

CROSSROADS...

Exploring research on religion, spirituality and health

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

All e-newsletters are archived on our website. To view previous issues (July 2007 through March 2024) go to:
<https://spiritualityandhealth.duke.edu/index.php/publications/crossroads/>

LATEST RESEARCH

Physicians, Spirituality and Compassionate Care

Daniel Sulmasy, who is a physician (internal medicine), medical ethicist, and former Franciscan friar, has authored an article published in the *New England Journal of Medicine* on the role of physicians in addressing the spiritual needs of patients. The focus here is on patients with chronic serious medical illness and those at the end of life, but also includes patients with any degree of illness who are seeing physicians. Dr. Sulmasy discusses many issues including taking a spiritual history, referring to chaplains, and praying with patients, largely from a positive perspective. However, he emphasizes that, "Attempts to convert patients or unsolicitedly pray 'over' them in the setting of the patient-physician relationship, however, are ethically wrong." Thus, he provides a balanced approach to an issue that in the past has been quite controversial for physicians.

Citation: Sulmasy, D. P. (2024). Physicians, spirituality, and compassionate patient care. *New England Journal of Medicine* 390 (12): 1061-1063

Comment: The mere fact that an article like this was published in the NEJM underscores the increasing recognition within the medical world that patients have spiritual needs related to their health that physicians need to address. This article may be used to justify the importance of taking a spiritual history and addressing spiritual needs in clinical practice.

Spirituality and Depressive Symptoms Trajectories among Older Adults in Mainland China

Researchers in the department of general practice, school of clinical medicine at Guangdong Medical University in Dongguan, China, reported the results of a 10-year prospective study of adults aged 55 or over living in the Ningxia province of northwest China (where approximately one third of the population is Muslim). A total of 3,643 community residents were enrolled at baseline 2012-2015 and followed up in 2017, 2019, in 2021. Of these, 2,333 participants completed a measure depressive symptoms at least twice and were included in the analysis. Depressive symptoms

were assessed by the 30-item Geriatric Depression Scale (GDS). Spirituality was measured by the Chinese version of the 5-item Duke University Religion Index, which assesses organized religious activities (attendance at religious services), non-organizational religious activity (private religious activity such as prayer and scripture study), and intrinsic religiosity (relationship with God), whose total score ranges from 5 to 27. "High" spirituality was defined as a score of greater than 24 (which 70.2% of participants qualified for). This was a relatively religious sample due to a significant proportion of the sample being Muslim participants. A group-based trajectory model was used to identify different trajectories of change in depressive symptoms over time among participants. Multiple logistic regression modeling was used to examine the association between spirituality and different depression trajectories (where no depressive symptoms was the reference group). Controlled for in analyses were age, sex, ethnicity, household registration, educational attainment, marital status, living alone, monthly income, smoking, drinking, obesity, hypertension, age-adjusted Carlson Comorbidity Index, and ability to perform activities of daily living (ADLs) assessed by a 14-item scale. **Results:** Three trajectories of depressive symptoms were identified: (1) a no depressive symptoms trajectory (75.2% consistently scored less than 10 on the GDS), (2) a new-onset depressive symptoms trajectory (14.4%), and (3) a persistent depressive symptoms trajectory (10.4%). Uncontrolled analyses revealed that those with high spirituality (vs. low spirituality) were more likely to be in the no depressive symptoms trajectory group (74.5% vs. 70.2%, respectively). Regression modeling revealed that those with high spirituality were 32% less likely to follow the new-onset depression trajectory (OR=0.68, 95% CI=0.49-0.93, p=0.016) and were 78% less likely to follow the persistent depressive symptom trajectory (OR=0.32, 95% CI=0.23-0.45, p<0.001). Researchers concluded: "Spirituality predicts a lower risk of new-onset depressive symptoms and persistent symptoms among older adults in mainland China."

Citation: Hu, X., Ma, W., Tong, Y., Xiong, M., He, Z., Lei, Q., ... & Wang, Z. (2024). Longitudinal association of spirituality with depressive symptom trajectories among older adults in mainland China. *International Journal of Geriatric Psychiatry*, 39(3), e6077.

Comment: This is one of the few longitudinal studies showing a protective effect of religious involvement on depressive symptoms among older adults in mainland China (where only a very small percentage of the general population across China is engaged in religious practices).

Religious Affiliation and Association between Religiosity and Self-Rated Health in India

Investigators from the department of migration and urban studies at the International Institute for Population Sciences and department of geography at Malda College West Bengal, India, analyzed cross-sectional data from India's Longitudinal Aging Study, Wave I, that included 64,655 adults age 45 or older. This population-based study utilized a multistage stratified sampling design that took place in three stages. Self-rated health (SRH) was assessed by a single question with five response options ranging from very good to very bad, which was dichotomized into good (1)

