

CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology, 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 September 2024) go to: <https://spiritualityandhealth.duke.edu/index.php/publications/crossroads/>

LATEST RESEARCH

Avoid Measures of Spirituality Contaminated by Mental Health Indicators

The associate editor and editor-in-chief of the *Journal of Religion and Health* have authored this article that may be quite controversial for many in the field of religion, spirituality and health. The authors emphasize that quantitative measures of spirituality today are often contaminated by indicators of mental health, thereby assuring a positive relationship between spirituality and mental health (a tautological and uninterpretable finding). Most reviewers of articles on spirituality and health submitted to academic scientific journals are unaware of this, and this article is intended to inform them and others in this regard. If spirituality is defined and measured as having meaning and purpose in life, being connected with others, and experiencing deep inner peace and harmony, then it would only be logical that scores on these measures would be positively correlated with mental and social health, and negatively correlated with poor mental health outcomes (e.g., depression, anxiety, suicide, etc.). This article lays out the rationale for discouraging the use of measures of spirituality that include indicators of mental or social health when examining the relationship between religion and health. The editor-in-chief of the *Journal of Religion and Health* makes it clear that articles that assess spirituality in this manner will be carefully reviewed to minimize the reporting of tautological, meaningless, and uninterpretable findings (which result from scale contamination with indicators of the outcome). The authors conclude: "For investigators who wish to examine the quantitative relationship between religiosity/spirituality and health outcomes, particularly mental health, we advise against the use of R/S measures that are contaminated with indicators of good mental health, psychological well-being or social connections. Many current-day measures of spirituality fall into this category, and these should largely be avoided."

Citation: Koenig, H. G., & Carey, L. B. (2024). Religion, spirituality and health research: Warning of contaminated scales. *Journal of Religion and Health*, EPUB ahead of press

Comment: The full article can be downloadable for free at the following link: <https://rdcu.be/dSiUH>. All spirituality and health researchers should read this.

Measurement of Religiosity across Cultures and Nations

Researchers from the faculty of management, economics and social sciences at the University of Cologne (Germany) and department of sociology at the University of Zürich (Switzerland) analyzed data from the sixth wave of the 2010-2014 World Values Survey (WVS) in order to empirically test the cross-cultural comparability of measures of generalized individual religiosity (and identify the best indicators of religiosity for use in different religious, national, and cultural settings). The data involve nationally representative samples of persons aged 18 or older from 60 countries with sample sizes ranging from 841 in New Zealand to 4,078 in India. *Religious practices* were measured by frequency of attendance at religious services and frequency of prayer; *religious beliefs* were assessed by endorsement of belief in God, belief in hell, and belief in exclusivity of religion; *religious orientation* was assessed by importance of religion, self-identification as religious person, importance of God, and level of confidence in churches/religious leaders; and *religious community* was assessed by membership in a church or religious organization and affiliation with a certain denomination. Multigroup confirmatory factor analysis and alignment was used to analyze the data.

Results: The findings revealed four unidimensional measurement models (practices, orientation, beliefs, and community) and four overlapping groups of countries in which these measurement models demonstrated uniformity. Each of the four models were overlapping to varying degrees, although on average there was relatively high uniformity for importance of God, importance of religion, frequency of praying, confidence in institutions, and belief in God across all models, and these were invariant across more than 50% of countries. Frequency of praying, importance of religion, and confidence in institutions were the most invariant items, with importance of religion appearing to be the most promising item among these three in terms of invariance across countries. Specific combinations of the nine religious variables above were found for each of the four groups of countries. For example, the first model (Model 1) consisted of six indicators (identification as a religious person, importance of religion, confidence in institutions, frequency of praying, frequency of religious attendance, importance of God) that applied to the largest sample compared to the other three models and therefore could be employed for the analysis of religiosity across 30 countries, most Western, Orthodox East, Latin America, and Sinic East countries. Researchers concluded: "The items importance of religion, confidence in institutions, and frequency of praying demonstrated invariance more consistently compared to the other variables. Consistent with our results, the importance of religion item was previously suggested to be the most universal and suitable indicator to measure religiosity across nations in this research (e.g., Norris and Inglehart, 2004). The remaining six WVS items should be used cautiously in the separate analysis of the corresponding expressions of religiosity across countries."

EXPLORE...in this issue

1-5 LATEST RESEARCH

5-8 NEWS, EVENTS & RESOURCES

8-9 TRAINING, FUNDING Opportunities, and CALENDAR

Citation: Remizova, A., Rudnev, M., & Davidov, E. (2024). In search of a comparable measure of generalized individual religiosity in the World Values Survey. *Sociological Methods & Research*, 53(2), 839-871.

Comment: This is a very important study that identifies religious variables that can be used as valid measures of religiosity in various religions and cultural contexts. Such information is critical for studies of religiosity and health conducted across different nations where cultures differ, and so should be of great usefulness to religion-health researchers worldwide.

