

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

LATEST RESEARCH

Religion, Religiosity and Health in China

Researchers analyzed data from a national random sample of 10,702 adults participating in the 2015 Chinese General Social Survey of mainland China (average age 50, range 18-94; 53% female). The purpose was to examine the relationship between religion, religiosity, and mental health. Religious belief was coded as yes (1) or no (0). For those with a religious belief (n=1158 or 10.8%), they were asked about frequency of religious attendance, which was assessed by the question: "How often do you participate in religious activities?" Response options range from never (1) to several times a week (9). Physical health and depression were assessed by the questions: "What do you think of your current physical health?" [response options ranged from poor (1) to excellent (5)] and "How often have you felt depressed in the past four weeks?" [response options ranged from never (1) to always (5)]. Control variables included sex, education, and socioeconomic status. Regression analyses were used to analyze the data. **Results:** With regard to frequency of participation in religious activities, the mean score was 1.45 (on a range from 1 to 9). Women were significantly more likely than men to have a religious belief (13.2% vs. 8.1%, $p < 0.001$) and be involved in religious activities (mean 1.55 vs. 1.34, $p < 0.001$). Having a religious belief was significantly and positively associated with greater depression and worse physical health, although the associations were weak ($r = 0.052$, $p < 0.001$, and $r = -0.054$, $p < 0.001$, respectively). No significant relationship was found between frequency of participation in religious activities and either depression or physical health. These findings persisted after controls in regression modeling. These relationships persisted among those aged 18-49. Among those aged 50-94, however, there was no association between any indicator of religiosity and depression or physical health. Researchers concluded: "The results of this study indicate that holding a religious belief in China was associated with worse physical health and greater depression...it may be that having a religious belief creates stress for believers, resulting in higher levels of depression... Believing in religion is not a mainstream behavior in China and is often a

stigmatized behavior... Religious practices are often treated as superstitious practices, and Christians are excluded from the mainstream culture."

Citation: Zhang, J., Zhao, L., & Lester, D. (2024). Religion, religiosity and health in China. *Suicide Studies* 5(3), 64-74.

[https://www.dravidlester.net/assets/files/suicide-studies/Suicide%20Studies.%202024.%205\(3\).pdf#page=64](https://www.dravidlester.net/assets/files/suicide-studies/Suicide%20Studies.%202024.%205(3).pdf#page=64)

Comment: Given the cross-sectional nature of this study, direction of causation cannot be determined. Just as religious beliefs and practices may cause greater depression and worse physical health among Chinese people, it is just as likely (if not more likely) that depression and worse physical health cause Chinese people to turn to religion for comfort and hope in order to deal with these stressful conditions.

Religiosity on Decline in Europe

Investigators from the institute of psychology at SWPS University of Social Sciences and Humanities in Poznan, Poland, examined the role of age, generation, and shifting human values as possible explanations for the decline of religiosity in Europe over recent decades. Researchers analyzed data from two studies: Study 1: European Social Survey, Wave 7, involving samples from 19 countries in 2014-2015 (n=29,775); and Study 2: all 9 Waves of the European Social Survey conducted in 2002/2003 through 2018/2019 in 15 European countries (n=255,824). These were all cross-sectional surveys of random population-based samples of adults ages 14-90 in each country. In both studies, individual religiosity was measured by a 3-item index composed of self-rated religiosity, frequency of participation in religious services, and frequency of personal praying. Values were assessed using the Portrait Values Questionnaire, measuring 10 value dimensions: conformity, security, and tradition (in the category of conservatism), benevolence, tradition, and universalism (in the category of self-transcendence), stimulation, hedonism, and self-direction (in the category of openness to change), and power in achievement (in the category of self-enhancement). Generations were divided into categories of Matures (born 1928-1945), Baby Boomers (born 1946-1964), Generation X (born 1965-1976), Generation Y (born 1977-1997), and Generation Z (born after 1997). Mediation analysis was used to analyze the data. **Results of Study 1:** Religiosity steadily declined with each generation above, while "openness to change" steadily increased with each generation. Generation X, compared to Baby Boomers, were less likely to endorse both social focused values (conservativeness and self-transcendence) and more likely to endorse personal focused values (openness to change and self-enhancement). The findings for generation Y compared to Generation X revealed a similar pattern. **Results of Study 2.** Again, religiosity steadily declined steadily from that in Matures to that in Generation Z, while openness to change and self-enhancement steadily increased. Even after controlling for age, this pattern of effects was consistent across the generations. Researchers concluded: "Our results confirm a pronounced trend of religiosity decline and explain this process by changes in personal values. In particular, Europe's generational increase in openness to change values explains religiosity decline above and beyond the effect of people's developmental age."

EXPLORE...in this issue

1-6 LATEST RESEARCH

6-10 NEWS, EVENTS & RESOURCES

10-11 TRAINING, FUNDING Opportunities, and CALENDAR

Citation: Koscielniak, M., Bojanowska, A., & Gasiorowska, A. (2024). Religiosity decline in Europe: Age, generation, and the mediating role of shifting human values. *Journal of Religion and Health*, 63(2), 1091-1116.

