

# CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health

Volume 12

Issue 10

Apr 2023

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

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

## LATEST RESEARCH

### Does Virtual Attendance at Religious Services have the Same Health Benefits as In-Person Attendance?

Investigators in the department of sociology at Baylor University, University of Texas, and Yale University, and at Duke University Medical Center analyzed data from a national probability sample of 1,717 Americans (2021 Crime, Health, and Politics Survey; CHAPS). The purpose was to examine “virtual religious attendance via the Internet” compared to “in-person religious service attendance” and their relationship to mental and physical health outcomes. The survey took place between May 10 and June 1, 2021, during the heart of the COVID-19 pandemic. Health outcomes included psychological stress (assessed by the 6-item K-6) and self-rated health (single item 5-category measure). Predictor variables were virtual attendance at religious services and in-person attendance. Controlled for in regression analyses were age, race, gender, marital status, education, personal income, employment status, and region of residence. Further analyses controlled for COVID-19 related factors, including having a COVID-19 diagnosis, vaccination status, attendance at indoor gatherings of more than 10 people, wearing a mask in public places, change in importance of religion during pandemic, and religious affiliation. **Results:** The majority of participants reported never attending religious services virtually (59.5%), whereas less than 15% attended once a week or more in this manner. With regard to in-person attendance, 25.8% attended religious services weekly or more and 42.3% never attended in-person. The correlation between virtual and in-person attendance was  $r = 0.64$ ,  $p < 0.01$ ). Those attending religious services once a week or more virtually via the Internet **did not** experience less psychological distress ( $b = 0.08$ ,  $SE = 0.07$ ,  $p =$  not significant) compared to those never attending church virtually. In contrast, those attending religious services in-person once a week or more, were significantly less likely to experience psychological distress ( $b = -0.25$ ,  $p < 0.001$ ) compared to those never attending religious services in-person. With regard to self-rated health, no association was found between those attending religious services virtually once a week or more compared to those not attending virtual

religious services at all (OR = 1.03, 95% CI = 0.74-1.45). In contrast, those attending religious services in-person at least once a week, were significantly more likely to report better self-rated health compared to those never attending religious services in-person (OR=1.61, 95% CI=1.18-2.18,  $p < 0.01$ ). Researchers concluded: “... while in-person religious attendance is associated with better mental and physical health, virtual attendance is unrelated to both outcomes in fully adjusted models. Taken together, these findings suggest that the association between religious attendance and health during a global pandemic may be contingent on physical proximity of the nature of the social and experiential aspects of religious worship.”

*Citation:* Upenieks, L., Hill, T. D., Acevedo, G., & Koenig, H. G. (2023). “Electronic Church” 2.0: Are virtual and in-person attendance associated with mental and physical health during the COVID-19 Pandemic? *Sociology of Religion*, EPUB ahead of press.

*Comment:* Although this was a cross-sectional study that does not allow conclusions regarding causal inference, the findings suggest that only in-person religious attendance is beneficial to mental and physical health, not virtual attendance via the Internet.

### Religious Service Attendance, Mortality and Hospitalization among Danes

Investigators in the department of epidemiology, biostatistics and biodemography in the department of mental health at the University of Southern Denmark, and other universities in Denmark and the USA, analyzed data involving a cohort study that followed 2,987 Danes aged 40 or over participating in the SHARE. Participants were assessed at baseline in 2004-2005 (W1) and 2006-2007 (W2) and followed up using Danish registries through 2018. Cox proportional hazards regression and negative binomial regression were used to examine the effects of religious attendance (Waves 1 and 2) while controlling for sex, age, study wave, socioeconomic factors, lifestyle factors, and body mass index (Model 4). **Results:** Only 5.0% of men and 6.6% of women attended religious services within the past month. Among individuals attending religious services within the past month, mortality was 30% lower compared to those who did not (HR = 0.70, 95% CI = 0.50-0.99). This was particularly true for women (HR = 0.56, 95% CI = 0.35-0.89), but was not true for men (HR = 0.95, 95% CI = 0.59-1.53). With regard to hospital admissions (among 12,010 inpatient hospitalizations), these were significantly lower among men who attended religious services within the past month compared to those who did not (incident rate ratio [IRR] = 0.67, 95% CI = 0.45-0.98), whereas no significant association was found among women (IRR = 0.95, 95% CI = 0.70-1.29). Sensitivity analyses and E-values indicated that these findings were relatively robust. Researchers concluded: “Our results contribute to the limited literature on possible health benefits of religious service attendance in secular societies, demonstrating lower mortality among women and fewer hospitalizations among men.”

