

# CROSSROADS...

Exploring research on religion, spirituality and health

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This newsletter provides updates on research, news and events related to spirituality and health, including educational resources and funding opportunities. **Please forward to colleagues or students who might benefit.** Our goal is to create a community of researchers, clinicians, clergy, and laypersons interested in spirituality and health and keep them informed and updated. An EVENTS CALENDAR concludes the newsletter and describes spirituality and health related presentations happening at Duke and around the world. This is your newsletter and **we depend on you to let us know about research, news, and events in this area.**

All e-newsletters are archived on our website. To view previous issues (July 2007 through October 2024) go to: <https://spiritualityandhealth.duke.edu/index.php/publications/crossroads/>

## LATEST RESEARCH

### Mild Cognitive Impairment, Religiosity/Spirituality, and All Cause Mortality in China

Investigators in the Department of Epidemiology and Health Statistics, School of Public Health at Guangdong Medical University in Guangdong Province, China, analyzed data collected as part of a prospective study of 4,705 adults aged 55 or older living in Western mainland China, where one third of the population is Muslim (an ethnically disadvantaged population). All-cause mortality records were identified through linking with the National Cause of Death Surveillance System in 2017, 2019, and 2021, during which 387 deaths were identified. Cognitive functioning was assessed by the 30-item Mini Mental State Exam (MMSE), and mild cognitive impairment (MCI) was defined by a specific set of standard criteria, depending on education level. Religiosity/spirituality (RS) was measured by the 5-item Duke University Religion Index (DUREL). Cox proportional hazards regression modeling was used to examine the effect of mild cognitive impairment (MCI) and religiosity on all-cause mortality, controlling for sociodemographic characteristics (age, sex, monthly income, educational attainment, household registration, marital status, living status), health-related behaviors, and the presence of chronic physical conditions. Both moderating and mediating effects of religiosity on the relationship between MCI and mortality were also examined. **Results:** Participants with MCI experienced significantly greater mortality (HR = 2.07, 95% CI = 1.58-2.72,  $p < 0.001$ ), whereas those with high RS (total score above 24 on a scale ranging from 5 to 27, e.g., 52.8%) experienced significantly lower mortality (HR = 0.65, 95% CI = 0.49-0.86,  $p = 0.003$ ). RS interacted with MCI in the latter's effect on mortality; those with low RS and the presence of MCI had the greatest mortality (cumulative survival probability), while those with high RS and without MCI had the lowest mortality. With regard to mediation, RS decreased the risk of all-cause mortality in part by reducing the risk of MCI; religiosity had both direct effects (HR = 0.61, 95% CI = 0.46-0.77) and indirect effects through MCI (HR = 0.96, 95% CI = 0.92-0.99)

on all-cause mortality. Researchers concluded: "Those findings suggest that a religious-spiritual integrated community intervention program may reduce the mortality risk in older adults with MCI in ethnically disadvantaged populations."

*Citation:* Xiong, M., Ma, W., Hu, X., Tong, Y., He, Z., Lei, Q., Koenig, H. G., & Wang, Z. (2024). Mild cognitive impairment, religiosity, spirituality and all-cause mortality among Chinese older adults in ethnic minority communities. *Journal of Religion and Health*, 1-20 (<https://doi.org/10.1007/s10943-024-02149-7>).

*Comment:* This was a well-done study with the large sample size and rigorous statistical analyses, and to the authors' knowledge, is the first study in mainland China to examine the moderation and mediation effects of religiosity on the relationship between MCI and mortality using a population-based prospective study design.

### Impact of Psychosocial Factors on Biological Aging

Researchers in the department of epidemiology at Columbia University in New York City and other institutions in the U.S. analyzed data from the National Longitudinal Study of Adolescent to Adult Health (ADD Health) involving 3,963 adolescents (grades 7-12) originally assessed in 1994-1995 and followed up in Wave 5, 2016-2018 (at an average age of 38). A blood sample was obtained for DNA methylation testing and epigenetic clock calculation at the Wave 5 follow-up in 2018 (e.g., calculating PhenoAge, GrimAge, DunedinPACE, and Horvath clock). Loss of (1) biological parents or parental figures, (2) partners or spouses, (3) siblings, or (4) children by death during Waves 1-5 was determined. The total number of losses was determined. Linear regression models were used to analyze the effects of loss on biological aging controlling for covariates (age, race/ethnicity, neighborhood influences, income, number of household members, parental education, and parental smoking). **Results:** Almost 40% of participants experience 1 loss or more, and nearly 10% experienced two or more losses. Adjusted analyses revealed that those who had experienced two or more losses were found to have biological ages significantly greater than those who experienced no losses: PhenoAge ( $\beta = 0.15$ , 95% CI = 0.02-0.28), GrimAge ( $\beta = 0.27$ , 95% CI = 0.09-0.45), and DunedinPACE ( $\beta = 0.22$ , 95% CI = 0.10-0.34). Researchers concluded: "This study reveals associations between various measures of loss experience from childhood to adulthood and biological aging in a diverse sample of the US population. These findings underscore the potentially enduring impact of loss on biological aging even before middle-age and may contribute to understanding racial and ethnic disparities in health and mortality."

*Citation:* Aiello, A. E., Mishra, A. A., Martin, C. L., Levitt, B., Gaydos, L., Belsky, D. W., ... & Harris, K. M. (2024). Familial loss of a loved one and biological aging: NIMHD Social Epigenomics Program. *JAMA Network Open*, 7(7), e2421869-e2421869.

*Comment:* These findings may also help to explain the negative impact of psychosocial stressors on longevity, including the influences that religious involvement may have on the speed of aging, thereby affecting longevity (as noted in the study above from China).