Personality Traits of Young Adults in Different Religions

Researchers at several universities in the United States and Canada analyzed cross-sectional data from the International Situations Project, which collected on information on 15,264 people recruited from university communities (average age 21.9 years, 71% female) across over 60 countries to examine personality traits for persons from different religions (Buddhism, Catholicism, Christianity-Orthodox, Christianity-unspecified, Hinduism, Judaism, and Islam). The data were collected by over 100 researchers across 61 countries speaking over 40 languages. Besides religious affiliation, personal religiosity was assessed on a scale from 1 to 10 by the question "How religious are you?", and religiosity was assessed as a *social axiom* using a 17-item scale measuring personal beliefs about the value that religion has for society. Personality was assessed by the 60-Item Big Five Inventory 2, which measures three facets (four items each) for each of the major five personality traits: (1) extraversion (sociology, assertiveness, energy), (2) agreeableness (trust, respect, compassion), (3) conscientiousness (productiveness, responsibility, organization), (4) neuroticism or negative emotionality (anxiety, depression, emotional volatility), and (5) openness (intellectual curiosity, aesthetic appreciation, creativity). Also administered was a 10-item Honesty/Humility Scale (sincerity, fairness, greed, modesty) and the Narcissism Admiration and Rivalry Questionnaire. Finally, happiness was measured using the 4-item subjective happiness scale; self-construal by the Self-Construal Scale (assessing individuals' self-image as "independent" [i.e., unitary, separate from the social context] vs. "interdependent" [i.e., closely connected with others, fluid, contextually embedded]); and cultural tightness by the 6-item Tightness-Looseness Scale. Country-level variables included the Human Development Index (HDI) (measure of life expectancy, educational opportunities, and standard of living); country level collectivism by the Responsibility scale (RS); and cultural peace and conflict using the Global Peace Index (GPI). The analyses were largely descriptive, with the exception of some chi-square analyses done for comparison purposes. **Results:** Highly religious people scored higher on agreeableness, conscientiousness, fairness (facet of honesty/humility), and happiness, whereas they scored lower on self-interest and were more likely to make sacrifices for others such as their family. Relationships between personal religiosity and agreeableness, conscientiousness, happiness, and trustworthiness were stronger in countries in which religiosity was widespread and uniform across the entire population. Associations between (a) conscientiousness and religiosity and (b) agreeableness and religiosity were more strongly positive in less-developed countries (low HDI), in high conflict countries (high GPI), and in more collectivistic (high RS) countries. Relations between personal religiosity in the six personality traits varied significantly across different religions, whereas only one personality trait "rivalry" (a facet of narcissism) varied in its relationship with religiosity as a social axiom across religions. With regard to correlations for the relationship between religiosity and various personality traits in different religions, respect (an aspect of agreeableness) had the strongest positive correlations with religiosity in Christian Orthodox and Islam; conscientiousness had

the strongest positive correlations with religiosity in Judaism and Islam; negative emotionality (including emotional volatility) had the strongest negative relationship with religiosity in Islam; rivalry (aspect of narcissism) had the strongest positive correlation with religiosity in Buddhism; and general trust had the strongest negative relationship with religiosity in Hinduism. Researchers concluded: "... measures of religiosity were related to agreeableness, conscientiousness, happiness, and fairness; however, relations with religiosity as a social axiom were stronger and less variable across religious affiliations. Additionally, personality-religiosity links were more robust in low-development, high conflict, and collectivistic nations."

Citation: Baranski, E., Gardiner, G., Shaman, N., Shagan, J., Lee, D., & Funder, D. (2024). Personality and conceptions of religiosity across the world's religions. *Journal of Research in Personality*, 110, 104496.

Comment: This is one of the few studies to examine the relationship between religiosity and various aspects of personality in different religions and countries throughout the world, especially in young people. Therefore, the findings here are very relevant to those studying the relationship between religiosity and health cross-culturally, particularly mental health.

Religiosity and Coping with Racism among the Oldest Old in Appalachia

Spirituality and health researcher Jill Hamilton and her colleagues in the School of Nursing at Emory University, Duke University, and University of California Irvine conducted a qualitative study involving 27 African Americans to examine the role of religious practices/beliefs in coping with racism among the oldest old living in the southern Appalachian region of the United States. Participants were on average age 82 years old, 70% were women, and two-thirds were associated with Baptist churches. Content analysis was used to organize themes in participants' responses. **Results:** Experiences with racism included access to education, access to healthcare, and racially motivated physical violence and criminal justice system biases. Religious practices and beliefs that helped these individuals cope with racism were based on teachings related to reliance on God, love, humility, and humanity. The researchers concluded: "Racism spirits by African American participants was likely countered by religious practices/beliefs inspired through intergenerational teachings with affiliations to the Black Church... The religious beliefs that are frequently transmitted intergenerationally through the Black Church are relevant to understand present-day encounters with racism among African Americans and possibly other communities of color."

