

CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology, and Health Volume 13 Issue 1

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

LATEST RESEARCH

Spiritually-integrated Cognitive Processing Therapy (SICPT) for the Treatment of Moral Injury in the Setting of PTSD: Is it effective?

Researchers from Duke University Medical Center conducted a single-group experimental study examining the effectiveness of SICPT in the treatment of moral injury (MI) in the setting of PTSD. Given the initial results from this treatment, which was administered by a psychologist on the faculty of Duke University, the findings after completing the first three cases are being reported here. SICPT is a 12-session one-on-one individual intervention administered over 6-12 weeks using a cognitive processing therapy framework. **Results** indicated that even while severity of MI symptoms did not always change much, PTSD symptoms in all three cases dramatically decreased as MI was addressed. This supports the hypothesis that MI, which is often ignored by mental health professionals, may often serve as a barrier to the effective treatment of PTSD -- especially in war veterans. The researchers concluded: "Given the effects of SICPT on reducing both MI and PTSD symptoms, we have decided to report these early results prior to study completion to alert the scientific community about this potentially effective new treatment."

Citation: O'Garro, K. G., & Koenig, H. G. (2023). Spiritually-integrated cognitive processing therapy for moral injury in the setting of PTSD: Initial evidence of therapeutic efficacy. *Journal of Nervous and Mental Disease*, in press

Comment: Although the current report describes only the initial three cases enrolled in the intervention, this is the first report on the effects of SICPT in patients with both moral injury and PTSD. Note that all participants were at least somewhat religious. For more information on SICPT, go to the following article: Pearce, M., Haynes, K., Rivera, N. R., & Koenig, H. G. (2018). Spiritually integrated cognitive processing therapy: A new treatment for post-traumatic stress disorder that targets moral injury. *Global Advances in Health and Medicine*, 7, <https://journals.sagepub.com/doi/full/10.1177/2164956118759939>.

Concerns about Religion in the Treatment of Moral Injury in Canadian Veterans

Walter Callaghan, a PhD candidate in anthropology at the University of Toronto, is the author of this article that critically examines the role that religion plays in the treatment of moral injury (MI) in Canadian Veterans. First, the author emphasizes how different US religious culture is from Canadian religious culture, indicating that only 68% of Canadians report a religious affiliation and only slightly more than 50% indicate that religion is important in their lives, contrasting this to the U.S., where 77% indicate a religious affiliation [9% more than Canadians]. Second, the author discusses conversations with 5 Canadian Veterans (out of 20 Canadian Veterans participating in a qualitative study) who raised questions and concerns about incorporating religion into psychotherapeutic treatment for MI. The author goes on to emphasize how past negative experiences with religion may be a source of MI, may thereby exacerbate MI, or may redirect the person away from the actual cause of the MI, i.e., a person or organization (Canadian Armed Forces). The author emphasizes that the approach taken among "American Christian Veterans" cannot be taken among Veterans of the Canadian Armed Forces, whose religious culture is so vastly different (?). The author concludes: "...this article amplifies concerns voiced by Veterans that should be considered when applying an American Christian conceptualization of religion and spirituality to non-American, non-Christian individuals or contexts."

Citation: Callaghan, W. (2023). Critical intercession for non-religious Canadian Veterans on the intersections of moral injury, religion, and spirituality. *Journal of Military, Veteran and Family Health*, 9(2), 91-95.

Comment: This report was based on qualitative interviews on the topic of MI with a highly select group of Canadian Veterans who had negative attitudes toward religion. A concern with qualitative research is that the views of the researcher may affect the interpretation of information retrieved from interviews, as well as the choice of individuals interviewed. Whether this was the case here (or not) is unclear from the present brief report. Nevertheless, while the author may have overemphasized the differences between Canadian and US Christian culture, he does point out the potentially negative effects of bringing up religion in the treatment of MI in nonreligious or atheist Veterans, some of whom may have been hurt by religion in the past. In this day of patient-centered treatment, however, most therapists do not introduce religion to non-religious patients or force it on atheists or agnostics. Instead, a spiritual history is first taken and if the patient is not religious, then there are many non-religious treatments for MI that can be implemented. However, for the vast majority of Veterans in the US (and we might argue Canada as well) who are at least somewhat religious, spiritual approaches may be quite useful (see O'Garro & Koenig above).

