

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

LATEST RESEARCH

Religiosity and Co-ingestion of Alcohol and Prescription Drug Misuse among Adolescents

Investigators from the department of sociology at the University of Central Florida in Orlando and other U.S. institutions examined characteristics of adolescents ages 12 to 17 predicting co-ingestion of alcohol and prescription drug misuse. Researchers combined multiple years of cross-sectional data collected during the U.S. National Survey on Drug Use and Health between 2015 and 2019 (n= 57,352). Past 30-day prescription drug misuse (PDM) and alcohol co-ingestion was the dependent variable (ranging in prevalence from 0.03% for sedatives to 0.16% for opioids). The primary outcome was any past 30-day PDM and co-ingestion of alcohol (0.28% prevalence). Correlates included parental support; parental conflict; parental disapproval of alcohol use; involvement in school, community, faith-based, and other conventional activities; religiosity (importance of religious beliefs, religious beliefs influence decisions, and important that French chair religious beliefs); social support; school status (dropout); demographic characteristics (age, sex, race/ethnicity, total family income, geographic residence); past-year health-related factors (physical and mental health problems, past year substance use behaviors such as cigarette smoking, cannabis use, illegal drug use); and year of survey. Multinomial logistic regression was used to examine cross-sectional correlates of three outcomes: (1) past 30-day PDM with alcohol co-ingestion, (2) past 30-day PDM without alcohol co-ingestion, and (3) lifetime or past-year PDM. **Results:** With regard to the first outcome (30-day PDM + alcohol), greater religiosity was associated with an 18% lower risk (RRR [relative risk ratio]= 0.82, 95% CI = 0.67-0.99, for any PDM and alcohol co-ingestion) and a 28% lower risk (RRR = 0.72, 95% CI = 0.52-0.98) for opiate co-ingestion with alcohol. There was no association between religiosity and tranquilizer co-ingestion or stimulant co-ingestion with alcohol. There was no association between religiosity and 30-day PDM without alcohol co-ingestion either for any PDM or for opioids, tranquilizer, or stimulant co-ingestion. With regard to religiosity and lifetime or past-year PDM,

adolescents with higher religiosity were 5% less likely to have any PDM (RRR = 0.95, 95% CI = 0.90-0.99), but there was no significant association with opioid misuse, tranquilizer misuse, or stimulant misuse. Researchers concluded: "The findings from the current study can inform prevention and intervention efforts by identifying youth experiences and health-related factors that are associated with co-ingestion."

Citation: Ford, J. A., McCabe, S. E., & Schepis, T. S. (2023). Prescription drug misuse with alcohol coingestion among US adolescents: Youth experiences, health-related factors, and other substance use behaviors. *Journal of Addiction Medicine*, EPUB ahead of press

Comment: This large multi-year sample, and careful control for covariates, provides further evidence that religious involvement may help to prevent the development of substance use problems during adolescence.

Religiosity and Psychosocial Health Outcomes in Black and Latinx LGBTQ Youth

Researchers in the department of social work at Syracuse University and New York University analyzed cross-sectional data on a convenience sample of 472 Black and Latinx LGBTQ adolescents and young adults (ages 16-24 years) participating in the Social Justice Sexuality project. These youth were identified out of 5000 total participants in the study. Measures included school enrollment, a 7-item measure of community involvement, a 3-item measure of LGBTQ community connectedness, a 4-item measure of happiness, a single item measure of subjective health, and a measure of identity. The measure of community involvement included a single item assessing frequency of religious attendance with outcomes dichotomized into 0 (1-3 times per month) and 1 (nearly every week or more). Sociodemographic controls included age, income, and urbanicity. Bivariate and multiple regression were used to examine the associations. **Results:** With regard to religious attendance, 26.1% attended religious services 1-3 times per month and 6.9% attended services nearly every week or more. Regression models indicated that frequent attendance at religious services (nearly every week or more) was associated with significantly greater happiness (b= 0.40, p<0.01) and significantly better self-rated health (b=0.57, p<0.001). Researchers concluded: "...frequent religious service attendance may support health and happiness. Schools and faith institutions should ensure their instructions are welcoming to LGBTQ youth."