Comment: Although these analyses are based on cross-sectional data, preventing causal inference, it appears that an increase in valuing the importance of self-direction and independence of thought (openness to change) helps to explain the decline in religiosity in Europe from Matures (born 1928-1945) to Generation Z (born after 1997).

Family Formation, Relationship History, and Religiosity among Young Adults in the U.S.

Jesse Smith from the department of sociology at Benedictine College in Atchison, Kansas, analyzed data from young adults participating in the 1st and 5th waves of the National Longitudinal Study of Adolescent to Adult Health (ADD Health). At Wave 1, conducted in 1994-1995, a total of 17,670 adolescents were assessed at ages 7-12 with their parents, whereas at Wave 5, 12,300 participants were re-interviewed at ages 33-43 in 2016-2018. After removal of missing data, the analytic sample consisted of 10,532 young adults. Religiosity, the outcome at Wave 5, was assessed by three dichotomized variables: religious attendance (monthly or more, 32%), importance of faith (very important or more important than anything else, 50%), and frequency of prayer (daily or more, 36%). Also assessed at Wave 5 were union status (married, single, cohabitating) and parenthood status (no children, preschool children, school age children), along with relationship history (past cohabitations, past sexual partners, past marriages/divorces). Control variables at Wave 1 and Wave 5 included race/ethnicity, sex, parents' highest reported level of education, past family structure and experience of family instability, and early religiosity (young adult and parent frequency of religious attendance, importance of religion, and frequency of prayer at Wave 1). Logistic regression models examined the relationship between family and parenthood status, relationship history, and young adult religiosity. **Results:** Cohabitating (vs. married) was significantly and inversely related to all three indicators of religiosity, whereas parenthood was significantly and positively related to greater religiosity. Associations were stronger for religious attendance than for self-rated religiosity or prayer and were stronger among Whites than in Blacks or Hispanics. The researcher concluded: "The link between religion and family remains in evidence, but may have become more tenuous due to the delay and complexification of family formation. This link is strongest for White Americans and with respect to institutional rather than private religiosity."

Citation: Smith, J. (2024). Family and religion in flux: Relationship complexity, type of religiosity, and race/ethnicity. *Journal of Marriage and Family*, 86(1), 268-287.

Comment: Well-done study involving a large population-based sample of young adults followed from adolescence through early to middle young adulthood, controlling for a wide range of other variables. The findings are what one would expect, although it is quite surprising that they were stronger among Whites than among Blacks or Hispanics, who are traditionally more religious than Whites. Also, it is surprising that the findings were stronger for frequency of religious attendance than for more personal aspects of religiosity.

Changes in Religion and Health among LGBTQ+ Mormons

Researchers in the department of psychology at Utah State University in Logan, Utah, and those in other departments at universities across the United States conducted a 2-year longitudinal study of 132 sexual minority Mormons in Utah. Participants were assessed at two time points in 2020 and 2022

(132 of 370 participants completed the survey in 2022).

Participants were 93% White and 58% identified as gay/lesbian. Measures of religiousness included attendance at religious services (from the Duke University Religion Index), and a 4-item version of the Religious Commitment Inventory (Worthington), which assesses interpersonal religious commitment. Religious orthodoxy was also measured using a 6-item orthodoxy scale (Hunsberger). Internalized homonegativity (an indicator of minority stress) was assessed by Internalized Homonegativity subscale from the Lesbian, Gay, and Bisexual Identity Scale. Measures of mental health and well-being included the PHQ-9 (depression) and the 5-item Meaning in Life Questionnaire (Steger). Structural equation modeling was used to analyze the data. **Results:** All religious indicators significantly decreased between Time 1 and Time 2. Greater frequency of religious attendance at Time 1 predicted lower levels of meaning in life and higher levels of depression at Time 2. However, greater interpersonal religious commitment at Time 1 predicted higher levels of meaning in life and lower levels of depression at Time 2. Furthermore, decreases in interpersonal religious commitment over the two years predicted higher levels of depression and lower levels of meaning in life at Time 2. Researchers concluded: "We suggest that these results highlight the inherent difficulty in holding both the Mormon and SM [sexual minority] identity, with trends implying that SM Mormons tend to disengage from their religious identity."

Citation: Lefevor, G. T., Skidmore, S. J., Huynh, K. D., & McGraw, J. S. (2023). The impact of changes in religion on health among sexual minority Mormons. *International Journal for the Psychology of Religion*, 33(3), 214-229.

Comment: Interesting that the authors emphasize the religious decline in this population in their conclusions, while ignoring the positive effects that interpersonal religiousness had in predicting greater psychological well-being over time. They also appear to ignore the negative effects that declining interpersonal religiousness had on well-being over time (at least in the abstract).

