

# CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology, and Health

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

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

## LATEST RESEARCH

### Religious Attendance across the Life Course and Cognitive Functioning in Midlife

Researchers in the department of sociology at Baylor University (Waco, Texas) analyzed prospective data over 35 years from the National Longitudinal Study of Youth (1979-2015) to examine the impact of religious attendance throughout childhood and midlife on cognitive health and working memory. Participants were a nationally representative sample of 4,737 participants, including in oversample a black and Hispanic Americans, ages 14 to 18 in 1979. Religious attendance was assessed at two points in 1979 and 2000; frequency of religious attendance was categorized as low/none (several times a year or less), moderate (once per month or 2 to 3 times per month), and high (once per week or more). Change between 1979 and 2000 responses were then placed into nine categories, including low-low (26.8%) and high-high (16.2%), and everything in between. Cognitive health was assessed by asking participants "How would you rate your memory at the present time? Would you say it was excellent, very good, good, fair, or poor?" Participants were also asked to conduct serial sevens by continuously subtracting seven for five trials starting with 70 and ending at 35; correct answers were scored on a range from 0 to 5. Controlled for in analyses were age, race marital status, childhood SES, parental family structure, childhood residence type, birthplace, and religious affiliation. Ordinary least squares (OLS) regression models were constructed to examine the effects of religious attendance on self-rated cognitive health. **Results:** After controlling for covariates, high-high religious attendance was significantly correlated with better self-rated cognitive health (memory) ( $b = 0.16, p < 0.01$ ). The effects were stronger among women when the interaction between gender and high-high attendance was examined ( $b = 0.09, p < 0.05$ ). The same effect was found when serial 7's were used as an indicator of cognitive health/memory ( $b = 1.21, p < 0.05$ , for the main effect, and  $b = 0.86, p < 0.05$ , for the interaction with gender). Researchers concluded: "Our results suggest that midlife adults who attended religious services consistently between childhood and adulthood had high self-rated cognitive health and better working memory.

Women were also found to receive stronger benefits [than men] to self-rated cognitive health from consistent religious practice between childhood and adulthood. This pattern of findings allows for greater reflection into the neural enrichment and neural depletion arguments proposed to explain the religion/cognitive health link in previous research."

*Citation:* Upenieks, L., & Zhu, X. (2024). Life course religious attendance and cognitive health at Midlife: exploring gendered contingencies. *Research on Aging*, 46(2), 95-112.

*Comment:* Few studies have examined the effect of exposure across the lifespan of religious involvement on mental or physical health. Using a large sample and prospective data, carefully controlling for other predictors of cognitive functioning, this study is a model to follow.

### Social Cohesion, Loneliness, and Antibody Response to Covid-19 Vaccine

In this earlier study, researchers at the Center for Social Issues, Department of Psychology, University Limerick, Ireland, and other universities in Ireland and the UK analyzed data collected on 676 asymptomatic participants who received COVID-19 vaccination in March 2021 (Understanding Society UK Household Longitudinal Study). In the overall study, 6,600 participants provided a blood sample for detection of COVID-19 antibodies; of those, 695 reported receiving their first COVID-19 vaccine and no prior infection. Excluding those not reaching the antibody threshold left a final sample of 676. Social cohesion was assessed by the 5-item Neighborhood Social Cohesion scale. Loneliness was assessed by a single item: "In the last four weeks, how often did you feel lonely?", with responses ranging from 1 = hardly ever/never to 3 = often. Controlled for in analyses were age, gender, ethnicity, household income, health condition, smoking, portions of fruit/vegetable intake per day, alcohol intake frequency, and number of days walking for 30 minutes or more per week. Hierarchical linear regression was used to determine the association between social cohesion, loneliness, and antibody response. **Results:** Social cohesion was inversely related to antibody response ( $b = -0.10, p = 0.01$ ). Loneliness was also inversely related to antibody response ( $b = -0.073, p < 0.01$ ). In the mediation analysis, entering loneliness into the model reduced the association between social cohesion and antibody response to non-significant. Researchers concluded: "After controlling for covariates (e.g., age and chronic health conditions), lower social cohesion was associated with a lower antibody response. Further, the association between social cohesion and poor antibody responses was mediated by loneliness; those reporting lower social cohesion also reported higher loneliness, which in turn was associated with lower antibody response."

*Citation:* Gallagher, S., Howard, S., Muldoon, O. T., & Whittaker, A. C. (2022). Social cohesion and loneliness are associated with the antibody response to COVID-19 vaccination. *Brain, Behavior, and Immunity*, 103, 179-185.

