

CROSSROADS...

Exploring research on religion, spirituality and health

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This newsletter provides updates on research, news and events related to spirituality and health, including educational resources and funding opportunities. **Please forward to colleagues or students who might benefit.** Our goal is to create a community of researchers, clinicians, clergy, and laypersons interested in spirituality and health and keep them informed and updated. An EVENTS CALENDAR concludes the newsletter and describes spirituality and health related presentations happening at Duke and around the world. This is your newsletter and **we depend on you to let us know about research, news, and events in this area.**

All e-newsletters are archived on our website. To view previous issues (July 2007 through December 2023) go to:
<https://spiritualityandhealth.duke.edu/index.php/publications/crossroads/>

LATEST RESEARCH

Religiosity and Well-Being Worldwide

Researchers from 24 countries analyzed data on a convenience sample of 10,535 participants from those 24 countries to examine the relationship between religiosity and well-being. A total of 120 analysis teams (in this “many-analysts approach”) examined these cross-sectional data to determine whether (1) those who were more religious experienced higher well-being and (2) whether this relationship depended on perceived cultural norms of religion (how positive religion was viewed in the country more generally). A convenience sample of participants was recruited from university student samples, personal network, and samples assessed by online platforms. Personal religiosity was measured by a 9-item scale from the World Values Survey that assessed religious behaviors, beliefs, identification, values, and denomination. Well-being was measured by an 18-item scale from the World Health Organization Quality of Life-BREF scale (WHOQOL-BREF), which assessed physical health, psychological health, and social relationships. Cultural norms were also assessed with two items examining participants’ perception of the extent to which the average person in their country considered a religious lifestyle and belief in God/gods/spirits to be important. In most cases, analyses were controlled for age, gender, level of education, socioeconomic status, and ethnicity. **Results:** Participants were 31% Christian, 6% Muslim, 3% Hindu, 2% Buddhist, 1% Jewish, 3% other religious group, and 54% unaffiliated with any religious group. Countries involved included the Netherlands, Hungary, United States, Italy, New Zealand, Germany, Lithuania, Canada, Austria, United Kingdom, Mexico, Switzerland, Portugal, Scotland, Sweden, Iran, Finland, Australia, Poland, France, Singapore, Indonesia, and Israel. Of the 120 analysis teams that completed the project, all but three teams reported positive effects sizes between religiosity and well-being with credible confidence intervals (median $b = 0.120$). With regard to the second question (influence of cultural environment), 65% of the teams (median $b = 0.039$) found that cultural norms for religious importance in the country influenced the findings. Researchers concluded: “Perhaps surprisingly in light of previous many-analysts projects, results

were fairly consistent across teams. For research question 1 on the relation between religiosity and self-reported well-being, all but three teams reported a positive effect size and confidence/credible intervals that exclude zero. For research question 2, the results were somewhat more variable: 95% of the teams reported a positive effect size for the moderating influence of cultural norms of religion on the association between religiosity and self-reported well-being, with 65% of the confidence/credible intervals excluding zero.”

Citation: Hoogveen, S., Sarafoglou, A., Aczel, B., Aditya, Y., Alayan, A. J., Allen, P. J., ... & Nilsson, G. (2023). A many-analysts approach to the relation between religiosity and well-being. *Religion, Brain & Behavior*, 13(3), 237-283.

Comment: Fascinating statistical approach to the data (many-analysts approach) in order to find a more reliable estimate of the relationship between religiosity and well-being worldwide. The overall finding in the vast majority of cases was a positive one.

Religiosity and Well-Being among US College Students in 2016

Investigators in the department of psychiatry at the University of Chicago and Boynton Health Service, University of Minnesota, conducted a cross-sectional study involving 3,572 college students out of a random subsample of 10,000 students out of 60,000 students at a nondenominational midwestern university (University of Chicago or University of Minnesota). Religiosity was assessed by the 5-item Duke University Religion Index (DUREL). Impulse control disorders were assessed with the Minnesota Impulsive Disorders Interview (MIDI); alcohol use by the Alcohol Use Disorders Identification Test; drug use by the Drug Abuse Screening Test; depressive symptoms by the PHQ-9; PTSD by the Primary Care PTSD Screen; generalized anxiety by the GAD-7; attention deficit/hyperactivity disorder by the Adult ADHD Self-Report Scale; self-worth or self-regard by the Rosenberg Self-Esteem Scale; impulsivity by the Barratt Impulsiveness Scale Version 11; and compulsive traits by the Cambridge-Chicago Compulsivity Trait Scale. Analyses were adjusted for gender, race, and relationship status, and were corrected for multiple comparisons. **Results:** The findings indicated that those more involved in attending religious services or who had high levels of intrinsic religiosity reported significantly better self-esteem, were less likely to have alcohol or drug problems, and had less impulsivity in terms of attention and planning. Researchers concluded: “This study shows a link between higher religiosity and lower impulsivity, as well as higher levels of mental health across several domains.”

