

CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology, 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 July 2023) go to:
<https://spiritualityandhealth.duke.edu/index.php/publications/crossroads/>

LATEST RESEARCH

Do Purpose in Life and Social Support Explain the Effects of R/S on Mortality?

Researchers from the department of health and behavioral sciences at the University of Colorado in Denver, Colorado, examined the effects of religiousness/spirituality (religious service attendance, R/S identity, R/S coping, spirituality) on all-cause mortality using data from the Midlife in the United States (MIDUS). In this prospective study, participants were followed from 1995-96 (n= 6120) through 2020, during which 1711 deaths occurred. They examined whether R/S at baseline predicted all-cause mortality during this 15 year follow-up. Purpose in life and social support were assessed during the second wave of data collection in 2004-2006 (after R/S was assessed, and therefore capable of being examined as mediators). Cox regression models were used to examine the data, controlling for age, gender, race, educational attainment, marital status and chronic conditions. **Results:** Those who attended religious services approximately weekly experienced lower mortality compared to those never attending services (HR = 0.76, 95% CI = 0.66-0.88); for those who attended more than weekly, the effect was even greater (HR= 0.72, 95% CI = 0.61-0.85). Those scoring higher on the composite measure of R/S also experienced significantly lower mortality risk in adjusted models (HR = 0.92, 95% CI = 0.87-0.97). Purpose in life and social support played an important role in mediating these effects. Researchers concluded: "These findings highlight the importance of multidimensional aspects of R/S for population health and point to purpose in life and positive social support as underlying pathways between R/S and mortality."

Citation: Boylan, J. M., Biggane, C., Shaffer, J. A., Wilson, C. L., Vagnini, K. M., & Masters, K. S. (2023). Do purpose in life and social support mediate the association between religiousness/spirituality and mortality? Evidence from the MIDUS national sample. *International Journal of Environmental Research and Public Health*, 20(12), 6112.

Comment: This is yet another large prospective study showing that religious/spiritual involvement positively impacts all-cause mortality. A unique aspect of this particular study was that they

were able to show that purpose in life and social support helped to explain this relationship.

Early Religious Life Experiences and the Mental Health of Clergy

Sociologist Laura Upenieks from Baylor University examined longitudinal data from the Clergy Health Initiative that surveyed 1,330 United Methodist clergy in North Carolina to determine whether early life religious exposure affects the likelihood of experiencing depressive symptoms and burnout for clergy when engaged in public ministry later in life. This was a 13-year prospective study conducted from 2008 to 2019, where participants were surveyed online every two years. Data on clergy childhood religious involvement was assessed at the fifth wave of data collection in 2016, whereas data on outcome measures (depressive symptoms, burnout) was assessed in the final wave (2019). Clergy were included only if they were appointed to a church in 2016 and provided depressive and burnout symptoms in 2019 (n=1330). Depressive symptoms were assessed with the PHQ-9, and burnout symptoms were measured using the 22-item Maslach Burnout Inventory (which assesses emotional exhaustion, depersonalization, and personal accomplishment). Predictor variables were measured using the Clergy Spiritual Well-Being Scale (which assesses experience of the presence of God in everyday life and in ministry), the Spiritual Well-Being Everyday Life Scale (which assesses the presence and power of God in various aspects of life), the Spiritual Well-Being Ministry scale (which assesses how often the participant has felt the presence and power of God in terms of planning and leading worship, conducting pastoral visitations, participating in church-related events, etc.), and the retrospective assessment of childhood religious attendance ("When you were a child, before age 16, how often did you attend religious services?"). Covariates controlled for in regression models were age, race, sex, education, marital status, number of children, number of hours worked per week, income, rural vs. urban residence, and congregation size. **Results:** A higher frequency of childhood religious attendance was consistently associated with lower depressive symptoms and lower burnout symptoms during adult ministry. Furthermore, the associations between spiritual well-being and lower depressive symptoms and burnout were also stronger for clergy who attended religious services more frequently in childhood. The researcher concluded: "The accumulation of 'religious capital' for clergy who were raised in religious households with regular service attendance appears to accentuate the positive effects of spiritual well-being, which encompassed a greater sense of closeness to God in their own lives and in ministry."

