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 April 2024) go to: https://spiritualityandhealth.duke.edu/index.php/publications/crossroads/

LATEST RESEARCH

Integrating Spiritual/Religious Components into Psychedelic-Assisted Therapies

Authors from medicine and psychiatry departments at Emory University argue in this article that there is growing evidence that spiritual, existential, religious, and theological (SERT) factors may help to explain the therapeutic benefits of psychedelic-assisted therapies (e.g., LSD or psilocybin for treatment-resistant depression, MDMA for treatment-resistant PTSD). They begin by defining spiritual, existential, religious, and theological factors, and link them to psychedelic-assisted therapy (PAT). They then emphasize that there is currently little guidance on how these factors should be addressed in PAT, with some experts suggesting that SERT aspects should be avoided altogether. However, the authors then point out that a systematic review of 97 randomized controlled trials (Captari et al., 2018) found that SERT-integrated psychotherapies were effective for the treatment of severe trauma, eating disorders, severe mental illness, and depression. The authors also emphasize that symptoms of psychospiritual distress may be induced by PAT, but are seldom included in reports of adverse effects. Finally, they recommend objectives for SERT-integrated PAT that include (1) SERT responsiveness (responding to SERT concerns in a culturally sensitive and supportive manner); (2) clinician competence and personnel selection (i.e., providing culturally sensitive and SERT-integrated treatment); (3) appropriate screening and assessment with regard to SERT concerns; (4) attention to safety (in terms of PAT's effects on worldviews that may require specialized support for integration); and (5) need to develop an evidence-base for SERT-integrated PAT by conducting future research. The authors conclude: "Spiritual, existential, religious, and theological topics' integration in psychedelic-assisted therapy is needed to ensure culturally competent, evidence-based treatment aligned with the highest standards of clinical care. Neglecting to address these topics can detract from cultural competence, contribute to risks for patients, and potentially undermine treatment success."
Citation: Palitsky, R., Kaplan, D. M., Peacock, C., Zarrabi, A. J., Maples-Keller, J. L., Grant, G. H., ... & Raison, C. L. (2023). Importance of integrating spiritual, existential, religious, and theological components in psychedelic-assisted therapies. JAMA Psychiatry, *80*(7), 743-749.
Comment: This article, published in one of the top biological psychiatry journals in the world (if not THE top journal), helps to address a largely neglected topic in the rapidly advancing clinical and research area of psychedelic-assisted therapies. The impact that these therapies can have on religious and spiritual worldviews is substantial, needs to be acknowledged, and requires further systematic study. The fact that this article was even published in *JAMA Psychiatry* is a positive sign that the mental health world is becoming increasingly receptive to spirituality/religious issues and their influence on treatment.

Religious Involvement and Inflammation

Researchers at the University of Pennsylvania School of Nursing analyzed data on 2,385 participants in the University of Michigan's Health and Retirement Study from 2006 to 2014. Religious beliefs and values were assessed by the Fetzer Institute's BMMRS. A 4-item religious beliefs index was constructed including items such as "I believe in God who watches over me," "The events of my life unfold according to a divine or greater plan," "I try hard to carry my religious beliefs over into all my other dealings in life," and "I find strength and comfort in my religion." Religious service attendance was also assessed by a single question, dichotomized into high (once a week or more) and low religious attendance (less often). The inflammatory marker assessed was C-reactive protein (CRP) obtained from blood. Covariates included sex, age (and age squared), education, marital status, race/ethnicity, household income, and body mass index (BMI). Generalized estimating equations (GEE) was used to assess CRP levels over three time points (2006, 2010, 2014), controlling for covariates; as a robustness check, missing values were also imputed increasing the sample sized from 2385 to 3320 and analyses were repeated.
Results: GEE analyses revealed that religious beliefs and values were significantly and inversely related to CRP levels across time ($b=-0.05$, 95% CI=-0.09 to -0.01, $p<0.05$); however, no association was found with frequency of attendance at religious services. The robustness check confirmed the association with religious beliefs and values ($b=-0.05$, 95% CI=-0.09 to -0.02, $p<0.01$). Researchers concluded: "Religious beliefs and values are associated with lower CRP levels among middle-aged and older adults in the U.S. This study adds to the understanding of biological processes underlying the relationship between dimensions of religion and spirituality with better cognitive and physical health, potentially through inflammation."
Citation: Britt, K. C., Boateng, A. C., Sebu, J., Oh, H., Lekwauwa, R., Massimo, L., & Doolittle, B. (2024). The association between religious beliefs and values with inflammation among middle-age and older adults. Aging & Mental Health, EPUB ahead of press.
Comment: High levels of inflammation (which CRP level reflects) are associated with many chronic diseases in later life, including chronic pain syndromes, coronary heart disease, stroke, cancer, and dementia. Establishing a link between religiosity/spirituality inflammation is important. This prospective study adds to the literature substantiating that link.

