

CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology, and Health Volume 13 Issue 5

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

LATEST RESEARCH

Uncertainty in Faith and Fear of Death in Later Life

Sociologist Laura Upenieks at Baylor University analyzed longitudinal data collected from a nationally representative sample of 945 adults aged 65 or older (average age 75.1 years) participating in the Religion, Aging, and Health Study between 2001 (Wave I) and 2004 (Wave II). The purpose was to examine the effect of changes in religious doubt between 2001 and 2004 on death anxiety assessed in 2004 (the outcome variable), while at the same time controlling for baseline death anxiety. Religious doubt was assessed by a 5-item measure that assessed doubts about religious or spiritual beliefs, church teachings, the Bible, prayer, and God. Four categories of religious doubt across 2001-2004 were created: stable low doubt (the reference group), stable high religious doubt, increasing religious doubt, and decreasing religious doubt. Covariates included age, education, marital status, gender, race, and religious affiliation. Death anxiety and weekly religious attendance at Wave I in 2001 were controlled for in these models. Lagged dependent variable models were used to analyze the data. **Results:** The strongest relationship was found between increasing doubt between Wave I and Wave II and greater death anxiety (Wave II) ($b=0.25$, $p<0.001$); stable high doubt was also significantly associated with death anxiety at Wave II ($b=0.48$, $p<0.05$). There was also an interaction between weekly religious attendance at Wave I and stable high doubt, such that those who attended religious services weekly and reported stable high doubt experienced more death anxiety at Wave II compared to those with stable high doubt who did not attend religious services weekly ($b=0.16$, $p<0.05$). The researcher concluded: "Taken together, our findings suggest that being more assured in one's faith and spiritual understanding may lead to a more peaceful experience when confronting thoughts about one's own mortality, especially for older adults holding a stronger religious identity."

Citation: Upenieks, L. (2023). Uncertainty in faith, fear of death? Transitions in religious doubt and death anxiety in later life.

OMEGA-Journal of Death and Dying, 87(3), 814-837.

Comment: The high quality of the statistical analyses add to the

credibility of the findings reported here. While the findings are not unexpected, to actually demonstrate them objectively in longitudinal analyses while controlling for multiple covariates (including religious attendance and religious affiliation) is unique about this study.

Religious Involvement and Well-Being in the Middle East

Researchers from Duke University (Durham, North Carolina) and King Abdulaziz University (Jeddah, Saudi Arabia) examined whether the relationship between religious involvement and psychological well-being found in Christian Western countries might also be true in Middle Eastern countries whose populations are largely Muslim. This cross-sectional study analyzed data from nationally representative samples of adults aged 18 or older in Egypt ($n=3,496$), Tunisia ($n=3,070$), and Turkey ($n=3,019$) (Wave 1 of Middle Eastern Values Panel Study). Religious involvement was assessed by self-rated religiosity (rated 1-10), importance of God's presence (rated 1-10), frequency of religious attendance (rated 1-7), and frequency of prayer (rated 1-9). All four measures were also combined into an overall religiosity index. Psychological well-being was assessed by single item indicators of life satisfaction (rated 1-10), happiness [rated 1-4, and dichotomized into happy and very happy (1) vs. not very happy and not at all happy (0)], and optimism (rated 1-10). Psychological well-being variables were available on 8,835-8,886 participants (95% Muslim). Both bivariate analyses and multivariate analyses were conducted, controlling for age, gender, education, employment status, marital status, financial satisfaction, economic class, country, and Muslim religious affiliation. Interactions with gender were also examined. **Results:** Bivariate analyses indicated a positive association between overall religiosity and life satisfaction ($r=0.12$), happiness ($r=0.13$), and optimism ($r=0.19$) (all $p<0.0001$). Multivariate analyses confirmed the relationship between overall religiosity and life satisfaction ($B=0.05$, $SE=0.005$), happiness ($OR=1.03$, $95\% CI=1.02-1.04$), and optimism ($B=0.054$, $SE=0.005$) (all $p's<0.0001$). A significant interaction between gender and religiosity was found for life satisfaction ($B=-0.025$, $SE=0.009$, $p=0.007$), an interaction that tended to be in a similar direction for happiness and optimism as well. The association with psychological well-being was stronger in males than in females. Researchers concluded: "Small but significant associations between overall religiosity (beliefs and practices) and psychological well-being were found in this largely Muslim Middle Eastern sample. Prospective studies are needed to determine the causal direction of this relationship."

