

# 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 February 2024) go to:  
<https://spiritualityandhealth.duke.edu/index.php/publications/crossroads/>

## LATEST RESEARCH

### Importance of Chaplains to the Australian Defense Force

Researchers from the Institute of Ethics and Society at the University of Notre Dame Australia and several other universities in Australia analyzed cross-sectional data on 2,783 active-duty military personnel in the Navy, Army, and Air Force of the Australian Defense Force (ADF) collected online in 2021. The purpose was to determine their perception of chaplain activities and the impact of chaplaincy services. There are approximately 300 chaplains employed by ADF (full-time and part-time for time) to address the needs of 60,000 full-time military personnel and 24,500 part-time military reservists (approximately 100 chaplains for every 28,000 personnel). Australian military personnel have 24-hour access to full-time or reserve chaplains. Of the 2,783 participants, 1,116 responded to the question on religious affiliation, of whom 28% indicated they had a religious affiliation (vs. 72% who said they did not and identified as non-religious). Of the 796 non-religious, 24% were atheists, 13% agnostics, 11% spiritual, and 9% not sure; of the 314 religious participants, most were Christian (81%). **Results:** Nearly half of participants (44.2%) had sought support from a chaplain. Of those, 85% indicated that chaplain care was either satisfactory or very satisfactory. Respondents were just as likely to prefer chaplains for personal support (24%) as they were to seek help from non-ADF counselors (23%), a workplace supervisor (23%), or a psychologist (22%). Most respondents (68%) indicated that it was important or very important to have chaplains available in the ADF. Researchers concluded: "This evidence affirms that the spiritual care provided by military chaplaincy remains one of several preferred choices and thus a valued part of the holistic care provided by the ADF to support the health and well-being of its members."

*Citation:* Best, M. C., Leach, K. T., Layson, M., & Carey, L. B. (2024). Military perspectives on the provision of spiritual care in the Australian Defence Force: A cross-sectional study. *Journal of Religion and Health*, EPUB ahead of press, <https://doi.org/10.1007/s10943-023-01985-3>.

*Comment:* A similar study such as this one in the US military would be helpful to determine how US service members experience chaplains in the military.

### Spiritual Well-Being and Gaming Addiction among Chinese Youth in Hong Kong

Hok-Ko Pong, a member of the faculty of management and hospitality at the Technical and Higher Education Institute of Hong Kong, conducted a survey of 401 Chinese university students (ages 18-21) in 2021 and 2022. The purpose was to determine the relationship between spiritual well-being and game addiction. Spiritual well-being was assessed using the 20-item Spiritual Well-Being Questionnaire (SWPQ; Fisher 1998, 2013), which measures sense of identity (personal), kindness towards other people (communal), connection with nature (environmental), and belief in and worship of the creator (transcendental). Game addiction was assessed by the 21-item Game Addiction Scale (Lemmens, 2009), which measures salience, tolerance, mood modification (e.g., release stress through gaming), relapse, withdrawal, conflict (e.g., choosing to play over paying attention to others), and problems (e.g., sleep deprivation due to gaming). Regression analyses were used to examine the relationship between spiritual well-being and gaming addiction, although no other covariates were controlled for in the analyses. **Results:** Approximately three-quarters (71-73%) of these Chinese university students had no religious beliefs, and most of the remaining students (20%) were from various Christian denominations. Regression analyses demonstrated that the transcendental dimension of the SWPQ was inversely related to game addiction scores ( $\beta = -0.50$ ,  $t = -13.8$ ,  $p < 0.001$ ); this association changed little when controlling for the personal, environmental, and communal dimensions of spiritual well-being ( $\beta = -0.42$ ,  $t = -11.48$ ). Researchers concluded: "The findings of the study regarding the transcendental dimension are in line with those of Braun et al. (2016), who concluded that a stronger belief in God and a higher transcendental spirituality have a significant inverse correlation with game addiction among youths."

*Citation:* Pong, H. K. (2024). The relationship between spiritual well-being and game addiction of youths: a cross-sectional study. *Journal of Beliefs & Values*, 45(1), 1-20.

*Comment:* Despite the fact that the vast majority of participants were not religious, the inverse relationship between belief in God (transcendental dimension) and gaming addiction is of particular note.