Citation: Grant, J. E., Blum, A. W., Chamberlain, S. R., & Lust, K. (2023). Religiosity, impulsivity, and compulsivity in university students. *CNS Spectrums*, 28(3), 367-373.

Comment: Despite the forces of secularization in the US, religious involvement continues to be related to greater self-control and better mental health among young midwestern college students. Again, since this was a cross-sectional study, direction of causal inference cannot be determined.

EXPLORE...in this issue

1-5 LATEST RESEARCH

5-9 NEWS, EVENTS & RESOURCES

9 TRAINING, FUNDING Opportunities, and CALENDAR

Association between Religiosity and Subjective Well-Being in Australia

Mohsen Joshanloo in the department of psychology at Keimyung University in Daegu, South Korea, analyzed longitudinal data from the Household, Income, and Labor Dynamics in Australia (HILDA) survey – a national probability sample of 16,541 to 16,757 Australians conducted between 2001 and 2018. Religiosity was assessed by a single item (religious salience), which was rated on a scale from 0 (one of the least important things in my life) to 10 (the most important thing in my life). Organizational religious involvement (religious attendance) was assessed with a single item: “How often do you attend religious services, with responses ranging from 1 (never) to 9 (every day). Religious salience and attendance data were only collected in waves conducted in 2004 (baseline), 2007, 2010, 2014, and 2018. Psychological well-being variables assessed at each follow-up were the following: (1) life satisfaction on a scale from 0 (totally dissatisfied) to 10 (totally satisfied) related to 8 aspects of life: employment opportunities, financial situation, amount of free time, home in which one lives, feeling part of the local community, the neighborhood in which one lives, how safe one feels, and health; (2) positive affect was assessed on a scale from 1 (all the time) to 6 (none of the time) with regard to how often they experienced positive affect of states during the past four weeks: full of life, common peaceful, having a lot of energy, and being a happy person; and (3) negative affect was measured on a scale from 1 (all of the time) to 6 (none of the time) on how much they experienced five negative affect of states during the past four weeks: being a nervous person, feeling so down in the dumps nothing could cheer one up, worn out, down, and tired. Regression models were estimated with observed variables and robust maximum likelihood modeling in Mplus; lagged effects were also examined using random-intercept cross-lagged models. Controlled for in all models were age and gender. **Results:** The findings indicated weak between-person associations between religiosity and subjective well-being. Within-person cross lagged associations between religiosity and subjective well-being were also small and not significant. The researcher concluded: “This indicates a lack of robust temporal associations between religiosity and subjective well-being when measured at intervals of a few years.”

Citation: Joshanloo, M. (2023). Temporal associations between religiosity and subjective well-being in a nationally representative Australian sample. *International Journal for the Psychology of Religion*, 33(2), 107-114.

Comment: This was a longitudinal study of a large population-based sample of adults in Australia, using highly sophisticated statistical analyses. Little or no relationship was found between religious salience or religious attendance and psychological well-being as measured by life satisfaction, positive affect, and negative affect. These findings come from a largely secular country, where 39% have no religious affiliation [2021 data] and 40% believe in no God or higher power [2018 data].

Experiences of Faith and Church Involvement among Christians with Mental Illness

Investigators at the center for psychological sciences at the University of Westminster, United Kingdom, conducted a qualitative meta-synthesis to systematically characterize the published qualitative evidence exploring the experiences of Christians with mental illness in relationship to their faith and their faith community. In order to accomplish this goal, a 5-step structured approach was taken: (1) developed the research question; (2) outlined inclusion and exclusion criteria; (3) identified studies primarily through database searches; (4) assessed the quality of the identified studies; and (5) synthesized the findings through inductive comparison and thematic analysis. Eligibility criteria included studies with a qualitative design that examined the