Citation: Heath, R. D., & Keene, L. (2023). The role of school and community involvement in the psychosocial health outcomes of Black and Latinx LGBTQ youth. *Journal of Adolescent Health*, EPUB ahead of press

Comment: This study suggests that for minority LGBTQ youth, religious involvement is related to better mental and physical health, just as it is in other adolescents and young adults.

Religious Beliefs and Work Ethic in Secular and Religious Cultures

Researchers from the NEOMA Business School in Mont-Saint-Aignan Cedex, France, conducted three studies to examine whether or not religious beliefs impact work ethic in secular and

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religious cultures. Researchers hypothesize that religious beliefs, when activated implicitly/unconsciously, would positively and significantly influence work ethic in religious North African (Maghrebian) participants but not in secular French participants. In the first phase of this research, a vignette-based scale to measure work ethic was developed. This measure assessed (1) hard work and success, (2) internal locus of control, (3) negative attitude towards leisure, (4) attitude towards saving money and time, and (5) work as an end in itself, based on response to five short scenarios. Construct and internal validity of the scale were determined in 52 MBA students in France. Social desirability and external validity were established in 85 undergraduate business major students in France. This scale was then used in three experimental studies to examine the causal link between implicit/unconscious religious beliefs and work ethic among religious North African and secular French participants. This was done by activating religious beliefs for participants (stimuli related to God, salvation, and afterlife) and then asking them to answer the attitude towards work ethic questionnaire. The first sample consisted of 92 participants: 36 students from a major university in Casablanca, Morocco, and 56 French students from a public business school in Paris. An experimental study was set up involving religious primed participants and control subjects. **Results** indicated that priming with religious thoughts had a significant positive effect on work ethic in Moroccan (North African/Maghrebian) participants, but not in French participants. A second study was done in 69 bicultural students in France with North African origins, categorized by their North African/Maghrebian versus French cultural *identity*. Again, **results** indicated that participants from a North African/Maghrebian cultural background primed with religious words exhibited more positive attitude towards work when their North African/Maghrebian cultural identity was made salient. In contrast, when participants French cultural identity was made salient, they were more likely to manifest a lower work ethic when exposed to religious stimuli. In the third study, researchers attempted to replicate the results of the second study, except they replaced the attitude towards work ethic scale with a work task to measure impact of religious and cultural stimuli on work behavior. Once again, **results** indicated that French-North African/Maghrebian participants primed with religious thoughts exhibited more effort to complete the work task if their North African cultural identity (but not French cultural identity) was made salient. Researchers concluded: "Our research reveals that implicit religious beliefs can predict work ethic in a manner contingent on cultural settings. In cultures where religious values are historically embraced and encouraged, work ethic constitutes a religious construct that enhances work ethic. Conversely, in secular cultures, religious cues inhibit work ethic."

Citation: Taghavi, S., & Segalla, M. (2023). Is work an act of worship? The impact of implicit religious beliefs on work ethic in secular vs. religious cultures. *Journal of Business Ethics*, EPUB ahead of press.

Comment: This is a complex, but interesting series of studies examining the impact of implicit/unconscious religious beliefs (elicited by religious priming) on work ethic in religious and nonreligious cultures, showing opposite effects depending on cultural background and primary source of identity.

Meaning in Life and Attachment to God among Muslims in Indonesia

Researchers at UIN Sunan Gunung Djati Bandung in Indonesia surveyed 312 adult Muslims (77% women; 63% members of a religious organization; majority of participants under age 32) via an online platform to examine the relationship between religious commitment, attachment to God, and meaning in life. Religious commitment was assessed by Worthington's 10-item Religious Commitment Inventory; attachment to God by Beck & McDonald's 28 item Attachment to God Inventory; and meaning in life by the

10-item Meaning in Life Questionnaire. Higher scores on the Attachment to God Inventory indicated greater avoidance of intimacy with God and greater anxiety about abandonment, both reflecting low levels of attachment to God. Pearson correlations and regression modeling was used to examine relationships between variables. **Results:** Meaning in life was significantly correlated with greater religious commitment ($r = 0.50, p < 0.001$) and with lower levels of negative attachment to God ($r = -0.16, p < 0.01$); similar relationships were identified when religious commitment and attachment to God were included within the same regression model as predictors of meaning in life. Researchers concluded: "There is a significant relationship between religious commitment [and] meaning of life and attachment to God with meaning of life...religious commitment has a greater influence on the meaning of life, contributing 24.3% [of the variance in meaning in life], while attachment to God only contributes 1.7%."