*Comment:* Although this is a dated study (2022), the authors note that this is the first study to demonstrate an association between psychosocial factors and antibody response to COVID-19 vaccine. If religious attendance is positively associated with social cohesion

**EXPLORE...in this issue**

**1-5 LATEST RESEARCH**

**5-9 NEWS, EVENTS & RESOURCES**

**9-10 TRAINING, FUNDING Opportunities, and CALENDAR**

and inversely related to loneliness (as it has been repeatedly shown), then frequency of religious attendance should be related to a more vigorous antibody response. In fact, there is some data not yet published that has now demonstrated this.

### **Influence of Religion on Youth Decision-Making and Crime**

Researchers at California State University-Northridge, University of Miami, and Northeastern University analyzed data from the National Longitudinal Study of Adolescent to Adult Health (*Add Health*) study involving 12,477 adolescents in grades 7-12 from 132 middle and high schools in the US participating in Wave I (1994-1995) and Wave II (1996). The purpose was to examine pathways (mediating mechanisms) between several antecedents of decision-making, thoughtful reflective decision-making, and crime. Religious involvement was assessed by a two-item measure capturing any participation in religious activities such as religious services or religious activities for teenagers during the past 12 months. The primary dependent variable was a 12-item delinquency index assessed at Wave II. Besides religious activities, other independent variables were stressful conditions (school, family), sleep problems, depression, involvement in hobbies (prosocial activities), and especially, thoughtful reflective decision-making (TRDM). Past delinquency was assessed at Wave I. Controlled for in analyses were age, gender, race, living with two biological parents, self-control, unstructured socializing, parental education, parental public assistance, and past delinquency. Ordinary least squares regression was used to analyze the data, including use of negative binomial regression.

**Results:** The bivariate correlation between TRDM and delinquency was negative and significant ( $r=-0.104$ ). Stressful school and family conditions, depression, sleep problems, and involvement in hobbies and religious activities were significantly correlated with TRDM and delinquency in the expected directions. Multivariate analyses demonstrated a significant positive relationship between religious activities and TRDM ( $b=0.068$ ,  $p<0.001$ ). Controlling for TRDM only slightly reduced the inverse correlation between religious activities and delinquency (from  $b=0.032$  to  $b=-0.031$ ,  $p<0.01$ ), which did not suggest mediation. However, researchers concluded: "... involvement in conventional activities (i.e., hobbies, religious activities) was found to foster TRDM, which reduces delinquency."

*Citation:* Timmer, A., Antonaccio, O., French, M. T., & Botchkovar, E. V. (2024). Youth decision-making and crime: Influences of stressful conditions, adverse mental and physical states, and conventional activities. *Crime & Delinquency*, 70(1), 87-125.

*Comment:* Unfortunately, these data are relatively old, since there have now been 5 waves of Add Health, with the last wave in 2016-2018. However, an important finding is that both religious activities and TRDM (which religious activities appear to influence) help to reduce delinquency.

### **Family Religiosity and Flourishing of Twins in Adulthood**

Investigators from the department of sociology at Baylor University analyzed data from the MacArthur Foundation Survey of Midlife Development in the United States (MIDUS) study that involved a nationally representative sample of persons ages 25-74 beginning in 1995. Twin pairs were identified from the sample resulting in 1,631 cases for the final twin sample. The dependent variable was adult well-being which was assessed in terms of emotional, psychological and social well-being. Emotional well-being was assessed by a 6-item positive affect scale and a 1-item measure of life satisfaction (0-10). Psychological well-being was assessed with an 18-item standard index developed by Ryff (1989). Social well-being was assessed by a 15-item scale developed by Keyes & Simoes (2012). The primary predictor was recollection of childhood

religiosity using a single item: "How important was religion in your home when you were growing up?" Responses range from (1) very important (43%) to (2) not at all important (20%). A twin concordance score (similarity of twins) was constructed, measured by seven items: number of physical moves, residential region of dwelling, biological parents in the home, number siblings, welfare recipient, financial status, and highest education of twin. Analyses were further adjusted for age, gender, race, and zygosity (monozygotic vs. dizygotic), as well as parental abuse, and parental warmth. The primary predictor was recalled household religiosity between twins. Multi-level linear regression analyses were used to analyze the data. **Results:** The results of multi-level linear regression modeling indicated that similarity in twin reports was the primary factor in terms of adult well-being, above and beyond the actual level of religiosity that participants reported and net of similarity across other childhood recollections. Researchers concluded: "... coherence in religious upbringing – with the religion was understood to be important or not – is a key ingredient for thriving later in life and then reflect more broadly on manifestations of sociocultural ambiguity in families and in larger social units."