experiences and perceptions of Christian adults with mental illness with regard to their faith and religious community. **Results:** Of the initial 13,004 articles identified through the database search, 22 were included in the study. The four major themes emerged: positive experiences of Christian communities, positive coping through Christian meaning systems, negative experiences of Christian communities, and difficulties managing faith amid suffering. *Positive experiences* of Christian communities included congregational support care by faith leaders and pastoral counselors. *Positive coping* through Christian meaning systems included religious meaning making and positive coping through a relationship with God. *Negative experiences* of Christian community involvement included impose spiritualization of mental illness (failure of faith or effects of demonic influence) and *negative experiences* of stigma, exclusion, and marginalization (lack of toleration by Christian communities involving exclusion, need to hide symptoms, and eventual departure from the church). Researchers concluded: “This qualitative systematic review provides support to the vital importance of Christian faith and community for Christians who experience mental illness. It categorizes the idiographic and often diverse ways in which Christians living with mental illness may experience their faith and church community and explores how Christian religious systems and communities may function to support or hinder experiences of mental illness.”

Citation: Lloyd, C. E. M., Cathcart, J., Reid, G., & Panagopoulos, C. M. (2023). The experiences of faith and church community among Christian adults with mental illness: A qualitative meta-synthesis. *Psychology of Religion and Spirituality*, EPUB ahead of press

Comment: This is an important study for Christian counselors, pastoral care providers, and clergy more generally within the Christian faith tradition. The church should be the first place of refuge for those with chronic mental illness.

Religiosity and Mental Illness Stigmatization in Black Americans

Investigators from the department of psychiatry at Massachusetts General Hospital, Harvard Medical School, conducted an online cross-sectional study involving a convenience sample of 269 Black U.S. adults. Participants were eligible if they were Black, African-American, African, or Afro-Caribbean; 60% were ages 18-34 and 40% were ages 35-65, while 57% were male and 69% had at least some college. The purpose of the study was to estimate the associations between religiosity and mental illness stigma among Black adults. Religiosity was assessed by the 5-item Duke University Religion Index (DUREL). The outcome, mental illness stigma, was assessed by the 8-item Reported and Intended Behavior Scale (RIBS), which consists of two groups of items: 4 items assess past and current social distance towards someone with a mental health problem; the second 4 items assess intended future behavior with regard to less intended stigmatizing behavior. Adjusted for in regression models were age, education, and ethnicity. **Results:** Participants were relatively religious, with more than half (53%) reporting that they engaged in religious activities (e.g., prayer, meditation, Bible study) once per week or more. Those with greater frequency of religious attendance and greater engagement in religious activities reported greater proximity (less stigma) to people with mental health problems (OR = 1.72, 95% CI = 1.14-2.59, and OR = 1.82, 95% CI = 1.18-2.79, respectively). However, those with higher religiosity also indicated greater future intended stigmatizing behavior (more stigma). Researchers concluded: “Focusing specifically on future intended stigmatizing behavior and the respondent’s level of religiosity, age, and ethnicity may be critical for designing effective stigma-reducing interventions for Black adults.”

Citation: Pederson, A. B., Earnshaw, V. A., Lewis-Fernández, R., Hawkins, D., Mangale, D. I., Tsai, A. C., & Thornicroft, G. (2023).

Religiosity and stigmatization related to mental illness among African Americans and Black immigrants: Cross-sectional observational study and moderation analysis. *Journal of Nervous and Mental Disease*, 211(2), 115-124.

Comment: A relatively modest cross-sectional study involving a small convenience sample; however, the study examines an important topic that needs further attention (stigmatizing attitudes towards mental illness by Black Americans).

Muslim Experiences and Islamic Perspectives on Suicide

Researchers from Johns Hopkins University School of Medicine, and several other academic institutions in the United States, Canada and Qatar, examined 122 fatwas related to suicide (a fatwa is an Islamic legal term used to denote an ethical-legal scholarly opinion offered by either an independent qualified Islamic scholar or a scholarly committee in response to a specific inquiry or case posed by member of the Muslim community). Fatwas related to suicide were identified in the Arabic and English languages from the Arab world, Europe, and North America. Fatwas were thematically analyzed using a general inductive approach by three of the authors (KE, TE, HE). These fatwas were then examined in order to identify themes and categories. After discussion, a coding framework was developed and transcripts were coded. **Results:** A total of 122 fatwas were identified, 115 in Arabic and 7 in English. The platform containing the largest number of fatwas related to suicide was Islamweb (islamweb.net), which is one of the earliest, largest, and most visited Islamic content website on the Internet. Thematic analysis produced 4 major themes: risk factors (e.g., “overwhelming sense of despair and loss of hope in God’s mercy,” prevention (e.g., “fear of punishment in the afterlife”), post suicide matters (e.g., “fate and theological status of the deceased”), and worldview and conceptualization (“Islamic worldview on life and death, trials and tribulations, and the sanctity of human life”). Researchers concluded: “The significance and implications of each of these themes are explored in order to advance the understanding of lived experiences, risk factors, and prevention of suicidality in Muslim populations... The findings of this study can inform the development of Muslim-specific measurement tools related to suicidality. The findings also point to the need for gatekeeper training specifically designed for Muslim imams and scholars.”

