

CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology, and Health

Volume 14

Issue 3

Sept 2024

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

LATEST RESEARCH

Spirituality, Immune Measures, and Disease Activity in Sjögren's Syndrome

Researchers in the faculty of medicine at the University of Debrecen, Hungary, analyzed cross-sectional data from 108 patients with Sjögren's Syndrome. Sjögren's Syndrome is a disorder of the immune system characterized by symptoms such as dry eyes and a dry mouth, and is often present along with other immune system disorders such as rheumatoid arthritis and lupus. The purpose of the present study was to examine the relationship between spirituality, immune parameters, and disease activity. Spirituality/religiousness was assessed by 4 questions (each assessed on a 1 to 4 Likert scale): "How would you assess the extent of your own religiousness?"; "How would you assess the extent of your own spirituality?"; "Do you engage in any individual activities that are not related to organized religion and that have a religious/spiritual role in your life (e.g., prayer, meditation)?"; and "If your answer to the previous question is yes, how many hours in an average week do you spend on that activity?" Based on responses to these questions, patients were categorized into "spiritual" (responses 1-3) (n=60) vs. "not spiritual" (4) (n=48), and "religious" (1-2) (n=53) vs. "not religious" (3-4) (n=55). In addition spirituality was measured by the 24-item Spiritual Transcendence Scale (STS; Piedmont, 1999) with subscales prayer/meditation enjoyment, universal connectedness, greater purpose, wholeness of humanity, and closeness to the deceased. Immune parameters assessed included neutrophil granulocyte count, lymphocyte count, hemoglobin concentration, platelet count, complement component C3, C4, and total complement activity (CH50), immunoglobulin G (IgG), rheumatoid factor, anti-Ro/SSa and anti-La/SSB autoantibodies. Disease activity was assessed by two measures: the EULAR Sjögren's Syndrome Disease Activity Index (ESSDAI) and the EULAR Sjögren's Syndrome Patient Report Index (ESSPRI). Bivariate and linear regression analyses (adjusting for the covariates sex, age, disease duration, settlement type, education, living in partnership, smoking, and religiousness) were used to examine the data. **Results:** In bivariate analyses, ESSDAI (Sjögren's Syndrome disease activity) was significantly lower among spiritual compared to non-spiritual patients (p=0.01),

and on the patient rated ESSPRI, item 10 (perceived vaginal dryness) was significantly lower in spiritual compared to non-spiritual patients (p=0.04); no other immune or disease activity items were significantly different between the two groups. Linear regression analyses controlling for the covariates above revealed similar findings. Overall, patients with spiritual attitudes or those engaged in regular prayer/meditation demonstrated lower levels of autoantibodies specific to primary Sjögren's syndrome and lower disease activity scores. Spiritual engagement was also associated with decreased perceived skin and tracheal dryness, indicative of benefits in terms of physical symptoms. Fewer significant correlations were found between STS subscales and biological parameters. The authors concluded: "These findings suggest that spirituality may play a significant role in modulating immune responses and disease activity in pSS [primary Sjögren's syndrome] patients. The study underscores the importance of considering spirituality as an integral part of the holistic approach to health and disease, further expanding the understanding of the interconnectedness of biological, psychological, and spiritual dimensions."

Citation: Módis, L. V., Aradi, Z., Horváth, I. F., Pikó, P., Papp, G., Osváth, M., ... & Bugán, A. (2024). Spirituality is associated with immune parameters and disease activity in primary Sjögren's syndrome: a cross-sectional study. *Scientific Reports (Nature)*, 14(1), 12473

Comment: To our knowledge, this is one of the first studies to examine the relationship between spirituality/religiousness, immune parameters, and disease activity among patients with Sjögren's syndrome. Unfortunately, this study is difficult to follow due to poor description of the methodology and the findings. The small sample size, multiple statistical tests (without correction of P values), and questionable controls for religiousness and spirituality, all raise questions about the validity of the findings.

Spirituality, Cancer Caregiver Burden, and Depression

Investigators in the college of nursing sciences at Kyung Hee University in Seoul, South Korea, and several universities in the United States, conducted a 6-month prospective study of 129 caregivers of a patient with cancer. Participants had an average age 49, were 67% female and 71% non-Hispanic White. This was a secondary data analysis of a study conducted by the U.S. National Institutes of Health Clinical Center from March 2014 to July 2016. Participants were assessed at baseline (start of a new cancer treatment), 3-month follow-up, and 6-month follow-up. Spirituality was measured by the 10-item Spiritual Perspective Scale (Reed, 1986). Caregiver burden was assessed by the 24-item Caregiver Reaction Assessment. Depressive symptoms were measured using the 10-item Patient-Reported Outcomes Measurement Information System (PROMIS) Scale for Depression. Parsimonious linear mixed models were used to examine the moderating effect of spirituality on the relationship between caregiver burden and depression, adjusting for caregiver age, gender, race/ethnicity, education, income, working status, caregiver role, relationship to patient, caregiver duration, patient age, cancer status, and hospital status. **Results:** The prevalence

