

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

## LATEST RESEARCH

### Challenges to Academic Freedom at Harvard

In this article, Tyler VanderWeele, who holds an endowed professorship at the Harvard School of Public Health (John L. Loeb and Frances Lehman Loeb Professor of Epidemiology) writes about his experiences in commenting on certain moral controversies. A devout Catholic, Dr. VanderWeele (also the second author on the forthcoming 3<sup>rd</sup> edition of the *Handbook of Religion and Health*) describes in detail the ordeal he endured earlier this year as a result of some of his writings. He describes the response on Twitter that reached over 40,000 viewers, followed by Harvard students who called for his tenure to be revoked, for him to be fired, and for his removal from his teaching position in a required quantitative methods course. He also describes the somewhat tepid (though ultimately affirming) response of administrators at Harvard in supporting his faculty position based on preservation of academic freedom. In this article, Dr. VanderWeele also announces a soon-to-be published book entitled *A Theology of Health* (University of Notre Dame Press), which presents a distinctively Catholic perspective on understanding health. In this book, he engages the empirical literature and attempts to bring some of the insights of a Catholic or Christian understanding of health into a more pluralistic context. In response to the article and the events, the School eventually put forward a new freedom of expression statement (<https://www.hsph.harvard.edu/student-handbook/guidelines-for-open-debate-protest-and-dissent/>) which will hopefully prevent similar incidents in the future.

**Citation:** VanderWeele, T. J. (2023). Moral controversies and academic public health: Notes on navigating and surviving academic freedom challenges. *Global Epidemiology*, 6, 100119. <https://doi.org/10.1016/j.gloepi.2023.100119>.

**Comment:** This article is a must-read for everyone who receives the Crossroads e-newsletter.

### Changes in Religiosity and Loneliness in Later Life

Sociologist Laura Upenieks at Baylor University (Texas) analyzed longitudinal data from the National Social Life, Health, and Aging

Project (NSHAP), a national representative sample of 2,261 adults aged 57 to 85 years of age in the USA. Participants were followed from 2005/2006 to 2010/2011 (5 years). The purpose was to examine how changes in religiosity over time might influence loneliness in later life, and to examine this effect in different age cohorts. Loneliness was assessed at both Waves I and II by the 4-item Revised University of California Los Angeles Loneliness Scale. Religiosity was measured by two questions: frequency of attendance at religious services and religious integration into daily life ("I try hard to carry my religious beliefs over into all my other dealings in life"), assessed at both Waves I and II. Controlled for in multivariate analyses (lagged dependent variable models) were gender, race and ethnicity, education, changes in employment status, transition in partner status, recent move of residency, living status (alone or with others), religious affiliation, self-rated health, and ability to perform activities of daily living (based on a 7 item scale). Effects in three age cohorts were examined: ages 55-64, 65-74, and 75+. **Results:** After controlling for the covariates above (including changes in physical health and functional ability), consistent high religious attendance (once per week or more at both Waves I and II) was associated with lower levels of loneliness (after controlling for baseline loneliness). In contrast, decreases in attendance predicted higher loneliness. The effects were stronger in the older cohorts (age 65-74 and age 75+). Since these findings persisted despite controlling for physical health and functioning, the researcher suggested that "another mechanism besides health decline is operating to drive the association between drops in religious attendance and subsequent increases in loneliness," underscoring "the potential harmful consequences of disengaging from a religious community in later life." No such pattern was found for religious integration. The investigator concluded: "In closing, though loneliness remains an important issue in Western societies and among older adults, it is important to recognize that older adults can and do recover from loneliness. Therefore, knowledge of factors that ameliorate loneliness in old age are valuable for designing loneliness interventions."

**Citation:** Upenieks, L. (2023). With you until the end of the age? A longitudinal study of changes in religiosity and loneliness in later life. *Research on Aging*, 45(3-4), 299-319.

**Comment:** Given the longitudinal nature of the data, national representativeness the sample, and careful statistical analyses with control for multiple demographic, social, and physical health covariates, the findings from this study are noteworthy.