New Moral Injury Symptom Scale

Researchers from the department of psychiatry at the University of California, San Diego, and other institutions report on the development of a new moral injury distress scale in this article. The Moral Injury and Distress Scale (MIDS) is described as a new

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measure of emotional, cognitive, behavioral, social, and/or spiritual sequelae of potentially morally injurious events (PMIEs). Since only the abstract is available, description of the scale and its validation here is limited. The MIDS is an 18-item scale that was psychometrically examined in a sample of 1,232 military veterans, healthcare workers, and first responders. **Results:** Psychometric characteristics indicated that the 18 items contributed to a single factor representing moral distress. The full-scale had good internal consistency (Cronbach's $\alpha = 0.95$), acceptable 2-week test-retest reliability ($r=0.68$), convergent validity with PMIE exposure measures, guilt and shame ($r=0.69-0.69$), and had strong correlations with PTSD, depression, and insomnia symptoms ($r=0.51-0.67$). The measure was also a strong predictor of functioning. The authors concluded: "The MIDS is the first scale to assess moral injury symptoms indexed to a specific PMIE that is validated across several high-risk populations."

Citation: Norman, S. B., Griffin, B. J., Pietrzak, R. H., McLean, C., Hamblen, J. L., & Maguen, S. (2023). The Moral Injury and Distress Scale: Psychometric evaluation and initial validation in three high-risk populations. *Psychological Trauma: Theory, Research, Practice, and Policy*. Advance online publication: <https://doi.org/10.1037/tra0001533>.

Comment: Readers should be aware of the newest scales being developed to measure MI symptoms. Whether this scale has any particular advantage over the existing scales is yet to be determined.

Religious Coping and the Experience of Guilt and Shame in Young Adults

Investigators in the department of psychology at the University of Virginia, Charlottesville, and at John Jay College of Criminal Justice/City University of New York Graduate Center, conducted a cross-sectional survey of 425 college students (average age 19.5 years, 76% female, 44% Catholic, 49% Hispanic/Latinx). Participants were categorized into those with and without a history of physical and/or sexual abuse (145 with and 280 without). The purpose was to examine the relationship between positive/negative religious coping and experiences of guilt or shame. Religious coping was assessed using the 14-item Brief RCOPE (7 items assessing negative and 7 items assessing positive religious coping). Guilt and shame were assessed by the 16-item Guilt and Shame Proneness Scale (GASP; Cohen et al., 2011), which measures the dispositional tendency to experience guilt and shame emotions. The scale consists of two guilt proneness subscales ("guilt negative behavior evaluation" and "guilt repair") and two shame proneness subscales ("shame negative self-evaluation" and "shame withdrawal"). Participants were also asked about any history of physical and sexual abuse, which were used to categorize participants into no abuse, any abuse, sexual abuse only, physical abuse only, sexual and physical abuse). Structural equation modeling was used to analyze the data. **Results:** Positive religious coping (PRC) was positively associated with "guilt repair" (the tendency to engage in reparative behaviors following the moral transgression), "guilt negative evaluation" (tendency to feel bad about how one is acted), and "shame withdrawal" (tendency to try to avoid the unpleasant situations in which moral transgressions have occurred); however, PRC was negatively associated with shame negative self-evaluation (tendency to make internal, negative self-attributions due to one's moral transgressions). Negative religious coping (NRC) was also associated positively with shame withdrawal, and among those with no abuse history, with shame negative self-evaluation. Researchers concluded: "Results suggest that positive religious coping is more closely related to guilt proneness, and negative religious coping to shame proneness."

Citation: Ladis, I., Abrams, D., & Shalkins, C. (2023). Differential associations between guilt and shame proneness and religious

coping styles in a diverse sample of young adults. *Journal of Interpersonal Violence*, 38(1-2), NP670-NP697.