Citation: Hamilton, J. B., Abiri, A., Nicolas, C. A., Grant, E. J., & Best, N. C. (2024). Black Appalachia's oldest old: Untold stories of experienced racism and coping with religious practices/beliefs. *The Gerontologist*, 64(5), gnad143 (<https://doi.org/10.1093/geront/gnad143>).

Comment: This important qualitative study gives voice to those whose voices are seldom heard, providing insights on how religious faith can help older Black Americans and those from other communities of color to cope with the stresses of racial bias.

Religiosity and Attempted Suicide among Black Adolescents in the U.S.

Researchers at the University of Chicago analyzed cross-sectional data from 7,704 youth ages 12-17 who took part in the 2004-2019 National Survey on Drug Use and Health (NSDUH). The final sample in this analysis included 837 Black youth, 191 Asian youth, 1596 Latino/a youth, 568 multiracial youth 147 Native Americans/Alaska Indian youth, 38 native Hawaiian/Pacific Islander youth, and 4,327 White youth, who indicated that they had made a suicide attempt in the past. Assessed were mental health service utilization within the past 12 months, school experiences,

community involvement, and religious belief. Participants were asked how often they participated in community-based, faith-based, and "other" sorts of activities within the past year. In addition, they were asked to indicate how many times they attended religious services in the past year (up to more than 52 times per year). Finally, participants were asked three questions regarding their religious beliefs: my religious beliefs of very important to me; my religious beliefs influence my decisions; and it is important for my friends to share my religious beliefs. There were 837 Black adolescents with a history of a lifetime suicide attempt. Analyses were bivariate only (not controlled for demographic or social covariates) and were stratified by sex.

Results: Of those who had attempted suicide at some time in their lives, 24.8% of Black male and 38.0% of Black females (35.8% overall) received emotional treatment from a therapist in the past year (vs. 52% of Whites overall). Only 25.4% of Black males and 20.7% of Black females indicated they liked going to school a lot. Nearly two-thirds (62.3% for Black males and 64.1% for Black females) had participated in faith-based activities during the past year, and 21.3% of males and 22.4% of females indicated they had attended religious services more than 52 times in the past year. With regard to importance of religious beliefs, 31.5% of Black males and 41.7% of Black females indicated that they strongly agreed that religious beliefs were very important in their lives.

Researchers concluded: "Suicide prevention interventions should integrate concepts that are most important to Black youth to ensure that mental health services are culturally salient, economically feasible, and readily accessible."

Citation: Goodwill, J. R., & Yasui, M. (2024). Mental health service utilization, school experiences, and religious involvement among a national sample of Black adolescents who attempted suicide: examining within and cross-race group differences. *Child and Adolescent Social Work Journal*, 41(4), 545-560.

Comment: This study is primarily descriptive in nature, and although modest in terms of statistical analyses, the results are important in terms of characterizing Black youth who are at risk for suicide in the future (since past suicide attempt is the strongest predictor of future successful suicide). Given the relatively extensive involvement in religion and importance of religion in the lives of Black youth, collaboration between mental health professionals and the Black faith community will be crucial in preventing future suicide for Black youth.

Mediating Role of Religious Coping in the Relationship between Perceived Stress and Quality of Life in Nigerian Cancer Patients

Researchers at the University of Nigeria in Nsukka analyzed cross-sectional data on a convenience sample of 316 patients (65% female, average age 50) receiving cancer treatment at the University of Lagos Teaching Hospital in Southwest Nigeria. The purpose was to examine the mediating role of religious coping in the relationship between perceived stress and health-related quality of life (HRQoL). Religious coping was assessed by the 14-item Brief RCOPE, which has positive and negative religious coping subscales. Perceived stress was assessed by the 15-item Impact of Events Scale. Finally, the primary outcome was health-related quality of life, which was measured by the Functional Assessment of Cancer Therapy-General (FACT-G). No other variables were controlled in the analyses, although the PROCESS procedure was used to determine mediation. **Results:** There was a strong inverse relationship between perceived stress and health-related quality of life ($b = -0.77$, $p < 0.001$). Positive religious coping was inversely related to perceived stress ($r = -0.14$, $p < 0.05$) and was also weakly positively related to HRQoL ($r = 0.10$, $p > 0.05$). Negative religious coping was positively related to perceived stress ($r = 0.15$, $p < 0.05$) and was negatively related to HRQoL ($r = -0.35$, $p < 0.01$). Negative religious coping was found to significantly mediate the relationship between perceived stress and HRQoL.

