

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

LATEST RESEARCH

Religious/Spiritually-Based Therapy vs. Standard Treatment: Recent Multi-level Meta-analysis of RCTs

Investigators from several universities in the Netherlands conducted a multi-level meta-analysis of randomized controlled trials (RCTs) to compare the efficacy of religious- and spiritually-based (R/S) therapy with non-R/S standard treatments. Inclusion criteria for studies were the following: (a) age 18 or older, (b) meeting official diagnostic criteria for mental disorder, (c) treated in mental health settings, (d) RCT involving psychotherapy, (e) active control groups (excluded wait-list controls), intervention explicitly religious or spiritual (excluding mindfulness, meditation, or yoga), and (e) outcomes measured by validated questionnaires providing quantifiable data on the main disorder under treatment. The following comparison categories were included: (1) regular secular treatment vs. the identical treatment except addition of extra R/S sessions ("additional comparison"); (2) religious vs. non-religious treatments with same theoretical orientation and duration, where only one group focused on R/S beliefs, cognitions, values, or actions ("blended comparison"); (3) R/S treatment vs. an alternative treatment with a different theoretical background ("alternative comparison"); and (4) treated with medication vs. R/S treatment ("medication comparison"). Standard statistical methods were used in calculating effect sizes, determination of heterogeneity, moderator analysis, and assessment of publication bias. A random effects model was used to calculate weighted mean effect sizes.

Results: Out of a total of 9,688 records screened, 234 articles were assessed for eligibility, and of those studies, 23 met all inclusion criteria above and were included in the meta-analysis. The overall R/S vs. regular secular treatment effect size was Hedges' $g = 0.52$ ($SE = 0.14$, $t = 3.68$, $p < 0.001$) at post-treatment, indicating that R/S treatment was "moderately" more effective than regular therapy. At follow-up, the effect size increased to $g = 0.72$ ($p < 0.01$), i.e., approaching a large effect size in terms of the difference favoring the R/S treatment. Results were similar when psychological symptoms were the outcome ($g = 0.44$, $p < 0.01$) or functioning was the outcome ($g = 0.62$, $p < 0.01$). There was significant variability between studies. Overall effect size was not moderated by any of

the categorical or continuous moderator variables (assessment perspective, symptom vs. functioning domain, type of comparison, religion, diagnosis, population, setting, modality), although the results were significant only for depressed patients not for those with anxiety or eating disorders. Researchers concluded: "In patients with a strong religious and spiritual affiliation, treatments with a focus on religious and spiritual issues are more efficacious than non-R/S-based therapy."

Citation: Bouwhuis-Van Keulen, A. J., Koelen, J., Eurelings-Bontekoe, L., Hoekstra-Oomen, C., & Glas, G. (2024). The evaluation of religious and spirituality-based therapy compared to standard treatment in mental health care: A multi-level meta-analysis of randomized controlled trials. *Psychotherapy Research*, 34(3), 339-352.

Comment: Actually, it appears that regardless of participants' religiosity, R/S therapy was superior to standard non-R/S secular treatments. Nowhere in the inclusion criteria for studies did the authors indicate that all participants had to have strong religious and spiritual affiliations, and the religiosity or spirituality of participants was not examined in moderator analyses.

Competencies: Integration of Religion/Spirituality into Psychological Services

Researchers from universities across the country in this article discussed "skills for negotiating ethical challenges with spiritually integrated care" and "strategies for assessing a client's R/S." The authors also described systemic barriers to integrating R/S into mental health care. A total of 7 ethical challenges (to integrating R/S into mental health care) are described: (1) negative bias against R/S; (2) imposing R/S values on clients; (3) engaging in multiple relationships (where the client has a personal/professional relationship with the therapist or a relationship with someone close to the therapist); (4) tension between religious and scientific authority; (5) consulting in collaboration with other professionals (such as religious leaders); (6) practicing outside boundaries of competence; and (7) informed consent and possible change in R/S. Finally, they briefly introduce their Spiritual and Religious Competencies Project based on a 3-year grant provided by the John Templeton Foundation to address barriers to research on R/S competencies. Researchers concluded: "We propose that explicit training across mental health professions is necessary to more fully honor R/S diversity and the importance of this layer of identity and intersectionality in many people's lives."

Citation: Currier, J. M., Fox, J., Vieten, C., Pearce, M., & Oxhandler, H. K. (2023). Enhancing competencies for the ethical integration of religion and spirituality in psychological services. *Psychological Services*, 20(1), 40-50.

<https://doi.org/10.1037/ser0000678>

Comment: We missed this key publication last year, and so are reviewing it now. All mental health professionals interested in integrating spirituality into patient care need to read this article.