Citation: Upenieks, L. (2023). Spiritually well, mentally well? Examining the early life religious antecedents of the impact of spiritual well-being on mental health among United Methodist clergy in North Carolina. *Journal of Religion and Health*, EPUB ahead of press.

Comment: The rigorous statistical analyses applied to these longitudinal data by a world-renowned religion-health researcher supports the credibility of the findings reported here. Clergy who were raised in a religious home and attended religious services

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more regularly may be protected from symptoms of depression and burnout once they are engaged in church leadership. As the researcher points out, the cumulative effects of religious involvement across the lifespan are important for the mental health of clergy serving in ministry.

Spiritual Needs of Adults in Denmark

Tobias Stripp and his colleagues at the research unit for general practice in the department of public health at the University of Southern Denmark in Odense, Denmark, conducted a population-based cross-sectional survey of 26,678 adults in Denmark (26% response rate), linking the data collected with Danish national registers. The purpose of this study was to examine the range of spiritual needs found in Danish culture. Spiritual needs were categorized into religious, existential, generativity, and inner peace. **Results:** More than 80% of participants (81.9%) reported at least one strong or very strong spiritual need in the past month. Among the spiritual needs reported, 68.7% indicated at least one inner peace need; 63.3% at least one generativity need; 41.5% at least one existential need; and 17.9% at least one religious need. In multivariate models, the strongest predictors of having spiritual needs were religious affiliation (OR = 1.67, 95% CI = 1.51-1.83), spiritual affiliation (OR = 2.71, 95% CI = 2.36-3.12), regular meditating (OR = 2.84, 95% CI = 2.56-3.15), regular praying (OR = 1.89, 95% CI = 1.70-2.10), lower health, lower life satisfaction, and lower well-being. Researchers concluded: "This study demonstrated that spiritual needs are common among Danes... Care for the spiritual dimension of health is warranted as part of holistic, person-centered care in what we term 'post-secular' societies. Future research should inform how spiritual needs might be addressed in healthy and diseased populations in Denmark and other European countries and the clinical effectiveness of such interventions."

Citation: Stripp, T. A., Wehberg, S., Büssing, A., Koenig, H. G., Balboni, T. A., VanderWeele, T. J., ... & Hvidt, N. C. (2023). Spiritual needs in Denmark: a population-based cross-sectional survey linked to Danish national registers. *Lancet Regional Health—Europe*, 28, 1-14.

Comment: This is an excellent and important study, one that was published in a high-profile medical journal (The Lancet). Note that only 17.9% of participants in this secular European country indicated a religious need of any kind; likewise, only 20.3% prayed regularly, 17.1% meditated regularly, and 12.3% regularly attended a church. Despite this low level of religious involvement, more than two thirds indicated a spiritual need for inner peace (68.7%). In days past, that need for inner peace was typically found in religion.

Religiosity/Spirituality, Resilience and Well-Being among Orphans around the World

Researchers conducted an online survey of 529 participants from 11 nations who reported being separated from their biological parents during childhood for at least six months and placed in residential or foster care. Participants came from India, USA, Kenya, Zimbabwe, Uganda, Poland, Rwanda, Democratic Republic of the Congo, Ethiopia, Peru, and Thailand. The survey assessed demographic characteristics; asked 15 open-ended questions; and included several validated measures (10-item Adverse Childhood Experiences Questionnaire; 5-item Satisfaction with Life Scale (Diener); 6-item Brief Resilience Scale; and SF-12, which was used to assess physical and mental health). Spirituality was determined by spontaneous mention of any support, behaviors, or beliefs linked to religious or spiritual beliefs or institutions, including tangible support from religious organizations, personal prayer, and faith community rituals. The total number of spiritual references was used as a primary predictor of resilience and well-being. Multivariate analyses controlled for demographic characteristics. **Results:** Some of the spiritual themes spontaneously mentioned were relationship to God, spiritual

support from the community, finding purpose in life in their spirituality and relationship to God, importance of spiritual instruction, importance of spiritual instructors, importance of spirituality as a core component of their identity, and value of spirituality-based servanthood as a motivator to serve others and God. In bivariate analyses, the total number of spiritual references was positively related to life satisfaction ($r = 0.15, p < 0.05$), mental health ($r = 0.13, p < 0.05$), physical health ($r = 0.12, p < 0.05$), and psychological resilience ($r = 0.16, p < 0.05$). These associations persisted after controlling for age, age at separation in childhood, gender, Human Development Index, and level of childhood adversity. Orphans who reported higher rates of adverse childhood experiences and had more spiritual references reported significantly higher life satisfaction, better physical health, and greater psychological resilience than those who had high rates of ACEs and made few spiritual references. Researchers concluded: "Findings indicate that spirituality may play an important role in resilience and well-being for care leavers [orphans]."

