

CROSSROADS...

Exploring research on religion, spirituality and health

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

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

LATEST RESEARCH

Religiosity and Depression, Self-Esteem, Self-Derogation, and Loneliness among US Adolescents

Researchers at the Columbia University School of Public Health in New York City analyzed nationally representative data collected between 2005 and 2018 on 86,138 students in the 12th grade. The purpose was to examine the politics of depression, comparing the effects of liberal, moderate, radical and conservative beliefs on the mental health of youth. Religiosity was assessed by a single question: "How important is religion in your life?" with responses dichotomized into more religious vs. less religious. **Results:** Depressive symptoms were higher among female liberal adolescents, particularly for those with low parental education. Regression models controlling for year, sex, political belief, parental education, race, region, metro area, GPA, and multiple interactions between variables, indicated that less religious adolescents experienced significantly more depressed affect ($b = 0.29$, 95% CI = 0.26-0.31), significantly less self-esteem ($b = -0.20$, 95% CI = -0.22 to -0.19), significantly more self-derogation ($b = 0.20$, 95% CI = 0.18-0.21), and significantly more loneliness ($b = 0.12$, 95% CI = 0.09-0.15) compared to those who were more religious (see Appendix Table A.6). Researchers concluded: "These findings indicate a growing mental health disparity between adolescents who identify with certain political beliefs. It is therefore possible that the ideological lenses through which adolescents view the political climate differentially affect their mental wellbeing." *Citation:* Gimbrone, C., Bates, L. M., Prins, S. J., & Keyes, K. M. (2022). The politics of depression: Diverging trends in internalizing symptoms among US adolescents by political beliefs. *Social Sciences & Medicine: Mental Health*, 2, 100043.

Comment: Given the large nationally representative sample of adolescents collected across 13 years and the rigorous control for numerous predictors of mental health, these findings are notable. There was also an article on the findings reported in the national news media: <https://www.foxnews.com/media/conservative-teenagers-generally-happier-liberal-peers-study-finds>.

Belief in God and Psychological Well-Being Worldwide

John Nezlek from the Institute of Psychology at the SWPS University of Social Sciences and Humanities in Warsaw, Poland, analyzed data on 124,958 individuals from 77 countries participating in the 2020 combined European and World Values Surveys. The purpose was to examine the relationship between belief in God, social capital, and psychological well-being. Belief in God was assessed by a single question asking, "Do you believe in God?" with yes/no response options. Psychological well-being was assessed by two questions, one asking about happiness in life and the other asking about life satisfaction. As a measure of social capital and interpersonal prosociality, participants were asked about how important family and friends were in their lives (rated on a scale from 1 = very important to 4 = not at all important), and how much they trusted members of their families, people in their neighborhoods, people of another religion, and people of another nationality, etc. (rated on a scale of 1 = trust completely to 4 = do not trust at all). Finally, ideological prosociality and civic involvement was assessed by membership in a charitable organization dedicated to conservation, the environment, ecology, or animal-rights (no/yes); political actions such as signing a petition, joining in boycotts, etc. (would never do/might do/have done); priorities for the future; and post-materialism orientation (importance of freedom of speech, gender equality, self-expression, environmentalism). Multilevel models (MLM) using HLM were used to analyze the data, controlling for sociodemographic differences and political orientation. **Results:** Of the 120,136 persons who had data for all covariates, 79% indicated they believed in God (95% CI = 74-84%), with most nonbelievers coming from China. Belief in God was positively related to greater happiness ($t = 7.78$, $p < 0.001$), greater life satisfaction ($t = 5.08$, $p < 0.001$), and greater self-rated overall health ($t = 4.12$, $p < 0.001$). Associations were stronger in countries where more people believed in God. Belief in God was also positively related to importance of the family ($t = 9.18$, $p < 0.001$), trust in family ($t = 6.07$, $p < 0.001$), trust in neighbors ($t = 4.66$, $p < 0.001$), and trust in people of other religions ($t = 5.06$, $p < 0.001$). Belief in God was negatively related to belonging to environmental organizations ($t = 3.20$, $p < 0.01$), joining a boycott ($t = 3.47$, $p < 0.01$), joining unofficial strikes ($t = 3.27$, $p < 0.01$), or holding a post-materialist philosophy ($t = 7.11$, $p < 0.001$). The researcher concluded: "...people who believed in God tended to be happier, more satisfied with lives, and healthier than non-believers." *Citation:* Nezlek, J. B. (2022). Relationships among belief in God, well-being, and social capital in the 2020 European and world values surveys: Distinguishing interpersonal and ideological prosociality. *Journal of Religion and Health*, 61(3), 2569-2588. *Comment:* The large sample size, breadth of populations studied (77 countries), and sophisticated statistical analyses (controlling for sex, age, education, income, and left-right political orientation) lend credibility to the findings above. The stronger associations in countries where a higher proportion of the population believed in God is also noteworthy in terms of potential cultural influences. The cross-sectional nature of these analyses, however, prevent speculation with regard to causal inference.