### Muslim Countries have Lower DMFT (decayed, missing, and filled teeth)

Investigators in the department of community dentistry in the school of dentistry at Shaheed Zulfiqar Ali Bhutto Medical University in Islamabad, Pakistan, and other universities in Malaysia and Saudi Arabia analyzed data on oral health collected from 170 countries, comparing average DMFT in adults aged 35-44 based on religious affiliation. Countries were divided into Muslim (n=53) and non-Muslim (n= 117). Multiple regression modeling was used to analyze the data controlling for country income status. **Results:** Average DMFT was significantly lower among Muslim countries compared to non-Muslim countries ( $\beta =$

EXPLORE...in this issue

1-5 LATEST RESEARCH

5-9 NEWS, EVENTS & RESOURCES

9-10 TRAINING, FUNDING Opportunities, and CALENDAR

0.16), after controlling for country income status (the strongest predictor of DMFT, with  $\beta=-0.60$ ). The authors explained the findings of better oral health in Muslim countries as being due to the “emphasis in Islam placed on hygiene practices in general and oral hygiene in particular. The teaching of Islam strongly advocates and includes oral hygiene and dental care as part of its rituals ...” Researchers concluded: “There is significant but weak evidence from the available data to support the claim that economic status and religion contribute to oral health disparity.”

*Citation:* Chaudhary, F. A., Ahmad, B., Arjumand, B., & Alharkan, H. M. (2024). The association between economic status and religious identity with oral health disparities and inequalities around the world. *Cureus*, 16(1), 1-8.

*Comment:* Fascinating study that shows the positive impact that religious practice (here, Islamic religious practice) has on oral health. Oral health, in turn, is known to have considerable impact on overall physical health and susceptibility to disease.

### Impact of Religion on Mental Health of Sexual Minority Mormons

Researchers from the department of psychology at Utah State University, Logan, Utah, and other U.S. universities conducted a 2-year longitudinal study of 132 sexual minority Mormons, examining the impact of religious beliefs and behaviors at baseline (Wave I) on depression, meaning in life, and internalized homonegativity two years later. A total of 370 participants were assessed at baseline, of whom 132 (36%) completed the follow-up evaluation two years later. Assessed at baseline were religious service attendance, interpersonal religious commitment (assessed by the 4-item interpersonal religious commitment subscale of the Religious Commitment Inventory [Worthington]), and orthodoxy of belief based on the 6-item Orthodoxy Scale (Hunsberger).

Outcomes included internalized homonegativity (a measure of minority stress, using a subscale from the Lesbian, Gay, and Bisexual Identity Scale), depression (PHQ-9), and meaning in life (5-item Meaning in Life Questionnaire). Structural equation modeling was used to analyze the data, while controlling for gender, race/ethnicity, and baseline values of the three outcome variables. **Results:** Small decreases in interpersonal religious commitment (Cohen's  $d=-0.21$ ), service attendance ( $d=-0.16$ ), and orthodoxy ( $d=-0.14$ ) during 2-year follow-up were found, along with small decreases in internalized homonegativity ( $d=-0.20$ ). Baseline frequency of religious service attendance was related to lower levels of meaning in life and higher levels of depression at Wave II, whereas higher levels of interpersonal religious commitment at baseline predicted higher levels of meaning in life and lower levels of depression at Wave II. Decreases in interpersonal religious commitment during the 2-year follow-up predicted significantly lower meaning in life and higher levels of depression at Wave II. Changes in religiousness were not related to internalized homonegativity. Furthermore, religious deidentification was not related to mental health and well-being. Researchers concluded: “We suggest that these results highlight the inherent difficulty in holding both a Mormon and SM identity, with trends implying that SM Mormons tend to disengage from their religious identity.”

*Citation:* Lefevor, G. T., Skidmore, S. J., Huynh, K. D., & McGraw, J. S. (2023). The Impact of Changes in Religion on Health Among Sexual Minority Mormons. *International Journal for the Psychology of Religion*, 33(3), 214-229.

*Comment:* Actually, the authors' conclusions are not entirely consistent with the data. Only very small changes in religious involvement were noted over time (Cohen  $d$ 's=0.14-0.21), and those changes were not related to internalized homonegativity. In fact, decreases in interpersonal religious commitment were related to lower levels of meaning in life and higher levels of depression at Wave II (worse mental health).