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or not good (0). Religious variables assessed included frequency of religious prayer (regular, infrequent, sporadic, never), attendance at religious services (regular, infrequent, sporadic, never), and meditation (regular, infrequent, never). Religious affiliations were Hindu (n= 47,479), Muslim (n=7,674), Christian (n=6,415), and other (n=3,087). Controlled for in logistic regression analyses were age, marital status, sex, wealth, education, social group, residence, life satisfaction, difficulties in ADLs, and presence of chronic diseases. Analyses were conducted within each religious affiliation (Hindu, Muslim, and Christian). **Results:** Even after controlling for difficulties with physical functioning and the presence of chronic diseases, Hindus who never practiced religious prayer were 30% more likely to report poor SRH (OR=1.30, 95% CI=1.25-1.40); likewise, those who never attended religious services were 26% more likely to report poor SRH (OR=1.26, 95% CI=1.21-1.34); finally, those who never meditated were 16% more likely to report poor SRH (OR=1.16, 95% CI=1.07-1.31). Among Muslims, those who never practiced prayer were 20% more likely to report poor SRH (OR=1.20, 95% CI=1.03-1.45); those who never attended mosque services were 21% more likely to report poor SRH (OR=1.21, 95% CI=1.04-1.37); although no relationship was found between meditation and SRH. Among Christians, those who never prayed were 119% more likely to report poor SRH (OR=2.19, 95% CI=1.41-3.40); those who never attended religious services were 17% more likely to report poor SRH (OR=1.17, 95% CI=1.04-1.34); and, as in Muslims, no relationship was found between meditation and SRH. No association between religiosity and SRH was found among those with other religious affiliations in adjusted models. Researchers concluded: "Religious participation (prayer and attendance at religious services) was a predictor of SRH, except for other religious groups, and as religious participation increased, the prevalence of poor SRH reduced."

Citation: Roy, A., Saha, J., Rahaman, M., Kapasia, N., & Chouhan, P. (2024). Does the association between religiosity, spirituality and self-rated health change with religious affiliations? Evidence from an Indian large-scale survey. *Journal of Religion, Spirituality & Aging*, 36(2), 139-156.

Comment: Given the high quality of this study (population-based study, large sample, careful control for confounders), the findings from this study are important, particularly in a country that is straining to provide healthcare to its over 1.1 billion residents (the largest population of any country in the world, including larger than China).

Effects of Spirituality/Religion on Economic Decision-Making

Researchers from the department of psychiatry, Harvard Medical School and McLean Hospital utilized a complex economic decision-making method (Sequential Investment Task) in order to examine the effects of spirituality/religion (S/R) on adaptation to positive and negative investment outcomes, both real and hypothesized. The purpose was to examine whether S/R affects reward expectancies measured by investing behavior in response to financial gains, losses, or fictive losses. The authors hypothesized that certain dimensions of religiosity (as compared to spirituality) would be more likely to be associated with diminished impact of gains, losses, and regret relating to change in investment behavior. A community sample of 242 adults (average age 42, 54% female) from the New England area participated in the study. Just under two-thirds (65%) were religiously affiliated, most of whom were Christian (91%); in addition, 10% identified as spiritual but not religious and 25% as neither spiritual nor religious. Measures of *religiosity* included importance of religion, involvement in religious community, and the 5-item Duke University Religion Index (attendance, private religious activity, and intrinsic religiosity). Measures of *spirituality* included importance of spirituality in life, belief in God, belief in prayer,

perceived benefits of prayer, personal importance of prayer, and S/R i in terms of spiritual vs. religious personal identification (spiritual and religious, spiritual but not religious, etc.). Participants were given \$100 in simulated assets to invest in the stock market during 20 subsequent trials, where participants total asset values increased or decreased depending on whether the market went up or down. **Results:** Significant effects on investment decisions were observed for all religious variables (except for private religious activity); in contrast, none of the spirituality variables had any significant effects. Religiosity was associated with greater stability of responding overall, reduced reaction to positive outcomes, and reduced reaction to perception of fictive losses that could've been gained. In contrast, few aspects of spirituality had any such effects. These findings suggested that religion but not spirituality may cause individuals to favor pre-committed beliefs over new information, thereby suppressing influences of certain error signals (bad investments) that could lead to updated behavior. Researchers concluded: "Our results suggest that risk aversion is generally amplified in those with high religiosity, which may reduce reactivity... religious individuals refrained from investing more in their next bet in response to actual gains or counterfactual losses within our study, due to general risk aversion, that is: they were less driven by the prospect of better but riskier outcome... It is possible that religion leads to greater behavioral stability, less risk-taking, and less reactivity to aversive states (e.g., regret), all of which may mitigate suicidality and alcohol/substance use."

Citation: Rosmarin, D. H., Chowdhury, A., Pizzagalli, D. A., & Sacchet, M. D. (2023). In God We Trust: Effects of spirituality and religion on economic decision making. *Personality and Individual Differences*, 214, 112350, EPUB ahead of press.

Comment: Fascinating but highly complex experimental study demonstrating possible mechanisms by which religious involvement may positively impact suicide risk and the development of substance use disorders (demonstrating that spirituality may not be as effective as religion in this regard).

A Systematic Review of Research on Religiosity and Suicidality in LGBTQ Persons

A researcher from Brigham Young University provides a systematic review of peer-reviewed articles identified from a major database (PsychInfo) on religion and suicidality that focused on those with an LGBTQ sexual identity. A total of 50 studies published since the year 2000 were identified. **Results:** The findings were mixed (even within individual studies), and the findings often contradicted each other. Overall, 65% of studies identified at least one religiosity indicator as a risk factor for suicidality; 41% identified at least one religiosity indicator as a protective factor against suicidality; and 53% reported no association between religiosity and suicidality. When examining religious affiliation/denomination, importance of religiosity, and beliefs and behaviors, religiosity was typically protective or unassociated with suicidality (particularly for better designed studies, such as those that examined population-based samples, included control variables, and used comparison groups). However, one universal finding was that those who experienced conflict between their religious and sexual-gender identities (termed "religious stress" by others) were at greater risk for suicidal thoughts; in contrast, those who were able to integrate their religious and sexual/gender identities experienced fewer suicidal thoughts and negative outcomes. The researcher concluded: "The reality is that at some times, in some situations, for some people, some aspects of religiosity are a risk factor for suicidality. On the other hand, at some times, in some situations, for some people, some aspects of religiosity are a protective factor for suicidality."