Citation: Chodijah, M., & Mahalle, S. (2023). The Muslim's meaning of life: How religious commitment and attachment to God influenced it? *Khazanah Theologia*, 5(1), 55-70.

Comment: Statistical analyses were relatively simple in this study (largely bivariate correlations), although the results were as expected. This study is of particular interest because it was conducted in a young Muslim sample, indicating that religious commitments and attachment to God continue to influence meaning in life in this population demographic.

Religious Participation and Memory in Middle- and Older-Aged Adults in Canada

Researchers in the School of Public Health Sciences at the University of Waterloo in Ontario, Canada, examined cross-sectional relationships between religious participation and memory among 24,669 adults aged 45-85 years from 11 urban data collection sites spread across seven of Canada's 10 provinces (part of the Canadian Longitudinal Study on Aging, with data collected in 2011-2015). The majority of participants (85%) were ages 45-74 (relatively young). Memory was assessed using the Rey Auditory Verbal Learning Test (RAVLT), which measures immediate and delayed recall of words. Religious participation was assessed by a single question asking about frequency of participating in religious activities within the past 12 months; response options were collapsed into three categories: daily to weekly, monthly to yearly, and no participation. Covariates controlled for in analyses were basic and instrumental activities of daily living, subjective health, presence of chronic conditions, depressive symptoms, social network contacts, social support, social participation, tobacco consumption, alcohol consumption, and sociodemographic information including sex, education, marital status, income, and Canadian province. Regression analyses were used to examine the data, stratifying analyses by age group (over and under age 65) and component of memory assessed (immediate recall and delayed recall). **Results:** Among participants under age 65, monthly to yearly religious participation (compared to no participation) was positively associated with immediate and delayed recall memory, whereas among persons over age 65, weekly or more participation (compared to no participation), was *negatively* associated with immediate and delayed recall memory. Authors note, however, that regression coefficients were small ($b < 0.10$), and most were not statistically significant. Researchers concluded: "Insufficient evidence existed to conclude that religious participation was associated with memory in our sample."

Citation: Hosseini, S., Chaurasia, A., & Oremus, M. (2023). Exploring the association between religious participation and memory in middle-and older-aged adults in the Canadian Longitudinal Study on Aging. *Aging, Neuropsychology, and Cognition*, 30(1), 106-123.

Comment: One explanation for not finding any meaningful association between religious participation and memory in this

cross-sectional study is that there is simply no relationship (in this relatively young sample, with relatively low rates of memory impairment, which reduces the power to detect relationships). The other possibility is that the less religious individuals with cognitive impairment either did not agree to participate in the study, could not participate, or died prematurely, resulting in religious persons with cognitive impairment being more likely to survive into later life and be included in the study. This dynamic could easily disguise any beneficial effects of religious participation on memory.

Religious Support for Older Adults with Cognitive Impairment and Dementia

This review article provides a nice summary of the latest research examining the relationship between religious support and cognitive impairment in older adults. Based on this review, the authors provide recommendations on how to provide religious support to such individuals. The recommendations include: (1) develop interventions supporting the religious and spiritual practices of older adults who experience cognitive impairment and then continue that support after they develop dementia; (2) partner with religious organizations to establish dementia-friendly services and resources; and (3) use familiar religious and spiritual objects and activities (tailored to the individual) to improve their spiritual well-being. Researchers concluded: "Much work is needed, so let's get started. Amen!"

Citation: Britt, K. C., & Hamilton, J. (2023). How can we support religious and spiritual practices of older adults with mild cognitive impairment and dementia? *Journal of Gerontological Nursing*, 49(4), 3-5.

Comment: This is a succinct literature review by two PhD-level nurse researchers that provides directions on how to enhance the religious and spiritual lives of older adults with early and more advanced dementia. If religious and spiritual beliefs held by these individuals can be utilized to increase quality of life as cognitive impairment progresses, this is a direction that should be pursued, particularly given current projections on the number of older adults developing dementia in the next 30 years.