Citation: Koenig, H. G., & Al Shohaib, S. (2023). Religious involvement and psychological well-being in the Middle East. *International Journal of Psychiatry in Medicine*, EPUB ahead of press (<https://doi.org/10.1177/0091217423119>).

Comment: An important article documenting the relationship between religious involvement and psychological well-being among the general population in Middle Eastern Muslim countries.

EXPLORE...in this issue

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4-7 NEWS, EVENTS & RESOURCES

7-8 TRAINING, FUNDING Opportunities, and CALENDAR

Religious Transitions in Young Adulthood and Likelihood of Caring for Aging Parents

Investigators from the Aging Studies Institute, Syracuse University, Syracuse, New York, analyzed data on 365 young adults participating in the Longitudinal Study of Generations. Participants were initially assessed in the year 2000 (mean age 23 years) and again in 2016 (mean age 39 years). Latent class and latent transition analysis were conducted in order to describe how transition patterns in religiosity classes affect filial elder-care norms in midlife. **Results:** Latent class analyses indicated three patterns of religious participation from ages 23 to 39 years old: strongly religious, weekly religious, and doctrinally religious. Those who scored weekly religious at both time points or demonstrated a decline in religiosity between 2000 and 2016 were found to hold weaker filial elder-care norms compared to those who remained strongly religious. Researchers concluded “Our findings add a developmental perspective to the literature on religion and filial norms and suggest that trends toward irreligion and increased secularity may portend weakening responsibility for aging parents among middle-aged adults.”

Citation: Hwang, W., Kim, J. H., Brown, M. T., & Silverstein, M. (2023). Do religious transitions from early to established adulthood predict filial elder-care norms? *Journal of Marriage and Family*, 85(1), 173-192.

Comment: A fascinating study providing further evidence that religious young and middle-aged adults are more likely to care for aging parents than those who are less religious. Unfortunately, only the abstract was available for review so details are few. Note that similar findings were reported by Silverstein, M., Zuo, D., Wang, J., & Bengtson, V. L. (2019). Intergenerational religious participation in adolescence and provision of assistance to older mothers. *Journal of Marriage and Family*, 81(5), 1206-1220.

Religiosity and Marriage from Emerging to Established Adulthood

Investigators from the department of sociology at Syracuse University in Syracuse, New York, analyzed longitudinal data on 290 young adults to examine the relationship between religiosity and marriage from emerging adulthood (average age 23 in the year 2000) to established adulthood (average age 39 in the year 2016). Religiosity was assessed by religious service attendance, self-rated religiosity, self-rated spirituality, civic value of religion, and literal biblical beliefs. Marital status was determined at both waves; marital status in 2016 was the primary dependent variable, and marital status in 2000 was controlled for at baseline along with age, gender, race, education, personal income, full-time employment, religious affiliation, presence of children, and sexual orientation. Latent class analysis was used to identify classes of change in religious participation from the year 2000 to the year 2016. Three classes were identified: nonreligious in both 2000 and 2016, strongly religious in both 2000 and 2016, and doctrinally religious (a heterogeneous category indicating civic value of religion and literal beliefs, but low levels of religious attendance, religious intensity, and spirituality). **Results:** Logistic regression analyses indicated that those in the strongly religious class were significantly more likely to be married in 2016 (after controlling for covariates) than the nonreligious ($p < 0.001$) or the doctrinally religious ($p < 0.01$). Likewise, those who were married in the year 2000, were significantly more likely to be in the strongly religious class in 2016 (compared to the nonreligious or the doctrinally religious). Researchers concluded: “We found statistically significant relationships between stronger religiosity and greater likelihood of marriage and between marriage and stronger religiosity in the transition from emerging to established adulthood. Significantly larger effects in both directions were observed in men than for women...we found evidence for a mutually reinforcing pattern between religiosity and marital status that confirms the

persistence of traditional pathways into identity formation and family practice in established adulthood.”