Citation: Goodman, M. A. (2024). Associations between religion and suicidality for LGBTQ individuals: A systematic review. *Archive for the Psychology of Religion*, 00846724241235181

Comment: This is a comprehensive review of studies published over the past 25 years. To learn more about how LGBTQ Christians can integrate their religious and sexual/gender identities (and perhaps increase their mental health), see the book *Spiritual Readiness: A Survival Guide for LGBTQ Christian Believers* below.

Caring for Those with Religious Scrupulosity

Well-known researchers on spirituality and health at Loma Linda University discuss the seldom addressed topic of religious scrupulosity. Religious scrupulosity is a type of obsessive-compulsive disorder (OCD) that involves moral and religious anxieties, struggles over uncertainty, and difficulty with flexibility in thinking. Other characteristics of those with religious scrupulosity include perfectionism, self-doubts, painful and persistent thoughts interpreted as sacrilegious, not having enough faith, not being "saved," or not being pure or holy enough. The authors suggest the following:

- (1) Refer the person with religious scrupulosity to a mental health professional who can administer a treatment such as exposure and response prevention, cognitive behavioral therapy, or acceptance and commitment therapy [and in some cases prescribed medication] (all of which are typical treatments for OCD).
- (2) Be aware that many spiritual giants might have been diagnosed with religious scrupulosity today, including Martin Luther, John Bunyan, Ignatius of Loyola [and perhaps even Mother Teresa].
- (3) If treating someone with this condition, unconditional acceptance of the patient is necessary; don't argue with the patient or try to rationally convince them that their moral or religious anxieties are unfounded. Religious scrupulosity has very little to do with rational thinking.
- (4) Practice non-judgmental listening by taking a spiritual history, i.e., inquiring about their doubts or fears about God, what aspect of these beliefs are helpful to them, what beliefs might ease their anxiety, and how they experience God's love.
- (5) Encourage patients to be merciful towards themselves, exploring various ways of experiencing God's love such as while taking a walk in nature; likewise, as a healthcare provider, model self-compassion and unconditional positive regard towards the patient while interacting with them.

Citation: Taylor, E. J., & Boyle, B. (2024). How do I care for those burdened by religious scrupulosity? *Journal of Christian Nursing*, 41(2), 127.

Comment: This article provides some very useful recommendations on how to help a Christian with religious scrupulosity to achieve a healthy balance in their religious beliefs and efforts to live a virtuous life.

COVID-19 Mask-Wearing and Religiosity among Muslims in Iran

Iranian investigators surveyed of 503 adults (most with a university education, n=389) living in the Kerman province of southeastern Iran in early 2021 to examine the relationship between religiosity and mask-wearing during the pandemic. Questions were asked with regard to mask wearing (i.e., frequency of mask wearing when going out into the workplace, attending events, during transportation, or at the marketplace). If participants wore masks during all of the above public activities, this was considered "mask adherence" (about one-third of participants did so). A history of COVID-19 infection was also inquired about. Fatalistic religious beliefs were assessed using the 6-item God Locus of Health Control (GLHC) scale, and overall religiosity was measured using the 5-item Duke University Religion Index (attendance at religious services, private religious activities, intrinsic religiosity). Persian versions of all scales were utilized. Controlled for in multivariate analyses were age, gender, education level, history of Covid-19, and fatalistic beliefs (GLHC). **Results:** Bivariate uncontrolled analyses revealed a weak positive correlation between religiosity

and mask-wearing ($p=0.087$). Multivariate analyses revealed no significant relationship between religiosity and mask-wearing ($OR=1.03$, 95% $CI=0.99-1.08$, $p=0.13$). Researchers concluded: "... religiosity had no association with mask-wearing during the COVID-19 pandemic in the Iranian Muslim population."

Citation: Khajeh, Z., Yazdi-Feyzabadi, V., & Nakhaee, N. (2024). The relationship among mask-wearing, fatalism, and religiosity in a Muslim population: Implications for health education. *Journal of Kerman University of Medical Sciences*, 31(1), 35-39

Comment: This is an interesting study of a relatively large population of well educated Iranians during the heart of the COVID-19 pandemic, which found that religiosity did not prevent these adults from wearing a mask to prevent spread of the virus.