Comment: Fascinating study among young individuals of military age, which may provide clues about the relationship between religious coping and moral injury. The findings probably apply to young adults whether inside or outside of the military (although perhaps more to females, since 76% sign of participants were women). Of course, the psychopath with no religious tendencies or morals is probably best off with regard to moral injury, since they often lack persistent feelings of shame or guilt over moral transgressions.

Integrated Religious CBT for Women with Breast Cancer in Iran: A Randomized Controlled Trial

Researchers from the Islamic Azad University in Bandargaz, Iran, conducted a randomized controlled trial involving 178 women with breast cancer and psychological symptoms. Psychological symptoms were assessed by the Symptom Checklist-25 (SCL-25). Participants (breast cancer patients referred to community healthcare centers affiliated with Mashhad University of Medical Sciences) were randomized to either the intervention group ($n=89$) or a wait-list control group that received no intervention ($n=89$). Those in the intervention group received eight weekly 120-minute group sessions of IRCBT. Participants were ages 30 or above (the majority ages 40-49 years) with a primary school education or higher and Muslim religious affiliation. Participants were excluded if they had any kind of spiritual therapy before the study, a major psychiatric disorder, physical health problems, or used psychotropic drugs. Outcomes were assessed before and after the intervention by the SCL-25. Multivariate analysis of covariance (MANCOVA) was used to compare the two groups at baseline and follow-up. **Results:** There were no significant differences between the two groups at baseline on any of the eight SCL-25 subscale scores. After the intervention at follow-up, however, there was a significant difference between mean scores of the two groups independent of baseline differences. Those in the IRCBT group experienced significantly lower levels of anxiety, depression, paranoid thoughts, phobia, and interpersonal sensitivity compared to those in the control group (all $p<0.001$); no differences were found between groups with regard to obsessive-compulsive symptoms, somatization, or neuroticism. Researchers concluded: "IRCBT may be useful for improving negative psychological symptoms among Iranian women with breast cancer."

Citation: Sharifi, M., Saeidi, S., Koenig, H. G., Dadfar, M., & Turan, Y. (2023). The effect of integrated religious cognitive behavioral therapy (IRCBT) on psychological symptoms of women with breast cancer. *Mankind Quarterly* 63 (4), 617-635.

Comment: IRCBT should not be confused with RCBT as developed by the Duke University research group. Both the content of the sessions and the delivery method (group therapy) were different in IRCBT. Nevertheless, the results appear quite impressive, particularly in this relatively large randomized controlled trial.

A Spiritual Health Curriculum for Medical Students in Iran

Academicians in the Spiritual Health Research Center at the Iran University of Medical Sciences, Tehran, described the educational objectives, content, teaching, and assessment methods for a spiritual health curriculum. This curriculum is designed as a masters' degree program in spiritual health for professionals within the field of medical sciences. The purpose is to train providers to initiate comprehensive care in the area of spirituality as a standard part of healthcare. They describe the process of curriculum development based on Tyler's curriculum development model, utilizing experts from a number of healthcare disciplines to come to a consensus on the most important elements of such a program

and how to teach it. Both core courses and non-core courses in the program are described and discussed. The authors conclude: "The spiritual health curriculum is designed to incorporate spirituality into the curriculum planning process, encompassing goals, content, education implementation, and evaluation."

Citation: Nahardani, S. Z., Memaryan, N., Keshavarzi, M. H., Hadi, F., Koenig, H. G., & Pashmdarfard, M. (2023). Development of a spiritual health curriculum: An applied study in Iran. *Shiraz E-Medical Journal*, 24(4), 1-8.

Comment: Although written specifically for the training of Iranian health professionals, academic faculty developing curricula for health professional students in Western countries may also benefit from information provided in this report.