Citation: Howard, A. H., Roberts, M., Mitchell, T., & Wilke, N. G. (2023). The relationship between spirituality and resilience and well-being: A study of 529 care leavers from 11 nations. *Adversity and Resilience Science*, 4(2), 177-190.

Comment: This is a fascinating study, and perhaps the only study thus far to examine the relationship between spirituality/religiosity and health among orphans recruited from nearly a dozen countries distributed throughout the world.

The Importance of Spiritual Fitness for Optimizing Warfighter Readiness

The authors review the research literature to examine the role that spirituality (specifically spirituality related to religion) and stoic philosophy may serve in optimizing the readiness of US warfighters for combat operations. They find that spirituality and stoic philosophy serve synergistically and in a complementary manner to strengthen character, instill core values, and optimize warfighter readiness. The authors conclude: "This article leverages extensive clinical evidence and argues that Stoicism and spiritual fitness must be emphasized more intentionally, robustly, and systematically by leaders at all levels in the U.S. Department of the Navy to optimize warfighter readiness and attain a military advantage over the United States' adversaries in the twenty-first century and beyond."

Citation: Daigle, D. A., Goff, D. V., & Koenig, H. G. (2023). Holistic health as a twenty-first-century military strategy: Stoic philosophy and spiritual fitness for optimizing warfighter readiness. *Expeditions with MCUP (Marine Corps University Press)*, 2023(1), 1-45.

Comment: This article emerged out of the 2022 Professional Development Training Course for chaplains in the U.S. Navy, Marine Corps, and Coast Guard. It is a good source for those wishing to locate the research and understand the logic for encouraging military leaders to place emphasis on the spiritual readiness of active-duty Service Members. These are the individuals who will be called on to engage in dangerous and often deadly combat missions to ensure our freedoms, and there spiritual readiness will be a major factor in determining their physical, psychological, social, and behavioral readiness to accomplish their missions with honor.

Religiosity and Schizophrenia in Muslims

Investigators from the department of healthcare administration at Asia University in Taiwan, China, and universities in Indonesia and Australia, conducted semi-structured in-depth interviews (45-60 minutes long) with 6 hospitalized Muslim patients with schizophrenia (5 female, 1 male) hospitalized in a psychiatric hospital in Indonesia, along with two female nurses caring for patients in this hospital. The purpose was to examine the role that religious practices (salat= 5 daily prayers) and dhikr (remembrance

of Allah in meditation) play in the spiritual well-being of Muslim patients with schizophrenia. Thematic analysis was used to analyze the data. **Results:** The researchers identified five major themes and 12 subthemes from the data. The five themes were frequency, timing, barriers to performing religious activities such as salat and dhikr, positive impact on health status of such practices, and the negative effects resulting from not performing these religious activities. The 12 subthemes were doing salat five times a day (frequency), doing salat when they were not having a menstrual period (frequency), feeling upset and restless (timing of religious activities), happy and grateful (timing), missing family members (timing), lack of prayer kit and Qur'an (barriers), their physical condition (barriers), impact on physical status (positive effects), impact on mental status (positive effects, increase mindfulness and concentration (positive effects), impact on physical status (negative effects of not participating), and impact on emotion (negative effects of not participating). Researchers concluded: "The findings show that *salat* and *dhikr* which perform on time and regularly have a positive impact on the physical and mental health of schizophrenia inpatients. The author might recommend the mental health hospital provide adequate worship or prayer equipment (gown and Al-Qur'an) for patients."

Citation: Irawati, K., Indarwati, F., Haris, F., Lu, J. Y., & Shih, Y. H. (2023). Religious practices and spiritual well-being of schizophrenia: Muslim perspective. *Psychology Research and Behavior Management*, 16, 739-748.