Effect of Holy Qur'an Recitation on Inflammatory Markers in Dialysis Patients

Investigators at Semnan University of Medical Sciences, Iran, conducted a randomized controlled trial involving 50 hemodialysis patients at Kowsar Hospital in Semnan, Iran. Participants were randomized to either a group that listened to Holy Qur'an recitation or to a control group. The purpose was to examine the effects of listening to Holy Qur'an recitation on inflammatory markers (erythrocyte sedimentation rate [ESR], C-reactive protein [CRP], and interleukin-6 [IL-6]). Those in the intervention group listened to recitation of Qur'anic verses three times a week for one month, with each session lasting 20 minutes (starting 5 minutes before dialysis was initiated and continuing until 15 minutes after the beginning of dialysis). The Surah Yasin verse from the Qur'an was recited by Professor Shatari; this was played using an MP3 player with headphones for those in the intervention group. The control group had headphones placed on silent mode. Inflammatory markers were measured in blood drawn prior to infusion of normal saline and heparin at the start of dialysis (prior to the intervention), and was repeated again by a blood draw during the final 10 minutes of dialysis after the intervention. **Results**: Prior to the intervention, there were no significant differences in terms of anxiety, depression, or daily spiritual experiences scores (assessed by standard measures), nor was there a significant difference in IL-6, ESR, or CRP between groups. Samples were matched based on hemodialysis history and number of hours of dialysis per week. In the within-subject analysis conducted after one month of the intervention, there was an average 20.2 pg/ml decrease in IL-6 level in the intervention group, compared to a 30.6 pg/ml increase in the control group ($p<0.001$). There was an average 16.8 mm/hr reduction in ESR level in the intervention group compared to an average 3.2 increase in the control group ($p=0.005$). Finally, CRP level decreased by an average of 19.9 mg/dl in the intervention group, compared to a 7.0 increase in the control group ($p=0.003$). Researchers concluded: "Listening to the Holy Qur'an being recited is recommended as a complementary therapy for reducing systemic inflammation (as indicated by inflammatory markers) in Muslim HD patients."
Citation: Teimourzadeh, M., Babamohamadi, H., Yarmohamadi, M., Ghorbani, R., & Koenig, H. G. (2024). The effect of the Holy Quran recitation on inflammatory markers in hemodialysis patients in Iran: A randomized clinical trial. Journal of Religion and Health, EPUB ahead of press.
Comment: This relatively modest randomized controlled trial (RCT) found that a religious intervention significantly reduced three different inflammatory markers (compared to participants in the control group who did not receive the religious intervention). This suggests that there is a causal relationship between the religious intervention and reduction in inflammation. These findings support those from the Britt et al., 2024, prospective study above.

Religious Hope and Change in Chronic Physical Health Conditions over Time

In this 7-year prospective study that sought to examine the effects of hope on change in chronic physical health, researchers in the department of health behavior and health education at the School of Public Health, University of Michigan, and the University of Miami, Coral Gables, Florida, analyzed data from two waves of a nationwide random probability survey of adults in the United States. The baseline survey took place in 2014 and included 3,010 interviews (50% response rate). The follow-up interviews took place in 2021, when 607 participants completed the interviews (20.5% response rate [low rate attributed to the COVID-19 pandemic]). After deletion of cases with missing values the final analysis sample consisted of 559 participants (average age 51.5 years, 43% men, 58% married, average education 14.8 years). When compared to participants at baseline in 2014, those who participated in the follow-up evaluation in 2021 had higher levels of education, were more likely to be married, and were more likely to attend religious services; however, there were no differences in age, sex, frequency of prayer, general sense of hope, religious hope, or chronic illness. The dependent variable in this study was change in number of chronic conditions (arthritis, eye disease, asthma, hypertension, heart disease, diabetes, ulcers, liver disease, kidney disease, urinary tract disorders, cancer, or other major health problems). The independent variable or predictor was hope. *Religious hope* was assessed by a 3-item index consisting of the following statements with agreement on a 1-4 scale: "My religious or spiritual beliefs help me see that things will turn out in the future"; "My religious or spiritual beliefs both the future will bring opportunities for a better life"; and "My religious or spiritual beliefs help me see that the future looks bright for me." *General hope* was assessed by four items with responses ranging from 1 to 5: "I always look on the bright side of things"; "I'm optimistic about my future"; "In uncertain times, I usually expect the best"; and "I feel confident the rest of my life will turn out well." Controlled for in regression analyses were frequency of church attendance, frequency of prayer, age, sex, education, and marital status. **Results**: The effect of Wave 1 chronic conditions on Wave 2 chronic conditions was significantly weaker among those with high levels of religious hope; thus, religious hope partially moderated (i.e., partially buffered) the relationship between chronic illness at baseline and chronic illness 7 years later. A similar relationship was not found for general hope (see Table 2, Panel C). Researchers concluded: "The results indicate that religious hope, but not a general sense of hope, is associated with change [decline] in the number of chronic conditions over time."
Citation: Krause, N., & Ironson, G. (2024). Religious hope, but not a general sense of hope, is associated with change in chronic conditions over time. Current Psychology, *43*(4), 3220-3233.
Comment: Conducted by some of the world's top religion-health researchers, this study was very well done study in terms of data analysis and explanation of results. The finding that religious hope, but not general hope, reduces number of chronic physical conditions over time is an important one. Could this be due to a reduction in body inflammation due to religious involvement? (see Britt et al., 2024, and Teimourzadeh et al., 2024, studies above)

Systematic Review on Federal Funding Patterns in Religiosity/Spirituality (R/S) and Health Research