Maternal Religiosity and Adolescent Mental Health in the United Kingdom

Investigators at the Center for Academic Child Health, Population Health Sciences, Bristol Medical School, University of Bristol, UK, analyzed 9-year prospective data from the Avon Longitudinal Study of Parents and Children. Although cases with complete data were available on only 1,878 maternal-child dyads in the United Kingdom, the "imputed" sample consisted of 7,714 maternal-child dyads. Maternal and child religiosity was assessed when children were aged 9 years and mental health outcomes were assessed when children were aged 17-18 years old. Maternal religiosity was determined by latent class analysis resulting in four groups: (1) highly religious (consistent endorsement of religious belief, high probability of regular attendance at religious services, and high likelihood of obtaining help and support from religious individuals); (2) moderately religious (those sharing many characteristics of the highly religious but unlikely to attend religious services regularly); (3) agnostic (uncertainty about existence of God and whether they would ask for help from God if in trouble); and (4) atheist (expressing strong disbelief in the existence of God, and general disagreement with statements related to religious belief and practice). Mental disorders in children were assessed by the Clinical Interview Schedule (CIS-R) and included overall common mental disorders, ICD 10 depression, depressive symptoms, GAD symptoms, self-harm acts, self-harm thoughts, and disordered eating. Logistic regression was used to analyze the data, controlling for maternal age, parental socioeconomic position, adverse childhood experiences, maternal mental health, and offspring sex at birth. **Results:** In adjusted models, no significant relationships ($p<0.05$) were found between maternal religiosity and child mental disorders at age 17-18, nor between childhood religiosity at age 9 and child mental disorders based on the main analysis. However, when examining odds ratios within each category of maternal religiosity (not part of the main planned analysis), the risk of depressive symptoms was higher among children whose mothers identified as atheist ($OR=1.31$, 95% $CI=1.03-1.67$), and self-harm thoughts were *more common* among children of highly religious mothers ($OR=1.43$, 95% $CI= 1.04-1.97$). Researchers concluded: "Overall, there were a small number of associations between maternal religious belief and offspring adolescent mental health. Future work would benefit from replicating our analyses in non-UK samples to examine whether the lack of association is found in other samples."

Citation: Halstead, I., Heron, J., Svob, C., & Joinson, C. (2024). Maternal religiosity and adolescent mental health: a UK prospective cohort study. *Journal of Affective Disorders*, 351, 158-164.

Comment: These findings from the UK are of interest, but the presentation of the presentation of the findings are confusing (it was unclear what "imputing" meant for sample calculation, why findings apart from the planned analysis were presented, etc.). Overall, the findings were difficult to interpret, since the authors claimed non-significant findings from the main analysis as though they were significant.

Impact of Discrimination among Muslims in Norway

Researchers from the Center for Medical Ethics, Faculty of Medicine, University of Oslo and other academic institutions in Norway, analyzed data on a population-based sample of 5,484 immigrants, of whom 2,661 were Muslims and 1,732 were affiliated with another religion (other than Islam). Of the Muslims, 2191 were immigrant Muslims and 470 were Norwegian-born Muslims; of the immigrant other-religious group, 1380 were immigrants in 352 were Norwegian-born. Participants were aged 16-74 from 12 different countries of origin who had lived in Norway for at least two years. Self-rated health (SRH) was assessed by a single question whose response options were dichotomized into very good/good vs. very poor/poor/neither good nor poor. Mental health was assessed by the 5-item Hopkins symptoms checklist scale, and a mean score of above 2 was used to indicate a mental health problem. Discrimination was assessed by asking respondents if they had experienced "being treated differently" in the past 12 months at a workplace, at an educational institution, in the healthcare system, when applying for work, or in any other situation; this was followed by a question that asked whether they had experienced discrimination in a public office, in contact with the police, the housing market, at restaurants, coffee, bars, or nightclubs, in stores or in banks, in a bus, train, or underground, or on the street or in squares. A positive response indicating discrimination for any of these was categorized as perceived discrimination. Logistic regression was used to determine the effect of perceived discrimination on SRH and mental health problems. **Results:** 43% of non-Norwegian-born immigrant Muslims and 57% of Norwegian-born Muslims reported perceived discrimination, compared to 35% of non-Norwegian-born immigrants from other-religions and 50% of Norwegian-born immigrants from other religions. Muslims were significantly more likely (10%) to report perceived discrimination compared to non-Muslims (relative risk [RR]=1.10, 95% CI=1.03-1.17, $p<0.01$), and Norwegian-born Muslims were 35% more likely to report perceived discrimination (RR=1.35, 95% CI=1.20-1.50, $p<0.01$). Perceived discrimination among Muslims was related to worse self-related health and increased mental health problems. Researchers concluded: "Our findings suggest that perceived discrimination does play a role in health among minorities with an immigrant background in Norway, regardless of religion. However, the association between perceived discrimination and poor health seems to be stronger among Muslims, especially Norwegian-born Muslims."

Citation: Ishaq, B., Diaz, E., & Østby, L. (2024). Discrimination and health: A cross-sectional study comparing Muslims with other-religious. *Scandinavian Journal of Public Health*, 14034948231225561.

Comment: A very well-done study documenting relatively high rates of perceived discrimination by Muslims in Norway, which appeared to impact their self-rated physical health and mental health. Given the cross-sectional nature of this study, however, causal inference could not be determined.

