

CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology, and Health

Volume 13

Issue 6

Dec 2023

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

LATEST RESEARCH

Religiosity and Resilience following a Natural Disaster

Investigators in the department of psychology at Louisiana State University in Baton Rouge analyzed data collected from 223 adults (average age 50) recruited from multiple counties in Louisiana following historic flooding disasters that swept through this region in August 2016 claiming the lives of 13 people and causing billions of dollars in damage. This was a two wave study that sought to (a) examine associations among disaster stressors and cognition, health, and psychological well-being, (b) provide evidence concerning post-disaster resilience, and (c) examined religiosity and perceived social support as predictors of resilience during the aftermath of the 2016 flood. Three groups were compared: (1) those whose homes did not flood in 2016; (2) a disaster group whose homes and properties flooded in 2016; and (3) a double disaster group who lost homes in 2005 hurricanes Katrina and Rita, permanently relocated inland, and then were flooded again in 2016. A 12-item religiosity questionnaire assessed faith community involvement, non-organizational religiosity, and religious beliefs and coping. Also assessed were social support (using a 9-item scale) and resilience (using the 25-item Connor-Davidson Resilience Scale). Finally, six dimensions of flood recovery were assessed, including housing status and changes in housing, flood-related disruption and recovery stressors, financial support and assistance received, support provided to others, fear of storms, and lifetime exposure to traumatic events. **Results:** Bivariate analyses indicated that religiosity was significantly related to perceived social support, charitable work done for others, and Wave 2 resilience. After controlling for disaster group, age, lifetime total trauma, social support received from others, and charitable work provided to others, religious belief and coping were positively related to Wave 2 resilience ($b = 0.36, p < 0.01$). Researchers concluded: "Regression analyses indicated that religious beliefs and coping, social support, and charitable work done for others were associated with higher levels of resilience, whereas flood damage was unrelated to resilience."

Citation: Cherry, K. E., Calamia, M. R., Elliott, E. M., McKneely, K. J., Nguyen, Q. P., Loader, C. A., ... & Galea, S. (2023). Religiosity and social support predict resilience in older adults after a flood. *International Journal of Aging and Human Development*, 96(3), 285-311.

Comment: While a cross-sectional study involving a relatively small sample, this study provides further evidence that religion may be useful in helping people cope with natural disasters. Interestingly, the amount of flood damage experienced was not related to resilience.

Religion: The Driving Power to Tackle Social Inequality and Eliminate Determinants of Ill Health

In this letter to the editor, the authors comment on the article by Idler et al. published in a previous edition of the *British Medical Journal* titled "Religion as a Social Force in Health Complexities and Contradictions" (2023; 382, e076817). They indicate that the role of religion is more far reaching than just its influence on health. In addition, they emphasize that by its character building and unifying capacity, religion has the potential to transform people and societies thereby creating just and equitable societies. By applying the spiritual principles of unity and justice, the authors argue that religion helps to remedy the problems created by greed and materialism. The authors conclude: "Idler and colleagues suggest that 'religion is here to stay.' Why not harness this power, so readily available to us at the grassroots, for the good of our global health?"

Citation: Mavaddat, N., Mavaddat, N., Adab, P., & Fozdar, S. (2023). Religion and health: complexities and contradictions. *British Medical Journal*, 382: 2246.

Comment: This is an articulate commentary on the role of religion as a social force in health at the societal level.

Religiosity and Psychotic Experiences among US College Students

Researchers from the school of social work at the University of Southern California in Los Angeles and other universities in the U.S., Japan, and Spain analyzed data from a non-probability sample of 103,297 college students from 140 US colleges participating in the 2020-2021 Healthy Minds Study (14% response rate). The purpose was to examine the relationship between religiousness and psychotic experiences. Religiousness was assessed by religious affiliation (most common religious affiliations were Protestant and Catholic) and importance of religion. Psychotic experiences were assessed by the abbreviated version of the WHO Composite International Diagnostic Interview Psychosis Screen. Participants were asked whether they had ever experienced: (1) "A feeling something strange and unexplainable was going on that other people would find hard to believe"; (2) "A feeling that people were too interested in you or that there was a plot to harm you"; (3) "A feeling that your thoughts were being directly interfered with or controlled by another person, or your mind was being taken over by strange forces"; and (4) "An experience of seeing visions or hearing voices that others could not see or hear when you were not half asleep, dreaming, or under the influence of alcohol or drugs." Acknowledgment of any of these