EXPLORE...in this issue

1-6 LATEST RESEARCH

6-9 NEWS, EVENTS & RESOURCES

9-10 TRAINING, FUNDING Opportunities, and CALENDAR

of mild to severe depression was 30%. Caregiver burden was significantly and positively related to depression ($p < 0.001$). Spirituality moderated this relationship (significant interaction [$p = 0.015$] between spirituality and total caregiver burden in predicting depression). When spirituality was high, the effect of total caregiver burden on depression was reduced. The lower the spirituality, the stronger the relationship between depression and caregiver burden. Researchers concluded: "Spirituality was a significant resource for coping with caregiver challenges. This study suggests that comprehensive screening and spiritual care for cancer caregivers may improve their cancer caregiving experience and possibly influence the care recipients' health."

Citation: La, I. S., Johantgen, M., Storr, C. L., Zhu, S., Cagle, J. G., & Ross, A. (2024). Spirituality moderates the relationship between cancer caregiver burden and depression. *Palliative & Supportive Care*, 22(3), 470-481.

Comment: This study is important because it is one of the few prospective studies examining the effects of spirituality on the relationship between caregiver burden and depression among cancer caregivers. Spirituality here was measured in a distinctive manner with Reed's Spiritual Perspective Scale, i.e., not contaminated with indicators of mental health as are most spirituality scales (see several studies below where this is the case).

Changes in Spiritual Distress and Religious Involvement over Time among Cancer Patients in Portugal

Researchers in the Center for Interdisciplinary Research and Health, Institute of Health Sciences, at the Universidade Catholica Portuguesa in Lisbon conducted a 12-month prospective study of 322 cancer patients recruited between February 2019 and May 2020. The purpose was to examine the trajectory of spiritual distress and religious involvement during chemotherapy. Participants were assessed every 3 months over the 12-month study (T0, T1, T2, T3, T4). Spiritual distress was assessed by the 30-item Spiritual Distress Scale (SDS, Martins), and religious involvement was measured by the Belief into Action Scale (BIAC, Koenig). The majority of participants were women (57%), average age was 60, and 94% were religiously affiliated. A linear mixed-effects model was used to assess trajectories of spiritual distress and religious involvement over time. **Results:** Spiritual distress reached its high point and religious involvement its low point at the end of 3 months following the start of chemotherapy (T1). The SDS and BIAC were inversely related at all time points. SDS scores were significantly higher among those with no religious affiliation at all time points. Spiritual distress slowly decreased and religious involvement slowly increased over time after the low point at 3 months. Researchers concluded: "Cancer patients who are submitted to chemotherapy, after 3 months of treatment experience the peak of spiritual distress and the lowest value of religious involvement. This critical period for nurses is required a massive approach regarding spiritual and religious needs."

Citation: Martins, H., Domingues, T. D., & Caldeira, S. (2024). Spiritual distress and religious involvement among cancer patients receiving chemotherapy: A longitudinal study. *International Journal of Nursing Knowledge*, 35(3), 272-280.

Comment: Fascinating prospective study examining changes in spiritual distress and religious involvement over time among cancer patients undergoing chemotherapy in the Catholic country of Portugal.

Spirituality and Mental Health in German Cancer Patients

Investigators in the department of hematology and oncology at the University of Jena, Jena, Germany and other German institutions analyzed data from a cross-sectional survey of 451 cancer patients

from 10 oncology centers between March and July 2021. The objective of the study was to examine the relationship between spirituality, demographic, and psychosocial factors. Spirituality was assessed by the FACIT-SP. Outcomes included general life satisfaction, psychological resilience, and sense of coherence. **Results:** Spirituality (FACIT-SP total score) and each of its subscales (meaning, peace, and faith) were associated with higher levels of resilience and life satisfaction. Higher spiritual beliefs were also associated with higher personal self-efficacy. Researchers concluded: "Spirituality takes a crucial role among the resources of life-threatening diseases. As such, further research is needed to expand and integrate patient options into a modernized concept of care. Our data indicate that higher spiritual well-being is associated with a more tolerant approach to illness. Thus, addressing spiritual needs in therapy is associated with better psychological adjustment to the individual situation and reduces negative distress."

Citation: Heuschkel, G., Fischer von Weikersthal, L., Junghans, C., Zomorodbakhsch, B., Stoll, C., Protz, F. J., ... & Huebner, J. (2024). Spirituality in Oncology: Relations between Spirituality, Its Facets, and Psychological and Demographic Factors in Cancer Patients in Germany. *Oncology Research and Treatment*, 47(4), 123-134.

Comment: This is one of the few studies on spirituality and mental health among a relatively large sample of cancer patients in Germany. Unfortunately, spirituality was assessed by the FACIT-SP, which includes many indicators of mental health, making any findings between this measure and mental health difficult to interpret. Details are lacking since only the abstract was available for review.