Researchers in the department of social sciences and health policy at Wake Forest University School of Medicine in Winston-Salem, North Carolina, and departments of psychology at the University of Maryland and University of Connecticut, conducted a systematic review and comparison of federally funded R/S-health research with that for social support and for optimism. The Federal RePORTER was the database used to identify funded projects that focused on or included R/S, social support, or optimism variables. The purpose was to characterize the state of U.S. funding for health research on R/S, social support, or optimism, with a focus on three goals: (1) determine the total amounts of awards, types of funding, and federal agencies making the awards; (2) determine whether the number of monetary amount of awards have changed over time (2000 to 2018); and (3) determine the nature of the sample, research design and institutional characteristics of studies which received funding. **Results**: A total of 7,532 funded studies were screened in the review of R/S-funded studies. After removing duplicates, studies with no health outcome, those not including an R/S variable or not about R/S, a total of 79 studies on R/S and health were identified ($71,793,288 in funding). A total of 5,093 studies on social support and health were initially screened of which 170 met inclusion criteria ($205,485,172 in funding). A total of 6,030 studies were initially screened on optimism and health, resulting in 13 studies meeting review criteria ($10,252,270 in funding). The NIH funded 89% of all projects. For R/S-funded

studies, the National Institute of Child Health and Human Development provided the most awards, whereas the National Cancer Institute provided the largest amount of funding. When temporal changes were examined in funding support between 2008 and 2018, there was no significant differences over time in funding support in the areas of social support and optimism, funding areas that remained relatively constant. In contrast, however, awards for R/S-health studies demonstrated a significant decrease during the same time period (F=9.66, p=0.01). With regard to characteristics of funded projects, there was a greater emphasis on recruitment of Blacks/African-American participants in funded R/S studies than in funded studies on social support or optimism. Finally, interventional studies were more common among funded studies on social support compared to funded studies on R/S. The authors summarize the four key findings as follows: "social support received the largest investment in research dollars, the number of funded awards for social support and optimism remained stable over time while R/S decreased, and intervention research was more characteristic of funded projects in social support than for R/S or optimism whereas research with minority populations (e.g., African-American/Black participants) was more characteristic of projects in R/S than for social support and optimism." Researchers further concluded: "In summary, this study is the first systematic review that provides relevant context to better understand the nature of federal funding patterns in R/S and health research. While R/S research is funded individually at levels comparable to social support and optimism, overall funding lags behind social support and the number of awards have decreased over time. Future research for R/S and health would likely benefit from a continued focus on minority patients and communities and an increased focus on identifying and developing appropriate interventions."
Citation: Salsman, J. M., Awao, S., George, J. R., Batt, S., & Park, C. L. (2024). Placing the US federal investment in religion, spirituality, and health research in context: A systematic review and comparison with social support and optimism funding levels. Journal of Religion and Health, EPUB ahead of press.
Comment: For anyone conducting research on religion, spirituality and health, and needing funding support for such research, this is a "must" article to read.

Course of Religious Delusions over Time in Older Adults with Schizophrenia or Psychotic Depression in the Netherlands

Investigators at several academic institutions in the Netherlands conducted an 18-month follow-up of 120 inpatients (44%) and outpatients (56%) age 65 or older (average age 76) at a geriatric psychiatry department in the Netherlands. The purpose was to examine the time course of religious delusions (RDs). Structured diagnostic interviews (SCAN 2.1) were used to identify psychotic disorders (and religious delusions), and frequency of positive psychotic symptoms was assessed using the Community Assessment of Psychic Experiences-42 (CAPE) measure. Depressive symptoms were also assessed using the CES-D. Regression analyses were used to examine change scores on religious delusions from baseline to follow-up, adjusting for baseline psychotic symptoms (CAPE). **Results**: Approximately one-third (34%) of participants had religious delusions RDs, which were more common among patients with a strict Protestant or Roman Catholic background and in those will psychotic depression (vs. schizophrenia). Rates of remission over the 18-month follow-up were highest in these groups as well (44.4% for strict Protestants, 41.7% for Roman Catholics, and 32.6% for psychotic depression). The presence of RDs at baseline did not predict an unfavorable course over time measured by positive psychotic symptoms, but it did predict a less favorable course based on depressive symptoms among those with psychotic depression. No significant difference was found between patients with and without RDs on frequency of admission to the hospital, refusal of medications, suicide attempts, persecutory delusions, or lack of clinical insight. Researchers concluded: "Although RDs decline in the clinical course of psychotic depression, the course of the depression is unfavorable compared to psychotic depression without RDs. In schizophrenia, the course of RDs seems to be more persistent compared to the other most common delusions… RDs are not associated with indicators of clinical complexity compared to patients without RDs, although possible with suicidality for those with RDs and delusions of guilt."
Citation: Noort, A., Braam, A. W., Koolen, J. C., & Beekman, A. T. (2024). Religious delusions in Dutch older adults in treatment for psychosis: a follow-up study. International Psychogeriatrics, *36*(1), 51-63.
Comment: This is one of the few studies that has examined the course of religious delusions among older adults with schizophrenia or psychotic depression.