EXPLORE...in this issue

1-4 LATEST RESEARCH

4-7 NEWS, EVENTS & RESOURCES

7-8 TRAINING, FUNDING Opportunities, and CALENDAR

experiences within the past 12 months was considered as having a psychotic experience. Regression analyses controlled for age, gender, race/ethnicity. **Results:** When psychotic symptoms were assessed in the manner described above, a remarkable 16.3% of students (n=15,814) reported psychotic experiences in the past 12 months. The prevalence of psychotic experiences was highest among students who reported mixed/blended faith, Wiccan/Pagan, and those indicating "I don't know" (IDK) for religious affiliation. In regression analyses, compared to those with no religious preference, individuals describing themselves as spiritual but not religious (SBNR), other faith (Unitarian Universalist, theism, secular humanism, Satanism, new age spiritualism, Native American spiritualism), mixed/blended faith (Quaker, Pagan, polytheism, pantheism), and IDK (still figuring it out, questioning, prefer not to say) were more likely to have psychotic experiences. Compared to those who are unaffiliated, being affiliated was associated with a 10% lower likelihood of having psychotic experiences, whereas those indicating IDK were 2.4 times more likely to have psychotic experiences than those indicating they were not affiliated with any religion. With regard to religious importance, every one unit increase in religious importance was associated with a 4% lower odds of psychotic experiences (adjusted OR = 0.96, 95% CI = 0.94-0.99, p=0.004). Religious importance, however, was associated with a greater likelihood of psychotic experiences among the unaffiliated (adjusted OR = 1.11, 95% CI = 1.06-1.17, p<0.001). Individuals associated with the Christian religion were 21% less likely to report psychotic experiences compared to the unaffiliated (adjusted OR = 0.79, 95% CI = 0.75-0.84, p<0.001). Researchers concluded: "Religious affiliation and importance had varying associations with psychotic experiences, depending on type of religious affiliation. More research is needed to explore the modifying effects of religiousness."

Citation: Oh, H. Y., Davis, E. B., Klaunig, M., Narita, Z., Koyanagi, A., & Karcher, N. R. (2023). Religiousness and psychotic experiences among young adult college students in the United States. *International Journal of Social Psychiatry*, 69(3), 752-762. *Comment:* An interesting cross-sectional study of a large sample of college students aged 18-29 (average age 21 years) in 2020-2021. It appears that greater religious importance may be protective against the experience of psychotic symptoms during college, although prospective studies are needed to identify the direction of causation in this relationship.

Does Religiosity Precede Personality, or Does Personality Precede Religiosity?

Researchers from universities in the United States, Germany, the Netherlands, and Switzerland analyzed data collected on a probability sample of over 12,000 adults in the Netherlands across 11 annual assessments (2008 to 2019) with the purpose of determining whether religiosity causes changes in personality, or whether changes in personality because changes in religiosity. Religiosity was assessed by three questions: belief in God; frequency of religious attendance; and frequency of prayer. Personality was assessed by the 50-item International Personality Item Pool Big Five questionnaire that assesses emotional stability, extraversion, openness, agreeableness, and conscientiousness. Random intercept cross-lagged panel models were used to analyze the data. **Results:** Participants were 27% Christian, 2% Hindu, 1% Buddhist, 1% Islam, 1% other non-Christian religion, and 67% no religious affiliation. In this largely secular European country at baseline, emotional stability was inversely related to belief in God and to frequency of prayer; extraversion was unrelated to any religious variable; openness was inversely related to all three religious variables; and finally, both agreeableness and conscientiousness were positively related to all three religious variables. With regard to effects over time in lagged analyses, while belief in God did not predict extraversion, extraversion did