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## Religiosity and Biomarkers of Cardiovascular Risk Following Bereavement

Investigators in the department of psychology at the University of Arizona and other universities in the U.S. analyzed cross-sectional data on 73 adults (average age 64) who had been bereaved in the past year in 2018-2019. The purpose was to examine the association between religious and existential characteristics, intermediary psychological variables, and cardiovascular biomarkers. Religiosity was assessed by an 8-item version of the Intrinsic Religious Motivation Scale (Hoge, 1972); religious and spiritual struggles were assessed by the 26-item RSS Scale (Exline, 2014); and existential quest by the Existential Quest scale (Van Pacherbeke, 2012). Psychological variables examined as mediators were loneliness (20-item UCLA Loneliness Scale), depression (20-item CESD), and difficulties in emotional regulation (36-item DIER scale). Bereavement-related outcomes included grief severity, general self-rated health, and change in health. CV biomarker outcomes were heart rate, heart rate variability, and blood pressure. Regression analyses controlled for gender, age, and number of days elapsed since the death of loved one.

**Results:** No significant relationships were found between intrinsic religiosity and loneliness, depression, or difficulties in emotional regulation. Religious and spiritual struggles (RSS), as expected, were positively associated with loneliness and difficulties in emotional regulation. Intrinsic religiosity was associated with lower baseline systolic blood pressure, but higher systolic blood pressure during recovery. RSS was associated with greater grief severity, higher baseline systolic blood pressure, and lower heart rate reactivity (not good). Researchers concluded: "Results suggest that although religious and existentialism are associated with important bereavement-related outcomes, these associations may be 'skin-deep' and extensions to cardiovascular functioning should be re-examined."

*Citation:* Palitsky, R., Chen, Z. J., Rentscher, K. E., Friedman, S. E., Wilson, D. M. T., Ruiz, J. M., ... & O'Connor, M. F. (2024). Associations of religious and existential variables with psychosocial factors and biomarkers of cardiovascular risk in bereavement. *Aging Cell*, 23(1), e14014.

*Comment:* In this relatively small sample (n=73), power to detect differences was low. Nevertheless, a relationship between intrinsic religiosity and lower baseline systolic blood pressure is noteworthy (similar to what others have found in larger studies). On the other hand, the higher systolic blood pressure during recovery (after the end of the grief recall interview), according to the authors, may have been due to either higher cardiovascular burden in response to stressors or to motivational differences that led more intrinsically religious individuals to continue to think about the grief recall for a longer period after the end of the task. In spirituality and health research, any significant relationships between religiosity and physical health are noteworthy, since they are difficult to demonstrate given that effects must operate through psychological, social, and behavioral pathways (and because of this, typically require larger sample sizes).

## Effects of Religious Fasting on Cardiovascular Risk Factors

Researchers conducted a systematic review and meta-analysis to examine the effects of religious fasting practices on cardiovascular risk factors. A total of 10 studies that met inclusion criteria were included. In the meta-analysis, a total of 755 adults participating in fasting practices were compared to 661 non-fasting controls. Risk factors included systolic and diastolic blood pressure, body mass index (BMI), triglycerides, total cholesterol (TC), low density lipoprotein cholesterol (LDLc), high-density lipoprotein cholesterol (HDLc), and fasting plasma glucose levels. **Results:** Religious fasting overall was associated with a reduction in BMI (on average -0.40 kg/m<sup>2</sup>, 95% CI = -0.70 to -0.10, p<0.01). Ramadan fasting

was associated with a decrease in systolic blood pressure (-3.83 mmHg, 95% CI = -7.44 to -0.23, p<0.05). Orthodox Christian fasting was associated with the reduction in TC (-0.52 mmol/L, 95% CI = -0.64 to -0.39, p<0.001). No significant associations were found with other cardiovascular risk factors. Researchers concluded: "This systematic review suggested both Ramadan and Orthodox Christian faith-based fasting practices may have cardiometabolic benefits that extend beyond their spiritual or religious purpose."

*Citation:* Gholampoor, N., Sharif, A. H., & Mellor, D. (2024). The effect of observing religious or faith-based fasting on cardiovascular disease risk factors: A systematic review and meta-analysis. *Nutrition, Metabolism and Cardiovascular Diseases*, EPUB ahead of press

*Comment:* Many people in different faith traditions throughout the world are involved in religious fasting. This review helps to summarize the findings in this regard, and points to new directions for future research.

## Religion, Spirituality, and Pediatric Mental Health

Khalid Elzamzamy and colleagues from the department of psychiatry at Johns Hopkins University School of Medicine and other U.S. academic institutions conducted a scoping review of the research on religion/spirituality and mental health that have been published in the *Journal of American Academy of Child and Adolescent Psychiatry* (JAACAP) over 23 years from 2000 to 2023. The purpose was to examine research trends and predominant themes of religion/spirituality (R/S) in psychiatric articles published in JAACAP, the flagship journal of the American Academy of Child and Adolescent Psychiatry. **Results:** A total of 32 research articles (1.1% of all articles) were identified, although R/S was the primary focus in only 4 articles. The 32 articles identified here were out of a total of 2,828 articles, of which 628 were potentially relevant research or review articles, and of those, 120 only briefly mentioned R/S in the introduction or when discussing results. Of the 32 final articles that dealt with R/S more substantially, 15 were cross-sectional, 9 were longitudinal, 4 were reviews, 2 were randomized controlled trials, and 2 were descriptive or reflective papers. Analysis of the publication date demonstrated a declining trend over time in publications with R/S content (i.e., the majority of articles [88%] were published between 2000 and 2009). With regard to content, articles focused on the relationship between R/S and psychopathology, suicide, use of health services, conceptualization of illness, and issues such as trauma, identity, and coping with stress. The authors concluded: "Despite the significance attributed to R/S by many youths and families and the increasing academic interest in the intersection between R/S and health, a significant gap exists in our understanding of R/S vis-à-vis child and adolescent mental health."