Comment: Very little research has been published on the religious experiences of hospitalized Muslim patients with schizophrenia, particularly female patients. This study helps to provide important information that might help lead to further research in the future.

Religious/Spiritual Coping and Hope in Patients with Colorectal Cancer

Investigators in the department of psychology at the Toronto Metropolitan University in Toronto, Canada, examined the extent to which religious/spiritual coping moderates the association between stress appraisals and hope. Participants were 139 colorectal cancer patients followed from baseline to 12 months post-surgery (baseline, 6 months, and 12 months). **Results:** Hope levels were predicted by challenge and threat appraisals. The relationship between challenge appraisals and hope (but not threat appraisals and hope) was significantly moderated by religious/spiritual coping. Those who were low on both challenge appraisal and religious/spiritual coping experienced the lowest level of hope. Researchers concluded: "Hope is predicted by how people appraise their cancer. Hope was lowest among participants who reported both low challenge appraisals and low religious/spiritual coping. Understanding how patients appraise their cancer and use religion/spirituality to cope may help providers understand which patients are at risk for low hope."

Citation: Atlas, M., & Hart, T. L. (2023). Appraisals of cancer, religious/spiritual coping, and hope in patients with colorectal cancer. *Journal of Psychosocial Oncology*, 41(3), 337-354.

Comment: Only the abstract was readily accessible. It would have been useful to know how challenge and threat appraisals were measured, as well as how hope and religion/spiritual coping were measured. The prospective nature of this study and the particular population being examined makes it worthy of mention here.

Religious Scrupulosity, Religiosity and Poor Mental Health among Youth Latinx Adults

Investigators from the department of psychology at Metropolitan State University of Denver and other US universities conducted an online survey of 636 young Latinx adults (average age 21 years, range 18-35) living in Latin America. The majority (79%) were born in Mexico; 64% were Catholic; and 24% identified as agnostic, atheist, or no particular religion. Religiosity was assessed by the

10-item Religious Commitment Inventory (Worthington). The 15-item Penn Inventory of Scrupulosity- Revised (PIS-R) was used to assess religious scrupulosity, assessing obsessive thoughts related to having committed a sin or having disappointed God. The 10-item Yale-Brown Obsessive-Compulsive Scale (YBOCS) was used to assess obsessions and compulsions more generally associated with obsessive-compulsive disorder; this measure was used as the primary indicator of mental health. The data were analyzed using multiple linear regression, controlling for age, gender, and religious affiliation. **Results:** Religiosity was positively related to OCD symptoms assessed by the YBOCS ($b=0.04$, $SE=0.02$, $p=0.01$) and was positively related to religious scrupulosity ($b=0.10$, $SE=0.01$, $p<0.001$). Once religious scrupulosity was included in the model, the relationship between religiosity and OCD symptoms (YBOCS score) became nonsignificant ($b=-0.01$, $SE=0.02$, $p=0.39$). Researchers concluded: "Results suggest the importance of understanding the distinction between religiosity and religious scrupulosity in the Latinx community, so clinicians do not over-pathologize normal cultural ideals or miss evidence of psychopathology warranting clinical attention."

Citation: Bailey, C., Venta, A., Baumgartner, M., Mercado, A., Colunga-Rodríguez, C., Ángel-González, M., ... & Sarabia-López, L. E. (2023). Religiosity and religious scrupulosity as markers of poor mental health in the Latinx community: A mediation model. *Practice Innovations*, 8(1), 23-33.

Comment: This cross-sectional study found that religious scrupulosity explained the positive relationship between religiosity and OCD symptoms in this relatively large sample of Latinx young adults. What it did not mention, however, is that both the measure of religious scrupulosity (PIS-R) and the measure of obsessive-compulsive symptoms (YBOCS) were contaminated with indicators of healthy religious belief and commitment. Thus, the positive relationships between these measures is perfectly understandable, and due at least in part to tautology in these measures.