### Gratitude Towards God Following Personal Success

Investigators at the Social Science Research Institute, Duke University, and Department of psychology and neuroscience at the University of North Carolina at Chapel Hill, analyzed data on 1,270 U.S. adults [Hindus ( $n=139$ ), Muslims ( $n=150$ ), Jews ( $n=145$ ), and Christians ( $n=836$ )] to determine the prevalence of spontaneous mention of God as the target of gratitude expression following a personal success. Participants in the study were identified through CloudResearch or Qualtrics Panels. In the online Qualtrics survey, participants were randomly assigned to either a God-prime condition (wrote for 2 minutes about their relationship with God) or a neutral-prime condition (wrote for 2 minutes about favorite colors present in their surroundings). Participants were then asked the following question: “Please think back to a time when you achieved something that made you feel proud of yourself. Please reflect on, then describe, that event in detail.” After describing the event, participants were asked to express in writing gratitude for this success: “now, still thinking about this success, use the space below to express gratitude for it. Please think about how you would like to express gratitude for this success now, not how you expressed it in the past.” Participants were then asked to think about how they demonstrated gratitude to God and to write about personal instances of gratitude to God. Finally, participants were asked nine questions asking how much they attributed their success to God, self, and others on a scale from 1 (not at all) to 9 (yes, extremely). **Results:** With regard to expressions following a personal success, 16% of religious participants mentioned God, but priming God increased the number to 26-29%. Gratitude to God (GTG) was most common among Muslims at 41%; next most common was in Hindus at 29%; then came Christians at 18%; and finally, Jews at 12%. Hindus were more likely to express gratitude to God for “life/everything” (35%) and for “health & safety” (31%); Muslims were also most likely to express gratitude to God for life/everything (42%) and four health & safety (30%); Jews were most likely to express gratitude to God for health & safety (48%); and Christians were more likely also to express gratitude to God for health & safety (36%), but also to a lesser extent for life/everything (33%). Researchers concluded: “To conclude, we found that GTG is experienced by people belonging to the major religious traditions (Jews, Hindus, Jews, and Christians). GTG is triggered by many things, including all good things in life. Such instances of GTG for all good things shed light on a phenomenon described in the broader literature on gratitude but have yet to be connected to attributions to supernatural agents. Finally, we found that GTG expressions may provide one way through which religious beliefs and practices are sustained over time and foster greater prosociality toward others in the world.”

*Citation:* Van Cappellen, P., Clapp, A. R., & Algoe, S. B. (2024). God of the good gaps: Prevalence, eliciting situations, and demonstrations of gratitude to god as compared to interpersonal gratitude. *Journal of Positive Psychology*, 19(1), 66-82.

*Comment:* This important, but complex study, provides insights on gratitude to God (in contrast to gratitude to others) after the experience of successes in life, and also describes the influence that religious tradition plays on this expression.

### Moral Injury in Physicians

Dr. Lisa Rosenbaum, a national correspondent for the *New England Journal of Medicine*, has written an interesting piece in a section of the journal titled Medical Training Today. She provides a background on the moral injury narrative, followed by a discussion of well-being and meaning in medicine, and then a discussion of the Catch-22 that physicians are now facing, and finally ends with “a sense of possibility,” where she describes what joy in medicine might look like, including the joy of working with trainees.

*Citation:* Rosenbaum, L. (2024). Beyond moral injury—Can we reclaim agency, belief, and joy in medicine? *New England Journal*

of Medicine, in press

(<https://www.nejm.org/doi/pdf/10.1056/NEJMms2311042>)

*Comment:* This articulate article provides a dimension of moral injury in physicians and young trainees that is informative and worthy of reading, and also illustrates the increasing role that physician “moral injury” is beginning to play in the core medical literature.

### Impact of “Building Spiritual Strength” (BSS) Intervention on Moral Injury in Adult Survivors of Child Abuse

In this doctoral dissertation thesis, the researcher – a graduate student at Fuller Theological Seminary – adapts the BSS intervention for the treatment of moral injury and spiritual distress among adults who have experienced abuse during childhood. Here’s a description of the intervention from the author’s dissertation: “The curriculum is comprised of eight 2-hour sessions. The first four sessions are dedicated to establishing safety, introducing moral injury, teaching crucial coping skills, and introducing key exercises used throughout the group. The last four sessions are dedicated to exploring theodicy, forgiveness, self-compassion, and ending well. Each session begins with an opening ritual, deep breathing exercise to promote emotion regulation, and review of the homework assigned last session. The sessions proceed with a lesson and discussion, and they end with a deep breathing exercise again as well as assignment of homework.” The full manuscript can be obtained from the author (Rachel Middendorf [rachelmiddendorf@fuller.edu](mailto:rachelmiddendorf@fuller.edu)).