Spiritually-Centered Cognitive Therapy in Iranian Women after Mastectomy

Researchers in the department of psychology at Islamic Azad University (Bandar Gaz, Iran) randomized 78 women following

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mastectomy for breast cancer to either an intervention group (n=39, or n=32 after dropouts) or a control group (n=39, or n=31 after dropouts). Participants in the control group received no intervention during the study, but received the full intervention after the study was completed. Those in the intervention group received spirituality-centered cognitive therapy (SCCT), which uses cognitive therapy techniques to correct cognitive errors, maladaptive assumptions, and distorted thinking styles. Maladaptive humanistic beliefs and perceptions of God are corrected in order to help the participant accept their suffering and find positive meaning in it. Treatment sessions lasted for 1-2 hours and were conducted 2 times a week over 4 weeks (8 total treatment sessions). SCCT in this study consisted of cognitive, spiritual, and existential components. Participants were given homework sessions where they were asked to review their negative beliefs about spirituality, God, and cancer for 5-10 minutes per day, and then replace those negative beliefs with positive ones. A summary of the goals of each of the 8 sessions is provided in the paper. Outcomes assessed included (1) assessment of cognitive and emotional representations of illness (by the 54-item Revised Illness Perception Questionnaire); (2) rumination about illness (by the 22-item Rumination Scale, assuming that intrusive thoughts were measured using this scale); (3) body image (3 by the 2-item Body Image and Relationship Scale); and (4) sexual function (by the 6-item Female Sexual Function Index). Participants were assessed at baseline, post-intervention, and at follow-up (time not specified). Multivariate analysis of variance with repeated measures were used to examine the data. **Results:** There were no significant differences on measures or other characteristics between intervention and control groups at baseline. Overall, across all outcomes, there was a significant difference between groups favoring the intervention group ($p \leq 0.001$). With regard to specific outcomes, there were significant differences in body image, illness perception, and intrusive thoughts, all favoring the intervention group, although there was no difference on sexual function. The largest effect sizes were on body image (0.51) and illness perception (0.56). Researchers concluded: "... spiritually-centered cognitive therapy may be useful for improving negative psychological symptoms among women in Iran with breast cancer after mastectomy surgery."

Citation: Sharifi, M., Koenig, H. G., Dadfar, M., Turan, Y., & Ghorbani, A. (2024). The effectiveness of spirituality-centered cognitive therapy on body image, sexual function, illness perception and intrusive thoughts in women after mastectomy. *Religions*, EPUB ahead of press (<https://www.mdpi.com/2077-1444/15/5/578>)

Comment: Although a few study details are lacking (length of follow-up, whether intervention was manual-based, whether fidelity to the manual was assessed), this is a good study with important results for women with breast cancer following mastectomy (who often have problems with body image, illness perception, and ruminating thoughts). The study needs to be repeated in other countries, other religions, and other cultural contexts to determine the generalizability of these findings.

Religiosity, Mental Health, and Mental Illness among Muslims

Researchers from the Yaqeen Institute for Islamic Research in Irving, Texas, and school of education at the University of California, Irvine, analyzed data from 3,551 English-speaking Muslims participating in an anonymous on-line survey in January 2021. The majority of participants were from North America, Europe, and Asia. The most common ethnicity was South Asian (48%), and 72% of participants were female. Predictors were religiosity, intolerance of uncertainty, and religious doubt. Religiosity was assessed by a 28-item BASIC scale of holistic Muslim religiosity (developed by the authors); this measure

assessed the five domains of belief, attitude, spirituality, institutional connection, and contribution to society. Intolerance of uncertainty was assessed by a 3-item scale. Religious doubt was measured by a 5-item subscale of the Religious and Spiritual Struggles Scale (Exline). Dependent variables were depression (PHQ-2), anxiety (GAD-2), well-being (6-item Short Warwick-Edinburg Mental Well-Being scale), life satisfaction (5-item Diener scale), and purpose in life (5-item PIL scale). Control variables included age, gender, education, and marital status. Linear regression was used to analyze the data, controlling for the latter characteristics. **Results:** Religiosity was inversely related to depression ($B = -0.11, p < 0.001$) and anxiety ($B = -0.06, p < 0.001$), and was positively related to purpose in life ($B = 0.34, p < 0.001$), life satisfaction ($B = 0.28, p < 0.001$), and well-being ($B = 0.34, p < 0.001$). Generally speaking, the opposite was found for religious doubt and intolerance of uncertainty. Researchers concluded: "religiosity and psychospiritual factors play a role in Muslim mental health. Although religiosity may enhance aspects of mental health, religious doubt and uncertain intolerance may undermine it and worsen it. Researchers, faith leaders, and mental health professionals need to collaborate and study how numerous psychospiritual factors interact to influence mental health."

Citation: Umarji, O., & Islam, F. (2024). The role of holistic religiosity on mental health and mental illness: A global study of Muslims. *Psychology of Religion and Spirituality*, EPUB ahead of press.

Comment: This was a large cross-sectional study of Muslims from around the world indicating consistent associations between religiosity and indicators of positive mental health. Associations were consistent, even after controlling for age, gender, education, and marital status, and even after controlling for intolerance of uncertainty.

