

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

LATEST RESEARCH

Effect of Prayer on Mortality in U.S. Adults with Chronic Illness

Researchers in the department of psychology and psychiatry at the University of Miami at Coral Gables, FL., analyzed data from a 6-year longitudinal study (Landmark Spirituality and Health Survey) conducted between 2014 and 2020. At baseline in 2014, a random probability sample of people aged 18 or older in the United States was surveyed using in-person face-to-face interviews by the National Opinion Research Center (sample size at Wave 1 was 3,010). At Wave 2 (2020), follow-up interviews were conducted by Harris Associates/Insight, although information from Wave 2 was only used to confirm and augment the death data. Participants in this study were people at Wave 1 with at least one chronic illness (n=1,931). Chronic illnesses were categorized into 12 different groups, e.g., cardiovascular disease, diabetes, cancer/malignant tumor, etc. There were a total of 213 deaths during the 6-year follow-up, which were documented using the National Death Index (through December 31, 2020). The data were further confirmed during Wave 2, which identified 6 additional deaths. Prayer was assessed at Wave 1 with the question "How often do you pray by yourself?" with responses ranging from 1 (never) to 8 (several times a day). Control variables included age, physical health/symptoms, sex, race, education, depression, social support, and health behaviors (alcohol use, smoking, frequency of exercise, BMI). Cox proportional hazards regression models were used to analyze the data. **Results:** Participants who prayed on a daily basis or more were significantly more likely to survive over the 6 years compared to those who prayed less often (HR = 1.48, 95% CI = 1.08-2.03). Results were independent of the 10 control variables above. Researchers concluded: "The authors hope that this study might spur interest and research on prayer as an adjunct to harness psychospiritual factors that have been used for thousands of years to be studied seriously in their potential role for facilitating the healing process."

Citation: Ironson, G., & Ahmad, S.S. (2023). Frequency of private prayer predicts survival over 6 years in a nationwide US sample of individuals with a chronic illness. *Journal of Religion and Health*.

EPUB ahead of press (<https://doi.org/10.1007/s10943-023-01870-2>)

Comment: The methodology in this study was superb, as were the statistical analyses. This is one of the first reports using a national random sample to examine the effects of frequency of prayer on survival among those with chronic illness. These findings are remarkable because people tend to pray more frequently as they get closer to death, often creating an association between prayer and greater mortality, thereby covering up any positive effects. The careful methodology used in this study may have taken that dynamic into account.

Online Religious Participation and Health during COVID-19 Pandemic in the UK

Investigators from the department of epidemiology at the Harvard TH Chan School of Public Health analyzed longitudinal data involving 8,951 adults in the United Kingdom (University College of London COVID-19 Social Study) shortly after the stringent lockdown that occurred between March 23 and May 13, 2020. The purpose was to examine the relationship between online religious attendance and psychological well-being (life satisfaction, happiness, meaning), social well-being (social support, loneliness), pro-social/altruistic behaviors (volunteering, caring, compliance with social isolation, compliance with social distancing), psychological distress (depressive symptoms, anxiety, number of minor stressors, number of major stressors, thoughts of self-harm), and health behaviors (no unhealthy change in smoking, no unhealthy change in alcohol drinking, no unhealthy change in diet, gentle physical activity, high intensity physical activity, exercising at home and good sleep) as outcomes. Participants were assessed at baseline between June 20-26 and July 3, 2020, and then were re-assessed weekly through August 1-7, 2020 (up to 6 weeks of follow-up). Online religious participation was assessed by asking participants, "During lockdown have you engaged in any online or digital religious activities such as watching streamed services, watching video prayers, joining online faith discussion groups, or receiving other digital spiritual support?" (1 = 'more than once a week' to 5 = 'not at all'). These responses were grouped into three categories: 'not at all,' '< 1/week,' and '≥1/week'. Analyses were adjusted for baseline sociodemographic characteristics (assessed prior to online attendance), pre-pandemic in-person religious service attendance, and baseline outcomes when available using a statistical technique called Outcome-Wide Analysis. Bonferroni adjustment of p values was conducted to adjust for multiple testing. **Results:** Those attending online religious services ≥once/week, compared to those never attending, were significantly less likely to report thoughts of self-harm (OR = 0.24, 95% CI = 0.09-0.62). Participants attending online services <1/week, compared to those never attending, reported significantly higher life satisfaction (standardized β = 0.25, 95% CI = 0.11-0.39) and happiness (β = 0.25, 95% CI = 0.08-0.42). After Bonferroni correction, online religious participation significantly predicted no other health outcomes. The researchers concluded: "There was evidence that online religious participation during the lockdown was associated with some subsequent health and well-being outcomes. Future studies should examine

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mechanisms underlying the inconsistent results for online vs. in-person religious service attendance and also use data from non-pandemic situations."