Religiosity and Resilience in Older Adults after a Natural Disaster

Investigators from the department of psychology at Louisiana State University in Baton Rouge, Louisiana, and Boston University in Cambridge, Massachusetts, examined 202 adults (average age 50 years) who were exposed to the risk of flooding from hurricanes in Louisiana. Participants varied in flood status: 77 with no flood damage; 66 directly affected by flood damage in 2016 with structural damage to homes and loss of property; and 59 coastal residents who permanently relocated inland to Baton Rouge (after the 2005 hurricanes Katrina and Rita) and then had structural damage to their homes or businesses during the 2016 flood ("double disaster" group). Measures included a 16-item measure of flood impact assessing six dimensions of flood recovery; a 12-item religiosity questionnaire (assessing faith community involvement, non-organizational religiosity, religious beliefs and coping); a 9-item measure of social support (ISEL); and the 25-item Connor-Davidson resilience scale. Controlled for in regression analyses were age and psychosocial variables. **Results:** Regression analyses indicated that religious beliefs and coping were positively correlated with resilience at Wave 2 ($b = 0.36, p < 0.01$), independent of age, lifetime trauma, specific flood exposure category, perceived social support, social support after the flood, and charitable work done for others after the flood. What is not clear is whether participant characteristics (particularly religiosity) were assessed at Wave 1 or Wave 2, or whether resilience at Wave 1 was controlled in the analysis. Researchers concluded: "Regression analyses indicated that religious beliefs and coping, social support, and charitable work done for others were

associated with higher levels of resilience, whereas flood damage was unrelated to resilience."

Citation: Cherry, K. E., Calamia, M. R., Elliott, E. M., McKneely, K. J., Nguyen, Q. P., Loader, C. A., ... & Galea, S. (2023). Religiosity and social support predict resilience in older adults after a flood. *International Journal of Aging and Human Development*, 96(3), 285-311.

Comment: Several methodological issues affect the interpretation of study findings. It is not clear whether this was a cross-sectional or longitudinal study, and when predictor and outcome variables were assessed (Wave 1 or Wave 2). Furthermore, the average age of "older adults" in this study was 50 years (more like middle-age). At a minimum, this study reports a significant positive cross-sectional relationship between religious beliefs/coping and psychological resilience in the face of a natural disaster.

Religiosity and Parents' Attitudes toward Sex Education in the U.S.

Researchers from the departments of psychology at North Carolina State University and the University of Pittsburgh analyzed data on a convenience sample of 881 parents from across the U.S. who had a child between the ages of 13 and 17 years. The average age of parents' children was 15 years. Among participating parents, 72% were female and the average age was 41 years. With regard to religious affiliation of parents, 63% were Christian, 16% atheists/agnostics, 16% none/not religious, and 5% were affiliated with another religious group. Religiosity was assessed with a single item examining religious attendance (1-5 scale). In addition, political orientation was assessed on a 1 to 5 scale from very liberal (1) to very conservative (5). Parents' *perceived importance* of sex education for their child was assessed in three dimensions: factual knowledge, practical skills, and pleasure/identity. Demographics controlled for in hierarchical regression analyses included sex and parent sexual orientation.

Results: Both greater religiosity and conservative political orientation were inversely related to all dimensions of parents' perceived importance of sex education, and there was a significant interaction between religiosity and political orientation. The inverse relationship between religiosity and sex education was particularly strong among those parents with a conservative political orientation.

Citation: Hurst, J. L., Widman, L., Brasileiro, J., Maheux, A. J., Evans-Paulson, R., & Choukas-Bradley, S. (2023). Parents' attitudes towards the content of sex education in the USA: Associations with religiosity and political orientation. *Sex Education*, EPUB ahead of press.

Comment: The results here are not surprising.

Religiosity/Spirituality, Attitudes toward Dysthanasia, and Perceived Nurses' Workload in Croatia

Investigators at several universities in Croatia surveyed 279 nurses from four Croatian hospitals to examine associations between religiosity/spirituality, attitudes toward dysthanasia, and perceived workload among nurses providing end-of-life care. "Dysthanasia" (meaning difficult/bad death) involves the application of medical procedures with the intention of maintaining life at all costs, even when the condition is not curable, and use of medical procedures in a way that prolongs the patient's pain and suffering. The nurses in this study worked in ICU, dialysis units, and other specialized wards providing direct end-of-life care to dying patients. The 25-item Questionnaire on Attitudes towards Dysthanasia and Patient's Right to Co-Decision (Q-ADPR; developed by the authors) was used to assess nurses' attitudes to this practice. Spirituality was assessed by the 16-item Daily Spiritual Experiences Scale (DSES). Religiosity was measured by a single item assessing self-rated religiousness. Nurses' workload