Religiosity/Spirituality and Substance Use among the Homeless in Sao Paulo, Brazil

Investigators in the faculty of medicine, neurology, and neurosurgery at several academic institutions in Brazil conducted a cross-sectional survey of 456 homeless people (average age 45) in a large Brazilian urban center (Sao Paulo, a city of 12.5 million with a homeless population of approximately 24,000). The survey was conducted in May/June 2019. Religiosity was measured by the 5-item Duke University Religion Index and the 14-Item Brief RCOPE; spirituality was assessed using the 12-item FACIT-SP. Participants were also asked about their belief in God or a superior being, whether they had a specific religion, whether they attended religious services, and how they would rate their level of religiosity/spirituality. The dependent variable was alcohol and illicit drug use measured by the questions: "Over the past 30 days, have you consumed alcoholic beverages at least once a week?" and "Over the past 30 days have you used any illicit drugs (such as marijuana, cocaine, crack) at least once a week?" Response options were (yes, no) to each question. Logistic regression was used to examine the impact of R/S beliefs on alcohol and illicit drug use, controlling for age, sex, marital status, children, place of origin, chronic disease, sexually transmitted infection, education, and depressive symptoms (PHQ-9). **Results:** Many participants were male (75%), had children (54%), and had at least one chronic disease (38%). More than half (56%) indicated alcohol use, and more than one-third (34%) indicated use of illicit drugs. Concerning beliefs, 82% believed in a higher power; 50% had a religion; and 34% attended religious services. More than one third (37%) indicated they were not very religious/spiritual, whereas 52% reported that religiosity was quite/very important in their lives. Likewise, many indicated that spirituality was quite/very important in life (59%). After adjusting for age, sex, marital status, children, place of origin, chronic diseases, and depressive symptoms, non-organizational religious activities such as prayer and meditation ($p < 0.001$) and intrinsic religiosity ($p = 0.008$) were both inversely related to alcohol use. Positive religious coping was also inversely related to alcohol use in adjusted models ($p = 0.009$), whereas

negative religious coping was positively related to it ($p=0.02$). The faith subscale of the FACIT-SP was not related to alcohol use. Regarding illicit drug use, again, non-organizational religious activities were significantly and inversely related after adjustment for confounders ($p<0.05$), and while intrinsic religiosity was initially inversely related ($p=0.004$), after adjustment for confounders, the relationship lost significance ($p=0.118$). Again, the faith subscale of the FACIT-SP was unrelated to illicit drug use (and since the meaning and peace subscales are indicators of mental health, the relationship with these measures and alcohol or drug use is meaningless). After adjustment for covariates, attending religious services was surprisingly not related to either alcohol use or illicit drug use. Researchers concluded: "The prevalence of alcohol and illicit drug use among participants was high. RS [religion/spirituality] and positive SRC [spiritual religious coping] were important protective factors for lower consumption of these substances. Conversely, negative SRC [spiritual religious coping] strategies were associated with risk factors."

Citation: Vitorino, L. M., Tostes, J. G., Ferreira, J. C. L., de Oliveira, L. A. G., Possetti, J. G., Silva Jr, M. T., ... & Lucchetti, G. (2024). Association between religiosity/spirituality and substance use among homeless individuals. *International Journal of Social Psychiatry*, 70(2), 330-339.

Comment: This is an important and well-done study in a large sample of homeless persons in one of Brazil's largest cities. The analyses were carefully controlled for potential confounders. This is one of the few studies in the literature on religiosity/spirituality and substance use in homeless persons.

Spirituality/Religiosity and Emotional Well-Being in Widowed Older Adults in Southeast Nigeria

Researchers in the department of religion and cultural studies at the University of Nigeria in Nsukka conducted a qualitative study involving a convenience sample of 71 widowed older adults (89% female) living in southeast Nigeria. All but one participant was Christian. The purpose was to (1) examine the emotional challenges experienced by widowed older adults; (2) identify the spiritual/religious activities widowed older adults were participating in; and (3) determine the extent to which spiritual and religious activities helped widowed older adults cope with the challenges of widowhood. A descriptive-phenomenological study design was utilized, and data were analyzed using an inductive thematic analytic method. **Results:** The primary emotional challenges experienced by Nigerian widowed older adults were loneliness, life dissatisfaction, anxiety/uneasiness, sadness/grief, and insomnia. The religious activities that these older widowed adults participated in were attending religious services, routine prayer meetings, harvest services, and other church activities held at places of worship. The spiritual activity included seeking a deeper relationship with God through activities such as personal prayers, engaging in Bible study, meditation, and participating in personal retreats characterized by prayer and fasting. Both religious and spiritual activities were central to helping these Nigerian widowed older adults cope with the emotional challenges of widowhood. Researchers concluded: "Older adults should be encouraged to participate in spiritual and religious activities. Religious leaders should also make every effort to organize activities that will address the emotional needs of these individuals."