Citation: Shiba, K., Cowden, R. G., Gonzalez, N., Ransome, Y., Nakagomi, A., Chen, Y., ... & Fancourt, D. (2023). Associations of online religious participation during COVID-19 lockdown with subsequent health and well-being among UK adults. *Psychological Medicine*, 53(9), 3887-3896.

Comment: This is at least the third report examining the effects of online religious attendance on health during the pandemic. Effects of online attendance appear to be much weaker than those previously reported for in-person attendance [see also Upenieks, L., Hill, T. D., Acevedo, G., & Koenig, H. G. (2023). "Electronic Church" 2.0: Are virtual and in-person attendance associated with mental and physical health during the COVID-19 pandemic? *Sociology of Religion*, EPUB ahead of press, <https://doi.org/10.1093/socrel/srac043>]. However, this is the first report, to our knowledge, reported from the United Kingdom

Do Spiritual/Religious Beliefs/Practices Influence Reward Expectancies Assessed by Financial Investment Behavior?

Researchers from the department of psychiatry at Harvard Medical School and McLean Hospital examined the effects of spirituality/religion (S/R) on behavioral adaptation to positive and negative outcomes in a community-based sample of 242 adults. Participants completed six rounds of the Sequential Investment Task, an economic decision-making game involving a simulated stock market. Participants were given \$100 in simulated assets to invest in the stock market for 20 subsequent trials. S/R was assessed by importance of religion, religious community participation, frequency of private religious activity, intrinsic religiosity, importance of spirituality, belief in God, belief in prayer, and perceived benefits of prayer, personal importance of prayer, and religious affiliation. Linear mixed effects models were used to analyze the data. **Results:** Religious indicators predicted decreased reactivity to real gains and perceived losses, and greater stability of responding overall. In contrast, few indicators of spirituality had such positive effects. The authors state that these findings may explain potential mechanisms by which S/R affects mental health. They conclude: "It is possible that religion leads to greater behavioral stability, less risk-taking, and less reactivity to aversive states (e.g., regret), all of which may mitigate suicidality and alcohol substance use. Involvement in organized religion may also engender greater stability particularly during volatile circumstances, through pre-commitment to certain rules of behavior. By contrast, subjective spiritual beliefs may not be as effective in protecting against impulse-related behaviors."

Citation: Rosmarin, D. H., Chowdhury, A., Pizzagalli, D. A., & Sacchet, M. D. (2023). In God We Trust: Effects of spirituality and religion on economic decision making. *Personality and Individual Differences*, 214, 112350.

Comment: This is a complex but highly novel approach to studying the effects of religiosity and spirituality on mental health outcomes, and in this case, the emotional responses to financial investment decisions (although they only indirectly assessed emotional responses).

Religiosity, Self-Regulation, and Psychological Adjustment in Young US Adults

Investigators in the department of psychology at the University of Maryland conducted an online survey to examine the mediating role of self-regulation on the association between religiosity and psychological adjustment. This was a convenience sample of 238 Christian young adults attending a mid-size state university in the Mid-Atlantic region (average age 20, 74% female, 39% White). Religiosity was assessed by the 26-item College Students' Beliefs

and Values Survey, which includes a 12-item measure of religious commitment, an 8-item measure of religious participation, and a 6-item measure of religious struggle. Self-regulation was assessed by the 31-item Short Self-Regulation Questionnaire. Psychological well-being was assessed by the 18-item Ryff Psychological Well-Being Scale, depressive symptoms by the 20-item CES-D, and anxiety by the 20-item State-Trait Anxiety Inventory-State Version. Demographic covariates included age, gender, ethnicity, country of birth, family members, and parental education. A hypothesized mediation model was tested using structural equation modeling.