Complex Relationship between Religiosity and Well-Being among Black American Youth

Authors from the Brown School of Social Work, Washington University in St. Louis discuss the role that religiosity plays in the mental health of Black youth in America. The authors use an integrative model for examining the stress in Black American families and its relationship to religiosity and spirituality, as Black youth today struggle with extreme environmental stressors. While religiosity and spirituality are viewed as strength-based coping assets for Black youth, the authors point out how religiosity/spirituality may be experienced as a stressor for some, particularly Black lesbian, gay, bisexual, transgender, queer/questioning, intersex, and asexual youth. The authors conclude: "...we underscore the importance of using a culturally responsive framework and an intersectional lens to understand the role of religiosity and spirituality in the lives of *all* Black youth."

Citation: Butler-Barnes, S. T., & Martin, P. P. (2023). Put it in God's hands: Understanding the complexities of religiosity and spirituality in the lives of Black youth. *Child Development Perspectives*, 17(1), 46-52.

Comment: The topic discussed in this article is an incredibly important one. The article provides a perspective that looks at all aspects of the relationship between religiosity and well-being among Black youth. This is particularly important because these are some of the most religious young people in America. Unfortunately, only the abstract of the article was readily accessible.

COVID-19 Related Stress, Well-Being, and Intrinsic Religiosity in College Students

Researchers from the school of nursing at Liberty University, Lynchburg, VA, conducted an on-line cross-sectional survey of 422 college students between March 2021 and September 2021 (51% response rate) during the heart of the pandemic. The 22-item Impact of Events Scale-Revised (IES-R) was used to assess COVID-19 related stress; a 3-item subscale of the Duke University Religion Index (DUREL) was used to assess intrinsic religiosity (IR); the Psychological General Well-Being Index (PGWBI) was used to measure QOL (anxiety, depressed mood, positive well-being, self-control, general health, and vitality). Hierarchical regression analyses were used to analyze the data, examining the correlation between IR, stress level, and general well-being (referred to as QOL), and the moderating effect of IR on the relationship between stress level and general well-being/QOL.

Results: IR was positively related to general well-being/QOL ($b=0.17, p<0.001$), although did not moderate the relationship between stress level and general well-being/QOL (interaction $b=0.16, p>0.05$). Researchers concluded, "Understanding the effects of religiosity on student stress responses and QOL would allow faculty in institutions to prioritize holistic care, including spiritual care in conjunction with religiosity."

Citation: Joseph, R. A., Kim, J. J., Akers, S. W., Turner, T., Whorley, E., Lumpkin, K., ... & McElroy, C. (2023). COVID-19 related stress, quality of life, and intrinsic religiosity among college students during the global pandemic: A cross-sectional study. *Cogent Psychology*, 10(1), 2195091 (1-12).

Comment: Interesting that while religiosity in this study of college students was positively related to psychological well-being, it did not buffer the negative effects of stress (COVID-19 related) on psychological well-being. Of course, this cross-sectional study does not allow for causal inference.

Nurse Spirituality during COVID-19

Researchers in the school of nursing at Loma Linda University in Loma Linda, California, conducted an online survey of 523 registered nurses in three Southern California hospitals during March-May 2022 (mostly post-pandemic when these hospitals registered <15% COVID-19 patients). The purpose was to describe positive and negative spiritual experiences while providing nursing care to patients with COVID-19 during the pandemic. This was both a qualitative and quantitative study. Quantitative measures included the 14-item Religious/Spiritual Struggles Scale (RSSS-SF), the Moral Injury Symptom Scale-Health Professionals (MISS-HP), and the 11-item Posttraumatic Growth Inventory (PTG-SF). **Results:** A significant proportion of nurses (23-37%) reported experiencing religious/spiritual struggles, particularly with ultimate meaning. The average moral injury (MI) score was 6.5 (on a range of 1-10), and at least 50% of nurses reported troubling MI symptoms. The average score on the PTG score was 4 on a scale from 0-6, with 41% experiencing posttraumatic growth. Qualitative responses indicated experiences of spiritual tragedy and transformation, often occurring concurrently. Researchers concluded: "The professional work of nursing impacts nurses in invisible, spiritual ways that can be tragic and/or transformative."

Citation: Taylor, E. J., Ada, H. M., Dupée, C., Jordan, M., Radovich, P., Boyd, K. C., & Dehom, S. (2023). Tragedy or transformation? Online survey of nurse spirituality during the COVID pandemic. *Journal of Clinical Nursing*, EPUB ahead of press

Comment: This relatively large study documents the psychological and spiritual experiences of nurses treating patients with COVID-19 during the recent pandemic. Interestingly, experiences of "moral injury" were remarkably high (more than half of the nurses in this study reported troubling symptoms of this type).