Religiosity and Trajectories of Depression after Widowhood

Investigators from the healthcare administration department at the University of Wisconsin and other academic institutions in the U.S. analyzed data from a 10-year longitudinal study (Health and Retirement Study, 2006-2016) involving a nationally representative sample of adults aged 50 or over (n=1,254). Participants were those who were not widowed at baseline (2006) and then reported becoming widowed at some time between 2008 and 2016. The purpose was to examine religiosity as a moderator of the trajectory of depression following widowhood. Religiosity was assessed by frequency of religious attendance, frequency of participation in private prayer, and a 4-item measure of intrinsic religiosity ("I believe God watches over me"; "The events in my life unfold according to a divine/greater plan"; "I carry religious beliefs into all dealings in life"; and "I find strength in religion." Depression (the outcome) was assessed using the 8-item Center for Epidemiologic Studies Depression Scale (CES-D); three or more depressive symptoms were considered the cutoff for depression. Control variables included age, education, race/ethnicity, sex, retirement status, total wealth, self-reported health, self-reported chronic conditions, cognitive impairment, activities of daily living limitations (both physical ADLs and IADLs), antidepressant use, smoking status, alcohol abuse, regular exercise, and social support. Ordinary least squares regression was used to analyze the association between change in depressive symptoms and religiosity (a) from baseline to widowhood and (b) from widowhood through to the end of the study period in 2016). **Results:** At baseline prior to widowhood, 20.1% of participants met criteria for depression compared to 34.8% after widowhood. Frequency of religious attendance tended to decrease after widowhood, although frequency of private prayer tended to increase. As religious service attendance and intrinsic religiosity increased, depressive symptoms decreased post-widowhood ($\beta = -0.34, p < 0.05$, and $\beta = -0.03, p < 0.05$, respectively). There was also a

significant interaction between increases in religious service attendance and living alone, such that increases in religious service attendance reduced the relationship between living alone and depressive symptoms post-widowhood ($\beta = -0.17, p < 0.05$), again independent of control variables. Researchers concluded: "The present study provides evidence suggesting that high religious service attendance can lessen the effects of widowhood on depressive symptoms, especially for those living alone... It is also important for home- and community-based services to acknowledge the role that religiosity may serve in the lives of older adults. Professionals may also consider integrating religiosity screeners as a routine part of their services in order to facilitate access to religious support for those who find it important."

Citation: Hawes, F. M., Tavares, J. L., Ronneberg, C. R., & Miller, E. A. (2024). The effects of religiosity on depression trajectories after widowhood. *OMEGA-Journal of Death and Dying*, 88(4), 1240-1257.

Comment: Using a nationally representative sample of widowed older adults with 10 years of prospective data, while controlling for at least 16 other predictors of depression, researchers were able to show that religious involvement helped to reduce risk of depression following widowhood, especially religious attendance for those living alone.

Awe of God and Psychological Well-Being in U.S. Adults Age 50 or Older

Two academic giants in the field of religion and health – Laura Upenieks from Baylor University (Waco, Texas) and Neal Krause from the University of Michigan (Ann Arbor) – teamed up to analyze cross-sectional data from a national sample of 1,535 individuals aged 50 or older in the United States. The purpose was to examine the relationship between transcendental awe of God and psychological well-being, while exploring the mediating role that meaning in life might play in this relationship. Awe of God was assessed by a 6-item measure that included the following items: "The beauty of the world that God has made leaves me breathless"; "It is mind-boggling to think that I am just a small part of the infinite universe that God has made"; "I am astonished by how little I understand about the universe and all that is in it"; "The unlimited power of God fills me with amazement"; "The ageless and timeless nature of God fills me with awe"; and "I am filled with wonder when I think about the limitless wisdom of God." Psychological well-being measures included depression (4-item CES-D), life satisfaction (3-item index), and self-rated health (single item asking "How would you rate your overall health at the present time"). Meaning in life (the proposed mediator between awe of God and psychological well-being) was measured by a 6-item scale assessing coherence, significance, and purpose of life. Controlled for in all analyses were gender, marital status, education, frequency of religious attendance, frequency of prayer, and religious denomination. A series of regression models were used to examine the data. **Results:** Multivariate analyses revealed that Awe of God was related to lower levels of depression ($\beta = -0.10, p < 0.01$); the relationship was reduced to nonsignificance when meaning in life was controlled for. Similarly, Awe of God was positively related to life satisfaction ($\beta = 0.08, p < 0.01$); again, the relationship was reduced to nonsignificance after controlling for meaning in life. Finally, Awe of God was positively related to self-rated health ($\beta = 0.04, p < 0.001$); which again was reduced to nonsignificance when controlling for meaning in life. Researchers concluded: "...awe of God was associated with lower depression, higher life satisfaction, and better self-rated health, associations partially mediated by the sense of meaning in life. Awe of God may bolster well-being by allowing people to view their life according to the vastness and complexity of a divine plan."

Citation: Upenieks, L., & Krause, N. (2024). Transcendental awe of God and dimensions of well-being: Exploring the mediating role of

meaning in life. *Journal of Religion, Spirituality & Aging*, 36(1), 5-25

Comment: Although cross-sectional (and therefore preventing causal inference in the relationships above), this was a well-done study carefully controlling for other variables that could have confounded these relationships.