*Citation:* Ahrenfeldt, L. J., Möller, S., Hvidt, N. C., VanderWeele, T. J., & Stripp, T. A. (2023). Effect of religious service attendance on mortality and hospitalisations among Danish men and women:

**EXPLORE...in this issue**

**1-4 LATEST RESEARCH**

**4-7 NEWS, EVENTS & RESOURCES**

**7 TRAINING, FUNDING Opportunities, and CALENDAR**

longitudinal findings from REGLINK-SHAREDK. [European Journal of Epidemiology](#), EPUB ahead of press.

*Comment:* This was a well-controlled prospective study involving a large sample of adults in Denmark, demonstrating significant effects of religious service attendance on health, similar to those found in more religious areas of the world such as the US.

### Religious Involvement and Dehydroepiandrosterone Sulfate (DHEAS)/Cortisol Ratio in African-American Women

Researchers in the Department of Sociology and Carolina Population Center at the University of North Carolina at Chapel Hill, Baylor University, and University of Washington at Seattle, analyzed cross-sectional data acquired during the Nashville Stress and Health Study (2011-2014). This was a probability sample of 1,252 Black and White women and men living in Davidson County, Tennessee. Religious involvement was assessed by (1) a 4-item scale assessing perceived divine control, and (2) single items assessing religious coping, frequency of prayer, religious identity, attendance at religious services, religious socializing, and religious social support. DHEAS was obtained from blood serum, and cortisol was obtained from the urine. The logged DHEAS/cortisol ratio was the primary outcome. DHEAS/cortisol ratio is a well-known predictor of increased morbidity and mortality. Regression analyses were used to analyze the data, and religious involvement was examined as a moderator of the relationship between race and DHEAS/cortisol ratio. Control variables included age, marital status, employment status, college education, and household income. **Results:** Among Black women, perceived divine control and religious coping were significantly and positively related to DHEAS/cortisol ratio ( $b=0.274$ ,  $p<0.05$ , and  $b=0.99$ ,  $p<0.05$ , respectively), whereas the opposite was found for White participants (men and women). No association was found for Black men. Researchers concluded: "...increased divine control and religious coping predict higher levels of resiliency biomarkers [DHEAS/cortisol ratio] for Black women only and lower levels for white respondents, especially White men."

*Citation:* DeAngelis, R., Upenieks, L., & Louie, P. (2023). Religious involvement and allostatic resilience: Findings from a community study of Black and White Americans. [Journal of Racial and Ethnic Health Disparities](#), EPUB ahead of press.

*Comment:* Interestingly, religious involvement was associated with greater DHEAS/cortisol ratio in Black women, a biomarker for psychological stress, whereas among Whites, the opposite was found. Since this was a population-based sample and analyses were controlled for a number of covariates, the findings are important. However, since these analyses were cross-sectional, longitudinal studies are needed to determine direction of causation.

### Religiosity and Suicide Risk based on Sexual Orientation in the USA

Investigators in the department of sociology at the University of New Mexico and Michigan State University analyzed cross-sectional data involving a random national sample of 163,995 US adults participating in the 2016-2019 National Survey on Drug Use and Health. The purpose was to examine suicide ideation, plans, and attempts among heterosexuals (92.6%), gay/lesbian (2.2%), and bisexual males and females (5.1%). Suicide risk was assessed by asking three questions about suicidal ideation, plans, and attempts. Religious beliefs and practices were assessed by three questions asking about importance of religion in life, influence of religious beliefs on decision-making, and frequency of religious attendance. Logistic regression analyses controlled for age, gender, race/ethnicity, education, income, employment status, marital status, urban residence, and survey year. **Results:** In the overall sample, religious beliefs and practices were

