

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

LATEST RESEARCH

Religiosity and Antibody Response to the COVID-19 Vaccine

Researchers in the department of psychology at the University of Limerick (Ireland) and department of health sciences at Carleton University (Ottawa, Canada) analyzed data on 746 adults in the United Kingdom to determine the effects of religious involvement on antibody response to the COVID-19 vaccine. Measures of (1) religious belonging, (2) frequency of attending religious services, and (3) the difference religion made in life were assessed between January 2016 and May 2018 (prior to the COVID-19 pandemic). In March 2021, during the heart of the pandemic, participants blood was drawn in order to measure their antibody response to the COVID-19 vaccine (same group of persons whose religiosity was assessed in 2016 and 2018). Mediation analysis was conducted to determine the pathway through which religion might affect antibody responses to the vaccine. **Results:** Participants were 63% female, had a mean age of 61 years, and were 90% white Caucasian. Just under 50% (47.1%) reported belonging to a religion (the most common being the Church of England at 58.4%). On average, the frequency of attending religious services was approximately once a year [not very often!]. No significant relationship was found between antibody response and religious belonging or perceptions of the difference that religion made in life. However, frequency of religious attendance between 2016 and 2018 predicted a more vigorous antibody response to the vaccine in 2021 ($\beta = 0.09$, $t = 2.27$, $p = 0.024$). Mediation analysis revealed a significant indirect effect of religious belonging on vaccine response through attendance at religious services ($B = 0.04$, $SE = 0.02$, $z = 2.00$, $p = 0.045$). Researchers concluded: "Overall, this analysis provides evidence that behavioral enactment of religion matters to the effectiveness of vaccination and the management of public health crises. It also highlights the value of social resources associated with engagement in valued social groups -- and in particular religious social groups -- for public health."

Citation: McMahon, G., Ysseldyk, R., Foran, A. M., Skrodzka, M., & Muldoon, O. T. (2024). Religious engagement and antibody

response to the COVID-19 vaccine. *British Journal of Social Psychology*, EPUB ahead of press

Comment: This is a particularly important study given the restrictions placed on attending religious services during the COVID-19 pandemic worldwide. This raises the question of whether the prevention of attending religious services (reducing the exposure to the virus) was worth the reduced response to the COVID-19 vaccine due to the decrease in religious attendance.

Religiosity, Health, and Well-Being among Israeli Jews

Widely renowned religion-health researcher Jeff Levin and colleagues at Baylor University analyzed data from the Global Flourishing Study on a random sample of 2,916 Jewish respondents aged 18 or older living in Israel. Jewish religious identity and observance were examined (from low to high): hiloni (secular; $n = 1,220$ or 41.8%), masorti lo dati (traditional, non-religious; $n = 564$ or 19.3%), masorti (traditional; $n = 308$ or 10.6%), dati (religious or Orthodox; $n = 403$ or 13.8%), and charedi (ultra-Orthodox; $n = 421$ or 14.4%). The relationship between religiosity (categorized from secular to ultra-Orthodox) and nine indicators of physical and mental health was examined. Health outcomes were assessed by single item measures whose responses ranged from 0 to 10 scale, including physical health, mental health, health problems, bodily pain, depression, anxiety, suffering, happiness, and life satisfaction. One-way ANOVA and then ANCOVA, controlling for sampling design, age, sex, education, marital status, urban, nativity, and income, were conducted. **Results:** There was a dose-effect response of religiosity on 8 of the 9 outcome measures. Greater religiousness was associated with better health, greater well-being, and less illness and emotional distress (most p values < 0.0001). Only for "health problems" was there no consistent gradient of effect, although there were significant differences across categories. Even when taking into multiple comparisons tests, there was a health-promoting gradient from the least religious to the most religious category for again 8 of 9 health outcomes. The researcher concluded: "Among Israeli Jews, greater religiousness was associated with higher levels of health and well-being and lower levels of somatic and psychological distress."

Citation: Levin, J., Bradshaw, M., & Johnson, B. R. (2024). Religious differences in physical and mental health among Israeli Jews: Findings from the Global Flourishing Study. *Journal of Religion and Health*, EPUB ahead of press

Comment: This is one of the first reports published from the 22-nation Global Flourishing Study that involves more than 200,000 participants who are being followed for five years by the Gallup poll, examining the impact of religious involvement on human flourishing. The consistency of the relationships between religiosity and health from the least religious (secular Jews) to the most religious (ultra-Orthodox Jews) is truly remarkable (especially given the careful analysis, control for multiple confounders, and downward adjustment of P values for multiple comparisons).