Religiosity and Sexting in the United States

Investigators in the department of sociology at Baylor University and the University of Texas at San Antonio analyzed data from the 2021 *Crime, Health, and Politics* (CHAPS), which involved an online survey of a national probability sample of 1,771 non-institutionalized adults age 18 or over in the U.S. The analytic sample was limited to 1,204 individuals ages 60 years and younger (mean age 40 years). Sexting behavior was assessed by the question: "During the past 12 months, did you voluntarily (because you wanted to) send any of the following while communicating with a sexual partner through cell phone, email, instant messaging, or social media... (a) written information or text messages about intimate sexual feelings or desires?; or (b) sexually explicit pictures with nude or nearly nude images?; or (c) live images or recorded videos with sexual content?" Response options were collapsed into one binary variable (0 = no to all, 1=yes to one or more). Attendance at religious services was assessed as (1) in-person attendance or (2) virtual attendance via computer or phone. Divine control was measured by a 3-item scale (Schieman) (e.g., "God is decided what my life shall be," "I depend on God for help and guidance", etc.). Religious/spiritual struggles were assessed by a 4-item scale (Idler, Pargament). Gender identity was assessed by a single item. Covariates included age, gender, education, socioeconomic status, race, marital status, economic hardship, region of US, and religious affiliation. Regression models were used to analyze the data (n=1,167 in multivariate models). **Results:** One-third (34.6%) of participants indicated that they were engaged in sexting. Frequency of in-person attendance at religious services (once per week or more) was related to a 44% lower likelihood of sexting (OR=0.56, 95% CI=0.20-0.81, <0.05). No relationship was found between virtual/on-line religious attendance and sexting. No

significant relationship was found between Divine control and sexting. Finally, a high level of religious/spiritual struggles was associated with a 47% greater likelihood of engaging in sexting (OR=1.47, 95% CI=1.24-1.74, $p<0.001$). No significant relationship was found with religious affiliation or non-affiliation and sexting. Gender moderated the relationship between Divine control and sexting, such that women who had high divine control beliefs had a 34% chance of sexting, while men with high divine control had a 44% chance of sexting (interaction OR=0.56, 95% CI = 0.37-0.84, $p<0.01$). Researchers concluded: "Taken together, the findings show that religiosity is associated with a reduced likelihood of sexting among women, who may be more subject to monitoring by religious institutions that tend to be more prescriptive about women's sexual behaviors than men. However, tensions and conflicts in one's faith (experienced through R/S struggles) appear to be associated with an increased chance of sexting for women and men."

Citation: Upenieks, L., Chakraborty, R., & Hill, T. D. (2024). Sin in the digital flesh? Religiosity and the sexting behavior of women and men in the United States. Journal of Religion and Health, EPUB ahead of press.

Comment: To our knowledge, this is the first published report on the relationship between religiosity and sexting in a probability sample of adults ages 18-60 in the U.S. Analyses were controlled for many other potential correlates of sexting. However, as the investigators point out, these results are cross-sectional, making it impossible to determine the direction of causation in these relationships.

Impact of Religiosity on Relationship between Pornography Use and Relationship Well-Being

Researchers at Brigham Young University analyzed data from an online Qualtrics survey of 3,750 persons from across the United States (average age 38, 71% female, 72% heterosexual, 79% White, 31% Protestant Christian, 18% Roman Catholic, 24% no affiliation). Only 18% of participants were weekly attenders at religious services (lower than the national average). The purpose of this study was to examine the moderating effects of religiosity on the relationship between pornography use and relationship quality. Religiosity was assessed by a 3-item index assessing the importance of spirituality in life, frequency of prayer, and importance of religion. Pornography use was measured by the Pornography Usage Measure and by a scale assessing aggressive pornography use. Relationship satisfaction and relationship stability were measured by 5-item and 3-item scales, respectively. Perceived addiction was measured by the 6-item Cyberpornography Use Inventory. Regression analyses controlled for gender, education, relationship length, number biological children, and sexual frequency with partner. **Results:** General pornography use and aggressive pornography use were both inversely related to relationship stability and relationship length, especially poor relationship stability. Religiosity significantly moderated the relationship between pornography use, such that the greater the religiosity, the larger the negative association between pornography use and relationship stability, and the stronger the relationship between perceived addiction and relationship stability. They explained these findings as being due to the fact that religious individuals who view pornography may experience higher levels of moral incongruence, leading to mental health problems that could interfere with relationship quality and lead to an enhanced sense that they were addicted to the practice and had no control over it.

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

Comment: An important study that reveals information to help clinicians deal with religious individuals who see themselves as

addicted to pornography, which may be adversely affecting important relationships in their lives.

Game Addiction in Youth and Spiritual Well-Being

Hok-Ko Pong from the faculty of management and hospitality at the Technological and Higher Education Institute of Hong Kong in Hong Kong, China, conducted a cross-sectional online survey involving a convenience sample of 403 Chinese university students ages 18-21 in Hong Kong (50% male). Nearly three-quarters of participants (73%) indicated no religious beliefs, and among the remaining students, religious affiliation was 19% Protestant Christians, 5% Catholics, and 3% Buddhists. The purpose of this study was to examine the relationship between gaming addiction and spiritual well-being. Gaming addiction was measured by the 21-item Game Addiction Scale 21, which assesses seven dimensions: salience (amount of time playing games), tolerance (playing longer than planned), mood modification (release of stress through gaming), relapse (difficulty reducing time spending playing games), withdrawal (feeling angry when unable to play), conflict (choosing to play over paying attention to others), and problems (sleep deprivation due to gaming). Spiritual well-being was assessed by the 20-item Spiritual Well-Being Questionnaire (Fisher); exploratory factor analysis revealed three dimensions of spiritual well-being: personal-communal, transcendental, and environmental. Stepwise multiple regression analysis was used to examine the predictors of game addiction severity. **Results:** All dimensions of spiritual well-being (personal-communal, transcendental, and environmental) were inversely related to game addiction scores (including every one of the seven dimensions and the overall score). Effects were particularly strong for the personal-communal dimension of spiritual well-being. Researchers concluded: "...the findings of this research suggest high levels of spiritual well-being lower the likelihood of young Chinese individuals developing excessive gambling use or even game addiction, with the personal communal domain of spiritual well-being being the strongest predictor of game addiction overall."