Researchers concluded: "Mental health interventions in form of cognitive-based psychotherapy and religious counseling aimed at positively restructuring cancer patients' negative appraisal of challenges often associated with cancer disease may be helpful in enhancing patients' well-being."

Citation: Okwuosa, L. N., Onu, D. U., & Onyedibe, M. C. C. (2024). Perceived stress and health-related quality of life in cancer patients: the mediating role of religious coping. *Current Psychology*, 43(4), 3166-3174.

Comment: A rather modest cross-sectional study with relatively simple statistical analyses. However, the population is an important one (cancer patients in Nigeria) and the role of religious coping (both positive and negative) is not well understood in this setting. The recommendations make good sense with regard to clinical applications.

Impact of Religiosity on Islamic Work Ethic

Researchers at universities in Australia, United Arab Emirates, and Pakistan analyzed data on 427 employees working in two public organizations in Jordan (a Muslim majority country in the Middle East) to examine the influence of religiosity on Islamic work ethic (IWE). IWE involves Islamic teachings concerning ethical practices at work. Investigators hypothesized that IWE would be (a) negatively related to unethical pro-organizational behavior (UPOB) and (b) negatively related to unethical pro-family behavior (UPFB), and that religiosity would moderate these relationships. IWE was measured using a 14-item previously published scale. UPOB and UPFB were each assessed by previously published 6-item scales. Religiosity was measured by a 5-item intrinsic religious orientation scale developed by Alport and Ross (1967). The data were analyzed using structural equation modeling and common method variance. **Results:** IWE was significantly and inversely related to both UPOB and UPFB ($r = -0.55$ and $r = -0.54$, respectively, both $p < 0.01$). These relationships were mediated by moral identity internalization and were significantly stronger among those scoring higher on religiosity. Researchers concluded: "Thus, organizations may provide employees with opportunities to practice their faith, e.g., through reconsidering working hours during Ramadan, offering prayer spaces and facilities, and respecting employees requests for religious vacations or pilgrimages."

Citation: Alqhaiwi, Z. O., Koburtay, T., & Syed, J. (2024). The interplay between Islamic work ethic, unethical pro behaviors, and moral identity internalization: The moderating role of religiosity. *Journal of Business Ethics*, 193(2), 393-408.

Comment: A well done study carefully analyzing the data to demonstrate a moderating effect of religiosity on the relationship between Islamic work ethic and moral behaviors of Muslims when on the job.

Mental Health System in the United Kingdom is failing Muslims

Angela Youngman (freelance journalist) spoke with therapists, medical practitioners, and researchers in order to determine their cultural and religious awareness. Her interviews revealed that Muslims received less help with mental health problems than those of other faiths in the UK. In particular, health professionals were not aware that treatments may not work for everyone given their particular culture and faith practices (fasting, mosque attendance, clothing, etc.). Researchers had found that many more Muslims would seek mental health care if they could obtain faith-informed counseling (and be assured that they would not be referred to the government's Prevent counterterrorism program if they admitted to mental health problems). Young Muslims were felt to be particularly vulnerable. The interviews also found that mosques could play an important role in collaboration with mental health professionals in order to address mental health problems among Muslims. According to the Cambridge-based Woolf Institute, success rates in therapy are improved when there is greater

cultural and religious awareness among health professionals. Youngman concluded: "The Woolf Institute would also like to see more research into the subject, possibly a nationwide study, alongside recognition from healthcare professionals of the importance of religion in all aspects of mental health care, support, and recovery."

Citation: Youngman, A. (2024). NHS mental health services failing Muslims, researchers say. *British Medical Journal*, 385.

Comment: This brief article is likely to have considerable influence, given that the *British Medical Journal* is arguably the most prestigious peer-reviewed medical journal in the United Kingdom.

Religious Coping and Telomere Length

Investigators in the department of psychology at the University of Maryland analyzed data on 252 socioeconomically diverse African American (n=140) and White (n=112) men and women ages 30-64. Participants were a convenience sample recruited from Baltimore City, Maryland, who were participating in the Healthy Aging in Neighborhoods of Diversity across the Lifespan (HANDLS) study. Religious coping was assessed by the Brief Cope Inventory, which contains two items on religious coping: "When confronted with a difficult or stressful event: I try to find comfort in my religion or spiritual beliefs" and "I pray or meditate"; responses range from 1 (not at all) to 4 (a lot). In addition, a single item was chosen from the General Social Survey that asked "How often [do you] find strength in spirituality?"; responses range from "many times a day" to "never/almost never" on a 6-point Likert scale. The 3 items were summed to create a religious coping index with higher scores indicating more frequent religious coping. Religious affiliation was also assessed. Telomere length was determined by quantitative polymerized chain reaction (qPCR) and the Southern blot method (Cawthon). Multivariate analyses were conducted controlling for race, sex, age, poverty status, and education. Also assessed were depressive symptoms, cigarettes and alcohol use, marital status, obesity, hypertension, diabetes, emotional and instrumental social support, and substance use coping. **Results:** No significant association was found between religious affiliation (unaffiliated n=123, affiliated n=129) and telomere length (TL) in bivariate analyses (TL= 5.67 vs. 5.68, respectively). There was also no bivariate relationship between religious coping and TL (r=-0.06, p=ns). In the adjusted model, no association was found between religious coping and telomere length (b=0.00, p=0.967). Researchers concluded: "There was no evidence to support that religious coping use provided protective effects to TL in this sample of African American and White women and men."