Citation: Silverstein, M., Hwang, W., Kim, J. H., Yoon, J., & Vasilenko, S. A. (2023). The relationship between religiosity and marriage from emerging to established adulthood. *Journal of Adult Development*, 30(1), 118-130.

Comment: These findings have implications for the future of marriage in the United States as younger cohorts become less and less religious.

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

Researchers analyzed longitudinal data on 8,951 UK adults participating in the UCL COVID-19 Social Study to examine the association between frequency of online religious participation during the stringent lockdown in the UK between March 23 and May 13, 2020, and 21 indicators of mental health and health behaviors. Participants were assessed from baseline (week 1) in March 2020 through August 2020 (week 20); online attendance was assessed in weeks 14-15 and mental health outcomes on 2,424 participants were assessed at week 20 (i.e., a 5-6 week longitudinal analysis). Analyses were controlled for baseline sociodemographic characteristics, pre-pandemic in-person religious attendance, and baseline values of the outcome where available. All associations were controlled for multiple testing (the conservative Bonferroni correction). **Results:** Online religious participation (greater than or equal to once/week vs. no participation) was associated with higher life satisfaction and greater happiness, but no association was found with other health outcomes such as depressive symptoms or anxiety. 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 mechanisms underlying the inconsistent results for online vs. in-person religious 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: Given that this was only a 5-6 week follow-up (allowing for very little time for any change in the outcome), and the control for baseline mental health outcomes (and adjustment for multiple comparisons), it is remarkable that a significant relationship was found between on-line attendance and greater psychological well-being. This suggests that these detected effects are only the tip of iceberg.

Religious Affiliation and COVID-19 Stress among Adolescents in Utah

Investigators in the department of public health at Brigham Young University, Provo, Utah, analyzed cross-sectional data collected in May 2021 on a representative sample of 71,001 adolescents in Utah attending grades 6, 8, 10, and 12. The purpose was to examine the relationship between religious affiliation and mental health problems due to COVID-19 related stress. Religious affiliation was assessed by single question asking respondents to indicate whether their affiliation was Catholic (9%), Protestant (1%), other religion (7%), Mormon (56%), or none (28%). A single item was used to assess suicidal thoughts and suicide attempts in the past year, while a 6-item measure assessed depressive symptoms. A total of seven COVID-19 related stressors were assessed: sick with the virus; family lost job; had to move or change homes; skipped one or more meals due to lack of finances; felt anxious, sad or hopeless; people at home fighting a lot; and difficulty keeping up with schoolwork due to lack of access

to reliable computer or Internet. All analyses controlled for gender, age, parents'/caregivers' education, and race. Primary outcomes were suicide ideation, suicide attempt, and depression. **Results:** Adolescents who were affiliated with the religion had significantly lower suicidal ideation (OR = 0.51, $p < 0.05$), fewer suicide attempts (OR = 0.59, $p < 0.05$), and fewer depressive symptoms ($B = -0.32$, $p < 0.001$). Other than being more likely to get sick with COVID-19 (OR = 1.32, $p < 0.05$), affiliated adolescents were significantly less likely to experience any of the other six COVID-19 stressors. Fewer COVID-19 stressors mediated the relationship between affiliation and positive mental health outcomes. Researchers concluded: "Findings suggest that adolescent religious affiliation may be a promotive factor that decreases mental health challenges through a reduction in COVID-19 stressors, except religious individuals may be more likely to become sick. To increase positive mental health outcomes among adolescents during pandemic times, consistent and clear policies that facilitate religious connections that also align with good physical health measures will be critical."