Citation: Elzamzamy, K., Owaisi, R. B., Elayan, H., & Elsaïd, T. (2023). Muslim experiences and Islamic perspectives on suicide: a qualitative analysis of fatwa inquiries. *International Review of Psychiatry*, EPUB ahead of press

Comment: Any person interested in the Muslim perspective on suicide needs to read this comprehensive and very well written article.

Religious Coping as a Mediator in the Relationship between COVID-19 Fear and Death Distress in Turkey

Researchers in the department of psychology, faculty of science and letters, at Agri Ibrahim Cecen University in Agri, Turkey, conducted an online survey of 390 adults from across Turkey (66% female, average age 31, 53% single). Fear of COVID-19 was assessed using the 7-item Fear of COVID-19 scale. Death distress was measured by the 9-item Death Distress Scale. Finally, religious coping was assessed by the 10-item Religious Coping Scale (Abu Raiya et al.) which has two subscales, 5 items assessing positive religious coping (PRC) and 5 items assessing negative religious coping (NRC). A mediation model was utilized to examine the mediating effects of religious coping in the relationship between COVID-19 fear and death distress. **Results:** COVID-19 fear was positively and significantly related to both death anxiety ($r=0.24$, $p<0.001$) and death depression ($r=0.35$,

$p<0.001$). PRC was unrelated to either death anxiety or death depression, but was inversely related to fear of COVID-19 ($r=0.11$, $p<0.05$). NRC was positively related to COVID-19 fear ($r=0.21$, $p<0.001$), death anxiety ($r=0.24$, $p<0.001$), and death depression ($r=0.18$, $p<0.001$). Mediation analysis revealed that NRC mediated the association between COVID-19 related fear and death depression, but did not do so for death anxiety. Researchers concluded: “These results highlight the detrimental effect of negative religious coping in increasing the adverse effect of the COVID-19 fear on death depression.”

Citation: Kızılgöç, M., & Yıldırım, M. (2023). Fear of COVID-19, death depression and death anxiety: Religious coping as a mediator. *Archive for the Psychology of Religion*, 45(1), 23-36.

Comment: The interpretation of the findings from this cross-sectional study is not correct. This was not a longitudinal study capable of examining causal inference. All that can be said is that there was a positive association between these variables, suggesting a mediating effect of negative religious coping on the relationship between COVID-19 fear and death depression. This is not surprising, since negative religious coping is related to virtually every indicator of poor mental or physical health in almost all studies.

Death Anxiety and Religious Coping among COVID-19 patients in Turkey

Investigators in the department of nursing, faculty of health sciences at Istanbul Sabahattin Zaim University and other universities in Turkey analyzed cross-sectional data collected in May and June 2021 in an online survey of 259 patients from Eastern Turkey diagnosed with COVID-19 (89.3% response rate). Death anxiety was assessed by the 15-item Templer scale. Religious coping (RC) was measured by Pargament et al.’s 14-item brief RCOPE, which assesses positive (PRC) and negative religious coping (NRC). Linear regression was used to examine the effects of PRC and NRC on death anxiety. **Results:** Average age of participants was 49 years, 52% were female, 76% were married, 40% were hospitalized due to COVID-19, 43% had a family member infected with COVID-19, and 46% had someone around them who had died due to COVID-19. With only PRC and NRC in the regression model (no other covariates), both PRC and NRC were positively associated with death anxiety in these analyses ($b=0.288$, $SE=0.058$, $p=0.001$, for PRC, and $b=0.348$, $SE=0.57$, $p=0.001$, for NRC). Researchers concluded: “It was also found that death anxiety levels increased in the patients as their use of positive and negative coping increased.”

Citation: Özer, Z., Aksoy, M., & Turan, G. B. (2023). The relationship between death anxiety and religious coping styles in patients diagnosed with COVID-19: A sample in the east of Turkey. *OMEGA-Journal of Death and Dying*, 87(1), 299-311.