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Effects of Listening to Qur'an Recitation on Uncontrolled Hypertension in Malaysia

Researchers on the faculty of medicine and health sciences at the University of Sultan Zainal Abidin in Terengganu, Malaysia, conducted a randomized controlled trial involving 202 Muslim patients with uncontrolled hypertension attending a primary care clinic at a teaching hospital. The purpose was to examine the effect of listening to Qur'an recitation on blood pressure (BP). Patients were randomized to the intervention (n=101) or a control group (n=101). Participants ages 18-65 years old were required to have a systolic BP of more than 140 mmHg (but less than 180 mmHg) and/or diastolic BP of more than 90 mmHg (but less than 110 mmHg). A 9-item measure of the degree to which participants believed that the Qur'an could influence mental/physical health was administered to both groups. BP and heart rate were assessed blind to treatment group. BP and pulse were assessed twice, five minutes apart, with the lower BP and heart rate of the two readings used as pre-intervention BP. Participants in the intervention group listened to Qur'an recitation in an MP3 audio format using a headphone for 30 minutes. The control group was asked to rest and provided with non-religious materials such as books and magazines for them to read for 30 minutes. After each session, BP and pulse were measured as indicated above at baseline. An independent t-test was used to determine the difference in BP and pulse rate between intervention and programs at the initial visit (baseline); a paired t-test was used to compare the within-group difference from baseline to post-intervention; and ANCOVA was used to compare the mean difference in BP and pulse between intervention and control groups following the intervention. **Results:** At baseline, participants in the intervention group had significantly less education than those in the control group, but otherwise, demographic and physical health characteristics were similar (including BP and pulse rate, and belief that the Qur'an could influence health). Significant within-group and between-group differences were found for BP and pulse rate, favoring the intervention group (all p's for differences = 0.001). The average changes in systolic BP and diastolic BP as a result of the intervention were -5.9 mmHg and -3.8 mmHg, respectively. Researchers concluded: "This study showed a reduction of blood pressure immediately after listening to Qur'an recitation. However, a longer study on listening to Qur'an needs to be done to show a sustained decrease of BP of the patient."

Citation: Norwati, D., Bakar, M., Ahmad, K., & Draman, N. (2023). The effect of listening to Al-Quran recitation among uncontrolled hypertensive Muslim patients attending primary care clinic in Kelantan, Malaysia: A randomized control trial. *IJUM Medical Journal Malaysia*, 22(1), 42-48.

Comment: This is an important study showing a clinically significant reduction in BP and pulse rate in response to 30 minutes of listening to Qur'an recitation among Muslims with uncontrolled hypertension in Malaysia. Sample size was large and methodology appeared solid. As the authors indicate, further research is needed to determine whether the changes in BP are persistent beyond the immediate post-intervention period.

Maternal Religious Beliefs and Child Academic Achievement

Researchers in the department of psychology at Koc University and school of human sciences at Mississippi State University analyzed data from a 5-year longitudinal study of a nationally representative sample of 1,052 children in Turkey. The purpose was to examine the association between maternal religiosity and children's academic achievement at age 7. The data came from five annual surveys conducted between 2008 and 2012 from age 3 to age 7. Academic achievement was assessed by reading recognition, reading comprehension, and mathematics. Also assessed were parenting behaviors of mothers, maternal