Citation: Dyer, W. J., Crandall, A., & Hanson, C. L. (2023). COVID-19 stress, religious affiliation, and mental health outcomes among adolescents. *Journal of Adolescent Health, 72*(6), 892-898.

Comment: A very well-done study whose results may help to influence public health measures during viral pandemics in the future.

Religiosity and Death Anxiety during COVID-19 in Palestine

Researchers in the department of psychology and counseling at An-Najah National University in Nablus, Palestine, analyzed data collected from a convenience sample of 548 Palestinian adults living in the West Bank of Palestine during the middle of the COVID-19 pandemic (April 2021). Measures in the questionnaire included the 7-item Islamic Positive Religious Coping subscale of the Islamic Religious Coping Scale and the 14-item COVID-19 Death Anxiety Scale. Regression analyses were used to control for gender and age. **Results:** Religiosity was inversely related to death anxiety ($b = -0.191$, $SE = 0.040$, $p < 0.001$). Researchers concluded: "This present work may provide further insights into practical implications... One such implication may be the development of intervention programs that may decrease death anxiety during pandemics or crises and enhance protective factors of individuals."

Citation: Mahamid, F., Chou, P., & Mansour, A. (2023). The correlation between religiosity and death anxiety during the COVID-19 pandemic in Palestine. *Journal of Muslim Mental Health, 17*(1).

Comment: Although a quite modest study, given the events happening in Palestine recently, it is likely that religious involvement is a major way that people in this country are coping with the stress of the ongoing war.

Changes in Religious Devotion during COVID-19 among Religiously Affiliated U.S. Adults

Researchers at the University of Toronto analyzed cross-sectional data on a nationally representative sample of 685 religiously affiliated American adults collected online through Prolific Academic Platform, a crowdsourcing website (using the platform Qualtrics). Data were collected between May 27 and May 31, 2020. Agnostics, atheists and those having no religious affiliation were removed from the original sample of 1,021 (of those groups, 6% reported an increase in religious devotion and 3% a decrease). Among religiously affiliated participants in the sample, 43% were Protestant and 33% Catholic, 5% were Jewish, 3% Islamic, 3% Buddhist, and 13% other (typically Christian). Change in religious devotion was categorized as: (1) decreased strongly, (2) decreased slightly, (3) stayed the same, (4) increased slightly, and

(5) increased strongly; responses were trichotomized for analysis into decreased (13%), stayed the same (53%), and increased (35%). Reasons for the change were asked by an open-ended question. Also assessed were religious behaviors both before and after the onset of COVID-19 (i.e., talking about religious or spiritual topics, praying in a typical week, reading spiritual or religious texts, attending religious services). Finally religious coping was assessed by 3-item measure of benevolent religious appraisal (e.g., "see my situation as part of God's plan"), and level of gratitude to God was assessed by 10 items (e.g., "my life is filled with God's grace"). Outcomes/correlates included "individual differences" (intolerance for uncertainty, loneliness, and personality traits) and positive emotions (general gratitude, awe, life satisfaction, and meaning in life). COVID-19 attitudes and behaviors were also asked about. MANOVA was used to analyze the data. **Results:** Those who indicated an increase in religious devotion reported that they attended religious services more frequently, prayed more frequently, talked about religion more often, read sacred text more frequently, reported a higher gratitude to God, and were more likely to use religious coping (compared to those who reported no change or a decrease in religious devotion). Researchers concluded: "Of most note, those who changed (i.e., increased or decreased) in religious devotion are more likely than those with no change in devotion to experience high levels of stress and threat related to COVID-19, but only those who increased in religious devotion had the highest dispositional prosocial emotions (i.e., gratitude and awe). Further, those who changed in religious devotion were more likely to report searching for meaning than those with no change, but only those who increased [in devotion] were more likely to report actual presence of meaning... The findings help identify how COVID-19 has affected religious devotion, and how religion might be used as a coping mechanism during a major life stressor."