positively predict increased belief in God over time (b=0.018, p=0.009). With regard to "agreeableness," belief in God significantly predicted increased agreeableness over time (b=0.021, p=0.003) and agreeableness increased belief in God over time (b=0.027, p<0.001) (bidirectional effects). No effects were seen in either direction for emotional stability, openness, or conscientiousness for any of the three religious variables. Researchers concluded: "Overall, the present findings suggest that the association between personality traits and religiosity primarily occur at the between-person level. However, the evidence for intra-individual associations between agreeableness, extraversion, and religious belief highlights the importance of distinguishing between-person from within-person effects to broaden the understanding of the temporal dynamics between variables." *Citation:* Lenhausen, M. R., Schwaba, T., Gebauer, J. E., Entringer, T. M., & Bleidorn, W. (2023). Transactional effects between personality and religiosity. *Journal of Personality and Social Psychology*, EPUB ahead of press *Comment:* Whether the findings reported here generalize to less secular areas of the world is unclear. In highly secular areas such as northern Europe, religious belief and activity are not supported by the culture. This means it will take a greater amount of environmental stress to cause individuals to turn to religion for comfort, and those who do so, may experience social exclusion with its own negative effects on mental health. Note that this dynamic acts in the opposite direction in religious countries.

Brain Structure and Function Linked to Weekly Religious Attendance

Researchers from the department of psychiatry and psychotherapy at Heinrich-Heine-University Düsseldorf and other universities in Germany and Canada examined neuroimaging and behavioral data from approximately 40,000 participants in the UK biobank population cohort. Membership in sports teams, religious groups (attendance at religious services weekly or more often), and social clubs were compared using structural and functional MRI scans of the brain. **Results:** Structural MRI of the brain, using Bayesian hierarchical modeling, identified several relevant regions that characterize regular attendees at religious services. Among these individuals, brain volumes were larger in the left postcentral gyrus, left pre-central gyrus, right precentral gyrus, right middle temporal gyrus, right superior temporal gyrus, and right rostral anterior cingulate cortex. Brain volumes were smaller, however in the left inferior parietal lobule, left inferior frontal gyrus, left paracentral lobule, right dorsal anterior cingulate cortex, and right inferior frontal gyrus. With regard to functional MRI of the brain, those participating in religious groups showed enhanced within-and between-network functional connectivity patterns by a compounding of within-network functional connections within the default mode network (DMN), limbic network, and to some extent also in the frontal parietal control network. In contrast, there was decreased network connectivity in the dorsal attention network and the visual network. Researchers concluded: "Taken together, our findings establish the structural and functional integrity of the default mode network is a neural signature of social belonging." *Citation:* Kieckhaefer, C., Schilbach, L., & Bzdok, D. (2023). Social belonging: brain structure and function is linked to membership in sports teams, religious groups, and social clubs. *Cerebral Cortex*, 33(8), 4405-4420.

Comment: The findings from this study are complex and difficult to interpret, but this is one of the few reports on brain structure and function among those who are actively involved in religious activity (and perhaps the only study that compares brain structure and function of individuals involved in religious activity with brain structure and function of those involved in other social groups and sports groups).

Religiosity, Pornography Use, and Permissive Attitudes toward Sex

Researchers from the media school at Indiana University (Bloomington) analyzed subsamples from a nationally representative 3-wave panel study to examine whether (1) religiosity operated primarily as a predictor of later pornography use, which in turn predicted increased sexual permissiveness, or (2) whether earlier pornography use predicted lower religiosity, which predicted than predicted increased sexual permissiveness. Data from the General Social Survey was used (2006 through 2010, 2008 through 2012, and 2010 through 2014 panels). Cross-lagged inter-individual change analysis was used to analyze this nationally representative panel data. **Results:** Although analyses supported both pathways above, more support was found for the pathway that leads from earlier pornography use to lower religiosity to greater sexual permissiveness (i.e., teen sex, premarital sex, extramarital sex, and same-sex sex). Researchers concluded: "Thus, although both pathways of influence found at least some support, support for the notion that religiosity is a mediator [in the relationship between pornography use and permissive sexual behaviors] was more robust than for the more commonly held notion of religiosity as a predictor."

Citation: Wright, P. J., Tokunaga, R., Perry, S. L., & Rains, S. (2023). Pornography and religiosity: Prediction and process. *Human Communication Research*, 49 (3), 310–320.

Comment: A well-done statistical analysis using longitudinal data from several national random samples.