significantly less likely to be associated with suicidal ideation ( $OR=0.83$ ,  $p<0.001$ ) and suicide plans ( $OR = 0.79$ ,  $p<0.001$ ). In contrast, gay/lesbians were significantly more likely to experience suicidal ideation ( $OR = 2.25$ ,  $p<0.001$ ), as were bisexuals ( $OR = 3.22$ ,  $p<0.001$ ). There was a significant interaction between sexual orientation and attendance at religious services, such that gay/lesbian and bisexual people who attended religious services were at higher risk of suicidal ideation compared to those who did not attend services at all. Similar relationships were found for suicidal plans. Greater religious attendance was also associated with a higher likelihood of suicidal plans among gay males as well as among bisexual females. Researchers concluded: "Using population-based data, this study shows that the relationships between religiosity and suicide risk vary by sexual orientation and gender and that religious beliefs and religious attendance are differentially associated with suicide risk among sexual minorities."

*Citation:* Park, K., & Hsieh, N. (2023). A national study on religiosity and suicide risk by sexual orientation. [American Journal of Preventive Medicine](#), 64(2), 235-243.

*Comment:* The results of this study speak for themselves. Given the cross-sectional nature of the findings, prospective studies are needed to determine direction of effect. Such research is also needed to identify why religious involvement increases suicide risk among gay/lesbian and bisexual people in the US, if it indeed does so in longitudinal studies.

### Religiosity and Quality of Sex Life in Great Britain

Researchers from the department of sociology at the University of Exeter in the UK and also Columbia University in New York City analyzed data from the Third British National Survey of Sexual Attitudes and Lifestyles (NATSAL-3; conducted 2010-2012) to examine the relationship between religiosity and sexual behavior. Researchers hypothesized that individuals with higher religiosity would have less frequent sex outside of formal unions (where formal unions indicate nonmarital cohabitation or marriage). In addition, they hypothesized that more religious individuals would have a higher level of satisfaction from sex life within marriage. Participants in this cross-sectional survey were a random sample of 15,162 men and women ages 16 to 74 in Great Britain. Analyses were stratified by gender; regression models controlled for multiple covariates including age, relationship status, presence of children in the household, education, ethnicity, subjective health, total number of lifetime sexual partners (same and opposite sex partners), and religious denomination. Religiosity was assessed by importance of religion in life and frequency of attendance at religious services. **Results:** 11% of men and 16% of women indicated that religion and religious beliefs were very important to them; 56% of participants indicated no religious affiliation and 75% indicated they never or almost never attended religious services. More religious men and women who were unpartnered or in a non-cohabitating steady relationship had significantly less frequent sex compared to those who stated that religion was not important at all. No relationship between religiosity and frequency of sex, however, was found in either men or women who were cohabitating or married. Satisfaction with sex life was significantly higher among those indicating that religion was very important compared to those indicating religion was less important; this was particularly true among married women, whereas no relationship was found in married men. Results were similar when frequency of attendance at religious services was used as the religious variable. Researchers concluded: "Our research suggests that changes in sexual behavior need to be understood in a context of changes in religious norms and beliefs and other societal level trends. The postponement of union formation is related to less frequent sex, while also increasing the exposure to casual sex among those with weaker religious orientation. Therefore, the decline in religiosity and the rise in the single population [in Great Britain] are likely to

exacerbate these trends, which may potentially result in lower sexual satisfaction.”

*Citation:* Peri-Rotem, N., & Skirbekk, V. (2023). Religiosity, sex frequency, and sexual satisfaction in Britain: Evidence from the Third National Survey of Sexual Attitudes and Lifestyles (NATSAL). *Journal of Sex Research*, 60(1), 13-35.

*Comment:* In this study of a large random sample of the British population, which carefully controlled for a host of other participant characteristics, there is greater satisfaction with sex life among those who are more religious (particularly in married women).