### Changes in Religiosity with Aging in the Netherlands

Researchers from universities in Switzerland, the USA, Germany, and Denmark analyzed longitudinal data on a sample of over 14,000 Dutch participants aged 16 to 101. The aim was to disentangle secularization trends from developmental changes in religiosity with aging. Religious affiliation in the Netherlands is approximately 45% Christian, 5% Muslim, and 50% none. Data for this study was derived from the Longitudinal Internet Studies for Social Sciences (LISS) panel, which included 11 annual assessments of religiosity in a nationally representative sample of persons in the Netherlands beginning in 2008. Religiosity was assessed with the following three items in each of the annual assessments of through 2019: attendance at religious services,

**EXPLORE...in this issue**

**1-4 LATEST RESEARCH**

**5-7 NEWS, EVENTS & RESOURCES**

**7-8 TRAINING, FUNDING Opportunities, and CALENDAR**

frequency of prayer, and belief in God. Moderators that were assessed in this study included gender, educational attainment, religious background, self-rated health, and physical functioning. Mixed growth curve models were used to analyze the data (in order to separate the effects of age [development] from the effects of time [secularization]). **Results:** After controlling for secularization (time), no evidence was found for age-graded declines in religiosity among young adults. Instead, there was a lifelong increase in religiosity found, with the most pronounced increases occurring during middle to late adulthood. Increases in religiosity with age, however, were not as pronounced in college-educated individuals. Researchers concluded: "...the present study provides strong evidence for age-graded increases in religiosity up until old age."

*Citation:* Bleidorn, W., Lenhausen, M. R., Schwaba, T., Gebauer, J. E., & Hopwood, C. J. (2023). Secularization trends obscure developmental changes in religiosity. *Social Psychological and Personality Science*, 14(2), 249-258.

*Comment:* Fascinating results from a study conducted in an increasingly secular part of the world. The large sample size and sophisticated data analyses support the validity of the findings.

### Religious Coping, Combat Exposure, and Suicide Risk in US Veterans

Investigators in the department of sociology and anthropology at Middle Tennessee State University, department of psychiatry at Yale University, and other US universities analyzed data on 3,843 US veterans participating in the National Health and Resilience in Veterans Study (NHRVS; 2019-2020). The purpose was to examine the relationship between religiosity/spirituality (R/S), combat exposure, PTSD symptoms, and risk of suicide. R/S was measured by the 5-item Duke University Religion Index (DUREL). Combat exposure was assessed by the Combat Exposure Scale (CES; Keane et al., 1989). Lifetime PTSD symptoms was assessed by the 20-item PCL-5. Current suicide risk was assessed by the 4-item Suicide Behaviors Questionnaire-Revised (SBQ-R). Controlled for in regression analyses were gender, race/ethnicity, age, marital status, education, military branch, military service duration, social support, and childhood trauma.

**Results:** PTSD symptoms significantly mediated the association between combat exposure and suicide risk. However, the 3-item intrinsic religiosity subscale of the DUREL significantly moderated the relationship between PTSD symptoms and suicide risk ( $p < 0.003$ ); among those scoring high on intrinsic religiosity, the relationship between PTSD and suicide risk was much weaker. However, intrinsic religiosity also moderated the relationship between combat exposure and PTSD symptoms ( $p < 0.003$ ), but in the opposite direction; among those scoring high on intrinsic religiosity, the relationship between combat exposure and PTSD symptoms was stronger. Religious attendance and private religious activity were not found to influence these relationships. Researchers concluded: "Results of this study suggest a multifaceted relationship between combat exposure, PTSD, religiosity/spirituality, and suicide risk in US veterans, and underscore the importance of PTSD and religious coping as part of ongoing suicide prevention efforts in this population."

*Citation:* Orak, U., Yildiz, M., Aydogdu, R., Koenig, H. G., & Pietrzak, R. H. (2023). The relationship between combat exposure and suicide risk in US military veterans: exploring the role of posttraumatic stress symptoms and religious coping. *Journal of Affective Disorders*, EPUB ahead of press (<https://doi.org/10.1016/j.jad.2023.08.115>).

*Comment:* This is one of the few studies examining the interaction between various aspects of religiosity (religious attendance, private religious activity, intrinsic religiosity) and their effects on the relationship between (1) combat exposure and suicide risk and (2) combat exposure and PTSD symptoms.