EXPLORE...in this issue

1-5 LATEST RESEARCH

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Religious Attendance, Cognitive Impairment, Behavioral Expressions, and Sleep Problems in those with Mild Cognitive Impairment

Investigators in the school of nursing at the University of Pennsylvania and other U.S. universities analyzed cross-sectional data on 63 persons with mild cognitive impairment (MCI) to examine the association between religious attendance and psychopathological symptoms at two points in time between 2006 and 2009. The data came from the US Health and Retirement Study (HRS) and a substudy from the HRS, the Aging, Demographics, and Memory Study (ADAMS). Mild cognitive impairment was determined based on a panel of clinical experts using DSM criteria. Cognitive impairment was assessed by the Clinician Dementia Rating (CDR) scale, behavioral problems by the Neuropsychiatric Inventory (NPI) administered to caregivers, and sleep disturbance by a 3-item scale reflecting difficulty falling asleep, staying asleep, and waking up too early. Religious attendance was assessed by a single question with responses ranging from “not at all” (0) to “once or more per week” (5), which was then sub-categorized as none/not at all (1), occasionally to monthly (2), and once or more per week (3). Religious attendance was assessed in 2006-2007 and 2008-2009 and correlated with outcomes assessed at these same two time points. Multinomial regression models were used to examine the association of religious attendance with cognitive decline, behavioral expressions, and sleep disturbance at the two time points. Controlled for in all models were age, education, sex, race/ethnicity, social connection, religious tradition, and household income. **Results:** More frequent religious service attendance, controlling for social connection, was associated with better cognition at both time point 1 ($p < 0.0005$) and time point 2 ($p < 0.0005$), and lower negative behavioral expressions at time point 1 ($p < 0.0005$) and 2 ($p < 0.0005$). The relationship with sleep disturbance was positive at time point 1 ($p < 0.001$) (surprisingly), but negative at Wave 2 ($p < 0.001$) (as hypothesized).

Citation: Britt, K. C., Richards, K. C., Hamilton, J., & Radhakrishnan, K. (2024). Symptoms of dementia progression in cognitive impairment: the role of religious and spiritual activity. *Journal of Spirituality in Mental Health*, EPUB ahead of press.

Comment: This study helps to advance our knowledge about the relationship between religious attendance and mild cognitive impairment. Given the cross-sectional nature of these analyses, direction of causation cannot be determined (e.g., whether mild cognitive impairment prevented attendance at religious services or whether attendance at religious services prevented mild cognitive impairment).

Religious Involvement Does Not Influence Psychological Well-Being

Mohsen Joshanloo from the department of psychology at Keimyung University in Daegu, South Korea, analyzed 20 years of longitudinal data collected during the Midlife in the United States (MDUS) study on religiosity and psychological well-being. Religiosity was assessed with a 6-item scale that focused on (a) belief, (b) importance, and (c) preference for people with similar religious beliefs. Psychological well-being was measured by an 18-item version of Ryff's psychological well-being measure (assessing autonomy, mastery, growth, relations, purpose, and acceptance). A random intercept cross-lagged panel model was used to analyze the data. A total of 2,653 persons participated in all three data collection waves (1995-1996, 2004-2006, and 2013-2014); 1,512 additional participants participated in two waves; and an additional 2,290 participated in only one wave of data collection. Analyses primarily focused on the 2,653 persons who participated in all three waves of data collection, since change over time was the purpose of the study. At baseline in 1995-1996, the average age of participants was 46 years, and 53% were female. Only gender and

age were controlled for in the analyses. **Results:** Although a weak positive correlation was found between religiosity and psychological well-being at the between-person level, within-person changes in religiosity across the three waves of follow-up did not predict future changes in psychological well-being. The author concluded: “These findings challenge the commonly held belief that religion is beneficial to well-being and suggests the need for further longitudinal research and more rigorous statistical methods.”

Citation: Joshanloo, M. (2024). No evidence of longitudinal association between religiosity and psychological well-being: Challenging prevailing assumptions. *Journal of Pacific Rim Psychology*, 18, EPUB ahead of press.

Comment: The author appears determined to disprove the nearly 1000 studies (including many longitudinal studies, including cross lagged panel analyses) showing a positive effect of religious involvement on psychological well-being. As in his study published three years ago [Joshanloo, M. (2021). Within-person relationship between religiosity and life satisfaction: A 20-year study. *Personality and Individual Differences*, 179, 110933], religiosity was assessed by a 6-item scale that focused on belief, importance, and preference for people with similar religious beliefs, but did not assess religious behaviors (e.g., attendance at religious services). Leaving out religious attendance (which was also measured at all time points in the MIDUS study, but not examined here) seems to be his strategy for showing that religion does not benefit well-being. Simple belief without action (i.e., religious practice) has seldom been shown to benefit mental health (since practice is often an indication of sincerity of belief).