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

Comment: Given the increased prevalence of online gaming among young people around the world, these findings are particularly relevant. Unfortunately, the measure of spiritual well-being was relatively weak and highly confounded with indicators of mental and social health. As usual with cross-sectional studies, direction of causation could not be determined, weakening the author's conclusion above suggesting causality.

Gratitude to God vs. Interpersonal Gratitude: Prevalence and Triggers

Patty Van Cappellen and colleagues at Duke University and the University of North Carolina at Chapel Hill analyzed data collected from 1,270 religious persons from across the United States using an online Qualtrics survey. Participants were 11% Hindu, 12% Muslim, 11% Jewish, and 66% Christian. Participants were randomized to one of two priming conditions: the God-prime condition (where participants wrote about their relationship with God) or the Neutral-prime condition (where participants wrote about their favorite colors present in their surroundings). Next they were asked: "Please think back to a time when you achieved something that made you feel proud of yourself. Please reflect on, then describe, that event [personal success] in detail." After that, participants were asked to express their gratitude for this success in writing. Participants answered nine questions that inquired about how much they attributed their success to God, self, or others on a scale from 1 (not at all) to 9 (yes, extremely). A modified version of the 9-item Attribution to God Scale (Mahoney) was used, along with items developed specifically to ask about attribution of

gratitude to self and others. Open-ended questions were also asked with regard to ways that participants demonstrated gratitude to God and gratitude to others, generating a total of 3,679-4,004 responses that were coded into established categories. **Results:** With regard to gratitude expression, 29% of Hindus, 41% of Muslims, 12% of Jews, and 18% of Christians reported gratitude to God, whereas 54% of Hindus, 42% of Muslims, 60% of Jews, and 46% of Christians reported gratitude to others. Among those with the God-prime task, 26% reported gratitude to God (up from 16% for the Neutral prime group). The most common reasons for gratitude to God across all religious groups were achievement, self-improvement, and safety. The most common demonstrations of gratitude to God across all religious groups were prayer, reflection, acknowledgment/recognition, and moral self-improvement. Researchers concluded: "...we establish that religious people (i.e. our participants) do spontaneously express GTG [gratitude to God] in response to a positive outcome, but not as often as we had expected [only 16%]."

Citation: Van Cappellen, P., Clapp, A. R., & Algoe, S. B. (2024). God of the good gaps: Prevalence, eliciting situations, and demonstrations of gratitude to God as compared to interpersonal gratitude. *Journal of Positive Psychology*, 19(1), 66-82.
Comment: A novel and relatively complex study examining differences between religions on expressions of gratitude to God (vs. to persons or self) (with Muslims being most common and Jews least common to do so). The **impact on mental health** of expressing gratitude to God vs. gratitude to other people or self was not examined, or at least was not reported in this article.

Profiles of Those Expressing Interpersonal vs. Spiritual Gratitude

Investigators in the department of psychology at York University in Toronto, Canada, and University of British Columbia, collected online data from 610 adults in the United States using the online survey platform Prolific. Participants were first asked to write down a few sentences describing a good event in their lives (i.e., what happened and how they felt about it). Prior to writing about these good events, participants were randomized to one of two framing conditions: one to elicit an "experience of spiritual gratitude" and one to elicit an "experience of interpersonal gratitude." The experience of **interpersonal gratitude** was defined as "experiences that you would consider to be an experience of tremendous gratefulness to another person after experiencing a very positive event in your life, or escape from what could've been a very negative event in your life... An experience of interpersonal gratitude may be in close relationships with friends or family members, or it might have involved an acquaintance, a stranger, or even someone you have never met in person." **Spiritual gratitude** was defined as "experiences that you would consider to be an experience of tremendous gratefulness to God, a Higher Power, or whatever you think of as Sacred or Spiritual after experiencing a very positive event in your life, or escape from what could've been a very negative event in your life... An experience of spiritual gratitude may be of the religious variety, it may have to do with what you consider to be sacred, it may be in response to something in nature, it may result from relationship with other people, or many other things." Following these prompts participants were asked what happened during this experience of interpersonal or spiritual gratitude and how they felt at the time of the experience. Emotional responses were clustered into different types, including gratitude, appreciation, indebtedness, admiration, pride, deservingness, justice, self-earned, wonder, astonishment, personal transformation, and other positive feelings. Attributions for the event were also explored, as well as beliefs about the attributes and nature of God using the 28-item LAMBI inventory. Also assessed was dispositional awe, anthropomorphic tendencies, religiosity, demographic characteristics, and COVID-related fears. **Results:** Spiritual gratitude experiences were less