Religious Coping and the Brain in Older Adults with Mood Disorders

Investigators at McLean Hospital (closely associated with Harvard Medical School) examined 32 older adults with and without mood disorders (n=15 vs. n=17, respectively, matched on age, sex, race, ethnicity, education, and marital status). Resting-state functional magnetic resonance imaging (fMRI) was used to identify areas of brain activity associated with religious coping and depression. Religious coping was assessed by the 14-item Brief RCOPE (Pargament et al. 1998), which assesses positive and negative religious coping. Depression was measured by the 10-item Montgomery-Asbury depression rating scale. Several regions of the brain had been previously associated with spirituality/religion (S/R) (i.e., the frontal cortex, orbitofrontal cortex, precuneus, posterior cingulate cortex, default mode network [DMN], caudate, insula, and salience networks [SN]). The current study focused on the triple network model (TNM). The TNM includes networks such as DMN, cingulo-opercular salience (cSN), and central executive network (CEN). MRI preprocessing involved the collection of resting state fMRI and structural data on older adults with and without mood disorders. In order to determine the TNM of spirituality, investigators focused on CEN, DMN, and cSN networks. They also examined within-network conductivity and between-network conductivity. General linear regression models were used to examine differences. **Results**: There was no significant difference on religious coping between patients with mood disorders and healthy controls. With regard to within-network conductivity, negative religious coping was associated with greater conductivity within the cSN, particularly within the left insula (even after controlling for depression scores). No association was found between positive religious coping and functional connectivity within any networks of interest. With regard to between-network connectivity, both negative and positive religious coping was associated with greater anti-correlation between DMN and CEN, indicating greater cognitive effort associated with positive and negative religious coping. Researchers concluded: "…results revealed neurobiological correlates associated with positive and negative religious coping as well as mood disorders. Greater insular connectivity within the cSN was associated with greater negative religious coping. In addition, results also indicated that negative and positive coping were associated with greater anti-correlation between DMN and CEN. Notably, results remained significant even after controlling for depressive symptoms… Our results indicate that emotional distress and pain, as reflected by higher negative religious coping, is processed by the insula."
Citation: Rosmarin, D. H., Kumar, P., Kaufman, C. C., Drury, M., Harper, D., & Forester, B. P. (2024). Neurobiological correlates of religious coping among older adults with and without mood disorders: An exploratory study. Psychiatry Research: Neuroimaging, 111812.

Comment: A fascinating but complex functional MRI study examining brain region and neurological network correlates of positive and negative religious coping, controlling for depressive symptoms.

Impact of Religiosity on the Homonegativity-Health Relationship

Investigators from the department of psychology at Utah State University conducted a multi-level meta-analyses of studies examining the relationship between internalized homonegativity (IH) and health (mental health, well-being, substance use, sexual health, physical health, suicidality) and the extent to which religiosity moderated this relationship. Three hypotheses were tested: (1) IH will be negatively related to health; (2) religiousness will moderate the relationship between IH and health such that IH will be less strongly associated with health among those who are more religious; and (3) the relationship between IH and health will depend on the instrument used to assess IH, anticipating that those instruments that include distress as part of the measure of IH will be more strongly related to health compared to those that do not include indicators of distress in IH measures. **Results**: A total of 3,363 studies were identified of which 2,060 were not relevant based on the title. After excluding duplicate studies, a total of 1,120 studies were examined for inclusion. After excluding studies because they were not quantitative, did not assess IH, did not assess religiousness, or did not examine a IH-health link, this left a total of 68 studies (59 examining mental health), from which there were 151 effect sizes reported. The first hypothesis was confirmed with a moderate sized negative relationship between IH and health (γ=-0.28, 95% CI=-0.32 to -0.25). The second hypothesis was also confirmed in that IH measures that included distress had the strongest negative relationship with health compared to IH measures that did not include distress indicators. Finally, the third hypothesis had to do with whether religiosity (measured by affiliation, service attendance, and nonorganizational religious behavior) moderated the relationship between IH and health. Results indicated that religious affiliation, service attendance, and nonorganizational religious behavior did not moderate the relationship between IH and health. Nevertheless, all of the moderating coefficients were positive, which if significant would have indicated that IH was less strongly related to poor health among those who were more religious. Researchers concluded: "We failed to find significant moderation effects for religiousness, though it was hard to evaluate this relationship due to the poor quality of most measures of religiousness."
Citation: Lefevor, G. T., Larsen, E. R., Golightly, R. M., & Landrum, M. (2023). Unpacking the internalized homonegativity–health relationship: How the measurement of internalized homonegativity and health matter and the contribution of religiousness. Archives of Sexual Behavior, *52*(3), 921-944.
Comment: According to this well-done meta-analysis, greater religiosity did not appear to exacerbate the relationship between internalized homonegativity and health; if anything, the relationship was in the opposite direction (i.e., the relationship between IH and health was actually weaker among those who were more religious). See *Spiritual Readiness: A Survival Guide for LGBTQ Christian Believers* below in **Resources** section.

Theoretical Work on Islam and Suicide

Researchers at Stanford University and other U.S. universities sought to better understand the relationship between Islam and risk of suicide by convening an international interdisciplinary panel of experts – experts in Islam, mental health, and suicide coming from the fields of anthropology, medicine, neurotheology, psychiatry, psychology, public health, social work, sociology, ethics, and theology – to discuss the current state of knowledge and future directions in research. This paper presents a qualitative analysis of the core themes that emerged from these meetings and group interviews, out of which a theoretical model of the association between Islam and suicide risk was developed. First, protective factors were discussed, presenting quotes in the article from experts in each of the professional fields above. Next, risk factors were discussed, accompanied by quotes from these experts. Next, as indicated above, a theoretical model was developed that included protective factors and risk factors as predictors of suicide behavior (ideation, attempts, completion), which in this model were mediated by mechanisms involving low self-control, accepting suicide attitudes, suicide contagion, alcohol consumption, and depression (along with the direct effects of protective and risk factors on suicidal behavior). Researchers concluded: "In this paper, we presented an exploratory qualitative thematic analysis of potential protective factors and risk factors. We proposed a general theoretical model linking Islam and suicide that integrates a thematic analysis and prior knowledge."
Citation: Awaad, R., Quadri, Y., Sifat, M., Elzamzamy, K., Suleiman, K., Rehman, O., ... Hill, T. D., & Koenig, H. G. (2024). An exploratory qualitative analysis of the Stanford-Templeton convenings on Islam and suicide. Journal of Religion and Health, EPUB ahead of press
Comment: This qualitative study provides important theoretical ground work that will help to guide future research on the relationship between Islam and suicide, which may also reveal information about how religious beliefs and practices in general help to prevent suicide.