Religious Attendance and Emotional Well-Being

Researchers at Harvard Medical School, Baylor University, University of Connecticut, and University of Texas at San Antonio, analyzed data from the SoulPulse Study to examine the relationship between trait religious attendance, state attendance, and the interaction between the two on 10 emotional outcome variables. The SoulPulse Study is a 2-week micro-longitudinal study where 3,237 participants received two daily smartphone surveys (28 daily surveys over 14 days). A total of 62,456 of the 89,542 surveys were completed (70% response rate). The final sample size was 2,869. Average age of participants was 44 years, 62% were women, and 79% White, and representing individuals from all 50 U.S. states. “State religious attendance” was assessed by the question: “Did you attend a religious service this past weekend?” (This question appeared on Monday morning surveys, and indicated religious participation on a particular weekend). *Trait* attendance was assessed by the question: “How often do you attend religious services at a place of worship?” (indicating a more stable pattern of religious attendance). Emotional outcomes were assessed by 10 different measures, 6 positive (happiness, joyfulness, gratefulness, loving, and life satisfaction [all single items], and the 5-item positive affect subscale of the Positive and Negative Affect Scale) and 4 negative (anxiety [7 items], depression [7 items], negative affect [5 items], and emotional depletion [3 items]). Mixed-effects models were used to assess mental health outcomes over time controlling for age, gender, race/ethnicity, religious affiliation, education, marital status, number of children, and employment status. **Results:** Four of the six positive emotions were significantly higher among those indicating routine attendance (*trait* attendance) at religious services (frequent vs. never). Five of the six positive emotions were higher and three of the four negative emotions were lower among those who attended a religious service during the 2-week data collection period (*state* attendance). The interaction between *trait* and *state* attendance on emotional outcomes was also examined, finding that *state* attendance was usually related to better emotional health outcomes only when *state* attendance was high. Researchers concluded: “We find that both *state* attendance

[past weekend] and trait attendance [routinely attending at least several times per month or more] are associated with well-being, though state attendance performs more consistently across the 10 positive and negative emotion items...[however, when examining the state x trait interaction] only those who have high trait levels of attendance are able to capture the emotional benefits of state attendance. This study informs the broader literature on religious attendance and well-being by providing evidence that religious attendance can be considered a “practice” that must first be internalized as a set of familiar routines prior to being activated for personal well-being.”

Citation: Kent, B. V., Upenieks, L., Jang, D. Y., Ellison, C. G., & Wright, B. R. (2024). “See you Sunday?” Effects of attending a specific weekend religious service on emotional well-being: A state/trait analysis of the SoulPulse Study. Journal for the Scientific Study of Religion, EPUB ahead of press

Comment: These carefully controlled longitudinal analyses demonstrate that only when religious attendance is frequent and regular does participation on a particular weekend have emotional benefits. Haphazard attendance at religious services does not appear to be as helpful.

Religion, Spirituality and Psychological Well-Being

Luis Oviedo, at the Pontificia Universita Antonianum in Rome, Italy, in this article reviews research on (1) the therapeutic aspects of religion and spirituality, such as coping mechanisms, resilience, and impact on health; (2) the positive effects of religion and spirituality on mental health, including improvements in quality of life, pursuit of meaning, and associations with happiness and fulfillment; and (3) the impact of religion/spirituality on human flourishing, examining developmental and normative approaches.

Results: Based on this review, the author indicated that the existing research consistently reveals across all three areas above that there is a positive influence of religion/spirituality on well-being, despite debates concerning the mediators of such effects. The author concluded: “The recent panorama of published studies on religion, spirituality, and well-being presents an encouraging state of research, showing progress in understanding the positive connections between these factors. However, it also highlights how far we are from achieving a comprehensive framework that fully elucidates these relationships.”

Citation: Oviedo, L. (2024). The study of religion, spirituality and well-being: Research trends. Journal of Management, Spirituality & Religion, EPUB ahead of press

Comment: According to this modest review, there is little doubt about the relationship between religiosity/spirituality and psychological well-being. However, much further research is needed to understand what specific aspects of religious/spiritual involvement enhance well-being and the identification of mediators of such effects.