Citation: Ashe, J. J., Evans, M. K., Zonderman, A. B., & Waldstein, S. R. (2024). Absent relations of religious coping to telomere length in African American and White women and men. *Experimental Aging Research*, 50(4), 459-481.

Comment: Note that of the 17 variables assessed in bivariate analyses (Supplemental Table 1) were related to telomere length; the only variable related to TL was gender (TL was longer in men than in women). Interestingly, no association was found between TL and depressive symptoms, social support, cigarette smoking, alcohol use, obesity, or other variables -- variables that are often reported to be associated with TL. Even age (strongest correlate of TL in most studies) was not associated with TL in this study. The small size and characteristics of the sample (largely middle-age adults) may have reduced the power of this study to detect correlates (any correlates) of TL. Note that other studies have reported a significant positive relationship between religiosity and TL in larger samples.

Attachment to God and Mental Health Outcomes in US Collegiate Athletes

Investigators in the department of sociology at Baylor University (Waco, TX) analyzed data from a convenience sample of 415

collegiate athletes in the United States. Participants were drawn from college students attending religious institutions or secular institutions with an adjacent Christian Study Center (18% of participants were involved at a Christian Study Center; 82% were not). Mental health outcomes were assessed by the PHQ-9 (depressive symptoms), the GAD-7 (anxiety symptoms), and the Others' Approval subscale of the Contingencies of Self-Worth Scale. Attachment to God was assessed by the God Attachment Scale that measures three styles of attachment: secure (warm relationship with God), avoidant (impersonal relationship with God), and anxious (inconsistent relationship with God). Controlled for in analyses were gender, age, race, student class, level of competition, type of athletic competition, frequency of attendance at religious services, and frequency of private prayer. Ordinary least squares regression modeling was used to assess the data. **Results:** Regression analyses revealed an inverse (negative) relationship between a secure attachment to God and depressive symptoms (b=-0.20, p<0.01); in contrast, researchers found a positive relationship with depression for avoidant attachment to God (b=0.16, p<0.001) and anxious attachment (b=0.22, p<0.01). The same pattern of results was found for anxiety symptoms. Contingent self-worth based on others approval partially mediated these relationships. Researchers concluded: "Our findings suggest that a secure attachment to God is protective for student-athlete mental health, whereas an anxious or avoidant attachment poses a mental health risk."

Citation: Upenieks, L., Bounds, E. M., Melton, K. K., Glanzer, P., & Schnitker, S. A. (2024). Attachment to God, contingent self-worth, and mental health outcomes in US Collegiate Athletes. *Journal of Religion and Health*, 63(1), 445-465.

Comment: As the authors indicate, "This is, to our knowledge, the first study that has identified both salubrious and detrimental relationships between attachment style to God and mental health in an athletic sample." The study as well done and the data rigorously analyzed with careful control for possible covariates, even controlling for overall religiosity.

Are Religious Persons More Social?

Researchers in the department of psychological science, University of California at Irvine, and other academic institutions in the US and Canada, report here the results of a meta-analysis examining whether religiosity is related to prosocial behavior. Analyzing 701 effects from 237 samples involving 811,663 participants, they report a small but significant relationship between religiosity and prosociality (r=0.13, 95% CI = 0.12-0.15, k=701). The effect was stronger for prosociality measured by self-report (r=0.15, 95% CI = 0.13-0.17, k=601) and was stronger when religiosity was measured by (a) intrinsic religiosity (r=0.18, 95% CI = 0.14-0.22, k=44) and (b) by multiple indicators (r=0.19, 95% CI = 0.17-0.21, k=126). The aspects of prosociality most strongly related to religiosity were forgiveness (r= 0.29, k=64) and agreeableness (r=0.21, k=16). Researchers concluded: "Many philosophers, clerics, and researchers alike have long argued that religiosity has an important role to play in morality -- and that the religious are more prosocial than the nonreligious... Indeed, we found a positive correlation suggesting that more religious people are more prosocial than the less religious."

Citation: Kelly, J. M., Kramer, S. R., & Shariff, A. F. (2024). Religiosity predicts prosociality, especially when measured by self-report: A meta-analysis of almost 60 years of research. *Psychological Bulletin*, EPUB ahead of press

Comment: This is perhaps the most comprehensive review of the effects of religiosity on prosociality in the literature to date. Also bear in mind that only the best meta-analyses of this type are published in the APA journal *Psychological Bulletin*.