Family Communication about Sex among Young Arab Americans

Researchers in the school of public health at the University California at Berkeley analyzed data on a convenience sample of 100 young Arab Americans, examining (1) the relationship between religiosity, perceived parental acculturation, and family sex communication, and (2) whether the relationship between parental enculturation and family sex communication was mediated by religiosity or gender. Religiosity was assessed by the 5-item Duke University Religion Index. Bivariate and multivariate analyses were used to test the study hypotheses. **Results:** Young Arab Americans emphasized the importance of the family in learning about sex, but rarely or never received information about sex from their families, and when the topic did come up, they experienced low comfort and learning. Young women received less information about sex from parents than did young men. Those who scored higher on organizational religiosity (attendance at religious services, $p < 0.0001$) and nonorganizational religiosity (private prayer and scripture study, $p = 0.06$) were more likely to learn through family discussions about sex. No evidence was found that religiosity or gender mediated the relationship between parental enculturation and family sex communication. Researchers concluded: "... (a) family sex communication needs to be improved among young Arab Americans, and particularly among women; (b) young adults' engagement in religious activities is positively associated with their learning about sex from their families."

Citation: Kandahari, N., Prata, N., Lahiff, M., & Abboud, S. (2023). Family Sex Communication, Parental Acculturation, and Religiosity Among Arab American Young Adults. *Sexuality & Culture*, EPUB ahead of press.

Comment: Fascinating finding that greater religiosity increased the likelihood that there would be family discussions about sex in these young Arab Americans (53% of whom were Muslim).

Moderating Role of Religiosity and Social Support in the Relationship between Psychological Distress and Coping Strategies in Lebanese Adults

Researchers from the faculty of health sciences at the Beirut Arab University in Lebanon analyzed cross-sectional data on 387 adults

collected between May and July 2022 during the COVID-19 pandemic. Social support was assessed by the 12-item Multidimensional Scale of Perceived Social Support Arabic Version. Religiosity was assessed by the Arabic version of the 16-item Mature Religiosity Scale (assessing how well a person's religiosity fits into their everyday routine and how it has changed over time). The 8-item Depression Anxiety and Stress Scale (DASS-8) was used to assess psychological distress. Finally, coping strategies were assessed by the 16-item Coping Strategies Inventory consisting of four 4-item subscales: problem-focused engagement, problem focused disengagement, emotion-focused engagement, and emotion-focused disengagement. Linear regression analyses were conducted with each of the four coping strategies as the dependent variable. **Results:** Higher scores on mature religiosity were significantly associated with higher problem and emotion-focused engagement scores (healthy coping) and lower problem-and emotion-focused disengagement scores (unhealthy coping). Mature religiosity moderated the relationship between psychological distress and problem-focused disengagement, such that high psychological distress was associated with higher problem-focused disengagement among those with low mature religiosity. Researchers concluded: "Our findings provide novel insight into the moderating effect of mature religiosity in the association between psychological distress and coping strategies affecting adaptive behavior to stress."
Citation: Mahfoud, D., Fawaz, M., Obeid, S., & Hallit, S. (2023). The co-moderating effect of social support and religiosity in the association between psychological distress and coping strategies in a sample of Lebanese adults. *BMC Psychology*, 11(1), 61.
Comment: Although a relatively modest study in terms of study design and sample size, the findings represent a contribution to the literature in demonstrating the moderating effects of religiosity on the relationship between psychological distress and various coping strategies during COVID-19.

Religiosity/Spirituality as a Resource for Coping with Tinnitus in Poland

Tinnitus (chronic ringing in the ears) can be highly stressful for many people, disrupting sleep and quality of life. Researchers in the department of experimental audiology at the Institute of Physiology and Pathology of Hearing in Warsaw, Poland, analyzed data on 256 Polish patients with tinnitus (123 women in 133 men). A 20-item measure of spirituality (Self-Description Questionnaire) was used to assess religiosity/spirituality and consists of three subscales: religious attitudes (religiosity or devotion to religious practices, religious experiences, importance in everyday life), ethical sensitivity (ethical values in one's hierarchy of values and compliance with these values), and harmony (seeking harmony with the world). The 25-item Tinnitus Handicap Inventory (THI) was used to assess the impact of tinnitus on the participants daily functioning, and consists of three subscales: impact on social, cognitive and physical functioning; emotional reactions to tinnitus; and catastrophic emotional reactions to tinnitus. In addition, the 25-item Tinnitus Functional Index (TFI) was also administered, which assesses intrusiveness, sense of control, cognitive functioning, sleep, auditory, rest, quality of life, and emotions. Regression analyses were used to determine whether religiosity/spirituality were associated with tinnitus annoyance (THI and TFI), controlling for sex and age. **Results:** Religious attitudes (subscale) were positively related to problems with sense of control (TFI) ($b = 0.12$, $p = 0.058$) and poorer quality of life (TFI) ($b = 0.14$, $p = 0.035$). Ethical sensitivity (subscale) was positively related to the catastrophic dimension on the THI ($b = 0.16$, $p = 0.015$). Researchers concluded: "Religiosity was found to be positive predictor of tinnitus annoyance."