### Spiritual Coping among Urban Black Men with Physical Injuries

Investigators at the University of Pennsylvania school of nursing and Penn Injury Science Center conducted qualitative interviews with 10 physically injured urban Black men in Philadelphia (average age 34). All men had been admitted to a trauma center with a diagnosis of injury between January 2013 and May 2016. This qualitative design included thematic analyses based on descriptive phenomenology, purposive sampling, and open-ended semi-structured interviews. Participants were asked a series of open-ended questions to determine their perceptions of spirituality and use of spiritual coping behaviors in their recovery. Examples of questions were: "What does spirituality mean to you?"; "What are your views and perceptions on spirituality?"; "What is your knowledge of higher power or God?"; "How do you cope with the challenges in your life?"; "What role does spirituality play in your life?"; "What has been beneficial to you in your recovery process?"; (etc.). **Results:** Two major themes emerged, not surprisingly: (1) perception of spirituality and (2) spiritual coping behaviors. Spiritual coping behaviors were further subdivided into two themes: (1) theistic spiritual practices and (2) non-theistic spiritual practices. An example of theistic spiritual practices included use of prayer to form a connection with God. An example of non-theistic spiritual practices included playing video games, exercising, forming social bonds, or watching videos from the Internet. Researchers concluded: "To foster a therapeutic alliance between psychiatric nurses and injured urban Black men, it is important to integrate spiritual questions into psychiatric history taking."

*Citation:* Boateng, A. C., Webster, J., & Richmond, T. S. (2023). Spiritual coping behaviors among injured urban black men in Philadelphia. *Archives of Psychiatric Nursing*, 46, 91-97.

*Comment:* All helping professionals should take a spiritual history, which may be very beneficial in terms of forming a therapeutic alliance, especially with injured urban Black men, who tend to be highly religious. Such a spiritual history could include both religious and non-religious elements.

### Parental Religiosity and Risky Sexual Behavior in College Students

Investigators from the department of psychology at Mississippi State University analyzed cross-sectional data on 585 college students from this university (66% women, 69% white, 86% Christian, age range 18-25 years). The purpose was to examine the role that parental religiosity plays in the emergence of young adult risky sexual behavior. Perceived parental religiosity was assessed by the 25-item Stearns-McKinney Assessment of Religious Traits-Short Form, which assesses five dimensions: private religiosity, social support, coping, conviction, and conservative religiosity. Students completed the scale twice anticipating how each parent (mother and then father) would respond to each of the questions. Perceived parent-child relationship quality was assessed by the Parental Environment Questionnaire, which assesses conflict, parental involvement, regard for parent, regard for child, and structure. The 38-item Sexual Risks Scale was used to assess risky sexual activity. Path analysis was used to examine the data; relationships in mothers and fathers were examined independently and overall. **Results:** In bivariate analyses, perceived parental religiosity variables tended to correlate negatively with risky sexual behaviors (RSB) across both genders. Likewise, perceived maternal and perceived paternal relationship quality was negatively associated with RSB in both genders. Path analyses revealed that perceived maternal and paternal relationship quality had a significant negative association with RSB in both men and women. Of all parental *religious* variables, perceived maternal conservatism (e.g., I strictly follow my religious beliefs in regard to my appearance) was the only variable associated with RSB, and the relationship was in a

positive direction (i.e., was associated with higher RSB). Other perceptions of parent religiosity were not related to RSB. Researchers speculated: "...it is plausible that greater maternal conservatism represents higher perceived criticism of premarital sexual activity, especially among emerging adults with more secular viewpoints (Kelley et al., 2022). Such criticism could cause dissonance about engaging in sexual activity, in turn decreasing considering the use of contraceptives and increasing guilt about sexual activity, in turn decreasing assertiveness about safe-sex practices with partners."

*Citation:* Holt, E., & McKinney, C. (2023). Emerging adult risky sexual behavior: the influence of perceived parental religiosity and perceived parent-child relationship quality in the USA. *Journal of Religion and Health*, EPUB ahead of press.

*Comment:* The finding and the reason given is a plausible one. This may have to do with the way risky sexual behavior was assessed (particularly in terms of condom use and use of contraceptives). Bear in mind also that this was a cross-sectional study, preventing any definitive causal inference when interpreting these relationships. Note also that relationships were not controlled for socioeconomic status or race.

### Religiosity, Self-Regulation, and Psychological Adjustment in Young Christian Adults

Researchers in the department of psychology at the University of Maryland surveyed 258 Christian young adults in the US (average age 20, 74% female) to examine the relationship between three dimensions of religiosity (religious commitment, religious engagement, and religious struggle) and psychological adjustment. **Results:** Religious commitment was associated with higher levels of self-regulation, which in turn was associated with greater psychological adjustment. In contrast, religious engagement and religious struggle were associated with lower levels of self-regulation and worse psychological adjustment. The researchers explained these findings by suggesting 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:* Unfortunately, only the abstract was available for this review. Thus, important details are lacking (e.g., how religious engagement was measured).