Religiosity/Spirituality and Well-Being among U.S. Infection Preventionists

Investigators from the department of internal medicine at the University of Michigan Medical School analyzed data based on a survey of infection control specialists working at a random national sample of 881 acute care U.S. hospitals. A total of 415 infection control specialists completed the questionnaire (47% response rate). Nine single questions were asked. The outcome variables were assessed by the statements: “I feel burned out from my work”; “I have become more uncaring towards people since I took this job”; and “If given the opportunity to revisit my career choice, I would choose to become an infection preventionist again.” Religious/spiritual (R/S) variables were based on the questions: “Spiritual well-being is important for one’s emotional well-being” (88% indicated yes); “Religious or spiritual beliefs act as a source of comfort and strength during life’s ups and downs” (82% yes); “An organized religious or spiritual community is important to me”

(55% yes); and “Individual self-care practices (e.g., meditation, yoga, listening to music, exercising, nature) are important to me” (87% yes). Statistical models were adjusted for respondent tenure, hospital bed size, medical school affiliation, presence of the hospital epidemiologist, and leadership support for the infection control program. **Results:** No significant associations were found between R/S variables and “I feel burned out from my work” or “I have become more uncaring towards people since I took this job.” However, those who indicated that “Spiritual well-being is important for one’s emotional well-being” were more than twice as likely (OR=2.32, 95% CI=1.19-4.53, p=0.01) to indicate that “If given the opportunity to revisit my career choice, I would choose to become an infection preventionist again.” There was a trend for those who indicated that “An organized religious or spiritual community is important to me” or “Individual self-care practices (e.g., meditation, yoga, etc.) is important to me” to indicate that “If given the opportunity to revisit my career choice, I would choose to become an infection preventionist again” (OR=1.49, 95% CI=0.94-2.35, p=0.09, and OR=1.82, 95% CI=0.95-3.47, p=0.07, respectively). Researchers concluded: “Promoting spiritual well-being may positively influence career satisfaction and overall well-being among infection preventionists.”

Citation: Collier, K. M., Greene, M. T., Gilmartin, H. M., Fowler, K. E., & Saint, S. (2024). The role of spirituality, religiosity, and self-care on infection preventionist well-being: Results from a national survey in the United States. American Journal of Infection Control, 52(6), 726-730.

Comment: To our knowledge, this is the first study to examine the association between religiosity/spirituality and job satisfaction among infection control specialists in the U.S.

Religiosity/Spirituality and Happiness of Elite Adolescent Athletes in Indonesia

Investigators at several universities in Indonesia (Cenderawasih, Diponegoro, and Negeri Malang) analyzed data on 97 elite youth athletes average age 15 (63% male). Sports represented included volleyball, football, rowing, judo, karate, archery, swimming, cycling, taekwondo, boxing, tennis, and athletics. Standardized scales used in this study included the Mental Toughness Index (belief in self, attention regulation, emotion regulation, successful mindset, context knowledge, buoyancy, optimism), the 10-item Spirituality in Sports Test (religiosity), and the 5-item Satisfaction with Life scale (Diener). Regression analyses and path analyses were used to examine the relationships between religiosity, mental health, and athlete life satisfaction, controlling for age. **Results:** Religiosity was significantly and positively associated with mental toughness ($r=0.343$, $p\leq 0.01$) and life satisfaction ($r=0.475$, $p\leq 0.01$). Researchers concluded: “The implication of these findings is that these three constructs (mental toughness, religiosity, and happiness) are interrelated with each other and play an important role in competitive sports, so psychological interventions to improve each construct need to be provided by coaches.”

Citation: Wandik, Y., Dina, D., Guntoro, T. S., Sutoro, S., Wambrauw, O. O. O., Abidjulu, F. C., ... & Putra, M. F. P. (2024). Interrelation of mental toughness, religiosity, and happiness of elite adolescent athletes based on gender, type of sport, and level of education. Retos, 56, 981-989.

Comment: Although this was a cross-sectional study with a modest sample size, and analyses were controlled for age only, this is the first study to our knowledge to examine the relationship between religiosity, mental toughness, and life satisfaction among young elite athletes in a Muslim country such as Indonesia (87% Muslim).