Religiosity and Quality of "Work Life" in Muslims

Researchers from academic institutions in Jordan, Lebanon, Indonesia, Saudi Arabia, Ecuador, Colombia, and Iraq, analyzed data collected on a random sample of 1,345 staff of Iraqi municipalities to examine the relationship between Islamic-based spiritual orientation (SO) and quality of work life (QWL). SO was assessed by the 15-item Spiritual Orientation Inventory (Sharifi et al., 2008) which measures spiritual beliefs, sense of spirituality, spiritual self-actualization, and spiritual practices. QWL was assessed by the 29-item Quality of Work Life Questionnaire (Walton, 1973) that measures: fair and equitable compensation; safe and healthy working environment; opportunities for continuous development and security; rule of law in work organizations; social dependence of work life; total work life cycle; integrity and social cohesion, and human capabilities. Only bivariate uncontrolled analyses were reported. **Results**: The correlation between QWL and SO was positive (r=0.543), and QWL was also positively related to all four dimensions of SO: spiritual beliefs (r=0.586), sense of spirituality (r=0.730), spiritual self-actualization (r=0.486), and spiritual practices (r=0.620), all significant at p=0.0001). Researchers concluded: "The correlation coefficients accordingly showed a rising trend in the QWL among these employees following the growth in their SOs, namely spiritual beliefs, sense of spirituality, spiritual self-actualization and spiritual practices, and the QWL of the Muslim employees."
Citation: Al-Hawary, S. I. S., Subrahmanyam, S., Muda, I., Kumar, T., Coronel, A. A. R., & Al-Salami, A. A. A. (2023). Islam-based spiritual orientations and quality of work life among Muslims. HTS Teologiese Studies/Theological Studies, *79*(1).
Comment: Although the authors' conclusion is poorly worded, especially with regard to causal meaning of the correlations, the strong and consistent correlations reported here cannot be denied.

Religion, Spirituality and Well-Being: A Systematic Review of the Business Literature

Researchers from academic institutions in the United Kingdom, United Arab Emirates and Qatar conducted a systematic literature review of religious/spirituality (R/S) and well-being based on studies published in the business literature. Criteria for study

inclusion were: (1) journals rank by the Association of Business Schools as a 3-star and 4-star class; (2) indexed under the field of ethics; (3) published between 2000 in 2021; and (4) relevant to the topic being reviewed. The keywords used in the search were religion, religiosity, religious, spirituality, well-being/wellbeing, and happiness/happy. **Results**: A total of 356 articles were initially identified; of those, 286 articles were excluded after assessing the abstracts, thus leaving 70 articles that met inclusion criteria and were included in the final analysis. Nearly half of the studies (n=32) were published in the *Journal of Business Ethics*. Based on the findings from these 70 studies, the authors propose that an individual spirituality (defined as prayer and reciting scripts, belongingness, virtuousness, deeper meanings of existence, and self-reflectivity,), spirituality at work (institution providing time for prayer and available prayer facilities, valuing humanism, benevolence, integrity, justice, mutuality, respect and trust), and an individual's religiosity (religious coping styles, belief in God, ethical practices, authenticity, justice and forgiveness) are all essential for enhancing workers' psychological well-being (and likely performance).
Citation: Koburtay, T., Jamali, D., & Aljafari, A. (2023). Religion, spirituality, and well-being: A systematic literature review and futuristic agenda. Business Ethics, the Environment & Responsibility, *32*(1), 341-357.
Comment: This article provides many studies from the business literature indicating that S/R in the workplace as reflected by an individual's S/R and workplace's S/R (i.e., allowing workers to practice their faith) is important for workers' well-being and productivity, particularly for Muslims (although the articles cited are not limited to Muslims alone).

Religious Intervention in the Healthcare of Patients with Breast Cancer in Iran

Investigators at academic institutions in Iran and the United States conducted a randomized controlled trial of a spiritual/religious (S/R) intervention on religious coping and psychological well-being of 60 Iranian patients with breast cancer. Hospitalized Muslim female patients in Tehran, Iran, were randomized to either the spiritual intervention (n=30) or to a control group (n=30). To be eligible for the study, participants had to be struggling with spiritual/religious problems after the onset of their illness. The S/R intervention consisted of: (1) addressing concerns about the possible S/R-related causes of the breast cancer; (2) assisting patients to differentiate between divine justice (e.g., punishment from God for sins committed) and simply getting sick; (3) exploring patients' attitudes towards God and how this affected their views on cancer; (4) asking about patients' feelings about and relationship with God; (5) identifying S/R beliefs that may have been weakened and helping to strengthen them again or helping to modify those beliefs to make them healthier and more accurate; and (6) emphasizing the importance of communicating with God on a daily basis. The intervention involved six to eight 45-minute sessions of individual treatment, one session per week, conducted by a trained psychologist conducted over 6 to 8 weeks. Two examples of the dialogue during the intervention are provided at the end of the article. The control group received only medical treatment (although after the study was completed, control group members receive one or two sessions of psychological support). Spiritual and mental health outcomes (religious coping and psychological well-being) were assessed by the 14-item brief RCOPE and the 18-item Ryff Psychological Well-Being Scale, respectively. Univariate and multivariate analysis of covariance (MANCOVA) was used to analyze the data. **Results**: There were no significant differences on religious coping or psychological well-being between intervention and control groups at baseline. The spiritual/religious intervention had no significant effect on psychological well-being (i.e., patients' autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, or self-acceptance). However, there was a significant decrease in negative religious coping and significant increase in positive religious coping in the intervention group compared to controls. Researchers concluded: "In the present study, an S/R intervention designed especially for Iranian Muslim women with breast cancer was found effective in increasing their positive religious coping and reducing negative religious coping, but there was no effect on their psychological well-being."
Citation: Ghaempanah, Z., Aghababaei, N., Rafieinia, P., Sabahi, P., Hosseini, S.M., Al Zaben, F., & Koenig, H. G. (2024). Good for coping, not for eudaimonia: The effectiveness of a spiritual/religious intervention in the healthcare of breast cancer patients. Pastoral Psychology, EPUB ahead of press
Comment: Although this study did not find a significant effect on psychological well-being in the immediate short-term, the reduction of negative religious coping and increase in positive religious coping over the long-term is likely to impact mental health in a positive manner. Unfortunately, long-term assessments following the intervention were not done.