### Religiosity and Stress Hormones in Grandparents Rearing Grandchildren in Rural Appalachia

Investigators from the University of Kentucky examined 20 grandparent-caregivers who completed questionnaires assessing family functioning and mental health. The stress hormones salivary amylase and cortisol were also measured in saliva. **Results:** For grandparents low in social support and low in religiosity, grandparent-caregiver depressive symptoms, child depressive symptoms, and child stress were associated with greater grandparent salivary alpha-amylase (considered a surrogate marker for sympathetic nervous system activation). For grandparent caregivers who were high in social support and high in religiosity, child depressive symptoms, child stress, and child aggression were associated with increased grandparent cortisol levels.

*Citation:* Rawn, K. P., Keller, P. S., Bi, S., & Schoenberg, N. (2023). Salivary markers of stress in grandparents rearing grandchildren in rural Appalachia: The role of mental health, religiosity, and social support. *Journal of Intergenerational Relationships*, 21(1), 19-39.

*Comment:* Again, only the abstract of the study was available for review, limiting the amount of information provided above. The bottom line is that religiosity and social support appear to moderate the relationship between stress hormone and the stress of caregiving in grandparent-caregivers, with the direction of influence dependent on the particular stress hormone analyzed.

### Religiosity, Religious Coping, Mental Health and Viral Load in Persons with HIV

Researchers from universities in Switzerland and Zimbabwe conducted a mixed-methods study involving 802 HIV positive patients recruited from 7 different district medical facilities in Zimbabwe. Participants were required to have a current blood viral load result not older than 6 months. Measures used to assess religiosity were a 6 item version of the 10-item Belief into Action Scale (Koenig et al., 2015), the 6-item Brief RCOPE, and the 26-item Religious and Spiritual Struggles Scale (RSSS). The 14-item Shona Symptom Questionnaire (SSQ-14) was used to assess common mental health symptoms reflecting depression and/or anxiety. Multilevel mixed-effects ordered logistic regression modeling was used to examine the association between religiosity/spirituality, viral load, and mental health results. Controlled for in analyses were age, gender, education, and location (income was not controlled for since all participants were poor). **Results:** Participants were 24% Apostolic, 19% Pentecostal, 19% other Christian, and 10% none, with a wide variety of other religious affiliations as well. No significant association was found between religious/spiritual variables and viral load, except for a positive relationship between spiritual struggles, higher viral load, and worse mental health symptoms. Researchers concluded: "Because the Religious and Spiritual Struggles Scale was a strong indicator for both high viral loads and common mental disorder, we suggest that it should be used and validated in other sub-Saharan contexts. It could serve as a new diagnostic tool for the early detection and prevention of treatment failure as well as of common mental disorder."

*Citation:* Wüthrich-Grossenbacher, U., Mutsinze, A., Wolf, U., Maponga, C. C., Midzi, N., Mutsaka-Makuvaza, M. J., & Merten, S. (2023). Spiritual and religious aspects influence mental health and viral load: a quantitative study among young people living with HIV in Zimbabwe. *British Medical Journal (BMJ) Global Health*, 8(8), e012671.

*Comment:* The study was difficult to follow, the analysis approach was questionable, and the results were poorly described. However, the importance of the topic warrants our summarizing this study here.

### Assessing Moral Injury in Survivors of Abuse

Researchers in the department of psychiatry at McMasters University and other universities in Canada sought to develop and establish the psychometric properties of a scale to measure moral injury in survivors of abuse, including those experiencing adverse childhood experiences (ACEs). The tool was examined using an online survey of 188 Canadian and American adults, average age 34. **Results:** The 20-item scale was found to consist of four factors: (1) intergenerational transmission of trauma (focus primarily on the events themselves); (2) emotional sequelae; (3) self-blame; and (4) betrayals. Thus, the scale consists of a combination of morally injurious events and symptoms. The total score on the scale was weakly ( $r=0.25$ ) to strongly correlated ( $r=0.79$ ) with each of the individual four factors. The total score on the scale was also positively correlated with the Moral Injury Events Scale (MIES) and was strongly correlated with a number of other emotional syndromes (PTSD symptoms, depressive symptoms, anxiety symptoms), leading to questions about its discriminant validity and ability to differentiate MI from these other disorders.