Religious Leaders' Well-Being and Caring for Congregants Mental Health

Researchers from the University of Pennsylvania school of Nursing (Philadelphia) analyzed cross-sectional data on 636 U.S. religious leaders (National Survey of Religious Leaders [NSRL]) to examine whether mental health activities performed by clergy for congregants was related to clergy life satisfaction, happiness, and "life close to ideal." An online self-administered survey questionnaire was administered to primary-religious leaders by NORC at the University of Chicago in 2019-2020. Clergy mental health outcomes included single items of happiness, life satisfaction, and life being close to ideal; these outcomes were dichotomized for analysis. Caring for the mental health of congregants was assessed by questions asking about being approached by congregants for assistance with mental illness at least once (76.4%), encouraging someone to seek mental health care (78.2%), preaching a sermon about mental illness (46.1%), leading a prayer or healing service focused on mental illness, organizing a class studying mental illness (50.2%), attended such a class (19.8%), and looked up resources on mental illness in the past 12 months (71.9%). These predictor variables were dichotomized into "not at all" and "once or more." Covariates included education level, sex, race, religious tradition, doubts about faith, body mass index, household income, feeling cared for by their congregants, having formal pastoral/ministerial training, and ever contemplated leaving religious work, which were controlled in the binomial generalized linear modeling used to analyze the data. **Results** indicated that 82% of clergy reported feeling happy every day or almost every day, 84% expressed satisfaction with life every day or almost every day, and 70% indicated life close to ideal (completely or moderately agree). Clergy with formal pastoral training and those indicating high levels of care from their congregants reported greater happiness, life satisfaction and sense of life close to the ideal. In addition, providing prayer or healing for mental health illness was associated with higher life satisfaction, and clergy who preached a sermon on mental illness were more likely to report life being close to the ideal. In contrast, clergy who referred congregants to mental health professionals reported decreased happiness, and those experiencing greater doubts about their faith or thinking about leaving their pastoral work reported lower levels of happiness, satisfaction, and life being close to the ideal. Researchers concluded: "Clergy can leverage their trusted position in local communities to partner with mental health professionals and build a therapeutic alliance."

Citation: Boateng, A. C. O., Britt, K. C., Sebu, J., & Oh, H. (2024). An examination of the impact of clergy-involved mental health activities for their congregants on clergy life satisfaction, happiness, and perceptions of having a life close to ideal in the USA. *Journal of Pastoral Care & Counseling*. EPUB ahead of press.

Comment: This is an important study examining ways that clergy address the mental health needs of congregants and the impact that it has on their own psychological well-being. As the authors indicate, future longitudinal studies are needed to determine the direction of causation in these cross-sectional findings.

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 (*after the Oct 1 seminar by Dr. Michelle Pearce, see Sept newsletter*) will be held on Tuesday, October 29, 2024, at 12:00-1:00 EST (New York time), and will be delivered by **Jill Hamilton, RN, PhD, Professor, School of Nursing, Emory University**. The topic of her presentation will be **Qualitative Research in Spirituality and Health: The Older African-American Experience**. PDFs of the Power Point slides for download and full video recordings of most past webinars since July 2020 are available at <https://spiritualityandhealth.duke.edu/index.php/education/seminar/s/>.

NIH (NIDA) Addiction Grand Rounds

On Thursday, October 3, 2024, John F. Kelly, PhD, ABPP (Harvard, Massachusetts General Hospital), will give a talk titled "The Role of Spirituality and Religion in Addiction and Recovery". Talk begins of 1:00P EST and Zoom link is <https://nih.zoomgov.com/j/1614996323?pwd=ak1DczAxbE1jaC9qUGtaN09sM3hkQT09>. John Kelly is one of the world's top researchers in the area of alcohol and drug addiction. The fact that he is giving a talk on this topic says a lot. Don't miss it.

NIH Religion, Spirituality, and Health Scientific Interest Group Virtual Presentation

On Tuesday, October 15, 2024 from 2 pm – 3 pm EDT you are invited to a talk by Dr. Joseph Currier from the University of South Alabama. The title is "Training Mental Health Professionals in Spiritual and Religious Competencies: Current Status and Future Horizons." His talk will be on Zoom and recorded. It is free, open to the public, and no registration is required.

Join ZoomGov Meeting:

<https://nih.zoomgov.com/j/1600810810?pwd=ghyJhmHXO9mo5Qlx068KUaqkf41C2l.1>, Meeting ID: 160 081 0810, Passcode: 997966.

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.