Citation: Ukeachusim, C. P., Okwor, C. O., Eze, E., Okoli, A. B., Ugwu, C. I., & Ebimgbo, S. O. (2024). The impacts of spirituality and religious participation on the emotional well-being of widowed older adults in southeast Nigeria. *Innovation in Aging*, 8(4), igad128.

Comment: This is an important qualitative study that attempts to better understand the role that spiritual and religious activities plays in the mental health of older widowed adults in rural Nigeria.

Religiosity/Spirituality, Anxiety, and Depression in Patients with Coronary Heart Disease in Iran

Investigators in the department of medicine at Mazandaran University of Medical Sciences in Sari, Iran, analyzed data from a cross-sectional study of 159 patients with coronary artery disease (CAD) seen at Fatemah Zahra Hospital cardiology center in 1400 and 1401 (Islamic calendar). The purpose of the study was to examine the relationship between spiritual well-being (measured by the 20-item Palutzian & Ellison scale), practice of religious beliefs (measured by a reliable scale measuring attendance at a place of worship), and depression and anxiety symptoms (measured by the Hospital Anxiety and Depression Scale). Only bivariate associations were examined. **Results:** The average age of patients was 57 and 33% were male. Approximately three-quarters of participants were categorized as having high religious involvement, whereas one-quarter had low religious involvement. A negative correlation was found between scores on the spiritual well-being scale and severity of depression ($r=-0.62$, $p<0.001$) and anxiety ($r=-0.48$, $p<0.001$). The relationship between religious involvement and both anxiety and depressive symptoms was not significant. Researchers concluded: "Considering the reduction of anxiety and depression scores in samples with higher spiritual well-being scores, it is recommended to focus more on improving spiritual well-being level of CAD patients by medical staff, as well as group training programs and spiritual self-care training programs after discharge. Psychotherapy sessions with a spiritual approach can also be useful."

Citation: Taleb, M. M., Marzband, R., Alipour, A., Gholami, N., & Hosseini, S. H. (2024). Relationship of spiritual health and religious commitment with anxiety and depression in patients with coronary heart diseases presenting to Fateme Zahra Hospital clinic in Sari. *Journal of Mazandaran University of Medical Sciences*, 34(232), 90-99.

Comment: Although a quite modest cross-sectional study, simple analysis of the data, and use of a spiritual well-being scale heavily contaminated with indicators of psychological well-being, this study of heart disease patients in Iran provides some useful information. Lack of a relationship between religious involvement (participating in a place of worship) and depression/anxiety was not expected in this population.

Religiosity/Spirituality and Sleep Quality among Midlife Latinas

Researchers from the University of North Carolina at Chapel Hill conducted a cross-sectional pilot study of 49 participants (average age 47), originally designed to reduce cardiovascular disease risk among Latinas in midlife. Sleep disturbance (trouble falling asleep, waking up early, or frequent awakenings at night) over the previous two weeks was assessed by a measure whose scores ranged from 0 to 16. Also administered was the 6-item Brief Resilient Scale. Religiosity/spirituality was assessed by a single question: "How important is religion/spirituality to you?" Multivariate linear regression was used to examine the data, controlling for sociodemographic characteristics. **Results:** More than two-thirds of participants (69%) reported trouble with sleep. There was a significant inverse relationship between resiliency and sleep. Religiosity/spirituality was not related to sleep quality. Researchers concluded: "Findings suggest that the ability to 'bounce back' after hardship [resiliency] and religiosity/spirituality may not buffer the negative impact of stress on sleep."

Citation: Harris, L. K., Perreira, K. M., Cazales, A., Long, C., & Cortés, Y. I. (2024). Abstract P231: Are resiliency and religiosity/spirituality associated with better sleep outcomes in midlife Latinas? *Circulation*, 149(Suppl_1), AP231-AP231

Comment: Given the low-power to detect an effect with a sample of only 49, it is not surprising that no relationship was found between religiosity/spirituality (measured by a single question) and

sleep quality. Based on the information reported in this abstract (abstract alone was available), researchers did not examine the buffering effect of religiosity/spirituality on the negative impact of stress on sleep (requiring a moderator analysis, which does not appear to have been done). Researchers only examined whether there was a relationship between religiosity/spirituality and sleep disturbance, and did not examine the buffering effect of R/S on the relationship between stress and sleep quality (did not mention whether they even measured stress level). Again, however, information is limited in that only the abstract was available for review.