was assessed with a 7-item scale focused on assessing workload while providing end-of-life care (also developed by the authors). Only bivariate associations were reported. **Results:** Agreement with dysthanasia was positively related to nurse workload ($r=0.18$, $p<0.01$). Neither daily spiritual experiences nor religiousness was related to agreement with dysthanasia. Daily spiritual experiences (but not religiousness), however, was inversely related to nurse workload when providing end-of-life care ($r=-0.21$, $p<0.01$). Researchers concluded: "... nurses who agree with dysthanasia experience a higher level of workload when providing end-of-life care, while more frequent spiritual experiences reduce the level of workload."

Citation: Juranić, B., Včev, A., Vuletić, S., Rakošec, Ž., Roguljić, D., Mikšić, Š., ... & Lovrić, R. (2023). (Dis) agreement with dysthanasia, religiosity and spiritual experience as factors related to nurses' workload during end-of-life care. *International Journal of Environmental Research and Public Health*, 20(2), 955.

Comment: Although a cross-sectional study that included only bivariate analyses, the relatively large sample size and multisite nature of the sample helps to provide credibility to the study's findings. If such results are confirmed with future research, as the authors suggest, nurse education in this regard may help to reduce workload among those providing end-of-life care in Croatia.

Development and Validation of a Pain-related Prayer Scale

Investigators from Harvard Medical School, Yale School of Medicine, and several other US universities describe the development and psychometric properties of a pain-related prayer scale (PPRAYERS). The PPRAYERS scale assesses active, passive, and neutral petitionary prayers to God or a Higher Power in response to pain. A sample of 411 adults with chronic pain (recruited out of 1,136 eligible participants) completed demographic, health, and pain-related questionnaires, including the PPRAYERS scale. Participants were on average 44 years old, 50% female, 63% Caucasian, 65% married 59% with some college, 73% employed and 80% Christian. **Results:** Exploratory factor analysis yielded a 3-factor structure corresponding to active, passive, and neutral prayer subscales. The active subscale includes items such as "help me so that I can endure this pain" and "I pray for your support to help me function while in pain"; the passive subscale includes items such as "take my pain away" and "I pray for God to make the pain stop;" and the neutral subscale includes items such as "I surrender my pain to the balancing influence of the universe" and "the greater whole will heal my pain." Confirmatory factor analysis demonstrated adequate fit to the data, after removal of five items. The resulting PPRAYERS scale showed good internal consistency as well as convergent and discriminant validity. With regard to convergent validity, only the active prayer subscale was positively associated with organizational religious activity, private religious activity, and intrinsic religiosity as measured by the Duke University Religion Index (DUREL). Researchers concluded: "These results provide preliminary validation for PPRAYERS, a novel measure of pain-related prayer."

Citation: Meints, S. M., Illueca, M., Miller, M. M., Osaji, D., & Doolittle, B. (2023). The Pain and PRAYER Scale (PPRAYERS): Development and validation of a scale to measure pain-related prayer. *Pain Medicine*, EPUB ahead of press.

Comment: This is one of the first measures, if not the first, designed to quantify pain-related prayer. The PPRAYERS scale provides researchers with an important tool that may now be used to examine the effects of prayer on health outcomes in patients with chronic pain.

Religion and Suicide Risk in Veterans and Refugees with PTSD: A Review

Investigators from the Competence Center for Transcultural Psychiatry at the University of Copenhagen, Denmark, conducted a literature review to determine the association between religiosity and suicide risk in veterans and refugees with PTSD. A total of 10 publications were located, including three studies involving a case-control design (all involving veterans with chronic PTSD in Croatia) and seven studies with a cross-sectional design (5 of which were studies from the US involving veterans or active duty military with PTSD). Only one study involved refugees. Seven of the 10 publications found that religion or spirituality was associated with lower suicide risk and three found no association. Unfortunately, the Spiritual Well-Being Scale was the only scale used in three studies [note that this scale is heavily contaminated with indicators of psychological well-being, which could explain the inverse relationship with suicide risk]. Researchers concluded: "The findings in this study suggest that religion and spirituality contain social as well as psychological domains, which should be considered in future interventions and in strategies of prevention of suicide in populations with PTSD."