*Citation:* Middendorf, R. E. (2024). Addressing moral injury and spiritual distress in adult survivors of child abuse: Adapting “Building Spiritual Strength,” a group therapy intervention (Doctoral dissertation, Fuller Theological Seminary, School of Psychology).

*Comment:* The topic is a very important one, since to our knowledge this paper reports the first attempt to examine an intervention during adulthood for moral injury resulting from adverse childhood experiences (ACEs). The fact that it is a group intervention is of particular note. BSS is a proven intervention for the treatment of veterans and active-duty service members with moral injury and PTSD (based on at least two randomized controlled trials).

### Do-Not-Resuscitate Orders in Iran during the COVID-19 Pandemic

Researchers at Mashhad University of Medical Sciences and several other universities in Iran surveyed 332 healthcare providers (treatment staff and clinical medical science students with a history of one year of work experience in the hospital) at a COVID-19 referral hospital in Shahroud, Iran. The purpose was determined attitudes toward DNR order or the procedure of DNR for COVID-19 patients. The study was conducted between February 21 to March 7, 2021, during the heart of the pandemic. Approximately 50% of participants were female; 50% were married; and average age was 32 years. More than half (57.8%) reported they had experienced an unsuccessful CPR on a COVID-19 patient. Attitude toward DNR was measured using a 25-item questionnaire titled Attitudes of Medical Personnel toward Do-Not-Resuscitate Orders. This measure consists of four subscales including attitude toward DNR order (8 items), DNR procedure (12 items), attitude toward some aspect of passive euthanasia (3 items), and impact of religious and cultural factors (2 items). Linear regression was used to examine predictors of attitudes toward DNR. **Results:** Only female gender (compared to male) predicted more negative attitudes toward DNR. Having a history of COVID-19 related death among relatives of participants was associated with more positive attitudes toward DNR. Extended working hours and more work experience were positively correlated with positive attitudes toward the DNR procedure. A history of COVID-19

themselves was associated with a positive attitude towards passive euthanasia. Following COVID-19 in the news was associated with a lower score for religious and cultural factors in terms of effect on attitude toward DNR order. Researchers concluded: “Despite the legal ban on the implementation of DNR in Iran, the attitude of Iranian HCPs toward this was positive in COVID-19 patients.”

*Citation:* Mirhosseini, S., Aghayan, S. S., Basirinezhad, M. H., & Ebrahimi, H. (2024). Health care providers’ attitudes toward do-not-resuscitate order in COVID-19 patients: An ethical dilemma in Iran. *OMEGA-Journal of Death and Dying*, 88(3), 908-918.

*Comment:* Details on measures were lacking in this study, making the results difficult to interpret. Regardless, it appears that a significant number of HCPs in Iran (at least young HCPs) had a positive attitude towards DNR in COVID-19 patients during the pandemic (despite its illegal status).

### Impact of Religious Education

Abu Siddique, a researcher in the department of political economy, King’s College London, United Kingdom, conducted an experimental study in 210 students ages 8 or above (average age 12) attending orphan schools in Bangladesh (three religious [Islamic] and three secular schools). Students participated in several experimental games: a donation game, dishonesty game, investment game, prisoners dilemma game, and trust game. Students were told that they would be paid according to only one game, which would be determined by a lottery at the end. **Results:** (1) children receiving religious education were more altruistic and honest compared to children receiving secular education; (2) religious schooling did not have any effect on risk aversion, cooperation, trust, or trustworthiness of these children; and (3) behavioral differences were driven by children at the age of puberty (those who had completed primary education). The researcher concluded: “These findings provide useful insights into how long-term exposure to religious schooling can affect behavior—possibly by shifting preferences – during childhood and adolescence.”

*Citation:* Siddique, A. (2024). Behavioral consequences of religious schooling. *Journal of Development Economics*, 167, 103237.

*Comment:* A complex and difficult to follow study, yet one that uses experimental methodology to demonstrate the positive effects of Islamic religious schooling on youth behavior.