patriarchal attitudes, and maternal religiosity (9 questions asking about frequency of participation in formal religious services and belief in divine punishment for sins). Covariates included child gender, family income/SES, and age when child started school. Structural equation modeling was used to analyze the data, along with multigroup models. **Results:** Mothers' average age was 30 years and 98% were married and living with their husbands. The religiosity of mothers was positively and significantly associated with children's academic achievement independent of other covariates (b=0.15, p<0.001). However, maternal belief in divine punishment and formal Qur'anic training were not directly associated with children's academic achievement. When controlling for family SES and age when children started school, the strongest predictor of academic achievement at age 7 was learning materials provided to the child. The total effect of religiosity on this predictor was nonsignificant. However, belief in divine punishment and formal Qur'anic study had significant effects on provision of learning materials that were in offset directions (b=-0.08, p=0.04, and b=0.08, p=0.01). In the overall model, subjective symbolic religiosity had a significant positive total effect on achievement (b=0.17, p<0.001); belief in divine punishment had a smaller negative total effect (b=-0.10, p=0.01); and formal Qur'anic training had a nonsignificant total effect. Researchers concluded: "Although maternal symbolic religiosity was positively associated with parenting and children's academic achievement, maternal belief in divine punishment emerged as a risk factor. Furthermore, differential associations of maternal religiosity and patriarchal attitudes with parenting behaviors underscored the need to consider their differential impacts on the family."

Citation: Guler, M., & Baydar, N. (2023). Nuanced associations of maternal religious beliefs and patriarchal values with children's academic achievement. *Psychology of Religion and Spirituality*, EPUB ahead of press

Comment: Based on the description provided, it is difficult to determine whether this study involved a cross-sectional or longitudinal analysis of the data. Nevertheless, the large random sample of Turkish children and careful statistical controls make this study an important one, consistent with numerous other studies showing that religious involvement may improve academic achievement among youth.

Ramadan Fasting and Educational Performance

Investigators from the University of Cologne (Germany), University of Konstanz (Germany), and University of Bern (Switzerland) examined how Ramadan fasting influenced academic performance among students ages 14-15 (based on formal test scores from 1995 through 2019). The number of fasting hours was determined based on the local average daily daylight hours (sunrise to sunset); this data was used to determine the average daily fasting hours during the month of Ramadan for all countries in years used in the empirical analyses. Testing scores were based on the Trends in International Mathematics and Science Study (TIMSS) and Program for International Student Assessment (PISA). Data from Muslim countries was compared to that from non-Muslim countries, and Muslim students were compared with non-Muslim students. **Results:** An increase of average Ramadan fasting hours by 10% increased math and science test scores (TIMSS) by about 11% of a standard deviation; likewise, an increase in average fasting hours by 10% increases the difference in test scores between Muslim and non-Muslim students by 4.8% to 5.3% of a standard deviation. Researchers concluded: "This finding is consistent with the hypothesis that shared experiences during more intensive Ramadan facilitate the formation of social capital and the social identity conducive to learning outcomes."

Citation: Hornung, E., Schwerdt, G., & Strazzeri, M. (2023). Religious practice and student performance: Evidence from Ramadan fasting. *Journal of Economic Behavior & Organization*, 205, 100-119.

Comment: Again, increased religious activity seems to correlate with increased student academic achievement. This study explains these effects based on social theory.

Spirituality Curriculum in U.S. Osteopathic Medical Schools

Researchers from the department of family medicine at Rowan University School of Osteopathic Medicine in Stratford, New Jersey, conducted an online survey of curriculum leaders of all US osteopathic schools. The purpose was to assess the presence or absence of curriculum on religion/spirituality in the school and the contents of that curriculum. The survey was sent out to 42 schools, of whom 10 responded (24%). Of those 10 schools, only 2 (20%) reported having a religion/spirituality curriculum. Both responding institutions indicated that students were first exposed to the curriculum during their first year of medical school as part of a required course. One of the institutions indicated that they also had an elective titled "spirituality and medicine", which 10-20% of enrolled students on average took during their first and second years of medical school. Of the eight institutions that did not have a religion/spirituality curriculum, two (25%) indicated yes when asked if the planned to develop a religion/spirituality curriculum within the next five years. Researchers concluded: "Based on the current evidence, there may be a downward trend in osteopathic medical schools providing formal education on religion/spirituality in medicine." This conclusion was made despite the fact that the Association of American Medical Colleges and National Board of Osteopathic Medical Examiners have created competencies for medical students that include being able to understand how a patient's religious/spiritual beliefs may affect their patients' health.

Citation: Hurst, D. J., Heric, A., & Collier, K. M. (2023). Religion/spirituality curriculum in US osteopathic medical schools: A survey. *Southern Medical Journal*, 116(1), 51-56.