Racial Differences in the Mental Health Benefits of Religious Attendance among Low-Income Mothers in the United States

Researchers in the department of sociology at Southern Methodist University and University of Wisconsin-Milwaukee analyzed cross-sectional data from 2,636 White, Black, and Hispanic mothers participating in the Future of Families and Child Well-Being Study, which examined a nationally representative sample of mothers of children aged 15 during Wave 6 of this 15 year longitudinal study (2014-2017). The dependent variable in the analysis was major depressive disorder experienced within the past 12 months. The latter was measured by a structured psychiatric interview, the CIDI-SF. The purpose was to examine the relationship between religious service attendance and depression, while examining the moderating effects of race/ethnicity on this relationship. Religious service attendance was assessed by a single question with response options ranging from 1 (never attending services) to 6 (attending more than weekly). Researchers included a lag dependent variable (whether mothers had been depressed at Wave 5) in the regression model. Also adjusted for in analyses were age, number of children, whether they had a child since the prior wave, relationship status, financial status, education, immigrant status, race/ethnicity (except in moderator analyses), and religiosity (assessed by a single question asking whether religious faith was an important guide for daily life). In addition, to determine whether the positive effects of religious attendance were due to social support, two measures of social support (assessing instrumental support and emotional support) were included in a final regression model. **Results:** Greater frequency of religious service attendance was inversely related to depression in all models with beta values ranging from 0.71 to 0.89 (all p 's < 0.001, even after controlling for social support). There was also a significant interaction between race/ethnicity and attendance in the relationship with depression. Among mothers who reported never attending services, both Black and Hispanic mothers had significantly lower odds than White mothers of experiencing depression within the past year. Furthermore, the effect of religious service attendance more generally on depressive symptoms was stronger for White mothers than for Black mothers. Researchers concluded: "We find that more frequent service attendance helps reduce odds of depression among White mothers in ways that it does not among Black mothers. We argue that these findings highlight how religious organizations in the U.S. are both unequal and racially segregated, such that White mothers are better able to cultivate support social networks in ways that help mitigate depression through their attendance at religious services." [despite the fact that social support did not help to explain the relationship between religious service attendance and depression in the final model]

Citation: Bolger, D., & Chan, E. (2024). Unequal returns: Exploring racial differences in the mental health benefits of religious service attendance among low-income mothers. *Race and Social Problems*, EPUB ahead of press.

Comment: The findings here are surprising, given that most research has shown that the relationship between religiosity and depression is stronger among Black Americans than in White

Americans. The large representative sample and careful statistical analyses make this an important study to be aware of, even though some of the authors' explanations for the findings may be questionable.

Religious/Spiritual Faith and Posttraumatic Growth among Nurses in Eastern Poland

Investigators in the department of family and geriatric nursing at the University of Lublin, Lublin, Poland, conducted a cross-sectional survey of 120 ICU nurses working in Lublin during the COVID-19 pandemic. The purpose was to examine the relationship between strength of religious faith/spirituality and posttraumatic growth (PTG). Administered were the 21-item Post-Traumatic Growth Inventory (PTGI), the 10-item Santa Clara Strength of Religious Faith Questionnaire (SCORF), and the 26-item Spiritual Attitude and Involvement List (SAIL, a measure of spirituality). The dimensions assessed by the SAIL include transcendent experiences, spiritual activities, connectedness with nature, meaningfulness, acceptance, and trust (many of which reflect good mental health, overlapping with PTG). The PTGI assessed four dimensions of PTG: changes in self-perception, changes in relating to others, appreciation of life, and spiritual changes. Multivariable linear regression was used to examine the relationship between variables. However, models included only religious faith scores and spirituality scores, not demographic or social characteristics). **Results:** Bivariate analyses indicated that strength of religious faith (SCORF) was significantly and positively associated with the changes in self-perception dimension of the PTGI (but not other PTGI dimensions). After controlling for the six dimensions assessed by the SAIL, no relationship was found between strength of religious faith (SCORF) and PTG. As one might expect, transcendent experiences ($p < 0.001$), meaningfulness ($p < 0.001$), and trust ($p < 0.02$) were all positively associated with PTG. Inversely associated with PTG were spiritual activities ($p = 0.04$) and acceptance ($p = 0.002$). Researchers concluded: "Both religiosity and spirituality were significantly associated with post-traumatic growth in the group of ICU nurses, but spirituality appears to have played a larger role. Our findings support the value and significance of the development of spiritual and religious identity as a means of enhancing positive psychological changes in the face of traumatic events."

Citation: Nowicki, G. J., Schneider-Matyka, D., Godlewska, I., Tytuła, A., Kotus, M., Walec, M., ... & Ślusarska, B. (2024). The relationship between the strength of religious faith and spirituality in relation to post-traumatic growth among nurses caring for COVID-19 patients in eastern Poland: A cross-sectional study. *Frontiers in Psychiatry*, 14, 1331033.

Comment: Given that many of the dimensions of how spirituality was measured here (SAIL) are assessing good mental health, it is not surprising that these dimensions were related to post-traumatic growth (resulting in tautological relationships that are uninterpretable and meaningless). After controlling for transcendent experiences, meaningfulness, and trust, it is also not surprising that no relationship was found between strength of religious faith and PTG, since those psychological aspects of spirituality probably served as the mechanism by which strength of religious faith influences PTG.