Gratitude to God and Self-Control

Researchers in the department of psychology at the University of Chicago conducted 3 separate studies to examine the relationship between conscientiousness (the personality quality most strongly related to self-regulation) and (a) gratitude to God, (b) dispositional gratitude, (c) dispositional indebtedness, (d) indebtedness to God, and (e) religiosity. Study 3 consisted of a 44-day daily diary study that was conducted during the religious season of Lent (the 40 days prior to Easter, when religious believers often give up something important or abstain from certain foods, which is an indicator of self-control). **Results:** Both studies 1 and 2 found that dispositional gratitude and religiosity were significantly correlated with greater conscientiousness. Study 3 found that gratitude to God, but not dispositional gratitude or religiosity, assessed prior to the start of Lent predicted greater abstinence during Lent. Multilevel analyses of the data in study 3 found that those who experienced more gratitude to God on one day were more likely to abstain successfully compared to a day when they expressed less gratitude to God. Researchers concluded: "General gratitude and religiosity were associated with conscientiousness, while gratitude to God was associated with successful abstinence during Lent."

Citation: Oishi, S., & Cha, Y. (2024). Abstinence and conscientiousness: gratitude or gratitude to God? *Journal of Positive Psychology*, 19(1), 149-156.

Comment: Details for this study are lacking because only the abstract was available for review. However, the results suggest that greater gratitude to God and religiosity increase a person's capacity for self-control.

Changes in Personal Values among Mormons Leaving the Church

Researchers at Weber State University in Ogden, Utah, conducted qualitative interviews with 24 emerging adults (ages 18-29) exploring reasons for leaving the LDS church and consequent changes in their most treasured values. Participants were 96% white, 75% female, 50% married, 46% had a college degree, 71% resided in Utah, and 88% were born into the LDS faith that they were transitioning out of; 75% were no longer attending religious services. Open-ended responses to questions and values data were reviewed and categorized into themes. Participants were asked the question "Choose your current top five values" and "Choose your top five values while you were an active member [of the Mormon church]" (with 25 options to choose from). Participants were then asked the question "In your opinion, did the feeling of personal values and LDS values being incongruent cause mental health distress?" Finally, participants were asked the question: "In your opinion, do you believe your value shifted when you left the religion/began questioning the religion?" **Results:** Most participants (75%) said that the feeling of personal values and LDS values being incongruent caused mental health distress. Likewise, most (83%) said that their values shifted when they left the Mormon religion. Current top five values were love (67%), happiness (50%), family (42%), honesty (38%), and individual worth (33%), compared to when they were in the Mormon church, when their top five values were faith (71%), spirituality (58%), belonging (42%), family 38%, and virtue (33%). Interestingly among currently held values, only 1 individual said faith was in the top five values and 0 individuals included virtue in the top five values. Themes in the qualitative responses included abuse/trauma, doctrine, church organization, culture of the religion, family, and social justice values. Researchers concluded: "The

findings from this study indicate a change in value priority for individuals who have left the LDS Church... individuals' reasons for leaving the Church can relate to the values' priority movements. The findings emphasize the need for mental health professionals to assist individuals in affirming and understanding their values and personal identities after disaffiliation."

Citation: Sciarini, J. & Lee, J. (2024). Value transitions during religious disaffiliation from the Latter-day Saints Faith. Journal of Religion and Society 26, 64-78.

Comment: Interestingly, faith and virtue dropped complete out of the top five values after leaving the LDS Church for almost all participants. Leaving the LDS Church might have been a consequence of rejecting religion/ethical virtues more generally by these young adults.

Religiosity, Spirituality, Image of God, and Sensory Processing Sensitivity in the Czech Republic