Religious Fasting and Student Academic Performance

Researchers at the University of Cologne and other universities in Germany and Switzerland analyzed cross-sectional data from Muslim and non-Muslim countries and also from Muslim and non-Muslim students. Country-specific fasting hours for Ramadan before students underwent academic testing was the primary predictor variable. The primary dependent variable was test scores determined using two panel data sets from two repeated cross-sectional international student assessment tests: (1) the Trends in International Mathematics and Science Study (TIMSS; $n=941,869$, conducted in 40 countries between 1995 and 2019, including Muslim countries) and (2) the Program for International Student Assessment Survey (PISA; $n=340,856$ conducted in 8 Western countries between 2003 and 2018, including Muslim students). Fasting hours was utilized as a measure of intensity of Ramadan fasting. Analyses were dichotomized by Muslim countries and non-Muslim countries (TIMSS), and by Muslim students and non-Muslim students (PISA). **Results:** Positive effects of Ramadan fasting intensity were observed on test scores for both data sets. Longer fasting hours were related to increases in student performance across Muslim countries but not in non-Muslim countries. Likewise, this effect was found for Muslim students scores only in cohorts with a large share of co-religionists. Researchers concluded: "This finding is consistent with the hypothesis that shared experiences during more intensive Ramadans facilitate the formation of social capital and a 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: These researchers explained the positive effects of Ramadan fasting on Muslim students' academic performance as due to social factors. Religious factors, however, could also have explained the findings.

Religion (Hindu vs. Muslim), Nutrition and Birthweight among Young Women in India

Investigators in the department of geography at Ravenshaw University in Cuttack, India, analyzed cross-sectional data collected on 379,959 women ages 15-49 collected during the fifth wave of the National Family Health Survey in 2019-2021. Participants included 81.4% Hindu, 13.5% Muslim, and 5.2% other religions. Maternal nutrition and baby birthweight were the primary outcomes. Multi-variate analyses were used to analyze the data.

Results: Hindu women were more likely to be underweight than Muslim women (14.9% vs. 9.8%, respectively); normal weight was slightly more likely in Muslim than in Hindu women (60.4% vs. 59.5%, respectively); Muslim women were more likely to be overweight than Hindu women (22.5% vs. 19.3%, respectively); and obesity was higher among Muslims than Hindus (7.4% vs. 6.3%, respectively). There were no significant differences in terms

of having low birthweight babies between Hindu and Muslim women (21.4% vs. 21.2%, respectively).

Citation: Dandapat, B., Biswas, S., & Patra, B. (2023). Religion, nutrition and birth weight among currently married women (15–49) in India: A study based on NFHS-5. *Clinical Epidemiology and Global Health*, 101218.

Comment: Very little difference was found between Indian Hindu and Muslim mothers in terms of their nutritional status or the birthweight of their babies. Thus, despite their minority status, Muslim women do not appear to be less nourished or have lower birthweight babies than Hindu women in India. Given the large sample size, these findings are noteworthy.

Factors Influencing Health Risk Behaviors among Teenagers in South Africa

Investigators from the department of population studies in demography at Northwest University, Mahikeng, South Africa, analyzed longitudinal data collected on eighth grade students ages 13-18 (average age 14) at three points in time between February 2012 and June 2013. A total of 2,230-2,950 young persons were assessed following the implementation of a peer intervention program. The intervention program consisted of seven 35-45 minute structured lessons designed to reduce alcohol use, marijuana use, and premarital sex. The purpose of this report was to identify risk and protective factors for alcohol consumption, marijuana use, and premarital sex, comparing them to the effects of the peer intervention program. Multivariate regression analyses (general linear mixed models) were used to examine the effects of age, attitude towards the peer intervention program, gender, place of residence, race, socioeconomic status, family structure, work status, participation in school sports, and participation in religious activities. **Results** indicated that independent of other risk factors, those who "always" participated in religious activities (versus never) were one-third less likely to use alcohol (OR = 0.67, 95% CI = 0.53-0.83), 24% less likely to smoke cannabis (OR = 0.76, 95% CI = 0.57-1.00), and nearly 50% less likely to have premarital sex (OR = 0.52, 95% CI = 0.41-0.65). Researchers concluded: "...participating in religious activities played a more retarding role in health risk behavior than the components of the peer-education program."

Citation: Osuafor, G. N., Okoli, C. E., & Phateng, R. (2023). Risk and protective factors associated with health risk behaviours among school learners in Western Cape, South Africa. *BMC Public Health*, 23(1), 1-11.