Religiosity and Delinquency

Chase Montagnet in the school of criminal justice at Rutgers University (New Jersey) analyzed data from three waves of the National Longitudinal Study of Adolescent to Adult Health (ADD Health) to examine the relationship between religiosity and several forms of delinquency. The initial wave of data collection was 1994-1995 (Wave I) when 20,745 students in grades 7 through 12 were surveyed; follow-up occurred in 1996 (Wave II) and in 2001-2002 (Wave III). The dependent variables (outcomes) were (a) substance use (marijuana or cocaine use in the past 12 months), (b) non-violent delinquency (disorderly conduct, stealing, damaging property, selling drugs), and (c) violent delinquency (physical fights, using a weapon to threaten someone, using a weapon in a fight, fighting with a group). Religiosity was assessed by (1) religious importance, (2) participation in private religious activities (e.g., prayer), (3) frequency of attendance at religious services, and (4) participation in religious activities such as Bible study, choir, etc. Variables controlled for in the analysis included social bonds at school or work, and marital status at each wave; indicators of parent-child bond (parental attachment and parental warmth); usual predictors of delinquency (number of delinquent friends, a measure of self-control, and whether currently living with the parent); and age, income, and need for public assistance. Random effects and fixed-effects models were used to analyze the data. **Results**: With regard to religiosity and substance use, religiosity had a consistent, statistically significant inverse (negative) relationship with substance use, i.e., greater religiosity predicted a significant reduction in substance use over time, independent of the many control variables. With regard to religiosity and non-violent delinquency, greater religiosity also significantly predicted a decline in non-violent delinquency over time, but this was explained by having fewer delinquent friends. Finally, greater religiosity also significantly predicted a decline in violent delinquency over time independent of sociodemographic controls, although this relationship was explained by greater self-control and fewer delinquent friends. The researcher concluded: "The results indicate that the relationship between religiosity and delinquency is offense-specific. While religiosity is inversely related to substance use in the presence of social bonds and predictors of delinquency, its relationship with non-violent delinquency is mixed. Finally, religiosity is not associated with violent offending."
Citation: Montagnet, C. L. (2023). The variable association between religiosity and delinquency. Crime & Delinquency, *69*(10), 2046-2072.
Comment: Although a very well-done analysis, the author's interpretation of the findings does not appear to be entirely correct. The author concludes that there is no relationship between

religiosity and violent offending (and a mixed relationship with non-violent offending), when in fact there may be a relationship but that relationship was explained by religious youth having greater social bonds and fewer delinquency traits (e.g., fewer delinquent friends, greater self-control, greater parental attachment and parental warmth, and greater likelihood of being married, all of which were likely positively reinforced by religious involvement). The latter social variables are likely pathways by which religious involvement reduces delinquency among youth, not confounders of the relationship. One could argue that the social variables here are explanatory variables, not control variables such as age or income that might otherwise confound the relationship.