Investigators in the Olomouc University Social Health Institute at Palacky University Olomouc (Czechia) analyzed data collected from two online samples of Czech adults (n=1,406 and n=1,494, average age 48-51 years, 41-49% women) in April 2020 and 2021 (the midst of the COVID-19 pandemic). The purpose was to examine the relationship between Sensory Processing Sensitivity (SPS) and religiosity, spirituality, and image of God. SPS was defined as "a personal predisposition to be more sensitive to subtle stimuli and easily aroused by external stimuli." This trait, inherited by 15-20% of the population, is associated with heightened awareness, self-other processing, memory, and empathy. SPS is associated with increased central nervous system sensitivity, which enables the processing of information more deeply than usual. While this trait provides many benefits to those who possess it (better perception, ingenuity, imagination, creativity, sensitivity, empathy, caring, intuitiveness), it is also associated with being more easily overwhelmed in highly stimulating environments and with emotional regulation difficulties. In this study, SPS was measured by the Sensory Processing Sensitivity Questionnaire (SPSQ), a measure strongly correlated with the Highly Sensitive Person Scale (HSPS). Subjective religiosity was assessed with a single question: "Would you call yourself a believer?" [(a) yes, member of a church or religious organization (8.6% and 8.8% of the two samples); (b) yes, not a member of a church or religious organization (25.5% and 22.2%); and (c) no to both, I am a convinced atheist (12.9% and 17.5%)]. Spirituality was assessed by a 15-item version of the Daily Spiritual Experiences Scale (Underwood & Teresi, 2002). Images of God was assessed by the question: "How well do you feel that each of the following words describes God?" (the words were critical, distant, ever-present, fatherly, forgiving, gentle, loving, motherly, punishing, wrathful, just, absolute). Negative religious coping was assessed by the 7-item NRC subscale of the Brief RCOPE. Religious conspiracy theories were assessed by 6 statements asking about religious beliefs related to the COVID-19 pandemic and vaccinations. Analyses were controlled for age, gender, education level, marital status, and economic status using binary logistic regression. **Results:** Regression analyses indicated that SPSQ score was unrelated to attendance at religious services, but was significantly and positively related to subjective religiosity (standardized Z score = 1.38, 95% CI = 1.22-1.56), spirituality (Z= 1.61, 95% CI = 1.33-1.96), and NRC (Z= 1.25, 95% CI = 1.02-1.52). With regard to images of God, SPSQ score was significantly and positively related to "ever-present" (Z= 1.19, 95% CI = 1.07-1.33), "fatherly" (Z=1.17, 95% CI = 1.05-1.31), "forgiving" (Z= 1.26, 95% CI = 1.13-1.41), "gentle" (Z= 1.22, 95% CI = 1.10-1.37), "loving" (Z = 1.26, 95% CI = 1.13-1.42), "motherly" (Z= 1.18, 95% CI = 1.05-1.32), "punishing" (Z=1.14, 95% = 1.02-1.27, "just" (Z = 1.17, 95% CI = 1.05-1.30), and "absolute" (Z = 1.17, 95% CI = 1.05-1.31). No relationship was found between SPSQ score and the images "critical", "distant", or "wrathful." Likewise, no

relationship was found with religious conspiracy theories regarding COVID-19 or vaccinations. Researchers concluded: "Higher SPS predicted higher religiosity and spirituality, but not regular religious attendance. SPS was also associated with higher proneness to NRC but did not appear to affect belief in RCT [religious conspiracy theories]. HSPs [highly sensitive persons] were also more likely to see God in a positive way, for example, as forgiving, loving and ever-present."

Citation: Buchtova, M., Malinakova, K., van Dijk, J. P., Husek, V., & Tavel, P. (2024). Sensory processing sensitivity is associated with religiosity and spirituality. Humanities and Social Sciences Communications (Nature), 11(1), 1-8.

Comment: Fascinating study. Given the low prevalence of religious belief and activity in the Czech Republic (8-9% of whom are religious), this study needs to be replicated in other countries and cultures where religion is more prevalent (and replicated in different religions). In the Czech Republic, nearly 40% indicate that they are atheist, 13% are undecided, and of the remaining 47%, nearly all are Christian).

Religiosity, Coping and Mental Health during COVID-19 in Canada

Investigators from the department of health sciences, Carleton University, Ottawa, Canada, conducted a cross-sectional online study of a convenience sample of 280 Canadians during the second wave of the COVID-19 pandemic (March-June 2021). Participants included 69 atheists, 45 agnostics, 53 self-identified as spiritual, 69 Christians, and 44 affiliated with a minority religious group. Religiosity was assessed by the 13-item Centrality of Religiosity Scale (Huber), which measures five dimensions of religiosity: intellectual, ideology, public practice, private practice, and religious experience. Stressor appraisals in the context of COVID-19 pandemic were assessed by seven 4-item scales measuring threat appraisals, challenge appraisals, centrality appraisals, controllable-by-self, controllable-by-others, uncontrollable by anyone, and stressfulness. Coping with the COVID-19 pandemic was assessed by the 30-item short version of the Survey of Coping Profile Endorsements. Finally, mental and physical health were assessed by global single-item measures whose response options ranged from poor to excellent. Analysis of covariance and multivariate analysis of covariance were used to examine differences between groups. Multiple mediation models were constructed using regression-based bootstrapping analyses (PROCESS macro). **Results:** Mental health differences were present between the different religious and non-religious groups. ANOVA revealed that agnostics reported worse mental health than did Christians, religious minorities, or atheists. Christians reported significantly better mental health than those indicating they were spiritual, although there were no significant differences in self-reported mental health between Christians, atheists, or religious minorities. Religiosity overall was positively related to problem-focused coping, emotional-engagement, and mental health (all p<0.05); no relationship was found with emotional-avoidance or physical health (although religiosity was indirectly related to better physical health through emotional-engagement and problem focused coping). Researchers concluded: "Taken together, the use of emotional-engagement and problem-focused coping strategies appeared to fully account for the tendency for more religious individuals to report greater mental health, as well as indirectly link religiosity with greater physical health."

Citation: Peneycad, C., Ysseldyk, R., Tippins, E., & Anisman, H. (2024). Medicine for the soul:(Non) religious identity, coping, and mental health during the COVID-19 pandemic. Plos One, 19(1), e0296436.