often attributed to humans and more often attributed to supernatural beings and circumstances beyond a person's control, and elicited significantly less feelings of gratitude, indebtedness, and admiration, but significantly greater experiences of awe. Feelings of gratitude were greatest among those who believed in a benevolent personal God. Researchers concluded: "These findings demonstrate the importance of perceiving benevolent agency in evoking feelings of gratitude, whereas experiences that are attributed to more abstract, less personified, or less external entities elicit a different profile of positive emotional responses."
Citation: White, C. J., Johnson, K. A., & Mirbozorgi, B. (2024). Unique cognitive and emotional profiles of interpersonal gratitude and spiritual gratitude. *Journal of Positive Psychology*, 19(1), 25-36.

Comment: Although a bit hard to follow, given the experimental design, this study provides further information on how people express and experience interpersonal and spiritual gratitude. The importance of studies of this nature is underscored by the fact that the expression of gratitude is one of the most important ways (if not THE most important way) to enhance happiness and well-being. Developing a habit of expressing gratitude for big and especially little positive events in life, then, is something we all need to do.

Religiosity, Psychological Distress, and Post-Traumatic Growth in Patients with Coronary Heart Disease

Researchers in the department of psychology at the University of Sargodha conducted a cross-sectional study involving a convenience sample of 140 outpatients with coronary artery disease seen at public and private hospitals in Sargodha, Pakistan. Religiosity was assessed with the Short Muslim Practice and Belief Scale (Ghayas). Posttraumatic stress was measured by the Posttraumatic Growth Inventory (Tedeschi). Perceived social support was assessed by the Interpersonal Support Evaluation List, and psychological distress was measured using the Depression, Anxiety, and Stress Scale (DASS-21). Structural equation modeling was used to determine direct and indirect effects of religiosity on psychological distress and posttraumatic growth; path analysis was used to examine the mediating role of social support in this regard. **Results:** Religiosity had a direct positive effect on perceived social support and a direct negative effect on psychological distress. Perceived social support significantly mediated the relationship between religiosity and posttraumatic growth, as well as between religiosity and psychological distress. Researchers concluded: "This study illuminates the positive influence of religiosity on social support while simultaneously mitigating psychological distress among heart patients. Moreover, perceived social support not only diminishes distress but also fosters post-traumatic growth, serving as a vital mediator in these dynamics."

Citation: Zahra, R., Zainab, R. A., Qamar, Z., Rehman, A., Niazi, S., & Yousaf, A. (2024). Religiosity as a predictor of post-traumatic growth and psychological distress among heart patients: Mediating role of perceived social support. *Pakistan Heart Journal*, 57(1), 23-28.

Comment: Although the authors conclusions may be a bit overstated (the causal nature of their statements cannot be established given the cross-sectional nature of the study), this is one of the first studies to examine relationships like these among heart patients in Pakistan.

Impact of Religious Schooling (Islamic) on Orphans in Bangladesh

Abu Siddique in the department of political economy at King's College London, UK, conducted an experimental study to examine the impact of religious vs. secular schooling on children's behavior

with regard to altruism (charitable giving), honesty, risk aversion, cooperation, trust, and trustworthiness. Included was a convenience sample of 210 children ages 8 or above (average age 12.0 years, 100% male) from 7 orphan schools (4 religious and 3 secular) located in the Rajshahi district of Bangladesh. Children participated in a donation game, dishonesty game, investment risk game, cooperation game, and trust game. **Results:** Children attending religious schools were significantly more altruistic and honest compared to children receiving a secular education. Religious schooling was not associated with risk aversion, cooperation, trust, or trustworthiness of children. The findings were primarily driven by children in their adolescence who had completed primary education. The researcher concluded: "These findings provide useful insights into how long-term exposure to religious schooling can affect behavior -- possibly by shifting preferences -- during childhood and adolescence."

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

Comment: This is one of the few studies that has examined the impact of Islamic religious schooling on orphan child behavior in a Muslim country (Bangladesh is 90% Muslim). Religious education has the potential to affect habits that may become lifetime traits influencing health and well-being (and economic security).

Coping Behaviors of Young Adults Entering Alone into the UK Due to Forced Migration

Researchers from the department of psychology at the University of Hertfordshire in the UK conducted qualitative interviews with 5 participants who had been in the UK for between 6 months and two years, having arrived unaccompanied at the age of 15-16, from the Sudan, Syria, Eritrea, and Kurdistan (i.e., Iran, Iraq, & Turkey). The purpose was to explore the lived experiences and perspectives of young people who had been forced to migrate out of their countries into the United Kingdom. An Interpretive Phenomenological Analysis was used to analyze the data and provide themes and sub-themes on how these individuals coped with the stress of this major life event. Ways of managing their situations were categorized into three themes (engaging in a new life, negotiating independence through connectedness, and a religious worldview), under which were 10 subthemes. Under "engaging in a new life" were the subthemes "managing loss with activity," "duty and acceptance," and "meeting new expectations." Under "negotiating independence through connectedness," were the subthemes "adapting to self-responsibility", "drawing strength from connection to others", and "awareness of the shared experience." Finally, under "a religious worldview" were the themes "routine and certainty of religious practices", "connection to others and home", "faith and meaning", and "patience and other values." Researchers concluded: "Religious practices were important, with young people making sense of their experiences through worldviews shaped by religious beliefs."