*Citation:* Schafer, M. H., & Upenieks, L. (2024). On religious ambiguity: Childhood family religiosity and adult flourishing in a twin sample. *Social Science Research*, 118, 102949.

*Comment:* Fascinating study of a large random sample of adult American twins that used complicated statistical analyses to assess the primary research question. Based on these findings, how much in agreement twins are in recalling their families's religious involvement may be an important factor in their adult emotional, psychological, and social well-being.

### **Measuring Moral Distress and Moral Injury**

Investigators from the Atlas Institute Moral Injury Research Community of Practice and several other academic institutions in Canada conducted a systematic review and content analysis of existing scales assessing moral distress (MD) and moral injury (MI). Researchers searched for psychometric studies describing the development or validation of MD or MI scales and extracted the psychometric findings from these studies. **Results:** A total of 77 studies examining the psychometric properties of 42 unique scales were identified. Of the 42 scales, 25 scales measured moral distress, whereas 17 scales measured MI. Among the 42 scales, 30 measured both the moral stressor (potentially morally injurious event or PMIE) and symptom outcomes (19 MD scales and 11 MI scales), whereas 7 scales were solely focused on symptom outcomes (4 MD scales and 3 MI scales) and 3 scales exclusively measured the traumatic stressor exposures (1 MD scale in 2 MI scales). One MI scale was used to measure both exposure and outcomes in one study, while measuring only exposure in another study. A total of 21 scales were considered "formative" in terms of their measurement model, while 15 were categorized as reflective and 4 were categorized as other, one as mixed, and one as not applicable. Of the 42 scales, 22 were exclusively designed to measure MD in healthcare populations (physicians, nurses, medical students, nursing students), whereas 6 scales were specifically designed to measure MI within the military; 4 scales assessed MI and 2 scales assess MD in mixed populations (healthcare and military). Three MI scales and one MD scale assessed participants within the general population (civilians and/or undergraduate students). Four MI scales examined other specific groups, including refugees, journalists, and public safety personnel. Researchers concluded: "Results show how the terms MD and MI are applied in research. Several scales were identified as appropriate for research and clinical use. Recommendations for the application, development, and validation of MD and MI scales are provided."

*Citation:* Houle, S. A., Ein, N., Gervasio, J., Litz, B. T., Carleton, R. N.,... & the Atlas Institute Moral Injury Research Community of Practice (2024). Measuring moral distress and moral injury: A

systematic review and content analysis of existing scales. *Clinical Psychology Review*, 108, 102377 (<https://doi.org/10.1016/j.cpr.2023.102377>)

*Comment:* There is a great focus today on studying and better understanding the moral trauma spectrum, ranging from moral dilemma to moral distress to moral injury. This is a good article to use in order to find a particular moral distress or moral injury scale that one might want to use in a particular population (for research purposes or clinically).

### Religiosity and Gratitude in Depressed Psychiatric Inpatients

Researchers at the University of Zürich and other universities in Switzerland and the United States surveyed 212 inpatients with depression at the beginning and at the end of treatment. Participants were hospitalized at the Clinic SGM in Langenthal, Switzerland. Data were collected between the years of 2004 and 2007. Non-religious and religious forms of gratitude were assessed using the Gratitude Questionnaire (general gratitude) and a part of the Structure of Religiosity Test (gratitude to God). Depression was measured by the Beck Depression Inventory and overall religiosity was assessed by the Centrality of Religiosity Scale (Huber). Hierarchical linear regression was used to analyze the data while controlling for covariates (age, etc.). **Results:** From admission to discharge there was a significant decline in depressive symptoms, and a significant increase in general gratitude, gratitude to God, and centrality of religion (all at  $p < 0.001$ ). Centrality of religion (religiosity) was significantly and positively associated with general gratitude both on admission and discharge ( $r = 0.384$  and  $r = 0.366$ , respectively) and with religious gratitude as well ( $r = 0.546$  and  $r = 0.656$ , respectively). Religious gratitude was inversely related to depressive symptoms both on admission ( $r = -0.274$ ,  $p < 0.01$ ) and on discharge ( $r = -0.366$ ,  $p < 0.01$ ). Regression modeling demonstrated a significant correlation between general gratitude and religiosity ( $b = 0.326$ ,  $p < 0.01$ ), such that religiosity explained 9.7% of the variance in gratitude (overall model explained 41.7%, meaning that religiosity accounted for nearly 25% of the explained variance). Researchers concluded: "Gratitude is highly prevalent in psychiatric patients with depression, and that may serve as a resource for these individuals. Both general and religious gratitude are associated with religiosity, which may also serve as a resource to these patients."