Comment: The study’s conclusions were incorrectly phrased suggesting this was a longitudinal study rather than a cross-sectional one. However, rather than an increase in death anxiety as PRC and NRC increased, an increase in PRC and NRC may have occurred as a result of an increase in death anxiety (the more likely explanation, since persons often turned toward religion in order to cope with the increasing anxiety).

Religion-related Internet Utilization and Mental Health during the COVID-19 Pandemic in Germany

Investigators from the department of health economics and health services research at University Medical Center Hamburg-Eppendorf, Germany, analyzed data from a cross-sectional survey of 3,431 adults aged 40 years and older (response rate <50%). Participants were involved in the German Ageing Survey conducted in July and June 2020 during the height of the COVID-19 pandemic. The two dependent variables were depressive symptoms measured by the 10-item CES-D, and loneliness

assessed by the 6-item De Jong Gierveld Loneliness Scale. The independent variable (predictor) was use of the Internet for religious purposes, particularly for online worship attendance. The exact question was: "How often do you use the Internet for religious purposes (e.g., online worship)?" Responses range from daily to never on a 5-point scale from 1 to 6, which were dichotomized into "ever used the Internet for religious purposes" (14.5%) vs. "never" (85.5%). Controlled for in regression analyses were age, sex, partnership status, type of district where residing, level of education, monthly income, work status, and self-rated health. **Results:** Use of the Internet for religious purposes (e.g., online worship) was positively associated with increased loneliness ($b=2.24$, $p=0.025$) and increased depressive symptoms ($b=0.39$, $p=0.050$). When analyses were repeated using religious Internet usage measured continuously rather than categorized (1 = never to 6 = daily), no relationship was found with depressive symptoms. For loneliness, religious Internet usage than 1-3 times/month (vs. never) was associated with significantly higher loneliness ($b=0.07$, $p=0.040$). Researchers concluded: "It seems possible that the alleviating effect of religion on depressive symptoms and loneliness did not hold during the COVID-19 pandemic, which may imply that online workshops are not perfect replacements for traditional workshops in terms of their social and health benefits."

Citation: Kretzler, B., König, H. H., & Hajek, A. (2023). Utilization of internet for religious purposes and psychosocial outcomes during the COVID-19 pandemic. *Archives of Gerontology and Geriatrics*, 108, 104900.

Comment: Here is another study, the third one that we have reported in our Crossroads e-newsletter, showing few or no benefits of online worship attendance during the COVID-19 pandemic. Again, however, these cross-sectional associations provide no evidence toward to causal inference. It is quite possible that those who were depressed or lonely were prompted to engage in online worship attendance as a way of coping with their distress, a dynamic that would conceal any benefits that online worship attendance might have on mental health.

Face Mask Acceptability for Communal Religious Worship during COVID-19 in the UK

Researchers from the University College of London and University of Leicester, UK, analyzed cross-sectional data from an online survey of a convenience sample of 939 UK adults conducted in August and November of 2020, the height of the COVID-19 pandemic. Participants were 81% Christian, 15% Jewish, and 93% of white ethnicity. **Results:** The majority of participants (78%) indicated that face mask wearing was acceptable even if it reduced their singing or chanting volume, if wearing a face mask was required. However, nearly half of participants indicated that wearing face masks during worship services was uncomfortable (49.1%). Predictors of face mask use acceptability were also examined. Older age, regardless of how age was measured, was associated with lower face mask acceptability in a place of worship. Also, those with an A-level or equivalent/post-16 vocational course, compared to those having an undergraduate degree or professional qualification level education, were significantly less likely to find face masks acceptable. There was also a trend for men to find face mask wearing (with quieter singing) less acceptable than did women ($p<0.10$). Having had suspected or confirmed COVID-19 was not related to face mask acceptability. Most participants (97.3%) stated their place of worship complied with government regulations, reported their place of worship enforced face mask wearing (90.5%), and were at least moderately happy with precautionary measures (89.4%). Researchers concluded: "Our study demonstrates the significant impact of COVID-19 on places of worship but a high degree of compliance with guidelines. Face masks, despite practical difficulties, appear to be more acceptable if there was an incentive of being able to sing and chant."

Citation: Ho, K. M. A., Baggaley, R. F., Stone, T. C., Hogan, Á., Kabir, Y., Johnson, C., ... & Lovat, L. B. (2023). Face mask acceptability for communal religious worship during the COVID-19 pandemic in the United Kingdom: Results from the CONFESS study. *Journal of Religion and Health*, 62(1), 608-626.