Spirituality and Recovery from Severe Mental Disorders: What Nurses Need to Know

Investigators conducted a systematic review involving six online psychology/psychiatry, medicine, and nursing databases to examine the impact of spirituality on recovery from severe mental disorders. Of the 651 screened articles published between 2019 and 2023, 16 articles met the study's inclusion criteria. **Results:** Of the 16 articles, nearly two-thirds (62.5%) were qualitative studies. These studies were conducted in Spain, Turkey, Indonesia, the

United Kingdom, Korea, Egypt, Australia, Iran, Singapore, the United States, the Netherlands, and India. Four primary themes were identified with regard to the role of spirituality in recovery from severe mental disorder: (1) awakening identity, strength, and hope (“developing self-confidence by exploring the abilities and potential of an individual to recover from a mental disorder”); (2) spiritual coping (“an emotional strategy to develop positivity and build optimism using spirituality”); (3) meaning in life (“an attitude of accepting and interpreting the abilities of an individual, leading to patience and gratitude to God”); and (4) partnership relation (importance of the nurse-patient relationship in recovery). Results from quantitative studies were not reported. Researchers concluded: “Within the mental health recovery framework, spirituality has emerged as a crucial element in facilitating significant life improvements through the exploration of essential motivational strategies. Psychiatric-mental health nurses could play a pivotal role in helping individuals with severe mental disorders by addressing their spiritual needs, thereby promoting holistic recovery and care.”

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

Comment: An interesting qualitative review specifically oriented to nurses caring for those with severe mental disorders.

Minimizing Dropouts in Spiritually-Integrated Psychotherapies

Researchers at the University of Southern Alabama surveyed 154 psychotherapists using spiritually integrated psychotherapy (SIP) to examine the associations between clinicians using a variety of spiritual interventions and client dropout (leaving therapy after the first session). **Results:** Therapists responding to the survey on average used 3.3 different spiritual interventions. The most common spiritual interventions used during the first session were listening to spiritual issues, focusing on compassion and hope, and affirming patients' divine worth and trust in God. Approximately 20% of clients did not return for a second session, whereas 80% did return. Discussion of the spiritual dimensions of clients' problems and solutions was associated with a 118% greater likelihood of clients engaging in SIP (i.e., returning for future visits). In contrast, discussion of hope (surprisingly) was associated with a 40% decrease in likelihood of returning for a second session. Researchers concluded: “... findings highlight the potential opportunities and risks for implementing interventions that attend to clients' spirituality and/or religious faith at the start of SIPs. Research is needed to understand factors associated with the effective use of spiritual interventions and methods of training clinicians accordingly.”

Citation: Currier, J. M., Swift, J. K., Sanders, P., & Richards, P. S. (2024). Preventing dropout in spiritually integrated psychotherapies: What are the effective methods of attending to clients' spirituality? *Psychotherapy*. EPUB ahead of press (<https://doi.org/10.1037/pst0000530>) *Comment:* This is an important article written by some of the top psychotherapists who integrate spirituality into treatment. Dropouts are often the biggest concern when conducting psychotherapy. To our knowledge, this is the first attempt to identify spiritual approaches that promote patient engagement in the therapy. Unfortunately, details are lacking because only the abstract of the study was available for review.

The Role of UK Dietitians in Spiritual Care

Spirituality and health researcher Deborah Lycett and her colleagues at Coventry University conducted a nation-wide cross-sectional online survey of dietitians in the United Kingdom (members of the British Dietetic Association) to determine their views on spiritual care in dietetic practice, and to explore whether

dietitians who considered themselves religious or spiritual (R/S) were more likely to engage in spiritual care than those who indicated they were not R/S. The survey was conducted over six weeks in April-May 2020. Of the potentially 10,000 registered dietitians in the UK (8400 of whom are members of the British Dietetic Association), 37 dietitians responded. Questions were asked about participants demographic characteristics, professional knowledge of religion and spirituality, current spiritual care practices and confidence in addressing spiritual issues, responses when spiritual and religious issues arose in clinical practice, relevance of generic spiritual competencies, and training needs in spiritual care. Both quantitative and qualitative analyses were conducted. **Results:** Thematic analyses of free text comments gave rise to themes of inadequacies (insufficient training, insufficient time), interplay of current practice and intentions, and emotional labor (taboo subject for dietitians, concerned that beliefs could be harmful). No significant difference in responses were found between dietitians who described themselves as religious or spiritual compared to those who were not. Researchers concluded: “Although limited by a small sample size, these results provide new knowledge that spiritual care is considered an important part of the dietitian's role and that this is the case regardless of the dietitian's own spiritual identity or religion. Dietitians would value training in spiritual care so they can support service user needs more readily and confidently.”

Citation: Lycett, D., Garvey, S., & Patel, R. (2024). A survey regarding the role of UK dietitians in spiritual care. *Journal of Human Nutrition and Dietetics*, 37(3), 749-761.