Measuring the Degree of Religious/Spiritually Integrated Practice Teaching by Social Work Educators

In this article, researchers in the school of social work at Baylor University in Waco, Texas, describe the development and validation of the Religious/Spiritually Integrated Practice Assessment Scale for Educators (RSIPAS-EDU). In a sample of 833 master of social work educators, researchers assessed self-efficacy, attitudes, perceived feasibility, behaviors and overall orientation toward training students to integrate clients' R/S into practice. They also sought to determine MSW faculty characteristics that predicted their practices in this regard.

Results: Few MSW faculty reported they trained students to integrate clients' R/S into practice, despite relatively few barriers, high self-efficacy, and positive attitudes toward doing so. Predictors of the overall RSIPAS-EDU score were intrinsic religiosity, prior training, and knowledge of empirically supported interventions to integrate clients' R/S into the training of MSW students. Researchers discuss implications for social work education and future research.

Citation: Oxhandler, H. K., Polson, E. C., & Moffatt, K. M. (2023). The religious/spiritually integrated practice assessment scale for educators: A national survey of social work faculty. *Journal of Social Work Education*, 59(1), 32-50.

Comment: Unfortunately, study details are few because only the abstract was readily accessible for review. Based on the findings from this study, further research is needed to better understand why MSW faculty typically failed to train students on how to integrate clients' R/S in practice, despite having positive attitudes towards doing so and feeling that they are prepared to do so (high self-efficacy).

A Brief Measure for Assessing Religious/Spiritual Well-Being

Investigators in the faculty of psychology at the University of Vienna in Austria, describe the development of an 18-measure of R/S well-being for use in a secular European society (i.e., reduce the original 48-item Multidimensional Inventory of Religious/Spiritual Well-Being [MI-RSWB] scale to an 18-item short form of scale). The measure was developed and tested in a sample of 724 Austrians, and was additionally tested in a sample of 1011 Swedes. **Results:** The psychometric properties of the scale were reported to be solid. The 18-item measure consists of six subscales: general religiosity (e.g., "I will be able to overcome all problems with God's help"), forgiveness (e.g., "there are things which I cannot forgive" [reverse scored]), hope imminent (e.g., "I view the future with optimism"), connectedness (e.g., "I have experiences through which I have realized that nothing ever dies"), hope transcendent (e.g., "I would do anything to prolong the lives of those I love" [reverse scored]), and experience of sense and meaning (e.g., "I have experienced true (authentic) feelings"). They concluded: "...the MI-RSWB-18 provides a valid, internally consistent, and economical instrument which shows promise as a complementarity short version of the original MI-RSWB."

Citation: Knorr, A., Podolin-Danner, N., Fuchshuber, J., Wenzl, M., Silani, G., & Unterrainer, H. F. (2023). Development and validation of the Multidimensional Inventory for Religious/Spiritual Well-Being 18 item version (MI-RSWB-18). *Personality and Individual Differences*, 209, 112213.

Comment: This scale is heavily contaminated with indicators of good mental health (hope, optimism, meaning and purpose), which will make it difficult to examine the relationship between this measure and mental or physical health outcomes. Also, the general religiosity subscale consists of only 3 items, making this 18-item scale one that is primarily assessing a very broad understanding of secular spirituality. There is also some concern

about the actual content of some of the items, which seem a bit atypical.

Toward an Epidemiology of Mindfulness

In this commentary on an article written on mindfulness meditation by Doug Oman, Jeff Levin discusses how epidemiologists may go about investigating the population-health impact of mindfulness meditation. He starts out by discussing conceptual issues involved in conducting research on mindfulness. He goes on to summarize the empirical literature on mindfulness and population health. He then proposes a new field of study around the epidemiology of mindfulness. The article concludes by offering suggestions on how to translate the research findings on mindfulness into the possible impact that it may have for public health. Levin concludes with the following: "Conducting epidemiologic studies is a natural next step in the emergence of mindfulness meditation as a subject for health-related research. Moreover, public health can provide a new setting for mindfulness to demonstrate its salutary effects, not just on individual patients in clinical settings but at the population level, in terms of rates of physical and psychological morbidity."