### Religiosity, Pornography Use, and Relationship Satisfaction

Investigators in the school of family life at Brigham Young University analyzed data from a Qualtrics online survey involving 3,750 individuals from across the United States (mean age 38 years, average relationship length 9 years). The majority (72%) identified as completely heterosexual, 17% as mostly or completely homosexual, and 11% as bisexual. Porn use frequency was assessed by the Pornography Usage Measure (Busby 2020). Aggressive/violent porn use was also assessed using a 4-item subscale of this measure. Relationship satisfaction and stability were assessed by 5-item and 3-item scales, respectively. Perceived addiction was assessed by the 6-item Cyber Pornography Use Inventory (Grubbs, 2015). Religiosity was measured by a 3-item scale that examined both intrinsic religiosity and extrinsic religious behavior (i.e., importance of spirituality in life, frequency of prayer, and importance of religious faith). Covariates included gender, education level, relationship length, number of biological children, and sexual frequency. Analyses were conducted using moderated mediation models using the PROCESS macro in SPSS. **Results:** There was a significant inverse relationship between pornography use and relationship stability ( $r=-0.25$ ,  $p<0.001$ ), especially for aggressive pornography use ( $r=-0.30$ ,  $p<0.001$ ). Surprisingly, religiosity was positively related to general pornography use ( $r=0.05$ ,  $p=0.002$ ) and

aggressive pornography use ( $r=0.08$ ,  $p<0.001$ ). There was also an interaction between religiosity and perceived addiction on the relationship between perceived addiction and pornography use such that the relationship between perceived addiction and pornography use was stronger for those with higher religiosity. Furthermore, religiosity moderated the relationship between pornography use and relationship stability, such that the negative relationship between pornography use and relationship stability was stronger among those who were more religious. Researchers concluded: "Generally, higher religiosity and being male were linked to compounding negative associations between pornography use and lower relationship quality."

*Citation:* Willoughby, B. J., & Dover, C. R. (2024). Context matters: Moderating effects in the associations between pornography use, perceived addiction, and relationship well-being. *Journal of Sex Research*, 61(1), 37-50.

*Comment:* Those who are more religious who are using pornography may have more negative consequences in terms of its effects on relationship stability. This is a well-done study by experienced religion-health researchers.

### Impact of Religion on the Mental Health of Women Whose Partners Use Pornography

The researchers, faculty in the department of psychological and brain sciences at Boston University and department of psychology of religion at MF Norwegian School of Theology, examined the impact of partner pornography use on pornography-related distress, relationship satisfaction, and sexual satisfaction in 625 U.S. women (average age 44, 86% white) married or cohabitating with men who used pornography in the past three months. Average relationship length was 18 years; 90% of women were heterosexual; and 54% had children living at home. Data were collected between late March and mid-July of 2020, at the beginning of the COVID-19 pandemic. Participants completed an online questionnaire. Perceived frequency of partner's solitary pornography use (PFREQ) was assessed using one item adapted from items on a subscale of the Partner's Pornography Use Scale (Stewart & Szymanski, 2012). Attitude toward partner's pornography use was assessed by a single item ranging from very negatively (1) to very positively (5). "Conservative religiosity" was assessed by the 16-item belief dimension of the Multidimensional Religious Ideology Scale (Wildman, 2021). Religious commitment was assessed by the 10-item Religious Commitment Inventory (Worthington). Pornography-related distress was assessed by a 22-item version of the Pornography Distress Scale (Bridges, 2003). Relationship satisfaction was measured using the 16-item Couples Satisfaction Index (Funk, 2007). Finally, sexual satisfaction was assessed by the 5-item Global Measure of Sexual Satisfaction, with each item assessed on a 7-point scale ranging from low to high (Lawrance, 1995). Hierarchical multiple regression was used to analyze the data. Analyses were controlled for age, number of children living at home, relationship length, education, income, race, sexual orientation, and COVID-19-related stress.

**Results:** Partial correlations (controlling for the variables above) indicated that frequency of partner pornography use was positively related to women's pornography-related distress ( $r=0.11$ ,  $p<0.001$ ), and inversely (negatively) related to relationship satisfaction ( $r=-0.13$ ,  $p<0.01$ ), inversely related to sexual satisfaction ( $r=-0.11$ ,  $p<0.01$ ), and inversely related to conservative religiosity ( $r=-0.09$ ,  $p<0.05$ ) (although was unrelated to scores on religious commitment). Regression models indicated that conservative religiosity was especially related to pornography-related distress ( $b=0.09$ ,  $p<0.001$ ). There was also a significant interaction between conservative religiosity and frequency of partner pornography use, such that among those with higher conservative religiosity, the relationship between frequency of partner pornography use and pornography-related distress was particularly strong. Researchers concluded: "... conservative

religiosity amplified the positive association between PFREQ and pornography-related distress. Neither attitude (a negative attitude toward pornography) nor religious factors moderated the negative association between PFREQ and sexual satisfaction."