*Citation:* Andrews, K., Roth, S. L., Lloyd, C., Protopopescu, A., O'Connor, C., Lanius, R. A., & McKinnon, M. C. (2023). Development and preliminary evaluation of the Moral Injury Assessment for survivors of abuse. *Traumatology*, EPUB ahead of press (<https://doi.org/10.1037/trm0000475>)

*Comment:* Since the scale consists of a combination of morally injurious events and symptoms, this decreases the sensitivity of the scale to assessing change over time in response to interventions. This is because not all survivors of abuse have suffered all of the 11 abuses that this scale is asking about. This is a common problem with combining both the morally injurious event and the symptoms caused by the event in a scale (like this scale and the MIES do). Much further work remains in terms of developing and psychometrically testing a pure MI symptom scale that is relevant to survivors of abuse (particularly those experiencing ACEs).

### Assessing Moral Injury and Public Safety Personnel

Researchers from the same group above also developed and examined the psychometric properties of a scale for assessing moral injury (MI) in Public Safety Personnel (PSP; i.e., police, firefighters, paramedics, emergency dispatchers, correctional workers). This scale was developed and piloted in a sample of 270 Canadian and American PSP. The 17-item scale suffers from many of the same concerns as the MI scale for abuse survivors above. **Results:** Psychometric validation indicated that the scale consists of three factors: (1) emotional sequelae; (2) perpetrations; and (3) betrayals. Including the perpetration subscale makes this scale a combination of morally injurious events and of symptoms, again affecting sensitivity of the measure for detecting MI and for examining changes in MI in this population over time with treatment. As in the study of survivors of abuse above, the MIES was the MI measured to which this scale was compared (and highly correlated with;  $r=0.82$ ). This scale is likewise highly correlated with depression, anxiety, PTSD, and symptoms of other psychiatric disorders, therefore questioning its discriminant validity and ability to separate MI measured in this way from these other disorders.

*Citation:* Roth, S. L., Andrews, K., Protopopescu, A., Lloyd, C., O'Connor, C., Losier, B. J., ... & McKinnon, M. C. (2023). Development and preliminary evaluation of the moral injury assessment for public safety personnel. *Traumatology*, 29(2), 301. *Comment:* Again, including 5 morally injurious events in the scale (not all of which every PSP is likely to have experienced) reduces the sensitivity of the scale, since these events cannot change over time (they have already occurred). The wording of each question, though, compensates in part for this scale weakness by being worded "I am bothered," which may be an indication of symptom severity, which can change over time. Again, much further work is necessary to develop and psychometrically test a "pure" MI symptom scale that assesses this syndrome in PSP, one that is sensitive for the detection of MI in this population and capable of sensitively identifying changes in MI symptoms over time and in response to treatment.

### Spiritual Coping Strategies Scale-Chinese Version for Adults in Taiwan

Researchers from universities in Taiwan, Iran, Malaysia, and the United States examined the psychometric properties of the 20-item Spiritual Coping Strategies Scale-Chinese Version (SCSS-C) in a sample of 232 Taiwanese adults. Test-retest reliability was assessed in 45 of these participants after a 2-week interval.

**Results:** Factor analysis revealed two factors: religious coping (e.g., personal/private prayer, maintaining relationship with God using spiritual/religious objects, listening to or watching religious TV or music, etc.) and non-religious coping (building/maintaining relationship with friends and/or relatives, discussing difficulties and problems with someone else, seeing the positive side of a

situation, living day by day hoping that the future will be brighter, etc.). Internal consistency, test-retest reliability, and concurrent validity of the SCSS-C were all acceptable. Further analyses revealed that the religious domain of the SCSS-C was capable of distinguishing people with and without a religion, although the non-religious domain was not. Researchers concluded: "In conclusion, the psychometric properties of the SCSS-C are acceptable for use in Taiwanese adults. Therefore, this scale may be used to assess spiritual coping in Taiwanese adults."

*Citation:* Wang, T. Y., Yap, K. Y., Saffari, M., Hsieh, M. T., Koenig, H. G., & Lin, C. Y. (2023). Psychometric Properties of the Spiritual Coping Strategies Scale—Chinese Version (SCSS-C) for Adults in Taiwan. *Journal of Religion and Health*, EPUB ahead of press (<https://doi.org/10.1007/s10943-023-01877-6>).

*Comment:* This is one of the first measures of religious and non-religious coping to be psychometrically validated in Taiwanese adults. Note that the most common religions in Taiwan are Buddhism (35%) and Taoism (33%); the next largest group is those with no religion (19%).