Spiritual Readiness and Depressive Symptoms among ROTC Cadets at the University of South Carolina

Investigators in the department of exercise science at the University of South Carolina (USC) in Columbia, SC, and colleagues affiliated with other U.S. universities analyzed data on a convenience sample of 91 ROTC cadets at USC (29% response rate). Average age of participants was 21 years, 75% were men, and 11% indicated they were atheist or agnostic. Most participants were in the Army or Air Force ROTC. Two measures of spiritual readiness/fitness were administered: the 10-item Spiritual Fitness Inventory (three questions on spiritual practices, three questions on spiritual beliefs, and four questions on transcendence). The 20-item Spiritual Well-Being Scale (Paloutzian & Ellison) was used to measure religious well-being (RWB) and existential well-being (EWB). Depressive symptoms, the outcome variable, were assessed by the PHQ-9. Bivariate analyses were conducted and results presented. **Results:** Among all participants, 86% believed in God or gods. More than one-quarter (27.5%) were experiencing mild moderate or severe depression based on their PHQ-9 score. PHQ-9 and EWB subscale scores were moderately negatively correlated ($r=-0.355$, $p=0.003$, which is not unexpected); no association was found between RWB and PHQ-9 scores. No significant difference on spiritual readiness/fitness scores was found between believers (score=76.1) and nonbelievers (score=64.4), although there was a non-significant trend that favored believers ($p=0.054$). A similar pattern was found with respect to depression scores, with believers scoring an average of 3.4 on the PHQ-9 compared to non-believers scoring an average of 6.6 ($p=0.14$). Researchers concluded: "Overall, the ROTC cadets had moderate to average spiritual fitness and readiness, with typical depressive symptoms scores. Spiritual readiness was different for those who believed in God or gods, and existential well-being was significantly correlated with depressive symptoms."

Citation: Willison, M. L., Fraley, A. L., Oglesby, L. W., Wright, C. J., & Winkelmann, Z. K. (2024). Spiritual Fitness, Spiritual Readiness, and Depressive Symptoms in Reserve Officers' Training Corps Cadets. *Journal of Athletic Training*, 59(4), 419-427.

Comment: Although a quite modest cross-sectional study, one that involved a small convenience sample of young ROTC cadets with a low response rate (and no control for possible confounders), this is one of the first studies of spiritual readiness, spiritual well-being, and depressive symptoms in ROTC cadets during college.

Religiosity and Mental Health among Women Whose Partner Uses Pornography

Investigators in the department of psychology and brain sciences at Boston University analyzed data on 625 women (average age 44; 86% White; 14% describing themselves as atheist or agnostic, and 15% with no religious affiliation). Participants were married or cohabitating with a man who used pornography at least once in the prior three months. The average relationship length was 18 years. Use of pornography was defined as follows: "Using pornography means to intentionally look at, read, or listen to: (a) pictures, videos, or films that depict nude individuals or people having sex; or (b) written or audio material that describes nude individuals, or people having sex." Conservative religiosity was assessed by the 16-item belief dimension of the multidimensional religious ideology scale (Wildman, 2021), which captures differences in religious liberalism and conservatism. Religious commitment was also assessed by the 10-item religious commitment inventory. Pornography-related distress was assessed by the 50-item Pornography Distress Scale. Relationship satisfaction was assessed by the 16-item Couples Satisfaction Index. Sexual satisfaction was assessed by the 5-item Global Measure of Sexual Satisfaction measure based on the question "In general, how would you describe your sexual relationship with your partner?"

with responses ranging on a seven-point scale from good to bad, valuable to worthless, etc., depending on the particular item. Partial correlations and multiple regression models controlling for demographic characteristics and COVID-19 related stress, were used to analyze the data. **Results:** Higher frequency of pornography use by partner was significantly associated with higher pornography-related distress, lower relationship satisfaction, and lower sexual satisfaction among these women. Conservative religiosity amplified the positive association between frequency of pornography use and pornography-related distress. Religious factors did not moderate the negative relationship between frequency of partner pornography use and sexual satisfaction. Researchers concluded: "Moderation analyses found that negative attitude amplified the negative association between PFREQ [frequency of partner pornography use] and relationship satisfaction, and conservative religiosity amplified the positive association between PFREQ and pornography-related distress. Neither attitude nor religious factors moderated the negative association between PFREQ and sexual satisfaction."

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

Comment: This study underscores the negative impact that male partner pornography use has on the emotional health of women and their relationship with their partner. The negative impact understandably is greater among women with more conservative religious values that forbid such behavior.