Citation: Leonhardt, N. D., Fahmi, S., Stellar, J. E., & Impett, E. A. (2023). Turning toward or away from God: COVID-19 and changes in religious devotion. *Plos One, 18*(3), e0280775.

Comment: Although a cross-sectional study, the fact that more than one-third of participants (35%) indicated an increase in religious devotion during the early phases of COVID-19 is an important finding worth noting.

Religious Transitions, Sexual Minority Status, and Depressive Symptoms

Investigators in the department of sociology at Florida State University and the University of Texas at San Antonio analyzed data obtained from 12,287 youth who were tracked from Wave I (1994-1995, ages 13-17) to Wave IV (2008, ages 24-32) of the National Longitudinal Study of Adolescent to Adult Health (Add Health). The purpose was to examine the effect of religious transitions during this time on depressive symptoms among sexual minority and sexual majority youth. Religious transitions were assessed by changes in religious affiliation and categorized into four groups: consistently affiliated (74%), consistently unaffiliated (7%), became affiliated (6%), and became disaffiliated (13%). Depressive symptoms were assessed by an 11-item version of the CES-D depression scale. LGB status was assessed at Wave IV (ages 24-32), and participants were categorized into two groups: 100% heterosexual vs. others (mostly heterosexual [86%] and other LGB identities [14%]). Covariates controlled for in regression models (ordinary least square regression and propensity analyses) were race, marital status, employment, having children, gender, age, education, urbanicity, region of US, and income. **Results:** Compared to those who were consistently unaffiliated, becoming affiliated with a religion was associated with more depressive symptoms from baseline to follow-up among lesbian, gay, and bisexual respondents, but this was not true among heterosexual participants. Researchers concluded: "We conclude with the implications of our results as they relate to understanding the

health impacts of marginalized groups in social institutions and the importance of selection effects... While previous studies have generally shown salutary effects of religious affiliation, our findings suggest that the beneficial effects of religion on mental health may not extend to those marginalized within religious communities.”

Citation: Saunders, R. K., Burdette, A. M., Carr, D., & Hill, T. D. (2023). Religious transitions, sexual minority status, and depressive symptoms from adolescence to early adulthood. *Society and Mental Health*, 13(1), 79-96.

Comment: The longitudinal nature of this study and the statistical approach to the data and credibility to the findings reported here. Studies have varied in their findings of a positive or negative relationship between religiosity and mental health among individuals with a bisexual or LGB identity; this study suggests that becoming religiously affiliated for these individuals increases the experience of depressive symptoms. This may depend on the particular religious affiliation that is transitioned to (not all religious groups have similar attitudes toward those in the LGBTQ community).

Religious Participation and Executive Function in Middle-Aged and Older Adults

Researchers from the department of family medicine at McMaster University and from the school of public health at the University of Waterloo (both located in Ontario, Canada) analyzed cross-sectional data from 30,097 adults aged 45-85 years participating in the Canadian Longitudinal Study on Aging. Religious participation was assessed by frequency of religious attendance in the past year (ranging from daily to never). Executive function was assessed by a neuropsychological test battery of six instruments: Animal Fluency Test, Mental Alternation Test, Stroop Neuropsychological Screening Test, Controlled Oral Word Association Test, Event-based Prospective Memory Test, and Time-based Prospective Memory Test. Covariates controlled for in regression analyses included demographic, health, lifestyle, socioeconomic, and social characteristics. Analyses were stratified by age group (45-64 vs. 65-85). **Results:** Compared to those who never attended religious services, those who reported daily or weekly participation had significantly lower executive function scores, a finding that was present in both age groups.

Researchers concluded that: “Our cross-sectional results suggested that persons with low executive function are more likely to participate in religious activities, perhaps to cope with the onset of cognitive changes.”