Results: Religious commitment was positively associated with self-regulation ($r=0.22$, $p<0.001$) and with psychological well-being ($r=0.25$, $p<0.001$), whereas it was inversely associated with anxiety ($r=-0.32$, $p<0.001$) and depressive symptoms ($r=-0.17$, $p<0.01$). Structural equation modeling demonstrated that each of the three dimensions of religiosity were uniquely associated with psychological adjustment through self-regulation. Researchers concluded: "Our findings suggest that acceptance and internalization may be essential for religiosity to promote emerging adults' self-regulation abilities, and in turn, benefit their mental health. In contrast, behavioral participation in religious activities without internal identification may be detrimental for emerging adults' self-regulation and hinder their psychological adjustment."

Citation: Zong, X., & Cheah, C. S. (2023). Multiple dimensions of religiosity, self-regulation, and psychological adjustment among emerging adults. *Current Psychology*, 42(5), 4133-4142.

Comment: Self-regulation (self-discipline) appears to be an important pathway by which religious involvement leads to better mental health in young adults.

Relationship between "Media Religiosity" and Coping by Ukrainian Young Persons during the War

Researchers at the Lesya Ukrainka Volyn National University, Lutsk, Ukraine, surveyed a convenience sample of 66 college students (average age 19; 88% female) during the first month of the war (March 2022). The survey was conducted in the context of a free online psychological support program that was offered for anyone who needed it. "Media religiosity" was defined as a form of personal religiosity expressed through digital technology and mass religious communications, including religious practices using the Internet, television, mobile applications, etc. Media religiosity was assessed by an open ended question that elicited a narrative response to the question, "What helps me to cope with negative emotions caused by war?", and a quantitative questionnaire. The questionnaire (developed by the authors) consisted of 32 statements, each responded to on a scale from 1-5, which assessed three dimensions of media religiosity: cognitive (informational and semantic), affective (emotional and motivational), and behavioral. Higher levels of media religiosity were said to reflect an internal religious orientation (practicing religion and communicating with God as the ultimate goal and value), high activity in the media on religious topics, and a tendency to rationally understand one's religion. Pearson correlations were used to examine the relationship between media religiosity and war coping strategies. **Results:** Individuals scoring higher on media religiosity reported less anger, fewer painful feelings, less focus on the past, less focus on thoughts about death, and more focus on prayer and faith. Researchers concluded, "Media religiosity is defined as a holistic concept, which is a new dimension of an individual's religious life, a form of personal religiosity that is practiced and understood in the immediate environment (television, Internet, social networks, etc.). We consider that media religiosity can act as a personal resource for coping with the psychological effects of war."

Citation: Kostruba, N., & Fishchuk, O. (2023). Media religiosity and war coping strategies of young people in Ukraine. *Journal of Religion and Health*, 62(1), 465-478.

Comment: English grammar issues made this article difficult to follow, although the importance of the topic prompted us to summarize it here.

Religiosity and Mental Health among Young US Adults in Generation X

Investigators in various departments at Syracuse University (New York) analyzed data collected on 510 young adults participating in the Longitudinal Study of Generations. Participants were initially assessed in the year 2000 (ages 18-29), and followed up in 2005 (ages 23-34) and 2016 (ages 34-45). Latent class analyses were used to identify three religious trajectories based on change across the three waves of data collection: (1) nonreligious (40%), (2) strongly religious (31%), and (3) spiritual-but-not-religious (29%). Religiosity was measured by frequency of religious attendance and self-rated religiosity, whereas spirituality was measured by self-rated spirituality. Mental health was assessed by psychological well-being (5-item Affect Balance Scale), depression (20-item CES-D), and self-esteem (10-item Rosenberg Self-Esteem Scale). Controlled in regression models were age, gender, education, race, marital status, and annual household income. **Results:** Those in the non-religious category experienced significantly lower psychological well-being, more depressive symptoms, and lower self-esteem across waves of follow-up compared to those who were strongly religious. Baseline mental health outcomes assessed in 2000 were controlled in the analyses. Researchers concluded, "Young-adult Gen-Xers in the *strongly religious* class across the three measurements generally reported better mental health when they reached established adulthood than those in the *nonreligious* class... Findings suggest that religiosity may serve as an important resource for mental health in the transition to established adulthood."