Comment: Imagine that. Simply regularly participating in unstructured religious activities was more effective in preventing alcohol, marijuana, and premarital sex than was a formal, intentional peer education program consisting of seven 35-45 minute structured lessons.

Religious Coping and Telomere Length: New Study

Investigators in the department of psychology at the University of Maryland analyzed data from the Healthy Aging in Neighborhoods of Diversity across the Lifespan (HANDLS) study that included 252 socioeconomically diverse African-Americans and Whites ages 30-64 years. The cross-sectional relationship between religious coping, race, sex, and telomere length was examined. Telomere length is considered an intracellular biological clock that predicts length of the lifespan in mammals, including humans. Religious coping was assessed by the 2-item brief COPE ("I try to find comfort in my religion or spiritual beliefs" and "I pray or meditate"). Religious affiliation was assessed as either present or absent. Linear regression was used to control for sociodemographic characteristics (poverty status, education, emotional social support, instrumental social support, substance use). **Results:** Only sex (female) was a significant correlate of telomere length (TL) ($b=0.20$, $p=0.04$), whereas age was correlated in a marginal way ($b=-0.01$, $p=0.07$). There was no significant relationship

between religious coping and TL ($b=0.00$, $p=0.96$) or between religious affiliation and TL ($b=0.05$, $p=0.49$). There was no significant interaction between religious affiliation and race or sex in predicting TL. Researchers concluded: "There was no evidence to support that religious coping use provided protective effects to TL in this sample of African-American and White women in men."

Citation: Ashe, J. J., Evans, M. K., Zonderman, A. B., & Waldstein, S. R. (2023). Absent relations of religious coping to telomere length in African American and White women and men. *Experimental Aging Research*, 1-23.

Comment: Given the small sample size and largely non-stressed community population of relatively young age, it is not surprising that no relationship was found, particularly with the use of relatively insensitive measures of religious coping and religious affiliation. In fact, the only correlates even remotely related to TL among all sociodemographic characteristics were the most previously well-known (female gender and older age). Nevertheless, given numerous past studies that have reported a positive relationship between religious involvement and TL, this study is worth noting.

Spatial Distribution of Religious Organizations in the U.S.

Researchers from the department of economics at the University of Colorado, Denver, and the University of Notre Dame, Indiana, examined the location of 63,000 US religious organizations based on Internal Revenue Service filings in 2019. These data were correlated with socioeconomic data from the 2014-2018 American Community Survey. The purpose was to examine the physical locations of religious organizations in order to determine socioeconomic and religious factors predicting their location in relationship to one another. The authors first reviewed literature on the economics of religion based on a "club" model with voluntary membership where there is competition for limited resources (people). Spatial statistical methods at the county level were used to analyze the data. **Results:** Results indicated that the location of religious organizations reflected economic opportunity, social needs, societal values, and religious conservatism. Religious organizations were more closely clustered together in regions where residents had lower incomes, where there was greater higher economic inequality, and where there was higher unemployment. Researchers concluded: "The story of how religious organizations locate is complex. We find statistically significant correlations between organizational clustering and different socioeconomic variables which provides evidence in support of the idea that the locations of religious organizations depend on factors that are common among different religions."

Citation: Cheng, E., & Meng, S. (2023). The spatial distribution of religious organizations in the United States and their socioeconomic characteristics. *Applied Spatial Analysis and Policy*, 16, 789-812.

Comment: This is an interesting article that examines the economic strategies involved in church-planting, survival, and flourishing in a competitive environment for members. Note that according to the most recent estimate in 2012 of the number of congregations in the U.S. is 384,000, considerably more than reported in the present study [Brauer, S. G. (2017). How many congregations are there? Updating a survey-based estimate. *Journal for the Scientific Study of Religion*, 56(2), 438-448].