Is there a Crisis in Clergy Health in the U.S.? Depends on What Clergy

Researchers in the Duke Global Health Institute and Department of Sociology at Duke University analyzed cross-sectional data from a nationally representative sample of 884 U.S. clergy of all denominations collected in 2019-2020 as part of the National Survey of Religious Leaders (70% response rate). The purpose was to examine the health of clergy from various denominations and compare their health with that of a general U.S. population of 9,245 adults who participated in the NHANES study and 31,997 adults who participated in the National Health Interview Survey (NHIS). The researchers report that research prior to 1980 found that clergy health was better than that of the general population. However, since then, due to most of the research being conducted in Mainline Protestant Clergy, it has been reported that there is a crisis in clergy health, particularly with regard to clergy having poor physical health, poor mental health (greater depression), and increased obesity. The authors explain that has been due to the clergy profession being portrayed as a difficult and stressful occupation with long hours, role overload, and lack of social support. Together with the aging of the clergy population, decline in social prestige of clergy, and ongoing cases of sexual abuse, all these predispose clergy to poor mental and physical health. In addition, because clergy spend much time socializing with people in homes, church events, and other various settings, this often occurs around food (leading to obesity and health problems as a result of obesity). The authors argue that these conclusions about high rates of depression, poor self-rated health, and obesity among clergy have been largely based on studies of Mainline Protestant clergy, not clergy overall, thus providing the impetus for the current study. Health indicators in the current study included depressive symptoms/disorder (assessed by the Patient Health Questionnaire-2 [PHQ-2]), body mass index (BMI), and self-rated health (single question). The results from these indicators of clergy health were then compared to those for the general US population (based on data from the NHANES and NHIS). The primary predictor in these analyses was clergy religious denomination.
Results: Participants were 21% mainline Protestant, 6% Catholic, 43% Evangelical Protestant, 22% Black Protestant, and 9% non-Christian religions. With regard to depression in the overall sample of clergy, 4.1% were depressed – compared to 4.0% in the NHANES and 3.3% in the NHIS for the general US population. Concerning obesity based on BMI, 42.3% of clergy were found to be obese – compared to 38.0% in the NHANES and 36.2% in the NHIS. With regard to self-rated health, 5.3% of clergy indicated that their health was only fair or poor – compared to 11.9% for the NHANES AND 10.7% for the NHIS surveys of the general US population. Physical and mental health of clergy differed significantly depending on the particular religious tradition. Mainline Protestant clergy had significantly higher depression scores on the PHQ-2 than did Catholic clergy or Black Protestant clergy (0.69 vs. 0.22 vs. 0.25, respectively, $p<0.01$), with 8.3% of Mainline Protestant clergy qualifying for depression, compared with 0.6% of Catholic clergy, 4.0% of evangelical Protestant clergy, 1.9% of Black Protestant clergy, and 2.5% of non-Christian clergy. Obesity was also more common among Mainline Protestant clergy (43.6%) compared to 20.6% of Catholic clergy and 10.8% of non-Christian clergy, but was less common than for Black Protestant clergy (51.7%) and Evangelical Protestant clergy (45.2). Finally, 7.6% of Mainline Protestant clergy reported fair or poor physical health, significantly higher than Evangelical Protestant clergy at 2.2% (Catholic clergy were most likely to report fair or poor health at 33.4%). Several unique characteristics among clergy in different denominations affected these results. Mainline Protestant clergy were more likely to serve congregations located in high poverty areas, more likely to serve smaller congregations, worked significantly more hours per week, and were less likely to feel cared for by their congregation, factors that may have influenced their health. Researchers concluded: "…as an occupational group, clergy in the United States exhibit similar levels of elevated depressive symptoms, obesity, and fair/poor self-reported health when compared to a sample of the US population weighted to look similar on age, race, and gender characteristics…We showed that Mainline Protestant clergy differ from other religious traditions in both their physical and mental health – even when controlling for relevant individual- and congregation-level demographic information. Mainline Protestant clergy have higher mean score and rates of elevated depressive symptoms than Roman Catholic clergy; worse self-rated health than evangelical Protestant and non-Christian clergy;… We know Mainline Protestant clergy have constituted the bulk of research participants in studies exploring clergy health. Because our results show they have a different health profile than other subgroups of this population, recent literature that has sought to characterize 'clergy health' as one cohesive phenomenon is likely presenting misleading conclusions."
Citation: Holleman, A., & Eagle, D. (2023). Is there a crisis in clergy health? Reorienting research using a national sample. Journal for the Scientific Study of Religion, *62*(3), 580-604.
Comment: A very well-done study that appears to counter some of the recent findings from Mainline Protestant clergy that have emphasized a crisis in U.S. clergy health. Mainline Protestant churches have been those losing the most members during recent times, which no doubt has placed unusual stressors on the clergy leading these churches (https://www.pewresearch.org/religion/2015/05/12/americas-changing-religious-landscape/).

NEWS

Spiritual Readiness Series (see below in Resources Section)

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, May 28, 2024, at 12:00-1:00 EST (New York time), and will be delivered by **Jennifer Wortham, Dr.PH,** Research Associate, Human Flourishing Program, Harvard University. The title of her presentation will be **Adverse Childhood Experiences (ACEs) and Moral Injury**. 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

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 emotional distress experienced as a result of transgressing moral values. This syndrome 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 via Zoom on the definition, identification, consequences, and treatment of moral injury 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 (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 (PTSD, depression, suicide). 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 fundng 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 curriulum 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 session 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, as have participants from every faith tradition and region of the world. The workshop in 2024 will be 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's "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 their patients (and for clergy, to enhance the health of congregants), as well as for those wishing to integrate spirituality into their non-health work or job setting. We are taking an entire day to comprehensively deal with the 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 (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 conference will bring together experts from throughout the world to discuss the topic of moral injury and its relationship to psychological well-being. Moral injury – initially noted in defence force veterans – 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/.

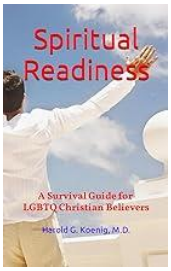
RESOURCES

Books

Spiritual Readiness Series

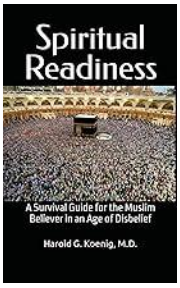
Spiritual Readiness: A Survival Guide for the Christian Believer in an Age of Disbelief
(Amazon Kindle, 2023, updated March 25, 2024, 165 pages)

For Christian believers (Protestant, Catholic, Orthodox). Available for $8.99 (paperback and Kindle) at https://www.amazon.com/Spiritual-Readiness-Survival-Christian-Disbelief/dp/B0CP42X91N/.



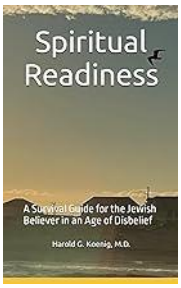
Spiritual Readiness: A Survival Guide for LGBTQ Christian Believers

(Amazon Kindle, published March 25, 2024, 183 pages)
For LGBTQ Christian believers (Protestant, Catholic, or Orthodox). Available for $7.99 (paperback and Kindle) at https://www.amazon.com/dp/B0CZ3S6SZ1/.