*Citation:* Elzamzamy, K., Naveed, S., & Dell, M. L. (2024). Religion, spirituality, and pediatric mental health: A scoping review of research on religion and spirituality in the *Journal of the American Academy of Child and Adolescent Psychiatry* from 2000 to 2023. *Frontiers in Psychiatry*, 15, 1472629.

*Comment:* The results from this scoping review by a panel of highly regarded academic pediatric psychiatrists underscores the gap in research and lack of discussion of the role that R/S plays in the mental illness, mental health, and well-being of children, adolescents, and their families. They emphasized the need for further systematic research to better understand the role that R/S plays in the mental health of young people, many of whom are having a hard time in this day and age. The high suicide rates among those in this age group underscore the magnitude of the problem. Consider that the 2021 U.S. Youth Risk Behaviors Survey found that 10% of youth in grades 9-12 attempted suicide in the past 12 months (<https://afsp.org/suicide-statistics/>).

## Religiosity and Outcomes in Hospitalized Patients with COVID-19 in Romania

Researchers at the University of Medicine and Pharmacy Timisoara, Romania, surveyed 112 patients with moderate to severe COVID-19 infection requiring hospitalization. Religiosity was assessed by the 15-item Centrality of Religiosity Scale (CRS; Huber & Huber); participants were categorized as "highly religious" if they scored a 4.0 or higher on the CRS (69%). Information on health outcomes was abstracted from the hospital's electronic database or from medical documents otherwise recorded by the treating physicians. Post-COVID-19 follow-up data was recorded including vital status, clinical evolution, and presence of pulmonary sequelae on chest CT scan, and occurrence of post-COVID-19 complications. Participants were followed up at 1-3 months post discharge at a clinic visit or were called on the telephone to determine vital status and post-hospitalization clinical information. The date when the study was conducted was not provided, but Institutional Review Board approval was in 2021. **Results:** Blood ferritin level on hospital admission was significantly lower in the highly religious group (suggestive of a less pronounced inflammatory response), although adjustment for age, gender, vaccination status, and dexamethasone treatment reduced this association to non-significance; no other differences between groups were noted on laboratory parameters. No difference between high and low religious groups was found in radiological extension of lung lesions, length of hospitalization, or whether ICU care was required. Despite the fact that post-COVID-19 pulmonary sequelae were significantly higher in the high religious group ( $p=0.02$ ), in-hospital mortality was significantly lower in the high religious group (1% vs. 14%,  $p=0.005$ ). Researchers concluded: "...level of religiosity in hospitalized patients with SARS-CoV-2 infection may correlate with health outcomes such as survival, level of inflammation, and the presence of pulmonary sequelae."

*Citation:* Frent, S., Popovici, A. F., Balan, A., Cerbu, B., Marincu, I., Mihaicuta, S., & Bikov, A. (2024). Religiosity and health outcomes in a cohort of Romanian patients hospitalized for COVID-19. *Journal of Religion and Health*, 1-13 (<https://doi.org/10.1007/s10943-024-02120-6>)

*Comment:* Important preliminary report, although as the authors note, small sample size may have reduced power to detect significant differences in health outcomes between high and low religiosity participants. A reduction in in-hospital mortality (1% vs. 14%) is certainly a finding that deserves note, although will require replication.

## Measurement of Moral Injury in those with Drug Misuse Behavior

Researchers in the department of psychology at Penn State University examined the psychometric properties of a brief new 8-item General Moral Injury Scale (GMIS) in two samples, a sample of 436 US adults via Survey Monkey (Sample 1) and 291 adults in drug treatment at a clinical practice in Pennsylvania (Sample 2). Exploratory factor analysis was conducted in the first sample and confirmatory factor analysis was done in the second sample. Three major factors emerged: personal betrayal, transgressions by others, and transgressions by self. Types of drugs misused in Sample 1 were depressants, stimulants, and hallucinogens; drugs misused in in Sample 2 were primarily depressants and stimulants. "Personal betrayal" was significantly associated with misuse of all three drug types in Sample 1; this was true for two drug types in Sample 2 (depressants and stimulants). "Transgression by self" was associated with hallucinogen use in Sample 1 and depressant use in Sample 2. Researchers concluded: "Clinicians could use the GMIS to identify whether clients experience moral injury concerns most linked with drug misuse and select interventions to reduce these concerns by increasing a sense of safety, forgiveness, and/or self-compassion."

*Citation:* Schew, L., Fleischut, A., Black, P., & Hendy, H. M. (2024). General Moral Injury Scale (GMIS): Scale development and association with drug misuse behavior in two samples. *Traumatology*, 30(3), 346-355.

*Comment:* Professor Matthew Bambling (a clinical psychologist at University of Queensland School of Medicine, Australia), notes the following in his review of this study: "An interesting read ... some things to commend the GMIS is that it was developed to provide a broader measure of moral injury that could be applied beyond specialised populations like veterans and it is nice and simple capturing three dimensions of moral injury, personal betrayal, transgressions by others, and transgressions by self. I think its value is its applicability across a wide range of adult populations and its utility for measuring moral injury as it relates to negative psychological outcomes such as depression, anxiety, guilt, and drug misuse. The psychometrics were okay with good internal consistency across its subscales, with Cronbach's alpha values ranging from 0.81 to 0.98. The FA [factor analysis] also demonstrated acceptable goodness of fit for the three subscales. While there is more work to do in terms of testing this measure, e.g., cultural groups, diverse sampling, and test and retest reliability, and using it in longitudinal research, I think it stacks up as a pretty good measure. It is good to see the ever-improving quality of measure development for MI" ([m.bambling@uq.edu.au](mailto:m.bambling@uq.edu.au)). We would concur. Unfortunately, the measure does not assess religious/spiritual struggles or difficulties with faith (despite the fact that 12-step drug programs like Narcotics Anonymous are some of the most successful recovery approaches in those with drug use problems).