Religiosity, Racism, and Mental Health among Asians in the United States

Researcher Fanhao Nie in the department of sociology at University of Massachusetts in Lowell, analyzed online data (using Qualtrics) collected from 356 Asian and Asian American adults from across the U.S. There is limited information on measures since only the abstract was available to us for this review. However, racism, religion, and perceived changes in health during the COVID-19 pandemic were assessed and analyzed using regression models. **Results:** In contrast to the relationships hypothesized, racism was positively associated with perceived improvement in physical health controlling for anxiety, enculturation, and sociodemographic characteristics. This positive relationship was stronger among Asians who attended religious services more frequently. There was also a significant 3-way interaction between racism, religious service attendance, and US-born Asians (versus Asians of Indian or Japanese ethnicity), such that the positive relationship between racism and improvements in physical health was stronger in US-born Asian frequent attenders. Researchers concluded: "Racism exerts a significant influence on physical health outcomes among Asians and Asian Americans. However this relationship was contingent upon the specific aspect of racism (subtle versus blatant) and intersected with religiosity, enculturation, and ethnic identity."

Citation: Nie, F. (2024). Asian Hate, religion, and perceived changes in physical health: exploring the flip side of minority stress during the COVID-19 pandemic. *Ethnicity & Health*, 29(3), 279-294.

Comment: This positive relationship between racism and subjective improvements in physical health, which was particularly strong among those who attended religious services more frequently, is difficult to understand. This difficulty may have been due to the fact that only the abstract of the study was available for review.

Intimate Partner Violence in Pakistan and Shari'ah

Researchers in the department of psychology at the National University of Medical Science in Islamabad, Pakistan, conducted

this mixed-methods study. A total of 36 participants ages 25-45 took part in the study, which was conducted online in 2021 (no other information is available on participants in the article; in the results section it says that 150 married couples were surveyed, which contrasts with what was reported earlier in the article. Regardless of sample size, 44.4% were husbands and 56.6% were wives. In the second part of the study, researchers more generally analyzed the Shari'ah perspective on emotional abuse within the context of marriage (intimate partner violence) through a review of the literature. **Results:** With regard to the quantitative results, 61% indicated that their partner abused them; 64% that their partner cursed them; 70% indicated that they found themselves lying or hiding the truth to avoid their partners aggression; 50% said that their partner hurt them emotionally; 50-58% said that their in-laws were responsible for the abuse they endured; and 67% indicated that they didn't want to live in a joint family system and considered a separate house as the solution to these problems. In the second part of the study (description of the Shari'ah perspective), the authors found that emotional exploitation is severely forbidden in Islam and that emotional, psychological, and verbal abuse are also strictly forbidden in Islam (citing verses from the Qur'an and Hadith, underscoring that under no circumstances is a husband permitted to mistreat his wife). The authors concluded: "Statistics show that emotional abuse exists in spousal relationships in Pakistani society. To prevent emotional abuse, it is necessary to implement Islamic teaching."

Citation: Mushtaq, S., Qureshi, H. A., Jabbar, A., & Mushtaq, N. (2024). Prevalence of intimate partner violence in the Muslim community of Pakistan and the fundamental religious perspective of Islam (Shari'ah). *Qlantic Journal of Social Sciences*, 5(1), 351-362.

Comment: Although a quite modest quantitative study, with some conflicting information in terms of sample size and prevalence figures, this article provides a good base to further explore issues related to intimate partner violence in Islamic countries.

Challenges and Opportunities in the Treatment of Evangelical Christians

The authors, from Harvard's Brigham and Women's Hospital in Boston and colleagues from other U.S. universities (including Duke University), describe challenges involved in the mental health treatment of Evangelical Christians, who make up one quarter of the U.S. population. These include psychiatric problems that result from belief in personal sin and the perception by these patients that secular professionals pose a threat to their faith. The authors describe the origins of these tensions between evangelical faith and mental health professionals, psychiatrists in particular. They also discuss the interrelated nature of Evangelical Christians' emotional and spiritual lives that may help secular clinicians to more effectively treat mental disorders in these individuals. The authors conclude by providing strategies that clinicians can use to help establish trust with Evangelical Christian patients in situations where there may be differing viewpoints in terms of religious faith.

Citation: Huang Harris, J., Chennankara, S., Thielman, S., & Peteet, J. R. (2024). Treating Evangelical Christians: Challenges and opportunities. *Psychiatric Services*, EPUB ahead of press

Comment: This is a well-written and informative article authored by psychiatry faculty at leading academic centers. The content may help both secular and religious mental health professionals deal with patients who have strong religious beliefs that may differ from their own, religious beliefs that may either contribute to mental health problems or serve as a mental health resource to combat those mental health problems.