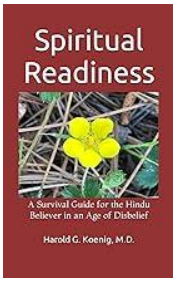
Spiritual Readiness: A Survival Guide for the Muslim Believer in an Age of Disbelief

(Amazon Kindle, 2024, updated March 1, 2024, 163 pages)
For Muslim believers (Sunni, Shia, Sufi, Ibadi). Available for $8.99 (paperback and Kindle) at https://www.amazon.com/Spiritual-Readiness-Survival-Believer-Disbelief/dp/B0CR6TM4W3/.



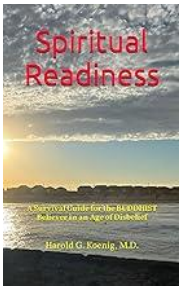
Spiritual Readiness: A Survival Guide for the Jewish Believer in an Age of Disbelief

(Amazon Kindle, updated March 1, 2024, 166 pages)
For Jewish believers (Reform, Conservative, Orthodox). Available for $8.99 (paperback and Kindle) at https://www.amazon.com/Spiritual-Readiness-survival-believer-disbelief/dp/B0CRQG7Y8K/.



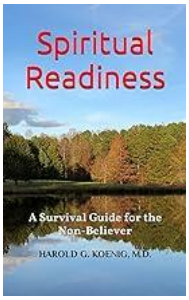
Spiritual Readiness: A Survival Guide for the Hindu Believer in an Age of Disbelief

(Amazon Kindle, 2024, updated March 1, 2024, 178 pages)
For Hindu believers based on the Bhagavad-Gita. Available for $7.84 (paperback/Kindle) at https://www.amazon.com/dp/B0CVQ59D4N/.



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

(Amazon Kindle, 2024, published March 7, 2024, 197 pages)
For Buddhist believers (Mahayana, Theravada, Vajrayana, and Western Buddhists). 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)
For non-believers (atheists, agnostics, humanists). 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)
For Christian pastors (Protestant, Catholic, Orthodox). Available for $9.99 (paperback and Kindle) at https://www.amazon.com/dp/B0CLGD5C9K.

Spiritual Readiness: Essentials for Military Leaders and Chaplains

(Amazon Kindle, 2022, 286 pages)
For military leaders and chaplains seeking to build the spiritual readiness of service members. Available on Amazon Kindle for $0.99 and paperback for $7.22 at

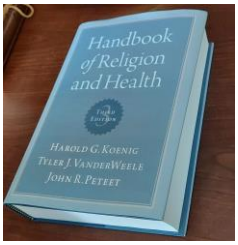
https://www.amazon.com/Spiritual-Readiness-Essentials-Military-Chaplains/dp/B0BBY2JLXB.

Other Books

Measures of Religiosity and Spirituality

(Springer, 2024, forthcoming)

From the publisher: "This open access book, updating a 1999 volume, is a resource for researchers who study religion and spirituality either as an interest in its own right (e.g., psychologists of religion) or in relation to some other variable such as physical or mental health (e.g., medical researchers). In the past few decades the study of religion in psychological terms has grown exponentially. Over this time, many measures have been developed, but are often difficult to find or have not been published at all. This volume offers a comprehensive listing and review of over 300 empirically valid measures that makes them easily accessible for scientific use. Belief systems are regarded as a critical factor in the health, both mentally and physically, of most individuals. This book provides a rich array of solidly researched means of assessing religiosity that can provide a scientific basis for psychological, sociological, and medical studies. It will serve researchers and clinicians alikein better assessing beliefs that are essential to an individual's health and behavior." Available for $59.99 (hardcover) or $49.99 (paperback) at https://www.amazon.com/Measures-Religiosity-Spirituality-Peter-Hill/dp/3031483464/.



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.

JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

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

TRAINING OPPORTUNITIES

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

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*; t*esting 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.

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…

May

5/4 CMDA National Conference
1:30-5:00P, Ridgecrest Conference Center, Asheville, NC
Hybrid (on-site and online)
Topic: Mental Health
Speakers: Kinghorn, McCarty, Clements, Koenig, others
Contact: Marshall Williams (psychsectioncmda@gmail.com)

5/12-18 9th European Conference on Religion, Spirituality and Health
Salzburg, Austria (hybrid, on-site and online)
Topic: Spiritual Care Interventions in Modern Healthcare
Speakers: Many
Includes pre-conference research workshop (5/12-5/15)
Contact: Dr. René Hefti (rene.hefti@rish.ch)

5/18 Teeming with Teams
Foster Family Alliance of North Carolina
2:00-3:30P, NC State McKimmon Center, Raleigh (on-site)
Title: Faith and Mental Health
Speakers: Larron Lee, Harold Koenig, others
Contact: Larron Lee (leeconsultingnc@gmail.com)

5/23 Stephens' Ministry Training
7:00-8:00P Kings Park International Church
Durham, NC (on-site)
Speaker: Koenig
Contact: Lisa Clark (lwclark7@hotmail.com)

5/28 Spirituality and Health Research Seminar
12:00 -1:00 EST (New York time) (online by Zoom)
Title: Adverse Childhood Experiences (ACEs) and Moral Injury
Speaker: Jennifer Wortham, Dr.PH, Harvard Human Flourishing Program
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)