### Religious Service Attendance and Dementia

Researchers in the school of nursing at the University of Pennsylvania and several other US universities analyzed data from the US Health and Retirement Study in 2000, 2006, and 2008 (and the ADAMS sub-study). The purpose was to examine the association between religious attendance and neuropsychiatric symptoms, cognitive function, and sleep disturbance among adults aged 70 years or older with dementia (n=72; average age 84.2 years, age range 73-100). This cohort study followed patients with dementia from 2001-2003 up until 2008-2009 over an average of 3.7 years. Neuropsychiatric symptoms were assessed using the Neuropsychiatric Inventory (NPI; which assesses aberrant motor behaviors, apathy, agitation/aggression, anxiety, delusions, depression, disinhibition, elation, hallucinations, irritability). Sleep disturbance was also assessed. The Clinical Dementia Rating (CDR) was also administered. Religious involvement was assessed by frequency of religious attendance, and was measured in the year 2000, 2006, and 2008; importance of religion was also assessed. Covariates included age, sex, education, social contact, race/ethnicity, religious preference, and annual household income. **Results:** Controlling for social interaction, greater frequency of religious attendance at baseline was associated with significantly fewer neuropsychiatric symptoms ( $r = -0.124$ ,  $p < 0.0005$ ), better cognitive functioning ( $r = -0.018$ ,  $p < 0.001$ ), and less sleep disturbance ( $r = -0.275$ ,  $p < 0.0005$ ). Researchers concluded: “Our findings support significant associations between the frequency of religious attendance and fewer neuropsychiatric symptoms and sleep disturbances and better cognitive function in US older adults living with dementia.”

*Citation:* Britt, K. C., Richards, K. C., Acton, G., Hamilton, J., & Radhakrishnan, K. (2023). Association of religious service attendance and neuropsychiatric symptoms, cognitive function, and sleep disturbances in all-cause dementia. *International Journal of Environmental Research and Public Health*, 20(5), 4300.

*Comment:* As the researchers readily acknowledge, since this was a cross-sectional analysis, it is unclear whether religious attendance actually protects against these symptoms, or whether these symptoms prevent people from attending religious services. Longitudinal studies will be needed to sort out these questions about causal inference.

### Social Media, Religiosity, and Mental Health among University Students in Indonesia during COVID-19

Researchers from the Portsmouth Brawijaya Center for Global Health at the University of Brawijaya, Malang, Indonesia, surveyed 709 students at universities across the country in June 2020. Mental health (depression) was assessed by the 10-item CES-D. Social media addiction was assessed by the 6-item Bergen Social Media Addiction Scale. Religiosity was measured by a single item assessing self-rated religiosity. Controlled for in Poisson regression analyses were relationship with parents, relationship with siblings, age, gender, job status, income, marital status, and living situation. **Results:** Students with higher social media addiction scores scored significantly higher on depressive symptoms (OR = 1.07, 95% CI = 1.02-1.12). Self-rated religiosity was significantly and inversely related to depressive symptoms ( $r = -0.08$ ,  $p < 0.05$ ). In addition, self-rated religiosity moderated the

relationship between social media addiction and depressive symptoms, such that the positive relationship between social media addiction and depression was weaker among those with higher religiosity. Researchers concluded: “This study suggests the need to mitigate university students’ mental health risks through reducing social media addiction while encouraging family relationships and religiosity during the pandemic.”

*Citation:* Saputri, R. A. M., & Yumarni, T. (2023). Social media addiction and mental health among university students during the COVID-19 pandemic in Indonesia. *International Journal of Mental Health and Addiction*, 21(1), 96-110.

*Comment:* Given the importance of religion in this largely Muslim country, these cross-sectional findings are not unexpected. However, they do underscore the negative effects that social media addiction may have on mental health in college students and the buffering effect that religious beliefs may have on this relationship.

### Does Relinquishing Control to God Benefit Cancer Patients?

Researchers in the department of psychology at the University of Notre Dame and at Wake Forest University School of Medicine surveyed 548 patients with a cancer diagnosis to determine whether placing one’s health condition “in God’s hands” is positively related to coping and quality of life (QOL). Established measures were used to assess religious problem-solving, meaning/peace, coping efficacy, physical symptoms, physical QOL, and functional QOL. Relinquishing control of outcomes to God was assessed by the 18-item short form of the Religious Problem-Solving Scale (RPSS; Pargament), which has subscales that assess deferring, collaborative, and self-directed religious coping. Mediation models were used to examine associations.

**Results:** Relinquishing control to God was significantly and positively correlated with meaning/peace ( $r = 0.34$ ), coping efficacy ( $r = 0.28$ ), and functional QOL ( $r = 0.23$ ). Meaning/peace and coping efficacy explained the relationship between relinquishing control and these other outcomes. Researchers concluded: “...peace, meaning and coping efficacy may be considered as critical components of interventions available to persons of faith who seek to improve quality of life in the context of a cancer diagnosis.”