## Religiosity and Sex in College Students: The Moderating Effect of Sexual Orientation

Investigators at Oregon State University and Toronto Metropolitan University analyzed data on 1,553 college students from across Oregon in this cross-sectional online survey. The purpose was to examine the moderating impact of sexual orientation on the relationship between religiosity and sexual behavior. Religiosity was assessed by the 15-item Centrality of Religiosity Scale (Huber, 2012). Religious affiliation was also assessed. Sexual activity was measured by the question "Have you been sexually active within the last six months?" (yes, no). Sexual behaviors and outcomes included failure to use birth control, sexual activity under the influence of substances, testing positive for an STI, etc., in the past six months. Sexual orientation was assessed by the question: "How do you describe yourself?" (straight, gay/lesbian, bi/pansexual, questioning, asexual, demisexual, etc.). Chi-square, ANOVA, and moderation logistic regression models using the macro PROCESS were used to analyze the data. Covariates controlled for in analyses included age, race/ethnicity, and biological sex. **Results:** Bivariate analyses indicated that religiosity was significantly and inversely related to sexual activity ( $r=-0.17$ ,  $p<0.001$ ) and to sexual minority status ( $r=-0.14$ ,  $p<0.001$ ). However, religiosity was also positively related to failure to use birth control ( $r=0.12$ ,  $p<0.001$ ). The latter was true for both heterosexuals and gay/lesbian individuals. In bi/pansexual college students, religiosity was not associated with sexual behaviors (failure to use birth control, sexual activity under the influence, or testing positive for STI, i.e., sexually transmitted infection). Bi/pansexual orientation moderated the relationship between religiosity and failure to use birth control (relationship was not significant for those with bi/pansexual orientation). Bi/pansexual orientation also moderated the relationship between religiosity and sexual activity under the influence; in other words, for those with heterosexual orientation, religiosity was related to a lower likelihood of sexual activity under the influence, whereas for those with a bi/pansexual orientation religiosity was related to increased likelihood of sexual activity under the influence (although this did not reach statistical significance in simple slope analyses [i.e., OR

= 1.42, 95% CI = 0.92-2.20]). Finally, bi/pansexual orientation was associated with increased risk of testing positive for an STI (OR = 1.90, 95% CI = 1.02-3.52). Researchers concluded: "Given that religiosity has differential effects for various sexual behaviors that can heighten risk of negative sexual health outcomes, recommendations are made for increased and tailored sexual health education to religiously identified college students."

*Citation:* Fahey, K. M., Holm, A. K., & Dermody, S. S. (2024). The moderating role of sexual orientation in the association between religiosity and sexual behaviors among college students. *Archives of Sexual Behavior*, 53(1), 307-320.

*Comment:* Although the findings from this study are a bit difficult to follow due to poor overall presentation, the study's results are revealing and will be useful for college counselors.

### Family Atmosphere, Religiosity and Lifestyle in Saudi Arabian Adolescents

Investigators from the college of medicine, Sulaiman Al Rajhi University, Al-Qassim, Saudi Arabia, and researchers at universities in Turkey and the United Kingdom, analyzed cross-sectional data on 2,067 adolescents in grades 7-12 (average age 15.5 years) from the Al-Qassim province of Saudi Arabia. The purpose was to examine associations between family/religiosity/lifestyle and self-esteem/self-control. Family atmosphere was assessed by the 10-item Scale of Family Atmosphere (SOFA) (e.g., "I have a happy and close relationship with my mother/my father"). Self-rated religiosity was measured by a single question, asking "What is your level of religiosity?" with response options ranging from 0 (very low) to 10 (very high). A summary Lifestyle Risk-Factor Score ranging from 0 to 5 was administered assessing body mass index, screen time, physical activity, diet, and smoking status. The primary outcomes were self-esteem (measured by the 10-item Rosenberg Self-Esteem Scale) and self-control (assessed by the 13-item brief Self-Control Scale). Controlled for in analyses (using multivariate regression models) were city location, school level, parental socioeconomic status, parental marital status, father and mother employment, and participant age and gender, plus lifestyle risk factors and family atmosphere score. **Results:** Adjusted analyses revealed that self-esteem was significantly and positively related to religiosity. Likewise, self-control was significantly and positively associated with religiosity. Both relationships demonstrated a dose-effect response: the greater the religiosity, the greater the self-esteem and self-control. Researchers concluded: "Programs supporting healthy lifestyles, positive family environments and religiosity may boost self-esteem and self-control among adolescents."

*Citation:* Saquib, J., Saquib, N., Chamsi Basha, A., Aljundi, S., Rajab, A. M., Rajab, T. M., & Almazrou, A. (2024). The associations of family atmosphere, religiosity and lifestyle with self-esteem and self-control among Saudi adolescents. *International Journal of Psychology*, EPUB ahead of press

*Comment:* The strength of the relationship between religiosity and self-esteem/self-control in these adolescents is remarkable; with every point increase in religiosity, there was an increase in level of self-esteem and self-control in a stepwise manner.

### Religious Belief and Nonbelief and Mental Health in the United Kingdom

Researchers at the center for academic child health, population health sciences, University of Bristol, Bristol, UK, analyzed prospective data on 585 participants in the Avon Longitudinal Study of Parents and Children (ALPAC) study, which began in 1991-1992 with the birth of participants and has followed them up through ages 28 and 31. Religious beliefs and behaviors were assessed at age 27, and mental health outcomes were assessed at age 28 (anxiety, self-harm, mental well-being) and age 31 (depression). Depression was assessed by the 13-item Short