Comment: Although a cross-sectional study involving a convenience sample of participants, these findings suggest a relatively high degree of compliance and acceptability of face mask wearing during worship services in the United Kingdom. Of particular interest would be how these findings might compare with the attitudes of worshippers in the United States during the height of the COVID-19 pandemic.

Home-Centered Religious Practices and Well-Being after Initial Onset of COVID-19

Researchers at Brigham Young University and Utah State University analyzed data from an online survey of a convenience sample of 1,510 adults in the US conducted during the summer of 2020. Participants were 50% female, 60% White, 35% under age 40 and 29% over age 60, and 71% married. Parents were oversampled so that 70% were parents with 69% reporting having children at home. Homes-centered religious practices included prayer, reading of sacred texts, etc., during three different time frames: before the COVID-19 related shutdowns, during the height of the COVID-19 related shutdowns, and currently. Responses to these questions were categorized into (1) how often respondents engaged in the practice of interest and (2) whether they decreased, maintained, or increased the frequency of these practices during the height of COVID-19. Controlled for in regression analyses were age, gender, marital status, education, income, race/ethnicity, sexual orientation, children at home, religiosity, religious affiliation, stage of reopening following COVID-19 shutdown, and whether they knew someone who had died from COVID-19. Also asked was participants' perceived emotional closeness with their family before, during COVID-19 related shutdown, and currently, and the perceived lasting effects of COVID-19 on family relationships. Qualitative data were also collected during the survey, including asking, "As a result of COVID-19 and its related outcomes, have you and/or your loved ones, in some way, re-envisioned your personal, marital, and/or family desired future? If so, how?" In addition, participants were asked, "What were some thoughts, practices, beliefs, or tactics you or your family employed to reduce the negative influence of COVID-19 related stress? What were the positive outcomes of employing these methods to cope with COVID-19 related stress?" **Results:** Results from this study were complicated. In the authors' own words, (A) "Those who increased from never/rarely engaging in religious practices ($b=-0.47$, $p=0.015$) and those who decreased from daily engaging in religious practices ($b=-0.41$, $p=0.030$) both decreased in their current reports of family closeness, compared to those who never/rarely engaged (maintained or decreased) in religious practices..."; and (B) "We found that those who increased regular religious practices were more likely to report increased family closeness than those who increased from never/rarely engaging ($b=0.66$, $p=0.001$), those who decreased regular religious practices ($b=0.37$, $p=0.006$), those who maintained regular religious practices ($b=0.39$, $p=0.002$), and those who decreased ($b=0.60$, $p=0.001$) or maintained/increased regular daily religious practice ($b=0.29$, $p=0.01$). In sum, while not significantly different from the group that was initially selected as our comparison group (never/rarely engaged maintained/decreased), those who increased from regularly engaging in religious practices reported significantly higher emotional closeness than every other group." Researchers also reported that (C) "Comparisons of each group showed that those who engage regularly and decreased when compared to maintained or increased daily religious practices reported lower relational conflict ($b=0.28$, $p=0.036$)." Researchers concluded: "...OLS and logistic regressions found

some significant associations between retrospectively reported changes in the frequency of religious practices and emotional closeness and perceived lasting impact of the pandemic on family well-being. Qualitative data from a subsample of survey respondents (n=624) suggested that family prayer, scripture study, shared sacred rituals, and home-based worship helped foster positive family interactions.”

Citation: Dollahite, D. C., Kelley, H. H., James, S., & Marks, L. D. (2023). Changes in home-centered religious practices and relational wellbeing following the initial onset of the COVID-19 pandemic. *Marriage & Family Review*, 59(2), 65-94.

Comment: Although the comparisons are quite complicated in these cross-sectional analyses, the bottom line appears to be that engaging in “family prayer, scripture study, shared, sacred rituals, and home-based worship” during COVID-19 lockdown was associated with more positive family interactions.