Citation: Hwang, W., Cheng, K. J., Kim, J. H., Brown, M. T., Vasilenko, S. A., & Silverstein, M. (2023). Religiosity and mental health among young-adults in generation x from emerging to established adulthood. *Journal of Adult Development*, 30(1), 108-117.

Comment: This longitudinal study, one that controlled for baseline mental health outcomes, is particularly applicable to adults in the U.S. born between 1965 and 1980 (65 million people).

Religiosity and Well-Being among College Students in Singapore during COVID-19

Researchers analyzed data from online surveys completed by 185 university undergraduate students (average age 22 years, 74% female), 96% of whom were originally from Singapore. The purpose was to examine the relationship between religiosity (theism, religious affiliation, religiosity) and mental health (psychological well-being, perceived support, and resilience). Religiosity was assessed by the 20-item Centrality of Religiosity Scale (Huber). Theism was measured by the Paranormal Belief Questionnaire, which asked the question "What best describes your beliefs on religion?" One response option was "There is one God" (monotheists). Mental health was assessed by the 6-item Brief Resilience Scale, the 12-item Multidimensional Scale of Perceived Social Support, and by the 14-item Warwick-Edinburg Mental Well-Being Scale. Mediation analysis was used to determine whether religiosity mediated the relationship between theism and mental health. **Results:** Religious affiliations of the sample were 26% Christian/Catholic, 21% Buddhist, 6% Hindu, 4.3% Muslim, 4.3% other religions, and 27.5% agnostic, atheist, no religion, or freethinkers. Religiosity was significantly and positively correlated with greater social support ($r = 0.19$) and greater mental well-being ($r = 0.18$). Theism, however, was unrelated to mental well-being ($r = 0.049$). Nevertheless, there was an indirect effect of theism on mental well-being, acting through religiosity (indirect effect = 0.236, 95% CI = 0.022-0.47, $p < 0.05$). Social support was

found to at least partially mediate the relationship between religiosity and well-being. Researchers concluded: "The findings revealed that factors such as religiosity and social support could thus aid in the mental well-being of future challenging times such as the pandemic."

Citation: Gan, S. K. E., Wong, S. W. Y., & Jiao, P. D. (2023). Religiosity, theism, perceived social support, resilience, and well-being of university undergraduate students in Singapore during the COVID-19 pandemic. *International Journal of Environmental Research and Public Health*, 20(4), 3620.

Comment: Although a cross-sectional study involving a convenience sample, this report is particularly interesting since it was conducted during the pandemic [dates not provided] and in young college students in Singapore with a wide variety of religious beliefs.

Is Religion Related to Tobacco Use in Sub-Saharan Africa?

Researchers in the Lady Davis Institute for Medical Research at McGill University, Canada, analyzed data collected on nationally representative samples involving 47,246 persons aged 15 years or older living in Cameroon, Ethiopia, Kenya, Nigeria, Senegal, Tanzania, or Uganda. The purpose was to examine the relationship between religion and tobacco use, while controlling for sex, age, residence, education, marital status, employment status, household wealth, and knowledge of tobacco harms. **Results:** Participants were 34% Muslim, 64% Christian, 1% traditional/other, and 1.1% none ($n = 520$). Adjusted logistic regression analyses indicated that compared to Muslims (the reference group), Christians were 2.1 times more likely to use tobacco (95% CI = 1.5-3.1); traditional/other were 6.2 times more likely (95% CI = 2.8-13.7); and those with no religious affiliation were 19.3 times more likely (95% = 2.6-143.5). Researchers concluded: "We found five times greater odds of smoking and 16 times higher odds of SLT [smokeless tobacco] use among irreligious adults, compared to Muslims."

Citation: Ogbodo, S. C., & Onyekwum, C. A. (2023). Social determinants of health, religiosity, and tobacco use in sub-Saharan Africa: evidence from the global adult tobacco surveys in seven countries. *Journal of Public Health*, EPUB ahead of press.

Comment: This large study examining representative samples from seven sub-Saharan African countries documented that tobacco use among Muslims is significantly lower than among other religious groups, and especially lower than among those with no religious affiliation. This should certainly affect the physical health of these individuals.

Religiosity and Coping with COVID-19 in the U.S.