Mood and Feelings Questionnaire (SMFQ) and by the Edinburg Postnatal Depression Scale (EPDS); anxiety was assessed by the Generalized Anxiety Disorder Assessment (GAD-7); self-harm was measured with a single item asking whether they had ever tried to, or thought about, harming or killing themselves in the past year; and mental well-being was measured by the 14-item Warwick-Edinburg Mental Well-Being Scale (WEMWMS). Latent class analysis was used to categorize 13 religious characteristics into four classes: atheist (64%), agnostic (19%), moderately religious (13%), and highly religious (4%). Mental health outcomes were compared across the four classes of religious involvement using multivariate logistic regression (with the atheist class being the reference group), controlling for self-reported income, educational attainment, occupational social class, maternal religiosity based on belief in God and attendance at religious services, aspects of parenting in adolescence, stressful life events, participants exit birth, and mental health/well-being at age 25. Analyses did not adjust for baseline measures of mental health at age 27 when religiosity was measured. **Results:** Adjusted analyses indicated SMFQ depressive symptoms were significantly less common among the highly religious compared to atheists (OR = 0.59, 95% CI = 0.35-1.01, trend across classes omnibus  $p=0.007$ ); no relationship was found with the EPDS depression scale; there was a trend towards lower anxiety (OR = 0.82, 95% = 0.51-1.33,  $p=0.10$ ); and no relationship was found with self-harm activities or mental well-being. In general, membership in the "agnostic class" was associated with a greater likelihood of depressive symptoms and higher anxiety symptoms, associations that persisted after adjusting for confounders. Researchers concluded: "When comparing our findings to US samples, our work more closely aligns with the work of (Gallen and Kloet, 2011), who found evidence for a curvilinear relationship between religiosity and mental health. Specifically, those with greater belief or nonbelief had better mental health, whereas those with more moderate/uncertain beliefs had poor mental health outcomes."

*Citation:* Halstead, I., Heron, J., Svob, C., & Joinson, C. (2024). Prospective relationships between patterns of religious belief/non-belief and mental health in adults: A UK cohort study. *Social Science & Medicine*, 361, 117342.

*Comment:* Although the findings are quite interesting, particularly when compared to results from US samples and careful control for confounders, the short follow-up time (from ages 27 to 28 or 31) and lack of control for baseline mental health outcomes, render the conclusions from these findings quite tentative.

### Religiosity, Mental Health, and Sickness Absence among Young Adults in Finland

Investigators in the demography unit, faculty of education and welfare studies at Abo Akademi Vasa, Vasa, Finland, and department of sociology at Stockholm University, Stockholm, Sweden, analyzed data from a prospective study from 2004 to 2018 of the entire population born in Finland between 1984 and 1996. The purpose was to examine the association between religious denomination and first-time sickness allowance from any cause, including mental disorder. Cox proportional hazards models were used to examine the association separately in men ( $n=405,983$ ) and women ( $n=388,493$ ), controlling for their own and parental characteristics. **Results:** Compared to the Evangelical Lutheran State Church (of which 65% of the population of Finland are members), the relative hazard (RH) for mental disorders among non-affiliated women was 1.34 (95% CI = 1.30-1.39), whereas among women with other religions, the RH was 1.27 (95% CI = 1.19-1.35). For men, the RH was 1.45 (95% CI = 1.39-1.50) and 1.42 (95% CI = 1.30-1.54), respectively. There was no significant difference for sickness absence between members of the Evangelical Lutheran State Church and nonaffiliated persons or those from other religions. Researchers concluded: "Being non-

affiliated to the Lutheran State Church is a risk factor for mental disorders."

*Citation:* Reini, K. S., Kolk, M., & Saarela, J. (2024). Religion and mental health in young adulthood: A register-based study on differences by religious affiliation in sickness absence due to mental disorders in Finland. *Journal of Epidemiology and Community Health*, 78(6), 374-379.

*Comment:* Incredible methodology. The fact that researchers conducted a 14-year prospective study of the entire population of Finland born between 1984 to 1996 is truly amazing.

### Religiosity, Psychedelic Use, and Propensity to Violence

The researcher, from the department of sociology at University of the Incarnate Word, San Antonio, Texas, analyzed pooled data from a sample of 282,768 persons participating in the National Survey of Drug Use and Health (NSDUH) between 2015 and 2019. Binary regression models revealed that lifetime classic psychedelic use and religious involvement (salience and influence) were each independently related to reduced violence. **Results:** The association between risky behavior and violence was smaller among those with high religious salience (indicating moderation). The researcher concluded: "These results show that religious factors can influence the relationship between psychedelic use and behaviors, with both attendance and salience operating simultaneously."

*Citation:* Viña, S. M. (2024). Religion, psychedelics, risky behavior, and violence. *Journal of Psychoactive Drugs*, 1-12, EPUB ahead of press

*Comment:* Details are lacking given that only the abstract was available for review. Nevertheless, the relationships between use of psychedelic drugs, religiosity, risky behavior, and propensity to violence are important to know about.

### Religious Delusions, Psychosis and Existential Meaning among Older Adults

Professor Christopher Cook at Durham University in the United Kingdom and his colleague Rachel Cullinan at the NHS trust in Newcastle, UK, provide this commentary on an article published in the *International Psychogeriatrics* which found in a sample of 137 Dutch older adults receiving treatment for psychosis during a 1-year follow-up, that patients with religious delusions were more likely to employ positive religious coping and less likely to use negative religious coping compared to patients without religious delusions [Noort et al., 2024]. Religious delusions in Dutch older adults in treatment for psychosis: a follow-up study. *International Psychogeriatrics*, 36(1), 51-63]. Furthermore, patients with religious delusions did not predict outcome measured by symptoms of psychosis, as others have found. In their own words, Noort et al. found that: "No significant differences were noted in relation to clinical course of positive psychotic symptoms for both psychotic depression and schizophrenia. In schizophrenia, RDs persist more frequently compared to the most prevalent delusions. No significant difference was observed between patients with RDs compared to patients without RDs regarding indicators of clinical complexity." Cook and Cullinan conclude that: "...mental health care, not the least amongst the elderly and those with religious delusions, needs to find better ways of integrating spiritual and existential concerns within a multifaceted approach to helping patients find meaning amidst their experiences of illness."