Comment: First, it is concerning that only 20% of schools responded (suggesting that the situation is even worse among the 80% that did not respond). Second, only 25% of those who responded without a spirituality curricula planned on introducing such curricula within the next five years. This is a sad state of affairs, given the holistic approach to healthcare that osteopathic schools of medicine have traditionally encouraged (and the mounting evidence from research showing the relevance of religion/spirituality to health and patient care).

Religious Worship Online in the UK: Benefits and Drawbacks

A professor of psychiatry and a professor of psychology at the University of London and the University of Lincoln, respectively, examined the positive and negative aspects of attending virtual services in Cambridge, UK. The study focused on an online formal Eucharistic service and a more informal Sunday evening non-Eucharistic service. Semi-structured interviews were conducted with 13 participants. **Results:** Only two participants expressed the view that the virtual service was better than attending the live service. Most participants revealed that while attending virtual services was better than nothing, there were significant limitations with regard to participating, belonging, and overall quality of the religious experience. There was agreement that celebration of the Eucharist was not possible online because participants could not actually partake of the bread and the wine blessed by the priest, an essential part of this ritual. Researchers concluded: "The data from this study are congruent with studies of diverse faiths which reveal the perceived importance of physical presence, contact, and connection as being important for ritual effectiveness."

Citation: Dein, S., & Watts, F. (2023). Religious worship online: A qualitative study of two Sunday virtual services. *Archive for the Psychology of Religion*, EPUB ahead of press.

Comment: This is a second report comparing the experience of online vs. in-person religious attendance, both confirming that in-person attendance has greater benefits to health than on-line attendance [see also 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, <https://doi.org/10.1093/socrel/srac043>].

Social Media Addiction and Mental Health among University Students in Indonesia

Investigators at the Portsmouth Brawijaya Center for Global Health, at the University of Brawijaya in Indonesia, analyzed data from an online survey involving 709 participants representing university students from the six major university regions in Indonesia. The average age of participants was 24 years and 62% were female. Mental health was assessed using the 10-item CES-D (measure of depressive symptoms); social media addiction was assessed by the 6-item Bergen Social Media Addiction Scale; and religiosity was measured by a single item asking, "How religious are you?" (not religious, somewhat religious, religious, very religious). Also assessed were family relationships (2-items), age and sex of students, parental income, parental job status, and parental marital status. Poisson and logistic regression were used to analyze the data, controlling for age, gender, job status, income, parental divorce, parental widowhood, living with parents, and relationship with parents and siblings. **Results:** The average social media addiction score was quite high (16.8 on a scale from 6-24). Higher social media addiction scores were associated with poorer mental health based on CES-D total scores; being religious was associated with a significantly lower risk of experiencing depressive symptoms ($b = -0.08$, 95% CI = -0.12 to -0.04). Logistic regression analyses indicated that students with higher social media addiction scores were 9% more likely to experience depression than those with lower media addiction scores (OR = 1.09, 95% CI = 1.05-1.14), whereas higher religiosity was associated with a 42% lower likelihood of having high depression scores (OR = 0.58, 95% CI = 0.42-0.80). Religiosity also moderated the relationship between social media use and depression scores ($B = -0.13$, SE = 0.06, $p < 0.05$), such that among those who perceived themselves to be religious, the relationship between social media use and depression scores was weaker. 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: The findings are not particularly surprising, but they do document a moderating (mitigating) effect of religiosity on the positive relationship between social media addiction and depressive symptoms among university students in Indonesia (most of whom are likely to be Muslim).

Religiosity and Psychological Well-Being among Elderly in Indonesia

Researchers at the Muhammadiyah University of Sidoarjo, Indonesia, analyzed cross-sectional data involving 152 older adults. The primary finding was that older adults who were more religious reported greater psychological well-being. Unfortunately, other than in English abstract, the study was written in Bahasa Indonesian, making it difficult to evaluate the methodology or the findings.

Citation: Elfahmi, M. A. R. R., & Mariyati, L. I. (2023). The relationship between religiosity and psychological well-being in the elderly. *Indonesian Journal of Innovation Studies*, 21, 10-21070.
Comment: The reason this relatively modest study is reported here is because of the lack of research on religiosity and well-being among older adults living in Indonesia, where 87.2% of the population is Muslim.