Comment: The authors acknowledge the limitations of the current study in terms of sample size and low response rate. However, to our knowledge, this is the first study to examine the attitudes of UK dietitians towards spiritual care.

Spirituality and Health among Children from Eight European Countries

Investigators in the department of health sciences at Brock University in Ontario, Canada, and other universities from several countries analyzed cross-sectional data from 42,843 children participating in the WHO-affiliated 2017-2018 Health Behavior in School-Aged Children study. Participants were aged 11-15, and from the countries of Canada, England, Scotland, Wales, Lithuania, Latvia, Moldova, and Poland. The purpose was to examine the association between spirituality and subjective self-reported health. Subjective health (both physical and mental) was assessed by an index of positive subjective health symptoms including headache, stomachache, backache, feeling low, irritability or bad temper, feeling nervous, difficulties in getting to sleep, and feeling dizzy, with an overall score ranging from 0 to 32; although low scores originally indicated positive mental health, psychological well-being, and fewer psychosomatic symptoms, the authors reverse coded scores for analysis such that higher scores indicated better subjective health. The measure of spirituality was derived from a scale heavily contaminated with indicators of mental health (meaning, purpose, joy and happiness, positive social connections) (Fisher, 2011); the only uncontaminated indicators of spirituality were meditation or prayer and feeling connected to a higher spiritual power. This measure was divided into four categories: connections to self, connections to others, connections to nature, and connections to transcendent; again, only the latter category was distinctively spiritual in nature and separate from mental health. Overall spiritual health was determined by summing the scores on all four categories. Regression analyses were stratified by country and gender, and analyses were controlled for age. **Results:** The results from Table 4 are particularly relevant to the relationship between spiritual health and subjective health. Not surprisingly (given the measure of spiritual health used here), overall spiritual health was significantly associated with better subjective health for both boys

and girls in all eight countries. However, only the findings with the uncontaminated “transcendent domain” of spiritual health are relevant here. The transcendent dimension was significantly and positively related to subjective health among both boys and girls in Canada, Scotland, Wales, Moldova, and Poland. No association was found in England or Latvia for boys or girls. Family affluence did not explain these correlations. Researchers concluded: “The universality of social determinants of health models and the measures used in their evaluation require careful assessment across cultures, political contexts, and health outcomes.”

Citation: Michaelson, V., King, N., Šmigelskas, K., Dackevičienė, A. S., Malinowska-Cieślak, M., Patte, K., ... & HBSC Spiritual Health Writing Group. (2024). Establishing spirituality as an intermediary determinant of health among 42,843 children from eight countries. *Preventive Medicine*, 179, 107846.

Comment: The large sample of children from Western and Eastern Europe makes this a very important study. However, the use of a contaminated measure of spiritual health makes the findings reported here difficult to interpret.

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 (there are none in September) will be held on Tuesday, October 1, 2024, at 12:00-1:00 EST (New York time), and will be delivered by **Michelle Pearce, PhD**, Clinical Psychologist and Professor at the University of Maryland Graduate School. The topic of her presentation will be **Spiritual Competency Training in Mental Health**. 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) 2025 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 will be held on August 4-25, 2025 (around the August 11-15 spirituality and health research workshop). For more information, contact harold.koenig@duke.edu.

Spiritual Readiness Series (see below in Resources Section)

SPECIAL EVENTS

Online Integrating Spirituality into Clinical Care Workshop (September 21, 2024)

Due to multiple requests to have an online version of our workshop on Integrating Spirituality into Patient Care held on August 17 in Durham, NC), we will be holding the workshop via Zoom on

Saturday, September 21, 2024, open to anyone in the world with online access. Similar to the in-person workshop, this program is designed specifically for those health professionals and clergy from all faith traditions who wish to integrate spirituality into the care of patients or enhance the health of congregants, or to integrate spirituality into their work or job. As indicated above, we are conducting this workshop to comprehensively deal with the why, how, and when of integrating spirituality into the care of patients and other work settings. For more information, contact Dr. Koenig at Harold.Koenig@duke.edu or go to <https://sites.duke.edu/csth/files/2024/06/2024-Duke-University-Spirituality-and-Health-Workshops.pdf>.

Online Moral Injury Workshop (October 19, 2024)

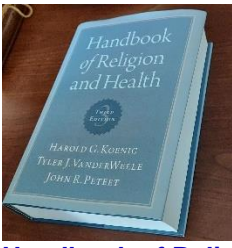
Given the growing interest in the topic of “Moral Injury” (the internal emotional turmoil experienced as a result of transgressing moral values, which initially received attention in active-duty military and veterans following combat operations, but now has expanded to include first responders, healthcare professionals, and others exposed to severe trauma), we will be holding another full-day online workshop on Moral Injury via Zoom on **Saturday, October 19, 2024**. This workshop is designed for chaplains (healthcare and military), healthcare professionals (physicians, nurses, social workers, rehabilitation therapists, etc.), community clergy, mental health professionals (counselors, psychologists, pastoral counselors), students of every type (high school, undergraduate, graduate, etc.), and anyone else interested in the topic of moral injury, the distressing emotions associated with it, and the devastating consequences that can result. For more information, contact Dr. Koenig at Harold.Koenig@duke.edu or go to <https://sites.duke.edu/csth/files/2024/06/2024-Duke-University-Spirituality-and-Health-Workshops.pdf>.