Faith-based Cardiovascular Health Promotion Interventions: A Systematic Review

Researchers in the department of health sciences at the University of York and other institutions within the United Kingdom conducted a systematic review of 24 databases (including gray literature sources) on March 30, 2021, to examine the effectiveness of faith-based cardiovascular health promotion interventions. Three researchers screened and extracted the data. Several quality

assessment tools were used, including the Cochran risk of bias, ROB-INS I and E, and Joanna Briggs Institute's Qualitative Assessment and Review Instrument. **Results:** A total of 24 publications contributed data to the review. Faith-based interventions included cardiovascular health/disease teaching, teaching/encouragement of personal psychological control, promoting exercise/physical activity as part of a normal lifestyle, nutrition change for cardiovascular health, conducting cardiovascular health measurements, and opportunistic blood pressure checks. Effects of these interventions three months after the intervention included significant mean systolic blood pressure [SBP] reductions (average 2.98 mmHg, 95% CI = -4.39 to -1.57) and non-significant reductions in mean diastolic blood pressure [DBP] (average 0.14 mmHg (95% CI = -2.74 to 3.01). Twelve (12) months after the intervention, significant mean SBP reduction of 0.65 mmHg (95% CI = -0.91 to -0.39) and non-significant mean DBP reduction of 0.53 mmHg (95% CI = -1.86 to 0.80) were found. There was also a significant mean reduction in weight of 0.83 kg (95% CI = -1.19 to -0.46), and non-significant reduction in mean waist circumference of 1.48 cm (95% CI = -3.96 to 1.00). The authors concluded: "In addressing the global hypertension epidemic the cardiovascular health promotion roles of faith institutions probably hold unrealized potential. Deliberate cultural awareness, intervention contextualization, immersive involvement of faith leaders and alignment with religious practice characterize their deployment as healthcare assets."

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

Comment: Although mean effects on blood pressure and weight were not huge, it is likely that many individuals benefited greatly from these faith-based programs (while others did not).

The "Why me" Question: What Patients Mean and How They Answer

Psychiatrist Robert Klitzman from Columbia University in New York City conducted a secondary qualitative analysis using data from several qualitative studies exploring how patients view and cope with various life-threatening and/or disabling medical conditions. The purpose was to determine what patients mean by the question "why me?" **Results:** When patients ask, "why me?", this may have a variety of meanings that involve a complex set of social processes. While largely recognizing there is no answer to this question, patients nevertheless ask it, seeking to understand the roles that unknown factors and chance play in disease causation, reflecting the psychological stress of illness, and expressing frustration over the absence of any definitive answers. Patients often wonder if God or randomness is involved. They wonder whether they have been singled out and are being punished for something that they have done. The answers they come up with may vary at different points in the illness. Social contexts can also influence this process. Emotions such as anger, depression, and despair can also shape these processes. The researcher concluded: "These data, the first to examine key aspects and meanings of the phrase, "why me?" have critical implications for future practice, research and education."

Citation: Klitzman, R. (2023). "Why me?": Qualitative research on why patients ask, what they mean, how they answer and what factors and processes are involved. *Social Sciences & Medicine - Mental Health*, 3, 100218.

Comment: An insightful article that explores what is going on in the patient's mind when they ask the question "why me?" and factors that influence this question. Asking "why me" seems to be a normal human response to sometimes unbearable pain and suffering that persists on and on.

Healthcare Chaplains' Challenges and Insights when Engaging with Patients and Families

Klitzman and colleagues from the department of psychiatry masters of bioethics program at Columbia University conducted in-depth qualitative interviews with 23 chaplains to determine the challenges, insights and variations in experience when entering rooms and engaging in discussions with patients and families.

Results: When chaplains enter patients' rooms, they first seek to "read the room," i.e., follow patients/families' leads, look for verbal and nonverbal cues, assess the energy/mood in the room, and use body language, while remaining open-ended in their communications. Chaplains decide on whether to communicate through clothing, such as clerical collars or crosses, or to remain neutral in their dress when interacting with members of religious groups different than their own. Other insights are also provided in this article. The authors conclude: "These data, the first to examine challenges chaplains confront entering patients' rooms and engaging in non-verbal communication, can enhance understandings of these issues, and help chaplains and other health professionals provide more sensitive and astute context-based care."

Citation: Klitzman, R., Di Sapia Natarelli, G., Sinnappan, S., Garbuzova, E., & Al-Hashimi, J. (2023). "Reading" the room: healthcare chaplains' challenges, insights and variations in entering rooms and engaging with patients and families. *Journal of Health Care Chaplaincy*, EPUB ahead of press.