Researchers in the department of psychology at the University of Luxembourg in Luxembourg and University of Trier in Germany analyzed data from a cross-sectional study of a convenience sample of 1,182 US citizens completing an online survey in mid-March 2020 (45% Christian, 44% atheists/agnostics, 11% other religions; average age 46). The purpose was to examine the impact of religiosity during the COVID-19 pandemic, with a specific emphasis on "unreasonable" behavior. Religiosity was assessed by the 10-Item Intrinsic Religious Motivation Scale (Hoge). Two anxiety subscales were adapted from the State-Trait Inventory for Cognitive and Somatic Anxiety (Gröb) to assess a cognitive component of coronavirus worry (5-item scale; for example, "I often worry about catching coronavirus") and a somatic component of coronavirus emotionality (5-item scale; for example, "My heart beats faster when I think about catching coronavirus"). Preventative behavior was assessed in terms of reasonable and unreasonable reactions to the COVID-19 pandemic; the two scales to assess these two constructs consisted of an 8-item scale for reasonable behaviors (for example, "I am planning to/have already started avoiding crowded spaces") and a 5-item scale for

unreasonable behaviors (for example, “I am planning to/ have already started avoiding 5G networks”) (both scales were developed by the authors). Mediation analysis was used to examine the mediating role of coronavirus worry and coronavirus emotionality on reasonable vs. unreasonable behavior (no other variables were controlled for that we could determine). **Results:** Religiosity was inversely related to cognitive coronavirus worry ($r = -0.07$, $p < 0.05$) but was positively related to coronavirus emotionality ($r = 0.10$, $p < 0.001$). There was no relationship between religiosity and reasonable behavior ($r = 0.04$, $p = ns$), but there was a positive relationship with unreasonable behavior ($r = 0.33$, $p < 0.001$). Mediation analysis demonstrated that religious participants’ higher degree of unreasonable behavior could be partially explained by their stronger somatic anxiety. With regard to reasonable behavior, the total effect of religiosity was nonsignificant, which was due to a combination of a positive direct effect on reasonable behavior and a negative indirect effect through coronavirus worry. Researchers concluded: “A comprehensive mediation model showed emotionality-mediated associations between religiosity and unreasonable behavior (positive indirect effect) but also worry-mediated associations between religiosity and reasonable behavior (negative indirect effect)... The discussion centers on religiosity, information processing, and rationality during a global health crisis situation.”

Citation: Kranz, D., Niepel, C., Botes, E., & Greiff, S. (2023). Religiosity predicts unreasonable coping with COVID-19. *Psychology of Religion and Spirituality*, 15(1), 1-5.

Comment: The remarkable 44% of the population who were identified as atheist/agnostic is worth noting. The authors did not describe how they assessed religious affiliation, but our guess is that they categorized those who indicated “none” into the atheist/agnostic category (which is not appropriate since most of those who indicate “none” in the US are not atheist/agnostic; according to a 2019 Pew Research Center study, only 9% of Americans are agnostic/atheist). In addition, only two items were provided as examples for “unreasonable behavior,” so it is difficult to determine whether this scale was confounded with items assessing religious participation (such as participating in group activities), thus explaining the positive correlation.

Role of Religious Struggles in the Black-White Mental Health Paradox

Laura Upenieks from the department of sociology at Baylor University and colleagues analyzed data from a 2021 nationally representative sample of 1,381 American adults (86.3% White, 13.7% Black) who participated in the Crime, Health, and Politics Survey (CHAPS). The purpose was to examine whether religious/spiritual struggles might help to explain the paradox that Black Americans tend to exhibit similar or better mental health compared to White Americans, despite socioeconomic differences and other psychological and physical stressors. Psychological distress was measured using the 6-item K6 psychological distress scale (Kessler). Religious/spiritual struggle was assessed by four items: (1) “How often do you have doubts about your religious or spiritual beliefs?; (2) “How often do you feel judged or mistreated by religious or spiritual people?; (3) “How often do you feel as though God has abandoned you?; and (4) “How often do you feel as though God is punishing you?” Controlled for in regression analyses were age, sex, marital status, education attainment, personal income, employment status, region of residence, frequency of in-person and virtual religious attendance, religious affiliation, parenthood status (number of children under age 18 living in household), and whether the participant had ever been diagnosed with COVID-19. **Results:** Regression analyses demonstrated that Black race was inversely related to psychological distress in fully adjusted analyses ($B = -0.27$, $SE = 0.07$, $p < 0.001$). Religious struggles were positively associated with psychological distress in adjusted analyses ($B = 0.39$,