Comment: Interesting findings from a Canadian study whose sample consisted of over 40% atheists or agnostics.

Spirituality/Religion and Recovery from Severe Mental Disorder

Researchers from the department of nursing at the University of Airlangga (Indonesia) and other higher educational institutions in Indonesia conducted a systematic review of studies examining the impact of spirituality on recovery from severe mental disorder. Search words for this review were "spiritual intervention," or "spirituality," or "religiosity" AND "recovery," AND "severe mental disorders," or "mental illness," or "psychotic." A total of 651 articles were screened, of which 16 met inclusion criteria (included participants with severe mental disorder, published in an English academic journal between 2019 and 2023, consisted of quantitative or qualitative research). **Results:** The majority of the 16 studies (63%) were qualitative in nature, and the remainder were quantitative. Four main themes emerged from these studies: (1) awakening identity, strength, hope (spirituality improved self-confidence and hope); (2) spiritual coping (praying, reciting the Qur'an, fasting and zikr, yoga, meditation, worshiping); (3) meaning in life (faith and spirituality provided meaning and purpose in life); and (4) partnership relation (spirituality facilitated the relationship with caregivers, including nurses). Researchers concluded: "Findings revealed that spirituality significantly contributed to the improvement of individuals with severe mental disorders by fostering the development of self-confidence, self-control, strength, and hope, thereby enhancing overall quality of life. In addition, spirituality appeared to correlate with increased self-efficacy... Psychiatric-mental health nurses could play a pivotal role in helping individuals with severe mental disorders by addressing their spiritual needs, thereby promoting holistic recovery and care."

Citation: Sawab, S., Yusuf, A., Fitriyarsi, R., & Arifin, H. (2024). Spirituality and recovery from severe mental disorders: A systematic review. *Journal of Psychosocial Nursing and Mental Health Services*, EPUB ahead of press.

Comment: This is largely a subjective review of qualitative research. However, the article provides some good study citations. No doubt, this topic is an incredibly important one, providing hope to those facing lifelong pain and suffering, as well as those who care for them.

Spirituality, Resilience and Aggression among Dental Students in India

Researchers in the departments of dentistry at several universities in India analyzed cross-sectional data from a convenience sample of 211 dental students at a single government dental institution in India. The purpose was to examine the role of spirituality as a mediator between students' propensity for violence/aggression and their personal resilience. Spirituality was assessed using the 16-item Spiritual Orientation Scale (SOS; Kasapoped, 2016). An example of an item on this scale is "Prayer/meditation is an important aspect of my spiritual life." Propensity towards violence and aggression was assessed by the 29-item Buss and Perry Aggression Questionnaire (AQ), which measures physical aggression, verbal aggression, anger, and hostility. Personal resilience was assessed by the standard 25-item Connor and Davidson Resilience Scale (CD-RIS). Structural equation modeling was used to analyze the data and examine the mediating effect of spirituality. **Results:** Pearson correlations revealed that spirituality was positively correlated with resilience ($r=0.468$, $p=0.023$) but was unrelated to aggression. Resilience, in turn, was correlated negatively with aggression ($r=-0.325$, $p=0.04$). Structural equation modeling revealed that spirituality mediated the relationship between aggression and resilience, with the authors concluding: "Spirituality played a substantial mediation influence in the indirect pathway of violence on resilience ($p=0.001$). According to the study's findings, spirituality can help pupils become more resilient

as individuals and can act as a helpful intermediary between aggressiveness and resilience."

Citation: Anjum, S., Mishra, G., Kankane, N., Khetan, J., Mahajan, N., Patel, A., & Chhabra, K. G. (2024). Link between individual resilience and aggressiveness in dental students and the mediating effect of spirituality: A path analysis. *Journal of Education and Health Promotion*, 13(1), 10.

Comment: While a small and quite modest study, this is one of the few published studies on spirituality, aggression, and resilience among dental students in India (and probably elsewhere in the world as well).

Religiosity and the Mental Health of University Students with Disabilities

Researchers at King Faisal University in Saudi Arabia and Alexandria University in Egypt analyzed data from a convenience sample 390 Saudi Arabian undergraduate students with disability (physical, visual, hearing, or speech). Participants ranged in age from 17 to 25, and 56% were male. The DASS-21 scale was used to assess depression, anxiety and stress; the 5-item Satisfaction with Life Scale (Diener) was used to measure life satisfaction, which was considered to be a proxy for quality of life (QOL); social connectedness was assessed by the Social Connectedness and Social Assurance Scale (Alsubaie); and religiosity by a 7-item scale (Lombardi et al.) with items such as "My faith permeates my entire existence" and "I experience God's presence in my life." Structural equation modeling was used to analyze the data. **Results:** A negative association was found between anxiety and QOL (life satisfaction), and that association was moderated by religiosity (inverse relationship between anxiety and QOL was weaker among those with high religiosity). Religiosity did not moderate the relationship between depression or stress and QOL.