Citation: Brandt, M. K., Sandahl, H., & Carlsson, J. (2023). The impact of religion and spirituality on suicide risk in veterans and refugees with posttraumatic stress disorder. *Journal of Nervous and Mental Disease*, 211(1), 65-73.

Comment: A well-done review that examines religion/spirituality as a protective factor in veterans (and refugees) with PTSD. This should prompt veterans organizations and active-duty military groups to utilize chaplains to help reduce the suicide epidemic now plaguing our military community.

A Commentary on the Healthcare Chaplain

Ewan Kelly, a lecturer in healthcare chaplaincy at the University of Glasgow in the United Kingdom, describes what healthcare chaplains offer that is a unique contribution. Kelly emphasizes that chaplaincy is concerned with "soul work," where the soul is defined as the core of the human being consisting of their beliefs, values, attitudes, and motivations. Kelly also describes the role that healthcare chaplains play in organizations. Those include, for example, holding rituals to mark the lives of staff who died during the COVID-19 pandemic, and providing support to hospital staff in other ways. Chaplains seek to support the dying and bereaved, as well as meet the religious needs of other patients, often referring individuals to their faith communities for support after hospital discharge (if consent from the patient is obtained). Chaplains also typically address individual and corporate "soul wounding," which sounds like a concept similar to moral injury at the individual and systems level. The author concludes: "So the answer to whether healthcare chaplains are harbingers of death and religious functionaries is that this was the historical narrative. Today, creating space to attend to those with bruised and broken souls, individually and collectively—and working collaboratively with other health professionals to promote soulful wellbeing—is an ongoing process."

Citation: Kelly, E. (2023). Healthcare chaplain: harbinger of death or religious functionary? *British Journal of Nursing*, 32(1), 6-6.

Comment: This brief article provides a nice description of what today's healthcare chaplains do in the United Kingdom, which is similar to the unique roles that healthcare chaplains play in the US and elsewhere in the Western world.

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, May 30, 2023, at 12:00-1:00 EST, and will be delivered by **Tracy A. Balboni, M.D., MPH, Professor, Radiation Oncology, Harvard Medical School; Associate Physician, Radiation Oncology, Dana-Farber Cancer Institute; and Clinical Director, Supportive and Palliative Radiation Oncology Service, Dana-Farber/Brigham and Women's Cancer Center**. The title of her presentation is **Spirituality in Serious Illness and Health**. 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

19th Annual Duke University Spirituality & Health Research Workshop

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

Now is the time to register for 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 (physicians, nurses, chaplains, theologians) 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 persons have attended this workshop since 2004, including 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). 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

Nothing More Important

(Amazon/Kindle, 2023)

From the authors: "Whatever you put your faith in will affect every aspect of your life. Faith involves placing your hope and trust in something. People have faith in lots of things. Here, we're talking about *faith in God*. This book is for everyone, although is primarily addressed to Christians, particularly those who are not so sure about their faith (a large number in present-day America). For those who are sure, this book we believe will affirm and increase their faith. Non-Christians may also find their faith strengthened, particularly those from monotheistic religious traditions. Even non-theists and polytheists may get something out of this book – if they keep an open mind. We examine 15 barriers to faith today that often stand in the way of faith or weaken it. We examine pathways that lead to faith and ways to maintain and strengthen faith over time. We also explore the many spiritual, social, mental, and physical health benefits of faith. Finally, Dr. Koenig and his wife Charmin tell their personal stories: two people who have struggled with each other and with faith for nearly 4 decades. Please come join us on this important journey of faith. Nothing is more important." Available for \$7.99 (paperback) from <https://www.amazon.com/Nothing-More-Important-about-Faith/dp/B0BZF8NVNJ/>.

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.