Spirituality is an Underutilized Resource for Cancer Care in India

Srinivasa Murthy, formerly of the National Institute of Mental Health and Neurosciences in Bangalore, India, argues in this article the need to mobilize spiritual resources to assist patients in the relief and recovery from cancer. The author maintains that spiritual epics and religious stories are often used to make sense of the pain, distress and uncertainties that cancer can cause. Because of this, healthcare professionals need to learn how to maximize the value of spirituality in cancer care programs, especially in a highly religious country like India. The author encourages the systematic study, documentation, and adaptation of spiritual resources from different religious traditions and communities in order to help to integrate these spiritual resources into the care of cancer patients in India and throughout the world.

Citation: Murthy, S. R. (2024). Cancer and Spirituality—Underutilized Resource for Cancer Care in India. *Indian Journal of Medical and Paediatric Oncology*, EPUB ahead of press

Comment: This is an articulate article written by a well-known healthcare professional and researcher in India who advocates for more attention to be paid both by clinicians and researchers to the spiritual resources that enable cancer patients to cope with their disease.

NEWS

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, August 27, 2024, at 12:00-1:00 EST (New York time), and will be delivered by **Naji Abi-Hashem, MA, MDiv, PHD, IABMCP, DAAETS**, author of the APA book *Understanding and Working with Migrants and Refugees especially from Arabic Middle Eastern Countries*. He is a Clinical and Cultural Psychologist, a life-status member of the American Psychological Association, and Diplomat of the International Academy of Behavioral Medicine, Counseling, & Psychotherapy. The topic of his presentation will be **Trauma, Culture, Spirituality, & Resiliency**. 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/>.

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, 2024). 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)
Last chance to register for 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 and the National Institutes of Health (NIH) 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 exception. **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 wants 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/2024/06/2024-Duke-University-Spirituality-and-Health-Workshops.pdf> or contact Dr. Koenig at Harold.Koenig@duke.edu.

RESOURCES

Books

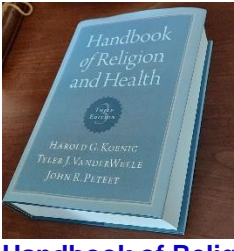
Wayfaring: A Christian Approach to Mental Health Care (Eerdmans, July 2024)

From the publisher: “A theologically and scientifically engaged exploration of modern mental health care. The current model of mental health care doesn’t see people: it sees sets of symptoms that need fixing. While modern psychiatry has improved many patients’ quality of life, it falls short in addressing their relational and spiritual needs. As a theologian and practicing psychiatrist, Warren Kinghorn shares a Christian vision of accompanying those facing mental health challenges. Kinghorn reviews the successes and limitations of modern mental health care before offering an alternative paradigm of healing. Based in the theology of Thomas Aquinas, this model of personhood affirms four truths: We are known and loved by God. We are creatures made of earth who are formed in community. We are wayfarers on a journey. We are called not to control, but to wonder, love, praise, and rest. Drawing on theological wisdom and scientific evidence, Kinghorn reframes our understanding of mental health care from fixing machines to attending fellow wayfarers on the way to the Lord’s feast. With gentle guidance and practical suggestions, Wayfaring is an essential resource for pastors and practitioners as well as for Christians who seek mental health care.” Available for \$29.99 (paperback) at <https://www.amazon.com/Wayfaring-Christian-Approach-Mental-Health/dp/0802882242/>.

Doctor, Will You Pray for Me?: Medicine, Chaplains and Healing the Whole Person

(Oxford University Press, September 2024)

From the author (Robert L. Klitzman, MD): “[This book] draws on in-depth research interviews to explore how, in the currently shifting religious and spiritual landscape in the US today, patients and their loved ones from across the country find sources of meaning, hope and connection when facing death and dying, and how chaplains, physicians and other providers respond, and might do so more effectively. The book examines how chaplains in many ways constitute a “post-religious” profession and, in our increasingly fractured health care systems, perform vital functions, helping patients with end-of-life decisions, reframing and redefining notions of “religion”, “spirituality”, “God”, “prayer”, “heaven”, “atheism”, “agnosticism”, “miracles”, and “luck”, and drawing on skills informed by psychotherapy and mediation. But pastoral care providers also face difficulties, often marginalized and under-appreciated by hospitals, doctors and other medical staff, and rejected by patients, who may misunderstand these providers’ roles. In addition, chaplains frequently encounter challenges in aiding staff, and in terminating relationships with patients and families. Particular obstacles can emerge in helping patients who are non-verbal, Muslim, LGBTQ+, or have other cultural, religious or spiritual characteristics that differ from the chaplain’s. This book illuminates pastoral care providers’ innovative responses to such difficulties (e.g., individually developing various rituals), probes whether the term “chaplain” should be changed, and provides concrete suggestions for how physicians, nurses, chaplains and others can enhance their abilities to address these crucial areas.” Available for \$35.00 (hardcover) at <https://www.amazon.com/Doctor-Will-You-Pray-Chaplains/dp/0197750842/>.