*Citation:* Cook, C. C., & Cullinan, R. J. (2024). Religious delusions, psychosis, and existential meaning in later life. *International Psychogeriatrics*, 36(1), 21-23.

*Comment:* Cook and Cullinan provide a brilliant commentary on this fascinating study of older adults with religious delusions, underscoring the importance of religious beliefs and practices in finding meaning and purpose in the midst of mental illness in later

life, cautioning psychiatrists and other mental health professionals to be careful when interpreting the benefits and risks of religious beliefs among such persons.

### Case Study: Post-Traumatic Religious Conversion to Christianity in a Jain Adolescent

Michael Shapiro from the department of psychiatry at the University of Florida in Gainesville describes the case of a 15-year-old female adolescent (born in India, currently living in the United States) with a diagnosis of major depressive disorder and generalized anxiety disorder. She (Meera) was treated with fluoxetine along with psychodynamic and cognitive behavioral therapy. Her parents' religion was Jainism, although they were on the liberal side of the religious spectrum, compared to how their parents practiced. Jainism is a faith tradition originating in India over 2500 years ago, but only comprising 0.4% of the Indian population now. There had been struggles in the home with regard to Meera's abiding by the dietary practices of the Jain religion, which her parents felt were important. Meera reported she had conflict with her parents because of the traits she had picked up from American culture that were in contrast to how her parents wanted to raise her and how they would have raised her in India. This conflict resulted in Meera not feeling that she belonged to either American or Indian culture. As a result, she no longer complied with any of the Jain dietary restrictions and identified herself as an atheist. After two years of treatment at the age of 17 years old, Meera was in a traffic accident, experiencing whiplash and minor injuries. When she was waiting for paramedics in the car, she reported a vision of a man who made her feel "at peace." A friend of hers at school, a white Christian girl, said this may have been Jesus and suggested she started reading the Bible, which she did. Following this, Meera indicated that she wasn't so sure whether she believed the Bible but found peace in meditative prayer and felt the church she was now attending was "kind and supportive." Shapiro discusses this case at length, concluding that: "Patients may experience a change in religiousness following NDEs [near-death experiences] or 'near-misses,' and such changes are most likely not pathological. The psychiatrist should take the patient's culture into consideration when interpreting such experiences, and should also examine and check their own countertransference, as an inappropriate interpretation at the service of the therapist may exacerbate a patient's self-judgment or jeopardize the therapeutic alliance."

*Citation:* Shapiro, M. (2024). Psychotherapy implications of post-traumatic religious conversion of an adolescent: case report.

*Journal of Indian Association for Child and Adolescent Mental Health*, EPUB ahead of press,

<https://doi.org/10.1177/09731342241239507>.

*Comment:* An interesting case that has many lessons that counselors and therapists may learn from to enhance their provision of sensitive spiritually-integrated mental health care.

### Mental Health Clients' Religious/Spiritual Beliefs and Practices in the United States

Investigators in the school of social work at Baylor University and other departments from several other US universities conducted an online survey in 2018 of 989 mental health patients from across U.S. The survey collected information on religious affiliation, religious/spiritual (R/S) beliefs and practices, and the degree to which patients felt R/S practices impacted their mental health. Administered were the 14-item Brief RCOPE, 14-item God Questionnaire (Froese), 5-item Duke University Religion Index (DUREL), and questions asking about frequency of engaging in various R/S practices from a list of 17 common practices. Analyses were primarily descriptive and correlational. **Results:** The average age of participants was 46 years (range 18-98), 52% were female, and 77% were White Caucasian. With regard to the type of mental

health professional they were seeing, 39% reported a psychiatrist, 30% reported a counselor (LTC), 30% reported a psychologist, and 20% reported a licensed social worker. With regard to religious practices, 45% reported they attended religious services at least several times a month (compared to 32% of social workers and 35% of the general US population); 54% indicated they prayed at least once a week or more (compared to 57% of social workers); and responses to questions on intrinsic religiosity were also similar to those of social workers. With regard to self-identification, 56% described themselves as moderately or very religious (compared to 35% of social workers and 53% of the general US population) and 70.4% described themselves as moderately or very spiritual (compared to 82% of social workers and 65% of the general US population). With regard to the perceived impact of these practices on their mental health, patients describe them as "somewhat/very helpful" in 65% to 77% of cases, and only a small percentage (6%-9%) perceived their impact as "somewhat/very harmful." Researchers concluded: "The results of descriptive, correlational, chi-square analyses indicate religion/spirituality (RS) play a nuanced and complex role in most client's lives, with a majority reporting positive views related to their RS and indicating they consider their religious/spiritual practices to be helpful when it comes to their mental health."

*Citation:* Oxhandler, H. K., Polson, E. C., Pearce, M., Vieten, C., & Pargament, K. I. (2024). Current mental health clients' religious/spiritual beliefs and practices: A national survey. *Social Work Research*, 48(3), 163-175.

*Comment:* This is a well-done study of a relatively large sample of mental health patients in the U.S. exploring their religious beliefs and practices, and the perceived impact on their mental health, underscoring the importance of addressing them by mental health care providers.

## NEWS

### Duke University's Monthly Spirituality and Health Webinar via Zoom

Our Center's monthly spirituality and health research seminars are now being held by Zoom, and should be assessable to participants wherever they live in the world that supports a Zoom platform. All persons who receive our E-newsletter will be sent a link to join the seminar approximately one week before the seminar is held. When you receive this link, please save the link and forward it to your colleagues and students. This month's seminar will be held on Tuesday, November 26, 2024, at 12:00-1:00 EST (New York time), and will be delivered by **George Fitchett, DMin, PhD, Professor of Religion Health and Human Values at the College of Health Sciences, Rush University**, and Director of Research, Department of Religion Health and Human Values. The topic of his presentation will be **Research by Chaplains**. 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/>.