Citation: Scott, J., Mason, B., & Kelly, A. (2024). 'After god, we give strength to each other': young people's experiences of coping in the context of unaccompanied forced migration. *Journal of Youth Studies*, 27(2), 178-194.

Comment: Although a quite small qualitative study, the findings provide important information that may help counselors and public policymakers provide support to young people from the Middle East and Africa who have been forced out of their countries due to war.

Attitudes Toward Do-Not-Resuscitate (DNR) Orders for COVID-19 patients in Iran

Investigators from the nursing and midwifery care research center at Mashad University and researchers at departments in other universities in Iran surveyed 332 healthcare providers at a tertiary referral center in Shahroud, Iran (27% physicians, 45% nurses;

51% female; average age 32; 34% had contracted COVID-19; and 58% had reported an unsuccessful CPR on a patient with COVID-19). The purpose of this study was to examine attitudes toward DNR orders and passive euthanasia, and the impact of religious, cultural, and clinical factors on those attitudes. Healthcare professionals were included if they had worked at least one year at the hospital, had no history of addiction or mental illness, and had access to Internet and social media to complete the online surveys (conducted in early 2021 during the heart of the COVID-19 pandemic). Information collected in the survey included age, sex, job, working hours per month, level of education, work experience, history of having COVID-19 in self or relatives, history of death among relatives due to the virus, and history of performing unsuccessful CPR on COVID-19 patients during the pandemic. A 25-item questionnaire was used to evaluate attitudes toward DNR order, including attitudes of medical staff toward DNR more generally (8 items), attitudes to the DNR procedure itself (12 items), attitudes toward passive euthanasia (3 items), and impact of religious and cultural factors (2 items). Linear regression was used to analyze the data. **Results:** Health care providers who had lost relatives due to COVID-19 were more likely to express positive attitudes toward DNR, whereas female providers were less likely to do so. Those with more working hours and more work experience were more likely to implement a DNR order (due perhaps to the low survival rate of CPR on COVID-19 patients, and fatigue and exhaustion of healthcare staff with longer working hours). Having a personal history of COVID-19 infection increased the likelihood of having a positive attitude towards passive euthanasia. Having followed COVID-19 news was inversely related to religious and cultural factor scores affecting attitude toward DNR orders. Researchers concluded: "Despite the legal ban on implementation of the DNR in Iran, the attitude of Iranian HCPs toward this was positive in COVID-19 patients."

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

Comment: In the discussion section, the authors note that all Islamic schools of thought consider all forms of euthanasia illegal (including passive euthanasia, which DNR would fall under) and prohibit healthcare staff from engaging in them, even among patients who are likely to die or who choose to die. Engaging in such acts, even with the patient's consent, is considered **murder**.

Adverse Childhood Experiences (Abuse) and Moral Injury in Adulthood

Rachel Middendorf in the department of psychology at Fuller Theological Seminary, as her doctoral dissertation, adapted the Building Spiritual Strength (BSS) intervention for PTSD in U.S. Veterans to address moral injury among adult child abuse survivors. The author explains that the BSS needed to be adapted because of the complex trauma experienced by adult survivors of child abuse. The adapted curriculum consists of eight 2-hour group meetings. The first four sessions focus on establishing safety, explaining what moral injury is, teaching coping skills, and describing exercises that will be used during the group sessions. In the last four meetings, the emphasis is on a theology of suffering, need for forgiveness, and showing compassion to oneself. Each of the group sessions begins with exercises to achieve emotional relaxation, followed by a review of the homework assignments for the week, and then a deep dive into the lesson for the week. The meetings end with a breathing exercise and assignment of homework to be completed during the next week prior to the next session. More details are provided on the content of each group meeting in the document below.

Citation: Middendorf, R. E. (2024). *Addressing Moral Injury and Spiritual Distress in Adult Survivors of Child Abuse: Adapting "Building Spiritual Strength," a Group Therapy Intervention.*

<https://www.proquest.com/docview/2734640352?pg-origsite=gscholar&fromopenview=true&sourcetype=Dissertations%20&%20Theses>).

Comment: The Building Spiritual Strengths intervention has been hugely successful in the treatment of moral injury and PTSD among US Veterans returning from combat. BSS is typically held in church settings and led by a mental health trained chaplain and/or mental health practitioner. The application of this group intervention to adult survivors of childhood abuse suffering from moral injury is a novel and exciting application of BSS to this group of trauma victims who have been suffering with these symptoms for decades.