*Citation:* Merluzzi, T. V., Salamanca-Balen, N., Philip, E. J., & Salsman, J. M. (2023). “Letting go”-Relinquishing control of illness outcomes to God and quality of life: Meaning/peace as a mediating mechanism in religious coping with cancer. *Social Science & Medicine*, 317, 115597.

*Comment:* Although a statistically complex study that is somewhat difficult to follow, results indicate that relinquishing control to God, i.e., placing oneself in God’s hands, is associated with a better quality of life and better coping efficacy, doing so largely by increasing a sense of meaning and peace.

### Effectiveness of Faith-based Programs in Reducing Blood Pressure

Investigators in the Department of Health Sciences at the University of York and King’s College London in the United Kingdom conducted a systematic review of faith-based programs directed at improving cardiovascular health. A total of 24 studies were identified in this systematic review. Most studies involved cardiovascular health teaching and encouragement of exercise / physical activity as a normal lifestyle, nutrition change, cardiovascular health measurements, and blood pressure checks, in addition to support from faith leaders. **Results:** Three months after the interventions, there was an average 2.98 mmHg decrease in mean systolic blood pressure (SBP) (95% CI = 1.57-4.39) and a non-significant change in mean diastolic blood pressure (DBP). Twelve months after the interventions, there continued to be a significant reduction in mean SBP (0.65 mmHg, 95% CI = 0.39-



0.91), although there remained no difference in mean DBP. Researchers concluded: "In addressing the global hypertension epidemic the cardiovascular health promotion roles of faith institutions probably hold unrealized potential. Deliberate cultural awareness, intervention contextualization, immersive involvement of faith leaders and alignment with religious practice characterize their deployment as healthcare assets."

*Citation:* Sanusi, A., Eley, H., Golder, S., Sanusi, O., & Oluyase, A. (2023). Cardiovascular health promotion: A systematic review involving effectiveness of faith-based institutions in facilitating maintenance of normal blood pressure. *PLOS Global Public Health*, 3(1), e0001496.

*Comment:* The primary finding was that these programs resulted in an average reduction in mean SBP of 3 mmHg. Be aware that a reduction of a population's mean BP by as little as 2 to 4 mmHg could reduce cardiovascular disease by 10%-20%, and a 5 mmHg reduction in mean BP would translate into a 10% reduction in mortality from coronary heart disease and stroke, thus having a major impact on public health (see Marmot, M.G. Diet, hypertension, and stroke. In Turner, M.R.(ed.), *Nutrition and Health*. NY, NY: Alan 4R. Liss Publishers, 1982, p. 243; Marmot, M.G. Primary prevention of stroke. *The Lancet* 339 (8789), 1994, p. 346).

### Religious Identity Discrimination among Muslim Physicians in North America

Researchers at the Medical College of Wisconsin analyzed data from two Muslim physician samples: 255 physicians (average age 52, 65% adult immigrants) from the Islamic Medical Association of North America (IMANA) assessed in 2013, and 264 physicians (average age 40, 59% born in the US) from subscribers of IMANA, the American Muslim Health Professionals, and the US Muslim Physician Network assessed in 2021. Responses were compared between these two groups of Muslim physicians. **Results:** In the 2021 sample, more physicians reported religious discrimination than did physicians in the 2013 sample (53% vs. 24%); more job turnover (32% vs. 7%); and having more patients refuse their care (33% vs. 9%). All differences were statistically significant. Researchers concluded: "Many American Muslim clinicians encounter religious discrimination at the workplace, and these experiences appear to be on the rise."

*Citation:* Baqai, B., Azam, L., Davila, O., Murrar, S., & Padela, A. I. (2023). Religious identity discrimination in the physician workforce: Insights from two national studies of Muslim clinicians in the US. *Journal of General Internal Medicine*, EPUB ahead of press.

*Comment:* This is an important study underscoring the importance of healthcare workforce training on diversity, inclusion, and equity. However, be aware that the two samples compared above were very different, making any conclusions with regard to increasing discrimination somewhat tentative and needing to be replicated in Muslim physicians who are prospectively followed over time.