*Citation:* Vandeventer, S. R., Rufer, M., Eglin, M., Koenig, H. G., & Hefti, R. (2024). Gratitude and religiosity in psychiatric inpatients with depression. *Depression Research and Treatment*, Article ID 7855874 (<https://doi.org/10.1155/2024/7855874>).

*Comment:* This was a small but significant largely cross-sectional study involving a convenience sample of depressed inpatients in Switzerland from about 20 years ago. The findings add to the literature on the relationship between religiosity, gratitude, and depression.

### Religiosity and Psychological Well-Being among Healthcare Workers in Italy during COVID-19

Researchers from the University of Verona and other universities in Italy and Czechia surveyed more than 14,000 healthcare workers (physicians and nurses) between June and August 2020 to examine the relationship between religiosity and mental well-being during the pandemic. A total of 5,059 physicians and 9,069 nurses completed the survey out of 265,000 who were sent the survey (5% response rate). Two versions of the questionnaire were sent out, one including "religious priming" with words such as spirit, divine, God, sacred, and prophet (considered the experimental group), and the other questionnaire serving as a control with only neutral priming words. Outcomes included depression, anxiety, fear, and sleeping problems. "Recalled

distress" was computed by summing the four outcomes in terms of frequency of mental distress episodes. **Results:** Religious priming resulted in weaker recollection of distressful experiences during this first wave of the COVID-19 pandemic in Italy. Effects were stronger in those who were more exposed to the virus (e.g., hospital workers) and in those experiencing more stressful situations (e.g., reassigned due to COVID-19 emergency, working in emergency care, etc.). Effects were stronger among nurses than in physicians. Researchers concluded: "Although physicians and nurses tend to use different coping mechanisms in emergency situations, we show that religious coping remains an effective strategy in both groups."

*Citation:* Barili, E., Bertoli, P., Grembi, V., & Rattini, V. (2024). COVID angels fighting daily demons? Mental well-being of healthcare workers and religiosity. *European Economic Review*, 104649.

*Comment:* This is an interesting study on the coping of health care practitioners in a European country during the heart of the COVID-19 pandemic. However, the description of the methodology is difficult to follow, as are the findings, in this very long article (small type, 22 pages of journal text).

### Distinguishing Religious Delusion from Religious Belief

Mental health professionals often struggle to distinguish a religious delusion (psychotic symptom) from culturally appropriate normative religious belief. The authors of this paper, from the University of Oxford and Salmons Institute for Applied Psychology at Canterbury Christ Church University, both in the United Kingdom, discuss how to separate out religious delusion from sane religious belief. The authors argue that none of the attempts thus far have worked to provide differentiating principles to separate out the religious individual from the delusional individual. Instead, they suggest that religious beliefs and religious delusions "can usefully be considered species of a common genus." The authors outline an alternative way of understanding distinctions between religious belief and religious delusion. After describing a case of a person with a religious delusion, the authors review standard approaches for distinguishing religious beliefs from religious delusion, e.g., having an uncommon belief relevant to the individual's culture, having a particular kind of psychological formation, experiences that do not appear to be under the individual's control, and negative effects on the individual's life. They then examine what a true religious belief involves and what a fixed false belief (delusion) involves, based on their discussion of the case. They complete their discussion by offering an alternative approach for distinguishing normative religious beliefs from religious delusion. Researchers conclude: "By reminding ourselves both of what is central to any delusion and of what distinguishes bona fide religious claims from their pretenders, we show how to resolve our reflective puzzlement about religious delusions without recourse to differentiating principles."

*Citation:* Gipps, R., & Clarke, S. (2024). Religious delusion or religious belief? *Philosophical Psychology*, EPUB ahead of press (<https://doi.org/10.1080/09515089.2024.2302519>).

*Comment:* This is a relatively humorous article that seeks to distinguish religious belief from religious delusion. However, there is a sense that these authors see both as basically delusional. Nevertheless, this will be a good read for mental health professionals who must distinguish normative religious beliefs from religious delusions in clinical practice.