CANMAT Guidelines for Management of Major Depressive Disorder in Adults

In this article, approximately three dozen experts from the Canadian Network for Mood and Anxiety Treatments (CANMAT) provide updated guidelines for the treatment of major depressive disorder. As a result of the input of one of our religion-health researchers (Saskatchewan psychiatrist Camelia Adams), the following paragraph (p. 24) was included in this important document:

“Q.3.o. How are Cultural and Religious Practices Integrated Into Treatment? Most research supporting evidence-based psychological treatment for depression relies on samples from dominant cultural groups such as White North Americans and Europeans. However, evidence in support of these treatments in other countries and cultural groups is growing, e.g., CBT for Arabic-speaking adults and mindfulness and acceptance-based interventions for Black Americans. Cultural adaptations may require therapy modifications (e.g., use of culturally appropriate or conceptually equivalent idioms and metaphors), therapist adaptations (e.g., therapist matching, training, and style), and other features such as integration of religion and spirituality, and local remedies and practices. **CANMAT recommends cultural and religious adaptations of evidence-based psychotherapies where available and appropriate, based on their demonstrated efficacy across various cultural and religious groups.**” [bold added]

Citation: Lam, R. W., Kennedy, S. H., Adams, C., Bahji, A., Beaulieu, S., Bhat, V., ... & Milev, R. V. (2024). Canadian Network for Mood and Anxiety Treatments (CANMAT) 2023 update on clinical guidelines for management of major depressive disorder in adults. *Canadian Journal of Psychiatry*, EPUB ahead of press (<https://doi.org/10.1177/07067437241245384>).

Comment: This is one of the first times that a major influential psychiatric group has recommended religious adaptations of psychotherapies for the treatment of depression (convinced to do so by the evidence presented by our colleague Dr. Adams).

NEWS

News from National Institutes of Health

NIAAA (National Institute on Alcohol Abuse and Alcoholism) just released its new strategic plan for the next 5 years: <https://www.niaaa.nih.gov/about-niaaa/strategic-plan-fiscal-years-2024-2028>. Note that Joan Romaine (who gave our Spirituality and Health lecture on June 25 via Zoom) was able to write spirituality, religion, and faith community language into the new strategic plan, particularly related to treatment goals. Therefore, there are opportunities to seek research funding on spirituality and alcoholism from NIAAA now and in the future.

NIH ENGAGE (from Joan Romaine, NIH Spirituality Special Interest Group)

NIH is seeking information to assist the agency in developing additional engagement strategies that ensure public voices are meaningfully incorporated in NIH supported clinical research studies. As part of a new initiative at NIH, the NIH Engaging the Public as Partners in Clinical Research (ENGAGE) [NIH ENGAGE Working Group](#) has recently issued a [request for information](#) “Request for Information: Strategies for Maximizing Public Engagement in NIH Supported Clinical Research” seeking public feedback to inform the efforts of the ENGAGE Working Group. Responses must be received by no later than August 14, 2024. All comments must be submitted electronically using the online form here <https://osp.od.nih.gov/request-for-information-strategies-for-maximizing-public-engagement-in-nih-supported-clinical-research/>. Individuals do not need to respond to each topic. Engaging the Public as Partners in Clinical Research (ENGAGE) is an initiative of the National Institutes of Health (NIH) which is working to develop a vision and framework for incorporating public voices in all phases and types of clinical research. To accomplish this, NIH asked the Novel and Exceptional Technology and Research Advisory Committee (NExTRAC) to form the ENGAGE Working Group. This Working Group includes patients, advocates, researchers, clinicians, non-profit representatives, and more (see [Meet the Team](#) page for more information). To learn more about the goals of ENGAGE, see this [Under the Poliscope blog](#) authored by Lyric Jorgenson and the ENGAGE Co-Chairs, Suzanne Bakken and Christin Veasley.

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, July 30, 2024, at 12:00-1:00 EST (New York time), and will be delivered by **Christina Puchalski, M.D., MS, FACP, FAAHPM, Professor of Medicine at George Washington University and founder and director of the George Washington Institute for Spirituality & Health (GWish)**. She will speak on “Encountering the Sacred in Clinical Care.” PDFs of the Power Point slides for download and full video recordings of most past webinars since July 2020 are available at <https://spiritualityandhealth.duke.edu/index.php/education/seminar/sl/>.

Center for Spirituality, Theology and Health (CSTH) Scholars Program

Designed around Duke University’s 5-day spirituality and health research workshop, this program provides graduate students or seasoned faculty/researchers/clinicians with an opportunity to spend 3 weeks immersed in learning about spirituality and health research, designing their own research project, and developing a plan to acquire funding to support their research, all under the mentorship of Dr. Koenig. This program is being initiated with the August 2024 workshop (August 5-26). For more information, contact harold.koenig@duke.edu.

Spiritual Readiness Series (see below in Resources Section)

SPECIAL EVENTS

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.