Disappointment with God and COVID-19 Anxiety among Persian Muslims

Researchers in the department of psychological sciences at the University of Connecticut and Arizona State University analyzed data on 552 Persian-speaking Muslim volunteers recruited through social media websites and snowball sampling (participants primarily from Iran, Tajikistan, and Afghanistan). Average age of participants was 29 years, ranging from 18 to 64, with 82% female. The purpose was to determine whether religious beliefs were protective against COVID-19 anxiety, and whether this relationship was dependent on the nature and attributes of God. Depression, anxiety and stress was measured by the DASS scale; COVID-19 anxiety by a 5-item measure (Lee 2020); psychological well-being by the Ryff & Keys scale; beliefs about God by the LAMBI scale (limitless vs. authoritarian vs. mystical vs. benevolent vs. ineffable); Muslim religiosity by a 22-item scale (Janbozorgi, 2010); closeness to God by a single item ranging from 1-5; attitudes toward God by the Attitude Towards God scale (Wood et al., 2010); religious coping using a Pargament scale; and parent religiosity. Regression modeling was used to examine the data. **Results:** Ineffable beliefs about God (e.g., uncertainty or doubts about God's attributes) and negative attitudes toward God (e.g., disappointment with or anger at God) were significantly and positively related to COVID-19 anxiety, after controlling for general religiosity, depression, stress, general anxiety, and gender. Researchers concluded: "We conclude that general religiosity had very little influence in mitigating concern; however, religious doubts, uncertainty, and anger at God were likely to predict COVID-19 anxiety in a Persian-speaking Muslim population over and above general depression, stress, and anxiety."

Citation: Saraei, M., & Johnson, K. A. (2023). Disappointment with and uncertainty about God predict heightened COVID-19 anxiety among Persian Muslims. *Religions*, 14(1), 74.

Comment: In this relatively large sample of Persian speaking Muslims (mostly female), negative or uncertain views toward God were independently associated with greater COVID-19 anxiety in these cross-sectional analyses. Because of the design, it is uncertain whether negative/uncertain views toward God lead to greater COVID-19 anxiety, or whether COVID-19 anxiety led to more negative/uncertain views toward God. Nevertheless, they do seem to be correlated in this Persian-speaking Muslim sample.

Is Religiosity Related to Empathy among Adults in Japan?

Researchers in the department of science and engineering at Waseda University, in Tokyo, Japan, and the department of art and design at the University of New South Wales in Paddington, Australia, conducted two studies to examine the relationship between religious beliefs and empathy in Japan. The first study (Study 1) examined this association in four different samples: Sample 1: n=207 undergraduate students in an introductory psychology class at a university in Tokyo; Sample 2: n=156 undergraduate students in a cognitive science class at another university in Tokyo; Sample 3: n=208 adults using Yahoo Crowdsourcing (average age 43); and Sample 4: n= 185 young adults using Yahoo Crowdsourcing (average age 26). In Study 1, a 13-item measure of religious belief was administered that assessed "the apotheosis of natural products" (3 items; e.g., "I think gods dwell in big trees and rocks that exist in nature"); belief

in spirituality assessed by a subscale of the Attitudes toward Paranormal Phenomena Scale (6 items; e.g., "I believe in gods and buddhas"), and a belief in God scale (5 items, Norenzayan et al., 2012; e.g., "When I'm in trouble, I find myself wanting to ask god for help"). In addition, the 5-item belief in god measure of Norenzayan et al. (2012) above was examined separately as a correlate of empathy (with "I believe in gods and buddhas" substituted for "I believe in God"). Two scales were used to assess empathy: the 22-item EQ short form (EQ-short; which assesses "mentalizing-related empathizing ability") and the 7-item Empathic Concern subscale of the Interpersonal Reactivity Index (IRC-EC; which measures "empathic concern"). Regression analyses were used to control for gender and age. **Results of Study 1:** In Sample 1, no association was found between the 13-item religious beliefs scale or the 5-item belief in god scale and either measure of empathy. In Sample 2, a significant positive association was found between both belief scales (13-item and 5-item) and the EQ-short empathy scale, but not with the IRI-EC scale. In Samples 3 and 4, a significant positive association was found between both belief scales (13-item and 5-item) and the IRI-EC empathy scale.