Spiritual Readiness: Essentials for Military Leaders and Chaplains

(Amazon/Kindle, 2022)

Spiritual readiness (SR) is the strength of spirit that enables the warfighter to accomplish the mission with honor. Maintaining SR is essential for members of the U.S. Armed Forces and their allies in order to keep the peace and, when necessary, win wars. SR influences all other aspects of warrior readiness – psychological,

social, behavioral, and physical. Intended for military leaders, military chaplains, and VA chaplains, this book reviews concerns about warrior readiness, concerns underscored by widespread reports of mental health problems and lack of psychological, social, and behavioral fitness. The book discusses how to measure SR to establish a baseline and then track over time. Non-religious and religious sources of SR are then examined from Eastern, Indic, and Abrahamic faiths. Human flourishing is defined and examined in relationship to warrior readiness. The relationship between SR and human flourishing is then explored, illustrated by a theoretical causal model. Systematic quantitative research is then reviewed that explores how religious involvement affects both (a) the pathways that lead to human flourishing and (b) human flourishing itself. The question of who is responsible for building and sustaining SR in the military is then addressed (government decision-makers, military leaders, behavioral health specialists, medical providers, and especially, military chaplains), followed by a series of chaplain interventions designed to prevent or treat emotional problems that diminish SR. The book concludes with a series of practical recommendations for military leaders to enhance SR among those under their command. The book is available on Amazon Kindle for \$0.99 and the paperback is \$7.22 (printing costs only). Go to <https://www.amazon.com/Spiritual-Readiness-Essentials-Military-Chaplains/dp/B0BBY2JLXB>.

Religion and Recovery from PTSD

(Jessica Kingsley Publishers, December 19, 2019)

From the publisher: "This volume focuses on the role that religion and spirituality can play in recovery from post-traumatic stress disorder (PTSD) and other forms of trauma, including moral injury. Religious texts, from the Bible to Buddhist scriptures, have always contained passages that focus on helping those who have experienced the trauma of war. In this book the authors review and discuss systematic research into how religion helps people cope with severe trauma, including trauma caused by natural disasters, intentional interpersonal violence, or combat experiences during war." Available for \$19.97 (used) at <https://www.amazon.com/Religion-Recovery-PTSD-Harold-Koenig/dp/1785928228/>.

Religion and Mental Health: Research and Clinical Applications

(Academic Press, 2018) (Elsevier)

This 384 page volume summarizes the latest research on how religion helps people cope with stress, covering its relationship to depression, anxiety, suicide, substance abuse, well-being, happiness, life satisfaction, optimism, generosity, gratitude and meaning and purpose in life. It integrates research findings with best practices for treating mental health disorders in religious clients with depression, anxiety, posttraumatic stress disorder, and other emotional (and neuropsychiatric) problems. Available for \$69.96 (paperback, used) at <https://www.amazon.com/Religion-Mental-Health-Research-Applications-dp-0128112824/dp/0128112824/>

Hope & Healing for Those with PTSD: Psychological, Medical, and Spiritual Treatments.

(Amazon: CreateSpace Publishing Platform, 2018)

From the author: "If you or a family member has PTSD or are experiencing the aftermath of severe trauma, you will know a lot more about this disabling condition and how to deal with it after reading this book." Available for \$5.38 at <https://www.amazon.com/dp/172445210X>.

Protestant Christianity and Mental Health: Beliefs, Research and Applications

(part of the Religion and Mental Health Book Series; Amazon: CreateSpace Platform, 2017)

For mental health professionals, clergy, researchers, and laypersons interested in the relationship between religious involvement and mental health in Protestant Christians. Available for \$7.50 at: <https://www.amazon.com/dp/1544642105/>

Catholic Christianity and Mental Health: Beliefs, Research and Applications

(part of the Religion and Mental Health Book Series; Amazon: CreateSpace Platform, 2017)

For mental health professionals, clergy, researchers, and laypersons interested in the relationship between religion, spirituality and mental health in Catholics. Available for \$7.50 at: <https://www.amazon.com/Catholic-Christianity-Mental-Health-Applications/dp/1544207646>

Islam and Mental Health: Beliefs, Research and Applications

(part of the Religion and Mental Health Book Series; Amazon: CreateSpace Platform, 2017)

For mental health professionals, clergy, researchers, and laypersons interested in the relationship between religion, spirituality and mental health in Muslims. Available for \$7.50 at: <https://www.amazon.com/Islam-Mental-Health-Research-Applications/dp/1544730330>.