Citation: Fludra, M., Gos, E., Kobosko, J., Karendys-Łuszcz, K., & Skarżyński, H. (2023). The role of religiosity and spirituality in

helping Polish subjects adapt to their tinnitus. [Journal of Religion and Health](#), 62(2), 1251-1268.

Comment: Although the authors describe and interpret the findings in a way that suggests religiosity worsened tinnitus annoyance, the fact is this was a cross-sectional study that prevents causal inference. The tinnitus annoyance may just as well have led to increased religiosity to help participants cope with the tinnitus. Since this was not a prospective study, direction of causation cannot be determined. All we can say is that religiosity and tinnitus annoyance are positively correlated with one another.

Preference for Healthcare Chaplaincy Services among US Adults

Researchers from the department of health behavior and health education at the University of Michigan in Ann Arbor analyzed cross-sectional data from a nationally representative sample of 1,020 US adults to examine interest in chaplain services in 2018 (55% response rate). Participants were asked about preference for chaplain services in the outpatient setting and the inpatient setting separately. Participants were asked if they would want to see a chaplain during an outpatient visit (e.g. annual routine visit with Dr., outpatient medical procedure, any routine medical treatment) or while hospitalized in an acute care setting. No definition of a chaplain was provided. Participants were also asked about any previous experience with a chaplain during a past hospitalization. Participants were also asked to rate the level of importance they placed on having religious, spiritual, or existential needs met while hospitalized (10-point scale from 1 [low] to 10 [high]). Participants were also asked about the kinds of services they would want from a chaplain, e.g., those that were more religious (exploring religious/spiritual concerns), exploring other issues of an existentialism nature (related to an event such as a life-threatening illness or injury). **Results:** The average age of participants was 48 years, 51% were female, 63% were white, 64% were married/living with a partner, 50% had an annual income of less than \$75,000, and 60% had at least some college. With regard to the outpatient setting, only 5% of participants reported interest in chaplain services (84% indicated no and 11% indicated unsure), whereas 16% reported such interest in hospital settings (with 60% indicating no and 24% indicating unsure). In the outpatient setting, the preference for type of service the chaplain should provide was to explore religious/spiritual concerns (69%) and find resources for spiritual coping (68%). In the hospital setting, the preference for type of service the chaplain could provide was again most common for exploring religious/spiritual concerns (66%) and help finding resources for spiritual coping (62%). Researchers concluded: "There is a need to identify the role of chaplains within the context of healthcare to meet patients' desire for specific services."

Citation: Rajaei, G., & Patel, M. R. (2023). Preferences for healthcare chaplaincy services among US adults: differences by inpatient and outpatient settings. [Journal of Health Care Chaplaincy](#), 29(2), 161-175.

Comment: In their conclusions, the authors underplay the importance of the chaplains addressing religious concerns, despite the fact that these were the most important concerns that patients who wanted a chaplain visit in either outpatient or hospital settings wanted to have addressed.

New Treatment for Moral Injury

Professor Lindsay Carey, Editor-in-Chief of the *Journal of Religion and Health*, and colleagues have authored this paper on a new treatment for moral injury (where moral injury involves the emotional experienced from transgressing moral values): Pastoral Narrative Disclosure (PND). Emerging from the setting of combat operations, PND was developed specifically for the Australian Defense Forces (ADF). This article is the first comprehensive description and preliminary assessment of PND. The development