The second study (Study 2) involved 1,440 adults using Yahoo Crowdsourcing (average age 48). The same measures were used in order to confirm the results of Study 1. **Results of Study 2:** Empathic concern assessed by the IRI-EC was again significantly and positively related to religious belief measures, more so than was mentalizing-related empathizing ability assessed by the EQ-short. Researchers concluded: "... the present study provided reliable evidence of the link between empathy and religious belief in non-Western samples. We discuss how empathic concern and mentalizing-related empathy contribute to acquiring religious beliefs."

Citation: Ishii, T., & Watanabe, K. (2023). Do empathetic people have strong religious beliefs? Survey studies with large Japanese samples. *International Journal for the Psychology of Religion*, 33(1), 1-18.

Comment: This study is difficult to follow, assessing religious belief from a non-theistic, paranormal perspective. However, it is one of the few studies (if not only study) that has examined the relationship between religious beliefs and empathy in a non-religious culture such as Japan. Therefore, it is worth noting.

Daily Spiritual Experiences and Depressive Symptoms among Older Adults in India

Researchers at the International Institute for Population Sciences in Mumbai, India, analyzed data involving a nationally representative survey of 31,464 adults aged 60 or over (Longitudinal Aging Study in India-Wave I). The purpose was to examine the association between daily spiritual experiences and major depression among the older adult population of India. Daily spiritual experiences were assessed by a 4-item version of the Daily Spiritual Experiences Scale. Items were chosen that did not have the word 'God' in them "which may be contentious for many and influence their responses, especially in the Indian context where the major proportion of the population worships innumerable gods representing either a philosophy, a natural power or a representation of a certain moral value or quality." The items chosen were the following: "I feel deep inner peace"; "I am spiritually touched by the beauty of creation"; "I feel a selfless caring for others"; and "I feel thankful for my blessings." Major depression was assessed by the Composite International Diagnostic Interview (CIDI-SF). Stepwise logistic regression was used to control for age, gender, marital status, living arrangement, education, work status, community involvement, physical activity, tobacco use, alcohol consumption, self-rated health, ADL difficulty, ADL difficulty, income, religion, social group, place of residence, and region. **Results:** This measure of daily spiritual experiences was cross-sectionally associated with a 19% reduction in risk of major depression (adjusted OR = 0.81, 95% CI = 0.68-0.96).

Researchers concluded: “The study suggests that daily spiritual practices can be a strategy to reduce major depressive symptoms and improve mental health and well-being of older adults, and future studies are warranted on this direction.”

Citation: Muhammad, T., Sulaiman, K. M., & Ansari, S. (2023). A positive correlation between daily spiritual practice and reduced depressive symptoms among older adults: evidence from a nationally representative survey among the Indian population. *Psychogeriatrics*, EPUB ahead of press [see also Pengpid, S., & Peltzer, K. (2023). Prevalence and correlates of major depressive disorder among a national sample of middle-aged and older adults in India. *Aging & Mental Health*, 27(1), 81-86.]

Comment: Unfortunately, despite the large sample and careful control for multiple covariates, the measure this study used to assess daily spiritual experiences was heavily contaminated with indicators of good mental health. Should it be surprising that individuals who indicate they feel “deep inner peace” are less likely to report symptoms of major depression?

Are Those Who Send Christmas Cards in the UK less Depressed?

Investigators in the department of psychology at the University of Limerick, Ireland, analyzed cross-sectional data on 2,416 individuals in the United Kingdom during Wave 5 (2013-2015) of the Understanding Society Survey. Participants were asked “Do you or family send Christmas cards?”, with response options ranging from 1= always to 3 = never (the primary outcome variable). Religious affiliation was also assessed and dichotomized into “Christian (all Christian faith)” and “all non-Christians and non-religious.” Depressive symptoms were assessed using the 12-item General Health Questionnaire (with scores dichotomized into depressed vs. nondepressed, based on scores of 6 or higher on the questionnaire). Multinomial logistic regression was used to analyze the data. **Results:** Religious affiliation was not associated with sending Christmas cards. After controlling for marital status, gender, and white ethnicity (other significant predictors of sending Christmas cards), those who were not depressed were 53% more likely to “always” send Christmas cards (vs. those who “never” sent them). Researchers concluded: “... sending Christmas cards can signify if someone is going to have a ‘merry’ or a ‘blue’ Christmas so let’s keep an eye out for those who don’t send us that card.”