### Does Religiosity Influence Household Food Waste Behavior?

Investigators from the school of economic and administrative sciences, Ferdowsi University of Mashhad, Mashhad, Iran, and the school of business, Nipissing University, Ontario, Canada,



examined the effect of religious orientation (intrinsic religiosity and extrinsic religiosity) on household food waste prevention behavior. Questionnaires were completed by 475 women, and structural equation modeling was used to analyze the data. **Results:** Intrinsic religiosity was related to significantly greater household food waste prevention behavior, whereas extrinsic religiosity was inversely related to it. Emotional intelligence and spiritual well-being mediated the relationship between intrinsic religiosity and household food waste prevention behavior. Researchers concluded: "This study indicates that intrinsic and extrinsic religious orientations have opposite effects on household food waste prevention behavior. Also, emotional intelligence and spiritual well-being highlight the need for different strategies to encourage food waste reduction behavior specific to an individual's religious orientation."

*Citation:* Khorakian, A., Baregheh, A., Jahangir, M., Heidari, A., & Saadatyar, F. S. (2024). Household food waste prevention behavior: the role of religious orientations, emotional intelligence, and spiritual well-being. *Journal of Environmental Planning and Management*, 67(1), 59-84.

*Comment:* Unfortunately, only the abstract was available, resulting in this relatively minimal information about the study. To our knowledge, this is one of the first studies to examine this particular behavior and be published in the academic literature.

### Working with Muslim Clients

David Hodge and colleagues in the school of social work at Arizona State University sought to identify American Muslims' perceptions about what clinicians should know about Muslims and Islamic culture in order to provide meaningful mental health services to Muslim clients. A convenience sample of 213 community-dwelling American Muslims (average age 39, 70% female, 50% married, 86% Sunni) from across the United States were included in this qualitative study. Half of participants were born in the United States. With regard to self-identity, about one third identified as Middle Eastern, one-quarter as Asian, and the remaining as African-American, European-American, or Latino. Analysis of the data was "informed by a postpositive epidemiological perspective involving interpretive content analysis." **Results:** A total of eight themes were identified with regard to what practitioners needed to know about Muslims and Islamic culture in order to be successful in mental health care: "(1) know basic Islamic beliefs, (2) recognize intragroup ethnic/cultural differences, (3) develop self-awareness of personal biases, (4) respect Islamic gender roles, (5) avoid making assumptions, (6) use Islamic beliefs/practices and strengths, (7) understand biases in the larger secular culture, and (8) consult with Muslim therapists/Imams." With regard to implications of the findings, researchers indicated that spiritual assessment should serve a central role in service provision. Emphasis on providing a supportive forum in which Muslims can share their personal spiritual narratives (spiritual stories) was considered extremely important. They also emphasized that providing information about spiritual strengths might help to address emotional problems. Mention was also made of Islamically modified cognitive-behavioral therapy as a useful therapeutic technique. Importance of practitioners' self-examination to address implicit and explicit bias against Muslims was also emphasized. Advocating on behalf of Muslim clients was stressed as an important therapeutic intervention. Researchers concluded: "For these services to be effective [mental health services by clinical social workers] with culturally distinct groups such as American Muslims, the services must make sense within the framework of Muslim's subjective reality."

*Citation:* Hodge, D. R., Zidan, T., & Husain, A. (2024). How to work with Muslim clients in a successful, culturally relevant manner: A national sample of American Muslims share their perspectives. *Social Work*, 69(1), 53-63.

*Comment:* This is an excellent article for clinicians of any specialty, whether social workers, counselors, psychologists, psychiatrists, or other mental health professionals, if clinicians want to maximize their success in treating Muslim patients (which we all do).