$SE = 0.03$, $p < 0.001$). There was also a significant interaction between religious struggles and race ($B = -0.14$, $SE = 0.07$, $p < 0.05$) in predicting psychological distress, such that the relationship between religious struggles and psychological distress was stronger for White Americans than for Black Americans. At a high level of religious struggle, Black Americans report significantly less psychological distress than did White Americans. Researchers concluded: “... black respondents tend to exhibit lower levels of non-specific psychological distress than white respondents partly because black respondents also tend to report lower levels of R/S struggles. Our moderation analysis demonstrates that the positive association between R/S struggles and psychological distress is more pronounced for white respondents than for black respondents.”

Citation: Upenieks, L., Louie, P., & Hill, T. D. (2023). Welcome to the Dark Side: The role of religious/spiritual struggles in the Black-White mental health paradox. *Society and Mental Health*, 13(2), 151-168.

Comment: The credibility of these findings is reinforced by exemplary statistical analyses of data acquired from a national random sample of US adults. Black Americans experienced lower levels of religious/spiritual struggles than Whites and were less affected by those struggles in terms of psychological distress.

Effect of Religious Beliefs and Behavior on Hope in Older U.S. Adults

Analyzing longitudinal data from the Religion, Aging and Health Survey, Laura Upenieks from Baylor University examined the effects of religious attendance and God-mediated control beliefs on hope levels over time. Lagged dependent variable models were used to examine the effects of stable high and increasing religious attendance and God-mediated control beliefs on changes in hope.

Results: Religious attendance and God-mediated control beliefs predicted an increased level of hope over time. The effects were stronger in Black older adults. Researchers concluded: “We discuss our findings by situating hope as a resource that can aid older adults in overcoming setbacks and remaining committed to their goals.”

Citation: Upenieks, L. (2023). “The assurance of things hoped for, the conviction of things not seen”: racial differences in the effects of changes in religiosity and hope in later life. *Journal of Religion, Spirituality & Aging*, 35(2), 112-138.

Comment: Unfortunately, only the abstract of this study was readily accessible, thus limiting the details that could be provided. The implications of the study’s findings, however, are important enough to report here.

Religion and Health Getting Attention in the British Medical Journal

Jennifer Rasanathan, an editor for the BMJ, is the author of a short piece published in the journal on July 20, 2023, where she comments on an article written in this issue by Idler et al (<https://doi.org/10.1136/bmj-2023-076817>). Dr. Rasanathan notes that “Religion as a social determinant is unique in its ability to both benefit and harm health, and much of religion’s “public health ‘good’” may come with complications, they [Idler et al.] write.” Dr. Rasanathan states that “Evidence supports a protective effect of religious beliefs and affiliations on individuals’ health, but at community and country level the effects of religion on health are mixed. Whereas religious leaders were instrumental in containing the 2014 Ebola outbreak in West Africa and encouraged covid vaccine uptake in the UK, for example, religious institutions can jeopardize health when policy making codifies the view of a single religious community.” Interestingly, the Idler et al. article in that issue emphasizes the largely protective effect of religion for individual health: “Globally, many people see their health through a religious or spiritual lens, even in countries where there is little

public participation in religious services. Religion shapes people's "healthworlds" – their complex ways of understanding health or illness that extend beyond biomedical science and clinical procedures." Idler and colleagues conclude that "Notwithstanding high-stakes tensions, as in vaccine resistance or religious minorities enforcing their beliefs through the power of the state, partnership and engagement are critical to reducing tension and to forging mutually beneficial solutions. The multivalent effects of religion on health can be harmful or protective, but religion is likely to remain an enduring, if complex and contradictory, social determinant of health for most people around the world."

Citation: Rasanathan, J. J. (2023). Religion and health, and the search for common ground. *British Medical Journal*, 382 (<https://doi.org/10.1136/bmj.p1661>)

Comment: Fascinating exchange published in one of the top medical journals in the world.