*Citation:* Ruffing, E. G., Brody, L. R., & Sandage, S. J. (2024). Distress and satisfaction in women who perceive that their male partners use pornography: The roles of attitude, religious commitment and conservative religiosity. *Journal of Sex Research*, 61(1), 21-36.

*Comment:* Among women with conservative religious beliefs, greater perceived frequency of partners' pornography use appeared to have a significant negative impact on their mental health (in terms of pornography-related distress). This finding makes sense, and again underscores the negative effect that pornography use may have on the relationship with a significant other.

### Religiosity and Mental Health across the Lifespan in Canada

(initially reported in *Crossroads* Oct./Dec. 2022, and has now been published)

Researchers on the faculty of human sciences at St. Paul University and University of Ottawa in Ottawa, Canada, analyzed data on 18,200-20,019 adults ages 25 or older participating in the 2012 Canadian Community Health Survey. This is a population-based survey of individuals living in 10 provinces of Canada. The purpose was to examine the relationship between religiosity/spirituality and both positive mental health and psychological distress. R/S was assessed by a single question: "To what extent do your religious or spiritual beliefs give you the strength to face everyday difficulties?" (response options ranged from "not at all" to "a lot"). Positive mental health was assessed by the 14-item Mental Health Continuum-Short Form, which assesses emotional well-being (3 items) and positive functioning (11 items). Psychological distress was measured using the 6-item Kessler Psychological Distress Scale (K-6). Covariates controlled for in analyses included age, sex, household income, education, marital status, race, chronic pain, close relationships, and lifetime mental health/substance abuse disorders. Regression analyses were used to analyze the data, while controlling for covariates. **Results:** Regression analyses demonstrated a significant association between R/S and positive mental health ( $p<0.001$ ), explaining 18.5% of the variance in positive mental health. There was also a significant interaction between R/S and age, such that the relationship between R/S and positive mental health was greatest for respondents ages 65 or older. No relationship, however, was found between R/S and psychological distress nor was there a significant R/S by age interaction. Researchers concluded: "Findings highlight the importance of R/S to positive mental health across the adult lifespan. The differential relationships among R/S, positive mental health, and mental illness underscore the utility of using the dual-continua of mental health and mental illness in order to understand their respective determinants."

*Citation:* Manoiu, R., Hammond, N. G., Yamin, S., & Stinchcombe, A. (2023). Religion/spirituality, mental health, and the lifespan: Findings from a representative sample of Canadian adults. *Canadian Journal on Aging* 42(1), 115-125.

*Comment:* The strong and significant association between R/S and positive mental health is interesting in light of failure to show a relationship between R/S and psychological distress, the other end of the mental health spectrum. Prior research shows that the relationship between religiosity and psychological well-being is stronger than the relationship between religiosity and mental distress. One reason may be because people turn to their religious faith when they are experiencing emotional distress, which might cover up or mask any positive effects that religion might have on resolving the distress, particularly when examining this relationship in cross-sectional studies.

## Early Life Religious Antecedents Affecting the Mental Health of United Methodist Clergy

Laura Upenieks, sociologist and religion-health researcher at Baylor University, analyzed longitudinal data on 1,330 United Methodist clergy in North Carolina. Data were obtained from the Clergy Health Initiative Panel Survey, a 13-year longitudinal study of United Methodist clergy beginning in 2008. Participants were surveyed every two years. Data on depressive symptoms and burnout (mental health outcomes) were collected in 2019, while data on clergy childhood religious attendance (religious antecedent) was collected in 2016. Depressive symptoms were assessed by the PHQ-9 and burnout (emotional exhaustion, depersonalization, positive achievement) was measured using the Maslach Burnout Inventory. The Clergy Spiritual Well-Being Scale was used to assess spiritual well-being in everyday life (SWB-EL) and spiritual well-being in ministry (SWB-M). Childhood religious attendance was assessed by a single question that asked, "When you were a child, before age 16, how often did you attend religious services?" Responses range from never (1) to several times per week (9). Regression models were used to examine predictors of each of the four outcomes (depressive symptoms and each of the three categories of burnout symptoms), controlling for age, race, sex, education, marital status, number of children, number of hours worked per week, income, rural location, and size of congregation. **Results:** Any level of religious attendance during childhood (compared to never attending) were inversely related to depressive symptoms. Positive effects began at attendance once or twice/year and more frequently. SWB-EL and SWB-M were also inversely related to depressive symptoms (independent of childhood religious attendance). Interactions were also present such that the negative relationship between SWB-M and depressive symptoms was stronger among those who attended religious services more frequently during childhood. Similar effects were found for emotional exhaustion. The researcher concluded: "The accumulation of 'religious capital' for clergy who were raised in religious households with regular service attendance appears to accentuate the positive effects of spiritual well-being, which encompass a greater sense of closeness to God in their own lives and in ministry."