### Evangelical Christian Women and Donald J. Trump

Gayle Brisbane, a professor in the department of journalism at California State University in Fullerton, examined in this article how evangelical Christian women's social/religious identity influences their political standpoints, voting behaviors, and opinions with regard to out-groups such as news outlets. In this qualitative study, focus groups and semi-structured in-depth interviews (methodological triangulation) were conducted with 27 evangelical Christian women in Arizona, Colorado, and Idaho. Women ranged in age from their late 20s to late 70s. The interviews were conducted between July 2017 and January 2019. Two female interviewers were involved in collecting data from the focus groups. Critical discourse analysis (CDA) was applied to each discussion and interview. **Results:** Results indicated that evangelical Christian women's religious identity is a vital aspect of their character, motivating viewpoints, motivations, impulses, and how they react to in-group threats. Because evangelical Christians believe that theirs is the true religion, this sets them apart from non-Christians, making it difficult for them to relate to non-believers. Furthermore, there is a need to maintain group distinctiveness. The first question asked by the researcher was "How does social/religious identity affect how white evangelical Christian women characterize Democrats and liberals?" The answer, according to the researcher, was that most "perceive their religious freedom to be threatened by liberals and Democrats." The second question was: "How does white evangelical Christian women's social/religious identity affect their voting behaviors in support of Donald J. Trump as President of the United States?" The answer, according to the researcher, was that "Trump is thought to support evangelicals' religious identity by his adherence to conservative political practices." The third question was "How does white evangelical Christian women's perception of news outlets play a role in how they assess and support Trump?" The answer, according to the researcher, was that participants hold negative views of the media news outlets, not mentioning any positive merits for any news outlet other than Fox News Channel: "All interview participants felt that either: 1) every news outlet can't be completely trusted, or 2) they are all biased or have an agenda." The researcher concluded: "The evangelical Christian women in this study predominantly perceived both liberals and Democrats as members of a social identity out-group... Their ultimate goal is to retain a holy worldview and maintain an eternal in-group membership with like-minded Christians... Evangelical Christian support of Donald Trump is paradoxical and hypocritical to nearly everyone except most white evangelical Christians." *Citation:* Brisbane, G. J. (2024). Religious identity, politics, and the media: What White evangelical Christian women's religious identity reveals about their endorsement of Donald J. Trump and distrust of news outlets. *Journal of Communication Inquiry*, 48(1), 46-70. *Comment:* Fascinating qualitative study, although the researcher clearly had her own views concerning the topic under discussion. Given the political events of the day, we thought this article would be of interest to many readers.

### Influence of Religiosity on Tax Evasion

Researchers from several European universities analyzed data from 48 countries based on the availability of tax evasion (TEVA) information. A total of 1,056 observations from these countries was available from 1997 to 2018. The dependent variable, TEVA, was assessed by individuals' perceptions regarding whether or not hiding income would be a threat to the local economy. Scores range from 0 (tax evasion a high threat to the local economy) to 10 (not a threat). Higher TEVA scores indicated greater likelihood of

tax evasion. Data was obtained from the Global Competitiveness Yearbook Report available from the Institute of Management Development. Assessment of religiosity involved capturing “belief in and emotional involvement with a personal God,” which was determined by calculating the average score for each country. Scores range from 0 (atheist) to 10 (maximally religious). Controlled for in analyses were economic and tax system characteristics in order to take into account any potential cross-country effect. A multivariate model was used to examine the data. **Results:** In bivariate analyses, religiosity was positively correlated with TEVA ( $r=0.206$ ,  $p<0.01$ ). However, in multivariate analyses, religiosity was inversely related to TEVA ( $b=-0.053$ ,  $p<0.05$ ). Effects were particularly strong in middle- and low-income countries ( $r=-0.139$ ,  $p<0.01$ ), whereas no effect was found for high income countries. Researchers concluded: “...our results suggest that religious faith and belief lead individuals to obey the state law. This significant relationship seems to be more pronounced within the middle- and low-income subsample.”

*Citation:* Ben Othman, H., Hussainey, K., & Moumen, N. (2024). The influence of cultural tightness–looseness, religiosity, and the institutional environment on tax evasion behaviour: A cross-country study. *European Financial Management*, 30(1), 346-374.

*Comment:* Using economics data, these researchers show that greater religiosity worldwide helps to prevent tax evasion behavior, independent of other factors. This should actually be good for countries’ economies (especially for moderate- and lower-income countries).