Religiosity and Medical Distrust among Black Adults in Chicago

Researchers at the Sinai Urban Health Institute in Chicago, Medical College of Wisconsin, and other research institutes in Chicago analyzed cross-sectional data on 537 Black individuals living in Chicago. The purpose was to examine the relationship between religiosity and medical trust during the COVID-19 pandemic, and determine how age moderated this association. The research was conducted between September 2021 and March 2022, during the heart of the COVID-19 pandemic. Participants were a convenience sample recruited through a variety of methods. Medical mistrust was assessed by the 8-item Group-Based Medical Mistrust Scale; religiosity by the 10-item Santa

Clara Strength of Religious Faith Questionnaire; and racism by the 10-item Every Day Discrimination Scale. Linear regression modeling was used to analyze the data while controlling for age, gender, household income, education, health conditions, and racism. **Results:** Religiosity was positively related to medical mistrust ($B= 0.10$, $SE= 0.02$, $p<0.001$), and there was a positive interaction between religiosity and age such that among participants under age 35 ($n=284$), religiosity was significantly related to greater medical mistrust ($B=0.22$, $SE= 0.08$, $p=0.003$), but not in those aged 35 or older. Researchers concluded: "Religiosity had a statistically significant positive association with medical mistrust for younger individuals (under 35 years of age) but not for individuals 35 years of age and older... Our findings suggest that religiosity, as measured in this study by one's sense of religion, connection to God, and participation in religious activities like churchgoing, may influence medical mistrust, and that influence may differ based on age."

Citation: Jacobs, J., Walsh, J. L., Valencia, J., DiFranceisco, W., Hirschtick, J. L., Hunt, B. R., ... & Benjamins, M. R. (2024). Associations between religiosity and medical mistrust: an age-stratified analysis of survey data from Black adults in Chicago. *Journal of Racial and Ethnic Health Disparities*, EPUB ahead of press.

Comment: Important study demonstrating the possible impact of religiosity on medical mistrust among African-Americans during the COVID-19 pandemic; however, given the cross-sectional nature of the study, direction of effect (causation) could not be determined.

Emotional Regulation Difficulties within PTSD Clusters and Moral Injury Subtypes

Researchers from the War-related Illness and Injury Study Center at the VA New Jersey Healthcare System in East Orange, and universities throughout the United States analyzed data from a convenience sample 253 previously deployed US military personnel recruited online through Qualtrics (77% male, mean age 48, 78% White, 67% married, 56% Army). Participants were required to have a past history of deployment and trauma-related difficulties (PTSD, moral injury, or both). Participants completed the Life-Events Military Checklist (LEC-5), the 20-item PTSD checklist-5 (PCL-5, which assesses intrusions, avoidance, negative alterations in cognition, and alterations in arousal & reactivity PTSD clusters), and the 9-item Moral Injury Events Scale (MIES, which measures other-transgressions, self-transgressions, and betrayal; Nash et al., 2013). Among participants in the study, 63 met criteria for PTSD (PCL-5 >32) only, 100 met criteria for Moral Injury only (MIES ≥ 27), and 90 met criteria for both. Difficulties in emotional regulation (an individual's ability to monitor, evaluate, and modulate their emotional reactions) was assessed by the 18-item Difficulties in Emotional Regulation Scale-Short Form (DERS-SF). The dependent variable in this analysis was the total score on the DERS-SF scale (assessing emotional dysregulation). Regression analysis controlling for religion, age, sex, and race was used to examine the association between PTSD clusters, moral injury subscales, and difficulties in emotional regulation. **Results:** Difficulties in emotional regulation were positively associated with all PCL-5 and MIES subscales with small-to-medium effect sizes. Overall scores on moral injury and PTSD were not correlated with each other, although there were correlations between subscales. Regression analysis indicated that after controlling for covariates, the PCL-5 PTSD subscale Alterations in Arousal & Reactivity was positively correlated with difficulties in emotional regulation, as was the moral injury Self-Transgressions subscale of the MIES. Researchers concluded: "Results indicated that alterations in arousal or reactivity was the only PTSD symptom cluster associate with difficulties in emotion regulation. Self-transgressions was the only facet of moral injury significantly associated with difficulties with emotional regulation. This is the first study to examine the association between

emotional dysregulation, PTSD symptom clusters, and moral injury in previously deployed US military.”

Citation: Boska, R. L., Bishop, T. M., Capron, D. W., Paxton Willing, M. M., & Ashrafioun, L. (2024). Difficulties with emotion regulation within PTSD clusters and moral injury subtypes. *Military Psychology*, EPUB ahead of press.

Comment: A modest but interesting cross-sectional study looking at associations between emotional dysregulation, PTSD, and moral injury.

Spirituality and Psychological Resilience in Women with Breast Cancer Receiving Chemotherapy

Investigators in the department of psychiatry and mental health nursing at Dicle University in Diyarbakir, Turkey, conducted a cross-sectional study that involved a systematic sample of 85 women in Turkey with breast cancer receiving chemotherapy (78% response rate). Participants completed the 6-item Spirituality Scale (Demirci, 2017) and the 6-item Brief Resilience Scale. Linear regression was used to examine the relationship between the two scales, without controlling for any covariates. **Results:** There was a strong positive correlation between spirituality and resilience ($r=0.47$, $p<0.001$), such that spirituality accounted for 22% of the variance in psychological resilience. The authors concluded: “Based on these results, it is suggested that spiritual therapies should be conducted by reference to larger sample groups and in the context of randomized controlled studies to increase the levels of psychological resilience exhibited by women with breast cancer.”

Citation: Yıldırım Üşenmez, T., Öner, U., Şanlı, M. E., & Dinç, M. (2023). The Effect of spirituality on psychological resilience in women with breast Cancer who have received chemotherapy: A cross-sectional study from Turkey. *Journal of Religion and Health*, 62(3), 1964-1975.