Citation: Gallagher, S., Howard, S., McMahon, J., & Palmieri, C. (2023). Christmas cards: are senders full of joy and good cheer? *Cogent Psychology*, 10(1), 2151727.

Comment: An interesting study that has direct clinical applications during the Christmas holidays, at least in the UK.

Spiritual Needs of Older Adults with Dementia

Investigators in the school of nursing at the University of Pennsylvania provide a comprehensive review of the empirical research on spiritual care needs of people living with dementia (PLwDs), summarizing data published in the literature from the year 2000 to 2022. The approach used in this study was the Whittemore and Knafel method for integrative reviews. Numerous literature databases were searched. Search terms used included spirituality, spiritual needs, religious needs, spiritual care, existential care, faith, dementia, Alzheimer’s, cognitive impairment, memory loss, Lewy body, Lewy bodies, and cognitive decline. Excluded were articles not written in English, not involving original empirical research, other reviews or case studies, participants younger than age 18 years, and studies where the concept of spirituality or spiritual care needs were not discussed. **Results:** A total of 12 articles were identified, including 9 qualitative studies, 2 quantitative studies, and 1 mixed-methods study. The major thematic domains identified were: (1) spiritual need preferences, resources, approaches, and support (from the perspective of the patient, family members, and nursing home staff, including the need to participate in religious rituals and practices such as prayer,

participating in the sacraments, singing and listening to religious songs, holding religious objects, and talking about religious activities); (2) spiritual care and support from clergy; (3) the meaning of spiritual care as understood by patients with dementia, family and staff; (4) spiritual care interventions and support; and (5) predicting spiritual care provision by providers (e.g., physicians). Researchers concluded: “There is a great need for dementia-specific spiritual assessment tools and spiritual care interventions to support spiritual well-being in dementia care. Spiritual care involves facilitating religious rituals and providing spiritual group therapy and religious and spiritual activities.”

Citation: Britt, K. C., Boateng, A. C., Zhao, H., Ezeokkonkwo, F. C., Federwitz, C., & Epps, F. (2023). Spiritual needs of older adults living with dementia: An integrative review. *Healthcare* 11(9), 1319. *Comment:* This is a well-done comprehensive review of the literature on the spiritual needs of older adults living with dementia and their caregivers, which should be of interest to all health professionals treating older adults with dementia.

Predictors of Religious Activity among Incarcerated Individuals in U.S. Prisons

Investigators at Pennsylvania State University and Iowa State University analyzed data from the 2004 Survey of Inmates in State and Federal Correctional Facilities Study to examine (1) pre-prison attributes and experiences (e.g., prior incarceration) and their relationship to religious activity, and (2) in-prison attributes and experiences (e.g., time served) and their relationship to in-prison religious activity. A representative sample of 242 prisons involving 11,741 prisoners were included in the sample. Religious activity was assessed by (a) religious engagement during the past week (yes/no) and (b) hours spent in religious engagement during past week. Control variables included time served, hours worked, depressive symptoms, assault misconduct, drug/alcohol misconduct, nonviolent misconduct, visits from family/friends, prior incarceration, pre-prison mental health, pre-prison employment, pre-prison physical abuse, pre-prison drug use, drug commitment offense, property commitment offense, sex, race, age, education, marital status, and having children. Logistic regression analyses were used to examine the data. **Results:** 55% of prisoners indicated they were engaged in religious activities during the past week of confinement. Hours engaged in religious activity on average was 5.3 hours. Among demographic factors significantly and positively related to the likelihood of being engaged in religious activities during the past week (yes) were female gender, Black or Hispanic race, older age, higher education, and being married. Among institutional factors positively related to religious activity, were less time served, more hours worked in the past week, more depressive symptoms, less assault misconduct, more visits from friends/family, lower likelihood of prior incarceration, greater likelihood of pre-prison employment, and greater likelihood of pre-prison physical abuse. Predictors of greater number of hours of religious activity during the past week were female gender, Black race, non-Hispanic ethnicity, older age, higher education, being married, pre-prison physical abuse, non-drug offenses, and non-property offenses. Researchers concluded: “Our findings highlight the need to further explore the influence of extra religious attributes and contribute to scholarship on the role of faith based prison programming in the lives of incarcerated individuals.”