Citation: Hosseini, S., Chaurasia, A., & Oremus, M. (2023). The association between religious participation and executive function in middle-and older-aged adults: A cross-sectional analysis of the Canadian Longitudinal Study on Aging. *International Journal for the Psychology of Religion*, 33(1), 36-51.

Comment: Another possible explanation for these cross-sectional findings is a survival effect. Non-religious participants with executive dysfunction may not have survived to make it into this study, whereas those more actively religious with cognitive problems survived long enough to be enrolled and assessed. The well-known positive association between frequency of attendance of religious services and greater longevity would support this explanation. As the authors indicate, longitudinal studies will be needed to sort out the true explanation for these findings and the direction of effect.

Religious Struggles and Mental Health among Black Adolescents and Young Adults

Investigators from the school of psychology and counselor education at William & Mary College in Williamsburg, Virginia, conducted a qualitative meta-analysis of studies examining the relationship between religious/spiritual struggles and mental health in Black adolescents and emerging adults. Researchers identified

19 studies that included 382 Black adolescents and emerging adults. A meta-ethnography analysis was conducted to identify themes in the data. **Results:** Three major themes were identified regarding how religious/spiritual struggles affected mental health: (1) felt rejected and unloved by God in their religious communities; (2) felt abandoned and dismissed by God; and (3) had doubts, felt disengaged, and experienced reconciliation. Issues of morality were also evident in themes 1 and 2 as they discussed matters related to sex, sexuality, sexual orientation, and critiquing their faith. Strategies for reconciliation (internal and external) as related to theme 3 were also discussed. Researchers concluded: “This meta-analysis provides a foundation for understanding and responding to Black youths’ religious/spiritual struggles when providing culturally responsive and social justice-oriented mental health support.”

Citation: Parker, J. S., Purvis, L., & Williams, B. (2023). Religious/spiritual struggles and mental health among black adolescents and emerging adults: A meta-synthesis. *Journal of Black Psychology*, 49(2), 153-199.

Comment: An important qualitative study that reveals many insights that health professionals can use when working with Black teenagers and young adults.

Guidelines for Integrating Spirituality into the Prevention and Treatment of Substance Use Disorders in Brazil

Authors from the department of psychiatry at the Federal University de Juiz de Fora located in Juiz de Fora, Brazil, provide guidelines on how to integrate spirituality into the prevention and treatment of alcohol and other substance use disorders. After reviewing the research on the relationship between religiosity/spirituality (R/S) and prevention/treatment of substance use disorders, they provide practical guidelines on how to integrate spirituality utilizing an evidence-based approach. The guidelines presented here have been endorsed by prominent academic leaders and by health associations associated with several major Brazilian religions. The article emphasizes the importance of collecting a history of spiritual and religious beliefs, practices and experiences and evaluating how these may be used in treatment to facilitate recovery. Researchers concluded: “It is essential that health professionals are encouraged to value and respect the R/S of patients, and that religious groups recognize that professional and technical interventions can make a valuable contribution to preventing and treating these disorders.”

Citation: Rezende-Pinto, A. D., & Moreira-Almeida, A. (2023). Guidelines for integrating spirituality into the prevention and treatment of alcohol and other substance use disorders. *Brazilian Journal of Psychiatry*, 45, 274-279.

Comment: This article is a giant first step in helping to mainstream the integration of spirituality into the prevention and treatment of persons with substance use disorders in Brazil.

NEWS

Online Spirituality and Health Research Workshop

(December 9, 2023)

Register now to attend an 8-hour online spirituality and health research workshop via Zoom that researchers from anywhere in the world can attend. Modeled after our 5-day summer research workshop, we will be holding this 1-day workshop on **Saturday, December 9, 2023**. This workshop is designed for **chaplains** (healthcare and military), healthcare professionals (physicians, nurses, social workers, rehabilitation therapists, etc.), mental health professionals (counselors, psychologists, pastoral counselors), students of every type (high school, undergraduate, graduate, etc.), community clergy, 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/2023/10/2023-2024-Duke-University-Spirituality-and-Health-Workshops.pdf>.