### Political Science Still Ignoring Religion

Steven Kettell, a professor of politics and international studies at the University of Warwick, United Kingdom, identified 20 top-ranked political science journals using a 5-year impact factor scores in 2021. He examined all articles published from 2011 to 2020, focusing on original articles, review papers, commentaries, long form replies, and symposia. A content analysis was conducted based on title, abstract and keywords. Articles were coded as having religious themes or using direct religious-identity markers. In an original study (designated “original study”) using a similar methodology which he conducted between 2000 and 2010, the author had located a total of 7,245 articles, of which 97 articles (1.3%) were identified as primary and 87 papers (1.2%) as secondary. Overall, the average number of articles relating to religion during this period (2000-2010) was 2.5%. In the current study, his aim was to compare the percentage of religious articles from 2011 to 2020 to the percentage in 2000-2010 in order to determine if any progress had been made. **Results:** Between 2011 and 2020, a total of 8,253 articles were retrieved from the top 20 political science journals identified in 2021 (designated A), compared to 9,015 articles retrieved from the top 20 journal identified during the original study (designated B). In the A journals, 188 primary (2.3%) and 113 secondary (1.4%) articles were identified for a total of 302 (3.7%); in the B journals, 232 primary (2.6%) and 130 (1.4%) secondary articles were identified for a total of 362 (4.0%). The 10 most popular themes were “Islam and Muslims” (39.9% for papers designated A; 44% for those designated B), “violence, conflict, and terrorism” (23.4% and 31.0% for A and B, respectively), and the remainder were largely “US politics and society.” The researcher concluded: “In one respect, the overall increase in political science papers engaging with religious themes – particularly the increase in primary-coded outputs— is to be welcome. Considered as a whole, however, the results suggest that religious issues have yet to be substantially integrated into the mainstream of this discipline – at least in so far as this can be measured by examining the outputs of leading political science journals.”

*Citation:* Kettell, S. (2024). Is political science (still) ignoring religion? An analysis of journal publications, 2011–2020. *Political Science & Politics*, 57(1), 64-69.

*Comment:* Interesting how political science journals seem to focus on the negative aspects of religion (at least in terms of “violence, conflict, and terrorism”), rather than on the positive aspects. Hopefully that will change as the positive aspects of religious faith become more widely known.

## NEWS

### Spiritual Readiness Series (see below)

New book series for Christian, Muslim, and Jewish believers in an age of disbelief. Spiritual readiness for **non-believers** will also soon be published.

### 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, February 27, 2024, at 12:00-1:00 EST (New York time), and will be delivered by S. Mark Heim, the Samuel Abbot Professor of Christian Theology at Andover Newton Seminary at Yale Divinity School. The title of his presentation will be **Forgiveness as a vital sign: An evolutionary and theological perspective.** PDFs of the Power Point slides for download and full video recordings of most past webinars since July 2020 are available at

<https://spiritualityandhealth.duke.edu/index.php/education/seminars/>.

## SPECIAL EVENTS

### Online Moral Injury Workshop

(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](mailto: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](mailto: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 World Congress on Moral Injury, Trauma, Spirituality and Healing

(March 11-13, 2024, online only)

As society grapples with the consequences of the global pandemic, the ravages of war, community-based violence, and broken systems of care, the effects of complex ethical dilemmas and the impact of these challenges on the health and wellness of employees, individuals, and our communities is of growing concern. The concept of moral injury has been increasingly recognized in recent years, leading to a growing body of research, clinical interventions, and public awareness. This recognition has spurred conversations about the importance of fostering ethical decision-making, providing support for those who have experienced moral injury, and preventing situations that can lead to such distress. The 2024 World Congress on Moral Injury, Spirituality, and Healing, co-hosted by the Human Flourishing Program at Harvard University, the Center for Spirituality, Theology, and Health at Duke University and leading academic and health care institutions is bringing together thought leaders from across the globe to share research and insights on the institutional and systemic drivers of moral distress, and moral injury. In addition, this landmark program highlights evidence-informed strategies for prevention, and healing for those who are suffering from this tragic human condition. Those who attend the entire program will receive a Certificate of Completion in Trauma-Informed Spiritual Care - 24 hours of professional education contact hours. Who should attend? Chaplains, faith leaders, and members of the clergy, spiritual directors, and lay faith leaders, mental health professionals, primary care providers, healthcare leaders, public safety and military leaders, wellness professionals, employee wellness executives, researchers and policy makers. Visit the program website for additional information, and registration: [www.hfh.fas.harvard.edu](http://www.hfh.fas.harvard.edu). If questions, contact Jennifer Wortham ([jwortham@fas.harvard.edu](mailto:jwortham@fas.harvard.edu)).

## 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/>.

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

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

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

## International Moral Injury and Well-Being Conference

(September 19-20, 2024, Brisbane, 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

#### [Spiritual Readiness Series](#)

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

(Amazon Kindle, 2023, 166 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 Dr. Koenig 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 (paperback and Kindle) at <https://www.amazon.com/Spiritual-Readiness-Survival-Christian-Disbelief/dp/B0CP42X91N/>.