## 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, October 31, 2023, at 12:00-1:00 EST (New York time; Happy Halloween!), and will be delivered by **Francis Lu, M.D.**, the Luke and Grace Kim Endowed Professor in Cultural Psychiatry at University California at Davis, **Ken Pargament, Ph.D.**, Professor of Psychology, Bowling Green University, and **Julie Exline, Ph.D.**, Professor of Psychology, Case Western Reserve University. The title of their presentation will be **Spiritual Struggles on Film: Part 1**. 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 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](mailto:Harold.Koenig@duke.edu) or go to <https://sites.duke.edu/csth/files/2023/09/2023-2024-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](mailto:Harold.Koenig@duke.edu) or go to <https://sites.duke.edu/csth/files/2023/09/2023-2024-Duke-University-Spirituality-and-Health-Workshops.pdf>.

### **Online Integrating Spirituality into Clinical Care Workshop**

(March 16, 2024)

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, March 16, 2024**, 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](mailto:Harold.Koenig@duke.edu) or go to <https://sites.duke.edu/csth/files/2023/09/2023-2024-Duke-University-Spirituality-and-Health-Workshops.pdf>

### **9<sup>th</sup> European Conference on Religion, Spirituality and Health**

(May 16-18, 2024)

Make plans now to attend the 9<sup>th</sup> 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](mailto:rene.hefti@rish.ch).

## **RESOURCES**

### Books

#### **The Complete Researcher: a Practical Guide for Graduate Students and Early Career Professionals**

(American Psychological Association Press, 2023)

From the author (Joshua Hook, a religion-mental health researcher): "Learning how to do research is difficult, and for newer scholars the process can feel overwhelming. This book is designed to help graduate students and early career professionals in psychology develop skills to effectively work through the research process. Chapters cover the essential character traits and skills that are necessary to become an effective researcher, walk through the main steps for completing a research project from start to finish, and discuss considerations when building a career and research program. Written with the mentoring relationship in mind, the book helps mentors and students form productive relationships that feel mutually beneficial and rewarding. Each chapter aims to help students and professionals along their research journey and teaches them not just how to survive the process, but thrive." Available for \$39.99 (paperback) at <https://www.amazon.com/Complete-Researcher-Practical-Graduate-Professionals/dp/1433839059/>.

#### **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](mailto: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/BOBBY2JLXB>.

### **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/>

### **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 now expired (2019-2023). *We are now depending on donations from private individuals to support the scholarship program.* 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. These scholarships covered the \$1200 tuition, up to \$1500 in international travel costs, \$500 in hotel expenses, and \$400 in living expenses (total \$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 in 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](mailto: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...

### October

- 10/7 **Moral Injury Workshop**  
8:45A-5:00P EST (online via Zoom)  
**Speaker:** Harold G. Koenig, MD  
**Contact:** Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))
- 10/15 **College Mennonite Church**  
11:00-12:00 via Zoom  
**Title:** Healing Power of Faith  
**Speakers:** Koenig  
**Contact:** John Bender ([jimbender2@msn.com](mailto:jimbender2@msn.com))
- 10/19 **Fort Liberty Special Operations Community**  
1:00-2:00 via Zoom  
**Title:** Moral Injury and Suicide  
**Speaker:** Harold Koenig and Jeremy Stirm  
**Contact:** Jeremy Stirms ([jeremy.s.stirm.mil@socom.mil](mailto:jeremy.s.stirm.mil@socom.mil))
- 10/29 **Kirk of Kildaire Presbyterian Church**  
9:00-10:30 on-site  
**Title:** Mental Health Hour  
**Speaker:** Koenig  
**Contact:** Rev. Molly Smerko ([msmerko@kirkofkildaire.org](mailto:msmerko@kirkofkildaire.org))
- 10/30 **Fort Liberty US Army Special Operations Community**  
9:00-10:00A on-site  
**Title:** Spirituality and Health  
**Speaker:** Koenig  
**Contact:** Robert Belton ([robert.j.belton.mil@socom.mil](mailto:robert.j.belton.mil@socom.mil))
- 10/31 **Spirituality and Health Research Seminar**  
12:00 -1:00 EST (online by Zoom)  
**Title:** Spiritual Struggles on Film: Part 1  
**Speakers:** Francis Lu, Ken Pargament, and Julie Exline  
**Contact:** Harold G. Koenig ([Harold.Koenig@duke.edu](mailto: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>