Help out a Graduate Student

Mara Mesa, a doctoral candidate in the School of Behavioral Science at Liberty University is conducting a study titled "Qualitative Analysis of Catholic Pastoral Caregivers' Experiences Caring for Military Service Members and Veterans with Moral Injury." This research aims to explore the experiences of Catholic pastoral caregivers who support service members and Veterans suffering from moral injury. By interviewing Catholic priests, chaplains, and ordained lay ministers, she hopes to uncover effective preventative and intervention strategies. If you are interested in participating or learning more, please email Mara at mamesa@liberty.edu.

Spiritual Readiness Series (see below in Resources Section)

SPECIAL EVENTS

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/2024/08/2024-Duke-University-Spirituality-and-Health-Workshops.pdf>. This online workshop is not being recorded.

Online Spirituality and Health Research Workshop

(December 14, 2024)

Register now to attend an 8-hour online spirituality and health research workshop via Zoom that researchers from anywhere in the world can attend. Modeled after our 5-day summer research workshop, we will be holding this 1-day workshop on **Saturday, December 14, 2024**. This workshop is designed for chaplains (healthcare and military), healthcare professionals (physicians, nurses, social workers, rehabilitation therapists, etc.), mental health professionals (counselors, psychologists, pastoral counselors), students of every type (high school, undergraduate, graduate, etc.), community clergy, and anyone else interested in learning about, designing, conducting, and/or publishing research on religion, spirituality and health. For more information, contact Dr. Koenig at Harold.Koenig@duke.edu or go to <https://sites.duke.edu/csth/files/2024/08/2024-Duke-University-Spirituality-and-Health-Workshops.pdf>. This online workshop is not being recorded.

Faith & Science Conference in Rome



FAITH AND SCIENCE CONFERENCE
FIRST INTERFAITH, INTERNATIONAL
Faith & Science Conference
Enhanced by Art, Music, and Interfaith Mysticism

Hosted by:
CONTEMPLATIVE NETWORK

Join Us During the Jubilee Year
June 17 – 20, 2025
Rome, Italy

Registration information available on
www.faith-science.org

This is the first regularly scheduled interfaith, international Faith and Science conference, transitioning between: Physics to Creation, Chemistry to Life, Biology to Consciousness, Psychology to Mysticism, culminating in research on Consciousness and Mysticism. The agenda follows the textbook: FAITH AND SCIENCE: A JOURNEY INTO GOD'S MYSTICAL LOVE by Deacon Robert J. Hesse, Ph.D. The goal of this

conference is to show how faith and current science reinforce each other and encourage respectful dialogue between laity, clergy, scientists and medical professionals. For more information see: <https://www.faithandscience.eu/> and <https://spiritualityandhealth.duke.edu/files/2024/07/Conference-PDF.pdf>.

RESOURCES

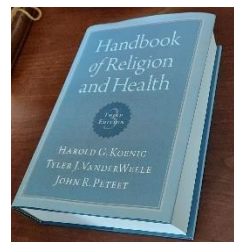
Books

Eastern Religions, Spirituality, and Psychiatry (Springer, 2024)

From the publisher: “This book provides a thorough, comprehensive, and accessible reference for all the major Eastern faith traditions and their intersection with psychiatry. Understanding Eastern religion is of paramount value to all mental health professionals, as there is a growing emphasis on religion and spirituality as a part of clinical cultural competence interventions, predominantly in North America and Europe. Additionally, there is rising membership in Eastern, Asian, and non-Semitic faith traditions in North America and Europe. Hence, more patients and clinicians belong to these non-Western faiths than ever before.

The volume is divided into five parts. Part 1 covers general issues, including principles of culture, religion, and spirituality in psychiatry, spirituality across the lifespan, child rearing, practice and faith, and how death and dying is approached in these Eastern traditions. Part 2 covers specific Eastern religions and spiritual traditions, including basic principles and research-based clinical aspects of Hinduism, Buddhism, Sikhism, Taoism, Zoroastrianism, Jainism, as well as Confucian philosophical ideas. Part 3 attempts to apply the importance of cultural humility to perspectives on the Eastern Traditions from Western Psychiatry. These include Christian, Muslim, and Jewish perspectives, not of expertise, but of explorations in learning. Part 4 covers specific social psychiatric perspectives, including the psychiatric harm that can come from caste divisions and cults posing as religions, but closes with a perspective on the Eastern connections to the relatively unknown, but unifying, Omnist perspective.” Available for \$159.99 (hardcover) or \$111.99 (Kindle) at

<https://www.amazon.com/Eastern-Religions-Spirituality-Psychiatry-Perspective/dp/3031567439/>.