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 **Donna Ames, M.D.**, Professor of Psychiatry at UCLA. The title of her presentation will be **A Road to Jerusalem: A Psychiatrist's Journey**. PDFs of the Power Point slides for download and full video recordings of most past webinars since July 2020 are available at <https://spiritualityandhealth.duke.edu/index.php/education/seminars/>.

SPECIAL EVENTS

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 Paracelsus Medical University in beautiful Salzburg, Austria. The focus on this year's conference will be "Spiritual Care Interventions in Modern Health Care." A 4-day hybrid spirituality and health research workshop will be held prior to the conference on May 12 - 15, 2024 (both online and on-site). For more information go to <https://ecrsh.eu/ecrsh-2024> or contact Dr. René Hefti at rene.hefti@rish.ch.

RESOURCES

Books

Thriving with Anxiety

(HarperCollins, 2023)

From the author: "*Thriving with Anxiety* by David H. Rosmarin, PhD, provides practical tools to help people deal with anxiety based on current evidence and positive psychology. The book

shows that once we accept anxiety as a natural part of life, we can turn this “malady” into a strength that can enhance our relationships with ourselves, others, and be a catalyst for spiritual growth. Dr. Rosmarin is an associate professor at Harvard Medical School, and an international expert on spirituality and mental health, whose work has been featured in Scientific American, the Boston Globe, the Wall Street Journal, and the New York Times. Thriving with Anxiety is available for pre-purchase at Amazon (<https://www.amazon.com/Thriving-Anxiety-Tools-Make-Your/dp/1400327857>) and a free sample is available at Dr. Rosmarin's website <https://dhrosmarin.com/the-book/>.”

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/>.

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/>

You are My Beloved. Really?

(Amazon: CreateSpace Publishing Platform, 2016)

From the author: "Simple and easy to read, intended for Christians and non-Christians, those who are religious or spiritual or neither, and is especially written for those experiencing trauma in life (everyone). The book examines the evidence for God's love from Christian, Jewish, Muslim, Buddhist and Hindu perspectives based largely on the sacred scriptures from these traditions. Available for \$8.78 from <https://www.amazon.com/You-are-My-Beloved-Really/dp/1530747902/>.

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

(Templeton Press, 2011)

This book summarizes and expands the content presented in the Duke University's Annual Summer Research Workshop on Spirituality and Health. Available for \$29.15 (used) at:

<http://www.amazon.com/Spirituality-Health-Research-Measurements-Statistics/dp/1599473496/>

Other Resources

CME/CE Videos (Integrating Spirituality into Patient Care)

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

<https://spiritualityandhealth.duke.edu/index.php/cme-videos/>.



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



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

TRAINING OPPORTUNITIES

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

All scholarships in the Templeton funded program have been awarded, and the program is no longer active since the grant has expired (2019-2023). Eligible for these full scholarships to attend our 5-day Spirituality and Health Research Workshop in 2024 will be academic faculty 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>. These scholarships will cover the \$1200 tuition, up to \$1500 in international travel costs, \$500 in hotel expenses, and \$400 in living expenses (\$3600). 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 2024 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, 2024**.

The Foundation will communicate their decision (rejection or invitation to submit a full proposal) for all OFIs by October 13, 2024. 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...

September

- 9/9 **Integrating Spirituality into Patient Care Workshop**
8:45A-5:00P EST (online via Zoom)
Speaker: Harold G. Koenig, MD
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

- 9/13-16 **American Association of Christian Counselors (AACC) World Conference**
Nashville, TN (onsite)
Title: Know Hope
Speakers: Many
Contact: Mercy Connors (Mercy.Connors@aacc.net)

- 9/24 **Science Summit at UN General Assembly 78: Spirituality and Health: State of the Science and Applications for the Improvement of Human Functioning**
8:30A-12:30 noon via Zoom
Title: Research Review and Update on the Relationship between Spirituality and Health
Speaker: Koenig (and many others, including Idler, Newberg, Worthington)
Contact: Prof. Shivani Arasu (shivarasu2@gmail.com)

- 9/26 **Duke University Spirituality and Health Research Seminar**
12:00 -1:00 EST (online via Zoom)
Title: **A Road to Jerusalem: A Psychiatrist's Journey**
Speaker: Donna Ames, MD, Professor of Psychiatry, UCLA
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>