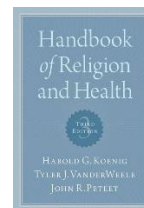
of PND is described in five phases: (1) PND strategy formation based on the notion that MI is a complex bio-psycho-social-spiritual syndrome that is distinct from PTSD; (2) development and implementation of moral injury skills training (MIST); (3) MIST-3-PND pilot evaluation of the PND 8-stage intervention assessed by 13 ADF chaplains; (4) MIST-3-PND evaluation by 210 ADF chaplains to examine the quality of the treatment and refine it; and finally (5) summation of findings on the usefulness of PND in the treatment of MI among active-duty service members and veterans. The authors conclude: "... the positive satisfaction ratings by a significant number of ADF chaplaincy personnel completing MIST-3-PND, provided evidence that chaplains evaluated PND as a suitable counseling, guidance and education strategy, which affirmed its utilization and justifies further research for using PND to address MI among veterans, that may also prove valuable for other chaplains working in community health and first responder contexts."

Citation: Carey, L. B., Bambling, M., Hodgson, T. J., Jamieson, N., Bakhurst, M. G., Koenig, H. G. (2023). Pastoral Narrative Disclosure: The development and evaluation of an Australian chaplaincy intervention strategy for addressing moral injury. [Journal of Religion and Health](#), 62 (6).

<https://doi.org/10.1007/s10943-023-01930-4>

Comment: Pastoral Narrative Disclosure is a novel intervention for the treatment of moral injury resulting from moral transgressions occurring in military settings and possibly first responder settings as well. It is a structured chaplaincy-based counseling, guidance, and education intervention, one that arguably has been practiced in religious communities for centuries using the confessional model for the treatment of moral concerns of warriors returning from battle, combined with adaptive disclosure therapy, a secular approach to MI.

NEWS



Handbook of Religion and Health, 3rd Edition

Finally, on November 28, the Handbook will be available for purchase and delivery. See description under Books below.

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, December 19, 2023, at 12:00-1:00 EST (New York time), and will be delivered by **John R. Peteet, M.D.**, Associate Professor of Psychiatry at Harvard Medical School, and Fellowship Site Director, Psychosocial Oncology and Palliative Care, Dana-Farber Cancer Institute, and Brigham and Women's Hospital. The title of his presentation will be **The Virtues in Psychiatric Practice**. PDFs of the Power Point slides for download and video recordings of most past webinars since July 2020 are available at <https://spiritualityandhealth.duke.edu/index.php/education/seminars/>.

SPECIAL EVENTS

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>. This online workshop is not being recorded.

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>. This online workshop is not being recorded.

Online Integrating Spirituality into Clinical Care Workshop

(March 16, 2024)

Due to the response to our online workshop on Integrating Spirituality into Patient Care in September 2023, we will be holding a repeat of the 8-hour workshop via Zoom on **Saturday, March 16, 2024**, again making it open to anyone in the world with online access. Similar to the in-person workshop held in August and September 2023, 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>. This online workshop is not being recorded.

2024 Conference on Medicine and Religion

(April 14-16, 2024, Indianapolis, Indiana)

The theme for this year's conference is: "In Pursuit of the Great Coherence: Healing in the Spaces Between." Plenary sessions will be offered to explore coherence at the intersections of miracles/science, congregations/healthcare systems, and religion/spirituality. We encourage attendees to consider these and other spaces in which medicine and religion pursue coherence and can themselves cohere together. Many questions are being addressed in this conference. What are the broken spaces in which we are seeking restoration and wholeness through medicine and religion? Just a few examples include: political divisions, interfaith / multi-faith spaces, inter-generational relationships, and socio-economic divides. In spaces where religious harm has occurred, how can faith communities be restored and seek to restore those who have been wounded? What role does medicine play in this restoration? What are the religious values and medical practices which promote and sustain coherence in healing from racism, misogyny, antisemitism, Islamophobia, homophobia, etc.? For more information go to: <http://www.medicinandreligion.com/>.

9th European Conference on Religion, Spirituality and Health

(May 16-18, 2024, Salzburg, Austria)

Make plans now to attend the 9th annual European Conference on Religion, Spirituality and Health which will be held at Paracelsus Medical University in beautiful Salzburg, Austria. The focus on this year's conference will be "Spiritual Care Interventions in Modern Health Care." A 4-day hybrid spirituality and health research workshop will be held prior to the conference on May 12 - 15, 2024 (both online and on-site). For more information go to <https://ecrsh.eu/ecrsh-2024> or contact Dr. René Hefti at rene.hefti@rish.ch.