Citation: Al-Shaer, E. A., Aliedan, M. M., Zayed, M. A., Elrayah, M., & Moustafa, M. A. (2024). Mental health and quality of life among university students with disabilities: The moderating role of religiosity and social connectedness. *Sustainability*, 16(2), 644.

Comment: Another quite modest study, although worth summarizing here given the dearth of research on how religiosity affects mental health of undergraduate students with disabilities.

Spirituality and Positive Youth Development

Researchers at Boston College and Tufts University argue that spirituality is an understudied developmental asset that has the potential to foster positive youth development (PYD). They emphasize that many PYD programs for youth in low- and middle-income countries (LMICs) are often faith-based for the following reasons: "(a) religious institutions are often the major context other than the family wherein youth encounter the key contextual asset of developmentally nurturant relationships with adults and, in turn, (b) young people's spirituality and religiosity constitute key individual assets linked to PYD." They emphasize that this is particularly true for marginalized youth in LMICs where faith-based PYD programs can foster thriving among young people. The authors go on to describe spirituality as a developmental asset based on a considerable amount of research cited in the article. They emphasize that PYD programs often have three essential features that enhance their effectiveness: (1) help form positive relationships between youth and adults (e.g., mentors, teachers, or pastors); (2) teach skill-building activities that are relevant to selecting and optimizing goals and compensating for barriers that block those goals; and (3) provide opportunities to apply those skills in family, community, and school settings. Spirituality is thought to enhance all of those effective elements. Research is then reviewed that supports spirituality as an asset in PYD, and in particular, describes measures of adolescent spirituality that have been used in such studies and could be used in future studies. Finally, the authors describe a PYD program (Compassion International or CI) that incorporates spirituality and is currently

conducting a study to examine the effects of that program. CI is a faith-based child-sponsorship organization whose goal is to alleviate poverty and promote the thriving of youth through a holistic approach, serving more than 2 million children in 25 low- and middle-income countries. The Compassion International study of PYD is a prospective cohort study of youth engaged in CI programs in Central America and Africa. Future waves of data from this study may help to document the benefits of such faith-based interventions to enhance youth development in underdeveloped countries (and perhaps also useful in developed countries). Researchers conclude: "For much of our history, spirituality was intimately connected with religion and religiousness and is a reflection in our lived experience of our understanding of God/the Sacred and our relationship to that understanding. Given spirituality's important role in the human experience, its absence from the field of psychological and developmental science inquiry for the majority of the 20th century seems odd in retrospect... As the field continues to mature within the globalized context of the early 21st-century, cross-cultural and cross-national collaborations will improve how humanity understands the fundamental experience of spirituality for human flourishing."

Citation: Hay, S. W., Lerner, J. V., Lerner, R. M., Tirrell, J. M., & Dowling, E. M. (2024). Spirituality as a key asset in promoting positive youth development: Advances in research and practice. *Archive for the Psychology of Religion*, EPUB ahead of press.

Comment: This article provides the background for a visionary agenda focused on integrating spirituality into programs that foster positive youth development. Anyone (e.g., educators, academic researchers, clergy) working in the spiritual development of youth will benefit from reading this article.

Sir John Templeton's Role in the History of the Religion and Science Dialogue

Oxford University historian Peter N. Jordan here examines "the rationale behind philanthropist Sir John Templeton's investment in the field of science and religion." This fascinating article reviews the trajectory of the history of science and of the science-religion dialogue, with a particular focus on John Templeton's reasons for his extensive funding of this dialogue through his three private foundations. As a historian, Jordan takes an objective viewpoint in recounting Templeton's writings in the area of science and religion, quoting from or referring to many of the books that Sir John wrote with colleagues in the 1980s and 1990s on the topic of science and religion. He notes that Templeton sought to change the "old world view" of scientists about nature (constricted dimensions, universe operates like a machine, changeless and static) to a "modern view" of the world that sees nature as embracing randomness and unpredictability, thereby making links to spiritual aspects of the physical universe, something which scientists can study. In particular, this modern view saw God as quite different from the old worldview (God as separate and disconnected from the world, distant from his creation). In this modern worldview, Templeton saw God as "much more immediately involved in the complex, multi-level, and unpredictable order that God creates and upholds." The writer emphasizes that Templeton's view was that science could teach us much about God and therefore help to inform theologians about the nature of God. Jordan points out that John Templeton's views fit nicely with the spiritual philosophy of the Unity School of Christianity, the faith tradition in which Templeton was raised as a boy. The author concludes: "Templeton's history of science is a story of scientists' movement away from an older picture of nature in which there is effectively no room for God – a functionally godless world – toward a newer one in which God is seen as immanently present and active. That history conveniently ends at a theological picture consistent with the theology taught by a tradition to which Templeton was personally committed."

Citation: Jordan, P. N. (2024). The theological significance of the history of science: John Templeton and the promotion of science and religion. *Journal of the American Academy of Religion*, EPUB ahead of press.