Hinduism and Mental Health: Beliefs, Research and Applications

(part of the Religion and Mental Health Book Series; Amazon: CreateSpace Platform, 2017)

For mental health professionals, clergy, researchers, and laypersons interested in the relationship between religion, spirituality and mental health in Hindus. Includes original research on current religious beliefs/practices in Hindus from India and throughout the world. Available for \$7.50 at: <https://www.amazon.com/dp/1544642105/>

Judaism and Mental Health: Beliefs, Research and Applications

(part of the Religion and Mental Health Book Series; Amazon: CreateSpace Platform, 2017)

For mental health professionals, clergy, and researchers interested in the relationship between religion, spirituality and health in Judaism. Available for \$7.50 at: <https://www.amazon.com/Judaism-Mental-Health-Research-Applications/dp/154405145X/>

Buddhism and Mental Health: Beliefs, Research and Applications

(part of the Religion and Mental Health Book Series; Amazon: CreateSpace Platform, 2017)

For mental health professionals, clergy, researchers, and laypersons interested in the relationship between religion, spirituality and mental health in Buddhists. Available for \$7.50 at <https://www.amazon.com/dp/1545234728/>

You are My Beloved. Really?

(Amazon: CreateSpace Publishing Platform, 2016)

From the author: "Simple and easy to read, intended for Christians and non-Christians, those who are religious or spiritual or neither, and is especially written for those experiencing trauma in life (everyone). The book examines the evidence for God's love from Christian, Jewish, Muslim, Buddhist and Hindu perspectives based

largely on the sacred scriptures from these traditions. Available for \$8.78 from <https://www.amazon.com/You-are-My-Beloved-Really/dp/1530747902/>.

Spirituality & Health Research: Methods, Measurement, Statistics, & Resources

(Templeton Press, 2011)

This book summarizes and expands the content presented in the Duke University's Annual Summer Research Workshop on Spirituality and Health. Available for \$29.15 (used) at: <http://www.amazon.com/Spirituality-Health-Research-Measurements-Statistics/dp/1599473496/>

Other Resources

CME/CE Videos (Integrating Spirituality into Patient Care)

Five professionally produced 45-minute videos on **why and how** to "integrate spirituality into patient care" are now available on our website (*for free*, unless CME/CE is desired). Videos are targeted at physicians, nurses, chaplains, and social workers in an effort to help them form **spiritual care teams** to provide "whole person" healthcare that includes the identifying and addressing of spiritual needs. Go to: <https://spiritualityandhealth.duke.edu/index.php/cme-videos/>.



In support of improving patient care, the Duke University Health System Department of Clinical Education and Professional Development is accredited by the American Nurses Credentialing Center (ANCC), the Accreditation Council for Pharmacy Education (ACPE), and the Accreditation Council for Continuing Medical Education (ACCME), to provide continuing education for the health care team.



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Nurse CE: Duke University Health System Department of Clinical Education and Professional Development designates this activity for up to 3.75 credit hours for nurses. Nurses should claim only credit commensurate with the extent of their participation in this activity.

TRAINING OPPORTUNITIES

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

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

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.

Theology, Medicine, and Culture Initiative

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

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

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

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

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

FUNDING OPPORTUNITIES

Templeton Foundation Online Funding Inquiry

The next deadline for Small Grant requests (\$234,800 or less) and Large Grant requests (more than \$234,800) is **August 18, 2023**.

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

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

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

2023 CSTH CALENDAR OF EVENTS...

May

- 5/10 **Impact of Faith on Recovery**
Teen Challenge USA
Library of Congress, Washington DC (on-site)
10:30-11:15 EST
Speaker: Harold G. Koenig, M.D. (via Zoom), and many other speakers
Contact: Brittany Rust (brittanyr@teenchallengeusa.org)
- 5/12 **Spirituality and Meaning in Medicine**
Cape Fear Valley Health System, Fayetteville, NC,
12:15-1:15A EST (on-site)
Speaker: Harold G. Koenig, M.D.
Contact: Roxanne Tuck (roxanne.tuck@duke.edu)
- 5/22 **Religion, Spirituality, and Mental Health: Research and Clinical Applications**
Dialogo international Conference
12:00-12:30 EST (by Zoom)
Speaker: Harold G. Koenig, M.D.
Contact: Cosmin-Tudor Ciocan (info@dialogo-conf.com)
- 5/30 **Duke University Spirituality and Health Research Seminar**
12:00 -1:00 EST (online by Zoom)
Title: **Spirituality and Health: Research and Clinical Applications**
Speaker: Tracy Balboni, MD, Harvard Medical School
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)