is June 1, 2023. Please submit your research at the following website after registering for a logon and password: <https://mc.manuscriptcentral.com/ijpm>.

Podcast for Clinicians

The editor of a podcast series titled Beyond Madness, Professor Christopher Szabo, has done podcasts on a number of subjects of interest to clinicians. His latest podcast is titled “Religion, beliefs

and well being.” The goal of this podcast is to alert clinicians of the importance of religion, spirituality and belief systems in their everyday clinical practice. Go to the following link to listen to the podcast: <https://cliffcentral.com/beyond-madness/religion-beliefs-and-well-being/>.

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 will be held on Tuesday, March 28, 2023, at 12:00-1:00 EST, and will be delivered by **Benjamin Doolittle, MD, Professor of Medicine at Yale University School of Medicine** and Director of the Internal Medicine-Pediatrics Residency Program at Yale (Dr. Doolittle also holds an M.Div. from Yale Divinity school and is the pastor of a local congregation). The title of his presentation is **Beyond Well-Being: Sartre, Aristotle, and More Than Walking**. PDFs of the Power Point slides for download and full video recordings of most past webinars since July 2020 are available at <https://spiritualityandhealth.duke.edu/index.php/education/seminars/>.

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

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>. This handbook also serves as a syllabus for a 3-day course on MI for chaplains; for further information, contact harold.koenig@duke.edu.

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/>.

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 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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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/>

2023 APA Course: Religion/Spirituality as a Determinant of Mental Health: Assessment and Integration Into Clinical Practice (May 24, San Francisco)

The course will start by presenting the evidence and mechanisms for the impact of R/S on mental health that is evidence-based, which can contribute to ethically sound bio-psycho-socio-spiritual patient-centered care. Patients' religious/spiritual convictions, practices and communities can be important resources in their recovery. But religiously reinforced stigma, and spiritual concerns such as being punished or abandoned by God can put them at greater risk. Using case examples, participants will explore practical and ethical aspects of the clinician's role in addressing these positive and negative influences of religion during the process of psychiatric assessment, formulation and treatment. The DSM-5 TR Outline for Cultural Formulation and Cultural Formulation Interview including the Supplementary Module on Religious, Spiritual, and Moral Traditions will be reviewed to provide participants clinical tools to use to assess identity, cultural concepts of distress, stressors and supports, and the cultural features of the relationship between the clinician and the patient. Prospective studies indicate that the cultivation of self-transcendence and well-being involves the dynamic interplay of three processes: the awakening of plasticity (i.e., being able and willing to change), virtue (i.e., having intuitive insight into what is good for a person's self and others), and creative functioning (i.e., being innovative, purposeful and responsible so that our habits are congruent with our goals and values). The cultivation of self-transcendence by these three processes describes the essential features of the path to a life that is healthy, happy, and good. We describe evidence-based practices that are effective in motivating people to create opportunities for their own well-being and that of others by cultivating self-transcendence. Collaborations between psychiatrists and leaders/members of faith communities have been recommended by various national and international psychiatric organizations – to help attain high quality and equitable mental health care. Nonetheless, some are concerned about potential harms of such collaborations. It is imperative that such collaborations be ethical and person-centered. This presentation will discuss some principles and implementation strategies of these collaborations – illustrated by the APA Mental Health & Faith Community Partnership, and other examples across diverse contexts. This session requires advance registration and an additional registration fee. For more information, please visit <http://apapsy.ch/amcourses>.

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...

Mar

- 3/1 **Spiritual Readiness for Combat Operations**
U.S. Army Holistic Health and Integration Team
3:30-4:30A EST(via Zoom)
Speaker: Harold G. Koenig, M.D.
Contact: Major Ryan Woods
(thomas.r.wood65.mil@army.mil)
- 3/9 **21st David B. Larson Memorial Lecture**
5:30-6:30P Duke Hospital North 2001
Speaker: Aasim Padela, MD, MSc
Title: An Islamic Reflection on Health, Healing, and the Moral Dimensions of Biomedicine
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 3/28 **Spirituality and Health Research Seminar**
12:00 -1:00 EST (online by Zoom)
Title: **Beyond Well-Being: Sartre, Aristotle, and More Than Walking**
Speaker: Benjamin Doolittle, MD, Professor of Medicine, Yale University School of Medicine
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>