Comment: Although the statistical analyses were quite modest, and the measure of spirituality may have been contaminated by indicators of psychological resilience (i.e., peace), the findings here support the importance of spirituality in the care of women with breast cancer receiving chemotherapy in Turkey.

Religiosity and HPV Vaccination in Urban Black and Hispanic Parents

Investigators in the department of health promotion and behavioral sciences at the School of Public Health, University of Texas Health Center, Houston, cross-sectionally surveyed a convenience sample of 175 Black and 285 Hispanic parents of 11-14 year old youth recruited from medically underserved communities (93% response rate). All participants were part of an ongoing randomized controlled trial. The purpose of this report was to examine the relationship between religiosity and HPV vaccine initiation and intention (to prevent the development of cervical cancer). Religiosity was measured by single items assessing frequency of religious attendance and importance of religion in life. Participants were 93% Christian; 67% attended religious services monthly or more frequent; and 55% indicated that religion was very important in their lives. HPV vaccine decision-making was assessed by whether parents had started the vaccine series (vaccine initiation) for whether parents intended to do so in the future (vaccine intention). Binary logistic regression was used to analyze the association between religious factors and HPV vaccine initiation and intention separately for Black parents and Hispanic parents, while controlling for parent gender, education, income, religious tradition, child gender, and child age. **Results:** 47% of Black parents and 54% of Hispanic parents had initiated the HPV vaccine series for their youth (more likely for female youth than males), whereas 46% of Black parents and 49% of Hispanic parents intended to vaccinate their youth in the future. Neither frequency of attendance at religious services nor importance of

religion were significantly associated HPV vaccine initiation or intention in either Black or Hispanic parents. Researchers concluded: “This study suggests that religiosity does not influence the HPV vaccine decision for urban, Black and Hispanic parents.” *Citation:* Coleman, D. C., Markham, C., Guilamo-Ramos, V., & Santa Maria, D. (2024). Relationship between religiosity and HPV vaccine initiation and intention in urban Black and Hispanic parents. *BMC Public Health*, 24(1), 265.

Comment: Historically, religiosity has influenced vaccine decision-making in the negative direction, particularly in minority populations. This apparently is not the case for HPV vaccine decision-making, at least among Black and Hispanic parents in Texas who agreed to participate in a randomized controlled trial examining an intervention to increase HPV vaccine uptake.

Trauma-Informed Spiritual Care

Augustine Cassis Boateng, a Hillman scholar in nursing innovation at the University of Pennsylvania School of Nursing, discusses the importance of implementing trauma-informed spiritual care by all healthcare professionals, especially nurses, in this brief one-page article published in the *American Journal of Nursing*. He defines trauma-informed spiritual care as “the art of addressing the unique spiritual health needs and challenges of individuals who experience trauma in a way that promotes healing, trust, and connection by drawing on community-based spiritual resources to ensure continuum of care.” He begins the discussion by presenting the case of a woman who suddenly lost both of her sons from traumatic events, who turned away from her faith and from mental health care for a long time, only to return to a faith community where profound healing took place. He emphasizes that “individuals from underserved populations may face unique health challenges and disparities that can be better addressed by embracing their spiritual perspectives within communities of faith.” The author concludes the article by stating: “We urgently need consistent education about trauma-informed spiritual care for future and current healthcare providers, including nurses. This would include competency in assessment of patients’ spiritual needs that’s grounded in an understanding of how resilience can be developed in response to traumatic experience.”

Citation: Boateng, A. C. O. (2024). Integrating trauma-informed spiritual care. *American Journal of Nursing*, 124(3), 8.

Comment: An important article for all healthcare professionals to read, particularly those who are providing care to those suffering from severe trauma.

NEWS

Spiritual Readiness Series (see below in **Resources Section**)

New book series on Spiritual Readiness for Christians, LGBTQ Christians [NEW], Jews, Muslims, Hindus, Buddhists [NEW], Non-Believers, Christian Pastors, and Military Chaplains designed to *strengthen the religious faith* of members of each of these groups and thereby increase their capacity for human flourishing.

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, April 16, 2024, at 12:00-1:00 EST (New York time), and will be delivered by **Katherine Carroll Britt, PhD, MSN-IQS, RN**,

at the University of Pennsylvania School of Nursing. The title of her presentation will be **Religion, Spirituality, Alzheimer's Disease and Other Dementias**. PDFs of the Power Point slides for download and full video recordings of most past webinars since July 2020 are available at <https://spiritualityandhealth.duke.edu/index.php/education/seminar/>.

Call for Papers

Topic: **Spiritual Care for Critical Care Patients and Staff**
Academic Journal: *Medizinische Klinik: Intensivmedizin und Notfallmedizin* (<https://www.springer.com/journal/63>)
The Journal is currently preparing a special issue on the topic above; empirical studies (both quantitative and qualitative, as well as case reports) are **welcome in English or German**. Patients admitted to an ICU are confronted with life-threatening diseases or a critical condition. They need to tackle physical pain and grave infirmity as well as the loss of their autonomy and self-determination. This gives rise to asking questions about the meaning and value of the own life and place within the world as perceived. Similarly, ICU staff - physicians, nurses, physiotherapists and others – are on a daily base confronted with these questions from a different perspective. As a part of their professional role they are asked to understand the patient not just as a mere body to treat, but as a whole person with distinctive characteristics and needs. Providing holistic care encompasses being open for conversations with patients and their families on this spiritual level. This Special Issue will explore the specific situation of patients and staff in ICUs regarding their spiritual needs, moral distress, and spiritual resources as well as methods for applying and providing spiritual care in ICUs. All potential contributions are examined within this frame. If interested in submitting a paper, contact eckhard.frick@tum.de.