RESOURCES

Books

The Oxford Handbook of American Buddhism (Oxford University Press, 2024)

From the publisher: “First brought to the United States in the nineteenth century by Chinese and Japanese immigrants, Buddhism has become a major feature of the North American religious, cultural, and social landscape. Nearly every form of Asian Buddhism has some presence in North America in addition to a variety of Buddhist “convert” communities, hybrid communities, and “secular” Buddhist networks. Buddhist-derived practices such as mindfulness meditation have been deployed in health care and educational settings, the military, and the business sector. The Oxford Handbook of American Buddhism guides readers through the rich terrain of American Buddhism, illuminating the diversity of Buddhist communities and identities, exploring the innovations that have emerged from the cross-fertilization of Buddhism and American culture, and extending the theoretical and methodological boundaries that have shaped the study of American Buddhism. The Handbook is organized into four parts: Foundations, Traditions, Practices, and Frames. The essays in this volume both build upon and go beyond previous scholarship, reexamining foundational topics while recovering neglected histories, centering marginalized identities, and analyzing the intersections between Buddhist practice and scholarship.” Available for \$153.08-163.57 (hardcover) or \$174.99 (Kindle) at <https://www.amazon.com/Oxford-Handbook-American-Buddhism-Handbooks/dp/0197539033/>.



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 new) or \$134.33 (hardcover used) at <https://www.amazon.com/dp/0190088850/>.

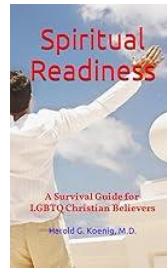
Spiritual Readiness Series



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

(Amazon Kindle, 2023, updated March 25, 2024, 165 pages)

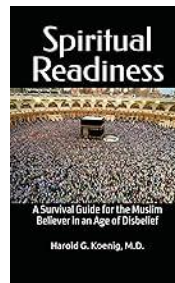
For Christian believers (Protestant, Catholic, Orthodox). Available for \$8.99 (paperback and Kindle) at <https://www.amazon.com/Spiritual-Readiness-Survival-Christian-Disbelief/dp/B0CP42X91N/>.



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/>.

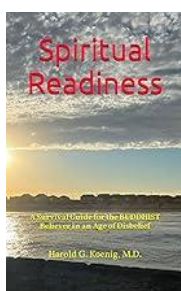


Spiritual Readiness: A Survival Guide for the Hindu Believer in an Age of Disbelief

(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/>.

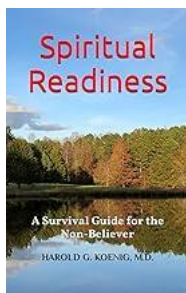


Spiritual Readiness: A Survival Guide for the Buddhist Believer in an Age of Disbelief

(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)

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)

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)

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)

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)

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)

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 2025 (August 11-15) 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, contact Dr. Koenig at harold.koenig@duke.edu or go to: <https://spiritualityandhealth.duke.edu/files/2024/08/2025-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 grants is **August 15, 2025**. The Foundation will communicate their decision (rejection or invitation to submit a full proposal) for all OFIs by October 10, 2025. Full proposals will be due January 16, 2026, with notification of a decision on July 10, 2026. 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...

September

- 9/12 **Cole Mill Road Church of Christ**
6:00-8:00P EST (on-site only)
Title: Spirituality, Health, and Aging
Speaker: Dr. Koenig
Contact: Jo Wall (jowall3813@gmail.com)
- 9/14 **My Body, My Friend Virtual Summit**
Living Chronic Faith (on-line)
11:15-11:45A EST
Title: Spirituality and Health: How They Are Connected
Speaker: Dr. Koenig
Contact: Allison Hampton (ahampton911@yahoo.com)
- 9/16-17 **World Vision Meetings**
Harvard University
Boston, Massachusetts (on-site) **(by invitation only)**
Title: numerous
Speakers: numerous
Contact: Jennifer Wortham (jwortham@fas.harvard.edu)
- 9/21 **Integrating Spirituality into Patient Care Workshop**
Duke University
Durham, North Carolina (online via Zoom)
Title: 8 hour training (8:45A-5:15P)
Speaker: Dr. Koenig
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 9/26-27 **National Ground Intelligence Center**
Charlottesville, Virginia (on-site only)
Multiple Lectures
Title: Spiritual Readiness
Speaker: Dr. Koenig
Contact: John Cochran (jc20bike@gmail.com)

© 2012 A publication of the Duke Center for Spirituality, Theology & Health. May be reproduced for noncommercial purposes.

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

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