Handbook of Religion and Health, 3rd Edition (Oxford University Press, 2024, 1086 pages)

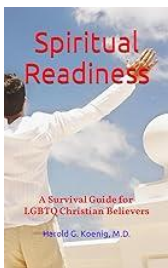
From the publisher: “The Handbook of Religion and Health has become the seminal research text on religion, spirituality, and health, outlining a rational argument for the connection between religion and health. For the past two decades, this handbook has been the most cited of all references on religion 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 \$189.11 (hardcover used) at <https://www.amazon.com/dp/0190088850/>.

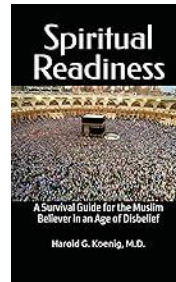
Spiritual Readiness Series



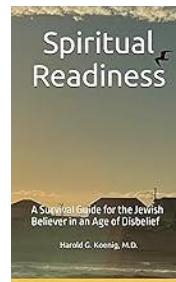
Spiritual Readiness: A Survival Guide for the Christian Believer in an Age of Disbelief
 (Amazon Kindle, 2023, updated March 25, 2024, 165 pages)
 For Christian believers (Protestant, Catholic, Orthodox). Available for \$8.99 (paperback and Kindle) at <https://www.amazon.com/Spiritual-Readiness-Survival-Christian-Disbelief/dp/B0CP42X91N/>.



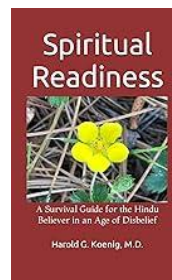
Spiritual Readiness: A Survival Guide for LGBTQ Christian Believers
 (Amazon Kindle, published March 25, 2024, 183 pages)
 For LGBTQ Christian believers (Protestant, Catholic, or Orthodox). Available for \$7.99 (paperback and Kindle) at <https://www.amazon.com/dp/B0CZ3S6SZ1/>.



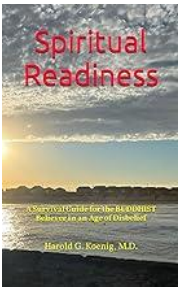
Spiritual Readiness: A Survival Guide for the Muslim Believer in an Age of Disbelief
 (Amazon Kindle, 2024, updated March 1, 2024, 163 pages)
 For Muslim believers (Sunni, Shia, Sufi, Ibadhi). Available for \$8.99 (paperback and Kindle) at <https://www.amazon.com/Spiritual-Readiness-Survival-Believer-Disbelief/dp/B0CR6TM4W3/>.



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/>.



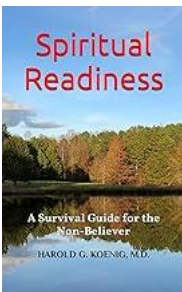
Spiritual Readiness: A Survival Guide for the Hindu Believer in an Age of Disbelief
 (Amazon Kindle, 2024, updated March 1, 2024, 178 pages)
 For Hindu believers based on the Bhagavad-Gita. Available for \$7.84 (paperback/Kindle) at <https://www.amazon.com/dp/B0CVQ59D4N/>.



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/BOBBY2JLXB>.

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/>

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 (2025-2028) 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/>

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...

October

- 10/1 **Spirituality and Health Research Seminar**
12:00 -1:00 EST (New York time) (online by Zoom)
Title: Spiritual Competency Training in Mental Health
Speaker: Michelle Pearce, PhD, Professor of Psychology, University of Maryland
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 10/8-9 **Loma Linda University School of Medicine**
Loma Linda, California
Multiple lectures (on-site only)
Title: Religion, Spirituality, and Health
Speaker: Dr. Koenig
Contact: Anne Nicolas (anicolas@llu.edu)
- 10/11-12 **American Association of Christian Counselors**
National Mega Conference
Dallas, Texas (on-site only)
Title: Human Flourishing; Effect of Christian Faith on Brain
Speaker: Dr. Koenig, and many others
Contact: Kyle Sutton (Kyle.Sutton@aacc.net)
- 10/17 **Health Ministries Association 34th Annual Conference**
Glenview, Illinois (hybrid online and on-site)
Title: Resilience after Trauma
Speakers: Koenig and others
Contact: Vanessa County (vburks@bcm.org)
- 10/18 **Addiction, Trauma, and the Power to Heal**
Addiction, Trauma, and the Power to Heal (online only)
Title: The Gift of Faith for Healing
Speakers: Koenig and others
Contact: Ed Treat (pastored@addictionandfaith.com)
- 10/19 **Moral Injury Workshop**
Duke University
Durham, North Carolina (online via Zoom)
Title: 8 hour training (8:45A-5:00P)
Speaker: Dr. Koenig
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 10/29 **Spirituality and Health Research Seminar**
12:00 -1:00 EST (New York time) (online by Zoom)
Title: Qualitative Research: How Older Black Americans Cope with Trauma and Stress (prayer, scripture, and song)
Speaker: Jill Hamilton, RN, PhD, Professor of Nursing, Emory University
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

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

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