*Citation:* Upenieks, L. (2023). Spiritually well, mentally well? Examining the early life religious antecedents of the impact of spiritual well-being on mental health among United Methodist clergy in North Carolina. *Journal of Religion and Health*, 62, 2656-2685.

*Comment:* Another careful statistical analysis of data by this prolific religion-health researcher, with important findings that clergy should be aware of.

## NEWS

### Spiritual Readiness Series (see below)

New book series for Muslims, Christians, Jews, and Hindus designed to strengthen their religious belief during this age of disbelief and, as a result, increase their level of human flourishing. Spiritual readiness for Buddhist believers is forthcoming. Spiritual readiness for the non-believer is also now available, and intended to increase their mental, social, behavioral, and physical health, independent of religion.

### 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, March 26, 2024, at 12:00-1:00 EST (New York time), and will be delivered by **Stephen G. Post, PhD**, Professor and Director, Center for Medical Humanities, Compassionate Care and Bioethics, Stony Brook University, Stony Brook, NY. The title of his presentation will be **Dignity in Pure Love: Seven Paths to Fulfillment and Inner Peace**. 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 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. **This will be the only time in 2024 that we will be doing an online workshop on integrating spirituality into clinical care.** Similar to the in-person workshop held in August 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 online on this date.

### Harvard 2024 World Congress on Moral Injury, Trauma, Spirituality and Healing

(March 11-13, 2024, online only, **20% off using discount code "Duke"** [without quotes])

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: <https://hfh.fas.harvard.edu/2024-World-Congress-on-Moral-Injury-Spirituality-and-Healing/Registration>. If questions, contact Jennifer Wortham ([jwortham@fas.harvard.edu](mailto:jwortham@fas.harvard.edu)).

## 22<sup>nd</sup> David B. Larson Memorial Lecture on Religion and Health

(5:30-6:30P EST, March 7, 2024, Duke Divinity School, Westbrook Lecture Hall 0016) (on-site only, not recorded)

Keith G. Meador, MD, ThM, MPH, will be delivering this year's lecture titled "Threading the Needle: Ethically Responsible Spiritually Informed Care." Dr. Meador is the Anne Geddes Stahlman Professor of Medical Ethics, Professor of Psychiatry and Behavioral Sciences, director, Center for Biomedical Ethics and Society, at Vanderbilt University Medical Center. This lecture will examine the use of the language of "spiritual" and "spirituality" in American culture and how it has evolved in relationship to health and human flourishing discourse historically. Focusing on the "religion and health" conversation of recent years we will explore some of the virtues as well as the challenges of this conversation within modern commodified health care and spirituality. While the inclusion of religion and spirituality as variables of consideration in medical and health research over the last three decades has been notable for its exponential growth, the conflation of language and lack of clarity as to the most appropriate dependent variable in this effort and its measurement is a persistent issue. Dr. Meador will reflect on some of the ethical implications of the challenges raised by this work and examine "care" as a potential primary paradigmatic axis to help us responsibly engage the practice of spiritually informed care in a pluralistic healthcare context. All faculty, staff, and students, as well as members of the community, are invited to attend. For more information go to: <https://spiritualityandhealth.duke.edu/index.php/scholars/david-b-larson/>.

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

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

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, revised February 20, 2024, 165 pages)

From the author: "The purpose of this book is to provide guidance on how Christian believers' faith can survive, ready to deal with whatever difficulties and challenges being faced now or in the future. If you the Christian believer (Protestant, Catholic, Orthodox) want your faith strengthened so that you can endure marginalization, discrimination, and exclusion, then this book is for you. The path is indeed a narrow one. 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. Yet, 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. The purpose of this book is to provide guidance on how Jewish believers' faith can survive, ready to deal with whatever difficulties and challenges are 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." 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. 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. 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/>.