### Person-Centered Mindfulness Meditation

This article describes research that has demonstrated the benefits of Mindfulness Meditation (MM) and Mindfulness-based Stress Reduction (MBSR). This includes benefits to a host of mental and physical health conditions, including depression, sleep quality, anxiety, workplace stress, posttraumatic stress disorder, psychosis, substance use disorders, other psychiatric disorders, and mental health and well-being more generally. MM and MBSR are also regularly used in the military as part of warrior fitness programs, although the evidence for their effectiveness in this setting is limited. MM is based on the seventh step of the Eightfold Path of Buddhism, which is one of the core teachings of this faith tradition. Those who developed and who have promoted MM and MBSR are almost all practicing Buddhists. Nevertheless, MM and MBSR are promoted as secular treatments, and are administered to people regardless of their own faith tradition. This is despite the

fact that similar meditative and mindfulness practices are available within each of the three major monotheistic traditions (Christianity, Islam, and Judaism). This paper advocates for a person-centered application of MM and MBSR that takes into account the patient's faith tradition, rather than administering Buddhist-based MM and MBSR to all regardless of religious beliefs. Person-centered, culturally-sensitive treatments are now the standard practice across all of the health professions, and should be implemented for MM and MBSR as well.

*Citation:* Koenig, H. G. (2023). Person-centered mindfulness: A culturally and spiritually sensitive approach to clinical practice. *Journal of Religion and Health*, EPUB ahead of press. Fulltext PDF available at <https://rdcu.be/c6gUh>.

*Comment:* Pastoral care providers, chaplains (healthcare and military), counselors, and psychologists will benefit from reading this paper.

## 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 studies are preferred, although reviews and meta-analyses will also be considered. The deadline is June 1, 2023. Special issues on (1) depression in the medically ill and (2) chronic pain are also scheduled for later in the year or early 2024. Please submit your research at the following website after registering: <https://mc.manuscriptcentral.com/ijpm>.

### 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, April 11, 2023, at 12:00-1:00 EST, and will be delivered by **Jeff Levin, Ph.D., M.P.H., FACE, University Professor of Epidemiology and Population Health and Director of the Program on Religion and Population Health at the Institute for Studies of Religion at Baylor University**. The title of his presentation is **Toward a Translational Epidemiology of Religion: Challenges and Applications**. 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/>.

## SPECIAL EVENTS

### 19<sup>th</sup> Annual Duke University Summer Research Workshop

(Durham, North Carolina, August 14-18, 2023)

Register now to attend this one-of-a-kind 5-day training session on how to design research, obtain funding support for it, carry it out, analyze and eventually publish the findings, with an emphasis on developing an academic career in the area of religion, spirituality and health. **Pass this information on** to colleagues, junior faculty, graduate students, and anyone you think might be interested. The workshop compresses training material that was previously taught during our 2-year post-doctoral fellowship, so the curriculum is packed. Leading religion-health researchers from

Duke, Yale and Emory serve as workshop faculty. Participants will have the option of a 30-minute one-on-one with Dr. Koenig or another faculty mentor of their choice, although these mentorship slots are limited. Nearly 1000 academic researchers, clinical researchers, physicians, nurses, chaplains, community clergy, and students at every level in medicine, nursing, social work, chaplaincy, public health, psychology, counseling, sociology, theology, and rehabilitation (as well as interested members of the general public) have attended this workshop since 2004. Participants from every faith tradition and region of the world have come to the workshop, and the workshop in 2023 is no different. **Partial tuition reduction scholarships** are available for those with serious economic hardship. For more information, go to: <https://spiritualityandhealth.duke.edu/index.php/5-day-summer-research-course/>.

## RESOURCES

### Books

#### **The Varieties of Spiritual Experience: 21st Century Research and Perspectives** (Oxford University Press, 2022)

From the publisher: "Spiritual experiences have occurred within people around the world and throughout history, up to and including the present day. The founders of every major religion described them, philosophers since antiquity have pondered them, and according to recent polls, about 30% of people still report them. A century ago, philosopher and psychologist William James famously analyzed accounts of these experiences and raised questions for future scientific study. What triggers these events? How are the brain and body affected? How do these brief moments have such lasting effects? Now, modern science has some answers. This book invites readers into contemporary psychology and neuroscience laboratories around the world to learn about these elusive yet profound inner events. As it explores phenomena ranging from divine revelations to paranormal experiences to life-changing experiences of unity, findings from modern science are illustrated with a diverse set of personal accounts from believers and non-believers alike, plunging readers into deeply personal and sometimes transformative moments. Written by two renowned scientists in the field, this book is a deep exploration of the psychology and neuroscience of a range of profoundly meaningful experiences." Available for \$22.14 (hardcover) from <https://www.amazon.com/dp/019066567X/>.