Handbook of Religion and Health, 3rd Edition

(Oxford University Press, 2024, 1086 pages)

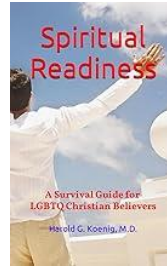
From the publisher: "The Handbook of Religion and Health has become the seminal research text on religion, spirituality, and health, outlining a rational argument for the connection between religion and health. For the past two decades, this handbook has been the most cited of all references on religion 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



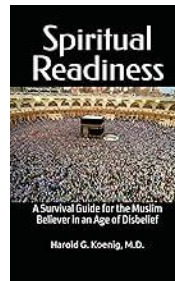
Spiritual Readiness: A Survival Guide for the Christian Believer in an Age of Disbelief

(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/>.



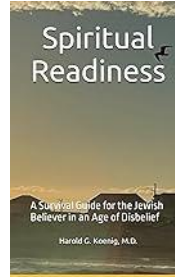
Spiritual Readiness: A Survival Guide for LGBTQ Christian Believers

(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/>.



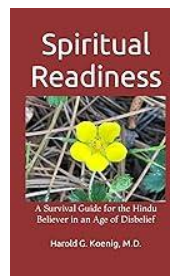
Spiritual Readiness: A Survival Guide for the Muslim Believer in an Age of Disbelief

(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

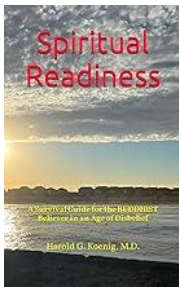
(Amazon Kindle, updated March 1, 2024, 166 pages)
For Jewish believers (Reform, Conservative, Orthodox). Available for \$8.99 (paperback and Kindle) at <https://www.amazon.com/Spiritual-Readiness-survival-believer-disbelief/dp/B0CRQG7Y8K/>.



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

(Amazon Kindle, 2024, updated March 1, 2024, 178 pages)

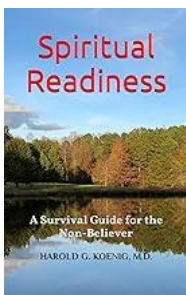
For Hindu believers based on the Bhagavad-Gita. Available for \$7.84 (paperback/Kindle) at <https://www.amazon.com/dp/B0CVQ59D4N/>.



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 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.



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/>

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>.

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) support the continued integration of religion, spirituality, or faith within the practice of healthcare (including mental health and social services); (2) facilitate community-based research designs that expand our understanding of religion and spirituality as a social determinant of health; and (3) examine the impact of faith-based organizations on the health of communities. For more information, go to: <https://www.templeton.org/project/health-religion-spirituality> and <https://www.templeton.org/funding-areas/religion-science-and-society>.

2024 CSTH CALENDAR OF EVENTS...

August

- 8/9 **2024 Summer Salt and Light Series**
Charleston Southern University (on-site)
~7:00P EST
Title: Faith and Human Flourishing: Nothing More Important
Speaker: Dr. Koenig
Contact: Dr. Ronald Harvell (rharvell@csuniv.edu)
- 8/10 **2024 Summer Salt and Light Series**
Charleston Southern University (on-site)
~9:00A EST
Title: Moral Injury: A new (and very old) syndrome
Speaker: Dr. Koenig
Contact: Dr. Ronald Harvell (rharvell@csuniv.edu)
- 8/12-16 **Spirituality and Health Research Workshop**
Duke University
Durham, North Carolina (on-site)
Title: numerous
Speakers: numerous
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 8/17 **Integrating Spirituality into Patient Care Workshop**
Duke University
Durham, North Carolina (on-site)
Title: 8 hour training (8:45A-5:15P)
Speaker: Dr. Koenig
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 8/27 **Spirituality and Health Research Seminar**
12:00 -1:00 EST (New York time) (online by Zoom)
Title: Trauma, Culture, Spirituality, & Resiliency
Speaker: Naji Abi-Hashem, MA, MDiv, PHD, IABMCP, DAAETS
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 8/29 **NIH/NCCIH Council WG on Spirituality & Health**
National Center for Complementarity and Integrative Health
12:00 Noon (EST) [**by invitation only**]
Speaker: Dr. Koenig
Contact: Dr. Martina Schmidt (schmidma@mail.nih.gov)

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

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