Comment: This article will be useful to chaplains and other healthcare professionals seeking to meet the spiritual needs of patients/family members in a sensitive and person-centered manner.

Who Owns Spiritual Care?

Psychologists Irene Harris (Minneapolis VAMC) and Anne Klee (West Haven Connecticut VAMC) examine who the most appropriate professional is for addressing the spiritual concerns of patients. This paper introduces a special section of the journal *Psychological Services* whose purpose was to facilitate discourse and dissemination of resources for chaplains and psychologists to explore the interdisciplinary dynamics of spiritual care and to establish a basis for expanding spiritually-integrated care. After addressing the gap in psychology training related to spirituality and religion, they discuss chaplains as an important resource that psychologists can access when spiritual concerns are relevant to mental health. They go on to discuss the ethics of spiritually integrated care, the effect the COVID-19 pandemic has had on the need for spiritually-integrated care, and describe examples of effective collaborations between chaplains and psychologists, such as the Building Spiritual Strengths program (developed by Harris for addressing moral injury and PTSD in Veterans). The authors conclude: "Seeing multidisciplinary relationships previously characterized by distrust and separation, now coming together to meet a groundswell of a collective need for spiritual and emotional healing, is a desperately needed light of hope for the future."

Citation: Harris, J. I., & Klee, A. (2023). Who owns spiritual care, and why does it matter? *Psychological Services*, 20(1), 1-5.

Comment: This lead article that introduces the Special Section and all of the articles in that section should be of interest to both psychologists and chaplains interested in providing spiritual care to patients in a collaborative manner. There is little doubt that this is critical in addressing the whole person care needs of persons with mental illness.

NEWS

Full Day Online Workshop on Moral Injury

There has been growing interest in the topic of "Moral Injury"—the internal emotional turmoil experienced as a result of transgressing moral values, which initially received attention in active-duty military and veterans following combat operations, but now has expanded to include first responders, healthcare professionals, and others exposed to severe trauma. We will be holding a full-day online workshop on Moral Injury via Zoom on **Saturday, October 7, 2023**. This workshop is designed for active-duty and VA chaplains, healthcare professionals (physicians, nurses, social workers, rehabilitation therapists, etc.), community clergy, mental health professionals (counselors, psychologists, pastoral counselors), students of every type (high school, undergraduate, graduate, etc.), and anyone else interested in the distressing emotions associated with transgressing moral standards, and the devastating consequences that can result. For more information and the schedule, go to:

<https://sites.duke.edu/csth/files/2023/06/Duke-University-Moral-Injury-Workshop.pdf>.

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, July 25, 2023, at 12:00-1:00 EST (New York time), and will be delivered by author and pastor **Wesley Fleming, DMin, BCC**, Clinical Chaplain at the Syracuse VA Medical Center. The title of his presentation is **The Moral Injury Experience Wheel**. PDFs of the Power Point slides for download and full video recordings of most past webinars since July 2020 are available at <https://spiritualityandhealth.duke.edu/index.php/education/seminar/s/>.

SPECIAL EVENTS

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/>.

Duke University's Integrating Spirituality into Patient 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, as well as for those wishing to integrate spirituality into their work or job. 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, or to integrate spirituality into their work or job. As indicated above, 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.

9th European Conference on Religion, Spirituality and Health

(May 16-18, 2024)

Make plans now to attend the 9th annual European Conference on Religion, Spirituality and Health which will be held at the Paracelsus Medical University in beautiful Salzburg, Austria. The focus on this year's conference will be "Spiritual Care Interventions in Modern Health Care." For more information go to <https://ecrsh.eu/ecrsh-2024>.