### NIH Religion, Spirituality, and Health Scientific Interest Group Webinar

On behalf of the NIH Religion, Spirituality, and Health Scientific Interest Group I am pleased to announce our next webinar with guest speaker, **Francis S. Collins, M.D., Ph.D.** Dr. Collins, the former director of the National Institutes of Health) will be presenting his talk, **"Medical Research, Health Care Delivery, and the Least of These**, by [NIH Videocast](#) on Tuesday, November 5, 2024, from 2:00 p.m. to 3:00 p.m. Please join us! This event is free, open to the public, and no registration is

required. Contact Romaine, Joan (NIH/NIAAA) [E] [joan.romaine@nih.gov](mailto:joan.romaine@nih.gov) if questions.

### 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](mailto:harold.koenig@duke.edu).

### Spiritual Readiness Series (see below in Resources Section)

## SPECIAL EVENTS

### Online Spirituality and Health Research Workshop

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 healthcare professionals (physicians, nurses, social workers, rehabilitation therapists, etc.), chaplains (healthcare and military), 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](mailto:Harold.Koenig@duke.edu) or go to <https://sites.duke.edu/csth/files/2024/10/Duke-University-1-day-online-SH-Research-Workshop.pdf>. This online workshop is not being recorded.

### Online Moral Injury Workshop

If you were not able to attend the October 19, 2024, moral injury workshop, we are holding it again on **Saturday, February 15, 2025**. There is rapidly growing interest in the topic of "Moral Injury," the internal emotional distress 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. This 8-hour 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](mailto:Harold.Koenig@duke.edu) or go to <https://sites.duke.edu/csth/files/2024/10/Duke-University-Moral-Injury-Workshop.pdf>. This online workshop is not being recorded.

### Online Integrating Spirituality into Patient Care Workshop

We will be holding a workshop on Integrating Spirituality into Patient Care via Zoom on **Saturday, March 15, 2025**, open to anyone in the world with online access. Similar to the in-person

workshop held in August of each year, this program is designed specifically for those health professionals, chaplains, 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 (even if not in the healthcare area). 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](mailto:Harold.Koenig@duke.edu) or go to <https://sites.duke.edu/csth/files/2024/10/3-15-25-Integrating-Spirituality-into-Patient-Care-Workshop.pdf>.

## 2025 Conference on Medicine and Religion

(April 6-8, Orange County, California)

The conference theme, "Nurturing Hope: Expanding Holistic Care at the Margins," explores how medicine and religion can collaboratively address the needs of those on society's peripheries, offering a beacon of hope and a vision of inclusive and equitable healing. Reflecting on hope with Dr. Paul Farmer, Father Gustavo Gutierrez argues that religious communities in healthcare workers are responsible for creating "reasons for hope" through "concrete commitments." Thus, plenary sessions will explore how healthcare systems can partner with religious communities to address health disparities and create environments where hope can flourish they will also explore the spiritual needs of individuals with complex religious identities and how healthcare institutions and educators can cultivate compassion and committed clinicians and spiritual care providers capable of reaching the margins... The 2025 Conference on Medicine and Religion invites clinicians, scholars, clergy, students, and others to take up these and other questions at the intersection of medicine and religion. Deadline to submit an abstract is November 1, 2024 (midnight EST). For more information go to: <https://www.medicinandreligion.com/>.

## Faith & Science Conference in Rome



**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](http://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>.

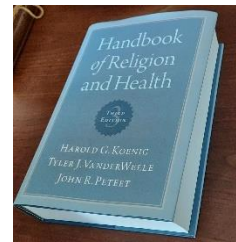
## RESOURCES

### Books

#### A Theology of Health: Wholeness and Human Flourishing

(Notre Dame University Press, 2024, by Tyler VanderWeele)

From the publisher: "A *Theology of Health* presents a Christian understanding of the very concept of health, both the health of the body and the health of the person. Preeminent scholar Tyler J. VanderWeele argues that health can be understood as wholeness as intended by God and that sin—whether individual wrongdoing, societal injustice, or the fallenness of creation—causes ill health. VanderWeele explains that restoration and fulfillment of health is salvation, pointed toward in the life of Jesus Christ, to be lived out through the work of the Church, and for which we await final completion. VanderWeele also demonstrates the broader relevance and implications of his insights to all who seek to understand health, well-being, and the ultimate ends of human life. *A Theology of Health* is an essential theological exploration that seeks to promote health, healing, and flourishing of the whole person." Available for \$42.00 (hardcover) or \$2.99 (Kindle) at <https://www.amazon.com/Theology-Health-Wholeness-Human-Flourishing/dp/0268208336/>.



#### Handbook of Religion and Health, 3rd Edition

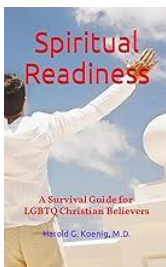
(Oxford University Press, 2024, 1086 pages)

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/>.

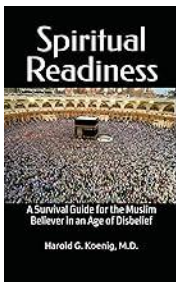
## Spiritual Readiness Series



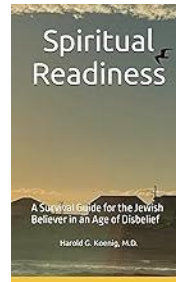
**Spiritual Readiness: A Survival Guide for the Christian Believer in an Age of Disbelief**  
(Amazon Kindle, 2023, updated March 25, 2024, 165 pages)  
For Christian believers (Protestant, Catholic, Orthodox). Available for \$8.99 (paperback and Kindle) at <https://www.amazon.com/Spiritual-Readiness-Survival-Christian-Disbelief/dp/B0CP42X91N/>.