Future of Religion in Europe

A researcher from Hebrew University in Jerusalem, Israel, analyzed data from three waves of the religion module of the International Social Survey Program which collected data on respondents from France, Germany, Great Britain, and Sweden (cross-sectional surveys conducted in 1998, 2008, and 2018). This study focused on those who indicated “none” for religious affiliation (n= 6,919). Two groups of “nones” were identified: (1) those raised without a religion (lifelong nones) and (2) those raised as Christians (Protestant, Catholic, Orthodox, or other Christian) (called “disaffiliates”). Four different indicators of religiosity were assessed including: (1) belief in God (0 = no, 1 = yes), (2) frequency of prayer (11-point scale from never to several times a day), (3) description of oneself as a religious person (7-point scale ranging from extremely nonreligious to extremely religious), and (4) belief in life after death (4-point scale from certain nonbelief to definite belief). The last indicator, belief in life after death, was considered a measure of “spirituality.” A series of regression models (binary logistic for belief, ordinal logistic regression for other dependent variables) were used to compare the religiosity of disaffiliates vs. lifelong nones. Controls included in models were survey country and year, age, gender, marital status, and education. Sample weights were applied to all analyses. **Results:** For the entire sample of all those who indicated “none” for religious affiliation, the greatest increase in these cross-sectional surveys conducted between 1998 and 2018 was for Germany (increased from 20.7% to 30.7%) followed by France (40.0% to 47.2%) and Great Britain (43.7% to 49.6%), and Sweden (26.3% to 27.4%). For “lifelong nones,” the increase was sharpest in Great Britain (increased from 8.9% to 20.2%, indicating relatively late secularization) followed by France (12.3% to 17.6%), Germany (10.0% to 15.4%), and Sweden (which actually decreased from 8.7% to 7.8%). For “disaffiliates,” the increase was sharpest in Germany (increased from 10.8% to 15.3%), followed by Sweden (17.6% to 19.6%) and France (27.7% to 29.6%), with a decline in disaffiliates in Great Britain (34.9% to 29.4%). Results from regression models indicated that disaffiliates were more religious (all indicators) than lifelong nones, indicating that childhood religious affiliation “leaves a residue even after organized religion is left behind.” Overall, belief in God, prayer, and self-description as a religious person all decreased over time, although “spirituality” (i.e., belief in life after death) remained relatively constant during the 20 year follow-up. Researchers concluded: “Religious decline among the unaffiliated over time, combined with the increasing proportion of lifelong nones and second-generation lifelong nones who lack even an inherited, minimal religious residue, suggests that secularization will gather momentum [in the future].”

Citation: Beider, N. (2023). Religious residue: The impact of childhood religious socialization on the religiosity of nones in France, Germany, Great Britain, and Sweden. *British Journal of Sociology*, 74(1), 50-69.

Comment: Although the results of the above study involve a series of cross-sectional assessments (not longitudinal involving the same persons), the results above suggests that the secularization of Europe may be gaining momentum.

A New Moral Injury Scale for Use in Justice-Involved US Veterans

Researchers describe the development and validation of an instrument for measuring moral injury and the role it plays in recovery from trauma among 100 justice-involved US Veterans being seen in a felony Veterans treatment court. Scores on the “Moral Injury Scale” (MIS) were examined in relationship to other variables in this justice-involved Veteran sample.

Citation: Keenan, M. J., Lamb, T., Slattery, M., Williams, L., McMurtry, M., & Shakes, D. (2023). Measuring moral injury and treatment response in justice-involved veterans: Development and validation of a new Moral Injury Scale. *Traumatology*, EPUB ahead of press.

Comment: Only the abstract was available for review, with the full article requiring purchase. Therefore few details about this new moral injury measure were accessible.

NEWS

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, January 30, 2024, 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 3**. 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/>.

International Journal of Environmental Research and Public Health

Consider publishing in a Special Issue of the *International Journal of Environmental Research and Public Health* titled “Psychological Interventions to Prevent Anxiety and Depression”. The COVID-19 pandemic had a profound psycho-social impact, increasing the prevalence of anxiety and depression around the world, with implications for morbidity and mortality. Despite significant efforts, biological approaches have not offered enough relief from illness, while health care systems have been strained in trying to find appropriate solutions. Yet, despite the stressful challenges, there is a window of opportunity to discover new approaches that can enhance resilience and healthy coping in the face of adversity and decrease the development of anxiety, depressive disorders and suicide. This special issue is dedicated to psychological initiatives that aim to identify and prevent various risk factors for the development of depression, anxiety and suicide. These risk factors can refer to, but are not limited to, any of the following domains: cognitive, behavioral, emotional, psycho-social, attachment-related, religious/spiritual, personality, cultural influence and

individual values. The guest editor of this special issue is Dr. G. Camelia Adams MD, MSc, FRCPC, who was a member of our spirituality and health community. For a full description of acceptable article types go to https://www.mdpi.com/about/article_types.