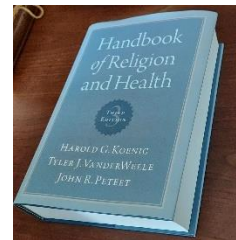
RESOURCES

Books

Re-Embodying Pastoral Theology: Ritual Care for Moral Injury in Veterans

(Fortress Press, 2024)

From the publisher: “With the dominance of psychotherapeutic theories and methods in the field of pastoral theology, the typical pastoral encounter has been understood to be a private conference in which a pastor addresses a sufferer’s thoughts and emotions. What results is a kind of dualism that is contrary to a historically Christian affirmation of—and concern for—the body. The phenomenon of moral injury further problematizes this model of pastoral care in part due to a greater awareness that trauma is imprinted as much in the body as in the mind. Re-embodying Pastoral Theology uses the problem of moral injury in veterans to propose a pastoral theology that recognizes ritual as the means by which the Christian community addresses the body in pastoral care. In advancing this new approach to “ritual care,” the author draws from the fields of psychology, ritual studies, liturgical studies, and historical theology, as well as the experiences of veterans throughout history. This book endeavors to re-think the Christian approach to moral injury and re-embody the field of pastoral theology.” Available for \$110.00 (hardcover) or \$45.00 (Kindle) at <https://www.amazon.com/Re-embodying-Pastoral-Theology-Ritual-Veterans/dp/1978717105/>.



Handbook of Religion and Health, 3rd Edition

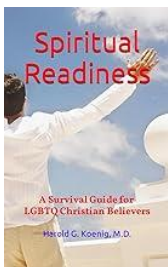
(Oxford University Press, 2024, 1086 pages)

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/>.

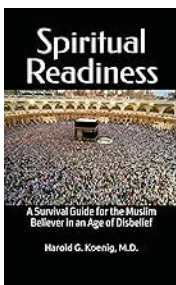
Spiritual Readiness Series



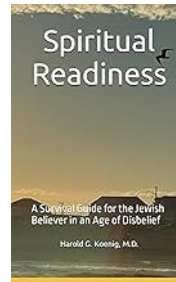
Spiritual Readiness: A Survival Guide for the Christian Believer in an Age of Disbelief
(Amazon Kindle, 2023, updated March 25, 2024, 165 pages)
For Christian believers (Protestant, Catholic, Orthodox). Available for \$8.99 (paperback and Kindle) at <https://www.amazon.com/Spiritual-Readiness-Survival-Christian-Disbelief/dp/B0CP42X91N/>.



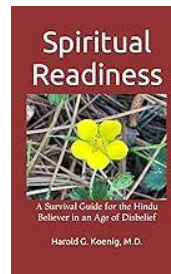
Spiritual Readiness: A Survival Guide for LGBTQ Christian Believers
(Amazon Kindle, published March 25, 2024, 183 pages)
For LGBTQ Christian believers (Protestant, Catholic, or Orthodox). Available for \$7.99 (paperback and Kindle) at <https://www.amazon.com/dp/B0CZ3S6SZ1/>.



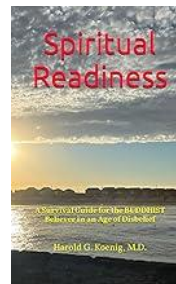
Spiritual Readiness: A Survival Guide for the Muslim Believer in an Age of Disbelief
(Amazon Kindle, 2024, updated March 1, 2024, 163 pages)
For Muslim believers (Sunni, Shia, Sufi, Ibadi). Available for \$8.99 (paperback and Kindle) at <https://www.amazon.com/Spiritual-Readiness-Survival-Believer-Disbelief/dp/B0CR6TM4W3/>.



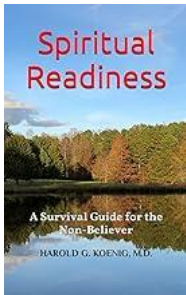
Spiritual Readiness: A Survival Guide for the Jewish Believer in an Age of Disbelief
(Amazon Kindle, updated March 1, 2024, 166 pages)
For Jewish believers (Reform, Conservative, Orthodox). Available for \$8.99 (paperback and Kindle) at <https://www.amazon.com/Spiritual-Readiness-survival-believer-disbelief/dp/B0CRQG7Y8K/>.



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 active-duty 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>.

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 (Integrating Spirituality into Patient Care)

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

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



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



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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/>

Practice & Presence: A Gathering for Christians in Health Care

Are you a Christian in health care who longs to experience your healing work as a calling? Do you believe that the church should matter for modern health care? Do you long to connect your work with your Christian commitments? One weekend each fall, nurses, physicians, therapists, students, chaplains, and other health care practitioners gather at Duke Divinity School to:

Tune their eyes and hearts to see how God is present in their work in health care; Engage scripture, theology, and Christian history—open to how their imaginations and their practices might be transformed; Grow in friendship with each other in the context of shared meals, conversation, prayer, and worship; and Rest, reflect, and respond to God's love for them and the world. The Theology, Medicine, and Culture Initiative at Duke Divinity School invites you to save the date for Practice & Presence: A Gathering for Christians in Health Care, to be held in Goodson Chapel September 13-14, 2024. For more information go to <https://divinity.duke.edu/initiatives/tmc/conference>.

2024 CSTH CALENDAR OF EVENTS...

July

7/30 **Spirituality and Health Research Seminar**
12:00 -1:00 EST (New York time) (online by Zoom)
Title: Encountering the Sacred in Clinical Care
Speaker: Christina Puchalski, MD, Professor of Medicine
at George Washington University
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

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continue...**

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