#### **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](mailto:harold.koenig@duke.edu).

#### **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.



JOINTLY ACCREDITED PROVIDER™  
INTERPROFESSIONAL CONTINUING EDUCATION

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

**Nurse CE:** Duke University Health System Department of Clinical Education and Professional Development designates this activity for up to 3.75 credit hours for nurses. Nurses should claim only



credit commensurate with the extent of their participation in this activity.

## TRAINING OPPORTUNITIES

### Full Scholarships to Attend Research Training on Religion, Spirituality and Health

With support from the John Templeton Foundation, Duke University's Center for Spirituality, Theology and Health is offering \$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](mailto: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>.

Unfortunately, but not surprisingly, the demand for such scholarships has far exceeded availability. **We have only one remaining scholarship not awarded at the present time.** 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](mailto:Harold.Koenig@duke.edu).

### Theology, Medicine, and Culture Initiative

The Theology, Medicine, and Culture Initiative at Duke Divinity School invites you to consider both residential and hybrid opportunities for theological study and spiritual formation:

#### Theology, Medicine, and Culture Fellowship

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

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

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

students receive 25% tuition support from Duke Divinity School. For more information on both these programs, go to:

<https://tmc.divinity.duke.edu/>

## FUNDING OPPORTUNITIES

### Templeton Foundation Online Funding Inquiry

The next deadline for Small Grant requests (\$234,800 or less) and Large Grant requests (more than \$234,800) is **August 18, 2023**. The Foundation will communicate their decision (rejection or invitation to submit a full proposal) for all OFIs by October 13, 2023. Therefore, researchers need to think "long-term," perhaps collecting pilot data in the meantime, with or without funding support. JTF's current interests on the interface of religion, spirituality, and health include: (1) **investigating the causal relationships between health, religion, and spirituality (determining direction of causation in associations reported; identifying the underlying causal mechanisms responsible)**, with a specific focus on longitudinal studies, and (2) **engaging religious and spiritual resources in the practice of health care (increasing the religious and spiritual competencies of health care practitioners; testing the impact of religiously integrated therapies; and increasing the scientific literacy of health care chaplains)**. More information go to: <https://www.templeton.org/project/health-religion-spirituality>.

## 2023 CSTH CALENDAR OF EVENTS...

### Apr

- 4/1 **Christian Faith and Mental Health**  
Crown College/Bethel University Faith/Science Conference  
9:00-10:00 CST  
**Speaker:** Harold G. Koenig, M.D. ( via Zoom)  
**Contact:** Aisha Thomas ([thomasa@Crown.edu](mailto:thomasa@Crown.edu))
- 4/4 **Healthcare and Religion Lecture Series**  
University of Pittsburgh (via Zoom), 8:00-9:00A EST  
**Speaker:** Harold G. Koenig, M.D.  
Title: Empirical Research on Religion and Health  
**Contact:** Lisa Parker ([lisap@pitt.edu](mailto:lisap@pitt.edu))
- 4/11 **Spirituality and Health Research Seminar**  
12:00 -1:00 EST (online by Zoom)  
Title: **Toward a Translational Epidemiology of Religion: Challenges and Applications**  
**Speaker:** Jeff Levin, PhD, University Professor of Epidemiology and Population Health, Baylor University  
**Contact:** Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))
- 4/14 **US Association for This Study of Pain (USASP)**  
Spirituality & religion-based interventions for pain  
10:00-12:00 noon, Washington Duke Inn, Durham, NC  
**Speakers:** Doolittle, Illueca, Koenig, etc.  
**Contact:** Marta Illueca ([marta.illueca@aya.yale.edu](mailto:marta.illueca@aya.yale.edu))

© 2012 A publication of the Duke Center for Spirituality, Theology & Health. May be reproduced for noncommercial purposes.

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

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