RESOURCES

Books

Handbook of Religion and Health, 3rd Edition

(Oxford University Press, 2023, 1086 pages)

From the publisher: "The Handbook of Religion and Health has become the seminal research text on religion, spirituality, and health, outlining a rational argument for the connection between religion and health. For the past two decades, this handbook has been the most cited of all references on religion and health. This Third Edition is the most scientifically rigorous edition to date, covering the best research published through 2021 with an emphasis on prospective studies and randomized controlled trials. This volume examines research on the relationship between religion and health outcomes, surveys the historical connections between religion and health, and discusses the distinction between the terms "religion" and "spirituality" in research and clinical practice. It reviews research on religion and mental health, literature on the mind-body relationship, and develops a model to explain how religious involvement may impact physical health through the mind-body mechanisms. It also explores the direct relationships between religion and physical health, covering such topics as immune and endocrine function, heart disease, hypertension and stroke, neurological disorders, cancer, and infectious diseases; and examines the consequences of illness including chronic pain, disability, and quality of life. Additionally, most of its 34 chapters conclude with clinical and community applications making this text relevant to both health care professionals and clergy. This book is the most insightful and authoritative resource available to anyone who wants to

understand the relationship between religion and health.” Available for \$199.00 (hardcover) at <https://www.amazon.com/dp/0190088850/>.

Spiritual Readiness: A Survival Guide for the Christian Believer in an Age of Disbelief

(Amazon Kindle, December 2023, 164 pages)

From the author: “There is a spiritual crisis going on in America and around the world during this age of disbelief. Christian believers of all denominations (Protestant, Catholic, Orthodox) are under attack like never before. Faith in God has dramatically declined in the U.S., especially among young adults. New gods have taken God’s place. While false gods are not new and have throughout history sought to replace the one God, it is now more acceptable for people to be vocal about and encourage worship of these other gods, which can be done readily through the Internet and social media. This book is a response to that attack on faith. The purpose here is to provide guidance on how Christian believers’ faith can survive, ready to face whatever difficulties and challenges being faced now or in the future. If you want your faith strengthened so that you can endure marginalization, discrimination, and exclusion, then this book is for you. Achieving and maintaining spiritual readiness is by no means easy. The path is indeed a narrow one, as the founder of the Christian faith emphasized. While not easy, the rewards promised are great both in this life and the next. Come join me on this journey to becoming a spiritually ready Christian believer. It is a trip you will not regret, whether you are a believer, have questions, or are a non-believer with an open mind.” Available for \$8.99 at

<https://www.amazon.com/Spiritual-Readiness-Survival-Christian-Disbelief/dp/B0CP42X91N/> (for the paperback)

and <https://www.amazon.com/Spiritual-Readiness-Survival-Christian-Disbelief-ebook/dp/B0CP32D8MQ/> (for the Kindle version). Note: Spiritual Readiness for the Muslim and Jewish believers is forthcoming.

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.” Available for \$9.99 at <https://www.amazon.com/dp/B0CLGD5C9K> (paperback) and <https://www.amazon.com/dp/B0CLHYKYGQ> (Kindle version).

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.

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/B0BBY2JLXB>.

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.



JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

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>.

2023 Csth Calendar of Events...

December

- 12/9 **Spirituality and Health Research Workshop**
8:45A-5:00P EST (New York time) via Zoom
Faculty: Harold G. Koenig MD
Contact: Dr. Koenig (Harold.Koenig@duke.edu)
- 12/12-14 **Readiness for Combat Operations: Physical, Mental, Social, Medical/Dental, Environmental, Spiritual, Financial, Nutritional**
Air Force Reserve, Dobbins Air Reserve Base
Marietta, Georgia on-site and possibly via Zoom
Speakers: Koenig
Contact: CHAD J. COOPER, Maj USAF (chad.cooper.9@us.af.mil) (by permission)
- 12/19 **Spirituality and Health Research Seminar**
12:00 -1:00 EST by Zoom
Title: The Virtues in Psychiatric Practice
Speaker: John Raymond Peteet, MD
Associate Professor of Psychiatry, Harvard Medical School
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

© 2012 A publication of the Duke Center for Spirituality, Theology & Health. May be reproduced for noncommercial purposes.

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

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