Citation: Said, I., & Butler, H. D. (2023). Prison religion: Exploring the link between pre-and in-prison experiences to religious activity. *Crime & Delinquency*, EPUB ahead of press. *Comment:* Many of the demographic predictors of religious activity were similar to those in the general US population. Pre-and in-prison characteristics of religious activity, however, are unique findings and represent a substantial contribution to the literature.

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, June 27, 2023, at 12:00-1:00 EST, and will be delivered by **Francis Lu, M.D., Professor of Clinical Psychiatry, Luke and Grace Kim Endowed Professor in Cultural Psychiatry, Director of Cultural Psychiatry, and Associate Chair for Medical Student Education at the University of California at Davis Health System**. The title of his presentation is **Religion and Spirituality in the DSM-5-TR**. 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 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/>.

1st Annual Duke University Spirituality in Clinical Care Workshop

(Durham, North Carolina, August 19, 2023)
Immediately following the 5-day research workshop above, we will be conducting a workshop on Integrating Spirituality into Patient Care to be held in-person on **Saturday, August 19, 2023**. This workshop is designed specifically for health professionals and clergy who wish to integrate spirituality into the care of patients or enhance the health of congregants. We are taking an entire day to comprehensively deal with why, how, and when to integrate spirituality into the care of patients and other work settings. This workshop is designed for healthcare professionals (physicians, nurses, social workers, rehabilitation therapists, etc.), chaplains (healthcare and military), community clergy, mental health professionals (counselors, psychologists, pastoral counselors), students of every type (high school, undergraduate, graduate, etc.), and anyone else interested in the role that faith plays in health and well-being (and how to utilize this information in their current or future profession). For more information, contact Dr. Koenig at Harold.Koenig@duke.edu.

Online Duke University Spirituality in Clinical Care Workshop (September 9, 2023)

Due to multiple requests to have an online version of our workshop on Integrating Spirituality into Patient Care (the workshop above to be held in-person on Saturday, August 19), we will be holding the workshop via Zoom on **Saturday, September 9, 2023**, opening it up to anyone in the world with online access. Similar to the in-person workshop, this program is designed specifically for those health professionals and clergy from all faith traditions who wish to integrate spirituality into the care of patients or enhance the health of congregants. We are conducting this workshop to comprehensively deal with the why, how, and when of integrating spirituality into the care of patients and other work settings. For more information, contact Dr. Koenig at Harold.Koenig@duke.edu.

RESOURCES

Books

Handbook of Spiritually Integrated Psychotherapies (American Psychological Association, 2023)

From the publisher: "Spirituality—our relationship with the sacred—is expressed through our beliefs, practices, emotions, values, and relationships. Spirituality can play a vital role in understanding the problems clients face and the solutions they seek in psychotherapy. This volume brings together top scholars who show how therapists can ethically and competently integrate spiritual perspectives and interventions into their practices and thereby more effectively treat clients from diverse religious, spiritual, racial, and cultural backgrounds. The chapters present research, clinical guidance, and case studies representing a wide variety of approaches and settings, including community mental health centers, private practice offices, hospitals and medical clinics, universities, and prisons. Given the important role that spirituality plays in many people's lives, this book will help practitioners bring attention, sensitivity, and evidence-based knowledge about the spiritual dimension into their psychotherapy practice." Available for \$61.42 (paperback) from <https://www.amazon.com/Handbook-Spiritually-Integrated-Psychotherapies-Richards/dp/1433835924/>.

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

(Religion-Mental Health Book Series; Amazon: CreateSpace, 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/>

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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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 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...

June

- 6/8 **International Moral Injury Conference**
Moral Injury Support Network for Servicewomen, Inc.
1:30-4:30 EST
Speaker: Harold G. Koenig, M.D. (via Zoom)
Contact: Daniel Roberts
(droberts@chaplainconsultants.com)
- 6/14 **Spirituality in Mental Health**
U.S. Spiritist Medical Association
7:00-8:00P EST (Zoom)
Speaker: Harold G. Koenig, M.D.
Contact: Sonia Doi (soniadoi@yahoo.com)
Link for registration is <https://sma-us.org/event/spirit/>
- 6/27 **Duke University Spirituality and Health Research Seminar**
12:00 -1:00 EST (online by Zoom)
Title: **Religion and Spirituality in the DSM-5-TR**
Speaker: Francis Lu, MD, UC Davis Medical School
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)