Citation: Levin, J. (2023). Being in the present moment: toward an epidemiology of mindfulness. *Mindfulness*, EPUB ahead of press.
Comment: This important study lays the groundwork for studying mindfulness meditation at the population level in order to determine its benefits and drawbacks to public health more generally. Because mindfulness meditation (based in the Buddhist tradition) has equivalent practices in the faith traditions of Christianity, Judaism, and Islam, faith-specific aspects of mindfulness and other forms of contemplative practice should be included as part of this field of study [see *Journal of Religion and Health*, 2023; 62(3): 1884-1896].

NEWS

Call for Papers

The *International Journal of Psychiatry in Medicine* is putting out a call for research papers for three special issues: (1) moral injury, (2) depression in the medically ill, and (3) chronic pain. Original research studies are preferred, although reviews and meta-analyses will also be considered. 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, July 25, 2023, at 12:00-1:00 EST (New York time), and will be delivered by **Gail Ironson, MD, PhD**, Professor of Psychology and Psychiatry, University of Miami at Coral Gables, Florida. The title of her presentation is **Religiousness, Spirituality and Survival in Two Longitudinal Studies**. 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/>.

SPECIAL EVENTS

19th Annual Duke University Summer Research Workshop

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

There are still a few spots still available in this one-of-a-kind 5-day training session on how to design research, obtain funding to support it, carry it out, analyze, and 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 University of Pennsylvania 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 this 2023 workshop is no exception. **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/>.

Integrating Spirituality into Patient Care Workshop

(Durham, North Carolina, August 19, 2023)

Immediately following the 5-day research workshop above, there will be a Duke University 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 or go to <https://sites.duke.edu/csth/files/2023/07/2023-Duke-University-Spirituality-and-Health-Workshops.pdf>.

Online Integrating Spirituality into 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**, open 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 or go to <https://sites.duke.edu/csth/files/2023/07/2023-Duke-University-Spirituality-and-Health-Workshops.pdf>.

Online Moral Injury Workshop

(October 7, 2023)

Given the 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 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 topic of moral injury, the distressing emotions associated with it, and the devastating consequences that can result. For more information, contact Dr. Koenig at Harold.Koenig@duke.edu or go to <https://sites.duke.edu/csth/files/2023/07/2023-Duke-University-Spirituality-and-Health-Workshops.pdf>.

Online Spirituality and Health Research Workshop

(December 9, 2023)

Given the overwhelming response to our on-site 5-day Duke University spirituality and health research workshop held in Durham, North Carolina, we have decided to offer a 1-day online spirituality and health research workshop via Zoom so that researchers from anywhere in the world can attend. We will be holding this 8-hour workshop on **Saturday, December 9, 2023**. 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 designing, conducting, and publishing research on religion, spirituality and health. For more information, contact Dr. Koenig at Harold.Koenig@duke.edu or go to <https://sites.duke.edu/csth/files/2023/07/2023-Duke-University-Spirituality-and-Health-Workshops.pdf>.

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

Integrating a Social Determinants of Health Framework into Nursing Education

(Springer, 2023)

From the publisher: “The purpose of this ground-breaking textbook is to describe and illustrate, with pedagogical features, the process by which social determinants of health (SDOH) has been integrated throughout all courses in the Nell Hodgson Woodruff School of Nursing. Specifically, the authors describe initial steps to develop a comprehensive SDOH model for nursing education, followed by rigorously designed faculty educational materials, exemplars of SDOH instructional materials, and evaluation of this process from faculty and students. It describes a comprehensive framework that guides the development, implementation, and evaluation of SDOH across the pre-licensure and post-licensure curriculum and illustrate the process integrating SDOH throughout all aspects of didactic, simulation, and clinical education. Among the subjects addressed, the history of nursing and SDOH and the value of SDOH content in nursing courses to alleviate health disparities are described and mandates to integrate SDOH content into nursing curriculum by the leading nursing organizations are summarized. The authors also include a review of existing SDOH frameworks used in public health and medicine and present a comprehensive SDOH model for nursing education. A SDOH educational course content for faculty is detailed (Social Determinants of Health 101) and exemplars from faculty and students are provided along with an evaluation after the first year. The authors conclude with a discussion from faculty leadership; what they learned and their suggestions to other nursing programs. Although there are books published, no books exist on this topic for nursing education and practicing nurses, yet SDOH is foundational to nursing curriculum and practice. The leading nursing organizations are all mandating that SDOH be integrated into nursing courses. Hence this textbook will be a key resource for Schools of Nursing in the US and globally. The intended audience of this book are leaders and faculty of nursing education programs, national professional nursing organizations, practicing nurses at hospitals and health systems, community and public health agencies, and ambulatory care.” Lead editor is religion-health qualitative researcher Jill Hamilton. Available for \$64.99 (hardcover) from <https://www.amazon.com/Integrating-Determinants-Framework-Nursing-Education/dp/3031213467/>