SPECIAL EVENTS

Online Moral Injury Workshop

(February 10, 2024)

Sign up now for this comprehensive 8-hour workshop on "Moral Injury." Moral injury involves the internal emotional distress experienced as a result of transgressing moral values, a syndrome that initially received attention in active-duty military and veterans following combat operations. However, it is now recognized among first responders, healthcare professionals, and other civilian populations exposed to severe trauma. We will be holding a full-day online workshop on the definition, identification, consequences, and treatment of 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/2023/12/2024-Duke-University-Spirituality-and-Health-Workshops.pdf>. This online workshop is not being recorded, and will only be available live on this date.

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/2023/12/2024-Duke-University-Spirituality-and-Health-Workshops.pdf>. This online workshop is not being recorded, and will only be available live on this date.

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.medicineandreligion.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.

International Moral Injury and Well-Being Conference

(September 19-20, 2024, Brisbane Convention and Exhibition Center, Australia)

Supported by the Australian Defense Force (ADF), this one-of-a-kind conference will bring together experts from throughout the world on the topic of moral injury and its relationship to psychological well-being. Moral injury – initially noted in defence force veterans – we now know affects many people – ambulance, police, other first responders, lawyers, veterinarians and more recently, allied healthcare workers during the COVID 19 pandemic. The effects of moral injury can be lifelong, and include feelings of betrayal, loss of trust, guilt, shame, anger, sadness, anxiety, and can increase the risk of suicidal behaviour. When these behaviours negatively impact a person's mental health and wellbeing, therapeutic intervention is required. For more information go to: <https://moralinjuryandwellbeingconference.com.au/>.

RESOURCES

Books

World Religions for Healthcare Professionals (Taylor & Francis, 2023)

From the publisher: "This third edition of a popular text introduces healthcare students and professionals to a wide range of health beliefs and practices in world religions. Chapters on various religions are written to offer an insider's view on the religion's historical development, key beliefs and practices, including ideas of health, sickness, death, and dying. The chapters include case studies, advice on what to do and what to avoid when caring for patients. Introductory chapters invite the reader to consider the broad context of patient care in pluralistic society and explore one's personal orientation to others from different religions. How we care for patients from different backgrounds and cultures insists on professional boundaries that the reader may have not yet examined. A new chapter explores the relationship between religion and public health in light of the COVID-19 pandemic, asking the reader to consider what morally appropriate balance is required if and when personal faith conflicts with public health needs. Undoubtedly, the sensitivity with which clinicians communicate with patients and make decisions regarding appropriate medical intervention can be greatly increased by an understanding of religious and cultural diversity. This is a core textbook for students studying healthcare, religion and culture, and

an invaluable reference for healthcare professionals.” Available for \$56.95 (paperback) at <https://www.amazon.com/World-Religions-Healthcare-Professionals-Mark/dp/1032265604/>.

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 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). **Spiritual Readiness: A Survival Guide for the Christian Believer in an Age of Disbelief** is also now available for \$8.99 (paperback and Kindle) at <https://www.amazon.com/Spiritual-Readiness-Survival-Christian-Disbelief/dp/B0CP42X91N/>.

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.



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credit commensurate with the extent of their participation in this activity.

impact of religiously integrated therapies; and increasing the scientific literacy of health care chaplains). More information: <https://www.templeton.org/project/health-religion-spirituality>.

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. **A new Templeton scholarship program is now active (2024-2028) that provides full scholarships to promising graduate students (post-doctoral students or pre-doctoral students seeking PhD).** Eligible for these full scholarships to attend our 5-day Spirituality and Health Research Workshop in 2024 will be graduate students living in third-world underdeveloped countries in Africa, Central and South America (including Mexico), Eastern Europe and North Asia (Russia and China), and portions of the Middle East, Central and East Asia. These scholarships cover the \$1300 tuition, up to \$1500 in international travel costs, \$500 in hotel expenses, and \$400 in living expenses (total \$3700 scholarship). For more information go to: <https://spiritualityandhealth.duke.edu/files/2023/12/2024-Full-Scholarship-Application.pdf>.

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

2024 Csth Calendar of Events...

January

- 1/9 **Christian Open Forum**
11:00A-12:00 noon EST (New York time) via Zoom
Title: Psychological Support of the Soldiers and their Families
Speaker: Harold G. Koenig MD
Contact: Illia Vitchenko (illia.vitchenko@gmail.com)
- 1/30 **Spirituality and Health Research Seminar**
12:00 -1:00 EST (New York time) (online by Zoom)
Title: Spiritual Struggles on Film: Part 1
Speakers: Francis Lu, Ken Pargament, and Julie Exline
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

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

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