### **Spiritual Readiness: A Survival Guide for the Jewish Believer in an Age of Disbelief**

(Amazon Kindle, 2024, 166 pages)

From the author: "Judaism is one of the world's oldest monotheistic religions, if not the oldest, dating back nearly 4000 years. Belief in one G-d is the central belief of this religion. But, there is a spiritual crisis going on in America and in Israel during this age of disbelief. Jewish believers of all traditions (Reform, Conservative, Orthodox) are under attack like never before. Faith in G-d has dramatically declined in the U.S. (as well as in American Jews) and Israel, especially among young adults. New gods have taken G-d's place. While false gods are not new and have throughout history sought to replace the G-d of Abraham, Isaac, and Jacob, 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 Jewish believers' faith can survive, ready to face whatever difficulties and challenges being faced now or in the future. The increasing intensity of the Israeli-Palestinian conflict has only increased the need for faith to cope with all that is happening. If you are Jewish and want your faith strengthened so that you can endure the intense stressors of these times, including marginalization, discrimination, and exclusion, then this book is for you. Achieving and maintaining spiritual readiness is by no means easy, but in it is hope. Although the path is indeed narrow, and not an easy one, the rewards promised in Scripture are great. Come join Dr. Koenig on this journey to becoming a spiritually ready Jewish believer. It is a trip you will not regret." Available for \$8.99 (paperback and Kindle) at <https://www.amazon.com/Spiritual-Readiness-survival-believer-disbelief/dp/B0CRQG7Y8K/>.

### **Spiritual Readiness: A Survival Guide for the Muslim Believer in an Age of Disbelief**

(Amazon Kindle, 2024, 163 pages)

From the author: "There is a spiritual crisis going on in the United States and in many Muslim countries around the world during this age of disbelief. Muslim believers are under attack like never before. New gods have taken God's place. While false gods are not new and have throughout history sought to replace the one true 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 the Muslim believer's faith in God can survive, ready to face whatever difficulties and challenges may be encountered. If you are Muslim and 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. While not easy, the rewards promised in the Qur'an are great both in this life and the next. Come join Dr. Koenig on this journey to becoming a spiritually ready Muslim believer." Available for \$8.99 (paperback and Kindle) at <https://www.amazon.com/Spiritual-Readiness-Survival-Believer-Disbelief/dp/B0CR6TM4W3/>.

### **Coming soon: Spiritual Readiness: A Survival Guide for the Non-Believer**

### **Spiritual Readiness: A Survival Guide for Pastors**

(Amazon Kindle, October 2023, 216 pages)

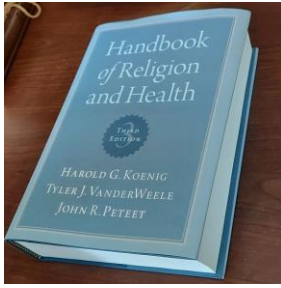
From the author: "This is a book for pastors (Protestant, Catholic, Orthodox) to help them navigate through the many challenges they face in today's world. It begins with a description of the crisis that the church is now facing in the United States, and a discussion of the crisis that is also happening 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 '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.' 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: 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>.

## Other Books



### **Handbook of Religion and Health, 3rd Edition**

(Oxford University Press, 2024, 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/>.

### **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](mailto:harold.koenig@duke.edu).

### **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/>

## Integrating Spirituality into Patient Care

### CME/CE Videos

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

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



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



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

## TRAINING OPPORTUNITIES

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

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

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

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

## 2024 CSTH CALENDAR OF EVENTS...

### February

- 2/3 **Mental Health Day**  
White Rock Baptist Church, Durham, NC  
10:00A-12:00 noon EST (New York time) (in-person)  
**Title:** Mental Health and Well-Being: What does Faith have to do with it?  
**Speaker:** Harold G. Koenig MD  
**Contact:** Meredythe Holmes ([meredytheholmes@gmail.com](mailto:meredytheholmes@gmail.com))
- 2/6 **Catholic Health Association of Saskatchewan**  
11:00-12:00 EST (NY time) by Zoom  
**Title:** Religion, Spirituality, and Mental Health  
**Speaker:** Harold G. Koenig MD  
**Contact:** Peter Oliver ([peter@chassk.ca](mailto:peter@chassk.ca))
- 2/10 **Moral Injury Workshop**  
8:45A-5:00P EST (New York time)  
**Speaker:** Harold G. Koenig MD  
**Contact:** Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))
- 2/27 **Spirituality and Health Research Seminar**  
12:00 -1:00 EST (New York time) (online by Zoom)  
**Title:** Forgiveness as a vital sign: An evolutionary and theological perspective  
**Speaker:** S. Mark Heim, Yale University Divinity School  
**Contact:** Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))