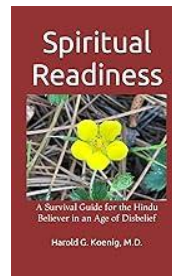
**Spiritual Readiness: A Survival Guide for LGBTQ Christian Believers**  
(Amazon Kindle, published March 25, 2024, 183 pages)  
For LGBTQ Christian believers (Protestant, Catholic, or Orthodox). Available for \$7.99 (paperback and Kindle) at <https://www.amazon.com/dp/B0CZ3S6SZ1/>.



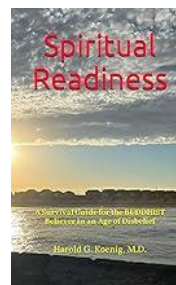
**Spiritual Readiness: A Survival Guide for the Muslim Believer in an Age of Disbelief**  
(Amazon Kindle, 2024, updated March 1, 2024, 163 pages)  
For Muslim believers (Sunni, Shia, Sufi, Ibadi). Available for \$8.99 (paperback and Kindle) at <https://www.amazon.com/Spiritual-Readiness-Survival-Believer-Disbelief/dp/B0CR6TM4W3/>.



**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/>.

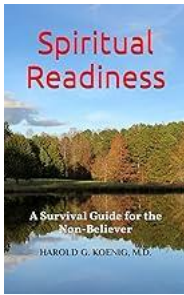


**Spiritual Readiness: A Survival Guide for the Hindu Believer in an Age of Disbelief**  
(Amazon Kindle, 2024, updated March 1, 2024, 178 pages)  
For Hindu believers based on the Bhagavad-Gita. Available for \$7.84 (paperback/Kindle) at <https://www.amazon.com/dp/B0CVQ59D4N/>.



**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 with a diagnosis of major depression and generalized anxiety disorder 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/](https://www.amazon.com/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.



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**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](mailto:harold.koenig@duke.edu) or go to:

<https://spiritualityandhealth.duke.edu/files/2024/08/2025-Full-Scholarship-Application.pdf>.

### Free Teaching Materials: Spiritual Competency in Mental Health

Spirituality and religion are core areas of diversity and psychological functioning that are often overlooked in training of mental health providers. We are delighted to make freely available our empirically supported curriculum materials for developing spiritual and religious competencies in mental health care to overcome these gaps. These hybrid (online and face-to-face) course resources are available to all graduate mental health programs. To learn more, watch this brief

video: <https://www.youtube.com/watch?v=9mQD-b08LQc>. Our national multisite, multidisciplinary study found that graduate students who participated in a course that integrated these training materials, representing 15% of the entire course's content, had a significant increase in their spiritual competency scores (Pearce et al., 2024). This training program meets a key clinical need and accreditation requirement for multicultural competency and ethical practice. The online course features didactic videos, and the Instructor Guidebook contains suggested discussion questions and activities. These resources allow instructors of any level of expertise to integrate this curriculum effectively and easily into one of their existing courses. You can learn more about the study and freely access all of our curriculum materials here:

<https://www.spiritualandreligiouscompetenciesproject.com/resources/sct-mh>.

### Theology, Medicine, and Culture Initiative

[TMC's hybrid Certificate in Theology and Health Care \(CTHC\)](#) 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.

The hybrid CTHC has two tracks: the Health Care Track and the [Mental Health Track](#). Through graduate coursework, formation seminars, and mentorship, the CTHC Mental Health Track will engage mental health clinicians in any discipline who desire to deepen and to strengthen their practice by connecting their healing work to the resources of Christian faith. Specifically, the program will appeal to clinical psychologists (PhD, PsyD), clinical social workers (LCSW or equivalent), marriage and family therapists (LMFT or equivalent), licensed professional counselors (LPC or equivalent), psychiatric nurse practitioners or physician assistants, psychiatrists (MD or DO), and licensed substance use counselors. 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>.

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

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

## 2024 CSTH CALENDAR OF EVENTS...

### November

- 11/1 **Diversity, Equity, and Inclusion practices in Religion and Spirituality**  
**TPN Health**  
11:00 -1:00 EST (New York time) (online by Zoom)  
**Title:** Equity, Diversity, and Inclusion: Religion & Spirituality  
**Speaker:** Harold G. Koenig, M.D.  
**Contact:** Georgia Smith ([georgia@tpn.health](mailto:georgia@tpn.health))
- 11/5 **Spirituality and Health**  
Carolina Meadows Retirement Community  
Chapel Hill, North Carolina (2:00-3:00, on-site only)  
**Title:** Religion, Spirituality, and Health  
**Speaker:** Dr. Koenig  
**Contact:** Jody Hite ([jody@carolinameadows.net](mailto:jody@carolinameadows.net))
- 11/6 **US Air Force Chaplains**  
2:30-3:00 by Zoom only  
**Title:** Open discussion on moral injury (by invitation)  
**Speaker:** Dr. Koenig  
**Contact:** Col Darren B. Duncan  
([darren.b.duncan.mil@mail.mil](mailto:darren.b.duncan.mil@mail.mil))
- 11/13 **Weill Cornell/New York Presbyterian Hospital**  
Cornell Religion, Spirituality, Mental Health Interest Group  
**Title:** Spirituality in Patient Care (12:30-1:00 EST, Zoom)  
**Speakers:** Dr. Koenig  
**Contact:** Suza C. Scalora ([sus9128@med.cornell.edu](mailto:sus9128@med.cornell.edu))
- 11/16 **Health Ministry at White Rock Baptist Church**  
Durham, North Carolina (10:00-12:00, on-site)  
**Title:** Spirituality, chronic illness, and support for caregivers  
**Speakers:** Dr. Koenig  
**Contact:** Meredythe Holmes  
([meredytheholmes@icloud.com](mailto:meredytheholmes@icloud.com))
- 11/26 **Spirituality and Health Research Seminar**  
12:00 -1:00 EST (New York time) (online by Zoom)  
**Title:** Research by Chaplains  
**Speaker:** George Fitchett, DMin, PhD, Professor of Religion Health and Human Values, Rush University  
**Contact:** Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))