Global Perspectives in Cancer Care: Religion, Spirituality, and Cultural Diversity in Health and Healing

(Oxford University Press, 2022)

From the publisher: “With cancer ranking as the primary or secondary cause of premature death in almost 100 countries worldwide, the World Health Organization recognized a high level of investment in cancer control and treatment (including palliative care) in 2019. Although survival rates for cancer have improved significantly over the past few decades, for each individual, the diagnosis and treatment of cancer are still devastating, affecting the family and community as well. The care of a person with cancer must be more than just the treatment of the cancer itself. Understanding the cultural, psychological, social, and spiritual dimensions of the cancer sufferer and their family and community will ensure the best care. In this book, we focus on numerous diverse cultures, traditions, and faiths. Many parts of the world are composed of indigenous cultures, with unique spiritual beliefs in addition to the region's primary religion. We present chapters on indigenous religions as well as indigenous traditional healers. People everywhere experience trouble, sorrow, need, and sickness, and they develop skills and knowledge in response to these adversities. This book provides insightful models of these parameters and serves as a valuable resource for health care providers and policymakers by taking a global approach to cultural diversity in the world.” Available for \$62.97 (paperback) from <https://www.amazon.com/Global-Perspectives-Cancer-Care-Spirituality/dp/0197551343/>.

Spirituality, Mental Health and Quality of Life: Pathways in Indian Psychology

(Springer Nature, 2023)

From the publisher: "This book is about spiritual intelligence and its effects on mental health and quality of life. As mental health and related problems are increasing rapidly and have become a matter of great concern, there has not been a unanimous and empirical approach to assess and cure it, due to its divergence or other causes. This book is based on the most developed construct: spiritual intelligence and its effects on mental health and quality of life. Spirituality and its other constructs are one of the most interesting topics nowadays in the area of positive/indigenous/transpersonal psychology and among social/behavioral scientists. This book provides content on spirituality, spiritual intelligence, mental health, and quality of life. The book also attempts to review related literature (whether review or empirical), to have a look at past and current scenarios on spirituality and mental health and quality of life research. Through an exploration of Indian indigenous psychology, this book provides a look at mental health and the mind from an Indian psychological perspective and examines Indian psychology, taking into consideration modern psychological concepts." Available for \$118.20 (hardcover) from <https://www.amazon.com/Spirituality-Mental-Health-Quality-Life/dp/9819927021/>.

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/>.



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/>

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...

August

- 8/14-18 **5-day Spirituality and Health Research Workshop**
Durham, NC (in-person only)
Speakers: Blazer, Oliver, Kinghorn, Britt, Doolittle, Williams, Koenig
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 8/19 **Integrating Spirituality into Patient Care Workshop**
8:45A-5:15P EST (Durham, NC, in-person only)
Speaker: Harold G. Koenig, MD
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 8/16 **Arizona Coalition for Military Families BeConnected Faith Network**
12:15-12:55 EST online via Zoom
Title: Spiritual Readiness for Service Members and Veterans
Speaker: Harold G. Koenig, MD, and others
Contact: Mike Wold (michael_w_wold@msn.com)
- 8/29 **Duke University Spirituality and Health Research Seminar**
12:00 -1:00 EST (online via Zoom)
Title: **Religiousness, Spirituality and Survival in Two Longitudinal Studies**
Speaker: Gail Ironson, MD, PhD, Professor of Psychology and Psychiatry, University of Miami at Coral Gables, FL
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>