Duke University's Monthly Spirituality and Health Webinar via Zoom

Our Center's monthly spirituality and health research seminars are now being held by Zoom, and should be assessable to participants wherever they live in the world that supports a Zoom platform. All persons who receive our E-newsletter will be sent a link to join the seminar approximately one week before the seminar is held. When you receive this link, please save the link and forward it to your colleagues and students. This month's seminar will be held on Tuesday, November 28, 2023, at 12:00-1:00 EST (New York time), 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 2**. PDFs of the Power Point slides for download and full video recordings of most past webinars since July 2020 are available at <https://spiritualityandhealth.duke.edu/index.php/education/seminar/s/>.

SPECIAL EVENTS

Online Moral Injury Workshop

(February 10, 2024)

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, February 10, 2024**. This workshop is designed for chaplains (healthcare and military), healthcare professionals (physicians, nurses, social workers, rehabilitation therapists, etc.), mental health professionals (counselors, psychologists, pastoral counselors), students of every type (high school, undergraduate, graduate, etc.), community clergy, 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/2023/09/2023-2024-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 17, 2024), we will be holding an 8-hour 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 chaplains (healthcare and military), health professionals, and other professions from all faith traditions who wish to integrate spirituality into the care of patients, enhance the health of congregants, or to integrate spirituality into their work or job. 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/2023/10/2023-2024-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

New Books

Spiritual Readiness: A Survival Guide for Pastors

(Amazon Kindle, October 2023, 216 pages)

From the author: "This is a book for pastors (Protestant, Catholic, Orthodox) to help them navigate through the many challenges they face in today's world. It begins with a description of the crisis that the church is now facing in the United States, and a discussion of the crisis that is also happening among American clergy, as church membership and attendance are declining. The job of the pastor is then detailed, describing 22 challenges he or she is likely to be dealing with, from job stress to burnout to mental and physical health problems to marital and family problems to shrinking congregations to financial difficulties (personal/church), and much more. 'Spiritual Readiness' is then defined and its relationship to 'Human Flourishing' examined, doing so through a causal model that has faith in God and 'holiness' at the center. Suggestions are then provided on how to address the 22 challenges discussed earlier as part of a pathway toward becoming a 'Spiritually Ready Pastor.' This is followed by a discussion of how to produce and sustain a 'Spiritually Ready Family' and a 'Spiritually Ready Church.' A strong emphasis is placed on establishing and adhering to the right priorities, all requiring careful time management and rigorous self-discipline. This book will help the 21st century pastor, their family, and church overcome the many obstacles to spiritual readiness in order to thrive in the likely turbulent days ahead." Might make a nice gift for your pastor during Pastor Appreciation Month (October). Available for \$9.99 at <https://www.amazon.com/dp/B0CLGD5C9K> (paperback) and <https://www.amazon.com/dp/B0CLHYKYGQ> (Kindle version).

Beyond Doubt: The Secularization of Society

(New York University Press, 2023, 234 pages)

From the publisher: "In the decades since its introduction, secularization theory has been subjected to doubt and criticism from a number of leading scholars, who have variously claimed that it is wrong, flawed, or incomplete. In *Beyond Doubt*, Isabella Kasselstrand, Phil Zuckerman, and Ryan T. Cragun mount a strong defense for the theory, providing compelling evidence that religion is indeed declining globally as a result of modernization. Though defenses of secularization theory have been mounted in the past, we now have many years' worth of empirical data to illuminate trends, and can trace changes not just at a given point in time but over a trajectory. Drawing on extensive survey data from nations around the world, the book demonstrates that, in spite of its many detractors, there is robust empirical support for secularization theory. It also engages with the most prominent