RESOURCES

Books

Handbook of Positive Psychology, Religion, and Spirituality

(Springer, 2023)

From the publisher: "This handbook aims to bridge the gap between the fields of positive psychology and the psychology of religion and spirituality. It is the authoritative guide to the intersections among religion, spirituality, and positive psychology

and includes the following sections: (1) historical and theoretical considerations, (2) methodological considerations, (3) cultural considerations, (4) developmental considerations, (5) empirical research on happiness and well-being in relation to religion and spirituality, (6) empirical research on character strengths and virtues in relation to religion and spirituality, (7) clinical and applied considerations, and (8) field unification and advancement. Leading positive psychologists and psychologists of religion/spirituality have coauthored the chapters, drawing on expertise from their respective fields. The handbook is useful for social and clinical scientists, practitioners in helping professions, practitioners in religious and spiritual fields, and students of psychology and religion/spirituality." Available for \$47.75 (paperback) from <https://www.amazon.com/Handbook-Positive-Psychology-Religion-Spirituality/dp/3031102738/>.

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. 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 and Veterans, in terms of prevention, identification, and treatment. In this book, we provide information for military and VA chaplains about the diagnosis, prevention, and treatment of MI. We believe that the readiness of our warriors for combat operations, and reintegration into society after departure from the military, is dependent on the role that military and VA chaplains play. 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. Available on Amazon Kindle for \$0.99 and paperback for \$8.42 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, 286 pages)

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. Available on Amazon Kindle for \$0.99 and paperback for \$7.22. 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/>.

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>.

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/>

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/>

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/>.

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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. **We have only a few remaining scholarships available at this time, and applicants must be currently in possession of a valid US visa.** Eligible for these scholarships are 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. 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 and MISC. OPPORTUNITIES

NIH Request for Information on Religion, Spirituality, and Alcohol Research Aims

NOT-AA-23-008 issued by the National Institute on Alcohol Abuse and Alcoholism (NIAAA). NIAAA is requesting information from the broad community of alcohol researchers, clinicians, community leaders (including faith leaders), and advocates to help identify the most important research questions surrounding the influence of religion and spirituality on the prevention and treatment of and recovery from alcohol use disorder (AUD) and other co-morbidities. NIAAA is interested in gathering information about barriers, scientific interests, and needs associated with researching the intersection of religion, spirituality, and health and well-being, particularly as this intersection relates to the prevention and treatment of and recovery from AUD. NIAAA is interested in hearing from investigators interested in conducting research in this area. Such information will be useful to NIAAA as it seeks to build a portfolio that addresses the impact of religion/spirituality on the prevention and treatment of and recovery from AUD. **This RFI is for information purposes only** and shall not be construed as a solicitation, grant, or cooperative agreement, or as an obligation on the part of the Federal Government, the NIH, or NIAAA to provide support for any ideas identified in response to it. Please submit a response to Joan Romaine at joan.romaine@nih.gov. To ensure full consideration, responses must be received by August 1, 2023.

Religiosity, Spirituality and Health: Request for Paper Proposals

The [Study on Stress, Spirituality, and Health](#) (SSSH) invites paper proposals for analyses on the topic of religion and/or spirituality (R/S) and health. The SSSH dataset is a unique resource for investigating the direct influences of R/S on risk of developing various chronic conditions; the stress pathway as a mechanism through which R/S may operate to influence disease etiology; and the intersection of psychosocial stress, racial/ethnic disparities, and positive mediating resources for resiliency. SSSH data include cleaned and harmonized de-identified survey data (R/S beliefs, practices, and experiences; childhood and adulthood psychosocial stressors), biomarker data (telomere length, candidate gene and epigenome-wide DNA methylation), and associated covariates from diverse participants across four longitudinal cohort studies. Consideration will be given for proposals utilizing the [RIS Atlas](#) database. Review the [Catalyst Fund Guide](#) for application details.

Templeton Foundation Online Funding Inquiry

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

2023 CSTH CALENDAR OF EVENTS...

July

- 7/15 **Spiritual Care Workshop**
Spirituality and Health
10:00-11:00A EST by Zoom
Speaker: Harold G. Koenig, M.D.
Contact: Dr. Bridget Pettaway (bbpettaway@att.net)
- 7/25 **Duke University Spirituality and Health Research Seminar**
12:00 -1:00 EST (online by Zoom)
Title: **The Moral Injury Experience Wheel**
Speaker: Wesley Fleming, DMin, BCC, Clinical Chaplain,
Syracuse VA Medical Center
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

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

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