SPECIAL EVENTS

9th European Conference on Religion, Spirituality and Health

(May 16-18, 2024, Salzburg, Austria, on-site and online)
Make plans now to attend the 9th annual European Conference on Religion, Spirituality and Health which will be held at Paracelsus Medical University in beautiful Salzburg, Austria. The focus on this year's conference will be "Spiritual Care Interventions in Modern Health Care." A 4-day hybrid **spirituality and health research workshop** will be held prior to the conference on May 12 - 15, 2024 (both online and on-site). For more information go to <https://ecrsh.eu/ecrsh-2024> or contact Dr. René Hefti at rene.hefti@rish.ch.

Online Moral Injury Workshop

(June 22, 2024)
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, June 22, 2024**. This 8-hour online workshop is designed for chaplains (healthcare and military), healthcare professionals (physicians, nurses, social workers, rehabilitation therapists, etc.), mental health professionals (counselors, psychologists, pastoral counselors), students of every type (high school, undergraduate, graduate, etc.), community clergy, and anyone else interested in the topic of moral injury, the distressing

emotions associated with it, and the devastating consequences that can result. For more information, contact Dr. Koenig at Harold.Koenig@duke.edu or go to <https://sites.duke.edu/csth/files/2024/02/2024-Duke-University-Spirituality-and-Health-Workshops.pdf>. This online workshop is not being recorded, and will only be available "live" on this date.

20th Annual Duke University Summer Research Workshop

(Durham, North Carolina, August 12-16, 2024, "on-site" only)
Register now to attend this one-of-a-kind 5-day training session on how to design research, obtain funding support for it, carry it out, analyze and eventually publish the findings, with an emphasis on developing an academic career in the area of religion, spirituality and health. **Pass this information on** to colleagues, junior faculty, graduate students, and anyone you think might be interested. The workshop compresses training material that was previously taught during our 2-year post-doctoral fellowship, so the curriculum is packed. Leading religion-health researchers from Duke and Yale Universities serve as workshop faculty. Participants will have the option of a 30-minute one-on-one with Dr. Koenig or another faculty mentor of their choice, although these mentorship slots are limited. Since 2004, more than 1000 academic researchers, clinical researchers, physicians, nurses, chaplains, community clergy, and students at every level in medicine, nursing, social work, chaplaincy, public health, psychology, counseling, sociology, theology, and rehabilitation (as well as interested members of the general public) have attended this workshop. Participants from every faith tradition and region of the world have come to the workshop, and the workshop in 2024 is no different. **Partial tuition reduction scholarships** are available for those with serious economic hardship. **Full scholarships** are also available for graduate students in underdeveloped countries (see below). For more information, go to: <https://spiritualityandhealth.duke.edu/index.php/5-day-summer-research-course/>.

Duke University "Integrating Spirituality into Patient Care Workshop"

(Durham, North Carolina, August 17, 2024, on-site only)
Immediately following the 5-day research workshop above, Dr. Koenig will be conducting a workshop on Integrating Spirituality into Patient Care to be held in-person on **Saturday, August 17, 2024**. This workshop is designed specifically for health professionals and clergy who wish to integrate spirituality into the care of patients or enhance the health of congregants, as well as for those wishing to integrate spirituality into their work or job. We are taking an entire day to comprehensively deal with why, how, and when to integrate spirituality into the care of patients and other work settings. This workshop is designed for healthcare professionals (physicians, nurses, social workers, rehabilitation therapists, etc.), chaplains (healthcare and military), community clergy, mental health professionals (counselors, psychologists, pastoral counselors), students of every type (high school, undergraduate, graduate, etc.), and anyone else interested in the role that faith plays in health and well-being (and how to utilize this information in their current or future profession). For more information, go to the following link: <https://sites.duke.edu/csth/files/2024/02/2024-Duke-University-Spirituality-and-Health-Workshops.pdf> or contact Dr. Koenig at Harold.Koenig@duke.edu.

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, updated March 25, 2024, 165 pages)

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, but not without reward. Come join Dr. Koenig on this journey to becoming a spiritually ready Christian believer." 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 LGBTQ Christian Believers (NEW)

(Amazon Kindle, published March 25, 2024, 183 pages)

Approximately one-third of LGBTQ adults say that they experience a conflict between their religious beliefs and sexual orientation or gender identity. Being both religious and a sexual minority can cause *religious stress*, the psychological conflict that a person who identifies as a sexual minority may experience from their religious or spiritual beliefs. This religious stress may be worsened by the stigmatization imposed on persons who identify as LGBTQ due to negative attitudes towards them by certain religious groups. LGBTQ persons who are also Christian believers (Protestant, Catholic, or Orthodox) are under attack not only for their sexual identity, but also for their religious faith. This book is a response to that attack. The purpose here is to provide guidance on how a LGBTQ Christian believer's faith can survive, despite external and internal persecutions, ready to face whatever difficulties and challenges lie ahead. If you want your Christian faith strengthened so that you can endure stigma, discrimination, and exclusion due to your sexual identity and your faith, then this book is for you. Available for \$7.99 (paperback and Kindle) at <https://www.amazon.com/dp/B0CZ3S6SZ1/>.