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

(Amazon Kindle, 2024, 178 pages)

From the author: "Hinduism is one of the world's oldest and most complex religions, dating back more than 5000 years in India. Most (94%) of the nearly 1.1 billion Hindus in the world live in India, the country with the world's largest population (1.43 billion). Nearly 3.4 million Hindus live in the United States, making up 0.7% of all Hindus worldwide. Hindu beliefs, however, or coming under attack by a "progressive" secular culture whose influence is growing both in the U.S. and in India during this age of disbelief. This book is a response to that attack on traditional Hindu faith. The purpose here is to provide guidance on how Hindu believers' faith can survive, ready to face whatever difficulties and challenges may confront them. If you are Hindu 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 for a flourishing life. Although the pathway to God and freedom from rebirth described in the Bhagavad-Gita is not an easy one to follow, the rewards promised are great: peace and joy in this life as the believer comes to God and the eternal peace of nirvana afterward." Available for \$7.84 (paperback at <https://www.amazon.com/dp/B0CVQ59D4N/>) and Kindle at <https://www.amazon.com/dp/B0CVQYXV3G/>).

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

(forthcoming)

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

(Amazon Kindle, 2024, 112 pages)

From the author: "Non-believers may, in addition to grappling with the usual challenges in life, often have to deal with trials and persecutions related to their non-belief. Non-believers trust in their own abilities and in what they can see, feel, and touch. Non-believers rely on their own resources and the resources of their family and community to cope with life and make sense of it. Their focus is on the public good, the search for truth through science, this life (since that is all there is), ethics, and justice. This book focuses on how the non-believer can become spiritually ready in order to survive and thrive during the current confusing and often chaotic age we live in. The core of that spiritual readiness involves (1) developing a pattern of moral and ethical choices to live by and (2) establishing the right priorities to hold fast to (family, physical health, work, community activism). Although this pathway is a narrow one that requires great effort and self-discipline, there is no better way for a non-believer to flourish." Available for \$7.00 (paperback and Kindle) at <https://www.amazon.com/Spiritual-Readiness-Survival-Guide-Non-Believer/dp/B0CTC27JNF/>.

### **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. 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, followed by a series of chaplain interventions designed to prevent or treat emotional problems that diminish SR." 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 Leaders and 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. MI involves painful and often disabling emotions that are manifested by psychological, spiritual, and religious symptoms. 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." 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** (Integrating Spirituality into Patient Care)

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

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



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



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

## **TRAINING OPPORTUNITIES**

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

All scholarships 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 OFI (online funding inquiry) deadline for Small Grant requests (\$234,800 or less) and Large Grant requests (more than \$234,800) is **August 16, 2024**. The Foundation will communicate their decision (rejection or invitation to submit a full proposal) for all OFIs by October 11, 2024. Full proposals will be due January 17, 2025, with notification of a decision on July 11, 2025. 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>.

## 2024 CSTH CALENDAR OF EVENTS...

### March

- 3/7 **22<sup>nd</sup> David B. Larson Memorial Lecture**  
[5:30-6:30P EST on-site only, Duke University Divinity School, Westbrook Lecture Hall 016]  
**Title:** Threading the Needle: Ethically Responsible Spiritually Informed Care  
**Speaker:** Keith G. Meador, M.D., Anne Geddes Stahlman Professor of Medical Ethics, Professor of Psychiatry and Behavioral Sciences, Vanderbilt University  
**Contact:** Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))
- 3/11-13 **Harvard 2024 World Congress on Moral Injury, Trauma, Spirituality and Healing**  
Online only (use discount code Duke for 20% off)  
**Speakers:** Many, including Thomas More, Deepak Chopra, Michael Collins (director of "Almost Sunrise"), and many more  
**Contact:** Dr. Jennifer Wortham ([jwortham@fas.harvard.edu](mailto:jwortham@fas.harvard.edu))
- 3/16 **Integrating Spirituality into Patient Care Workshop**  
8:45A-5:00P EST (NY time) by Zoom  
**Instructor:** Harold G. Koenig MD  
**Contact:** Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))
- 3/26 **Spirituality and Health Research Seminar**  
12:00 -1:00 EST (New York time) (online by Zoom)  
**Title:** Dignity in Pure Love: Seven Paths to Fulfillment and Inner Peace  
**Speaker:** Stephen G. Post, PhD, Professor and Director, Center for Medical Humanities, Compassionate Care and Bioethics, Stony Brook University, Stony Brook, NY  
**Contact:** Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))

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

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