Comment: Jordan seeks here to provide an objective historical account of the motivations behind John Templeton's support for the science-religion dialogue, and of Templeton's own personal spiritual views grounded in his Unity faith background. This is a very well-written article that is worth taking the time to read, since most of the funding support for religion-health research during the past 3 decades has come from the Templeton foundation.

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, June 25, 2024, at 12:00-1:00 EST (New York time), and will be delivered by **Joan Romaine, MPH, LGPC, NCC**, a member of the program staff at the National Institutes of Health/NIAAA. The title of her presentation will be **Special Interest Group on Spirituality and Religion at NIH**. PDFs of the Power Point slides for download and full video recordings of most past webinars since July 2020 are available at

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

SPECIAL EVENTS

Online Moral Injury Workshop

(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/2024/03/2024-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 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 for health professionals who wish to integrate spirituality into the care of patients and for clergy who want to enhance the health of their congregants, as well as for those wishing to integrate spirituality into their work more generally whether health-related or not. 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 want to know 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/2024/03/2024-Duke-University-Spirituality-and-Health-Workshops.pdf> or contact Dr. Koenig at Harold.Koenig@duke.edu.

RESOURCES

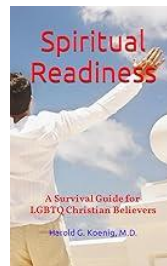
Books

[Spiritual Readiness Series](#)



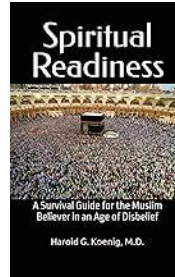
Spiritual Readiness: A Survival Guide for the Christian Believer in an Age of Disbelief

(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

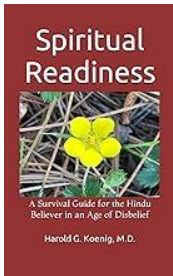
(Amazon Kindle, 2024, updated March 1, 2024, 163 pages)
For Muslim believers (Sunni, Shia, Sufi, Ibadi). Available for \$8.99 (paperback and Kindle) at <https://www.amazon.com/Spiritual-Readiness-Survival-Believer-Disbelief/dp/B0CR6TM4W3/>.



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/>.

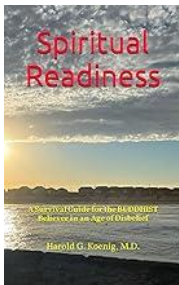


Spiritual Readiness: A Survival Guide for the Hindu Believer in an Age of Disbelief

(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/>.

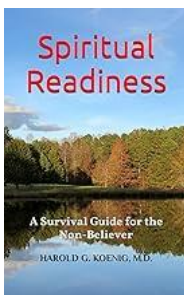


Spiritual Readiness: A Survival Guide for the Buddhist Believer in an Age of Disbelief

(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/BOBBY2JLXB>.

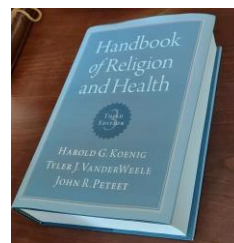
Other Books

Children's Spirituality and Traditions: Theoretical and Practical Considerations

(Routledge, 2024)

From the publisher: "Do traditions contribute to children's spirituality? Why and how so? From theoretical and practical considerations, this book explores children's weaving of and distancing from family, cultural, educational, and religious traditions. It examines the transformational relationship between traditions and young people's lives and spirituality and pursues answers to the following questions: What kind of traditions influences young people's spirituality and how are those influences exerted? How and under the influence of whom do children develop their own worldviews and their own sets of values? How does that contribute to their identity building? How is children's spirituality connected to traditions? The chapters in this book seek answers to these questions by delving into the varied influences that contribute to children's spiritual development such as: construction of identities, the role of rituals, fables and symbols, subcultures and new religious movements, neoliberal educational practices and the importance of play and languages in spirituality experienced by both the children and the young. Insightful and thought-provoking, this book will be a key resource for practitioners, researchers and scholars in theology and religious studies, early childhood and education, education, developmental psychology, and children's studies, and will also appeal to anyone interested in understanding the relationship between traditions and young people's lives." Available for \$170.00 (hardcover) or \$51.96 (Kindle) at

<https://www.amazon.com/Childrens-Spirituality-Traditions-Theoretical-Considerations/dp/1032660864/>.



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; testing the impact of religiously integrated therapies; and increasing the scientific literacy of health care chaplains). More information:

<https://www.templeton.org/project/health-religion-spirituality>.

2024 CSTH CALENDAR OF EVENTS...

June

- 6/22 **Duke University Moral Injury Workshop**
8:45A-5:00P EST (New York time) (online by Zoom)
Title: Moral injury: Definition, diagnosis, & treatment
Speaker: Koenig
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 6/25 **Spirituality and Health Research Seminar**
12:00 -1:00 EST (New York time) (online by Zoom)
Title: Special Interest Group on Spirituality and Religion at NIH
Speaker: Joan Romaine, MPH, LGPC, NCC, program staff, National Institutes of Health/NIAAA
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

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

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