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

(Amazon Kindle, updated March 1, 2024, 166 pages)

Jewish believers of all traditions (Reform, Conservative, Orthodox) are under attack like never before. The purpose of this book is to provide guidance on how Jewish believers' faith can survive, ready to deal with whatever difficulties or 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, updated March 1, 2024, 163 pages)

By 2100, the number of Muslims are projected to exceed the number of Christians (35% vs. 34%, respectively), making it the largest religion in the world. Muslim believers have long been under attack. The purpose of this book is to provide guidance on how the Muslim believer's faith in God rooted in the Qur'an can survive, ready to face whatever difficulties and challenges are ahead. If you are Muslim and want your faith strengthened so that you can endure marginalization, discrimination, and exclusion, then this book is for you. Join us 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, updated March 1, 2024, 178 pages)

As with all major world religion, Hindu beliefs are coming under attack by a secular culture whose influence is growing both in the U.S. and India. The purpose here is to provide guidance on how Hindu believers' faith can survive, ready to face whatever difficulties or challenges during this age of disbelief. 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. 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 peace and joy in this life and the eternal peace of nirvana afterwards. 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 (NEW)

(Amazon Kindle, 2024, published March 7, 2024, 197 pages)

Buddhism, with its roots in Hinduism, is one of the world's oldest religions, dating back nearly 2500 years. Today, there are more than one-half billion Buddhists in the world, making up 7-8% of the world's population. Nearly half of all Buddhists (46%) live in China, while the remainder live in Cambodia, Thailand, Burma or Myanmar, Bhutan, Sri Lanka, Laos and Mongolia (all Buddhist majority countries). Nearly 4 million Buddhists live in the United States, making up about 1% of all Buddhists worldwide. Buddhist beliefs in the US and other countries such as China are coming under attack by a "progressive" culture whose influence is growing worldwide during this age of disbelief. The purpose here is to provide guidance on how Buddhist believers' faith can survive. If you are Buddhist and want your faith strengthened, then this book is for you. Although the pathway described in the Buddha's teachings is indeed a narrow one, and the Dhamma way is not easy to follow, the rewards promised are peace, joy, and freedom from suffering. Available for \$8.99 (paperback/Kindle) at <https://www.amazon.com/dp/B0CXHZ1DF7/>.

Spiritual Readiness: A Survival Guide for the Non-Believer

(Amazon Kindle, 2024, published January 26, 112 pages)

In addition to grappling with the usual challenges in life, non-believers 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, the present life in the here and now, ethics, and justice. This book explores how the non-believer can become spiritually ready in order to survive and thrive during the current 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 service/activism). Although the pathway requires 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)

This is a book for Christian 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. 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 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)

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. Non-religious and religious sources of SR are examined from Eastern, Indic, and Abrahamic faiths. The relationship between SR and human flourishing is then explored, along with systematic quantitative research on 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)

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. In this book, we provide information for military leaders and chaplains about the diagnosis, prevention, and treatment of MI. Warrior readiness for combat operations and for 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>.

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

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

TRAINING OPPORTUNITIES

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

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. For more information go to: <https://divinity.duke.edu/initiatives/tmc>.

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://divinity.duke.edu/initiatives/tmc/hybrid-online>

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>.

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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...

April

- 4/11 **Mental and Emotional Health**
Morrisville Chamber of Commerce
12:00-1:00 (on-site only)
Speakers: Barron Damon, Harold Koenig, others
Contact: Barron Damon (businessoflifecc@gmail.com)
- 4/16 **Spirituality and Health Research Seminar**
12:00 -1:00 EST (New York time) (online by Zoom)
Title: Religion, Spirituality, Alzheimer’s Disease and Other Dementias
Speaker: Katherine Carroll Britt, PhD, MSN-IQS, RN, University of Pennsylvania School of Nursing
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 4/19 **Mental Health Summit**
Liberty University, Lynchburg, Virginia (on-site)
Title: Faith and Mental Health: What Does the Latest Research have to Say
Speakers: Many, including Kenyon Knapp, Harold Koenig, etc.
Contact: Lexie Nelson (ancruz1@liberty.edu)
- 4/20 **Adverse Childhood Experience (ACE) Trauma and Healing Conference**
Healing Grow Health Center
Santa Clara, California (on-site)
8:30A-5:00P PST (San Francisco time)
Speakers: Koenig and others
Contact: Dr. Angela Bymaster (angela@healinggrove.org)
- 4/24 **Grand Rounds Pine Rest Christian Mental Health Services**
Grand Rapids, Michigan (on-site)
Title: Religion, Spirituality and Health: Research and Clinical Applications
Speaker: Koenig
Contact: Shirley Verwys (Shirley.Verwys@pinerest.org)
- 4/26 **Health of the Aging Community Series**
Southern Regional AHEC & Mid-Carolina Regional Council
11:00-11:45A EST (on-site), 1601 Owen Dr., Fayetteville, NC
Title: Grief and Loss among the Elderly
Speaker: Koenig
Contact: Karen Goble (Karen.Goble@sr-ahec.org)