criticisms levied against the theory, showing that data that are said to refute the narrative of religious decline are easily explainable and in keeping with the broader tendency toward secularization. Beyond simply defending secularization theory, the authors endeavor to formalize it, offering clear definitions of relevant terms and creating propositions that can be repeatedly and accurately tested. *Beyond Doubt* offers the strongest argument to date for the existence of a global secularization trend, and will be a vital resource for students and scholars alike who study religion and secularism." *You'll need a strong stomach for this one.* Available for \$20.04 (paperback, used) from <https://www.amazon.com/Beyond-Doubt-Secularization-Society-Secular/dp/1479814288/>.

Moral Injury: A Handbook for Military Chaplains (Amazon Kindle, 2023, 344 pages)

From the authors: "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 \$8.67 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.

Other Books of Interest

Spiritual Readiness: Essentials for Military Leaders and Chaplains

(Amazon Kindle, 2022, 286 pages)

From the authors: "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, 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 \$26.59 (paperback, 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 \$55.23 (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 \$44.76 (paperback, used) at: <http://www.amazon.com/Spirituality-Health-Research-Measurements-Statistics/dp/1599473496/>

Other Resources

CME/CE Videos (Integrating Spirituality into Patient Care)

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

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



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Category 1: Duke University Health System Department of Clinical Education and Professional Development designates this CME activity for a maximum of 3.75 *AMA PRA Category 1 Credit(s)*™. Physicians should claim only credit commensurate with the extent of their participation in the activity.

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

TRAINING OPPORTUNITIES

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

All scholarships as part of the Templeton funded program have been awarded, and the program is no longer active since the grant (2019-2023) has now expired. *We are now depending entirely 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 cover the \$1200 tuition, up to \$1500 in international travel costs, \$500 in hotel expenses, and \$400 in living expenses (total \$3600). A donation of \$4,140 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>.

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

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

2023 CSTH CALENDAR OF EVENTS...

November

- 11/2 **Voice of Islam Radio, United Kingdom**
12:00-12:15 noon EST
Live Discussion
Speaker: Koenig
Contact: zohra.mobashir@voiceofislam.co.uk
- 11/3 **Health Ministry Conference**
10:00-11:30A EST via Zoom
Title: Spirituality and Health
Speakers: Koenig
Contact: Karla Cazer (Karla.Cazer@SanfordHealth.org)
- 11/4 **Mental Health Day**
Duke Memorial UMC, Durham, NC
8:30A-1:00P on-site
Title: Religion, Spirituality and Mental Health
Speaker: Koenig
Contact: Pastor Mick Raynor (mick@dukememorial.org)
- 11/10 **The Positive Effects of Spirituality and Religion on Mental Health**
Catholic Health Association of Manitoba
Interfaith Healthcare Association of Manitoba
1:00-2:00 EST by Zoom
Title: Spirituality and Mental Health
Speaker: Koenig
Contact: Julie Turenne-Maynard (jtmaynard@cham.mb.ca)
- 11/16 **Pennsylvania Psychiatric Leadership Council**
12:00-1:00 EST by Zoom
Title: Spiritually informed care
Speaker: Koenig
Contact: Stan Mrozowski <smrozowski232@gmail.com>
- 11/18 **Mental Health Day**
Revolve Church, Durham, NC
9:00-1:00A EST on-site
Title: Religion, spirituality and mental health
Speaker: Koenig
Contact: Pastor Jeff Moody (pj@revolvechurch.com)
- 11/28 **Spirituality and Health Research Seminar**
12:00 -1:00 EST by Zoom
Title: Spiritual Struggles on Film: Part 2
Speakers: Francis Lu, Ken Pargament, and Julie Exline
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 11/30 **Psychiatry Grand Rounds**
Rush University Medical Center
1:00-2:00P EST by Zoom
Title: Religion, spirituality and mental health
Speaker: Koenig
Contact: Amy Perry (Amy_D_Perry@rush.edu)